Name	Baby B/O PRAGNYA TUNIKI	**UHID**	VIH-00206050
Father/Guardian	Mr DINESH	**Age/Gender**	0 Y 0 M 1 D/Male
Address	42A,GODAVARI GARDENS, Jai Jawahar Nagar, Hyderabad, Telangana, INDIA, 500087		
IP No	IP-00060404	**Admission Date**	19-06-2026
Ref Doctor	DR.BHAVANA K	**Discharge Date**	22-06-2026

DISCHARGE SUMMARY

Consultant: Dr. JARJAPU KIREETI
MBBS MD (Paediatrics) DrNB (Neonatology)
Neonatal Fellow (Oxford, U.K) MRCPCH (UK)
CONSULTANT PEDIATRICIAN AND NEONATOLOGIST

Diagnosis:
Late Preterm (34+2 weeks)/AGA/Baby Boy
Preterm Care
Neonatal hyperbilirubinemia

Chronological age: 3 days

History : Baby of PRAGNYA TUNIKI is a late preterm (34+2 weeks) / AGA / baby boy of birth weight 2.414 kgs, born to G2P1L1 mother delivered by NVD on 19.06.2026 at 04:09 am at Rainbow Children's Hospital, Karkhana. Baby cried immediately after birth. Apgar scores were 7 & 9 at 1 & 5 minutes respectively. In view of prematurity, baby was shifted to NICU for observation and preterm care.

Maternal History : Mrs. PRAGNYA TUNIKI is a 34 years old G2P1L1 mother with marital life of 4 years. Non consanguineous marriage. Mother's blood group is "B" Positive. Expected delivery date: 27.07.2026.

G1 : Term/2.5 years/ NVD / A & H

Name	Baby B/O PRAGNYA TUNIKI	UHID	VIH-00206050

G2 : Present pregnancy, spontaneous conception.
History of Spotting PV at 11+2 weeks managed conservatively.
History of Pre GDM at conception regular sugar monitoring done managed with diabetic diet.
She had history of anemia at 22weeks managed with Injection FCM 500mg 1 dose IV.

She had regular antenatal checkups and antenatal scans were normal. There was no history of Abortions / Hydramnios / Hypertension / Thyroid / Cardiac / Renal abnormalities. She received calcium, iron supplementation and TT prophylaxis.

On examination: At the time of admission, baby was euthermic and maintaining saturations at room air. His heart rate was 138/min, respiratory rate was 46/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were appropriate for gestational. There were no obvious external congenital anomalies.

Weight on Admission :2.41 kgs
Weight on Discharge :2.39 kgs
Head circumference :33 cms
Length :45 cms
Baby blood group :"O" Positive (Blood group to be repeated after 4 months)

Investigations: Enclosed.

Management: Preterm Care: Baby was nursed in thermoneutral environment. His initial arterial blood gas showed pH 7.33, pCO2 42.8 mmHg, pO2 48 mmHg, HCO3 21.3 mmol/L, BE - 3.5 mmol/L. Chest x-ray was normal. He was started on IV fluids. His initial hemogram showed hemogram 16.0 gm%, white blood cells count 12,640 cells/cumm, platelet count 3.61

Name	Baby B/O PRAGNYA TUNIKI	UHID	VIH-00206050

lakhs/cumm.

Neonatal Hyperbilirubinemia : Baby developed jaundice on day-3 of life for which double surface phototherapy was started. His maximum serum bilirubin was 12.0 mg/dl indirect fraction of 11.9 mg/dl. His last SBR done on 22.06.2026 was 6.4 mg/dl and indirect fraction of 6.3mg/dl. It does not comes under phototherapy range, hence phototherapy was stopped.

Feeding : He was started on OG feeds on day 1 of life followed by oral feeds, which he accepted and tolerated well. At present, baby is on demand oral feeds, which he is accepting and tolerating well.

Vaccination: Baby was given following vaccination:
BCG / OPV / Hepatitis-B on : 21.06.2026

Hearing test (TEOAE): Done on 22.06.2026 was normal.

Newborn screening (Advanced): to be done on follow up.

At the time of discharge: Baby was active, hemodynamically stable and maintaining saturations at room air, accepting feeds well.

Advice :

1. Warmth care.
2. Exclusive breast feeding + top up formula feed as advised.
3. Immunization as per schedule.
4. Vitamin D3 drops (1ml=800IU), 0.5 ml once daily till one year of age.
5. Zincovit drops 0.5ml once daily till further advice.
6. Kindly consult Dr. Jarjapu Kireeti, Consultant Pediatrician & Neonatologist, on 24.06.2026 (Wednesday) in OPD with prior appointment (This consultation will be charged).

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Name	Baby B/O PRAGNYA TUNIKI	UHID	VIH-00206050

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 99637666333 for lethargy, respiratory distress, refusal of feeds, decreased activity, seizures, jaundice, feeding difficulty.

The discharge advice and details on how to obtain emergency care has been explained to me in the language that I understand.

HIGH RISK FOLLOW UP
Note: Register for Neurodevelopmental assessment with developmental specialist

Name : Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr. Harish
Typist : Kalyan/Younus

for D. Vishal.

Registrar/Resident/C.M.O

Dr. JARJAPU KIREETI
MBBS MD (Paediatrics) DrNB (Neonatology)
Neonatal Fellow (Oxford, U.K) MRCPCH (UK)
CONSULTANT PEDIATRICIAN AND NEONATOLOGIST
APMC/FMR/80261

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INSURANCE COPY

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PatientName	: Baby B/O PRAGNYA TUNIKI	**Inpatient No.**	: IP-00060404
Age/Gender	: 0 Y 0 M 0 D 3 H/ Male	**Admit Date**	: 19-06-2026
Ward/Bed	: N 2F-NICU I/ NICU 250	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :19-06-2026 05:19
RANDOM BLOOD GLUCOSE (GOD/POD)	**63**	**mg/dl**	L	70 - 140

Investigation	Result	Unit		Biological Reference Interval
BLOOD GROUPING (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :19-06-2026 05:19
BLOOD GROUP	O			
RH (D) TYPE	POSITIVE			

NOTE :- BLOOD GROUPING TO BE REPEATED AFTER FOUR MONTHS.

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :19-06-2026 05:19
HEMOGLOBIN (Colorimetry)	16.0	g/dL		14.25 - 22.5
RBC COUNT (DC detection method)	4.25	10^12/L		4 - 6.6
PCV/HCT (Calculated)	**43.9**	**VOL%**	L	45 - 67
MCV (Calculated)	103.4	fL		95 - 121
MCH (Calculated)	**37.7**	**pg/cells**	H	31 - 37
MCHC (Calculated)	36.5	g/dL		29 - 37
RDW-CV (Calculated)	14.3	%		13 - 18
PLATELET COUNT (DC Detection Method)	361	10^9/L		150 - 450
MPV (Calculated)	8.2	fL		6.5 - 10
WBC COUNT (DC Detection Method)	12.64	10^9/L		9 - 35
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	42	%		32 - 62
LYMPHOCYTES (Microscopy, Leishman stain)	**50**	**%**	H	19 - 29
MONOCYTES (Microscopy, Leishman stain)	07	%		6 - 18
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

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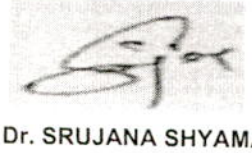
040-42462200, Ext 2000,2001,2002,

PatientName	: Baby B/O PRAGNYA TUNIKI	Inpatient No.	: IP-00060404
Age/Gender	: 0 Y 0 M 0 D 3 H/ Male	Admit Date	: 19-06-2026
Ward/Bed	: N 2F-NICU I/ NICU 250	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
VENOUS BLOOD GAS (POCT) (Specimen : BLOOD)				TEST RESULT STATUS : REPORT ENTERED
				Order Date :19-06-2026 07:52
PH (Reagent Strip/Double PH Indicator)	**7.33**	**unit**	L	7.35 - 7.45
pCO2	42.8	mm Hg		35 - 48
pO2	**48**	**mm Hg**	L	83 - 108
HCO3	21.3	mmol/L		
BE	-3.5	mmol/L		
O2 Sat	80	mmol/L		

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED
			Order Date :19-06-2026 18:40
RANDOM BLOOD GLUCOSE (GOD/POD)	77	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED
			Order Date :19-06-2026 18:40
RANDOM BLOOD GLUCOSE (GOD/POD)	104	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED
			Order Date :20-06-2026 05:29
RANDOM BLOOD GLUCOSE (GOD/POD)	75	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED
			Order Date :20-06-2026 05:29
RANDOM BLOOD GLUCOSE (GOD/POD)	72	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED
			Order Date :20-06-2026 15:10
RANDOM BLOOD GLUCOSE (GOD/POD)	79	mg/dl	70 - 140

Investigation	Result	Unit		Biological Reference Interval
BILIRUBIN (INDIRECT / DIRECT) (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED
				Order Date :21-06-2026 06:46
TOTAL BILIRUBIN (Azobilirubin)	**12.0**	**mg/dl**	H	<8.2
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl		<0.6
UNCONJUGATED BILIRUBIN (Spectrophotometric)	**11.9**	**mg/dl**	H	0.6 - 7.6



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval

This is an interim report. The final report will be released after 24 hours

PatientName	: Baby B/O PRAGNYA TUNIKI	**Inpatient No.**	: IP-00060404
Age/Gender	: 0 Y 0 M 2 D/ Male	**Admit Date**	: 19-06-2026
Ward/Bed	: N 2F-NICU I/ NICU 250	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
CALCIUM (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 06:46
CALCIUM (Arsenazo dye)	8.0	mg/dl		7.3 - 11.7

Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 06:46
HEMOGLOBIN (Colorimetry)	16.3	g/dL		14.25 - 22.5
RBC COUNT (DC detection method)	4.33	10^12/L		4 - 6.6
PCV/HCT (Calculated)	**44.3**	**VOL%**	L	45 - 67
MCV (Calculated)	102.2	fL		95 - 121
MCH (Calculated)	**37.5**	**pg/cells**	H	31 - 37
MCHC (Calculated)	36.7	g/dL		29 - 37
RDW-CV (Calculated)	14.2	%		13 - 18
PLATELET COUNT (DC Detection Method)	301	10^9/L		150 - 450
MPV (Calculated)	7.7	fL		6.5 - 10
WBC COUNT (DC Detection Method)	10.06	10^9/L		9 - 35
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	36	%		32 - 62
LYMPHOCYTES (Microscopy, Leishman stain)	**48**	%	H	19 - 29
MONOCYTES (Microscopy, Leishman stain)	10	%		6 - 18
EOSINOPHILS (Microscopy, Leishman stain)	**06**	%	H	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - TC NORMAL WITH MILD EOSINOPHILIA PLATELETS - ADEQUATE**			

Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 06:46

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PatientName	: Baby B/O PRAGNYA TUNIKI	**Inpatient No.**	: IP-00060404
Age/Gender	: 0 Y 0 M 2 D/ Male	**Admit Date**	: 19-06-2026
Ward/Bed	: N 2F-NICU I/ NICU 250	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
CRP (Immunoturbidimetry)	6.0	mg/L	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

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PatientName	: Baby B/O PRAGNYA TUNIKI	**Inpatient No.**	: IP-00060404
Age/Gender	: 0 Y 0 M 2 D/ Male	**Admit Date**	: 19-06-2026
Ward/Bed	: N 2F-NICU I/ NICU 250	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
THYROID FUNCTION TEST (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 06:46
TRIIODOTHYRONINE (T3) (Eclia)	134.6	ng/dL	73 - 288
THYROXINE (T4) (Eclia)	13.22	µg/dl	5.04 - 18.5
THYROID STIMULATING HORMONE (TSH) (Eclia)	9.98	µIU/ml	0.7 - 15.2

Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

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040-42462200, Ext 2000,2001,2002,

PatientName	: Baby B/O PRAGNYA TUNIKI	**Inpatient No.**	: IP-00060404
Age/Gender	: 0 Y 0 M 3 D/ Male	**Admit Date**	: 19-06-2026
Ward/Bed	: N 2F-NICU I/ NICU 250	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :22-06-2026 02:26
RANDOM BLOOD GLUCOSE (GOD/POD)	86	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :22-06-2026 02:29
RANDOM BLOOD GLUCOSE (GOD/POD)	116	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :22-06-2026 02:30
RANDOM BLOOD GLUCOSE (GOD/POD)	90	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :22-06-2026 02:30
RANDOM BLOOD GLUCOSE (GOD/POD)	92	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
BILIRUBIN (INDIRECT / DIRECT) (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 07:08
TOTAL BILIRUBIN (Azobilirubin)	6.4	mg/dl	<11.7
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.6
UNCONJUGATED BILIRUBIN (Spectrophotometric)	6.3	mg/dl	0.6 - 10.5

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

This is an interim report. The final report will be released after 24 hours

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Laboratory Report

Baby B/O PRAGNYA TUNIKI

7993468750

0 Y 0 M 2 D

VI26020821

Male

19-06-2026 06:13 AM

IP-00060404

19-06-2026 06:41 AM

VIH-00206050

Dr. JARJAPU KIREETI

N 2F-NICU I / NICU 250

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED

Culture : -

Second Report - No growth after 48 hrs of incubation

..... End of the Report .....

This is an interim report. The final report will be released after 24 hours

Baby B/O PRAGNYA TUNIKI	7993468750
0 Y 0 M 0 D 1 H	R26-009808
Male	19-06-2026 05:19 AM
P-00060404	20-06-2026 04:12 PM
VIH-00206050	
JARJAPU KIREETI	

DRAFT

X-RAY CHEST AP VIEW

Cardiothoracic ratio within normal limits.

No evidence of fracture of the ribs.

Clavicle and shoulder girdle normal.

No pneumothorax / pleural effusion.

Prominent right heart border.
- Likely represents thymus.

NG tube insitu.

CP angles are clear.

Domes of diaphragm are normal.

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ACTIVITY RECORD FOR BILLING

Name: -- ----------

VIH-00206050 IP-00060404
UHID No Baby B/O PRAGNYA TUNIKI 19-06-2026 0 Y 0 M 0 D 1 H (M) --------- Consultant : ---------- Dept : ----------

Date of A Dr. JARJAPU KIREETI : ---------- Date of Discharge : ---------- Time: ----------

Room / B ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/6/26	3:30pm	NICU	1st floor 107	

Cross Consultation Visit

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

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/6/26	Monitor	4:56am	20/6/26 5PM	309990	
19/6	Cords checked done by Sr. Advth 20/6/26				
20/6/26	DSPT.	11AM	21/6/26 LAM	309895	
		parents sign:- G.Dinesh			
			Date :- 21/6/26		
			Time:- 11:00 AM		

INVESTIGATIONS

Date	Investigations	Order No.	Sign
19/6/26	CBP, Blood grouping	26020820	
	RBS - 63mg/dl	26020819	
	CXR	26009808	
	Blood C/S	26020821	
19/6/26	@ VBH	26020835	
19/6/26	RBS	26020915	
20/6	RBS	26020916	
19/6	RBS	26020957	
20/6	RBS	26020958	
20/6	RBS	26021051	
	cross checked by sis uma 20/6/26		
21/6/26	RBS -		
21/6	CRP, CBP, Calcium, SBP	26021054	
	PFT		
20/6	RBS - 6 1pm - 86	26021121	
21/6	RBS - 1AM - 116	26021123	
21/6	RBS - 2AM - 90	26021124	
21/6	RBS - 4AM - 92	26021125	
	Cross checked by Sadhana 22/6 @ 1AM		
22/6/26	RBS	26021121	
	RBS	26021122	
	RBS		
22/6/26	LBR	26021139	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
19/6/26	IV placement	1	3091998	
	Cross checked done by Sr. Ashida			20/6/26
	O.A.E	1	3093171	
	Cross checked by Elizabeth			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Elizabeth Thomas		

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. JARJAPU KIREETI

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
19/6 @ 5:00	00.00	5:00 RBS – 63 mg/dl	26020819	By
11:00	01.00 AM	11 AM RBS – 71 mg/dl	26020915	By
19/6	02.00	2 AM RBS 104 mg/dl	26020915	
19/6	03.00	11PM RBS – 75 mg/dl	26020957	?
20/6	04.00	5 AM RBS – 72 mg/dl	26020958	
20/6/26	05.00	11 AM RBS – 79 mg/dl	26020911	Recd. 20/6/26
	06.00	Cross checked done by Sr. Achsa		
20/6	07.00	6.45pm RBS – 86 mg/dl		
21/6	08.00	1:pm RBS – 116 mg/dl		
21/6/26	09.00	7 Am – RBS – 90 mg/dl		
	10.00	7:30pm GRBS – 92 mg/dl		
	11.00	7:30 Am GRBS – 98 mg/dl		
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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UHID No.: VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. JARJAPU KIREETI

Name :

Date of Birth :

NICU

NEONATAL WEIGHT CHART

Birth : Weight

Admission Weight

Discharge Weight

Month	26	26	26
Date	6	6	6
Day	19	20	21
WEIGHT IN GRAMS	2.92 kg (B.wt)	2.42 kg (↑10gms)	2.385 kgs

WEIGHT IN GRAMS: 4500, 4400, 4300, 4200, 4100, 4000, 3900, 3800, 3700, 3600, 3500, 3400, 3300, 3200, 3100, 3000, 2900, 2800, 2700, 2600, 2500, 2400, 2300, 2200, 2100, 2000, 1900, 1800, 1700, 1600, 1500, 1400, 1300, 1200, 1100, 1000, 900, 800, 700

DO NOT WRITE OUTSIDE THE MARGINS

NEW BORN DETAILS

B/O Pragnya Tumki

DOB: 19/6/26 Sex: M Maternal Blood Group: B+ve

Time: 4:10 AM Birth Weight: 2.416 Baby Blood Group: O+ve

SVD / LSCS: LSCS

Indication: _____

Diagnosis: _____

Any Maternal Complications: _____

Spo2 Pre ductal Right Upper Limb: 98%

Spo2 Post ductal Left Lower Limb: 97%

Inference : if the value <92 or difference between preductal and post ductal is >3 esclate the situation

Any Specific Remarks: _____ Thyroid Screening: _____ : NBS: _____

Hearing Test (OAE): _____ Red Reflex: _____.

Head Circumference: 33 cms Length: 45 cms

Vaccination: OPV, BCG, Hep-B.

Date	Day of life	Weight	Weight Loss (> 10% Escalate)	Urine	Stool	DBM/FF	TCB/SBR
21/6/26	01	2.385kg ~~2.832~~	~~-332~~	✓	✓	✓	
22/6/26	02	2.590kg		✓	✓	~~DBM+FF~~	

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060404 **Admit Date** : 19-Jun-2026 **Admit Time** : 04:56 AM **UHID** : VIH-00206050

Patient Details :

Patient Name	: Baby B/O PRAGNYA TUNIKI	**Age**	: 0 D
Guardian	: Mr DINESH	**DOB**	: 19-06-2026 04:07 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 42A,GODAVARI GARDENS Jai Jawahar Nagar Hyderabad Telangana INDIA 500087	**Phone No**	: 7993468750/ 9866243215
		E-mail	: thuniki.pragna@gmail.com

Admission Details :

Bed Type : NICU **Bed No** : NICU 250 **Ward Name** : N 2F-NICU I

Room No : NICU 250 **Admission Type** : First Visit

Contact Details :

Name : Mr DINESH **Relationship** : Father

Contact Address : 42A,GODAVARI GARDENS Jai Jawahar Nagar Hyderabad Telangana INDIA 500087 **Phone No** : 7993468750

G.Dinesh
Signature

Doctor Details :

Doctor Name : Dr. JARJAPU KIREETI **Specialisation** : NEONATOLOGY

Referral Doctor : DR.BHAVANA K **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

IH-00206050 IP-00060404
aby B/O PRAGNYA TUNIKI
)-06-2026 0 Y 0 M 0 D 14 H (M)
r. JARJAPU KIREETI

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O. Pragnya Tunuki Mother's Name: Mrs. Pragnya Tunuki

Date of Birth: 19/06/26 Time of Birth: 4:10 AM Gender: ☑ Male ☐ Female

Birth Weight: 2.416 Kgs HC: ..... cm Lenght: ..... cm

Meconium in Liquor: ☐ Yes ☑ No Cried at Birth: ☑ Yes ☐ No

Term / Pre-term / Post-term: .....

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: B+ve positive Baby: O+ve positive

Feeding: ☑ Breast Feeding ☑ Formula ☐ Both First Feed Time: 4:20 Am.

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 98.6 °C HR: 144 /Min RR: 24 /Min BP: - SpO_2: 100%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☑ **Yes** ☐ **No** **Score:** ..... (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: Anitha Signature: Date &Time: 19/06/26 @7pm

PATIENT TRANSFER FORM

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VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 1 D (M)
Dr. JARJAPU KIREETI

Treating Consultant	Date & Time of Admission	Date & Time of Transfer Order
Dr. Kireeti	19/6/26 @ 4.56 AM.	20/6/26
	Transfer ordered by	Reason for Transfer
	Dr. Kireeti	Baby is Stable.
From Unit	To Unit	Information to attendant
NICU-1		Yes ☑ No ☐
Number of Sheets in clinical file	Number of Imaging films	Personal belongings including clinical documents. If any handed over to attendant
22	X-ray - 1 ABG - 1.	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Kouches	
2.	wipes	
3.	distal water	
4.	feeding bottle	
5.	Aptamil powder	

Shifting Summary / notes written by Doctor : Dr. Baraclu

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Bhavani	Dr. Vishal

Patient & Clinical records received by : Dr. Anitha

Date & Time of Patient Received: @ 3.35 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

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Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. JARJAPU KIREETI

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Pragnya. Age : 34yrs Father's Name : ..... Age : .....

Date of Birth : 5/10/1991 Date of Admission : ..... UHID No.: .....

NICU Consultant : Dr. K'veeb' Sir Referring Consultant : .....

Transferring Unit : ☐ OT ☑ Labour Room ☐ ER ☐ Ward

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

BIRTH INFORMATION

Name : B/O Pragnya

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 19/6/26 Time of Birth : 4:09 AM

Place of Birth : N - RCH

Mother's Blood Group : B+VE

Birth Weight (gms) : 2.6/6/19 Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 36 + 2 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 34 YRS Ht : 151" Wt : 71 BMI : ..... Married Life : 4yrs LMP : 23/10/26 EDD : 27/7/26

Conception : Spontaneous or with Rx. : spontaneous 7 7/2 wks

Booked at what GA. : RCH at H/O SPOTTG at 11+6 wks AN Steroids Drugs / Doses : NO

Last Scans Details : 13/6/26 - Growth scan - SLIUF, 33w+5d, cephar, PL-Ant, Hgh, AFI-7cm, TWD > 99's, AFW - 2510g.

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs H/O SPOTTG at 11+6 wks managed conservatively

Consanguinity : ☐ Yes ☑ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3 H/O Abortion @ 22 wks.

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : NO

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : NO

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : .....

AFI : 10cm

H/o GDM/ pre GDM/ on diet or insulin

Controlled or not, recent values, HbA1 values : PGDM on D'ct

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : -

H/o Hypothyriodism : when diagnosed ? Medication? NO

Any other Chronic Medical Problems, when detected drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : NO Any culture : NO

PPROM : Duration : NO ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : -

Medication during Pregnancy : NO Duration : NO

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Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. JARJAPU KIREETI

PAST OBSTETRIC HISTORY

G : 2 P : 1 A : 0 L : 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1 -	F / 2-5yo / NVD / 3	2 1y /	GDM / Hypothyroid / HTN / Anemia			
G2 -	PP -	Spontaneous conception				

PERINATAL HISTORY

Treating Obstetrician : Dr Thanvana Hospital : V-RCH ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig) NVD

Second stage (> 2 hours after dilation) Spontaneous

LSCS : ☐ Elective ☐ Emergency Indication : Labour

Specify the reason :

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☑ Normal ☐ Suspicious ☐ Pathological

MSL : No

Resuscitaion : ☐ Yes ☑ No

Cord ABG : -

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : 0

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
7/10	9/10	

TOTAL

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

CHT

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Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. JARJAPU KIREETI

Baby delivered via NVD in Vx presentation

↓

CIAB, HR > 100/min

↓

secretions cleared

↓

Pulse and clamping was done for 60sec

↓

cord was clamped & cot under aseptic condition (Apron)

↓

Inj Vit-K given

↓

shift to mother side

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5 C HR : 138/nm RR : 46/m'n NIBP : CFT : < 3c

Color of the extremities : Acrocyanosis

Jaundice : NO Pallor : NO SpO2 : 96% @ RA

Anthropometry : Birth Weight : 2.414kg Length : HC : Present Weight :

Ponderal Index : AGA : ~ SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) NO facial dysmorphism

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

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 : } WNL

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Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. JARJAPU KIREETI

Shape of Thorax :
BREASTS : Position of Nipples and Number : } (N)

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump : 20dN
Discharge : NG
} (N)

GENITILIA :
Labia / ~~Hymen~~ :
Testicles/penis :
Anus :
} (N)

HERNIAL ORIFICES Free

TRUNK and SPINE : (N)

SKIN LESIONS : None

EXTREMETIES :
Fingers / Toes :
Deformities :
Hip Joint Examination :
} (N)
Arms / Legs :
Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 48/min SCR / ICR / See - Saw breating : .....

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

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : .....

SpO_2 : 96 @ RA Auscultation : BILAE (B) Breath Sounds : NVBS (B) Added Sounds : NCE

Cardiovascular System :

HR : 152/min BP : .....

Femoral Pulses : } Palp
Other Peripheral Pulses : }

Precordial Activity : –

Murmurs : } (N)
Signs of Cardiac Failure : .....

Abdomen :

Shape : (N)

Palpation : SOFT

Palpable masses : None

Abdominal girth : .....

Hernia orifice : Free

Anal Patency : (P) Yes

Umbilical Cord : 2 A 1V

First urine passed : yes

Meconium passed : No

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Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. JARJAPU KIREETI

tual functions (Sensorium) : cl+lA - AGd

State of wakefulness :

Prechtle Score :

Nerves :

Motor System :

Passive Tone : N

Active Tone : N

Neonatal Reflexes : F↑

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

Moro's : BL symmetrical DTR : -

ATNR : Skull and Spine : N

Any Congenital Anomalies : NO obvious visible ext congenital anomaly

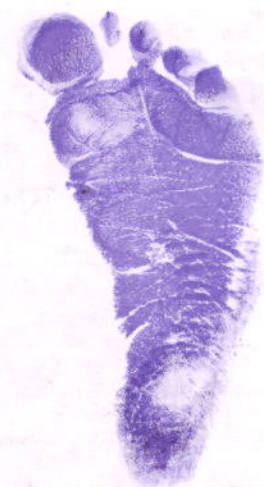
Diagnosis : Late preterm / SGA BW / 2.644 kg / 30d / IM / M

NVD / CIAB for preterm care

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature :

Name : Dr Hari

Date & Time :

Consultant :

Signature : J. Kireeti

Name : KIREETI

Date & Time : 19/6/26

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:

.....

.....

.....

.....

.....

.....

.....

.....

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. JARJAPU KIREETI

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 - 80cc/kg/day
(FOM OG feed)
- CBP, BG, ABG.
- chest x ray
- Blood =ξ
- ~~IVF Gentamycin~~.
- GRBS - 6th hrly (pre feed)

Sr. Achy
19/6 @ 5AM

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....

IP-00060404
VIH-00206050
Baby B/O PRAGNYA TUNIKI (M)
0 Y 0 M 0 D 1 H
19-06-2026
Dr. JARJAPU KIREETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 8AM	DOL-1 (HOL-4hrs) / Late PT / 34+2wks / 2.41kg / AGA	
	IM / M / NVD / CIAB / precirm	coe
	Issues: None	
	T.WE-	Normothermic
	I/O - 16/6	SV @ RA
	U/O - 6 ml	PA - soft
	S/O - Not passed	CVS - S1 S2 (+)
	GRBS - 63 mg/dl	RS - B/L AE (+)
		CNS - C/H/A - AGA
	Plan:-	
	Target SpO2 - 90-95% MAP > 34	
	- TFR - 80cc/kg/day (16 ml x 2hrly) → Oral feeds (→ oral feed)	
	- ABG, CXR - 4am	
	- GRBS - 6th hrly (prefeed)	
	- Trace Blood C/S	
At 6AM	- I/O charting & vitals monitory	
	- ~~AP, HM @ 6:00 AM~~	
	- W/F Abd distension, vomiting	
	→ CBP, CRP, Calcium, SBR → @ 48 Hol (21/6/26 - 4 AM).	Dr. Jarjapu Kireeti Reg.No.APMC/FMR/80261 [signature]
		Noted by St. Sravani 19/6 @ 10AM 19/6/26

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 0 D 19 H (M)
Dr. JARJAPU KIREETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5pm	S/B Resident	
	O/E	
	Baby euthermic	
	CRT < 3 sec	
	CTA good	
	Vitals - stable	
	CVS - S1S2 (+)	
	RS BAE (+)	
	PA soft	
	CNS no FND	
	plan	
	- GRBS 6th hrly (Pre feed)	
	- trace B/C/S	
	- m/f ABD. distension, vomiting	
	- SBR, CBP, CRP, Ca at 48 hrs (21/6/24 - 9 Am)	
Dr [illegible]		
	Noted by Bhavani 19/6/24	

Dr. Jarjapu Kireeti
Reg. No. APMC/FMR/30261

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

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 0 D 19 H (M)
Dr. JARJAPU KIREETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 6AM	D_2 | Late PT (34+2) → 34+3 wks PMA / 2.414kg / AGA / NVD | CIAL / PT care	
	T. wt - 2.42 (↑10 grams)	O/E - Normothermic
	B/P - 252/115	- CFT/A Good
	U/O - 2ml/kg/hr.	- on RA
	S/O - 6 times.	- ~~[illegible]~~ CVS - S1S2 (+)
	GRBS 72 mg/dl	R/S - NAE (+)
		P/A - soft
	Plan	
	- Target SPO_2 > 90%	
	- Target MAP > 54	
	- Oral demand feeds / DBF	
	- GRBS - 6th hrly / prefeed	
	- Trace blood c/s	
	- Shift to room today	
	- Nib care	
	- CRP, CRP, Calcium, SBR, TFT at 48hrs (4am - 21/6/26) — TTA 6AM	
	- Vaccination, OAE - (1m)	
	OCG, OPV, HBV	Noted by Rekha 20/6/26 @ 11:45AM.
B[illegible]		Dr. Jarjapu Kireeti Reg.No.APMC/FMR/80261 [signature] 20/6/26

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 0 D 19 H (M)
Dr. JARJAPU KIREETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Shifting Notes	
20/6/26 1pm	Day 2/. Late PT (34hr) → 34+3 PMA / 2.41kg / AIIA / PT Care	
		Adv
		- Vaccination, OAE Hrm.
		- CBC, LFT, Ca, SDR, HPF Hrs
		- Shift & Monitor
		- Trace Blood CS.
		- c/f - Tachypnoea, Distress Feed Intolerance, Abdomen.
		- Inform SOS.
		- Vit D drops, Zinc vet drops
		D. Vishal
	Noted by Bhavani 20/6/24	

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 1 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 5:15pm	S/B Resident	
	Day 2 / Late PT (34+2) → 34+3 PMA / 2.414kg / AGA / PT Case	
	Baby warm CFT/A good CRT <3sec Vitals stable CVS - S1S2 (+) RS - BAE (+) P/A - soft CNS - NAD.	
		plan
		1) GRBS 6th hourly - (prefed)
		2) Vaccination, DAE T/m.
		3) Trace B/e/s → (BCG, OPV, Hep B)
		4) CBP, CRP, Calcium, SBR, TFT T/m - 6AM
		5) W/f tachypnea, distress, feed intolerance
		6) Reform NS
		7) Vit D3 drops, Zincovit drops.
M. Vishwaja.		
	→ Check 4th hrly vitals	
	→ Stop & continuous monitoring	Noted by Anesthe @1pm

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Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 1 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 10am	S/B Resident	
	Day 3 / late PT (34+2) → 34+3 PMA / 2.414kg / AGA / PT cow	
M: B+ve	Baby warm	
B: O+ve	C/T/A good	
	CRT <3sec	
	CVS - S1S2 (+)	
TW: ~~2.532~~	R/S - BAE (+)	
	P/A - soft	
		Plan
		1) GRRS ~~4th hourly~~ BP (preferred)
		2) vitals 4th hrly
		3) vaccination done
	R/C/S - No growth after 24 hrs	4) w/f tachypnoea, distress, feed intolerance
	Fam RBS - 90mg/dl	5) inform sos
		6) Vitamin D3 drops, zincovit drop
Dr. [signature]		
10:30AM	SBR - 12.0 (cutoff: 10.2)	
	↓ In phototherapy range	
	Th	
	Informed Dr Kireeti sir	
		Adv
		1) To start DSPT
		2) Recheck weight
		3) SBR → Th
Dr. [signature]		4) Add photographed chart
		CaZe Nappy cream

J. Kireeti
KIREETI
21/6/26

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 1 D (M)
Dr. JARJAPU KIREETI

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 3pm	S/B Resident Day 3 / ICE PT (34+2) → 34+3 PMA / 2.414 kg / AGA / PT Care. IUNHTB. Baby warm CT/A good CRT <3sec CVS - S1S2 (+) RS - BAE (+) P/A - SOft TW: 2.385 kg	Plan 1) GRBS 12th hrly prepeed 2) Ustals 4th hrly 3) vaccination done 4) Wt Tachypnea, Distress, feed intolerance 5) Inform Dr. 6) continue DSPT 8) Repeat SBR T/m. Dr. Ushasri Noted by Subhan 21/6/26 @ 7pm

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0Y0M1D (M)
Dr. JARJAPU KIREETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Kireeti Sir	
22/6/26	Day 4 / Late PT (34+2) → 34+4 / AMA / 2.414kg / AGA NNHB	
10 AM	SBR - 6.4	Redrefax → (N)
		plan
Check 6 days wt again.		
	1) D/C today	
	2) F/u on Thursday	
	3) OAE today	
	4) Cont demand feed	
	5) Vit D3, Zincovit drops	
		T. Kireeti KIREETI 22/6/26
		Noted by Anetha 2216 @ 1HA

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 1 D (M)
Dr. JARJAPU KIREETI

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: N/B

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day:

BACKGROUND / ASSESSMENT / Recommendations

Date / Shift	20/6 E	20/6/26 N	21/6/26 M	21/6 E	21/6 M	22/6 E
Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	Nil
Diet:	DBF	DBF	DBM+FF	DBM+FF	DBM+FF	DBM+FF
Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98.6F	98.6°F	98.6°F	98.6F	98.6F	98.6F
Res:	36 b/m	30 b/m	25 b/m	36 b/m	39 b/m	40 b/m
SpO_2:	99%	99%	99%	99%	98%	98%
Pulse:	138 b/m	130 b/m	133 b/m	140 b/m	145 b/m	140 b/m
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
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	—	—	Nil	Nil	Nil	Nil
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	DBF	DBF	DBF+FF	DBF+FF	DBF+FF	DBF+FF
Critical Lab Test / Values:	Nil	Nil	Nil	Nil	Nil	Nil
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	Nil	Nil	Nil	Nil	Nil	Nil
Handed Over By Name :	Anitha	Manisha	Bennika	Subham	Manisha	
Signature / ID :		9050145	018727			
Date:	20/6	21/6/26	21/6/26	21/6	22/6	
Time:	@8pm	@8AM	@2pm	@8pm	@8am	
Taken Over By Name :	Manisha	Bennika	Subham	Manisha	Anitha	
Signature / ID :	9050145	018727			9050145	
Date:	20/6/26	21/6/26	21/6	21/6	22/6	
Time:	@8pm	@8am	@2PM	@8pm	@8Am	

Noted by Anitha 22/6 @12Am

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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:							

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0Y0M0D1H (M)
Dr. JARJAPU KIREETI

NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 20/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify..... NIL
- ☐ 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	9am 9am	- Assess the Baby condition - Monitor vitals	9am 9am	- Assessed the Baby condition - Monitor vitals	Baby is Active	Baby is Good	19/6/26 9am
Afternoon	4pm	→ Feeding		→ Every 2nd hourly DBF given	→ Baby Taking well	Baby is Good	19/6
Night	10pm	→ Ensure Safety		→ To provide side rails	→ To prevent falls risk	→ Baby is Good	manisha 9

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 0 D 3 H (M)
Dr. JARJAPU KIREETI

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 19/6/26

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	8AM 10AM 2PM	Assessment vitals Feed	- - -	Assessed baby condition m checked vitals given feed	Baby is active	Baby is Stable	19/6 @2PM
Afternoon	2PM 8PM	→ Assessment → feeds → vitals	2PM 8PM	→ Assess the Baby condition	→ Baby is active	→ Clinical manifestations	Bhanu 19/6/26 8PM
Night	8PM 10PM 7AM	Assessment Feeds vitals signs	8PM 10PM 7AM	Assessed the Baby condition oral demand feeds Monitored vitals signs	Baby is active vitals are checked & Recorded	Baby is stable vitals are Normal	Uma 20/6/26 @8AM

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 0 D 19 H (M)
Dr. JARJAPU KIREETI

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Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 20/6/26

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	20/6/26 8pm	Assessment ⇒ Vital sign. ⇒ Feeds		⇒ Assessed the baby condition. ⇒ Vital Sign checked. ⇒ Fed tolerating well.	⇒ Baby is active	Baby is stable.	Rekha 20/6/26
Afternoon	2PM 3PM	Assessment - vital sign - feeds	- - -	Assessed baby condition monitored vitals - given feed	- Baby is active	- Baby is stable	Roy 20/6/26
Night	11:30 7:00	- pronde comfortable position - maintain aseptic technique	11:30 7:30	- provided comfortable position - maintained aseptic technique	- to reduce discomfort - prevent from Infection	- patient is stable - prevent from Infection	Praveen 21/6/26

/IH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
9-06-2026 0 Y 0 M 0 D 19 H (M)
Dr. JARJAPU KIREETI

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 21/6/26

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	11am 1pm	→ Maintain good Nutritional status → Ensure Safety		→ Feed DBF + FF given every 2nd hrly → Side Rails kept up	→ Feeling well → Provided Crib	Baby is Stable	Beenika 21/6 @2pm
Afternoon	3pm	→ Maintain good Nutritional Status		→ Feed DBF+FF given every 2nd hourly	→ feeding well	→ Baby is Stable	Anitha 21/6 @8pm
Night	10pm	→ Ensure Safety		→ To provide crib	→ To prevent fall risk	→ Baby is Stable	manisha 22/6 @8am

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 1 D (M)
Dr. JARJAPU KIREETI

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 22/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify..... NIL
- ☐ 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	11Am	→ Discharge Note :-		Doctor Come for rounds & advice Discharge	Noted by Anitha 22/6/26 @11AM		
Afternoon							
Night							

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 2 D (M)
Dr. JARJAPU KIREETI

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

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							
Night							

MH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. JARJAPU KIREETI

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
					20/6	20/6	
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	2	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	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	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	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	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		1			
	Other Medications / None	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		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		✓	✓	✓	✓	✓
	Other Intervention(s) Specify					✓	✓
	Nurse's Name:						
	Signature:						
	Date:		19/6/25	19/6	20/6	20/6	20/6
	Time:		5pm	2PM	8AM	2pm	8pm

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 1 D (M)
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Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			20	21/6	21/6	22/6	22/6
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	2	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	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	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3		3	3	3	3
	Patient Placed in Bed	2	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	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	1	1
	Total		15	16	16	16	16

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		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair [illegible]		✓	✓	✓	✓	✓
	Other Intervention(s) Specify		✓	✓	✓	✓	✓
	Nurse's Name:		Bede	Beauty	Anette	manisha	Peromila
	Signature:						
	Date:		20	21/6	21/6	22/6	22/6
	Time:		8pm	2pm	8pm	1Am	9 Am

MH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. JARJAPU KIREETI

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	17/6 DAY-1			DAY-2 (20/6/26)			21/6 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	–	–	–	–	–	–	–	–	–	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	–	–	–	–	–	–	–	–	–	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	–	–	–	–	–	–	–	–	–	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	–	–	–	–	–	–	–	–	–	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	–	–	–	–	–	–	–	–	–	
			Signature of the Nurse										

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

Signature of Shift In Charge :

Signature : ..... Name : Sr. .....

Signature of Ward In Charge :

Signature : Sr. Jyothi Name : Jyothi

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 1 D (M)
Dr. JARJAPU KIREETI

CHECKLIST FOR THROMBOPHLEBITIS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0									
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-									
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-									
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-									
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-									
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-									
			Signature of the Nurse	Beeru									

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

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

MH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0Y0M0D3H (M)
Dr. JARJAPU KIREETI

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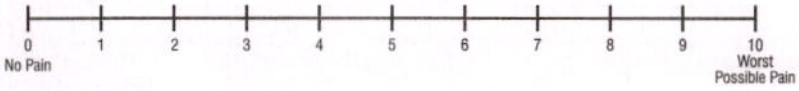
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/6	5am	0	RICU	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
20/6	8AM	0	MICU	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	Uma
20/6/26	2pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
20/6	8pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
20/6	11pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	manjeh
21/6	6AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		manoch
21/6	2pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Bmj
21/6	8pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Arif
22/6	1AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	ms
22/6	9AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Beerala

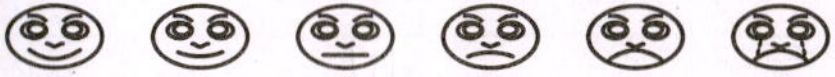
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 0 D 19 H (M)
Dr. JARJAPU KIREETI

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CRITERIA FOR ASSESSING DVT

NOTE: Assign a **score of 1** if **'YES'** in **parameter 1 to 9** and **Assign a score** of **-2** if **'YES'** in **parameter No 10**

S.No	Assessment Criteria	Score	Date: 20/6 Time: 7pm	Date: 21/6 Time: 7pm	Date: 9 Time:	Date: Time:	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0				
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0				
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0				
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0				
5	Entire leg swollen (Assess for both legs)	1	0	0				
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0				
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0				
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0				
9	Previously documented DVT (Assess for both legs)	1	0	0				
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0				
	Total Score		0	0				
	Signature of the Nurse							

Intervention: _____

_____

_____

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

CONSENT FOR FORMULA FEEDS

Ap twin preterm

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Patient Name : B/O Progya Age : POL 4 Gender : ☐ Male ☐ Female

UHID No : 206050 Reg. No. : Department : NICU Date : 19/6/26

I Mr / Mrs. : G. Dinesh aged 34 years, hereby declare that I have

admitted my ☐ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on

19 19/6/26 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 : G. Dinesh

Name : G. DINESH

Relationship with Patient: FATHER

Date & Time : 19/06/2026 5am

Witness :

Signature :

Name :

Date & Time : 19/6/26 5am

Doctor (who is taking the consent) :

Signature :

Name : Dr. Hari

Date & Time : 19/6/26 5am

VIH-0019988

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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 రెయిన్బో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

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CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT (NICU)

I G. Dinesh S/o Mr./ Ms GRK Mohan Rao
hereby declare that our patient Mr / Ms B/O Pregnya who is related to me as Daughter is getting admitted in the Neonatal Intensive Care Unit (NICU) of Rainbow Children's Hospital on 19/6/26 with UHID No. : .....

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

.....

.....

The doctors have clearly explained to me that my patient Mr./ Ms. ..... during his / her stay in the NICU may undergo various medical and surgical procedures like airway management, mechanical ventilation, UAC, UVC (Umblical 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~~ : B/O Pregnya ..... 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 : G. Dinesh

Name : G. DINESH

Relationship with Patient: FATHER

Date & Time : 19/06/2026 19/6/26 9am

Witness :

Signature : .....

Name : Delhi

Date & Time : 19/6/26 9am

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Harini

Date & Time : 19/6/26 9am

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

రోగి పేరు ..... వయస్సు .....లింగం పు□ /స్త్రీ □

యు.హెచ్. ఐ.డి .....

నేను ..... చి .....

..... అనే బాలుడు / బాలిక యెక్క చికిత్స మేరకు రేయిన్బో చిల్డ్రన్ హాస్పిటల్ లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్‌లో తేది ..... నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి/బాలికలో ఈ క్రింద తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపు ణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

నవజాత శిశువుల ఇంటెన్సివ్‌కేర్ యూనిట్ లో మా పాప /బాబుకు వైద్య పరంగా అవసరమగు అన్ని రకాల చికిత్స విధానాలకు మరియు ప్రక్రియలను (ఉదా కృత్రిమ శ్వాస వెంటిలేటర్, ఆర్టీలియర్ లైన్, సింట్రల్ లైన్ చ్రెస్ట్ డ్రెయిన్, పెరిటోనియల్ డ్రెయిన్ ఇంనర్శన్ వంటి ప్రక్రియలను డాక్టరు గారు నాకు ఆర్థమగు 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 రుగ్మతలచే 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 దుష్పరిణామాలు 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 .....

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O PRAGNYA TUNIKI**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP-00060404**	**Sex:**	**Male**
Consultant:	**Dr. JARJAPU KIREETI**	**Ward/Bed No:**	**N 2F-NICU I/NICU 250**

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 urance 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 arance. In case of failing the submission, I will pay 200/- Rs.
ceivers Signature: G.Dinesh
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: G.Dinesh

Name: G.DINESH
Relationship: FATHER
Date: 19.06.2026 Time: 04:56 Am
Witness Name:
Witness Signature:

Patient Address:
42A,GODAVARI GARDENS Jai Jawahar Nagar Hyderabad Telangana INDIA 500087

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 0 D 19 H (M)
Dr. JARJAPU KIREETI

RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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ARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	7 pm	8 pm	9 pm	11 pm	1 am	3 am	5 am	7 am
Doctor/Nurse/Family Concern?								
Temperature (°F)	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	
Heart Rate (bpm) and Blood Pressure (mmHg) *								
Heart Rate (Number)	130	130	132	129	120	130	132	
Resp. Rate (bpm) (Over 1 Minute) *								
Resp Rate (Number)	30	30	30	32	34	32	30	34
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	98	99	98	99	98	99	98	99
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N
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	0	0	0
Observer's Initials	M	M	M	M	M	M	M	M

Note: BP does not score in early warning scoring

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.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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!
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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)

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 0 D 19 H (M)
Dr. JARJAPU KIREETI

FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21/6/26 Time:	9	11	1	3	5	7	9	11	1	3	5	7
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM
Temperature (°F)	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.8°F *	98.8°F *	98.8°F *	98.8°F *	98.8°F *	98.8°F *
Heart Rate (Number)	138	140	145	150	140	139	130	134	132	139	134	132
Resp. Rate (bpm) (Over 1 Minute) *	40	35	38	40	31	42	39	40	38	39	37	34
Resp Distress: Mod/ Severe / None / Mild												
Receiving O_2 (l/min) O_2 Saturations (%)	99	100	99	98	97	99	98	99	100	99	98	99
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	1	0	0	0	0	0	0	0	0
Pain Score	0	0	0	1	0	0	0	0	0	0	0	0
Observer's Initials	B	B	B	[illegible]	SK	SK	M	M	M	M	M	M

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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* 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.

Patient Sticker

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Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 2 D (M)
Dr. JARJAPU KIREETI

/ FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date 22/6/26 Time: 9 AM

Doctor/Nurse/Family Concern?

Temperature (°F)
104 103 102 101 100 99 98 97 96 95 94
101.2 100.3 98.6

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 136

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

Noted Pain Score 22/6/26

Resp Rate (Number): 39

Resp Distress: Mod/ Severe / None / Mild

Receiving O_2 (l/min)
O_2 Saturations (%): 99

Conscious Level: Normal / Altered: N

GCS *: 15

TOTAL SCORE Number of shaded boxes: 0

Pain Score: 0

Observer's Initials: B

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
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Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 0 D 3 H (M)
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FLUID CHART

Sheet No. : 2

19/6/26

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G						0	
	08:00 am							5 ml			0	
	09:00 am	Aptamil	.	.	16 ml		✓			15 ml	0	
	10:00 am										0	
	11:00 am	Aptamil			16 ml		✓			20 ml	0	
	12:00 pm										0	
	01:00 pm	Aptamil	20 ml		.						0	19/6
Total Intake : 52 ml						**Total Output :** 25 ml						@ 2PM
	02:00 pm							5 ml			0	
	03:00 pm										0	
	04:00 pm	Aptam	25 ml		10 ml		✓			15 ml	0	
	05:00 pm										0	Bhavani 19/6/26 2PM
	06:00 pm	Aptam	30 ml							15 ml	0	
	07:00 pm										0	
Total Intake : 55 ml						**Total Output :** 30 ml						
	08:00 pm	Aptamil	20 ml					3 ml			0	
	09:00 pm	Diff. Aptamil									0	
	10:00 pm		15 ml				✓	✗		10 ml	0	
	11:00 pm										0	
	12:00 am	Aptamil	30 ml							15 ml	0	4 mg
	01:00 am										0	20/5/26
Total Intake : 65 ml						**Total Output :** 25 ml						@ 8AM
	02:00 am	Aptamil	25 ml				✓	✗		10 ml	0	
	03:00 am										0	
	04:00 am	Aptamil	30 ml							15 ml	0	
	05:00 am										0	
	06:00 am	Aptamil	25 ml				✓	✗		15 ml	0	
	07:00 am										0	
Total Intake : 80 ml						**Total Output :** 35 ml						

Total 24 hrs. Intake	252 ml =) 104 cc/kg/day	Total 24 hrs. Output	115 ml =) 2 cc/kg/Hr

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0Y0M0D1H (M)
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FLUID CHART

Sheet No. : 0

1. All measurements in ml.
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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	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	Apfam		16ml						6ml	0	19/6/26
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206050 IP-00060404
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19-06-2026 0 Y 0 M 0 D 19 H (M)
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(3)

FLUID CHART

Sheet No. : .....

19/6/26

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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G						0	
	08:00 am	Aptamil	25ml				✓			10	0	
	09:00 am										0	Rikh 20/6/26
	10:00 am	DBF					✓			20	0	
	11:00 am										0	
	12:00 pm	DBF+Apt	20ml								0	
	01:00 pm	DBF									0	
Total Intake :						**Total Output :** 30ml.						
	02:00 pm	Apt.	25ml								0	
	03:00 pm											
	04:00 pm	DBF	30ml									
	05:00 pm											
	06:00 pm	DBF+FF	25ml							✓	0	Amulya 20/6
	07:00 pm										0	
Total Intake :						**Total Output :**						
	08:00 pm	DBF+FF	25ml								1	
	09:00 pm											
20/6	10:00 pm	DBF+FF	25ml							✓	0	
	11:00 pm											
	12:00 am	DBF+FF	25ml								1	
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am	DBF+FF	25ml								1	
	03:00 am											
21/6	04:00 am	DBF+FF	25ml								0	21/6/26 at 7AM
	05:00 am									✓		
	06:00 am	DBF+FF	20ml				✓				1	
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	285ml	Total 24 hrs. Output	2 times

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FLUID CHART

Sheet No. : .....

21/6/26

1. All measurements in ml.
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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
21/6/26	08:00 am		DBM							✓		
	09:00 am		+FF									
	10:00 am											
	11:00 am	DBM	20ml							✓		Beeramma 21/6 @1pm
	12:00 pm	+FF										
	01:00 pm											
Total Intake :						Total Output :						
21/6	02:00 pm		DBM									
	03:00 pm		+FF							✓		
	04:00 pm											Anitha 21/6 @8pm
	05:00 pm		DBF+									
	06:00 pm		FF				✓			✓		
	07:00 pm											
Total Intake :						Total Output :						
21/6	08:00 pm		DBF+									
	09:00 pm		FF									
	10:00 pm									✓		
	11:00 pm		DBF+									manisha 21/6
	12:00 am		FF									
	01:00 am											
Total Intake :						Total Output :						
22/6	02:00 am		DBF+									
	03:00 am		FF									
	04:00 am											manisha 22/6
	05:00 am		DBF+							✓		
	06:00 am		FF				✓					
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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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							
22/6	08:00 am											
	09:00 am		DBM + FF				✓			✓		
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											Beromika 22/6/26 @ 11Am
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	

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			Mouth	I.V	N.G							
	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**	

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: NICU Shifted to: 1st floor 107

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	VITAMIN D3 DROPS	0.3ml	PO	ONCE DAILY.		☐C ☐DC
2	ZINCOVIT DROPS	0.5ml	PO	ONCE DAILY.		☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : D. VISHAL,

Date & Time : 20/6/26. 12 pm

Nurse Name & Signature: Bhavani

Date & Time : 20/6/26 2pm

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 1 D (M)
Dr. JARJAPU KIREETI

Weight. ..... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature .....

VERIFIED BY : Name .....

VIH-00206050 IP-00060404
Baby B/O PRAGNYA TUNIKI
19-06-2026 0 Y 0 M 1 D (M)
Dr. JARJAPU KIREETI

REGULAR PRESCRIPTIONS

Weight. 2.41 Kg. Ward. NIa

As per doctor advice: Dr Keerthi

DRUG: VITAMIN D3 DROPS				Date/Time	20/6	21/6
Dose	Route	Frequency	Start Date			
0.5ml	PO	ONCE DAILY	20/6.			
Name & Signature of the Doctor Starting the Drugs: D Vishal				6 pm	Gayatri	Gayatri
Additional Instructions: 400IU/DAILY						
Daily Doctor's Endorsement by a Sign						

Chitr 20/6/26

DRUG: ZINCOVIT DROPS				Date/Time	20/6	21/6
Dose	Route	Frequency	Start Date			
0.5ml	PO	ONCE DAILY.	20/6.			
Name & Signature of the Doctor Starting the Drugs: D Vishal				6 pm	Gayatri	Gayatri
Additional Instructions: MULTI VITAMIN						
Daily Doctor's Endorsement by a Sign						

Chitr 20/6/26

DRUG: PROCTOGUARD OINTMENT				Date/Time	21/6
Dose	Route	Frequency	Start Date		
	LA	8th hourly	21/6	6 am	/
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja				2 pm	Gayatri
				10 pm	
Additional Instructions: LA – diaper area					
Daily Doctor's Endorsement by a Sign					

Chitr 21/6/26

DRUG: EZINAPI CREAM				Date/Time
Dose	Route	Frequency	Start Date	
	LA	8th hourly	21/6	
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja				
Additional Instructions: Local application				
Daily Doctor's Endorsement by a Sign				

Chitr 21/6/26