

VIH-00206051 IP-00060405
Baby B/O MADDI GOWTHAMI
19-06-2026 0 Y 0 M 0 D 3 H (M)
Dr. ATLURI KUNDANA PRIYA

ACTIVITY RECORD



Name: ----- *no.* -----

UHID No : ----- IP No : ----- Consultant : ----- Dept : -----

Date of Admission : *19/6/26* Time : *7:06am* Date of Discharge : ----- Time: -----

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<i>19/6/26</i>	<i>10:25am</i>	<i>LW</i>	<i>218</i>	<i>[Signature]</i>

Cross Consultation Visit

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

PROCEEDURE

Date	ProceEDURE	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date: 20/6/20

Time: 10:50 AM

Prepared By: meday

Staff Nurse Rafa	Shift / Ward meday	Billing Assistant	Billing Supervisor
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ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060405

Admit Date : 19-Jun-2026

Admit Time : 07:06 AM UHID : VIH-00206051

Patient Details :

Patient Name : Baby B/O MADDI GOWTHAMI

Age : 0 D

Guardian : Mr M SAINATH

DOB : 19-06-2026 06:34 AM

Gender : Male

Religion :

Occupation :

Marital Status :

Address (H) : 30-647/6/36,JAIN MANDIR,SHIVA GOWRI ENCLAVE,East Anandbagh Malkajgiri Chengicherla Hyderabad Telangana INDIA 500039

Phone No : 9392109724/ 8121780319

E-mail : sindhusunny1228@gmail.com

Admission Details :

Bed Type : BASINET

Bed No : CRDL-LW-222-1

Ward Name : N 2F-LABOUR WARD

Room No : CRDL-LW-222-1

Admission Type : First Visit

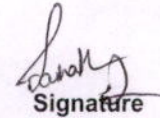
Contact Details :

Name : Mr M SAINATH

Relationship : Father

Contact Address : 30-647/6/36,JAIN MANDIR,SHIVA GOWRI ENCLAVE,East Anandbagh Malkajgiri Chengicherla Hyderabad Telangana INDIA 500039

Phone No : 9392109724 / 8121780319


Signature

Doctor Details :

Doctor Name : Dr. ATLURI KUNDANA PRIYA

Specialisation : NEONATOLOGY

Referral Doctor : DR.BHAVANA K

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

PATIENT TRANSFER FORM

VIH-00206051 IP-00060405

Baby B/O MADDI GOWTHAMI

19-06-2026 0 Y 0 M 0 D 3 H (M)

Dr. ATLURI KUNDANA PRIYA



Date & Time of Admission 19/6/26 at 7:50 AM		Date & Time of Transfer Order 19/6/26 at 10:25 AM
Treating Consultant Name	Transfer Ordered by Dr. Harish	Reason for Transfer observation
From Unit NICU	To Unit NICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 29.	Number of Imaging Films nil	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.	Small Gonchee's - (1)	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Dr. Harish.

Name & Signature of Person who is Transferring Sis Sushree	Name of Person Ordered Transfer Dr. Harish
---	---

Patient & Clinical Records Received by : Sushree

Date & Time of Patient Received : Sushree 19/6/26 at 10:55 AM

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

1948

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

VIH-00206051 IP-00060405
 Baby B/O MADDI GOWTHAMI
 19-06-2026 0 Y 0 M 0 D 3 H (M)
 Dr. ATLURI KUNDANA PRIYA



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Gowthami Age : 33Y9M Father's Name : Age :
 Date of Birth : 12/9/1992 Date of Admission : UHID No. :
 NICU Consultant : Dr. KUNDANA MAM Referring Consultant :
 Transferring Unit : OT Labour Room ER Ward
 Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/O Gowthami Mother's Blood Group : B +ve
 Gender : M F Blood Group : Birth Weight (gms) : 2.672kg Length (cms) :
 Date of Birth : 19/6/26 Time of Birth : 6:30 AM OFC (cms) :
 Place of Birth : V-REST Estimated Gesth Age : 38+1W.N.

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 33Y9M Ht : 150 Wt : 56.9 BMI : Married Life : 5yrs LMP : 25/9/25 EDD : 1/7/26
 Conception : Spontaneous or with Rx : Spontaneous
 Booked at what GA : 9W.N. AN Steroids Drugs / Doses : NO
 Last Scans Details : 18/6/26 - Growth scan, 38+1wks, SLTDF, cephalic, AF - 8-9cm, EFW-2933g, N-18, RL-7.5cm high, Umbilical vein - 9.1mm (16cm/s velocity) TT Immunization and Iron / Folic Acid : NO

MATERNAL RISK FACTORS

Age : <18 yrs > 35yrs
 Consanguinity : Yes No
 If yes, degree of consanguinity : 1 2 3
 H/o PIH (after 20 weeks) / PE
 How many Drugs / Doses / Since how long : NO
 H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : NO
 IUGR - when detected : NO
 Doppler (Increased Resistance / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus :
 AFI : 8.9cm

H/o GDM/ pre GDM/ on diet or insulin
 Controlled or not, recent values, HbA1 values :
NO
 Compliance with Rx :
 Scans : LGA, TIFFA , Fetal Echo : -
 H/o Hypothyroidism : when diagnosed ? Medication?
Hypothyroidism @ 12wks on 7 Thyroxine
 Any other Chronic Medical Problems, when detected drugs ? 25mcg OD
NO
 (Anemia, SLE, Jaundice, CHD, Heart Disease)
 Infection : H/O, Fever
 (Malaria UTI TORCH TB HIV HBV)
 UTI : when : NO Any culture : NO

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



PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
I -	M/uy	FTWD	3600g	Male	2.8kg / uneventful	A cut B1, m2
II -	PT	spontaneous conception				

PERINATAL HISTORY

Treating Obstetrician : Dr. Bhavara Hospital : V-PCA Inborn Outborn

<p>Duration of Labour</p> <p>First stage (> 18 hours sig) <i>NVD</i></p> <p>Second stage (> 2 hours after dilation)</p> <p>LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication :</p> <p>Specify the reason :</p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL : <i>NO</i></p> <p>Resuscitation : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cord ABG :</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : <i>umbilical vein vovs - 9.1cm</i> <i>16cm/s velocity</i>)</p>
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NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

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

	1 Minute	5 Minutes	10 Minutes
TOTAL	<i>7/10</i>	<i>9/10</i>	

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)
Birth Weight	> 3rd percentile (0)	< 3rd (12)	
SGA			

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

CTAB

History of Illness:

Baby delivered via NVD in vx presentation
↓
HR > 100/min, CIAB
↓
oronasal suction & tactile stimulation done
↓
Delayed cord clamping was done for 60 sec
↓
Cord was clamped & cut under aseptic condition

Investigation details in previous Hospital :

Thj vib-r IM gives
↓
shift to mother side

Feeding History :

Past History :

Family History :

Socio Economic History :

Patient Sticker

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5C HR : 152/m'm RR : 50/m'm NIBP : CFT : 23CC

Color of the extremities : ACROCYANOSIS

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

Anthropometry : Birth Weight : 2.672kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) NO facial dysmorphisms

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

EYES : Symmetry : Red Reflex : Discharge :

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

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

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

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

HERNIAL ORIFICES free

TRUNK and SPINE : (N)

SKIN LESIONS : none

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

SYSTEMIC EXAMINATION

Respiratory System :
Breathing Pattern : Regular Periodic Shallow Gasping
 Mention If baby has Respiratory distress : RR : 52/min SCR / ICR / See - Saw breathing :
 Scoring of respiratory distress if present (Silverman or Downe's) :
 Mention if baby is on : Hood box CPAP Ventilator
 Settings :
 SpO₂ : 96% @ RA Auscultation : D10C (+) Breath Sounds : NBS (+) Added Sounds : none

Cardiovascular System :
 HR : 152/min BP :
 Femoral Pulses : } PCM
 Other Peripheral Pulses : }
 Precordial Activity : none
 Murmurs : none
 Signs of Cardiac Failure : none

Abdomen :
 Shape : (N)
 Palpation : soft
 Palpable masses : none
 Abdominal girth :
 Hernia orifice : free
 Anal Patency : (+) none
 Umbilical Cord : 2A + 1V
 First urine passed : YC1
 Meconium passed : none



Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness : } CITA - AGE

Prechtle Score :

Nerves :

Motor System :

Passive Tone : } 2

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : BIL symmetric DTR :

ATNR : Skull and Spine : 2

Any Congenital Anomalies : NO obvious visible external cong Anomalies

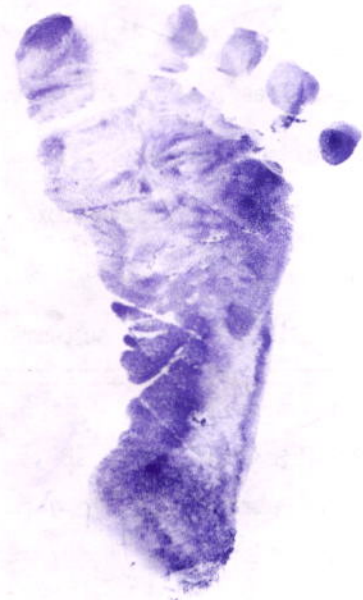
Diagnosis : RT L35 + IWM | 2:67 log1/ACA | IM | M | NVD | CTAB

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor : [Signature]
Signature :
Name : Dr. Honich
Date & Time : 19/6/26

Consultant : [Signature]
Signature :
Name : Dr. Kundana Priya
Date & Time : 19/6/26 10 AM

Patient Sticker

VIH-00206051 IP-00060405
Baby B/O MADDI GOWTHAMI
18-08-2026 0 Y 0 M 0 D 15 H (M)
Dr. ATLURI KUNDANA PRIYA



DISCHARGE PLAN

Information given by: Family Friend

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

Will Physiotherapy require at home: Yes No NA

Is home medical equipment anticipated: Yes No NA

Is home oxygen therapy anticipated: Yes No NA

Breastfeeding Yes No NA

Formula Feed Yes No NA

Are dressing needs at home anticipated: Yes No NA

Any other needs anticipated: Yes No If Yes Specify

Feeding Plan at the time of shifting :
.....
.....
.....
.....
.....
.....
.....
.....

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Discharge Details:

Neonatal Condition at Discharge:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26	<u>Lactation notes (Mrs. Ranupriya)</u>	
	<ul style="list-style-type: none"> • 2nd time Mother • No drops of milk • Normal breast condition • Strategies to improve supply discussed • TF introduced on pediatrician's advice • To track the feeding in the sheet given • flr • 11:20am 	
19/6/26	<u>CLB Resident</u>	
16:00	F7/B8 + 1wk / NUD/CAB 12.62/9/AGA	
	<p>O/E C17/Agood CW-BIS2 @ B-B/LAE @ PA-JGI My Store</p> <p>TCB/OAE at fw.</p>	<p><u>Adm</u></p> <ul style="list-style-type: none"> - DBF pb burpy 20ly - vacuol espers ches - warm care and care - TCB/OAE b/f dead <p>Stop RBS monitoring</p>

(Signature)

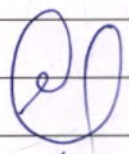
Dr. Kundana Priya
 19/6/2026
 Reg No. ARMC/EMR/97354

noted by
 Swathi
 19/6/26

VIH-00206051 IP-00060405
 Baby B/O MADDI GOWTHAMI
 18-06-2026 0 Y 0 M 0 D 6 H (M)
 Dr. ATLURI KUNDANA PRIYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 9:30 AM	OLSB @ Kundara	
	FT/38 11wk/NVD (C/AB) 2.62g/ALC	
	M.BG B.BG] B free	
	7.40t - 2.75g (171g)	
	VACC ✓ OAE: TODAY	Ola vaccinate & OAE Today
SBR / TCB at fw.	C/TA good C/S/S/B @ B-BL/AB @ P/S/S/L	SPR / TCB on fw - fup m 22/6/26
- flu 20/6/26		
Dr. Kundana Priya 20/6/26 9 AM		
Dr. Kundana Priya Reg.No.APMC/FMR/97354		 Dr. Kundana Priya

Note by Paga @ 20/6/26
 @ 9:20 AM



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>37 weeks! malpkyo 2.629 kg</i>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known						
	<i>Pre op wt. 2.629 - the family</i>	If Yes Specify:						
Surgery / Procedure:		Post OP Day:						
BACKGROUND	Date	<i>19/6/26</i>	<i>19/6/26</i>	<i>19/6/26</i>	<i>19/6/26</i>	<i>20/6/26</i>		
	Shift	<i>N</i>	<i>M</i>	<i>M</i>	<i>E</i>	<i>N</i>		
	Medical Condition (Any special condition to be noted):	-	-	-	<i>nil</i>	<i>nil</i>	<i>Nil</i>	
Diet:		<i>DBF</i>	<i>FF</i>	<i>DBF+FF</i>	<i>DBF+FF</i>	<i>DBF+FF</i>	<i>DBF+FF</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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>R2</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.7</i>	<i>98.6</i>
		Res:	<i>14</i>	<i>52b/m</i>	<i>40b/m</i>	<i>45b/m</i>	<i>50b/m</i>	<i>33b/m</i>
		SpO ₂ :	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>98%</i>
		Pulse:	<i>110b/m</i>	<i>152b/m</i>	<i>142b/m</i>	<i>139b/m</i>	<i>140b/m</i>	<i>135b/m</i>
		BP:	-	-	-	-	-	-
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>
	Fall Risk Score:	<i>10</i>	<i>16</i>	<i>16</i>	<i>16</i>	<i>16</i>	<i>16</i>	
Pain Score:	<i>10</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>		
Skin Integrity	<i>integrity</i>	<i>intact</i>	<i>intact</i>	<i>intact</i>	<i>intact</i>	<i>intact</i>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	<i>nil</i>	<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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<i>DBF</i>	<i>FF</i>	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	<i>DBF+FF</i>	
	Critical Lab Test / Values:	-	-	<i>nil</i>	<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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>		
Post Operative Procedure Special Orders:		-	<i>SBP nanda</i>	<i>RBS b th hourly</i>	<i>nil</i>	<i>nil</i>	-	
Handed Over By Name :		<i>poorja</i>	<i>lalitha</i>	<i>sushila</i>	<i>sushila</i>	<i>sony</i>	<i>roja</i>	
Signature / ID :		<i>poorja</i>	<i>020177</i>	<i>84693</i>	<i>84693</i>	<i>905013</i>	<i>84693</i>	
Date:		<i>19/6</i>	<i>19/6/26</i>	<i>19/6/26</i>	<i>19/6/26</i>	<i>20/6/26</i>	<i>20/6/26</i>	
Time:		<i>at 8am</i>	<i>10:25am</i>	<i>2 PM</i>	<i>8 PM</i>	<i>@ 5am</i>	<i>@ 8 PM</i>	
Taken Over By Name :		<i>K. Subini</i>	<i>sushila</i>	<i>sushila</i>	<i>sony</i>	<i>roja</i>	-	
Signature / ID :		<i>020177</i>	<i>84693</i>	<i>84693</i>	<i>905013</i>	<i>84693</i>	-	
Date:		<i>19/6/26</i>	<i>19/6/26</i>	<i>19/6/26</i>	<i>19/6/26</i>	<i>20/6/26</i>	-	
Time:		<i>9 AM</i>	<i>10:55am</i>	<i>2 PM</i>	<i>@ 5pm</i>	<i>@ 5 AM</i>	<i>note by Roja</i>	

note by Roja
20/6/26



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: 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							
Afternoon							
Night		can maintain fluid Balance		when BDF feeding	baby is hydrated	baby is safe	pooja 18/6/26 @6AM



NURSING CARE RECORD

Date: 19/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	FF	8 AM	FF and hourly	FF given	Baby is good.	[Signature] 19/6/26 COAN
	8 PM	maintain good nutritional status	1 PM	To provided good every and hourly feed given	oral intake is good	patient is stable	[Signature] 19/6/26 at 1 PM
Afternoon	4 PM	ensure safety	4:15 PM	To provided side rails	To prevent fall risk	patient is stable	[Signature] 19/6/26 at 4 PM
Night	9 PM	* Maintain fluid balance.	12 PM	* Every 2nd hourly feeding & Burping is given	* To prevent dehydration	* Baby is safe & active	[Signature] 19/6/26 at 8 PM



NURSING CARE RECORD

Date: 20/6/26

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: Assess the baby condition

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		to maintain good nutritional status		Discharge Note Dr come for rounds baby is stable Dr advice to send Bill billing progress			Raja 20/6/26
Afternoon							
Night							

VIH-00206051 IP-00060405
 Baby B/O MADDI GOWTHAMI
 19-06-2026 0 Y 0 M 0 D 18 H (M)
 Dr. ATLURI KUNDANA PRIYA

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 MADDI GOWTHAMI **Age :** 0 Y 0 M 0 D 0 H
IP No: IP-00060405 **Sex:** Male
Consultant: Dr. ATLURI KUNDANA PRIYA **Ward/Bed No:** N 2F-LABOUR WARD/CRDL-LW-222-1

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 life 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.

3 Receivers Signature:.....*(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: *(Signature)*

Name: *M. Sahar*
 Relationship: *Husband/Partner*

Date: *19/6/2026*

Witness Name: *Shirina*

Witness Signature: *(Signature)*

Time: *07:06 AM*

Patient Address:
 30-647/6/36, JAIN MANDIR, SHIVA
 GOWRI ENCLAVE, East Anandbagh
 Malkajgiri Chengicherla Hyderabad
 Telangana INDIA 500039



CONSENT FOR FORMULA FEEDS

Patient Name : BPO Gowtham Age : DO L-1

Gender : M F - IP No : 60405 Reg. No. :

Department : NICU Date : 19/6/26

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

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

In the NICU of Rainbow Children's Hospital, Hyderabad on 19/6/26 Here by giving consent for formula feeding for my child. Doctors have explained me about the formula feeding benefits and risks involved in the language I best understand.

Patient Attendant :

Signature : [Signature]

Name : Sainath

Relationship with Patient : Father

Date & Time : 19/6/26

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Anish

Date & Time :

డబ్బా పాలు పట్టించుటకు అనుమతి పత్రం

రోగి పేరు :వయస్సు : లింగం : పు స్త్రీ

రిజిస్ట్రేషన్ నం : ఐ.పి. నం :

నేను శ్రీ/శ్రీమతి : S/W/D/O:

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

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

తెలుపుతున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు ఉపయోగాలు మరియు నష్టాల

గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు :

సాక్షి

సంతకము : _____

సంతకము : _____

పేరు : _____

పేరు : _____

తేది మరియు సంతకము : _____

తేది మరియు సమయము : _____

డాక్టర్ :

సంతకము : _____

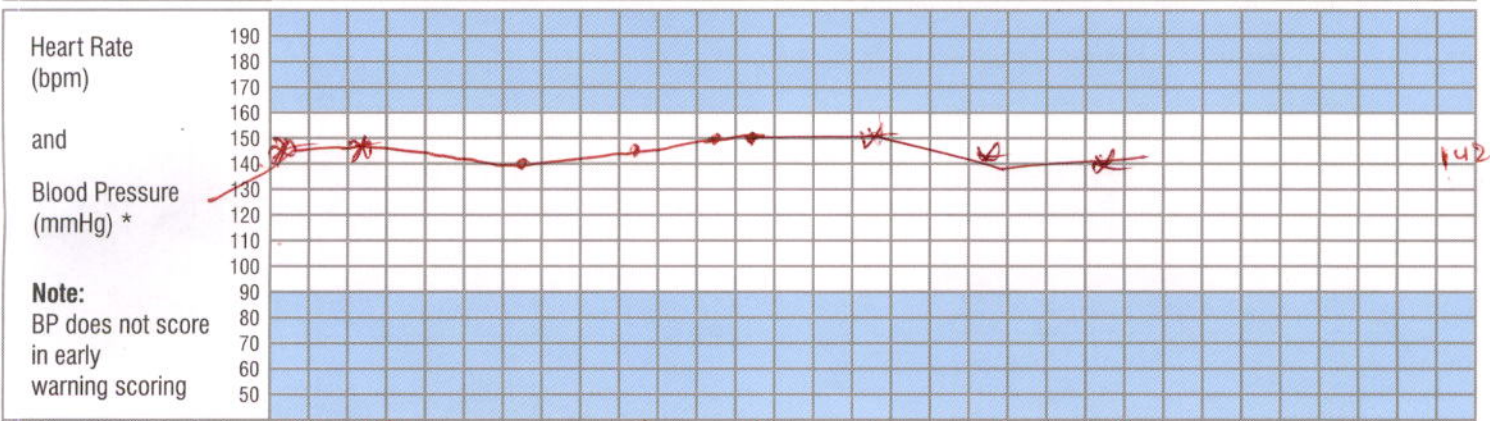
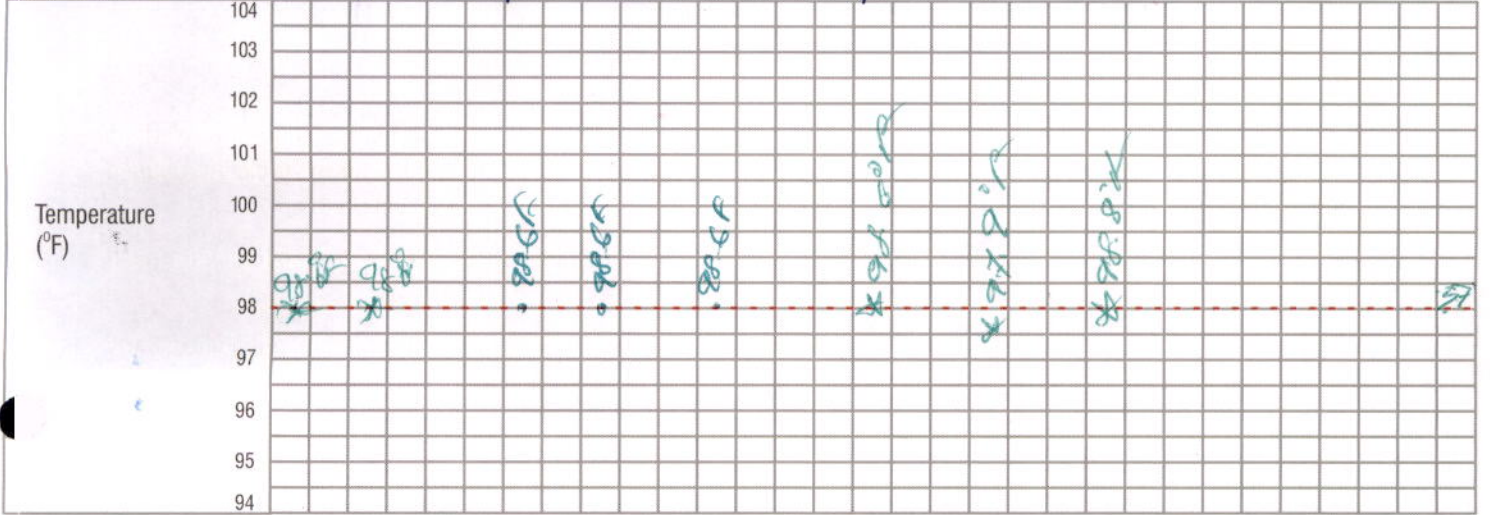
పేరు : _____

తేది మరియు సమయము : _____

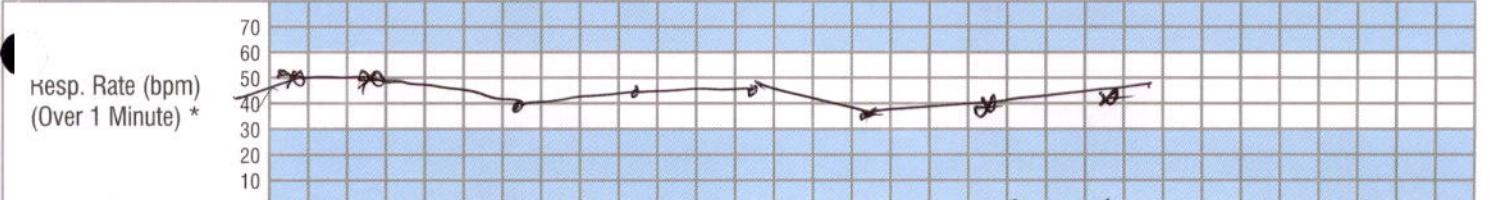
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 19/6/26 Time: 8 10 2 4 7 11 4 8

Doctor/Nurse/Family Concern? AM AM PM PM PM PM PM PM



Heart Rate (Number) 150 153 140 146 150 142 142 142



Resp Rate (Number) 45 45 40 45 46 39 40 41

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99 99 96 99 96 99 98 99

Conscious Level Normal / Altered

GCS * 15 15 15 15 15 15 15 15

TOTAL SCORE Number of shaded boxes 0 0 0 0 0 0 0 0

Pain Score 0 0 0 0 0 0 0 0

Observer's Initials AM AM PM PM PM PM PM PM

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

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



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-00206051 IP-00060405
 Baby B/O MADDI GOWTHAMI
 19-06-2026 0 Y 0 M 0 D 3 H (M)
 Dr. ATLURI KUNDANA PRIYA

Patient



CLINICAL / 124

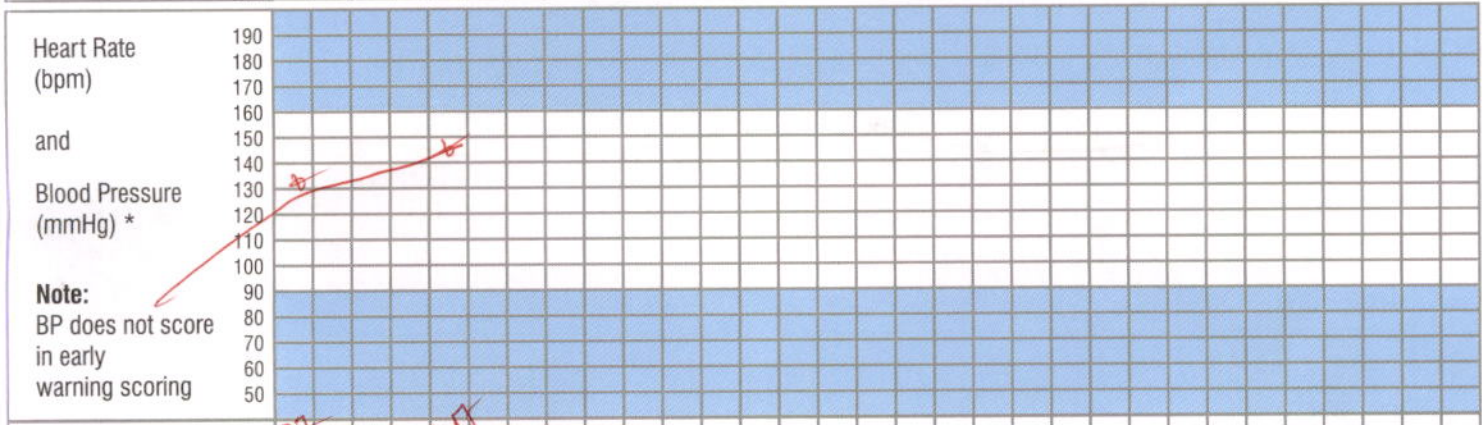
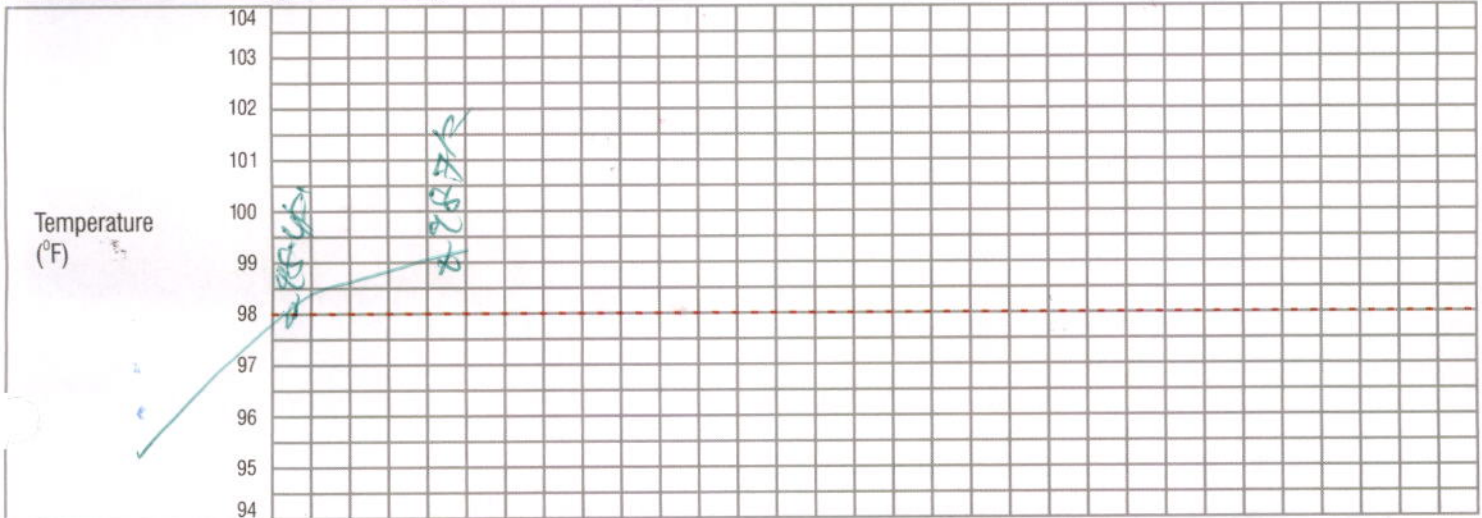
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



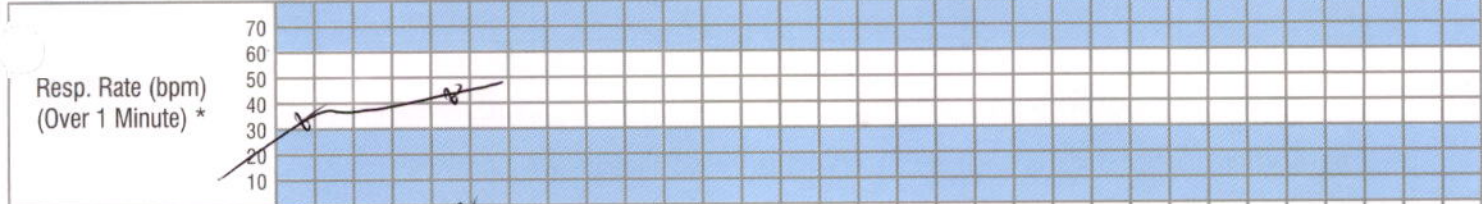
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 20/6/26 Time: 9 1

Doctor/Nurse/Family Concern? AN PM



Heart Rate (Number) 127 147



Resp Rate (Number) 37 47

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99 98

Conscious Level Normal Altered N N

GCS * 1

TOTAL SCORE

Number of shaded boxes 0 0

Pain Score 0 0

Observer's Initials AN AP

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

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



CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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- 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

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

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

VIH-00206051 IP-00060405
 Baby B/O MADDI GOWTHAMI
 19-06-2026 0 Y 0 M 0 D 3 H (M)
 Dr. ATLURI KUNDANA PRIYA



FLUID CHART

Sheet No. : 1

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

19/6/26

DBF 2nd baby

19/6/26

Total 24 hrs. Intake

Total 24 hrs. Output

FLUID CHART

Sheet No. :

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

Date	Time	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. : 2

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
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
19/6/26	08:00 am											
	09:00 am	FF	30ml								0	19/6/26 10 AM
	10:00 am										0	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :			Total Output :									
19/6/26	02:00 pm										1	19/6/26 10 AM 19/6/26 10 AM
	03:00 pm		DBF								1	
	04:00 pm						✓				0	
	05:00 pm		DBF								1	
	06:00 pm		DBF				✓				1	
07:00 pm		DBF								1		
Total Intake :			Total Output :									
19/6/26	08:00 pm											19/6/26 10 AM 19/6/26 10 AM
	09:00 pm		DBF									
	10:00 pm						✓					
	11:00 pm		DBF								1	
	12:00 am										1	
01:00 am		DBF										
Total Intake :			Total Output :									
19/6/26	02:00 am											19/6/26 10 AM 19/6/26 10 AM
	03:00 am		DBF									
	04:00 am											
	05:00 am		DBF									
	06:00 am						✓				1	
07:00 am		DBF								1		
Total Intake :			Total Output :									

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00208051 IP-00060405
 Baby B/O MADDI GOWTHAMI
 18-06-2026 0 Y 0 M 0 D 15 H (M)
 Dr. ATLURI KUNDANA PRIYA



FLUID CHART

Sheet No. :

20/6/20

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
20/6/20	08:00 am		D.B.P.P									Rof Su 20/6/20 @2PM	
	09:00 am												
	10:00 am												
	11:00 am		D.B.P.P										
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00206051 IP-00060405
 Baby B/O MADDI GOWTHAMI
 19-06-2026 0 Y 0 M 0 D 3 H (M)
 Dr. ATLURI KUNDANA PRIYA



RESULT SHEET

Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

