Rainbow® Children's Hospital
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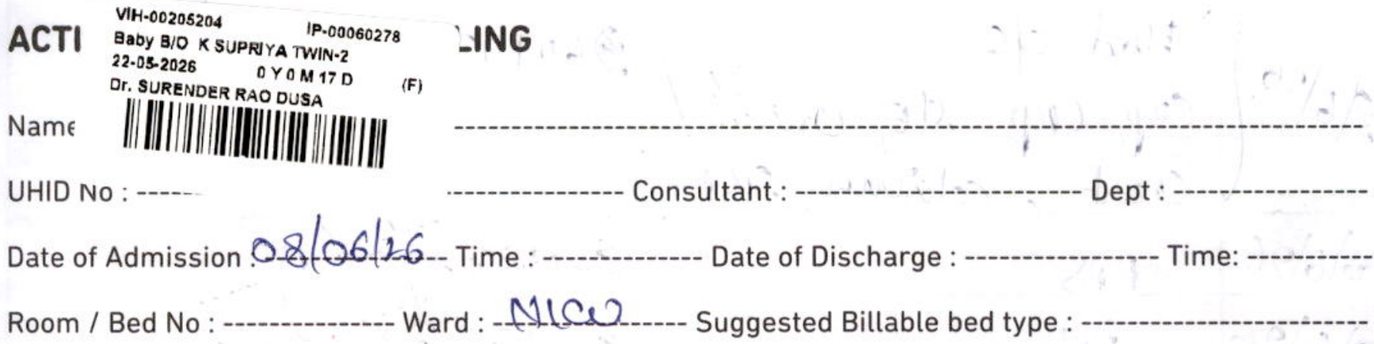


ACTI LING

VIH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

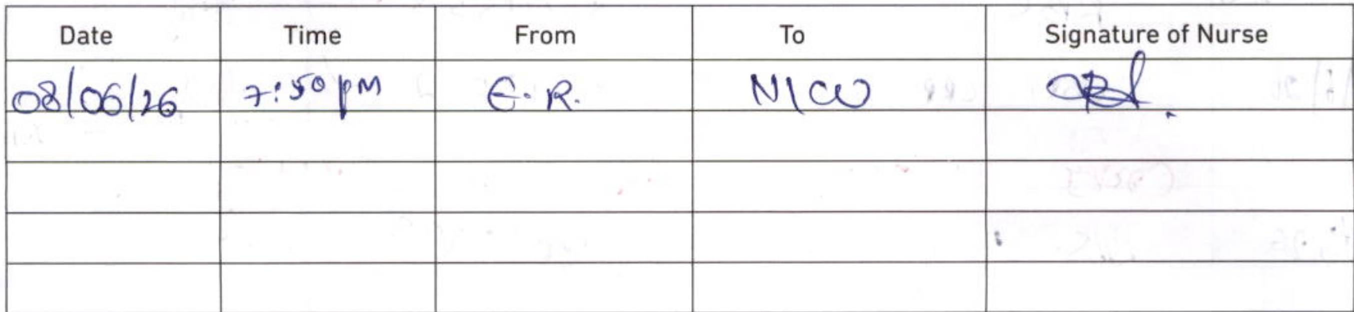
Name --

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

Date of Admission : 08/06/26 -- Time : -------------- Date of Discharge : ---------------- Time: ----------

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

WARD TRANSFERS



Date	Time	From	To	Signature of Nurse
08/06/26	7:50 pm	E.R.	NICU	[signature]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
8/6/26	Blood c/s	26019745	[illegible]
	CBP, CRP, S/E, Urea		
	Creat, calcium, SBR		
8/6/26	RBS	26019770	
9/6/26	RBS	26019771	[illegible]
10/6/26	RBS	26019853	Asaf
10/6/26	CBP, CRP	26019852	Asaf
	[illegible]		
11/6/26	RBS - 78 mg/dl.	26019993	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
8/6/26	Monitor	8pm	10/6/26	3088175	[illegible]
	Infusion pump		9/6/26 12pm		
	Cross checked by Gr. [illegible] 10/6/[illegible]				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
8/6/26	IV placement	1	3088136	[illegible]

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Elizabeth Ogbona		

Ref. No. F/INPR/12

Patient Name : VIH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

Registration No.:

RBS

~~NEBULISATION~~ CHART

Date	Time	Drug	Nurse	Parents Signature
9/6/26	00.00	9pm RBS – 69 mg/dl	[illegible]	26019770
9/6/26	1.00	6Am RBS – 88 mg/dl	[illegible]	26019771
10/6/26	2.00	6AM RBS – 100 mg/dl.	[illegible]	26019853
	3.00	Cross [illegible]	[illegible]	[illegible] 10/6 [illegible]
11/6	4.00	RBS – 78 mg/dl		
	5.00			
	6.00			
	7.00			
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Name	Baby B/O K SUPRIYA TWIN-2	UHID	VIH-00205204
Father/Guardian	Mr SAI LAXMANAND	Age/Gender	0 Y 0 M 19 D/Female
Address	1-30-319/1/1, PLOT NO 2, TELECOM COLONY,TIRUMULGIRI, SEC-BAD, Trimulgherry, Hyderabad, Telangana, INDIA, 500015		
IP No	IP-00060278	Admission Date	08-06-2026
Ref Doctor	VAMSHI KRISHNA	Discharge Date	

SHIFTING ~~DISCHARGE~~ SUMMARY

Consultant:
Dr. SURENDER RAO DUSA
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS

Diagnosis:
Very preterm (31+5 weeks) / AGA / Baby Girl/DCDA Twin -2
Suspected Sepsis

Chronological age: 19 days
PMA: 34+1 weeks

History : Baby of K. SUPRIYA TWIN-2 is a very preterm (31+5 weeks) / SGA / baby girl of birth weight 1.66 kgs, born to primi mother delivered by Emergency Lower Segment Cesarean Section (Indication: DCDA twins with preterm labour) on 22.05.2026 at 01:41:36 sec pm. Baby cried immediately after birth. Apgar scores were 8 & 9 at 1 & 5 minutes respectively. CPAP and admitted in NICU for prematurity, Low birth weight and preterm care. Baby got discharged on day 15 of life. On day 16 of life baby had 3 episodes of fever spikes, 5 episodes of loose stools and lethargy for which baby was bought to emergency room and baby was examined and admitted to NICU, Rainbow Children's Hospital, Karkhana, for further management.

Name	Baby B/O K SUPRIYA TWIN-2	UHID	VIH-00205204

Maternal History : Mrs. K SUPRIYA is a 34 years old primi mother with marital life of 8 years. Non consanguineous marriage. Mother's blood group is "A" Positive. Expected delivery date: 18.07.2026.

G1 : Present pregnancy, IVF conception.
History of hypothyroidism present on Tablet Thyroxine 25 mcg
History of cervical cerclage present.

She had regular antenatal checkups and antenatal scans were normal. There was no history of Urinary tract infection / Abortions / Hydramnios / Premature Rupture of Membranes/ diabetes / Hypertension / Cardiac / Renal abnormalities. She received calcium, iron supplementation and TT prophylaxis.

On examination: At the time of admission baby was febrile (101.5*F), baby and maintaining saturations at room air. Her heart rate was 178/min, respiratory rate was 50/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. Baby had decreased activity. There were no obvious external congenital anomalies.

Weight on Admission : 1.68 kgs
Weight on Discharge : ___ kgs
Head circumference : ___ cms
Length : ___ cms
Baby blood group : "A" Positive(Blood group to be repeated after 4 months).

Investigations: Enclosed.

Management: Suspected sepsis: Baby was nursed in thermoneutral environment. She was screened for sepsis and was started on intravenous fluids, intravenous antibiotics after sending blood culture. Her complete hemogram showed hemoglobin 13.9 gm%, white blood cells count 17,360

cells/cumm, platelet count 3.96 lakhs/cumm. C. Reactive protein 9.0 mg/L. Serum electrolytes showed serum sodium - 135 mmol/L, serum potassium - 6.2 mmol/L, serum chloride - 104 mmol/L, serum calcium 10.9 mg/dl, blood urea 50.6 mg/dl, serum creatinine 0.5 mg/dl. Last hemogram done on 10.06.2026 showed hemoglobin 12.9 gm%, white blood cells count 10,200 cells/cumm, platelet count 3.58 lakhs/cumm, C. Reactive protein 2.0 mg/L. Blood culture sent at the time of admission was sterile. Baby had no episode of fever spike in the course of admission. IV antibiotics stopped after 72 hours.

Feeding : She was started on oral feeds were started on day- 1 of admission, which she accepted and tolerated well. At present, baby is on demand oral feeds, which she is accepting and tolerating well.

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

Advice :

1. Warmth care.
2. Continue demand oral feeding.
3. Encourage breast feeding.
4. Immunization as per schedule.
5. Vitamin D3 drops (1ml=800IU), 0.5 ml once daily till one year of age.
6. Syp. Ossopan-D 1.5ml thrice daily till further advice.
7. Zincovit drops 0.5ml once daily till further advice.
8. Kindly consult Dr. Surender Rao Dusa, Consultant Pediatrician & Neonatologist, on _______ in OPD with prior appointment (This consultation will be charged).

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

DEFICIENCY CHECKLIST OF MEDICAL CASE SHEET

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

VIH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 19 D (F)
Dr. SURENDER RAO DUSA

Patient Name : IP.No:

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	–	–	
2	Discharge Summary	02	–	–	
3	Nursing Initial assessment form	02	–	–	
4	Patient Trasfer Forms	02	–	–	
5	In-patient Medical Record	04	–	–	
6	Doctors Progress Sheets	03	–	–	
7	Nurses Progress notes	04	–	–	
8	Consultation Sheets				
9	General Consent for Treatment	01	–	–	
10	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	05	–	–	
26	Intake and Output chart (fluid Chart)	04	–		
27	Drug Chart (Regular prescription)	02	–	–	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	–	–	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	others	12			
	Total No. of Pages	43			

Signature and Date: manasa @ 11/6 @ 11:50

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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UHID No.: VIH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

Name :

Date of Birth :

NICU

NEONATAL WEIGHT CHART

Birth : Weight

Admission Weight

Discharge Weight

Month	26	26	26	26
Date	6	6	6	6
Day	8	9	10	11
WEIGHT IN GRAMS	1.68 kg	1.70 kg (↑40g)	1.73 kg (↑30gm)	1.79 kg (↑60gm)

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

DO NOT WRITE OUTSIDE THE MARGINS

Rainbow Children's Hospital | BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060278 **Admit Date** : 08-Jun-2026 **Admit Time** : 07:10 PM **UHID** : VIH-00205204

Patient Details :

Patient Name : Baby B/O K SUPRIYA TWIN-2
Age : 0 Y 0 M 17 D
Guardian : Mr SAI LAXMANAND
DOB : 22-05-2026 01:41 PM
Gender : Female
Religion :
Occupation :
Martial Status :
Address (H) : 1-30-319/1/1, PLOT NO 2, TELECOM COLONY, TIRUMULGIRI, SEC-BAD Trimulgherry Hyderabad Telangana INDIA 500015
Phone No : 9966267728
E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 102 **Ward Name** : N 0 GF-EMERGENCY
Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name : Mr SAI LAXMANAND
Relationship : Father
Contact Address : 1-30-319/1/1, PLOT NO 2, TELECOM COLONY,TIRUMULGIRI, SEC-BAD Trimulgherry Hyderabad Telangana INDIA 500015
Phone No : 9966267728 / 8142766614

Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA
Specialisation : GENERAL PEDIATRICS
Referral Doctor : VAMSHI KRISHNA
Phone No : 9985947654
Co-Consultant :

Payment Details :

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

Patient Name : B/O. K SUPRIYA TWIN-2 UHID : VIH-00205204 IPD : IP-00060278 Gender : Female Age : 0 Y 0 M 17 D

VIH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

Wt : 1.74 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/o Supriya Twin - II Age : 17D Gender: ☐ Male ☑ Female

Date : 8/6/26 Time of Arrival : 6:25pm

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

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 101.7°F PR: 174 b/m BP: 63/35 (48) RR: 33 b/m SpO_2: 98%.

Chief Complaints: c/o fever, loose stools (4-5 episodes) x Today

INITIAL PHYSIOLOGICAL CATEGORIZATION	INITIAL PHYSIOLOGICAL STATUS
Appearance: ☑ Normal ☐ Sick Looking Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☐ Stable ☑ Unstable : ☐ Not – Life - Threatening ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☑ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☐ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 6:28pm

Communicable Disease Triage Screening

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

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

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

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

   If yes, State Location:
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

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

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

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

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

Name of Triage Nurse : [signature]

Signature of Triage Nurse : [signature]

Date & Time : 8/6/26 @ 6:28pm

Docu. No. : RCH /FRM / CLINICAL / 085

VIH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 8/6/26 Time of arrival : 6:30pM

Chief Complaints: c/o Fever, loose stools x To day RBS: —

Height : — Weight : 1.7 kg BMI : — Head Circumference (<2 years) —

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: ....

If yes , identify ....

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: — Pain Tool Used: ☑ N Pass ☐ FLACC ☐ Wong Baker

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

☑ If patient is < 6 years tick below fall risk intervention directly

☐ If Patient is > 6 years Assess the below parameters

History of Falling: within past 3 months	☐ Yes	☑ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☑ No
• Uses furniture for support	☐ Yes	☑ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☑ No
• Weak	☐ Yes	☑ No
• Impaired	☐ Yes	☑ No
Mental Status: Forgets limitations	☐ Yes	☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

....

....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: .... (Date/Time): ....

Social History: Lives With Family

Siblings in household ☐ Yes ☑ No (if yes How Many?) 1

Time of Initial assessment completed by ER Nurse : 6:33pM

Patient Name : B/O. K SUPRIYA TWIN-2 UHID : VIH-00205204 IPD : IP-00060278 Gender : Female Age : 0 Y 0 M 17 D

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

Time	Nursing Notes
6:28pm	* Vitals checked & Recorded
6:30pm	* ER doctor & NICU Doctor assessed the pt & Advised NICU admission.
7:10PM	* Admission done
7:50PM.	* pt Shifted to NICU

Samples collected by: — Time: —

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
6:30pm	Syp. Crocin drops	oral	0.2 ml	[signature]	[signature]

Condition of patient at time of shift - out :	Details of Shift - out
HR: 140b/m BP: 63/35(48) CFT: <3sec	Shift - out from ER to: NICU
RR: 30b/m SPO$_2$: 98%	Time of Shift - out: 8/6/26 @ 7:50PM
GCS: — Temperature : 97.9°F	Handover given to: Sr. (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse : Architha Signature of the Nurse : [signature]

Date & Time : 8/6/26 @ 7:50pM

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Baby B/O K SUPRIYA TWIN-2
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Dr. SURENDER RAO DUSA

Rainbow® Children's Hospital — It takes a lot to treat the little.
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NURSING INITIAL ASSESSMENT FOR NICU

Date of Admission: 8/6/26

Source of Admission: ☐ OPD ☐ Ward ☐ Labor Ward ☐ Other: ER

Reason for Admission: ....

Admission Diagnosis: Suspected sepsis

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name: ....

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Other Specify ....

Do you require an interpreter? ☐ Yes ☑ No

Allergies: ☐ Yes ☐ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: ....

If yes, identify ....

Source of Information: ☑ Family ☐ Others, Specify ....

Past Medical History	Past Surgical History	Last Hospital Admission
Nil	Nil	Nil

Significant History	Family History: Nil

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list, ...

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: ....

Are the child's immunization up to date? ☐ Yes ☐ No

Current Medications	Taking Medications? ☐ Yes ☑ No If yes, Fill the reconciliation form Medicine brought to the hospital? ☐ Yes ☑ No

Observations:

Birth Weight: .... kgs Head Circumference: .... cm Length: .... cm

☐ Term ☑ Pre-Term ☐ Post-Term

Blood Group: Mother: .... Baby: ....

Feeding: ☐ Breast Feeding ☑ Formula ☐ Both

Maternal Details: Age: .... years, **PARA:** .... **Gestation:** 31 Weeks, 5 Days

Risk Factors: ☐ PROM ☐ Fetal Distress ☐ Diabetes Mellitus / Gestational Diabetes

☐ PH / Pre Eclampsia ☐ Others, Specify: ....

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

Indication: ....

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Baby B/O K SUPRIYA TWIN-2
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Dr. SURENDER RAO DUSA

Temp: 36.5°C HR 166b /Min RR 66b /Min BP 67/38(50) SpO²: 95%

Pain Score 0 (Follow N Pass and Document)

Fall Risk Intervention Done: ☐ Yes

Risk of Pressure Sore: ☐ Yes ☑ No (Fill Braden Q Sheet)

General Appearance: ☐ Posture ☐ Well-Fixed ☑ Asymmetry

Behavioural Status on Admission :

☑ Sleeping Crying ☐ Calm ☐ Drowsy

Skin: ☑ Pink ☐ Meconium Stain ☐ Others, Specify........

Functional Screening: If a patient needs assistance with any of the following inform consultant

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality ☑ No Abnormalities Detected

Inform Consultant for Positive Criteria

Nutritional Screening:

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special Diet ☑ No Abnormalities Detected

Inform Consultant for Positive Criteria

Social History: Lives With ....

Siblings in household ☐ Yes ☑ No (if yes How Many?) ....

All Information Obtained From ☐ Patient ☑ Mother ☑ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ NICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

Orientation given to: ☑ Family ☐ Others

Name of Person Orientation was given to: Supriya

Orientation not given Reason: ....

DISCHARGE PLAN

Source of Information: ☑ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☑ No

Will Physiotherapy require at home: ☐ Yes ☑ No

Is home medical equipment anticipated: ☐ Yes ☑ No

Is home oxygen therapy anticipated: ☐ Yes ☑ No

Breastfeeding ☑ Yes ☐ No

Formula Feed ☑ Yes ☐ No

Are dressing needs at home anticipated: ☐ Yes ☑ No

Any other needs anticipated: ☐ Yes ☑ No If Yes Specify ....

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Discharge Medications: ☐ Yes ☐ No

Details:

Final Diagnosis: Suspected Sepsis

Nurse Signature: [signature]

Nurse Name: Sandhya

Date & Time: 8/6/26 9pm

Discharge Details: (To be completed by discharging Nurse)

Neonatal Condition at Discharge:

Feeding: ☐ Breastfeeding Exclusively ☐ Breastfeeding and Formula Feeding ☑ Formula Feeding

Vitamin K given: ☑ Yes ☐ No

Vaccinations given ☐ BCG ☐ Hepatitis B ☐ Others: ...

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

Hearing Test: ☑ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☑ Yes ☐ No

Passed Meconium: ☑ Yes ☐ No

Weight at discharge: ...

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

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

Discharge to ☐ Home ☐ Other: ...

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Nurse Signature: ...

Nurse Name: ...

Date & Time: ...

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00205204 IP-00060278 Baby B/O K SUPRIYA TWIN-2 22-05-2026 0 Y 0 M 17 D (F) Dr. SURENDER RAO DUSA	08/06/26 @ : 7:10pm	08/06/26 @ 7:50 pm
	Transfer Ordered by	**Reason for Transfer**
	Dr. Shaikoor	Admission.
From Unit	**To Unit**	**Information to Attendant**
E.R.	NICU	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
21	–	Yes ☑ No ☐ If yes, what ? O.P file Given to

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
m. Rajyalaxmi [signature]	Dr. Shaikan

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Docu. No. : RCH /FRM / CLINICAL / 102

PATIENT TRANSFER FORM

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VIH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 18 D (F)
Dr. SURENDER RAO DUSA

	Date & Time of Admission	Date & Time of Transfer Order
	8/6/26 7:10pm	10/6/26 1:55 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Surender Rao	Dr. vishal	stable
From Unit	**To Unit**	**Information to Attendant**
NICU	1st floor 112.	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
30	–	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	koaches	4
2.	Antacid pre bus	(1)
3.	Baby wipes	1
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

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

Patient & Clinical Records Received by : Manasa.

Date & Time of Patient Received : 2:00pm. 10/6/26

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

VIH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs Supriya. Age : 34yrs Father's Name : .... Age : ....

Date of Birth : .... Date of Admission : .... UHID No.: ....

NICU Consultant : Dr. Surender rao sir Referring Consultant : ....

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

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

BIRTH INFORMATION

Name : B/O Supriya twin 2

Gender : ☐ M ☑ F Blood Group : A Positive.

Date of Birth : 22/5/26. Time of Birth : ....

Place of Birth : RCH, VKP.

Mother's Blood Group : ....

Birth Weight (gms) : 1.661 kg Length (cms) : ....

OFC (cms) : ....

Estimated Gesth Age : ....

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 34yrs Ht : 160cm Wt : 80kg BMI : .... Married Life : 8yrs LMP : .... EDD : 18/7/26

Conception : Spontaneous or with Rx. : IVF

Booked at what GA. : since conception AN Steroids Drugs / Doses : NO

Last Scans Details : ②

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☑ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : NO

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : ....

IUGR - when detected : NO

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : NO

AFI : ....

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

Controlled or not, recent values, HbA1 values : NO

Compliance with Rx : NO

Scans : LGA, TIFFA , Fetal Echo : ....

H/o Hypothyriodism : when diagnosed ? Medication?
Yes, Tab Thyroxine – 25 mg

Any other Chronic Medical Problems, when detected drugs ? 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 : NO

PAST OBSTETRIC HISTORY

G : .... P : .... A : .... L : ....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
	Pl/m					

PERINATAL HISTORY

Treating Obstetrician : .... Hospital : .... ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : ....

Specify the reason : preterm Labour (DCDA Twin)

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☑ Normal ☐ Suspicious ☐ Pathological

MSL : ............N.O....................

Resuscitaion : ☐ Yes ☑ No

Cord ABG : ....

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

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	8/10	9/10	

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

CIRD

Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

History of Present Illness:

Baby was delivered in AKLO RLLS VKP & shifted to NICU i/v/o PT & RDS. managed for 14 days shifted to Room & discharged on DOL16.

Pt came c/o Loose stools, ~(5-6) episodes. fever 1 Episodes-

Investigation details in previous Hospital : Letrays.

Shifted to NICU i/v/o sepsis

Feeding History :

—

Past History :

—

Family History :

—

Socio Economic History :

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Baby B/O K SUPRIYA TWIN-2
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GENERAL EXAMINATION ON ADMISSION

General Disposition :

C/T/A - (N).
Lethargy ↓.

VITALS : Temperature : 101.5°F HR : 178/min RR : 50/m NIBP : — CFT : ≈3sec

Color of the extremities : Pink

Jaundice : — Pallor : — SpO2 : 96% RA

Anthropometry : Birth Weight : 1.66 kg Length : — HC : — Present Weight :

Ponderal Index : — AGA : ✓ SGA : — LGA : —

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism)
(N)

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

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

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

THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number : (N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge : (N)
GENITILIA :	Labia / Hymen : Testicles/penis : Anus : (N)
HERNIAL ORIFICES	
TRUNK and SPINE :	
SKIN LESIONS :	
EXTREMETIES :	Fingers / Toes : Deformities : (N) Hip Joint Examination : Arms / Legs : Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 50/m SCR / ICR / See - Saw breating : ....

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

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

Settings : —

SpO_2 : 96% RA Auscultation : BAE (+). Breath Sounds : Chest clear Added Sounds : ....

Cardiovascular System :

HR : 138/m BP : 66/40(53)

Femoral Pulses : well felt

Other Peripheral Pulses : well felt

Precordial Activity : (−)

Murmurs : (−)

Signs of Cardiac Failure : (−)

Abdomen :

Shape : WNL

Palpation : WNL

Palpable masses : WNL

Abdominal girth : WNL

Hernia orifice : (N)

Anal Patency : (P)

Umbilical Cord : ....

First urine passed : passed

Meconium passed : passed

22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness : – lethargic.

Prechtle Score :

Nerves :

Motor System :

Passive Tone : / good

Active Tone :

Neonatal Reflexes :

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

Moro's : B/L symmetric AGA DTR :

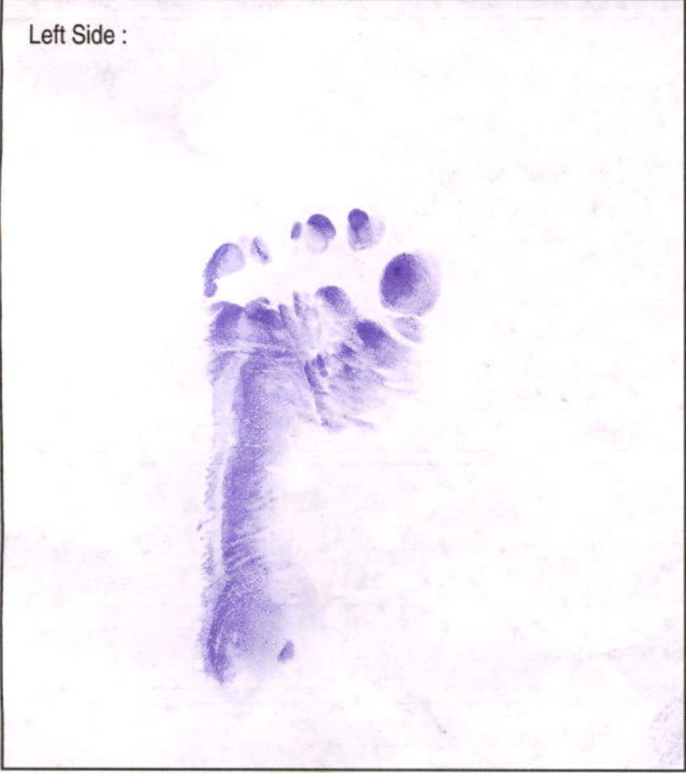
ATNR : Skull and Spine :

Any Congenital Anomalies : No.

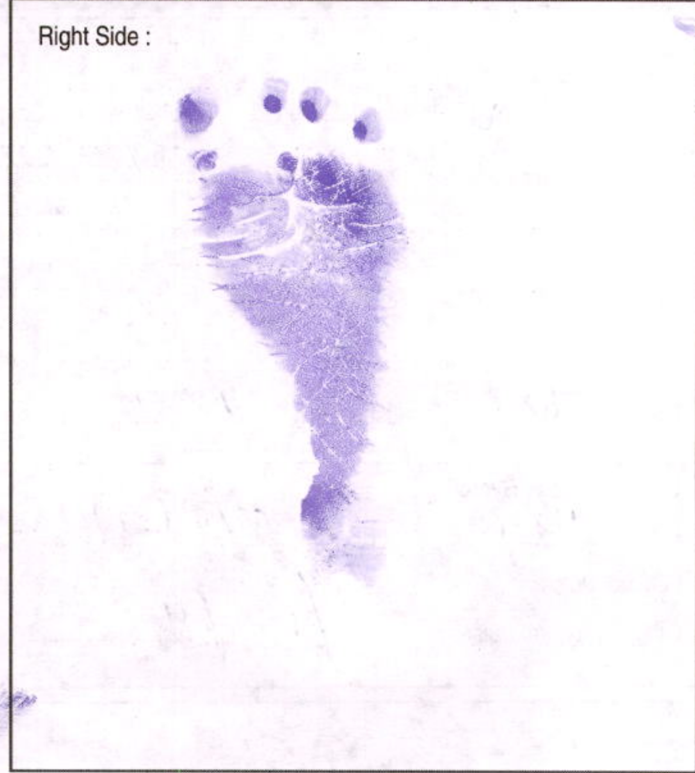
Diagnosis : Day 17 / NPT (31+5wks) → 34wks PMA / 1.66 / AGA / girl / LSCS / CNS / suspected sepsis

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

Name : Dr Vishal

Date & Time : 8/6/26

Consultant :

Signature :

Name :

Date & Time :

Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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:

....

....

....

....

....

....

....

....

Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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: .... TV - 150ml / Kg/day

Final Diagnosis: .... IVF - 180 P.

Plan to start feeds after report
NP-I, Blood CS.
CXR, ABG SOS.
W/A fever spikes, S/o shock
monitor vitals.

Noted by
Sandhya
8/6/26

Doctor Signature: ....

Doctor Name: ....

Date & Time: ....

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Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 9Am	Day 17 / VPT (31+5wks) → 34+0wks PMA / B.wt 1.66kg / Twin 2.	
	A wt - 1.68kg / Baby girl / Suspected sepsis	
	Issues - Nil	
	T.wt - 1.72 (+40gms).	Normothermic
	I/O - 170/60.	CVS - S1S2 (+)
	U/O - 2.9 ml/kg/hr	CNS - T/A/R AnA
	S/O - 1 time.	RS - BAE (+).
	GRBS - 88 mg/dl.	PA - Soft BS (+).
	Plan	
	Target SpO2 >90%, MAP ≥34.	
	IV - 150ml/kg/day,	
	Oral demand feeds	
	Trace Blood CS.	
	(R) Inj Piptaz.	
	w/f fever spikes, S/o shock, loose stools.	
	- Plan to send CUE if fever spikes persist	
	monitor vitals.	
	CBC, CRP d/m.	
	Dr. Vishal.	Noted by Sr. Sravani 9/6/26 @10AM — Dr. Surendar Rao Dusa (stamp) 9/6/26. 10:30AM

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Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26		
5pm	Baby seen	
	Afebrile	
	CTA good	
	CRT <3sec	
	IV (N)	
	Adv	
	CBP, CRP (T/m)	
		[signature]

WH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26		
9AM	D1s/ VPT (31+5) → 34+1 wks PMA/ 1.66 kg/ twin - 2/ girl/	
	suspected sepsis	
	No fever episodes	
	T.wt - 1.73 kg (↑ 40 gm)	O/E - Normothermic
	I/O - 323/ 132 ml	on RA
	U/O - 3.1 cc/kg/hr	C/T/A - Good
	S/o - stools	CVS - S1 S2 (+)
	GRBS -	R/S - BAE (+)
		P/A - soft
	Plan	
	- Target SPO2 > 90%.	
	- Target MAP > 34	
	- Oral demand feeds	
	- Trace c/s	
	- inj [illegible] D3	
	- shift to room	
	- crib care	
	- I/O monitoring	
[illegible]	Noted by Bhavani 10/6/26	Dr. Surender Rao Dusa 10/6/26. 11AM.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26	Shifting note	
	VPT / AGA / 31+5 wk → 34+1 PMA / OCDA-2 / suspected sepsis.	
	Baby was admitted in NICU for fever	
	Sepsis screening negative	
	24hrs Bl c/s - no growth.	
Adv		
	- Continue IV Abx	
	- Continue Supplements	
	- Trace Bl c/s Reports	
	Noted by Bhav 10/6/26	

VIH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/B Resident	
10/6/26 4:00pm	Day 18 / VPT / AGA / 31+5 wk → 34+1 PMA / DCDA-2 Baby girl / suspected sepsis.	
	O/E Child Alert Vitals Stable CTA Good CRT ≤3 sec CVS: S1S2 (+) RS: B/L AE (+) P/A = Soft CNS: NAD	
TLC: 1.73 lys		Plan - Inj: piptaz - D3 - Continue oral supplement - trace 48hr B/c/s report - Monitor vitals - Inform (S-1).
Dr. pradhan		

Noted By manisha 10/6/26 @8pm

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Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/I/B Resident	
11/6/26 10:00 AM	Day 19 / VPT / AGA / 31+5 wks → 34+2 PMA / DCDA-2	
	Baby girl / suspected sepsis	
	No closure.	
Twt - 1.77 kgs (↑60 gm)	maintaining saturation on RA	
	O/E	
	Child Alert	
	CTA - Good	
	CRT < 3 sec	Plan
	CVS: S1S2 ⊕	
B/C → No growth after 48 hrs	RS: BLAE ⊕	- Inj. pipta - D3
	P/A: soft	
	CNS: NAD	- Continue oral supplements
Dr. [illegible]:		→ ROP T/m
	→ Discharge	- Monitor vitals
	→ R/w Saturday.	- Infm (Rs.)
Noted by Manasa 11/6 @11:15 AM		Dr. Surender Rao 11/6/26, 11:40 AM

Rainbow Children's Hospital
BirthRight by Rainbow

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	Baby B/O K SUPRIYA TWIN-2	Age :	0 Y 0 M 17 D
IP No:	IP-00060278	Sex:	Female
Consultant:	Dr. SURENDER RAO DUSA	Ward/Bed No:	N 0 GF-EMERGENCY/ER 102

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for ance 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.

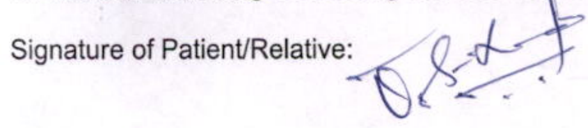
I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal 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.
ve received attendant passes as per my room category. I understand that I have to return it back at the time of final bill ance. 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: B SAI KRISHNA
Relationship: father
Date: 08/06/26
Wittness Name:
Wittness Signature:

Time: 07:10PM

Patient Address:
1-30-319/1/1, PLOT NO 2, TELECOM COLONY,TIRUMULGIRI, SEC-BAD
Trimulgherry Hyderabad Telangana
INDIA 500015

VIH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
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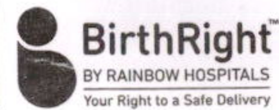
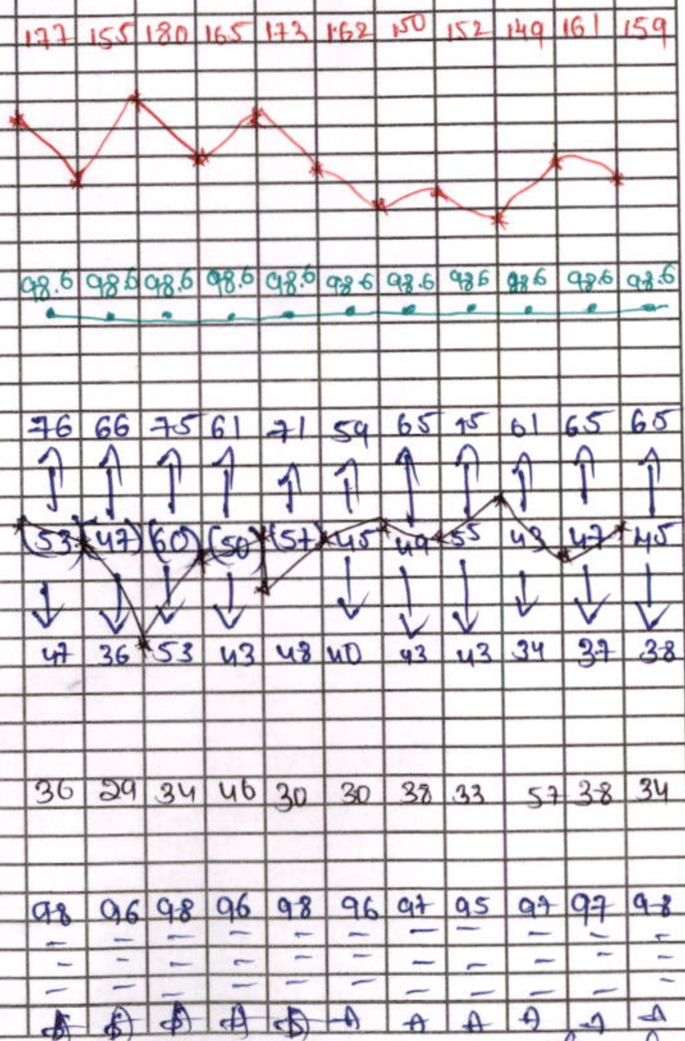
NURSES ASSESSMENT CHART



I.P. No

Date : 8/6/26 Diagnosis : Suspected sepsis Weight : 1.68kg Chart No. : (1)

Guide	Temp	Scale
COLOUR CODE		200
		210
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
P-PAIN	98	120
U-UNRESPONSIVE	97	110
	96	100
VERBAL	95	90
5-ORIENTED		80
4-CONFUSED		70
3-IN APPROPRIATE WORDS		60
2-INCOMPREHENSIBLE SOUND		50
1-NONE		40
		35
MOTOR		30
6-OBEYS		28
5-LOCALISES PAIN		26
4-WITHDRAWS		24
3-FLECTION		22
2-EXTENSION		20
1-NONE		18
• • • ● ● ● ● ● (1 2 3 4 5 6 7 8)		16
		14
		12
		10



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
Pulse														177	155	180	165	173	162	150	152	149	161	159
Temp														98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6
NIBP (systolic)														76	66	75	61	71	59	65	75	61	65	65
NIBP (mean)														(53)	(47)	(60)	(50)	(57)	45	49	55	43	47	45
NIBP (diastolic)														47	36	53	43	48	40	43	43	34	37	38
Resp														36	29	34	46	30	30	38	33	57	38	34
O2																								
SPO2														98	96	98	96	98	96	97	95	97	97	98
RBS														–	–	–	–	–	–	–	–	–	–	–
SUCTION														–	–	–	–	–	–	–	–	–	–	–
PHYSIOTHERAPY														–	–	–	–	–	–	–	–	–	–	–
AVPU														A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : ....

Morning Shift : .... Evening Shift : .... Night Shift : Pandey 9/6/26 8am

VIH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

NURSES ASSESSMENT CHART

Date : 9/6/26 Diagnosis : Suspected sepsis Weight : 1.72kg (740 Chart No. : 9

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
RED - PULSE	148	162	156	152	141	142	151	150	157	148	158	165	143	143	139	150	162	149	153	159	148	146	142	149
GREEN - TEMP	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
BLACK - RESP	48	37	48	43	54	48	37	27	39	34	30	34	35	33	38	44	32	40	34	34	36	32	34	36
BLUE - NIBP (systolic)	59	70	55	49	50	65	70	68	68	58	73	57	57	53	60	67	57	66	69	57	66	54	63	71
BLUE - NIBP (mean)	48	52	44	39	34	49	64	36	48	46	59	47	44	47	45	49	48	51	52	44	51	50	48	54
BLUE - NIBP (diastolic)	37	48	39	43	47	40	75	36	36	59	50	42	37	51	37	39	42	43	49	39	42	47	41	44
O2																								
SPO2	96	98	97	95	97	96	96	98	100	97	96	96	98	96	99%	96	97	95	97	95	98	96	98	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

Guide: COLOUR CODE; RED - PULSE; BLACK - RESP; GREEN - TEMP; BLUE - NIBP; A- ALERT; V-VOICE; P-PAIN; U-UNRESPONSIVE; VERBAL: 5-ORIENTED, 4-CONFUSED, 3-IN APPROPRIATE WORDS, 2-INCOMPREHENSIBLE SOUND, 1-NONE; MOTOR: 6-OBEYS, 5-LOCALISES PAIN, 4-WITHDRAWS, 3-FLECTION, 2-EXTENSION, 1-NONE; Pupil size 1 2 3 4 5 6 7 8

Scale (Temp / Pulse): 200, 210, 200, 105/190, 104/180, 103/170, 102/160, 101/150, 100/140, 99/130, 98/120, 97/110, 96/100, 95/90, 80, 70, 60, 50, 40, 35, 30, 28, 26, 24, 22, 20, 18, 16, 14, 12, 10

Signature of the Nurse : ....

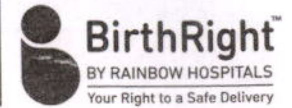
Morning Shift : [signature] 9/6 @2PM

Evening Shift : [signature] 9/6/26 @8PM

Night Shift : Rekha 10/6/26 @ 10/6/26

VIH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

NURSES ASSESSMENT CHART



I.P. No

Date : 10/6/26 Diagnosis : Suspected sepsis Weight : 1.73 Chart No. : 3

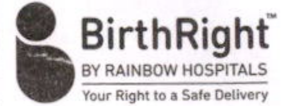
Guide	Time		8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE		200																								
		210																								
RED - PULSE		200	137	144	143	152	141	154																		
BLACK - RESP	105	190																								
GREEN - TEMP	104	180																								
BLUE - NIBP	103	170																								
	102	160																								
	101	150																								
A- ALERT	100	140																								
V-VOICE	99	130																								
P-PAIN	98	120																								
U-UNRESPONSIVE	97	110																								
	96	100	36.5	36.5	36.5	36.5	36.5	36.5	36.5																	
VERBAL	95	90																								
5-ORIENTED		80	31	41	42	36	48	48																		
4-CONFUSED		70																								
3-IN APPROPRIATE WORDS		60																								
2-INCOMPREHENSIBLE SOUND		50	47	51	63	45	57	54																		
1-NONE		40																								
		35																								
MOTOR		30	43	43	40	37	43	41																		
6-OBEYS		28																								
5-LOCALISES PAIN		26																								
4-WITHDRAWS		24																								
3-FLECTION		22	41	40	39	35	36	35																		
2-EXTENSION		20																								
1-NONE		18																								
		16																								
		14																								
1 2 3 4 5 6 7 8		12																								
		10																								
O2																										
SPO2			98	96	98	97	98	99																		
RBS			–	–	–	–	–	–																		
SUCTION			–	–	–	–	–	–																		
PHYSIOTHERAPY			–	–	–	–	–	–																		
AVPU			A	A	A	A	A	A																		

Signature of the Nurse : Bhav

Morning Shift : Bhavani 10/6/26 2pm Evening Shift : .... Night Shift : ....

VIH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

NURSES ASSESSMENT CHART



Date : 11/6/26 Diagnosis : Sepsis Suspected Weight : .... Chart No. : 4

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																								
GREEN - TEMP	104	180																								
BLUE - NIBP	103	170																								
	102	160																								
	101	150																								
A- ALERT	100	140																								
V-VOICE	99	130																								
P-PAIN	98	120																								
U-UNRESPONSIVE	97	110																								
	96	100																								
VERBAL	95	90																								
5-ORIENTED		80																								
4-CONFUSED		70																								
3-IN APPROPRIATE WORDS		60																								
2-INCOMPREHENSIBLE SOUND		50																								
1-NONE		40																								
		35																								
MOTOR		30																								
6-OBEYS		28																								
5-LOCALISES PAIN		26																								
4-WITHDRAWS		24																								
3-FLECTION		22																								
2-EXTENSION		20																								
1-NONE		18																								
		16																								
1 2 3 4 5 6 7 8		14																								
		12																								
		10																								
O2																										
SPO2																										
RBS																										
SUCTION																										
PHYSIOTHERAPY																										
AVPU																										

Signature of the Nurse : .... Morning Shift : .... Evening Shift : .... Night Shift : ....

VIH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 19 D (F)
Dr. SURENDER RAO DUSA

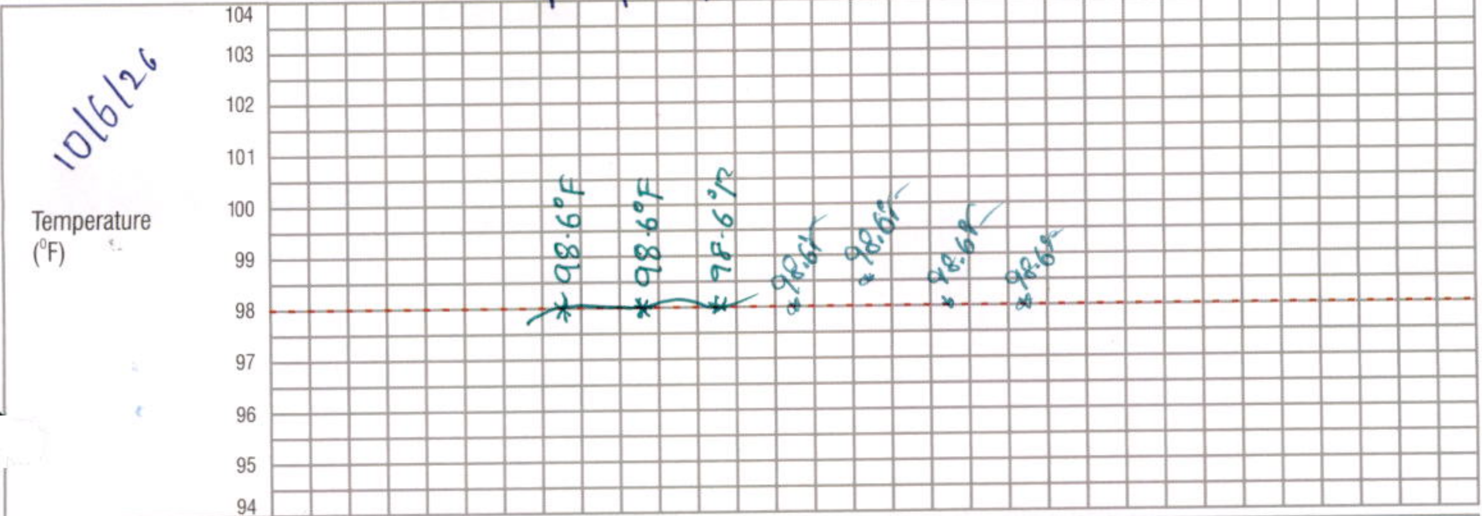
Doc. No. : RCH/ FRM / CLINICAL / 124

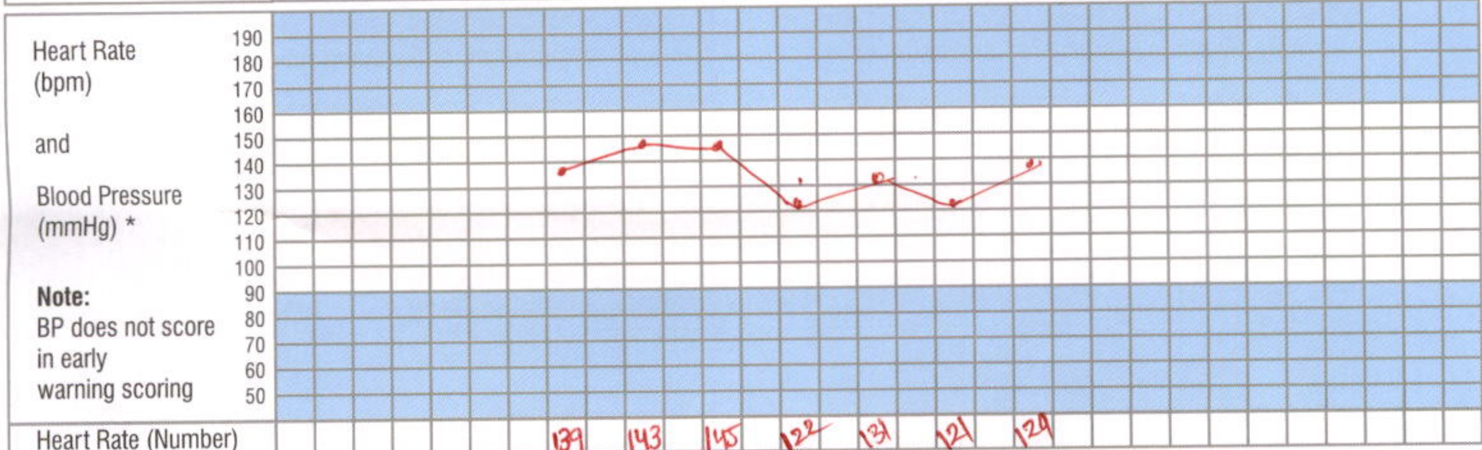
INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

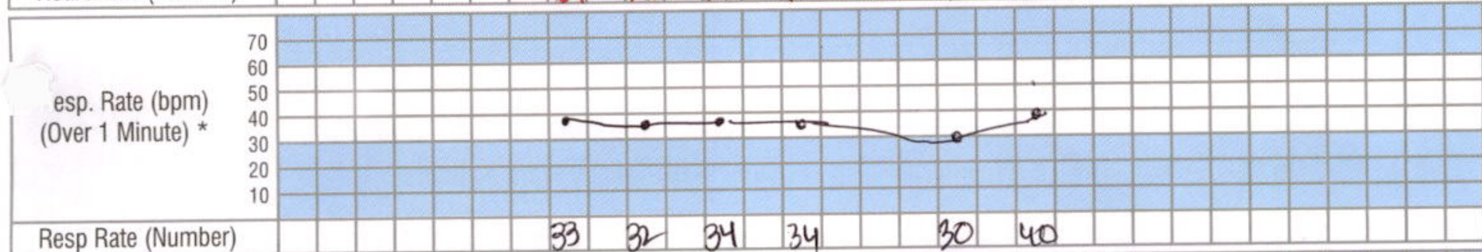
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: .... Time:	3 pm	5 pm	7 pm	10 PM	1 AM	4 AM	7 AM
Doctor/Nurse/Family Concern?							





Heart Rate (Number)	139	143	145	122	131	121	129



Resp Rate (Number)	33	32	34	34		30	40
Resp Distress – Mod/ Severe							
Resp Distress – None / Mild	N	N	N				
Receiving O_2 (l/min)							
O_2 Saturations (%)	97	98	98	97	99	100	96
Conscious Level – Normal	N	N	N	N	N	N	N
Conscious Level – Altered							
GCS *	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	M	M	M	SK	SK	SK	SK

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

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

Patient Sticker

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It takes a lot to treat the little.

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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)

MH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 19 D (F)
Dr. SURENDER RAO DUSA

oc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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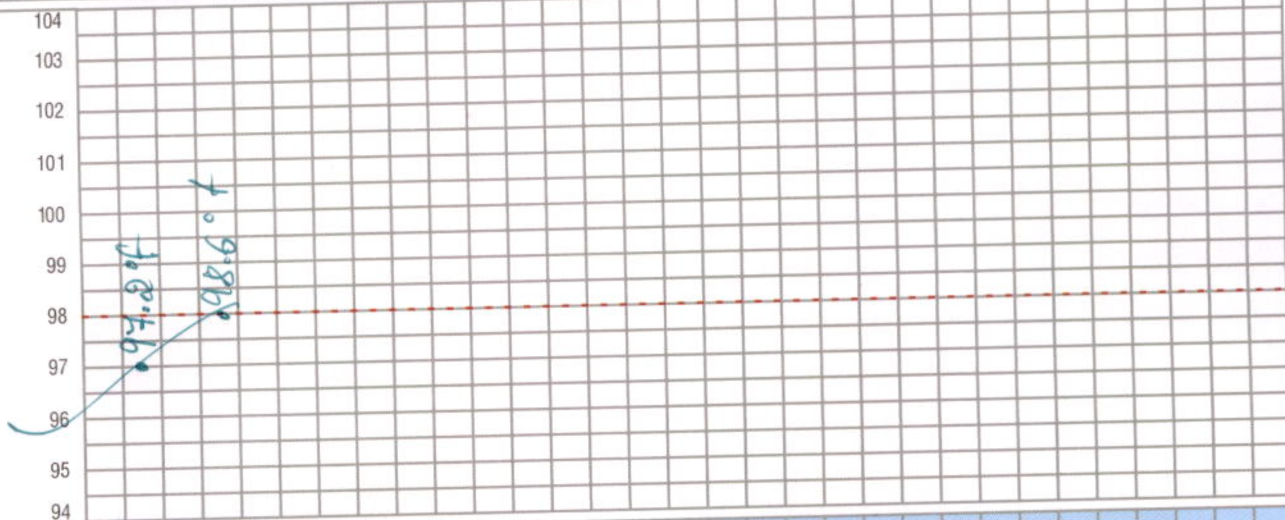
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 11/6 Time:	9 AM	11 AM
Doctor/Nurse/Family Concern?		



	9 AM	11 AM
Heart Rate (Number)	137	135

	9 AM	11 AM
Resp Rate (Number)	34	37
Resp Distress — Mod/ Severe		
Resp Distress — None / Mild		
Receiving O_2 (l/min)		
O_2 Saturations (%)	98	97
Conscious Level — Normal	N	N
Conscious Level — Altered		
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	ma	ma

Noted by Manasa 11/6 11:30am

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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

VIH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : 1

8/6/26

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm			10.5							0	
	09:00 pm			10.5						20ml	0	
	10:00 pm			10.5							0	
	11:00 pm			10.5							0	
	12:00 am	Aptamil	20ml	Stop						10ml	0	
	01:00 am										0	[illegible] 8/6/26 8Am
Total Intake : 62ml						Total Output : 30ml						
	02:00 am	Aptamil	25ml								0	
	03:00 am									10ml	0	
	04:00 am	Aptamil	20ml								0	
	05:00 am										0	
	06:00 am	Aptamil	25ml				✓			20ml	0	
	07:00 am										0	
Total Intake : 70ml / 132ml						Total Output : 30ml / 60ml						

Total 24 hrs. Intake	157.1cc/kg/day	Total 24 hrs. Output	2.9cc/kg/hr

Docu. No. : RCH /FRM / CLINICAL / 092

VIH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : ⑨ 9/8/26

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
										10ml	0	
	08:00 am	Aptamil	20ml								0	
	09:00 am										0	
	10:00 am	Aptamil	25ml				✓			15ml	0	[signature]
	11:00 am										0	
	12:00 pm	Aptamil	25 ml								0	9/6/26
	01:00 pm										0	@ 2PM
Total Intake : 70 ml						**Total Output :** 25						
	02:00 pm	Aptamil	30 ml							20ml	0	
	03:00 pm										0	
	04:00 pm	Aptamil	30ml				✓	•			0	
	05:00 pm									15ml	0	[signature]
	06:00 pm	Aptamil	30ml								0	
	07:00 pm										0	
Total Intake : 90ml						**Total Output :** 35						
	08:00 pm	Aptamil	28ml				✓	•		10ml	0	
	09:00 pm										0	[signature]
	10:00 pm	Aptamil	38ml				✓			15	0	
	11:00 pm										0	
	12:00 am	Aptamil	25ml							10ml	0	
	01:00 am										0	
Total Intake : 83ml						**Total Output :** 35 ml						
	02:00 am	Aptamil	30ml							15ml	0	
	03:00 am										0	[signature]
	04:00 am	Aptamil	25ml							12ml	0	
	05:00 am										0	10/6/26
	06:00 am	Aptamil	25ml				✓			10	0	@ 8AM
	07:00 am										0	
Total Intake : 80ml ⇒ 323ml						**Total Output :** 37ml ⇒ 132ml						

Total 24 hrs. Intake	186.7 cc/kg/day

Total 24 hrs. Output	8.1 cc/kg/hrs

Docu. No. : RCHBH /FRM / CLINICAL / 092

VIH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : ③ 10/6/26

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
10/6/26											0	
	08:00 am	Aptamil	25ml							15ml	0	
	09:00 am										0	
	10:00 am	Aptamil	30ml				✓			15ml	0	Bhavani
	11:00 am										0	10/6/26
	12:00 pm	Aptamil	30ml				✓			15ml	0	2pm
	01:00 pm										0	
Total Intake :						**Total Output :**				45ml		
10/6/26	02:00 pm	Aptamilk	30ml									
	03:00 pm											
	04:00 pm	Aptamilk	30ml							✓		Manisha
	05:00 pm										0	10/6/26
	06:00 pm	Aptamilk	30ml									@8pm
	07:00 pm											
Total Intake : 90ml						**Total Output :**						
	08:00 pm	Aptamil	30ml				✓			✓		
	09:00 pm											
	10:00 pm	Aptamil	20ml				✓				0	
	11:00 pm									✓		
	12:00 am	EBM	10ml									
	01:00 am											
Total Intake : 60ml						**Total Output :**						Subha
11/6	02:00 am											11/6
	03:00 am	EBM	30ml				✓					@8AM
	04:00 am										0	
	05:00 am	EBM	30ml				✓			✓		
	06:00 am											
	07:00 am	EBM	10ml							✓		
Total Intake : 70ml						5 times **Total Output :**						

Total 24 hrs. Intake	305 ml	Total 24 hrs. Output	5 times, 45ml

Docu. No. : RCHBH /FRM / CLINICAL / 092

VIH-00205204 IP-00060278
Baby B/O K SUPRIYA TWIN-2
22-05-2026 0 Y 0 M 19 D (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (6)

11/6/26

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									✓		
11/6	09:00 am											Manasa 11/6
	10:00 am			(Aptamil) 20ml							0	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Noted by Manasa 11/6 @11:50hr

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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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.

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

Total 24 hrs. Intake	

Total 24 hrs. Output	

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: NICU Shifted to: 1st floor 112

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	INJ PIPERACILLIN TAZOBACTAM	168mg	IV	8th hourly	10/6	☑ C ☐ DC
2	SYP OSSOPAN D	2.5 ml	P/O	8th hourly	10/6	☑ C ☐ DC
3	ZINCOVIT DROPS	0.5 ml	P/O	once daily	10/6	☑ C ☐ DC
4	VITAMIN D DROPS	0.5 ml	P/O	once daily	10/6	☑ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. [illegible]

Date & Time : 10/6/26 1:11 pm

Nurse Name & Signature: Bhavani

Date & Time : 10/6/26 1:18 pm

Docu. No. : RCH /FRM / GENERAL / 090

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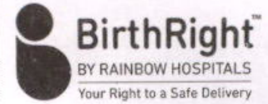

MEDICATION RECONCILIATION FORM

Drug Allergies: ..........N.O.......... ☐ 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: ..........E.R.......... Shifted to: ....NICU..........

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ....

Date & Time : ....

Nurse Name & Signature: Rajyalaxmi ....

Date & Time : 08/06/26 @ 7:30PM ....

Docu. No. : RCH /FRM / GENERAL / 090

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DRUG CHART

Date of Admission: 08/06/26 Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : PARACETMOL DROPS				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
0.25 ml	ORAL	SOS	8/6	
Doctor's Signature		Valid Period	Pharm.	
[signature]		8/6.	[signature]	
Additional Instructions: 10-15 MG/KG/DOSE				

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

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

VERIFIED BY : Name .... Signature ....

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REGULAR PRESCRIPTIONS

Weight. 1.68kgs Ward. ....

DRUG : INJ PIPERACILLIN + TAZOBACTAM				Date / Time	8/6	9/6	10/6	11/6
Dose	Route	Frequency	Start Date	6 AM	X	[signature]	[signature]	[signature]
168mg	IV	8th hly	8/6	2 AM	[signature]	[signature]	[signature]	
Name & Signature of the Doctor Starting the Drugs: [signature]				10 PM	[signature]	[signature]	[signature]	
Additional Instructions: 100mg/kg/dose								
Daily Doctor's Endorsement by a Sign								

DRUG : VITAMIN-D DROPS				Date / Time	10/7
Dose	Route	Frequency	Start Date		
0.5ML	oral	once daily OD	10/7		
Name & Signature of the Doctor Starting the Drugs: [signature]				4 pm	[signature]
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : Zincovit DROPS				Date / Time	10/7
Dose	Route	Frequency	Start Date		
0.5ML	oral	once daily	10/7		
Name & Signature of the Doctor Starting the Drugs: [signature]				6 pm	[signature]
Additional Instructions: multivitamin.					
Daily Doctor's Endorsement by a Sign					

DRUG : SYP OSSOPAN-D				Date / Time	10/7	11/7
Dose	Route	Frequency	Start Date	6 am	/	[signature]
2.5ML	oral	Thrice daily	10/7	2 pm	/	
Name & Signature of the Doctor Starting the Drugs: [signature]				10 pm	[signature]	
Additional Instructions: 120 - 200mg/kg/day						
Daily Doctor's Endorsement by a Sign						

Margin notes: Dr. Dimple; S. Mrinaly Kamala 8/6/26; Dr Jorilla; Dr Jorilla; Dr Jorilla

22-05-2026

Dr. SURENDER RAO DUSA

Weight. 1.681g. Ward. NICU

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

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

VERIFIED BY : .... Signature ....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
8/6/26	6:30 PM	PARACETAMOL DROPS	0.2 ml	P/O	1	maria Achsa

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I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
8/6.	9pm	IV-150ml/kg/Day 5% IDOP	IV	10.5	[signature]	[signature] Pras	9/6	[signature]	[signature] pras

VERIFIED BY : Name .... Signature ....

①

RESULT SHEET

Date	8/6/26	10/6/26					
Time		6.30AM					
Hb	13.9	12.9					
PCV	37.8	35.0					
RBC	3.79	3.57					
WBC	17.36	10.20					
N/L	35.3/44.1	27.9/49.7					
Platelets	396	358					
CRP	9.0	2.0					
ESR							
PCT							
RBS							
Na	135						
K	6.2						
Cl	104						
Ca/Mg	10.9						
Phosphate							
Urea	50.6						
Creatinine	0.5						
ALP							
SGPT							
SGOT							
T.Bill/Conj	1.6 < 0.1 / 1.5						
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							

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : 24 hr. NO growth

~~[illegible] hr. NO growth.~~

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :