

ACTIVITY RECORD FOR BIRTH


VIH-00206160 IP-00060443
Baby Of ARIGELA MADHUMITHA
16-06-2026 0 Y 0 M 6 D (M)
Dr. SURENDER RAO DUSA

Name: -----
UHID No: --  ----- Consultant: ----- Dept: -----



Date of Admission: 22/6/26 Time: ----- Date of Discharge: 26/6/26 Time: 11:40am

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/6/26	@ 7:50 PM	ER	NICO	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Mustafa Kamal	23/6/26	3093554 ✓	
2.	Dr. Mustafa Kamal Mohd Abdul Kadir	23/6/26	3693573 ✓	
3.	Cross checked done by Sr. Shalika 25/6/26 11am			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS


Date	Investigations	Order No.	Sign
22/6	RBS - 80 mg/dl	26021211	Me ✓
	VBS, RBS	26021219	AD ✓
	CBP, CRP, S/E, urea, creat	26021220	✓
	Calcium, SBP		
	Blood c/s		
	CXR	26009989	✓
23/6/26	RBS	26021254	AD ✓
	2D-ECHO	26-010012	✓ AD
23/6/26	NSG, USG	26-010016	✓ AD
23/6	CUE	26021280	AD ✓
23/6	CSF analysis, CSF culture & sensit		
	- vity	26021304	AD ✓
23/6	RBS	26021317	AD ✓
24/6	CRP, CRP L/S/G	26021342	AD ✓
24/6	RBS	26021343	AD ✓
25/6	RBS	26021446	AD ✓
	Cross checked done by sr. Shreshitha 25/6/26 11am		
26/6/26	RBS	26021534	AD

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/6/26	Monitor	26/6/26 2:11pm			
22/6/26	Infusion pump	7:50pm	9am 23/6/26	3093366	WA
	oxygen		23/6/26 11Am		

Cross checked alone by sr-shashikaly 25/6/26 11Am

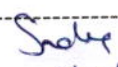
PROCEDURE


Date	Procedure	Quantity	Order No.	Signature
26/6/26	Dr placement	1	3093372	
Cross checked done by Sr. Supplinary 25/6/26 11Am				
26/6/26	TECAE	①	3094223	Σ
/				

ANY OTHER INFORMATION

Date: 26/6/26

Time: 11Am

Prepared By: 
26/6/26

<p>Staff Nurse</p> 	<p>Shift / Ward</p> <p>2nd Floor</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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RBS

Patient Name : - Baby Of ARIGELA MADHUMITHA (M) -
 18-06-2026 0 Y 0 M 9 D -
 Registration No.: Dr. SURENDER RAO DUSA -



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
22/6	00.00	Gpm RBS - 80mg/dl	Bu	26021219
23/6	1.00	GAm RBS - 119mg/dl	Ruf	26021254
23/6	2.00	Gpm RBS - 80mg/dl	St	26021317
24/6	3.00	GAm RBS - 90mg/dl	Hans	26021343
25/6	4.00	GAm RBS - 90mg/dl	Snevi	26021446
22/6	5.00	7pm		
	6.00	Cross checked done by Sr. Shulika 25/6/26 11am		
	7.00			
26/6	8.00	G RBS @ GAm : 64 mg/dl	Pep	26021534
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Patient Name : _____

VIH-00206180 IP-00060443
Baby Of ARIGELA MADHUMITHA
18-06-2026 0 Y 0 M 6 D (M)
Dr. SURENDER RAO DUSA

Registration No.: -



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
23/6	00:00	2cc - Salbutamol - neb	(2)	✓ 3093851
		6:Am - Salbutamol Neb		
	1.00	10Am Salbutamol Neb		
	2.00	2pm Salbutamol Neb		
	3.00	C.O.S checked alone by Sr. Sushila 25/6/22 11Am		
	4.00			
	5.00			
	6.00			
	7.00			
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET



Patient Name : **Baby Of ARIGELA MADHUMITHA**
 16-06-2026 0 Y 0 M 9 D (M)
 Dr. SURENDER RAO DUSA

IP.No: 60443

Ward:



DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary				
3	Nursing Initial assessment form	9	✓	✓	
4	Patient Trasfer Forms	2	✓	✓	
5	In-patient Medical Record	4	✓	✓	
6	Doctors Progress Sheets	6	✓	✓	
7	Nurses Progress notes	6	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery				
	Consent for Blood Transfusion				
	Consent for Chemotherapy				
13	Consent for High Risk <i>formldg</i>	1	✓	✓	
14	Consent for Restraint <i>MLC</i>	1	✓	✓	
15	DAMA Consent				
16	Consent for Special Procedure	1	✓	✓	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	5	✓	✓	
26	Intake and Output chart (fluid Chart)	4	✓	✓	
27	Drug Chart (Regular prescription)	2	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	<i>medical Reconciliation</i>	2	✓	✓	
	<i>X-ray</i>	1	✓	✓	
	<i>Braden</i>	2	✓	✓	
	<i>Humpty dumpty</i>	2	✓	✓	
	<i>pain score</i>	2	✓	✓	
	<i>Others</i>	12	✓	✓	
	Total No. of Pages	<i>58 pages</i>			

Noted by meenika 26/6/26 @ rmm

Signature and Date : *Meenika 26/6/26*

ERROR LOG

8/1/03

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060443

Admit Date : 22-Jun-2026

Admit Time : 06:52 PM UHID : VIH-00206160

Patient Details :

Patient Name : Baby Of ARIGELA MADHUMITHA

Age : 0 Y 0 M 6 D

Guardian : Mr V.NAVEEN KUMAR

DOB : 16-06-2026 01:00 AM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : 11-8 BHAVANA COLONY NEW BOWENPALLY
New Bowenpally Hyderabad Telangana INDIA
500011

Phone No : 9948269796

E-mail : NAN@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 102

Ward Name : N 0 GF-EMERGENCY

Room No : ER 102

Admission Type : First Visit

Contact Details :

Name : Mr V.NAVEEN KUMAR

Relationship : Father

Contact Address : 11-8 BHAVANA COLONY NEW
BOWENPALLY New Bowenpally Hyderabad
Telangana INDIA 500011

Phone No : 9948269796


Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Arun Kumar Reddy A

Phone No : 7799108972

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

Patient Name : B/O. ARIGELA MADHUMITHA UHID : VIH-00206160 IPD : IP-00060443 Gender : Male Age : 0 Y 0 M 6 D

VIH-00206160 IP-00060443
Baby Of ARIGELA MADHUMITHA
16-06-2026 0 Y 0 M 6 D (M)
Dr. SURENDER RAO DUSA



but: 2.052 leg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/o madhumitha Age : 7 Gender: Male Female

Date : 22/6/26 Time of Arrival : 6:17 pm

Allergies: No Yes Food Medications Blood Transfusion Other (Specify): Not known

Source of Information : Parents Others (Specify)

Mode of Arrival : Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 98.1 F PR: 156b/min RR: 45b/min SpO₂: RA-89% 0.104 100%

Chief Complaints: clv & oral intake and R/D

INITIAL PHYSIOLOGICAL CATEGORIZATION Appearance <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		INITIAL PHYSIOLOGICAL STATUS <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening	
Work of Breathing <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea			

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input checked="" type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 6:21 pm

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

- Have you had fever (elevated temperature) in the past 2 weeks? Yes No
- Have you had cough or a rash in the past 2 weeks? Yes No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks? Yes No

PART B. For patients reporting fever and respiratory/rash symptoms: Not applicable

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? Yes No
If yes, State Location:
- Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? Yes No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- The patient should be given a surgical mask immediately, if not already wearing one.
- Both patient and triage staff should perform hand hygiene.
- The staff should use PPE (as appropriate).

Name of Triage Nurse : Kizim

Signature of Triage Nurse : [Signature]

Date & Time : 22/6/26 @ 6:21 pm

Patient Name : B/O. ARIGELA MADHUMITHA UHID : VIH-00206160 IPD : IP-00060443 Gender : Male Age : 0 Y 0 M 6 D

VIH-00206160 IP-00060443
Baby Of ARIGELA MADHUMITHA
16-06-2026 0 Y 0 M 6 D (M)
Dr. SURENDER RAO DUSA



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 22/6/26 Time of arrival : 6:22 Pm
Chief Complaints : Clo ↓ oral intake, and RD RBS: 8.0 mg/dl
Height : — Weight : 2.52 kg BMI : — Head Circumference (<2 years) : —
Allergies: Yes No Medications Blood Transfusion Food Other : —
If yes, identify : —
Pain Screening: Yes No If Yes, Pain Score: '0' Pain Tool Used: N Pass FLACC Wong Baker
 Character Location Frequency Duration

RISK FOR FALL:

- If patient is < 6 years
tick below fall risk intervention directly
- If Patient is > 6 years
Assess the below parameters
- History of Falling: within past 3 months Yes No
- Ambulatory Aids:**
 - Wheelchair Yes No
 - Uses furniture for support Yes No
- Gait/Transferring:**
 - Bedrest / immobile Yes No
 - Weak Yes No
 - Impaired Yes No
- Mental Status:** Forgets limitations Yes No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

- Fall Risk Intervention:**
- Escort while ambulating
 - Assist Patient
 - Educate patient and family on fall precautions/prevention

Functional Screening: No Abnormalities Detected

- Mobility Problem
- Walking Problem
- Developmental Delay
- Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening: No Abnormalities Detected

- Underweight
- Overweight
- Feeding Problem
- Special diet
- Special feeding method

Inform consultant for positive criteria

Psychological Screening: No Significant Findings
Unusual concerns about patient's Psychological Status: Yes No
If Yes Consultant Notified: (Date/Time):

Social History: Lives With Family
Siblings in household Yes No (if yes How Many?)

Time of Initial assessment completed by ER Nurse : 22/6/26 @ 6:36 pm

Patient Name : B/O. ARIGELA MADHUMITHA UHID : VIH-00206160 IPD : IP-00060443 Gender : Male Age : 0 Y 0 M 6 D

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
6:12pm	7 Patient come to the ER.
6:20pm	7 Vitals checked and recorded.
6:25pm	7 for vishal has burn to the pt.
6:30pm	7 for advice Admissions
6:30pm	7 IV placement done in outside.
6:30pm	7 ROS done in ER SamIDL.
6:51pm	7 Admissions done
7:50pm	7 Patient shifted to the NICU

Samples collected by: — Time: —
 Samples sent by: — Time: —

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
NIL					

Condition of patient at time of shift - out :	Details of Shift - out
HR: 134b/m BP: 100/70 CFT: <35g RR: 38b/m SPO2: 92% GCS: 15/15 Temperature: 99.4 F Pain Score: 0 Repeat RBS (if applicable): —	Shift - out from ER to: NICU Time of Shift - out: 22/6/26 07:50 PM Handover given to: S2 (Nurse's Name) by S1 Arigela

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

IV placement done in outside




Name of the Nurse : Arigela

Signature of the Nurse : *[Signature]*

Date & Time : 22/6/26 07:50 PM

PATIENT TRANSFER FORM



Patient Name & UHID No. VIH-00206160 IP-00060443 Baby Of ARIGELA MADHUMITHA 16-06-2026 0 Y 0 M 6 D (M) Dr. SURENDER RAO DUSA 		Date & Time of Admission 22/6/26 @ 6:52 PM	Date & Time of Transfer Order 22/6/26 @ 7:50 PM
Transfer Ordered by Dr. Vish shrikar		Reason for Transfer Admission	
From Unit ER	To Unit NICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File (21)	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what? Outside file given to	
Medications / Consumables / Surgicals / Hand over 			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Aschitha Kas		Name of Person Ordered Transfer Dr. Shrikar	
Patient & Clinical Records Received by : Bhavani			
Date & Time of Patient Received : 			

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

Unavailable Bed

Nurse not Available

Available Bed not ready

VIH-00206160 IP-00060443
 Baby Of ARIGELA MADHUMITHA
 18-05-2026 0 Y 0 M 9 D
 Dr. SURENDER RAO DUSA (M)

TRANSFER FORM

Patient Name & Unit No.		Date & Time of Admission	Date & Time of Transfer Order
		22/6/26 @ 6:52 PM	25/6/26 @ 3 PM
Treating Consultant Name		Transfer Ordered by	Reason for Transfer
Dr. Surender		Dr. Surender	Stable.
From Unit	To Unit	Information to Attendant	
NICU	217.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant	
45.	X-ray of 5/6/26	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, what ?			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Deaps	3	
2.	Wipes	1	
3.	Adrenaline	1	
4.	Thermometer	1	
5.	DIW	44	
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring		Name of Person Ordered Transfer	
Rakha @ 3 PM 25/6/26		Dr. P.R.B.	
Patient & Clinical Records Received by : Sr. Shanti			
Date & Time of Patient Received : 25/6/26 @ 3 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

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs madhumita Age : 29yrs Father's Name : Naveen Age : 32
 Date of Birth : 17/05/1996 Date of Admission : 27 UHID No. : _____
 NICU Consultant : _____ Referring Consultant : Dr Arun
Transferring Unit : OT Labour Room ER Ward
Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/o madhumita Mother's Blood Group : 'AB' Positive
 Gender : M F Blood Group : 'B' Positive Birth Weight (gms) : 2.45 Kgs Length (cms) : _____
 Date of Birth : 16/6/26 Time of Birth : 8.44pm OFC (cms) : _____
 Place of Birth : Seci Hospital, Armoor Estimated Gesth Age : term

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 29yrs Ht : _____ Wt : _____ BMI : _____ Married Life : 11 months LMP : 3/9/25 EDD : 10/6/26
 Conception : Spontaneous or with Rx : Spontaneous
 Booked at what GA : unbooked AN Steroids Drugs / Doses : _____
 Last Scans Details : _____
 TT Immunization and Iron / Folic Acid : given

MATERNAL RISK FACTORS

Age : <18 yrs > 35yrs
 Consanguinity : Yes No
 If yes, degree of consanguinity : 1 2 3
H/o PIH (after 20 weeks) / PE
 How many Drugs / Doses / Since how long : since 8 1/2 months
1 on T- Labetol (?).
 H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : 10
 IUGR - when detected : _____
 Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus : according to attenders
 AFI : _____

H/o GDM/ pre GDM/ on diet or insulin
 Controlled or not, recent values, HbA1 values : since 7 months surky
mx on Diet
 Compliance with Rx : _____
 Scans : LGA, TIFFA , Fetal Echo : _____
H/o Hypothyroidism : when diagnosed ? Medication?
Hypo thyroid since conception 5 Thyronorm
 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 : _____ Any culture : _____

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

PAST OBSTETRIC HISTORY

G: P: A: L:

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Sivisha Hospital : Sri Hospital Inborn Outborn

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

APGAR SCORE

Gestational Age : Weeks :

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

	1 Minute	5 Minutes	10 Minutes
TOTAL	<u>NK</u>	<u>NK</u>	

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

History of Present Illness:

Baby was delivered via emergency L/S in vertex presentation
 in Sri hospital Amoor 1/1/0 dgo, PE
 Baby said to be CIAB - Apgars NIK
 started to develop grunt & RD.

shifted to ~~Armed~~ Kalana Hospital, Amoor.
 admitted in NICU. kept on CPAP for 4 days,
 on DOL-4 Tx were done w/o sepsis. feeds were started on DOL-3.

Investigation details in previous Hospital :

advised for higher center (H/o apnea, since yesterday).
 shifted to Anand Hospital Amoor on DOL-6.

Feeding History :

[admitted in NICU, Inx done, CRP raised],
 (Started on mero, Vancomycin).
 to rule out cause of sepsis & stabilization

Past History :

(outside)

Referred to RCH, VKP.

22/6/26

21/6/26

20/6/26

12/6/26

Family History :

Hb - 15-6.

16.2.

16.1,

17.9,

TK - 10,7w.

7900.

5000.

13,800

PH - 1.25

1.64,

1.36.

2.0.

Socio Economic History :

CPP - 15.3

22.

2.3,

3.6,

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : *Euthectic* HR : *158/min* RR : *50/min* NIBP : *26/20* CFT : *None*

Color of the extremities : *Pink*

Jaundice : *-* Pallor : *-* SpO2 : *96% on 2L*

Anthropometry : Birth Weight : *2.45kg* Length : HC : Present Weight : *2.52kg*

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies :
(Any Facial Dysmorphism) */ ⊖*

NECK and CLAVICLES : Range of Motion :
Asymmetry : */ ⊖*
Masses :

EYES : Symmetry :
Red Reflex : *→ Not done*
Discharge :

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

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

ABDOMEN and UMBILICUS : Shape : / (N)
Organomegaly : / (N)
Bowel Sounds : / (N)
Umbilical Stump : / (N)
Discharge : / (N)

GENITALIA : Labia / Hymen : / B/L testis (N)
Testicles/penis : / (N)
Anus : / (N)

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS : (N)

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

SYSTEMIC EXAMINATION

Respiratory System :
Breathing Pattern : Regular Periodic Shallow Gasping
Mention if baby has Respiratory distress : RR : 50/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 : Low Flow O2
SpO2 : 96% Auscultation : BAE (N) Breath Sounds : Chest clear Added Sounds :

Cardiovascular System :
HR : 168/min BP :
Femoral Pulses : / well felt
Other Peripheral Pulses :
Precordial Activity : /
Murmurs : /
Signs of Cardiac Failure :

Abdomen :
Shape : / (N)
Palpation : / (N)
Palpable masses : / (N)
Abdominal girth : / (N)
Hernia orifice : - (N)
Anal Patency : - (N)
Umbilical Cord : - ?
First urine passed : / passed
Meconium passed : / passed



nervous system : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

CITIA (W)

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : b/l complete symmetrical DTR : -

ATNR : Skull and Spine :

Any Congenital Anomalies : No visible congenital anomalies

Diagnosis : term / 2.45 kg (Bwt) - 2.52 kg (Aw) / AUA / LCLs / CMA / suspected sepsis / Apnoea (?)

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : [Signature]

Name : D. Vishal

Date & Time : 22/6/26

Consultant :

Signature : [Signature]

Name : Dr. Surender Rao Dusa

Date & Time : Reg. No: 47776



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: 2.52kg

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

Date of Discharge: 26 / 06 / 26

Discharge to Home Other:

Against Medical Advice: Yes No

Referred to another hospital: Yes No

Discharge Medications: Yes No

Details:

Final Diagnosis: IV - 150ml/kg/day, 10% - 200P
VB4, CXF, NPI, Blood culture -
Plan to start feeds after NPI.
Ly: Piptaz, ampicin - (D),
w/t apnoea.
Monitor vitals.

Doctor Signature:

Doctor Name:

Date & Time:

Noted by
Renulay.
22/6/24

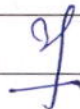


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26 15AM	Day 7 / Term / B.Wt - 2.45 Kg / Ad wt - 2.52 Kg / AGA / UCI / suspected sepsis / Apnoea (!) / Hypokalemia.	
	Issues - doesn't tolerate formula feeds.	
	T.Wt - 2.52 Kg.	Normothermia.
	E/O - 167/60ml	CNS - S2 ⊕
	U/O - 1.9 ml/Kg/hr.	CNS - T/A/R AGA
	S/O - 2 times.	RS - BAE ⊕.
	GRBS - 119 mg/dL.	PA - soft, R ⊕.
	<u>Advice.</u>	
	Target SpO2 > 90%, MAP > 28.	
	GRBS BD, CXR / ABG - SOL.	
	IV - 150 ml / Kg / day.	1/2 feeds = 25ul x 3 ^{times} daily.
	Oral demand feeds.	1/2 fluids = 7.9 ml/hr = 1/2 DNST ^{min} 1/2 ^{Got}
	Ⓛ2 inj Piptaz, Amikacin.	
	w/A apnoea, S/O shock.	
	Neb E salbutamol.	
	Plan Lumbar puncture today, CUE.	
	monitor vitals.	USG Abdomen.
	Inform SOL,	CBP, CRP, SE TTM.
	- 2 D Echo, NSG, LP today	
	D. Michael	Dr. Surender Rao
		23/6/26
		Reg. No. 41776
		15AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26	LP note	
	under all aseptic & antiseptic measures, LP done & CSF sample sent for analysis. colour - clear & intermittent budding res - Single	
	Adv CSF analysis CS	
	Procedure done by Dr. Varish	
	Noted by Sr. Sushita 23/6/26	

VIH-00206180 IP-00060443

Baby Of ARIGELA MADHUMITHA

18-08-2026 0 Y 0 M 6 D

Dr. SURENDER RAO DUSA

(M)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26	Day 8 of term 2.45 kg BW - 2.52 kg ACPA USG resp sepsis apnea hyperk ⁺	
	<u>Issues</u> - Nil.	
	wt 2.50 (Non-urine
	stl - 335/210	NA
	ufu - 3.4	Chest - BAE ⊕, CVS - 7/10R ACPA
	stl - 4.	MS - S1S2 ⊕
	ARDS	r/A - Left, RS ⊕
	<u>Adv</u>	
	Target SpO ₂ > 90%, MAP > 38	
	ARDS - eo	
	oral demand feeds.	
	Nystaz, Amikacin 0.3	
	trace Mls, csa c/s.	
	Plan to shift to room.	

Noted by
Dr. Surender Rao
24/6/26
10:50 AM

Dr. Surender Rao
24/6/26
Reg. No: 47776
10:50 AM

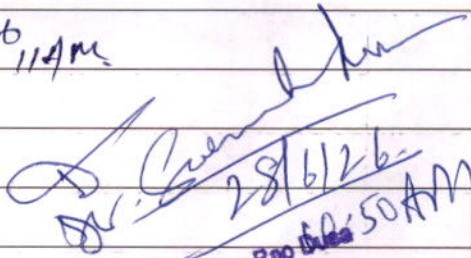
VIH-00206160 IP-00080443
 Baby Of ARIGELA MADHUMITHA (M)
 18-06-2026 0 Y 0 M 7 D
 Dr. SURENDER RAO DUSA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>GR Acc'd</u>	
24/6		
5:00 PM		
	→ no Acute events	
	CPR < 3hr	
	C/A good	
	CVC - (1) ⊕	
	M BAEP ⊕	
	PA cuff	
	CNS no EM	
	<u>dx</u>	
	- w/ Apres	
	- feed intolerance	
	- CST	
	noted by Arhila 24/6/26 @ 5 PM	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 6AM	Dog 9 / term / 2.45 kg / B.W seps's / myxemia	2.52 kg / AGP / LSCS / SOSP
	ISSUES:- NONE	
	T.Wt - 2.55 kg (150g)	Neurothecv re
	ILO - 335/210	RA
	UIO - 3-ucc 1kg 11	check - BAC ⊕,
	ALO - 4 bnt	CNS - 7 AIR AGF
	GRBS - 76 mg 1st	CVS - 9.5L ⊕
		pb - soft
	ADV: - Target SPO ₂ > 90%, MAP > 38 - GRBS - ⊕ - Oral demand demand feed • Piplozi Amikacin - Pu • ILO check, vitals monitoring - Trace Bcls & CFCs - shift to room today	Bcls 24hrs no growth
✓ LHA	noted by Reba 25/6/26 @ 11AM	
		 Dr. Surender Rao Dusa 28/6/26 8:50 AM Reg. No: 47776



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6 1:00 PM	Shifting notes	
	- B ₂ madhumitha Mch, But 245g Em. 44.	
	outborn.	
	- Baby initially admitted outside NICU, developed episodes of Apnea & suspected sepsis.	
	Referred to higher center on Del-6	
	At admission - Baby was hemodynamically stable, maintained SpO ₂ on O ₂ support	
	Septic workup showed raised CRP (119).	
	- treated as suspected neonatal sepsis & Apnea.	
	- started on IV Antibiotics. Blood cfs sent; serial monitoring done. US Abdomen @ 2 Echo - Pfo & L → R	
	- Baby gradually improved, apneas resolved. O ₂ support off	
	- tolerating full oral Demand feeds, maintaining saturation in RA, vitals stable.	
	plan	
	- Continue DBF	
	- completion of course of Antibiotics - total 5 days	
	- monitor and inform (for)	
	Armita	collected by Pab 25/6/26 @ Dpm

VIH-00206160 IP-00060443
 Baby Of ARIGELA MADHUMITHA
 16-06-2026 0 Y 0 M 9 D (M)
 Dr. SURENDER RAO DUSA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 16:30	<u>CL/B Resident</u>	
	CLT/A good ART 235-ee	<u>Ad</u>
	AS B / M R	- Centre feed DBL feed bandage
	my Sister	- Centre Ptaz & Amikac
	Noted by Sr Jhami	OP
	25/6 2:50pm	Aster

VIH-00206160

IP-00080443

Baby Of ARIGELA MADHUMITHA

18-06-2026

0 Y 0 M 7 D

(M)

Dr. SURENDER RAO DUSA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26.6.26	S/B Regular	
9.00am	DOL-10 / Term / 2.52kg / baby baby / CS CS / Assisted	
	sepsis / Hyperkalemia	
	No new issues	
	of baby exam	
	eng.	
	tone } (N)	
	activity }	
	CUS - 9.5 (F)	Plan
	RS - BAE (+), clear	→ Warm care
	P/A - soft	→ DBM
		→ RBS - OD
	Y. wt: 2.55 kg	→ Trace CSF c/s
	T. wt: 2.52 kg (+ 30g m)	→ Cont. monitoring
	Lug. Pipette: D	
	Lug. Amniocentesis: D	
	Blood of: 48 hrs sterile	
	Stop antibiotic	Noted by Dupites
	of baby	26/6/26 @ 9pm
	stop on Monday	
	OBE baby	
	TA on stop	



NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 22/6/26	Diagnosis: Sepsis	Surgery / Procedures: -		
	Allergies: N/A		Post OP Day: -		
	Date: 23/6/26				
	Area	NICU	NICU	NICU	
	Shift Time	8Am-2pm	2pm-8pm	8pm-8am	
	Diet: EBm	EBm	EBm	GBm + EBm	
Ventilation (RA, NP, NIV, VENTI)	LIF	Room air	Room air		
INVASIVE LINES	1.	lvcannula	IV Cannules	IV Cannules ⊕	
	2.	-	-	OG	
	3.	-	-	-	
	4.	-	-	-	
ASSESSMENT	Infusions / Transfusions	10'1. Isop. MMI + Cal	N/A	-	
	PU Prophylaxis	N/A	N/A	-	
	DVT Prophylaxis	N/A	-	-	
	Vitals	BP	75/49(87)	62/38(48) with Hg	66/49(45)
		PR	130b/min	150b/min	149b/min
		RR	50b/min	30b/min	45b/min
		SpO ₂	100% ¹	99%	99% ¹
		Temp	36.5 ^e	36.5 ^c	36.5 ^c
	Pain Score	0	0	0	
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert	Alert	Alert	
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact	Intact	Intact	
	Restraints If any	Physical	-	-	-
Chemical		-	-	-	
Fall Risk (Vulnerable Y/N) if yes score	-	14	14		
(Ambulation, walking, moving with assistance, bed ridden)	-	-	-		
ADL (Dependent / Non-Dependent)	Dependent	Dependent	Dependent		
Critical Lab Test / Values (If any)	-	-	-		

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Date:			
	Area	NICU 8am-2pm	8pm-8pm	8pm-8am
	Shift Time			
	Ordered / Planned		CBP, CRP, s/e T/m	CBP, CRP S/E - T/m
	Due	N/A	N/A	-
	Reports Pending	N/A	N/A	-
Referrals (if any)	N/A	N/A	-	
Remarks (Special Interventions like, Drainage tube flushing etc.)	N/A	N/A	-	
Handed Over By Name :	TShaxner	Shubhakar	Sr. Harish	
Signature :				
Date:	23/6/20	23/6/20	24/06/20	
Time:	2pm	8pm	8am	
Taken Over By Name :	Sr. Shubhakar	Sr. Harish		
Signature :				
Date:	23/6/20	23/06/20		
Time:	8pm	8pm		

VIH-00206160 IP-00060443
 Baby Of ARIGELA MADHUMITHA
 16-06-2026 0 Y 0 M 6 D (M)
 Dr. SURENDER RAO DUSA




NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: <u>22/6/26</u> Diagnosis: _____ Surgery / Procedures: <u>-</u>
	Allergies: <u>Nil</u> Post OP Day: <u>Nil</u>
	Date: <u>22/6/26</u>
	Area: <u>ER</u> Shift Time: <u>22/6/26</u> <u>Nico's Night</u>
	Diet: _____ <u>oral feeds</u>
	Ventilation (RA, NP, NIV, VENTI): <u>NP</u> <u>NP.</u>
INVASIVE LINES	1. <u>10 x cannula</u> (2)
	2. <u>-</u>
	3. <u>-</u>
	4. <u>-</u>
ASSESSMENT	Infusions / Transfusions: <u>-</u> <u>10 x - ISOP</u> <u>15.7ml/w</u>
	PU Prophylaxis: <u>Nil</u> <u>-</u>
	DVT Prophylaxis: <u>Nil</u> <u>-</u>
	Vitals: BP <u>78/48(58)</u>
	PR <u>134/6/w</u> <u>124/6/w</u>
	RR <u>38/6/w</u> <u>50/6/w</u>
	SpO ₂ <u>100% on O₂</u>
	Temp <u>99.4°F</u> <u>100%</u>
	Pain Score: <u>0</u> <u>0</u>
	LOC (Alert, Conscious, Confusion, Unconscious): <u>Alert</u> <u>Alert</u>
	Skin Integrity (Intact / Bedsore / Any other condition): <u>Intact</u> <u>Intact</u>
	Restraints If any: Physical <u>-</u> Chemical <u>-</u>
	Fall Risk (Vulnerable Y/N) if yes score: <u>0</u> <u>0</u>
	(Ambulation, walking, moving with assistance, bed ridden): <u>-</u> <u>-</u>
ADL (Dependent / Non-Dependent): <u>dependent</u> <u>Dependent</u>	
Critical Lab Test / Values (If any): <u>Nil</u> <u>-</u>	

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Date:	22/6/22	22/6/22
	Area		New/aby
	Shift Time	-	
	Ordered / Planned	-	E-S-T
	Due	-	aby
	Reports Pending	-	aby
	Referrals (if any)	-	aby
Remarks (Special Interventions like, Drainage tube flushing etc.)	-	aby	
Handed Over By Name :	Archibong	Remuley	
Signature :	As	Ref	
Date:	22/6/22	23/6/22	
Time:	@ 7:50 PM	8 AM	
Taken Over By Name :	Remuley	Tsharuna	
Signature :	By		
Date:	22/6/22	23/6/22	
Time:	8 pm	8 AM	

IFT HAND OVER FORM

SITUATION	Diagnosis:  <i>Septis.</i>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure: <i>-</i>	Post OP Day: <i>-</i>					
BACKGROUND	Date	<i>25/6/26</i>	<i>25/6/26</i>	<i>26/6/26</i>			
	Shift	<i>8pm</i>	<i>N</i>	<i>M</i>			
	Medical Condition (Any special condition to be noted):		<i>Nil</i>	<i>-</i>			
	Diet:	<i>DBF</i>	<i>DBF</i>	<i>DBP</i>			
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>			
	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.6°F</i>	<i>98.18</i>	<i>98.6°F</i>		
		Res:	<i>40b/m</i>	<i>41b/m</i>	<i>40b/m</i>		
		SpO ₂ :	<i>98%</i>	<i>99%</i>	<i>99%</i>		
		Pulse:	<i>141b/m</i>	<i>120b/m</i>	<i>142b/m</i>		
		BP:	<i>56/48(10)</i>	<i>Nil</i>	<i>Nil</i>		
		LOC:	<i>-</i>	<i>-</i>	<i>-</i>		
	Fall Risk Score:	<i>16</i>	<i>16</i>	<i>16</i>			
Pain Score:	<i>0</i>	<i>0</i>	<i>-</i>				
Skin Integrity:	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>				
Recommendations	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 type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<i>-</i>	<i>Nil</i>	<i>-</i>			
	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<i>DBF</i>	<i>DBF</i>	<i>DBP</i>			
	Critical Lab Test / Values:	<i>-</i>	<i>Nil</i>	<i>-</i>			
	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 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<i>Dependent</i>	<i>dependent</i>	<i>dependent</i>				
Post Operative Procedure Special Orders:	<i>-</i>	<i>-</i>	<i>-</i>				
Handed Over By Name :	<i>Thani</i>	<i>Shakhe Roja</i>	<i>Roja</i>				
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>				
Date:	<i>25/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>				
Time:	<i>@ 8pm</i>	<i>Roja</i>	<i>@ 2P</i>				
Taken Over By Name :	<i>Shakhe Roja</i>	<i>Durpika</i>	<i>-</i>				
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>	<i>-</i>				
Date:	<i>25/6/26</i>	<i>26/6/26</i>	<i>-</i>				
Time:	<i>@ 8pm</i>	<i>@ 8AM</i>	<i>-</i>				

*File sent to Billing
 26/6/26 @ 2pm*



NURSING SHIFT HAND OVER FORM

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



NURSING CARE RECORD

Date:

- 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		<p>10/30 AM ASSES the general condition of the child</p> <p>12/30 AM Provide w fluids</p>	<p>10/30 AM</p> <p>12/30 AM</p>	<p>ASSESSED the general condition - no f. the child TO maintain fluid balance</p>	<p>child is stable TO prevent the dehydration</p>	<p>child is hemodynamically stable</p>	<p>Penuly 23/6 Blam</p>

NURSING CARE RECORD

Date: 23/6/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	→ Assessment	8Am	→ Assess the Baby condition	→ Baby is active	→ I/O chart maintained	Bhasan 23/6/26 2pm
	2pm	→ feeds	2pm				
Afternoon	2pm	Assessment	2pm	Assessed the baby condition.	Baby activity is good	Vitals checked & recorded I/O chart maintained	Ref 23/6/26 8pm
	4pm	Oral feeds	4pm	Oral demonst feeds			
	6pm	Provide comfortable position	6pm	provided comfortable position to the baby			
Night	8pm	* Assess the Baby Condition		* Assess the Baby Condition	* Baby is	* Baby is	Sri. Harsh 23/06/26 8pm
	8pm	* Provided warm care.		* provided warm care.	* Active	* Stable	

VIH-00206160 IP-00060443
 Baby Of ARIGELA MADHUMITHA
 18-06-2026 0 Y 0 M 7 D (M)
 Dr. SURENDER RAO DUSA

NURSING CARE RECORD



Date: 24/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8pm	Assessment	8AM	Assessed the baby condition	Baby activity is good	Vitals checked & recorded No chart maint -ted	Syl 24/6/26 2pm
	9am	Oral feeds given	9AM	oral demand given			
	2pm	medications given	2pm	medications given as per dr. order			
Afternoon	4pm	Assessment		Assessed the baby condition,	Baby activity is good.	Vitals checked and recorded No chart maint -ted	Akhila 24/6/26 @ 8PM
	6pm	oral feeds given		oral feeds given			
	8pm	medications given	8pm	medications given as per dr. order.			
Night	8PM	Assessment	-	Assessed baby condition	- Baby is active	- vitals are checked	Syl 25/6 @ 8AM
	8AM	- Feed - Medication - check vitals	-	given feed given medication checked vitals			



NURSING CARE RECORD

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	25/6/26 8pm 9pm	<ul style="list-style-type: none"> → Assessment → feeds → Vital Signs 		<ul style="list-style-type: none"> → Assessment the baby condition → feeds on demand CBM from female → Vital Signs normally 	<ul style="list-style-type: none"> → Baby is settling and stable. 	<ul style="list-style-type: none"> (1) no chest monitoring → cut IV for stable 	
Afternoon	4pm 8pm	<ul style="list-style-type: none"> Assess the baby condition. Give demand feeds. 	<ul style="list-style-type: none"> 4pm 8pm 	<ul style="list-style-type: none"> Assessed the baby condition Given demand feeds. 	<ul style="list-style-type: none"> Baby is stable & active 	<ul style="list-style-type: none"> Baby is haemodynamically stable. 	
Night	9pm.	<ul style="list-style-type: none"> * maintain personal Hygiene. * ensure safety 		<ul style="list-style-type: none"> - provided warm and care care. - baby is stable. 	<ul style="list-style-type: none"> - DBF 2nd hourly given. - prevent infection. 	<ul style="list-style-type: none"> - vitals with hourly checking. 	

NURSING CARE RECORD

Date: 26/6/26

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify assess the baby condition
- 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		ensure safety		<u>Discharge Notes</u> Doctor came for rounds Baby is safe doctor said baby to get discharged		Dupilet 26/6/26 @2pm	
Afternoon							
Night							

Noted by Dupilet
 26/6/26 @2pm



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							

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby Of ARIGELA MADHUMITHA **Age :** 0 Y 0 M 6 D
IP No: IP-00060443 **Sex:** Male
Consultant: Dr. SURENDER RAO DUSA **Ward/Bed No:** N 0 GF-EMERGENCY/ER 102

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 consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

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

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

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

Note:

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

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

(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: *V. Suresh Kumar*

Relationship: *Father*

Date: *22-06-2026*

Witness Name: *[Signature]*

Witness Signature: *[Signature]*

Time:

Patient Address:

11-8 BHAVANA COLONY NEW
BOWENPALLY New Bowenpally
Hyderabad Telangana INDIA 500011

CONSENT FOR SPECIAL PROCEDURES



Patient Name : Blo madhumitha Gender: Male Female
UHID No : 206160 Department : NICU Date : 23/6/26 11 AM
I Naveen Kumar S/D/W/O

Here by give consent for procedure of :

For my patient, Named :

The doctors have clearly explained to me that the procedure has following possible complications:

.....
Infection
Per

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

.....
.....

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure:

Patient Attendant :

Signature : [Signature]

Name : Naveen Kumar

Relationship with Patient: Partner

Date & Time : 23/6/26 11 AM

Witness :

Signature : [Signature]

Name : [Name]

Date & Time : 23/6/26

Doctor (who is taking the consent) :

Signature : [Signature]

Name : [Name]

Date & Time :

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా గోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT



Name: B/o madhumita Age: DOB 7 Gender: Male Female

UHID.No : Date: 22/6/26

I Naveen S/o, D/o, W/o ganjaram hereby declare that our patient Mr. / Ms. B/o madhumita who is related to me as son is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 22/6/26.

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

The doctors have clearly explained to me that my patient B/o madhumita during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter 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 Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit 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 B/o : madhumita

in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

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

Patient Attendant :

Signature : [Signature]

Name : Naveen

Relationship with Patient: Father

Date & Time : 22/6/26

Witness :

Signature : [Signature]

Name : Renuka

Date & Time : 22/6/26 9pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : D. Vishal

Date & Time : 22/6/26 9pm

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



రోగి పేరు వయస్సు లింగం పు స్త్రీ
 యు.హెచ్.ఐ.డి
 నేను బి
 అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రేయిన్స్పీ బిల్డ్స్ ఆసుపత్రి లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్లో తేదీ
 నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి / బాలికలో. ఈ క్రింద
 తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్ లో మా పాప/బాబుకు వైద్య పరంగా అవసరమగు అన్ని రకాల చికిత్స విధానాలకు మరియు ప్రక్రియలను (ఉదా కృత్రిమ శ్వాస వెంటిలేటర్, ధమని మార్గం, సింట్రిల్ లైన్ చెస్ట్ డ్రైయిన్, పెరిటోనియల్ డ్రైయిన్ ఇన్ఫర్షన్ వంటి ప్రక్రియలను డాక్టరు గారు నాకు అర్థమగు భాషలో వివరించారు.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, పైన తెలుపబడిన శస్త్ర ప్రక్రియలు చేసేముందు సమ్మతి తీసుకునే వీలు లేని చో ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితులు ఏర్పడినప్పుడు మా బాలుడు / 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 నవజాత శిశువు ఇంటెన్సివ్ కేర్ యూనిట్ లో ఉన్నప్పుడు ఎన్నో విధాల వైద్య మరియు శస్త్ర ప్రక్రియలు ఇంకా వివిధ చికిత్స విధానాలు అవసరం పడతాయని మరియు వాటివల్ల దుష్పరిణామాలు కలగవచ్చని అర్థం చేసుకున్నాను. ఆ పరిణామాలు ఎటువంటివి అనగా నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన సమస్యలు, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు.

మా బాలుడిని/బాలికను అడ్మిట్ చేయుటకు మరియు ఎన్.ఐ.సి.యు. లో ఉన్నప్పుడు జరుగు చికిత్స విధానాలు మరియు శస్త్ర ప్రక్రియలు వలన కలిగే అపాయాలను నేను అంగీకరిస్తున్నాను. మా పేషెంట్ ను తగిన విధంగా చికిత్స చేయడానికి వైద్యునికి నాపూర్తి అంగీకారం తెలియజేస్తున్నాను. వైద్యుడు నాకు అర్థమగు భాషలో అంతా వివరించారు.

మా బాలుడు / బాలిక ను ఇన్ఫెన్సివ్ కేర్ యూనిట్ (ఎన్.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)	సాక్షి
సంతకము	సంతకము
పేరు	పేరు
వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)	తేదీ మరియు సమయము
సంతకము	
పేరు	

Aptamil gold

CONSENT FOR FORMULA FEEDS



Patient Name : B/o madhumita Age : DOB-7 Gender : Male Female

UHID No : 206160 Reg. No. : Department : NICU Date : 22/6/26

I Mr / Mrs. : Naveen aged 32 years, hereby declare that I have

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

22/6/26 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 : [Signature]

Name : Naveen

Relationship with Patient: Father

Date & Time : 22/6/26 9pm

Witness :

Signature : [Signature]

Name : Renuka

Date & Time : 22/6/26 9pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : A Vishal

Date & Time : 22/6/26 9pm



డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

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

తేదీ

నేను శ్రీ/శ్రీమతి వయస్సు సంవత్సరాలు

నా కుమార్తె/కుమారుడు రెయిన్ఫో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా

ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు

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

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

Ref No. F/INPR/19

Patient Name :



NURSES ASSESSMENT CHART



I.P. No

Date : 22/6/26 Diagnosis : Sepsis Weight : 2.52 kg Chart No. : ①

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7		
COLOUR CODE	200																										
	210																										
RED - PULSE	200																	126	124	130	142	133	129	131	142	137	139
BLACK - RESP	105																										
GREEN - TEMP	104																										
BLUE - NIBP	103																										
	102																										
	101																										
A- ALERT	100																										
V-VOICE	99																										
P-PAIN	98																										
U-UNRESPONSIVE	97																										
	96																										
VERBAL	95																										
5-ORIENTED	80																										
4-CONFUSED	70																										
3-IN APPROPRIATE WORDS	60																										
2-INCOMPREHENSIBLE SOUND	50																										
1-NONE	40																										
	35																										
MOTOR	30																										
6-OBEYS	28																										
5-LOCALISES PAIN	26																										
4-WITHDRAWS	24																										
3-FLECTION	22																										
2-EXTENSION	20																										
1-NONE	18																										
	16																										
	14																										
	12																										
	10																										
Q2																											
SPO2																											
RBS																											
SUCTION																											
PHYSIOTHERAPY																											
AVPU																											

Signature of the Nurse :

Morning Shift :

Evening Shift :

Night Shift : *Renu*

Ref No. F/INPR/19

Patient Name :



NURSES ASSESSMENT CHART



I.P. No

Date : 23/6/26 Diagnosis : Sepsis Weight : 2.527kg Chart No. : 2

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7	
COLOUR CODE	200																									
	210																									
RED - PULSE	200	128	126	132	144	139	134	144	140	126	131	139	136	161	138	162	1100	132	151	142	156	146	156	149	128	
BLACK - RESP	105																									
GREEN - TEMP	104																									
BLUE - NIBP	103																									
	102																									
	101																									
A- ALERT	100																									
V-VOICE	99																									
P-PAIN	98																									
U-UNRESPONSIVE	97																									
	96																									
VERBAL	95																									
5-ORIENTED	80	58	47	39	64	48	42	39	36	44	37	37	37	46	46	35	37	38	31	34	36	36	46	46	40	
4-CONFUSED	70																									
3-IN APPROPRIATE WORDS	60																									
2-INCOMPREHENSIBLE SOUND	50																									
1-NONE	40	70	71	87	64	63	69	76	65	66			65	64	66	66	73	65	59	77	67	65	60	59	56	
	35																									
MOTOR	30																									
6-OBEYS	28																									
5-LOCALISES PAIN	26	51	50	67	48	43	56	54	48	48			48	48	51	57	53	45	46	45	62	47	46	55	45	40
4-WITHDRAWS	24																									
3-FLECTION	22																									
2-EXTENSION	20	40	38	54	37	33	44	48	39	40			38	40	43	43	41	34	31	39	55	37	41	40	30	35
1-NONE	18																									
	16																									
	14																									
	12																									
	10																									
O2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	
SPO2	98	100	100	98	92	97	100	94	100	99	95	97	97	97	98	94	98	94	92	96	95	96	97	99	98	
RBS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SUCTION	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
PHYSIOTHERAPY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	

Signature of the Nurse :

Morning Shift : Bhasam
23/6/26
SPM

Evening Shift :
23/6/26
SPM

Night Shift :
23/6/26
SPM

VIH-00206160 IP-00060443

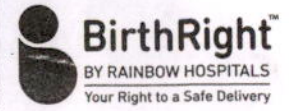
Ref No. F/INPR/1: Baby Of ARIGELA MADHUMITHA
16-06-2026 0 Y 0 M 7 D (M)

Patient Name : Dr. SURENDER RAO DUSA

I.P. No

Date 24/6/26 Diagnosis : suspected sepsis Weight : 2.80 kgs Chart No. : 4

NURSES ASSESSMENT CHART



Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200	132	131	151	133	129	139	128	128	124	137	105	148	149	136	127	138	127	116	155	136	158	138	140	152
BLACK - RESP	105																								
GREEN - TEMP	104																								
BLUE - NIBP	103																								
	102																								
	101																								
A- ALERT	100																								
V-VOICE	99																								
P-PAIN	98																								
U-UNRESPONSIVE	97																								
	96																								
VERBAL	95																								
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60	82	39	36	51	44	77	27	22	24	34	29	27	9	36	37	33	37	29	35	32	43	50	43	50
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26	80	58	57	69	22	68	24	24	22	66	69	24	22	80		77		56		41	51	42	84	
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20	40	49	51	50	53	83	57	57	54	29	50	60	60	64		62		89		31	40	30	40	
1-NONE	18																								
	16																								
	14																								
	12	24	45	48	44	44	46	53	34	41	41	39	52	45	50		55		81		28	30	28	42	
	10																								
O2																									
SPO2		93	96	93	90	94	92	92	92	92	93	95	95	97	99	98	93	94	94	89	96	95	96	99	100
RBS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUCTION		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : *Sy*

Morning Shift : *Sy*
24/6/26
8pm

Evening Shift : *Akhile*
24/6/26
@ 8PM

Night Shift : *Sy*
25/6
@ 8AM

Ref VIH-00206180 IP-00060443
 Baby Of ARIGELA MADHUMITHA
 Pati 18-08-2026 0 Y 0 M 7 D (M)
 Dr. SURENDER RAO DUSA
 I.P. ↑

NURSES ASSESSMENT CHART



Date: 25/6/26 Diagnosis: Weight: 2.55 Chart No.: 3

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200	128	126	142	132	134	127	129			145	141	156	153	155	159	161	149	157	153	159	145	143	139	147
BLACK - RESP	105																								
GREEN - TEMP	104																								
BLUE - NIBP	103																								
	102																								
	101																								
A- ALERT	100																								
V-VOICE	99	98	98	98	98	98	98	98			96														
P-PAIN	98																								
U-UNRESPONSIVE	97																								
	96																								
	95																								
VERBAL	80	27	30	28	46	52	40	32			40	39	41	45	43	46	47	41	43	43	45	49	43	45	46
5-ORIENTED	70																								
4-CONFUSED	60																								
3-IN APPROPRIATE WORDS	50																								
2-INCOMPREHENSIBLE SOUND	40																								
1-NONE	35																								
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26	23	20	27	23	20	23	26			20														
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18	14	18	21	13	16	19	16			16														
	16																								
	14																								
	12	11	11	11	11	11	11	11			11														
	10										10														
O2																									
SPO2		95	96	95	95	97	98	96			96	97	97	98	99	99	96	96	99	98	96	95	98	94	99
RBS		-	-	-	-	-	-	-			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUCTION		-	-	-	-	-	-	-			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY		-	-	-	-	-	-	-			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AVPU		A	A	A	A	A	A	A			A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse :

Morning Shift : *[Signature]*
 25/6/26
 @

Evening Shift : *[Signature]*
 25/6/26
 @ 6pm

Night Shift :

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)



FLUID CHART

Sheet No. : 1

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
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	10% Top		15.7							0	}	
	09:00 pm			15.7							0		
	10:00 pm			15.7							0		
	11:00 pm			15.7							0		
	12:00 am	EBM 25ml		7.9							0		
	01:00 am			7.9				✓ 20ml			0		
Total Intake :					Total Output :								
	02:00 am			7.9							0	}	
	03:00 am	EBM 30ml		7.9					10ml		0		
	04:00 am			7.9							0		
	05:00 am			7.9							0		
	06:00 am	FF 30ml		7.9				✓ 30ml			0		
	07:00 am			7.9							0		
Total Intake :					Total Output :								
211 ml					60ml								

Total 24 hrs. Intake 167 cc/kg/day

Total 24 hrs. Output 1.9 cc/kg/over 12 hrs.

IP-00206160 IP-00060443
 Baby Of ARIGELA MADHUMITHA
 18-06-2026 0 Y 0 M 6 D (M)
 Dr. SURENDER RAO DUSA



FLUID CHART

Sheet No. : (2)

23/6/26

- 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			NG	Diarrhoea	Vomit	Output			IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine			
	08:00 am			7.9							0		
	09:00 am			7.9					30ml		0	Bharan 23/6/26 2pm	
	10:00 am	EBM 50ml stop							20ml		0		
	11:00 am								?		0		
	12:00 pm										0		
	01:00 pm	EBM 40ml									0		
Total Intake :			90ml						Total Output : 50ml				
	02:00 pm								30ml		0	Self 23/6/26 8pm	
	03:00 pm										0		
	04:00 pm	EBM 35ml									0		
	05:00 pm										0		
	06:00 pm										0		
	07:00 pm	EBM 25ml + 25ml									0		
Total Intake :			85ml + 25ml						Total Output : 30ml				
	08:00 pm										0	23/6	
	09:00 pm										0		
	10:00 pm	Albani 20ml							20ml		0		
	11:00 pm	EBM 30ml									0		
	12:00 am										0		
	01:00 am	Albani 20ml									0		
Total Intake :			80ml						Total Output : 60ml				
	02:00 am								30		0	24/6	
	03:00 am			40ml							0		
	04:00 am										0		
	05:00 am										0		
	06:00 am			50ml							0		
	07:00 am								40		0		
Total Intake :			90ml						Total Output : 70				

total 24 hrs. intake 335 - 134.4 cc/kg/day

Total 24 hrs. Output 210

VIH-00206180 IP-00080443
 Baby Of ARIGELA MADHUMITHA
 18-06-2026 0 Y 0 M 7 D (M)
 Dr. SURENDER RAO DUSA



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

Birtn.
 BY RAINBOW HOSPITAL
 Your Right to a Safe Delivery

FLUID CHART

Sheet No. : u

- 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						Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score		
	08:00 am												
	09:00 am	EBM 50ml									0		
	10:00 am									20ml	0		
	11:00 am										0		
	12:00 pm										0		
	01:00 pm	EBM 50ml									0		
Total Intake : 100ml										30ml	0		
			Total Output : 50ml										
	02:00 pm										0		
	03:00 pm										0		
	04:00 pm	EBM 40ml									0		
	05:00 pm										0		
	06:00 pm									20ml	0		
	07:00 pm										0		
Total Intake : 40ml										20ml	0		
			Total Output : 40ml										
	08:00 pm	EBM 50ml									0		
	09:00 pm										0		
	10:00 pm									10ml	0		
	11:00 pm	Aptamil 40ml									0		
	12:00 am										0		
	01:00 am										0		
Total Intake : 90 ml										20ml	0		
			Total Output : 30ml										
	02:00 am	EBM 40ml									0		
	03:00 am										0		
	04:00 am										0		
	05:00 am	Aptamil 40 ml									0		
	06:00 am										0		
Total Intake : 80 ml										30ml	0		
			Total Output : 40ml										
	07:00 am										0		
Total Intake : 310 ml										160ml	0		
			Total Output : 160ml										

Abhila
 24/6/26
 @ 8 PM

25/6/26
 @ 8 AM

Total 24 hrs. Output : 2.6 lcc/kg/day

Intake : 80 ml
 12.5 cc/kg/day



FLUID CHART

Sheet No. : 5

25/6/26

- 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			
<u>25/6/26</u>	08:00 am										0	Reel <u>25/6/26</u> @ 2pm	
	09:00 am										0		
	10:00 am	EBM 25 APR 25ml					✓			15ml	0		
	11:00 am										0		
	12:00 pm						✓				0		
	01:00 pm	EBM 55					✓			10	0		
Total Intake : 105ml						Total Output : 25ml							
<u>25/6/26</u>	02:00 pm										0	@ 8am	
	03:00 pm	DBF					✓				0		
	04:00 pm										0		
	05:00 pm										0		
	06:00 pm	DBF					✓				0		
	07:00 pm						✓				0		
Total Intake :						Total Output :							
<u>25/6</u>	08:00 pm	DBF									0	@ 8am	
	09:00 pm										0		
	10:00 pm	EBM (30ml)									0		
	11:00 pm	DBF					✓				0		
	12:00 am										0		
	01:00 am	EBM (30ml)									0		
Total Intake :						Total Output :							
<u>26/6</u>	02:00 am										0	@ 8am	
	03:00 am	EBM (30ml)									0		
	04:00 am	DBM									0		
	05:00 am										0		
	06:00 am	EBM (30ml)					✓				0		
	07:00 am	DBM									0		
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00206160 IP-00060443
 Baby Of ARIGELA MADHUMITHA (M)
 16-06-2026 0 Y 0 M 6 D
 Dr. SURENDER RAO DUSA



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: CR Shifted to: NICU

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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shekhar

Date & Time : 22/6/26 @ 7:00 PM

Nurse Name & Signature: Achitha AS

Date & Time : 22/6/26 @ 7:00 PM

11

12

Handwritten notes at the bottom of the page, including a circled '3' and some illegible text.



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: Shifted to:

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	ENT. PIPERACILLIN TIAZOBACTAM mg	252 mg	IV	q 6hr	25/6 6AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	ENT AMIKACIN	38 mg	IV	once daily	25/6 10pm	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *L Arankar*

Date & Time : 25/6/26 2PM

Nurse Name & Signature: *PR*

Date & Time : 25/6/26 2PM

INDICAZIONE PER IL SERVIZIO

Il sottoscritto, in qualità di
[Firma illeggibile]
[Firma illeggibile]

ha richiesto il servizio di
[Firma illeggibile]

per il periodo dal
[Firma illeggibile]

al
[Firma illeggibile]

per un importo di
[Firma illeggibile]

di cui a
[Firma illeggibile]

per un importo di
[Firma illeggibile]

per un importo di
[Firma illeggibile]



DRUG CHART

Date of Admission: 22/6/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

DRUG :				Date Time																		
Dose	Route	Frequency	Start Date																			
Doctor's Signature		Valid Period	Pharm.																			
Additional Instructions:																						

Signature
Verified by Name

REGULAR PRESCRIPTIONS

Weight. 2.52 Kg Ward.



S. Meenakshy Komar 22/6/26
 S. Meenakshy Komar 22/6/26
 S. Meenakshy Komar 22/6/26
 S. Meenakshy Komar 22/6/26

DRUG : INJ PIPERACILLIN + TAZOBACTAM				Date Time	22/6	23/6	24/6	25/6	26/6
Dose	Route	Frequency	Start Date	6:00 AM	Renew	ASect	ASect	ASect	ASect
252mg	IV	8th hly.	22/6.						
Name & Signature of the Doctor Starting the Drugs:				2:00 PM	Renew	ASect	ASect	ASect	ASect
Additional Instructions:				10:00 PM	Renew	ASect	ASect	ASect	ASect
100mg/Kg/DOSE.									
Daily Doctor's Endorsement by a Sign					✓	✓	✓	✓	✓
DRUG : INJ AMIKACIN				Date Time	22/6	23/6	24/6	25/6	
Dose	Route	Frequency	Start Date	10:00 PM	Renew	ASect	ASect	ASect	
38mg	IV	ONCE DAILY	22/6						
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
17.5mg/Kg/DOSE from 24/6									
Daily Doctor's Endorsement by a Sign					✓	✓	✓	✓	
DRUG : Neb E Salbutamol				Date Time	22/6				
Dose	Route	Frequency	Start Date	6:00 AM	Renew	ASect			
0.4ml	Neb	4th hly.	22/6.						
Name & Signature of the Doctor Starting the Drugs:				10:00 AM					
Additional Instructions:				2:00 PM					
0.15mg / base Kg / DOSE				6:00 PM					
0.4ml + 2.6ml NS. Via Neb.				10:00 PM					
Daily Doctor's Endorsement by a Sign									
DRUG :				Date Time					
Dose	Route	Frequency	Start Date						
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									

VIH-00206160 IP-00060443
 Baby Of ARIGELA MADHUMITHA
 18-06-2026 0 Y 0 M 6 D (M)
 Dr. SURENDER RAO DUSA



RESULT SHEET

Date	22/6/26	24/6/26			
Time	9PM	7AM			
Hb	15.9	14.3			
PCV	44.2	39.5			
RBC	4.41	3.99			
WBC	12.16	6.47			
N/L	29.3/51.1	25.3/53.7			
Platelets	240	271			
CRP	24	10			
ESR					
PCT					
RBS					
Na	148	137			
K	6.2	4.5			
Cl	97	101			
Ca/Mg	9.5				
Phosphate					
Urea	5.3				
Creatinine	0.6				
ALP					
SGPT					
SGOT					
T.Bill/Conj	11.9 < 0.1	11.8			
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					

