

ACTIVITY RECORD FOR BILLING

Name: -----
 UHID No : ----- IP No : ----- Dept : -----
 Date of Admission : ----- Time -----
 Room / Bed No : ----- Ward : ----- Available bed type : -----

VIH-00205850 IP-00060328
 Baby B/O LALITHA CHOUDHARY
 12-06-2026 0 Y 0 M 0 D 1 H (M)
 Dr. SURENDER RAO DUSA



WARD TRANSFERS

| Date | Time | From | To | Signature of Nurse |
|---------|------|------|-----------|--------------------|
| 17/6/26 | 4pm | NW | 2nd floor | Cheng |
| | | | | |
| | | | | |
| | | | | |

Cross Consultation Visit

| | Doctors Name | Date | Order No. | Signature |
|-----|--|---------|-----------|-------------|
| 1. | Dr. Md Abdul Khalid | 13/6/26 | 3089943 | [Signature] |
| 2. | Dr. Mustaza Kamal | 13/6/26 | 3090067 | [Signature] |
| 3. | Cross checked done by Sr. Aeksha 15/6/26 | | | |
| 4. | Dr. Sai Krishna | 18/6/26 | 3091623 | [Signature] |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

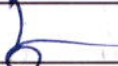
INVESTIGATIONS

| Date | Investigations | Order No. | Sign |
|-------------------------------------|----------------------|-------------|---------|
| 12/6/26 | ABG / RBS | 26020193 ✓ | } Sy |
| | CBP, Blood Grouping | 26020194 ✓ | |
| | Blood c/l | 26020194 ✓ | |
| | X-ray | 26009454 ✓ | |
| | VBG, RBS | 26020195 ✓ | |
| 12/6 | RBS | 26020238 ✓ | } Sy |
| 13/6 | RBS | 26020239 ✓ | |
| 13/6 | RBS | 26020289 ✓ | } Sy |
| 13/6 | USG | 26009508 ✓ | |
| 13/6 | 2d Echo | 26-009522 ✓ | } Sy |
| 13/6 | 26. MRI | 26020299 ✓ | |
| 13/6 | RBS | 26020316 ✓ | } Sy |
| 14/6 | RBS | 26020330 ✓ | |
| 14/6 | RBS | 26020331 ✓ | } Sy |
| 14/6 | RBS | 26020381 ✓ | |
| 15/6 | CBP, CRP, SBR | 26020404 | |
| 15/6 | RBS | 26020405 | |
| Cross checked done by Sr. Alshah | | | 15/6/26 |
| 15/6/26 | RBS | 26020502 ✓ | Sy |
| 16/6/26 | RBS | 26020523 ✓ | Sy |
| 17/6/26 | TFT | 26020605 ✓ | Sy |
| | RBS | 26020609 ✓ | Sy |
| Cross checked by Sr. Alshah 17/6/26 | | | |

MEDICAL EQUIPMENT (WARD & ICU)

| Date | Name of Equipment | Connecting Time | Disconnecting Time | Order No. | Signature |
|----------------------------------|-------------------|-----------------|--------------------|-----------|-----------|
| 12/6/26 | monitor | 4:30PM | 17/6/26 @ 4:15 pm | 3089673 | Ahef |
| | Infusion pump | 14/6/26 | 12/6/26 11am | | |
| 14/6 | DSPT | 9AM | 15/6/26 @ 8am | 3090260 | Sj |
| Cross checked done by Sr. Ahefah | | | | 15/6/26 | |
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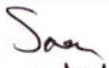
PROCEDURE


| Date | Procedure | Quantity | Order No. | Signature |
|--|-----------|----------|-----------|---|
| 12/6/26 | Dr. Punt | ① | 3089674 |  |
| Cross checked done by Sr. Alshah 12/6/26 | | | | |
| 18/6/26 | AABR | ① | 3091624 | Σ |
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ANY OTHER INFORMATION

Date: 18/6/26


Time: 11AM

Prepared By: 
18/6/26

| | | | |
|--|---------------------------|-------------------|--------------------|
| Staff Nurse  | Shift / Ward 2nd floor | Billing Assistant | Billing Supervisor |
|--|---------------------------|-------------------|--------------------|



Patient Name : VIH-00205850 IP-00060328
Baby B/O LAUTHA CHOUDHARY
12-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. SURENDER RAO DUSA

Registration No.: 

NEBULISATION CHART

| Date | Time | Drug | Nurse | Parents Signature |
|---------|-------|---|-------|-------------------|
| 12/6/26 | 00.00 | 5PM RBS - 60 mg/dl | Shuf | 26020195 ✓ |
| 12/6/ | 1.00 | 11PM RBS - 70 mg/dl | Jey | 26020238 ✓ |
| 13/6 | 2.00 | 5AM RBS - 78 mg/dl | Jey | 26020239 ✓ |
| 13/6 | 3.00 | 11AM RBS - 82 mg/dl | Shuf | 26020289 ✓ |
| 13/6 | 4.00 | 5AM RBS - 85 mg/dl | Sh | 26020316 ✓ |
| 14/6 | 5.00 | 12AM RBS - 82 mg/dl | Sh | 26020336 ✓ |
| 14/6 | 6.00 | 6AM RBS 88 mg/dl | Sh | 26020331 ✓ |
| 14/6 | 7.00 | 6PM RBS - 85 mg/dl | Sh | 26020381 ✓ |
| 15/6/26 | 8.00 | 6AM RBS - 104 mg/dl | Sh | 26020405 ✓ |
| | 9.00 | Cross checked done by Sr. Achshah 15/6/26 | | |
| 15/6/26 | 10.00 | 6PM RBS - 93 mg/dl | Sh | 26020502 ✓ |
| 16/6 | 11.00 | 6AM RBS - 102 mg/dl | Sh | 26020523 ✓ |
| 17/6 | 12.00 | 6AM RBS - 98 mg/dl | Sh | 26020609 ✓ |
| | 13.00 | Cross checked by Sr. Achshah 17/6/26 | | |
| 18/6 | 14.00 | 6AM RBS - 97 mg/dl | Sh | 26020734 ✓ |
| | 15.00 | | | |
| | 16.00 | | | |
| | 17.00 | | | |
| | 18.00 | | | |
| | 19.00 | | | |
| | 20.00 | | | |
| | 21.00 | | | |
| | 22.00 | | | |
| | 23.00 | | | |

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE



VIH-00205850 IP-00060328
UHID No Baby B/O LALITHA CHOUDHARY
12-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. SURENDER RAO DUSA

Name :



Date of Birth :

NICU

NEONATAL WEIGHT CHART

Birth : Admission Weight
Weight Discharge Weight

| Month | Day | Weight (gms) |
|-------|-----|------------------------|
| 12 | 6 | 2118 gms (Items - wof) |
| 12 | 13 | 2118 gms (4.50 gms) |
| 12 | 14 | 2118 gms (4.30 gms) |
| 12 | 15 | 2118 gms (4.60 gms) |
| 12 | 16 | 2118 gms (4.10 gms) |
| 12 | 17 | 2118 gms (4.30 gms) |
| 12 | 18 | 2118 gms (Same) |

WEIGHT IN GRAMS

DO NOT WRITE OUTSIDE THE MARGINS

ADMISSION SHEET

Registration Details :



Admission No : IP-00060328

Admit Date : 12-Jun-2026

Admit Time : 05:53 PM **UHID** : VIH-00205850

Patient Details :

Patient Name : Baby B/O LALITHA CHOUDHARY

Age : 0 D

Guardian : Mr SUNIL KUMAR CHOUDHARY

DOB : 12-06-2026 04:13 PM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : 242 CHINNA TO KUTTA New Bowenpally
Hyderabad Telangana INDIA 500011

Phone No : 9908603975

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : NICU

Bed No : NICU 251

Ward Name : N 2F-NICU I

Room No : NICU 251

Admission Type : First Visit

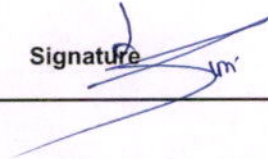
Contact Details :

Name : Mr SUNIL KUMAR CHOUDHARY

Relationship : Father

Contact Address : 242 CHINNA TO KUTTA New Bowenpally
Hyderabad Telangana INDIA 500011

Phone No : 9908603975 / 9398257953

Signature 

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA

Specialisation : NEONATOLOGY

Referral Doctor : Dr APARNA K

Phone No : 9490993679

Co-Consultant :


Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

PATIENT TRANSFER FORM

| Patient Name / I.P. No. VIH-00205850 IP-00060328 Baby B/O LALITHA CHOUDHARY 12-06-2026 0 Y 0 M 4 D (M) Dr. SURENDER RAO DUSA  | | Date & Time of Admission 12/6/26 @ 5.53 pm. | Date & Time of Transfer Order 17/06/26 @ 4 pm |
|---|---|---|--|
| | | Transfer ordered by Dr. Surender Rao. | Reason for Transfer Baby is stable. |
| From Unit NICU-1. | To Unit NICU-1. | Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Number of Sheets in clinical file 42. | Number of Imaging films Xray - 1 USG - 2. | Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ? | |
| Medications / Consumables / Surgicals / Hand over | | | |
| Sl.No. | Item Name | Quantity | |
| 1. | Drapes - | 3. | |
| 2. | Aspalomil | 1. | |
| 3. | D/W (10ml) | 20. | |
| 4. | Feeding bottle. | 3. | |
| 5. | wipes. | 1. | |
| Shifting Summary / notes written by Doctor : | | | |
| Name & Signature of Person who is Transferring Dr. Harish | | Name of Person Ordered Transfer Dr. Surender Rao | |
| Patient & Clinical records received by : | | | |
| Rajg | | | |
| Date & Time of Patient Received: 12/6/26 @ 4 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: dalita choudhary Age: Father's Name: Age:
 Date of Birth: 3/3/1988 Date of Admission: 12/6/26 UHID No.:
 NICU Consultant: Dr. S. Rao Referring Consultant:
 Transferring Unit: OT Labour Room ER Ward
 Transported? Yes No - If yes: Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name: blo dalita choudhary Mother's Blood Group: A +ve.
 Gender: M F Blood Group: Birth Weight (gms): 2.1284 Length (cms):
 Date of Birth: 12/6/26 Time of Birth: 4:13 PM OFC (cms):
 Place of Birth: V-RCU Estimated Gesth Age: 32 wks + 3 wks

Current Obstetric History: (Booked / Unbooked Case)

Maternal Age: 38 yrs Ht: Wt: 62 kg BMI: Married Life: 18 yrs LMP: 16/10/25 EDD: 23/7/26
 Conception: Spontaneous or with Rx: SPON CONCEUS
 Booked at what GA: UNBOOKED TO RCU, PREV AT 4 FC SPRING. AN Steroids Drugs / Doses: 0
 Last Scans Details (26/5/26) - 3f nus, skull, cephalic, AFI-10, EFW-1820g, AC-56y
AFI-10cm, DOPPLER-N, PL-ANT WRL TT Immunization and Iron / Folic Acid: YCS

MATERNAL RISK FACTORS

| | |
|---|---|
| Age: <input type="checkbox"/> <18 yrs <input checked="" type="checkbox"/> > 35yrs Consanguinity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, degree of consanguinity: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 H/o PIH (after 20 weeks) / PE How many Drugs / Doses / Since how long: <u>NO</u> H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count): <u>NO</u> IUGR - when detected: <u>NO</u> Doppler (Increased Resistance / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : AFI: <u>10cm</u> | H/o GDM/ pre GDM/ on diet or insulin Controlled or not, recent values, HbA1 values : Compliance with Rx : Scans: LGA, TIFFA, Fetal Echo : H/o Hypothyroidism : when diagnosed ? Medication? Any other Chronic Medical Problems, when detected drugs ? (Anemia, SLE, Jaundice, CHD, Heart Disease) Infection : H/O, Fever (<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV) UTI : when : Any culture : |
|---|---|

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



PAST OBSTETRIC HISTORY

G: P: 3 A: 2 L: 2

| Sl. No. | Age | GA wks | B. W | Gender | Significant | Details |
|---------|-----|--------|------|--------|----------------------------|------------------|
| 1 | 16y | Term | | Female | A&M <u>VI</u> - 2 1/2 m | missed m'scavage |
| 2 | 12y | Term | | Female | A&M <u>V</u> - 1 1/2 month | missed |
| 3 | 10y | Term | | Female | A&M <u>VI</u> - 77 l | SPON CONCUS |

PERINATAL HISTORY

Treating Obstetrician : Dr. Aparna Hospital : V-KM Inborn Outborn

| | |
|--|---|
| Duration of Labour First stage (> 18 hours sig) <u>NVD</u> Second stage (> 2 hours after dilation) LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication : Specify the reason : Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal | CTG : <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological MSL : <u>NO</u> Resuscitation : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cord ABG : Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : <u>N</u>) |
|--|---|

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 |
|--------------|-------------|-------------|------------|
| | 1 | 1 | |
| | 2 | 2 | |
| | 2 | 2 | |
| | 1 | 2 | |
| | 2 | 2 | |
| TOTAL | <u>8/10</u> | <u>9/10</u> | |

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

CTH



Single / MOD PT / 33 wmo / 2.128 kg / LBW / AGA / NVD

Baby CAB
↓
PCC done for 1 min
↓
Shifted to warmer
↓
2 min SpO₂ - 76%
HR - 143/min
↓
cold damped & air
sup via n- (my im stat)
↓
5 min SpO₂ - 94%
HR - 168/min
↓

Investigation details in previous Hospital : shift to NICU i/v/o - MPT
- USW.
af

Feeding History :

Past History :

Family History :

Socio Economic History :

VIH-00205850 IP-00080328
Baby B/O LAJITHA CHOUDHARY (M)
12-06-2026 0 Y 0 M 0 D 1 H
Dr. SURENDER RAO DUSA



GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.4°C HR : 168/m RR : 56/m NIBP : 54/31 CFT : Clear

Color of the extremities : Acrocyanosis

Jaundice : (-) Pallor : (-) SpO2 : 96%

Anthropometry : Birth Weight : 2128 g Length : HC : Present Weight :

Ponderal Index : AGA : ✓ SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies :
(Any Facial Dymorphism) no dysmorphism

NECK and CLAVICLES :
Range of Motion : (N)
Asymmetry : (-)
Masses : (-)

EYES :
Symmetry : (N)
Red Reflex :
Discharge : (-)

EARS, NOSE MOUTH and THROAT :
Ear set / Shape : (N)
Periauricular Pits / Tags : (-)
Nasal shape / Patency : (+)
Palate : no cleft
Gums :
Lips : (N)
Tongue :



THORAX: (N)
 BREASTS: Position of Nipples and Number: *2 in no, normal position*

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

GENITALIA: Labia/Hymen:
 Testicles/penis: *no testis palpable*
 Anus: *patent*

HERNIAL ORIFICES: *free*

TRUNK and SPINE: (N)

SKIN LESIONS: (-)

EXTREMITIES: Fingers / Toes: *free* (N) Arms / Legs: *free* (N)
 Deformities: (N) Mobility: (N)
 Hip Joint Examination:

SYSTEMIC EXAMINATION

Respiratory System:
 Breathing Pattern: Regular Periodic Shallow Gasping
 Mention if baby has Respiratory distress: RR: *55/m* SCR / ICR / See - Saw breathing:
 Scoring of respiratory distress if present (Silverman or Downe's): *SAS- 2/10*
 Mention if baby is on: Hood box CPAP Ventilator
 Settings:
 SpO₂: *94% on RA* Auscultation: *BAE (+)* Breath Sounds: *normal (+)* Added Sounds:

Cardiovascular System:
 HR: *168/m* BP: *54/38* Precordial Activity: (N)
 Femoral Pulses: *free* Murmurs: (-)
 Other Peripheral Pulses: Signs of Cardiac Failure: (-)

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



Ne ... higher intellectual functions (Sensorium) : *2*

State of wakefulness : *Alert*

Prechtl Score :

Nerves :

Motor System :

Passive Tone : *2* *AGA*

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : *incomplete, symmetrical.* DTR :

ATNR : Skull and Spine :

Any Congenital Anomalies : *none*

Diagnosis : *Single / mod RT / 33 wks / 2-1 up / AGA / cons / NVD / RDS*

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : *[Signature]*

Name : *Sanjha*

Date & Time : *12/6/26*

Consultant :

Signature : *[Signature]*

Name : *Dr. Surender Rao*

Date & Time : *12/6/26*

Patient St

DISCHARGE PLAN



Information given by: Family Friend

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

Will Physiotherapy require at home: Yes No NA

Is home medical equipment anticipated: Yes No NA

Is home oxygen therapy anticipated: Yes No NA

Breastfeeding Yes No NA

Formula Feed Yes No NA

Are dressing needs at home anticipated: Yes No NA

Any other needs anticipated: Yes No If Yes Specify

Feeding Plan at the time of shifting :

- ① LVC @ 80 ml/kg/day 10P: 180-P
- ② CRP, blood clt, blood gr, VBG, U/R
- ③ sup gentamicin
- ④ 2 feeds 200g, 200g
- ⑤ 1/2 feeds, 1/2 LVC

revised by
Sri. Harish
12/6 @ 8PM

SP
Bair...

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Discharge Details:

Neonatal Condition at Discharge:

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Feeding: Breastfeeding Exclusively Breastfeeding and Formula Feeding Formula Feeding

Vitamin K given: Yes No

Vaccinations given BCG Hepatitis B Others:

Neonatal Screen Taken: Yes No, parents advised to have Neonatal Screen at National screening program center on:/...../.....

Hearing Test: Yes No

Jaundice: NIL Slight Moderate

Passed Urine: Yes No

Passed Meconium: Yes No

Weight at discharge:

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

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

Discharge to Home Other:

Against Medical Advice: Yes No

Referred to another hospital: Yes No

Discharge Medications: Yes No

Details:

Final Diagnosis:

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Doctor Signature:

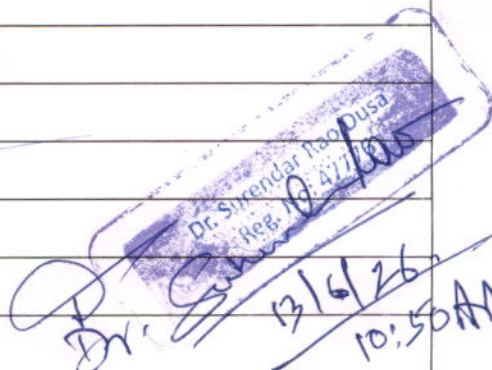
Doctor Name:

Date & Time:



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PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-----------------|---|--|
| 13/6/26 5 AM | DOL - 1 / HOL - 16 / MPT / 33 + 3 wks / 2.12 kg / AGA / GM / LBW / MMS Male / CIAB / Preterm care | |
| | <u>ISSUES:</u> Nil - | |
| | P-Wt = 2.1 kg (+ 50gms) ILO - 103 / 100ml ULO - 3 ml / kg / hr. SLO - at Paused. 2 times. GRTS - 7 mg/dl | Normothermic SV @ RA P - BICAG ⊕, chest clear PLA - soft CNS - CHA - AGR CVS - S.S.L ⊕ |
| | <u>ADV:</u> MAP > 33, SpO ₂ > 90-95% - TV - 80 ml/kg/day - 10-12 ^{OC} L ₁ + 0.5 (Feed - 10 ml x 2 hrs) - ABG, CXR - <u>SO</u> - GRTS - 6 th hrly (pre-feed) - Inj gentamycin - DZ - Troc BICs - NP, @ 4 PM. - ILO chrbg, vitals monitoring - at NSG, 2D echo - Hy oral feeds. | |
| AA C Hony | | |
| | Noted by S Perley 13/6/26 @ 11 PM | |
| | |  13/6/26 10:50 AM |

VIH-00205850 IP-00060328
 Baby B/O LALITHA CHOUDHARY
 12-06-2026 0 Y 0 M 0 D 2 H (M)
 Dr. SURENDER RAO DUSA



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|--|----------------|
| | | |
| 6:30 AM | <ul style="list-style-type: none"> - no A&T tents - CRT < 3m - CEA good - RR - mld tachypnea @ on RA - pleating oral feeds | |
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| | | |
| Dr. Suresh | <p style="text-align: center;">Noted by Sr. Sreerani 13/6/26</p> | |
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VH-00205850 IP-00060328
 Baby B/O LALITHA CHOUDHARY
 12-06-2026 0 Y 0 M 2 D (M)
 Dr. SURENDER RAO DUSA



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-----------------|--|----------------------------|
| | <i>Lalita choudary</i> | |
| 14/6/26 6 AM | DOL-2 / mod PT / 33+3wks → 33+4wks PMA / 2.12 Kg / AGA / EM / LBW / NVD / male / CIAB / preterm care / should POA NNAB - DSPT | |
| | Issues Nil | |
| | Twt - 2.15 Kg (↓ 80gms) | Normotensive |
| | S/O - 293/145 | SV @ RA |
| | U/O - 2-1ml/Kg/hr. | CVS - S ₂ ⊕ |
| | S/O - 2 times. | CNS - TIA/R AGA |
| | CRBS - 88mg/dl | PA - soft, BS ⊕ |
| | | PS - BAC ⊕ |
| | <u>Plan:</u> | |
| | Target SpO ₂ > 90%. | { SBR CBP CRP } T/M. |
| | Target MAP > 33. | |
| | TV - 100ml/Kg/day. | |
| | oral demand feeds. | |
| | CRBS 6 hourly preferred. | |
| | Ⓣ ₃ by gentamicin. | |
| | Trace Blood CS. | |
| | S/O cherting, Vitals monitoring | |
| | NOTED by Sr. Sravani 14/6/26 @SPM | |
| | | |
| | Dr. Surender Rao Dusa Reg. No: 47710 14/6/26 10:50 AM | |

Dr. Vishal



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-----------------------------|--|---|
| 15/6/26 | | |
| 8 AM | D3/MP7 (33+3) → 33+5 wks PMA of 2.12 kg / NVD / NNUR / suspected sepsis WBC - decreasing, CRP increase Y. wt - 2.07 kg (↓ 60g) I/O - 500/125 ml U/O - 2.4 cc/kg/hr S/O - 4 times GRBs - 114 mg/dl | O/E - Normothenic on RA C/A - Good C/S - S, S ⊕ R/S - SAC ⊕ D/A Soft |
| | <u>Plan</u> - Target SpO ₂ > 90% - Target MAP > 30 - oral demand feeds. - trace soft - in gentamicin - D4/S - I/O charting, vitals monitoring - involve parents today, is feeding | |
| Blood of 48hrs No growth | | |
| Dr. Surender RAO DUSA | Noted by Umq 15/6/26 @ 2 PM | 15/6/26 10:40 AM |

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 Baby B/O LALITHA CHOUDHARY
 12-06-2026 0 Y 0 M 0 D 2 H (M)
 Dr. SURENDER RAO DUSA



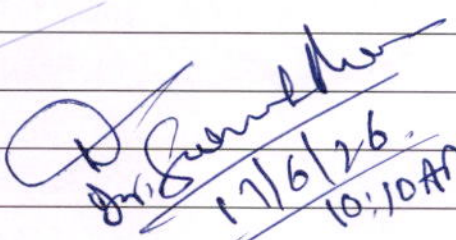
3

PROGRESS NOTES AND DOCTOR'S ORDER

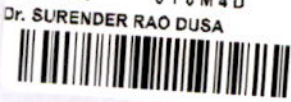
| Date & Time | Progress Notes | Doctor's Order |
|-------------|----------------------------------|----------------|
| | | |
| 15/6/26 | Baby seen, | |
| 12.30 PM | fussy & tolerably feeds well | |
| | Passing urine & stool regularly. | |
| | Child Active | |
| | | Adv |
| | | CST |
| | | D. Vishal |
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PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|---|---|
| 17/6/26 | | |
| 6AM | DS MAP (38+3wks) → 34wks PMA / 2.12 kg / NVD / NURS suspected sepsis. | |
| | T. wt. 2.05kg (↓30gms) | O/E - Normo thermic |
| | I/O - 298/130ml | on RA |
| | U/O - 2.6 cef/kg/hr | C/F/A - good |
| | S/O - 5 times | Ces - 6.5 (+) |
| | GRS - 9mg/dl | R/C - BAE (+) |
| | | P/A - 10+ |
| | <u>Plan</u> | |
| | - Target SPO ₂ >90% | |
| | - Target MAP >33 | |
| | - oral demand feeds | |
| | - KMC | |
| | - Trace TFT | |
| | - involve parents | |
| | - shift to room. - plan | |
| | - I/O charting, vitals monitoring | |
| | - crib care | |
| B | on perils |  17/6/26 10:10 AM |

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PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|--|---|
| | <u>Shipping notes</u> | |
| 17/6 | <p>B/O Lalitha (MUM/DOC-5 / 33rd wk → MUM/ 2.128 kg / 48w, ACLA</p> <p>admitted i/v/o prematurity / RQ.</p> <p>Required brief CPAP supports after Birth; subsequently weaned to RA</p> <p>Sepr's work-up done = (-ve) / Rx - Gentamicin x 5days.</p> <p>feeds were gradually escalated from 10 feeds → central feeds. tolerating well.</p> <p>Baby remained hemodynamically stable throughout the course in NICU.</p> <p>an echo - (R) Mx. (R).</p> | |
| | <p>at 17/6</p> <p>wt - 2.12kg</p> <p>Active. Alert, normal tone</p> <p>Maintaining on RA</p> | |
| | <p>Plan</p> <ul style="list-style-type: none"> - shift to ward - plan for AABR - Breast feeding - KMC to continue | |
| | Dr. Shrikar | <p>Note by R099 Del 17/6/26 @ 4PM</p> |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------------------------|---|---|
| | | |
| 18/6/2026 A: 5:00pm | D6 / MPT (38+3) → 39+1 / NVD (B4) Susp Sepsis (2.12kg) | |
| T. Wt - 2.05 - 205 (Same). | - NO Regurgitation C/T/A - Good CRT C/Ser AF (N) | |
| Urine / motion p-55kg | Muro - Equal - NO RD - vitals (N) CVS CAS / RS / (N) PR | Plan - AADR if not done - oral demand feeds - KMC to continue - vitals Q3H - d. C. ... |
| | Noted by padma 18/6/26 @ 11:45am | |



NURSING SHIFT HAND OVER FORM

| | | | | | | | |
|-----------------|--|---|--|---|--|--|--|
| SITUATION | Diagnosis: <i>PT - 33+5 wks</i> | | Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: | | | | |
| | Surgery / Procedure: | | Post OP Day: | | | | |
| BACKGROUND | Date | <i>17/6/26</i> | <i>17/6/26</i> | <i>18/6/26</i> | | | |
| | Shift | <i>G</i> | <i>N</i> | <i>M</i> | | | |
| | Medical Condition (Any special condition to be noted): | <i>Nil</i> | <i>Nil</i> | <i>Nil</i> | | | |
| | Diet: | <i>DBF</i> | <i>DBF</i> | <i>DBF</i> | | | |
| ASSESSMENT | Allergy: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input 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>98.7F</i> | <i>98.7F</i> | <i>98.0F</i> | | |
| | | Res: | <i>32b/m</i> | <i>40b/m</i> | <i>39b/m</i> | | |
| | | SpO ₂ : | <i>99%</i> | <i>99%</i> | <i>99%</i> | | |
| | | Pulse: | <i>137b/m</i> | <i>138b/m</i> | <i>140b/m</i> | | |
| | | BP: | <i>-</i> | <i>-</i> | <i>-</i> | | |
| | | LOC: | <i>conscious</i> | <i>conscious</i> | <i>conscious</i> | | |
| | | Fall Risk Score: | <i>16</i> | <i>'16'</i> | <i>'16'</i> | | |
| | Pain Score: | <i>0</i> | <i>'0'</i> | <i>'0'</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>Nil</i> | <i>Nil</i> | <i>Nil</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>DBF</i> | | | |
| | Critical Lab Test / Values: | <i>Nil</i> | <i>Nil</i> | <i>Nil</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 | |
| | ADL (Dependent / Non Dependent): | <i>dependent</i> | <i>dependent</i> | <i>dependent</i> | | | |
| | Post Operative Procedure Special Orders: | <i>AABR Tim KCTM count</i> | <i>AABR Tim KME maintain</i> | | | | |
| | Handed Over By Name : | <i>Rajg</i> | <i>Duipika</i> | <i>Dadma</i> | | | |
| | Signature / ID : | <i>(Signature)</i> | <i>607469</i> | <i>606329</i> | | | |
| | Date: | <i>17/6/26</i> | <i>18/6/26</i> | <i>18/6/26</i> | | | |
| | Time: | <i>8:30pm</i> | <i>@8AM</i> | <i>@11 AM</i> | | | |
| | Taken Over By Name : | <i>Duipika</i> | <i>Akanah</i> | | | | |
| | Signature / ID : | <i>607469</i> | <i>606607</i> | <i>Send to the Billing</i> | | | |
| | Date: | <i>17/6/26</i> | <i>18/6/26</i> | | | | |
| | Time: | <i>@8pm</i> | <i>@8am</i> | | | | |



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: 15/6/26

- 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 | Assessed the Baby condition | Baby is active | Baby is stable | UMG 15/6/26 @ 2PM | |
| | 10AM | Feeds | 10AM | oral demand feeds | vitals are | vitals are | | |
| | 1PM | vitals signs | 1PM | Monitored vitals signs | Checked & Recorded | Normal | | |
| Afternoon | 15:14 2PM | Assessment | 2PM | Assessed the baby condition | Baby is active | Baby is active | Rukhs 15/6/26 4PM | |
| | 4PM | vitals | 4PM | vital sign checked | active | | | |
| | 4PM | feeds | 4PM | oral feed given | vitals stable | | | |
| Night | 10pm | Assessment | 10pm | Assessed the baby condition | Baby is active | vitals monitored and recorded | See 16/6/26 @ 8am | |
| | 12am | oral feed given | 12am | oral feed given | | | | |
| | 6am | Provided comfortable position | 6am | position changed | | | | |

VIH-00205850 IP-00060328
 Baby B/O LAJITHA CHOUDHARY
 12-06-2026 0 Y 0 M 0 D 2 H (M)
 Dr. SURENDER RAO DUSA



14/6/26

NURSING CARE RECORD

Date: 14/6/26

Goals

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

| | Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|-----------|------------------------------|--|------|--|--|--|----------------------------------|
| Morning | | | | | | | |
| Afternoon | 2pm 19/6/26 4pm 4pm | <p>⇒ Assess the baby condition.</p> <p>⇒ Vital signs are monitoring</p> <p>⇒ feeds</p> | | <p>⇒ Assess the baby condition</p> <p>⇒ vital signs are monitoring</p> <p>⇒ keep on domet!</p> | <p>⇒ Baby is hemodynamically stable & active</p> | <p>⇒ Baby under DS DP.</p> | <p>Pikha 19/6/26 SPN</p> |
| Night | | <p>Assessment</p> <p>oral feed given</p> <p>Provided phototherapy light</p> | | <p>Assessed the baby condition</p> <p>oral feed given</p> <p>Provided comfortable position</p> | <p>Baby is active</p> | <p>vitals monitored and record in chart maintained</p> | <p>Sy 15/6/26 @8pm</p> |

VIH-00205850 IP-00060328
 Baby B/O LALITHA CHOUDHARY
 12-06-2026 0 Y 0 M 0 D 4 H (M)
 Dr. SURENDER RAO DUSA

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
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 - Early Ambulation Reduce Anxiety
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 - Any Others. Specify.....

| | Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|-----------|------|--|------|---|--------------------------|--|--------------------------|
| Morning | | | | | | | |
| Afternoon | 8PM | * Assess the Baby * Condition | | * Assess the * Baby condition * provided | * Baby is * Stable | * Baby is * Active. | Ss. Hart 12/6 @8PM |
| Night | | Assessment OG feeds given. medications given | | assess ed the baby condi- tion OG feeds given as per medications given as per dr. order | Baby activity is good | vitals checked & recorded Blockup mainte | 8PM 13/6/20 Soni |

VH-00205850 IP-00060328
 Baby B/O LALITHA CHOUDHARY
 12-06-2026 0 Y 0 M 0 D 4 H (M)
 Dr. SURENDER RAO DUSA



NURSING CARE RECORD

Date: 13/6/26

- 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 | 8 am 2 pm | Assessment vital signs feeds. | 8 am 2 pm | Assessed the baby condition monitored vital signs gives feeds 2nd/4th | Baby is active | Baby is stable | shub 13/6/26 @2pm |
| Afternoon | 2 PM 4 PM 8 PM | Assessment vital signs Feeds | | Assessed baby condition - Monitored vitals - given feed | Baby is active | Baby is stable | By 13/6/26 @8PM |
| Night | 8 pm 10 pm 2 am | Assessment Oral feeds Provide comfortable position | 8 pm 10 pm 2 am | Assessed the baby condition oral feeds demand given Provided comfortable position to the baby | Baby activity is good | vitals checked & recorded Elo chest maint ed | By 13/6/26 8 PM |



NURSING CARE RECORD

Date: 16/6/26

- 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 | - | Assessed baby condition | Baby is active | Baby is stable | Suj 16/6/26 @2PM |
| | 10AM | Monitor vitals | - | monitored vitals | | | |
| | 2PM | Oral demand feed | - | given oral demand feed | | | |
| Afternoon | 2PM | Assessment | 3PM | assessed baby condition | → Baby is stable | → S/o chart maintained | Sandy 16/6/26 8PM |
| | 4PM | Feeds | 4PM | oral demand feeds | → tolerating feeds | 6th hrly | |
| | 7PM | Vitals | 7PM | monitored vitals | | | |
| Night | 10PM | Assessment | | Assessed the baby condition | Baby is stable | vitals monitored | Suj 17/6/26 @8AM |
| | 12AM | Oral feed given | | oral feed given | Stable | and recorded | |
| | 4AM | Provided comfortable position | | position changed | Tolerating feed | S/o chart maintained | |

VIH-00205850 IP-00060328
 Baby B/O LALITHA CHOUDHARY
 12-06-2026 0 Y 0 M 4 D (M)
 Dr. SURENDER RAO DUSA



NURSING CARE RECORD



Date: 17/6

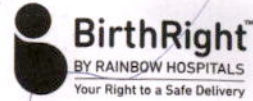
- Goals**
- Maintain Airway and Oxygenation
 - Relieve Pain & Discomfort
 - Maintain Fluid Balance
 - Improve Activity Tolerance
 - Maintain Good Nutritional Status
 - Maintain Skin Integrity
 - Maintain Personal Hygiene
 - Prevent Infection
 - Meet Elimination Needs
 - Ensure Safety
 - Early Ambulation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

| | Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|-----------|------|------------------------------------|------|--|------------------------|---|----------------------------|
| Morning | 8AM | Assessment | - | Assessed baby | Baby is active | Baby is stable | Suj 17/6 @ 2pm |
| | 10AM | Vitals | - | condition checked vitals | | | |
| | 2PM | Feeds | - | given feed | | | |
| Afternoon | 3PM | Assessment => Vitals = feeds | | Assessed the baby condition. => vitals sign checked. => feed provided. | =/ Baby is active. | Baby is stable | Rebh 17/6/26 @ 9pm. |
| | 5PM | + Ensure safety | 6PM | + provided side rails | + prevent risks fall | + baby is stable vital monitor | Rejs 17/6/26 |
| Night | 8PM | Ensure Safety | 11PM | To provide side rails | To provide safety | Re-Assessment was done Baby is safe. | Dupika 17/6/26 @ 8AM |
| | 12AM | Maintain Good Nutritional status | 8AM | To give feeding + Burping and belly | To prevent dehydration | | |

VIH-00205850 IP-00060328
 Baby B/O LALITHA CHOUDHARY (M)
 12-06-2026 0 Y 0 M 5 D
 Dr. SURENDER RAO DUSA



NURSING CARE RECORD



Date: 18/6/26

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 | | * Maintain fluid balance * Ensure safety | | * To give feeding & Burping every 2 hours * Baby in CRib | To prevent dehydration To provide safety | Reassessment is done. Baby is safe | Dadma 18/6/26 @11 AM |
| Afternoon | | | | <u>Discharge notes</u> | | | |
| | | | | Doctor came for the Rounds Baby is stable | | | |
| Night | | | | Doctor Advised Discharge | | | |

Patient Sticker

NURSING CARE RECORD



Date:

Goals

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

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

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby B/O LALITHA CHOUDHARY **Age :** 0 Y 0 M 0 D 1 H
IP No: IP-00060328 **Sex:** Male
Consultant: Dr. SURENDER RAO DUSA **Ward/Bed No:** N 2F-NICU I/NICU 251

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

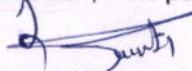
I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

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

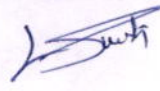
I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal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

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

Note:
 1 We do not allow use of medication brought from outside by the patient.
 2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

Receivers Signature:.....) 

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
 4 Financial and billing counseling has been done to me.


Signature of Patient/Relative: 

Name: *SUNIL KUMAR*

Relationship: *father*

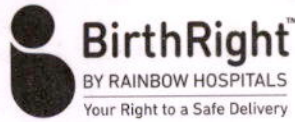
Date: *12/06/2026*

WitNESS Name: *Reena*

WitNESS Signature: 

Patient Address:
 242 CHINNA TO KUTTA New
 Bowenpally Hyderabad Telangana
 INDIA 500011

Time: *05:53 P.m*



CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT (NICU)

I Sumil Kumar Choudhary S/o Mr./ Ms. Jogayamji
 hereby declare that our patient Mr. / Ms. pro. Lalita who is related to me as
 is getting admitted in the Neonatal Intensive Care Unit (NICU) of Rainbow Children's
 Hospital on 12/6/26 with UHID No. : 105850

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

con
suspected apnea

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

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

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

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

I give my consent to the team of doctors to go ahead and admit the child Mr. / Ms. pro. Lalita
 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 : [Signature]
 Name : Sumil Kumar
 Relationship with Patient: Father
 Date & Time : 12/6/26 @ 5PM

Witness :
 Signature : [Signature]
 Name : Dr. Harish
 Date & Time : 12/6/26 @ 5PM

Doctor (who is taking the consent) :
 Signature : [Signature]
 Name : Smasha
 Date & Time : 12/6/26 @ 5PM



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 యొక్క 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 నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

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

పైన తెలుపబడిన శస్త్ర ప్రక్రియలు చేసేముందు సమ్మతి తీసుకునే వీలు లేనిచో మా బాలుడ / బాలికను కాపాడుటకు అవసరమైన వైద్య శస్త్ర ప్రక్రియలు మా సమ్మతి లేకుండానే చేయవచ్చని నేను సమ్మతిస్తున్నాను.

ఆరోగ్య సమస్యలతో బాధపడుతున్న మా బాలుడికి/బాలికకు రుగ్గుతలచే ప్రాణహాని కలుగవచ్చిన నాకు వైద్యుడు అర్థమగు భాషలో వివరించితిరి.

మా బాలుడు / బాలిక ఎన్.ఐ.సి. యు లో ఉన్నప్పుడు ఎన్నో విధాల వైద్య మరియు శస్త్ర ప్రక్రియలు ఇంకా వివిధ చికిత్స విధానాలు అవసరం పడతాయని మరియు వాటివల్ల దుష్ఫలిణామాలు 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 (అటెండ్లెంట్)
 సంతకము
 పేరు
 తేది మరియు సమయము

సాక్షి
 సంతకము
 పేరు
 తేది మరియు సమయము

డాక్టర్
 సంతకము
 పేరు
 తేది మరియు సమయము

Aptamil
Preterm

CONSENT FOR FORMULA FEEDS

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : B/o. Lalitha Age : N/R Gender Male Female


UHID No : 20585-0 Reg. No. : 60328 Department : NIIC Date : 12/6/26

I Mr / Mrs. : Sumil KUMAR CHOUDHARY aged years, hereby declare that I have
admitted my son / daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on

12/6/26 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 : 

Name : Sumil kumar

Relationship with Patient : Father

Date & Time : 12/06 @ 5 PM

Witness :

Signature : 

Name : Sr. Harish

Date & Time : 12/6 @ 5 PM

Doctor (who is taking the consent) :

Signature : 

Name : Dr. Harish

Date & Time : 12/06 @ 5 PM



డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

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

తేదీ

నేను శ్రీ/శ్రీమతి వయస్సు సంవత్సరాలు

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

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

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

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

VIH-00205850 IP-00060328
 Baby B/O LAJITHA CHOUDHARY
 12-06-2026 0 Y 0 M 0 D 4 H (M)
 Dr. SURENDER RAO DUSA

Ref No. F/INPR/19

Patient Name :



I.P. No

Date : 13/6/26 Diagnosis : 33 WKS / PT Weight : 2.18 (↑ 50gms) Chart No. : 2

NURSES ASSESSMENT CHART



| Guide | Time | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
|--------------------------|------|-----|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----|
| COLOUR CODE | 200 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 210 | | | | | | | | | | | | | | | | | | | | | | | | | |
| RED - PULSE | 200 | | | | | | | | | | | | | | | | | | | | | | | | | |
| BLACK - RESP | 105 | 190 | 141 | 161 | 142 | 142 | 156 | 164 | 169 | 156 | 156 | 172 | 156 | 160 | 140 | 146 | 152 | 144 | 156 | 153 | 143 | 153 | 157 | 157 | 155 | |
| GREEN - TEMP | 104 | 180 | | | | | | | | | | | | | | | | | | | | | | | | |
| BLUE - NIBP | 103 | 170 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 102 | 160 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 101 | 150 | | | | | | | | | | | | | | | | | | | | | | | | |
| A- ALERT | 100 | 140 | | | | | | | | | | | | | | | | | | | | | | | | |
| V-VOICE | 99 | 130 | 98.6 | 98.6 | 98.6 | 98.6 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | |
| P-PAIN | 98 | 120 | | | | | | | | | | | | | | | | | | | | | | | | |
| U-UNRESPONSIVE | 97 | 110 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 96 | 100 | | | | | | | | | | | | | | | | | | | | | | | | |
| VERBAL | 95 | 90 | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-ORIENTED | 80 | | 54 | 54 | 59 | 57 | 58 | 40 | 38 | 58 | 53 | 65 | 78 | 65 | 50 | 55 | 57 | 48 | 57 | 54 | 52 | 64 | 58 | 50 | 61 | |
| 4-CONFUSED | 70 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3-IN APPROPRIATE WORDS | 60 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2-INCOMPREHENSIBLE SOUND | 50 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-NONE | 40 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35 | | 68 | 75 | 69 | 70 | 74 | 78 | 74 | 71 | 78 | 62 | 71 | 68 | 71 | 74 | 90 | 82 | 73 | 74 | 75 | 72 | 76 | 73 | 82 | |
| MOTOR | 30 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6-OBEYS | 28 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-LOCALISES PAIN | 26 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4-WITHDRAWS | 24 | | 52 | 56 | 53 | 56 | 57 | 54 | 54 | 58 | 60 | 61 | 59 | 60 | 68 | 58 | 56 | 62 | 55 | 58 | 60 | 56 | 62 | 54 | 58 | 61 |
| 3-FLECTION | 22 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2-EXTENSION | 20 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-NONE | 18 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16 | | 44 | 48 | 45 | 50 | 49 | 47 | 44 | 53 | 54 | 60 | 58 | 60 | 71 | 51 | 49 | 52 | 44 | 49 | 52 | 48 | 56 | 44 | 49 | 52 |
| | 14 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10 | | | | | | | | | | | | | | | | | | | | | | | | | |
| O2 | | | 97 | 94 | 95 | 93 | 94 | 95 | 96 | 97 | 90 | 95 | 95 | 95 | 96 | 92 | 95 | 92 | 91 | 95 | 93 | 93 | 94 | 96 | 94 | 94 |
| SPO2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RBS | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| SUCTION | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| PHYSIOTHERAPY | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| AVPU | | | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A |

Signature of the Nurse : *shorly*

Morning Shift : *[Signature]*

Evening Shift : *[Signature]*

Night Shift : *[Signature]*

13/6/26 @ 8PM

14/6/26 8 AM

Ref No. F/INPR/19

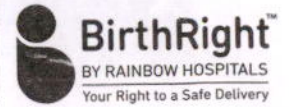
VIH-00205850 IP-00060328
Baby B/O LALITHA CHOUDHARY
12-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. SURENDER RAO DUSA

Patient Name :

I.P. No

Date : 14/6/26 Diagnosis : PT-33 Wks Weight : 2.15kg Chart No. : 8

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 | 109 | 106 | 151 | 145 | 150 | 152 | 160 | 166 | 150 | 138 | 144 | 149 | 165 | 145 | 141 | 142 | 139 | 160 | 150 | 140 | 147 | 144 | 148 | 145 |
| BLACK - RESP | 105 | | | | | | | | | | | | | | | | | | | | | | | | |
| GREEN - TEMP | 104 | | | | | | | | | | | | | | | | | | | | | | | | |
| BLUE - NIBP | 103 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 102 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 101 | | | | | | | | | | | | | | | | | | | | | | | | |
| A- ALERT | 100 | | | | | | | | | | | | | | | | | | | | | | | | |
| V-VOICE | 99 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 |
| P-PAIN | 98 | | | | | | | | | | | | | | | | | | | | | | | | |
| U-UNRESPONSIVE | 97 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 96 | 83 | 75 | 70 | 70 | 75 | 80 | 75 | 69 | 77 | 76 | 78 | 65 | 97 | 86 | 84 | 83 | 81 | 70 | 82 | 81 | 80 | 84 | 72 | 86 |
| VERBAL | 95 | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-ORIENTED | 80 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4-CONFUSED | 70 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3-IN APPROPRIATE WORDS | 60 | 62 | 59 | 68 | 60 | 59 | 62 | 60 | 56 | 60 | 62 | 51 | 72 | 62 | 67 | 60 | 52 | 60 | 58 | 56 | 58 | 66 | 42 | 62 | |
| 2-INCOMPREHENSIBLE SOUND | 50 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-NONE | 40 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35 | 51 | 60 | 70 | 78 | 51 | 54 | 66 | 50 | 81 | 40 | 50 | 48 | 57 | 59 | 59 | 42 | 46 | 54 | 44 | 42 | 47 | 56 | 32 | 52 |
| MOTOR | 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| 6-OBEYS | 28 | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-LOCALISES PAIN | 26 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4-WITHDRAWS | 24 | 50 | 61 | 54 | 60 | 57 | 68 | 70 | 50 | 30 | 62 | 51 | 46 | 32 | 47 | 50 | 27 | 50 | 44 | 51 | 40 | 74 | 60 | 42 | 45 |
| 3-FLECTION | 22 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2-EXTENSION | 20 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-NONE | 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 14 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| O2 | | RA | A | RA | RA | RA | RA | RA | | | | | | | | | | | | | | | | | |
| SPO2 | | 94 | 97 | 97 | 95 | 95 | 90 | 95 | 95 | 97 | 90 | 96 | 98 | 96 | 96 | 97 | 96 | 96 | 96 | 96 | 97 | 98 | 94 | 96 | 94 |
| 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 : *[Signature]*

Evening Shift : *[Signature]*

Night Shift : *[Signature]*

14/6 @ 2pm

14/6/26 @ 8pm

15/6/26 @ 8am

Ref No. F/INPR/19

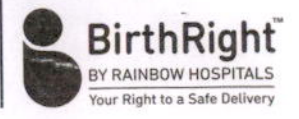
Patient Name :

I.P. No

Date : 15/6/26 Diagnosis : PT-33 weeks Weight : Chart No. : 24

VIH-00205850 IP-00060328
Baby B/O LALITHA CHOUDHARY
12-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. SURENDER RAO DUSA

NURSES ASSESSMENT CHART



| Guide | Time | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--------------------------|------|-----|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| COLOUR CODE | 200 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 210 | | | | | | | | | | | | | | | | | | | | | | | | |
| RED - PULSE | 200 | 159 | 162 | 149 | 144 | 140 | 139 | 145 | 138 | 141 | 145 | 149 | 116 | 149 | 149 | 159 | 150 | 147 | 172 | 166 | 158 | 146 | 157 | 147 | 157 |
| BLACK - RESP | 105 | 190 | | | | | | | | | | | | | | | | | | | | | | | |
| GREEN - TEMP | 104 | 180 | | | | | | | | | | | | | | | | | | | | | | | |
| BLUE - NIBP | 103 | 170 | | | | | | | | | | | | | | | | | | | | | | | |
| | 102 | 160 | | | | | | | | | | | | | | | | | | | | | | | |
| | 101 | 150 | | | | | | | | | | | | | | | | | | | | | | | |
| A- ALERT | 100 | 140 | | | | | | | | | | | | | | | | | | | | | | | |
| V-VOICE | 99 | 130 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 |
| P-PAIN | 98 | 120 | | | | | | | | | | | | | | | | | | | | | | | |
| U-UNRESPONSIVE | 97 | 110 | | | | | | | | | | | | | | | | | | | | | | | |
| | 96 | 100 | | | | | | | | | | | | | | | | | | | | | | | |
| VERBAL | 95 | 90 | | | | | | | | | | | | | | | | | | | | | | | |
| 5-ORIENTED | 80 | 63 | 36 | 53 | 49 | 45 | 42 | 44 | 36 | 43 | 38 | 49 | 50 | 49 | 36 | 43 | 54 | 36 | 33 | 38 | 47 | 45 | 44 | 36 | 33 |
| 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 | | 69 | 73 | 70 | 72 | 78 | 78 | 82 | 62 | 74 | 73 | 78 | 67 | 86 | 64 | 54 | 62 | 58 | 64 | 58 | 61 | 59 | | 52 |
| 4-WITHDRAWS | 24 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3-FLECTION | 22 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2-EXTENSION | 20 | | 58 | 64 | 58 | 63 | 67 | 68 | 64 | 55 | 62 | 62 | 63 | 58 | 59 | 54 | 45 | 48 | 47 | 48 | 46 | 48 | 46 | | 48 |
| 1-NONE | 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 14 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| O2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPO2 | | 96 | 97 | 98 | 97 | 98 | 99 | 97 | 98 | 95 | 95 | 99 | 94 | 95 | 96 | 98 | 95 | 98 | 98 | 100 | 98 | 95 | 96 | 96 | 96 |
| 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 : Uma

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

Evening Shift : Rishi
15/6/26
8PM

Night Shift : Su
15/6/26
@ 8am

Handwritten notes at the top of the page, including the word "Answer" and some illegible scribbles.

Main body of handwritten text, appearing to be a list or series of notes, possibly related to a math problem.

Second section of handwritten text, continuing the notes or providing a solution.

Final section of handwritten text at the bottom of the page, including some faint markings and possibly a signature or date.

Ref No. F/INPR/19

Patient Name :

I.P. No

Date : 16/6/26 Diagnosis : PT 33 weeks Weight : Chart No. : 5

VIH-00205850 IP-00060328 Baby B/O LAUTHA CHOUDHARY 12-06-2026 0 Y 0 M 2 D (M) Dr. SURENDER RAO DUSA

NURSES ASSESSMENT CHART



| Guide | Time | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| COLOUR CODE | 200 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 210 | 146 | 159 | 149 | 139 | 142 | 149 | 163 | 147 | 149 | 155 | 155 | 172 | 159 | 151 | 163 | 140 | 161 | 143 | 143 | 150 | 142 | 153 | 140 | 173 |
| RED - PULSE | 200 | | | | | | | | | | | | | | | | | | | | | | | | |
| BLACK - RESP | 105 | | | | | | | | | | | | | | | | | | | | | | | | |
| GREEN - TEMP | 104 | | | | | | | | | | | | | | | | | | | | | | | | |
| BLUE - NIBP | 103 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 102 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 101 | | | | | | | | | | | | | | | | | | | | | | | | |
| A- ALERT | 100 | | | | | | | | | | | | | | | | | | | | | | | | |
| V-VOICE | 99 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 |
| P-PAIN | 98 | | | | | | | | | | | | | | | | | | | | | | | | |
| U-UNRESPONSIVE | 97 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 96 | | | | | | | | | | | | | | | | | | | | | | | | |
| VERBAL | 95 | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-ORIENTED | 80 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4-CONFUSED | 70 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3-IN APPROPRIATE WORDS | 60 | 48 | 35 | 30 | 40 | 48 | 49 | 38 | 49 | 42 | 44 | 57 | 40 | 70 | 25 | 32 | 40 | 36 | 37 | 41 | 46 | 40 | 38 | 48 | 43 |
| 2-INCOMPREHENSIBLE SOUND | 50 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-NONE | 40 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | |
| MOTOR | 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| 6-OBEYS | 28 | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-LOCALISES PAIN | 26 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4-WITHDRAWS | 24 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3-FLECTION | 22 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2-EXTENSION | 20 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-NONE | 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 14 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| O2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPO2 | | 94 | 98 | 98 | 97 | 99 | 98 | 95 | 93 | 96 | 94 | 95 | 93 | 100 | 98 | 99 | 96 | 97 | 96 | 100 | 98 | 98 | 96 | 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 | A | A |

Signature of the Nurse :

Morning Shift : *Sury*
16/6/26 @ 2pm

Evening Shift : *Sandy*
16/6/26 8pm

Night Shift : *cy*
17/6/26 @ 8 am

VIH-00205850 IP-00060328

Baby B/O LALITHA CHOUDHARY

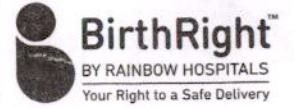
Ref No. F/INPR/19 12-06-2026 0 Y 0 M 5 D (M)

Dr. SURENDER RAO DUSA

Patient Name :



NURSES ASSESSMENT CHART



I.P. No

Date : 17/6/26 Diagnosis : PT 33 weeks Weight : 2.05kg Chart No. : 6

| 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 | 149 | 145 | 151 | 146 | 151 | 145 | 171 | 163 | 150 | | 137 | | 147 | | | | 140 | | | | 143 | | | 140 |
| RED - PULSE | 200 | | | | | | | | | | | | | | | | | | | | | | | | |
| BLACK - RESP | 105 | 190 | | | | | | | | | | | | | | | | | | | | | | | |
| GREEN - TEMP | 104 | 180 | | | | | | | | | | | | | | | | | | | | | | | |
| BLUE - NIBP | 103 | 170 | | | | | | | | | | | | | | | | | | | | | | | |
| | 102 | 160 | | | | | | | | | | | | | | | | | | | | | | | |
| | 101 | 150 | | | | | | | | | | | | | | | | | | | | | | | |
| A- ALERT | 100 | 140 | | | | | | | | | | | | | | | | | | | | | | | |
| V-VOICE | 99 | 130 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 |
| P-PAIN | 98 | 120 | | | | | | | | | | | | | | | | | | | | | | | |
| U-UNRESPONSIVE | 97 | 110 | | | | | | | | | | | | | | | | | | | | | | | |
| | 96 | 100 | | | | | | | | | | | | | | | | | | | | | | | |
| VERBAL | 95 | 90 | | | | | | | | | | | | | | | | | | | | | | | |
| 5-ORIENTED | 80 | | 40 | 43 | 42 | 42 | 45 | 45 | 36 | 42 | 40 | | 33 | | 47 | | | 42 | | | | 46 | | | 42 |
| 4-CONFUSED | 70 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3-IN APPROPRIATE WORDS | 60 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2-INCOMPREHENSIBLE SOUND | 50 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-NONE | 40 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | |
| MOTOR | 30 | 62 | 67 | 74 | 73 | 73 | 77 | 83 | 53 | 76 | | | | | | | | | | | | | | | |
| 6-OBEYS | 28 | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-LOCALISES PAIN | 26 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4-WITHDRAWS | 24 | 54 | 51 | 53 | 68 | 52 | 61 | 60 | 61 | 63 | | | | | | | | | | | | | | | |
| 3-FLECTION | 22 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2-EXTENSION | 20 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-NONE | 18 | 49 | 49 | 44 | 65 | 41 | 53 | 66 | 50 | 62 | | | | | | | | | | | | | | | |
| | 16 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 14 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| O2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPO2 | | 98 | 98 | 97 | 98 | 97 | 98 | 99 | 96 | 96 | | 97 | | 96 | | | | 99.1 | | | | 98.1 | | | 99.1 |
| RBS | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUCTION | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHYSIOTHERAPY | | | | | | | | | | | | | | | | | | | | | | | | | |
| AVPU | | | | | | | | | | | | | | | | | | | | | | | | | |

Signature of the Nurse :

Morning Shift :

Evening Shift :

Night Shift : Dupilka

17/6 @ 2pm

17/6/26

17/6/26 @ 8AM



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) |

VIH-00205850 IP-00060328
 Baby B/O LALITHA CHOUDHARY
 12-06-2026 0 Y 0 M 0 D 2 H (M)
 Dr. SURENDER RAO DUSA



FLUID CHART

Sheet No. : ①

12/6/20

- 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 | Route | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | | |
| | | | | 10% DAX | 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 | | | 5.3ml | | | | | | | | | | |
| | 06:00 pm | | | 5.3ml | | | | | | | | | | |
| | 07:00 pm | | | 5.3ml | | | | | | | | | | |
| Total Intake : 15.9ml | | | | | | Total Output : | | | | | | | | |
| | 08:00 pm | | | 3.5ml | | | | | | | 0 | | | |
| | 09:00 pm | Aptani | | 3.5ml | 7ml | | | | 20ml | | 0 | | | |
| | 10:00 pm | | | 3.5ml | | | | | | | 0 | | | |
| | 11:00 pm | Aptani | | STOP | 14ml | | | | | | 0 | | | |
| | 12:00 am | | | | | | | | | | 0 | | | |
| | 01:00 am | Aptani | | | 14ml | | | | 20ml | | 0 | | | |
| Total Intake : 45.5ml | | | | | | Total Output : 50ml | | | | | | | | |
| | 02:00 am | | | | | | | | | | 0 | | | |
| | 03:00 am | Aptani | | | 14ml | | | | | | 0 | | | |
| | 04:00 am | | | | | | | | | | 0 | | | |
| | 05:00 am | Aptani | | | 14ml | | | | 30ml | | 0 | | | |
| | 06:00 am | | | | | | | | | | 0 | | | |
| | 07:00 am | Aptani | | | 14ml | | | | 20ml | | 0 | | | |
| Total Intake : 82ml / 103.4ml | | | | | | Total Output : 50ml / 100ml | | | | | | | | |

84
 15/6/26
 @ 8 pm

Total 24 hrs. Intake 77.6 ccl/kg/day

Total 24 hrs. Output 3.1 ccl/kg/hr

VIH-00205850 IP-00060328
 Baby B/O LAITHA CHOUDHARY
 12-06-2026 0 Y 0 M 0 D 4 H (M)
 Dr. SURENDER RAO DUSA



FLUID CHART

Sheet No. : 2

- 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 | | | | | | | | | 10ml | 0 | | |
| | 09:00 am | Aptamil | | | 14ml | | ✓ | | | | 0 | | |
| | 10:00 am | | | | | | | | | | 0 | | |
| | 11:00 am | Aptamil | 30ml | | | | | | | 15ml | 0 | | |
| | 12:00 pm | | | | | | | | | | 0 | | |
| | 01:00 pm | | | | | | | | | | 0 | | |
| Total Intake : | | | 44 ml. | | | Total Output : | | | 25 ml. | | | | |
| | 02:00 pm | Aptamil | 30ml | | | | | | | | 0 | | |
| | 03:00 pm | | | | | | ✓ | | | 15ml | 0 | | |
| | 04:00 pm | Aptamil | 30ml | | | | | | | | 0 | | |
| | 05:00 pm | | | | | | | | | | 0 | | |
| | 06:00 pm | Aptamil | 30ml | | | | | | | 25ml | 0 | | |
| | 07:00 pm | | | | | | | | | | 0 | | |
| Total Intake : | | | 90 ml | | | Total Output : | | | 40ml | | | | |
| | 08:00 pm | Aptamil | 25ml | | | | ✓ | | | | 0 | | |
| | 09:00 pm | | | | | | | | | | 0 | | |
| | 10:00 pm | Aptamil | 30ml | | | | ✓ | | | 20ml | 0 | | |
| | 11:00 pm | | | | | | | | | | 0 | | |
| | 12:00 am | Aptamil | 30ml | | | | | | | | 0 | | |
| | 01:00 am | | | | | | | | | | 0 | | |
| Total Intake : | | | 85 ml | | | Total Output : | | | 20ml | | | | |
| | 02:00 am | Aptamil | 20ml | | | | | | | | 0 | | |
| | 03:00 am | | | | | | | | | | 0 | | |
| | 04:00 am | Aptamil | 30ml | | | | | | | 30ml | 0 | | |
| | 05:00 am | | | | | | | | | | 0 | | |
| | 06:00 am | Aptamil | 25ml | | | | | | | | 0 | | |
| | 07:00 am | | | | | | | | | | 0 | | |
| Total Intake : | | | 85ml / 294 | | | Total Output : | | | 30ml / 115ml | | | | |

Shruti
13/6/26
@ 2pm

Shruti
13/6/26
@ 8PM

Shruti
14/6/26
@ 8AM

Total 24 hrs. Intake 134.8 ccl/kg/day

Total 24 hrs. Output 21 ccl/kg/hr

VIH-00205850 / IP-00060328
 Baby B/O LALITHA CHOUDHARY
 12-06-2026 0 Y 0 M 0 D 4 H (M)
 Dr. SURENDER RAO DUSA



FLUID CHART

Sheet No. : 3

14/6/20

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse |
|-----------------------|----------|-----------------|--------------|-----|-----|-----------------------|-----------|-------|----------|-------|--------------------------------|-------------------------------|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | |
| | 08:00 am | Aptam | 25ml | | | | | | | 15ml | 0 | Suf till 6 @ 2 pm |
| | 09:00 am | | | | | | | | | | 0 | |
| | 10:00 am | Aptam | 30ml | | | | | | | | 0 | |
| | 11:00 am | EBM | | | | | | | | 20ml | 0 | |
| | 12:00 pm | Aptam | 25ml | | | | | | | | 0 | |
| | 01:00 pm | | | | | | | | | | 0 | |
| Total Intake : | | | 80ml | | | Total Output : | | | | | 35ml | |
| | 02:00 pm | Aptam | 25ml | | | | | | | 15ml | 0 | Rish 14/6/20 RPM |
| | 03:00 pm | | | | | | | | | | 0 | |
| | 04:00 pm | EBM Aptam | 10ml 20ml | | | | | | | 10ml | 0 | |
| | 05:00 pm | | | | | | | | | | 0 | |
| | 06:00 pm | Aptam | 25ml | | | | | | | 10 | 0 | |
| | 07:00 pm | | | | | | | | | | 0 | |
| Total Intake : | | | 20ml | | | Total Output : | | | | | 35ml | |
| | 08:00 pm | Aptam | 25ml | | | | | | | 10ml | 0 | Sushanti 15/6/20 @ 8 am |
| | 09:00 pm | | | | | | | | | | 0 | |
| | 10:00 pm | EBM | 25ml | | | | | | | 10ml | 0 | |
| | 11:00 pm | | | | | | | | | | 0 | |
| | 12:00 am | Aptam | 25ml | | | | | | | 10ml | 0 | |
| | 01:00 am | | | | | | | | | | 0 | |
| Total Intake : | | | 75 | | | Total Output : | | | | | 30 | |
| | 02:00 am | Aptam | 30ml | | | | | | | | 0 | Sushanti 15/6/20 @ 8 am |
| | 03:00 am | | | | | | | | | | 0 | |
| | 04:00 am | Aptam | 25ml | | | | | | | 15ml | 0 | |
| | 05:00 am | | | | | | | | | | 0 | |
| | 06:00 am | Aptam | 30ml | | | | | | | 10ml | 0 | |
| | 07:00 am | | | | | | | | | | 0 | |
| Total Intake : | | | 300ml | | | Total Output : | | | | | 225ml | |

Total 24 hrs. Intake ⇒ 143.5 cc/kg/day

Total 24 hrs. Output ⇒ 204 cc/kg/hr



FLUID CHART

Sheet No. : 4 15/6/26

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 | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse | |
|-----------------------|----------|-----------------|-------|-----|--------|-----------------------|-----------|-------|----------|---------------------------------|-------------|-----------------------------|
| | | Nature of Fluid | Route | | | NG | Diarrhoea | Vomit | Drainage | | | Urine |
| | | | Mouth | I.V | N.G | | | | | | | |
| | 08:00 am | Aptamil | 25ml | | | | | | | 0 | | bmc |
| | 09:00 am | | | | | | | | | 0 | | |
| | 10:00 am | Aptamil | 30ml | | | ✓ | | | 10ml | 0 | | |
| | 11:00 am | | | | | | | | | 0 | | |
| | 12:00 pm | EBM | 25ml | | | | | | 15ml | 0 | | |
| | 01:00 pm | | | | | | | | | 0 | | |
| Total Intake : | | | 80ml | | | Total Output : | | | | | 25ml | |
| | 02:00 pm | EBM | 25ml | | | ✓ | | | 15ml | 0 | | pkha 15/6/26 SPR |
| | 03:00 pm | | | | | | | | | 0 | | |
| | 04:00 pm | EBM | 25ml | | | | | | | 0 | | |
| | 05:00 pm | | | | | | | | | 0 | | |
| | 06:00 pm | Aptamil | 30ml | | | ✓ | | | 20ml | 0 | | |
| | 07:00 pm | | | | | | | | | 0 | | |
| Total Intake : | | | 80ml | | | Total Output : | | | | | 35ml | |
| | 08:00 pm | Aptamil | 25ml | | | ✓ | | | 10ml | 0 | | Sushanti 16/6/26 @8am |
| | 09:00 pm | | | | | | | | | 0 | | |
| | 10:00 pm | EBM | 25ml | | | | | | 10ml | 0 | | |
| | 11:00 pm | | 30ml | | | | | | | 0 | | |
| | 12:00 am | EBM | 25ml | | | | | | | 0 | | |
| | 01:00 am | | | | | | | | | 0 | | |
| Total Intake : | | | 75 | | | Total Output : | | | | | 20 | |
| | 02:00 am | Aptamil | 25ml | | | | | | 20ml | 0 | | Sushanti 16/6/26 @8am |
| | 03:00 am | | | | | | | | | 0 | | |
| | 04:00 am | Aptamil | 25ml | | | ✓ | | | 10ml | 0 | | |
| | 05:00 am | | | | | | | | | 0 | | |
| | 06:00 am | Aptamil | 25ml | | | | | | 10ml | 0 | | |
| | 07:00 am | | | | | | | | | 0 | | |
| Total Intake : | | | 310ml | | | Total Output : | | | | | 120ml | |

Total 24 hrs. Intake ⇒ 149.0 cckg/day

Total 24 hrs. Output ⇒ 2.4 cckg/hr

Patient Sticker

FLUID CHART

Sheet No. :

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | |
|-----------------------|----------|-----------------|--------|-----|-----|-----------------------|-----------|-------|----------|-------|--------------------------------|-------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | 08:00 am | | | | | | | | | | | | |
| | 09:00 am | | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | | |
| | 11:00 am | | | | | | | | | | | | |
| | 12:00 pm | | | | | | | | | | | | |
| | 01:00 pm | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 02:00 pm | | | | | | | | | | | | |
| | 03:00 pm | | | | | | | | | | | | |
| | 04:00 pm | | | | | | | | | | | | |
| | 05:00 pm | | | | | | | | | | | | |
| | 06:00 pm | | | | | | | | | | | | |
| | 07:00 pm | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 08:00 pm | | | | | | | | | | | | |
| | 09:00 pm | | | | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | | | |
| | 11:00 pm | | | | | | | | | | | | |
| | 12:00 am | | | | | | | | | | | | |
| | 01:00 am | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 02:00 am | | | | | | | | | | | | |
| | 03:00 am | | | | | | | | | | | | |
| | 04:00 am | | | | | | | | | | | | |
| | 05:00 am | | | | | | | | | | | | |
| | 06:00 am | | | | | | | | | | | | |
| | 07:00 am | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |

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

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



FLUID CHART

Sheet No. : 5

16/6/26

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse |
|-----------------------|----------|-----------------|--------|-----|-----|-----------------------|-----------|-------|----------|-------|---------------------------------|--------------|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | |
| | 08:00 am | Aptamil | 25ml | | | | | | | 15ml | 0 | } 16/6 @ 2pm |
| | 09:00 am | | | | | | | | | | 0 | |
| | 10:00 am | Aptamil | 28 ml | | | | ✓ | | | 20ml | 0 | |
| | 11:00 am | DBF | | | | | | | | | 0 | |
| | 12:00 pm | + EBM | 30ml | | | | ✓ | | | 10ml | 0 | |
| | 01:00 pm | | | | | | | | | | 0 | |
| Total Intake : | | | 78 ml | | | Total Output : | | | 45 ml | | | |
| | 02:00 pm | EBM | 20ml | | | | | | | 25ml | 0 | } 16/6 @ 8pm |
| | 03:00 pm | | | | | | | | | | 0 | |
| | 04:00 pm | EBM | 20ml | | | | | | | | 0 | |
| | 05:00 pm | | | | | | | | | | 0 | |
| | 06:00 pm | DBF + EBM | 25 ml | | | | ✓ | | | 20ml | 0 | |
| | 07:00 pm | | | | | | | | | | 0 | |
| Total Intake : | | | 65 ml | | | Total Output : | | | 40 ml | | | |
| | 08:00 pm | | | | | | | | | | 0 | } 17/6 @ 8am |
| | 09:00 pm | EBM | 30ml | | | | | | | | 0 | |
| | 10:00 pm | | 10ml | | | | ✓ | | | 15ml | 0 | |
| | 11:00 pm | | | | | | | | | | 0 | |
| | 12:00 am | EBM | 25ml | | | | | | | | 0 | |
| | 01:00 am | | | | | | | | | | 0 | |
| Total Intake : | | | 65 | | | Total Output : | | | | | | |
| | 02:00 am | Aptamil | 30ml | | | | | | | 15ml | 0 | } 17/6 @ 8am |
| | 03:00 am | | | | | | | | | | 0 | |
| | 04:00 am | | 30ml | | | | | | | | 0 | |
| | 05:00 am | | | | | | | | | | 0 | |
| | 06:00 am | | 30ml | | | | | | | 20ml | 0 | |
| | 07:00 am | | 30ml | | | | | | | | 0 | |
| Total Intake : | | | 298 ml | | | Total Output : | | | 130 ml | | | |

Total 24 hrs. Intake ⇒ 145.3 cc/kg/day

Total 24 hrs. Output ⇒ 20.6 cc/kg/hr



FLUID CHART

Sheet No. : 6 17/6/26

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | |
|-----------------------|----------|-----------------|--------|-----|-----|-----------------------|-----------|-------|----------|-------|--------------------------------|----------------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | 08:00 am | | 20ml | | | | ✓ | | | 15ml | 0 | 17/6 @ 2pm | |
| | 09:00 am | | | | | | | | | | 0 | | |
| | 10:00 am | DBF + EBM | 20ml | | | | | | | | 0 | | |
| | 11:00 am | | | | | | | | 20ml | | 0 | | |
| | 12:00 pm | DBF + EBM | 25ml | | | | ✓ | | | | 0 | | |
| | 01:00 pm | | | | | | | | | | 0 | | |
| Total Intake : | | | 65ml | | | Total Output : | | | | | | | |
| | 02:00 pm | DBF | 20ml | | | | ✓ | | | | 0 | 17/6 @ 2pm | |
| | 03:00 pm | | | | | | | | | | | | |
| | 04:00 pm | DBF | 20ml | | | | | | | | | | |
| | 05:00 pm | | | | | | ✓ | | | | | | |
| | 06:00 pm | EBM | 20ml | | | | | | | | | | |
| | 07:00 pm | | | | | | ✓ | | | 15ml | | | |
| Total Intake : | | | 60ml | | | Total Output : | | | | | | | |
| | 08:00 pm | EBM | 20ml | | | | | | | | | Dupita 17/6/26 @ 8am | |
| | 09:00 pm | | | | | | ✓ | | | | | | |
| | 10:00 pm | DBF | 20ml | | | | | | 20ml | | | | |
| | 11:00 pm | | | | | | | | | | | | |
| | 12:00 am | DBF | 25ml | | | | ✓ | | | ✓ | | | |
| | 01:00 am | | | | | | | | | | | | |
| Total Intake : | | | 65ml | | | Total Output : | | | | | | | |
| | 02:00 am | DBF | 20ml | | | | ✓ | | | ✓ | | Dupita 17/6/26 @ 8am | |
| | 03:00 am | | | | | | ✓ | | | | | | |
| | 04:00 am | EBM | 20ml | | | | | | ✓ | | | | |
| | 05:00 am | | | | | | | | | | | | |
| | 06:00 am | EBM | 25ml | | | | ✓ | | | | | | |
| | 07:00 am | | | | | | | | ✓ | | | | |
| Total Intake : | | | 65ml | | | Total Output : | | | | | | | |

Total 24 hrs. Intake 130ml

Total 24 hrs. Output 130ml



FLUID CHART

Sheet No. :

18/6/26

- 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 | | | |
| 18/6/26 | 08:00 am | | | | | | | | | | | | [Signature] 18/6/26 @ 2pm |
| | 09:00 am | 6am 25ml | | | | | | | | | | | |
| | 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

Patient Sticker



FLUID CHART

Sheet No. :

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | |
|-----------------------------|----------|-----------------|--------|-----|-----|-----------------------------|-----------|-------|----------|-------|--------------------------------|-------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | 08:00 am | | | | | | | | | | | | |
| | 09:00 am | | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | | |
| | 11:00 am | | | | | | | | | | | | |
| | 12:00 pm | | | | | | | | | | | | |
| | 01:00 pm | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 02:00 pm | | | | | | | | | | | | |
| | 03:00 pm | | | | | | | | | | | | |
| | 04:00 pm | | | | | | | | | | | | |
| | 05:00 pm | | | | | | | | | | | | |
| | 06:00 pm | | | | | | | | | | | | |
| | 07:00 pm | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 08:00 pm | | | | | | | | | | | | |
| | 09:00 pm | | | | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | | | |
| | 11:00 pm | | | | | | | | | | | | |
| | 12:00 am | | | | | | | | | | | | |
| | 01:00 am | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 02:00 am | | | | | | | | | | | | |
| | 03:00 am | | | | | | | | | | | | |
| | 04:00 am | | | | | | | | | | | | |
| | 05:00 am | | | | | | | | | | | | |
| | 06:00 am | | | | | | | | | | | | |
| | 07:00 am | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| Total 24 hrs. Intake | | | | | | Total 24 hrs. Output | | | | | | | |



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: NIU Shifted to: 2nd floor

| 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. Srinivas

Date & Time: 17/6/26 @

Nurse Name & Signature: Sr. Haritha

Date & Time: 17/6/26 @

