

ACTIVITY VIH-00205862 IP-00060334 **G**

Baby B/O GAUTHAMI
13-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. KODICHERLA VISHNU VARDHAN

Name: ---



UHID No :

Consultant :

Dept :

Date of Admission : 13/6/26 Time : 11:15am Date of Discharge : _____ Time: _____

Room / Bed No : 226-1 Ward : Micu Suggested Billable bed type : _____


WARD TRANSFERS

| Date | Time | From | To | Signature of Nurse |
|---------|--------|------|-------------|--------------------|
| 13/6/26 | 4:50pm | Micu | Room(208) | <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 |
|---------|------------|----------|-----------|---|
| 15/6/26 | PEOAR | 1 | 3090467 |  |
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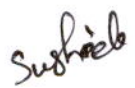
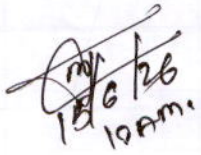
ANY OTHER INFORMATION

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Date: 15/6/26

Time: 10AM

Prepared By: 

| | | | |
|--|---|-------------------|--------------------|
| Staff Nurse  | Shift / Ward  | Billing Assistant | Billing Supervisor |
|--|---|-------------------|--------------------|

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET



Patient Name : **Baby B/O GAUTHAMI**
 13-08-2026 0 Y 0 M 1 D (M)
 Dr. KODICHERLA VISHNU VARDHAN
 Ward:

IP.No:

DOA:

VIH-00205862 IP-00060334

| Sl.No | List of Records | No. of Pages | Legibility | Completeness | Remarks |
|-------|--|--------------|------------|--------------|---------|
| 1 | Admission Sheet | 1 | - | - | - |
| 2 | Discharge Summary | 2 | - | - | - |
| 3 | Nursing Initial assessment form | 1 | - | - | - |
| 4 | Patient Transfer Forms | 1 | - | - | - |
| 5 | In-patient Medical Record | 4 | - | - | - |
| 6 | Doctors Progress Sheets | 2 | - | - | - |
| 7 | Nurses Progress notes | 3 | - | - | - |
| - | Consultation Sheets | | | | |
| - | General Consent for Treatment | 1 | - | - | - |
| 10 | Consent for Surgery | | | | |
| 11 | Consent for Blood Transfusion | | | | |
| 12 | Consent for Chemotherapy | | | | |
| 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 | 2 | - | - | - |
| 26 | Intake and Output chart (fluid Chart) | 2 | - | - | - |
| 27 | Drug Chart (Regular prescription) | 1 | - | - | - |
| 28 | Daily Investigation sheet | | | | |
| 29 | Investigation Values (Result Sheet) | 1 | - | - | - |
| 30 | Nebulization Chart | | | | |
| 31 | Diabetic chart | | | | |
| 32 | Nutritional Review chart | | | | |
| 33 | MLC form (in case of MLC) | | | | |
| 34 | Patient Education Form | | | | |
| | Empty Dumps | 2 | - | - | - |
| | Infant Braden Scale | 7 | - | - | - |
| | Rein Assessment | 1 | - | - | - |
| | Other Pages | 2 | - | - | - |
| | Consent for formula feeds | 1 | - | - | - |
| | | 33 | | | |
| | Total No. of Pages | | | | |

Signature and Date : *Sushik*

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060334

Admit Date : 13-Jun-2026

Admit Time : 11:15 AM UHID : VIH-00205862

Patient Details :

Patient Name : Baby B/O GAUTHAMI

Age : 0 D

Guardian : Mr M ANANTH KUMAR

DOB : 13-06-2026 10:00 AM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : h no-11-1-420 to 426, flat no-101, susheelas
padma enclave,mylargadda Secunderabad
Hyderabad Telangana INDIA 500003

Phone No : 9490626351/ 9966123099

E-mail : na@gmail.com

Admission Details :

Bed Type : BASINET

Bed No : CRDL-MICU-226-1

Ward Name : N 2F-MICU

Room No : CRDL-MICU-226-1

Admission Type : First Visit

Contact Details :

Name : Mr M ANANTH KUMAR

Relationship : Father

Contact Address : h no-11-1-420 to 426, flat no-101, susheelas
padma enclave,mylargadda Secunderabad
Hyderabad Telangana INDIA 500003

Phone No : 9490626351 / 9966123099


Signature

Doctor Details :

Doctor Name : Dr. KODICHERLA VISHNU VARDHAN
REDDY

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-00205862 IP-00060334
 Baby B/O GAUTHAMI
 13-06-2026 0 Y 0 M 0 D 1 H (M)
 Dr. KODICHERLA VISHNU VARDHAN



| | | |
|--|---|---|
| Date & Time of Admission 13/6/26 @ 11:15 Am | Date & Time of Transfer Order 13/6/26 @ 4:50pm | |
| Treating Consultant Name | Transfer Ordered by Dr. Srikar | Reason for Transfer For observation |
| From Unit MICU | To Unit Room (208) | Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Number of Sheets in Clinical File - 15 - | Number of Imaging Films - ABG - | 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 koochi's — (1) | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

Shifting Summary / Notes Written by Doctor : Yes No

Dr. Srikar

| | |
|---|---|
| Name & Signature of Person who is Transferring Dr. Prathuska | Name of Person Ordered Transfer Dr. Srikar |
|---|---|

Patient & Clinical Records Received by : Sushila

Date & Time of Patient Received : Sushila 13/6/26 at 5pm

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

NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Blo Leutami Mother's Name: Leutami
 Date of Birth: 13/6/26 Time of Birth: 10:00:03am Gender: Male Female
 Birth Weight: 3.672 Kgs HC: 36 cm Length: 47 cm
 Meconium in Liquor: Yes No Cried at Birth: Yes No
 Term / Pre-term / Post-term: Term
 Resuscitated: Yes No Blood Group: Mother: O positive Baby: -
 Feeding: Breast Feeding Formula Both First Feed Time: 12pm

VIH-00199429 IP-00060330
 Mrs GAUTHAMI
 05-06-1999 27 Y 0 M 8 D (F)
 Dr. BHAVANA K

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

Physical Assessment of New Born:

Temp: 36.7 °C HR: 160 /Min RR: 36 /Min BP: - SpO₂: 96%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: Yes No Score: 16 (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore: Yes No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: Sleeping Crying Calm Drowsy

Findings:

General Appearance: Posture: Well-Flexed Asymmetry

Skin: Pink Meconium Stain Others, Specify: -

Nursing Management: (Please strike through If not applicable e.g. Yes / ~~No~~)

Vitamin K 1 mg I.M Administered: Yes / No
 Routine Care Provided: Yes / No
 Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No
 2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No
 3. Socio History: Siblings Yes / No
- All information obtained from Mother Father Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Pratheekha Signature: [Signature] Date & Time: 13/6/26 @ 12pm



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Capeethami Age : 27yr Father's Name : Age :
 Date of Birth : 05-06-99 Date of Admission : UHID No. :
 NICU Consultant : Dr. Vishnu Referring Consultant : Dr. Ramesh
Transferring Unit : OT Labour Room ER Ward
Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/o Capeethami Mother's Blood Group : O Positive
 Gender : M F Blood Group :
 Date of Birth : 13/06/26 Time of Birth : 10:00:09 AM Birth Weight (gms) : 3672g Length (cms) :
 Place of Birth : Self UKP OFC (cms) :
 Estimated Gesth Age : 37+3 wks

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 27yr Ht : 165 Wt : 96 BMI : Married Life : 3yr LMP : 28/9/25 EDD : 30/6/26
 Conception : Spontaneous or with Rx :
 Booked at what GA : 8+6 wks AN Steroids Drugs / Doses :
 Last Scans Details : SUF / 37+3 / Cephalocd Pl. Ant. Hicid Af. 16.5cm / Doppler @
 TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

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

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



PAST OBSTETRIC HISTORY

P: A: L:

| Sl. No. | Age | GA wks | B. W | Gender | Significant | Details |
|---------|-----|--------|------|--------|-------------|---------|
| | | | | | | |
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PERINATAL HISTORY

Treating Obstetrician : Dr Bhavana Hospital : Red UKP Inborn Outborn

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

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

| | 1 Minute | 5 Minutes | 10 Minutes |
|--------------|-------------|-------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | <u>7/10</u> | <u>9/10</u> | |

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

Snapee II Score

| | > 30 (0) | 20-29 (9) | < 20 (19) | |
|--------------------------|----------------------|----------------|---------------|------------|
| Mean BP (mmHg) | > 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 :



target SpO_2 reached
at 4' of life

equipment check done

↓
No Gauthami Delivered
via ces

↓
1 loop around neck

↓
Baby Boy

↓
CIAB

↓
Delayed cord clamp 60 sec

↓
Received into pre heated warmer

↓
Screaming Cleared mouth → nose

↓

Investigation details in previous Hospital :

Irried and Stimulated

↓
Cord clamp cut 2A+1U⁺

↓
Inf. vit K given IM

Feeding History :

↓
at 3' of life ($SpO_2 = 58$ HR > 100
mild str; tachypnea⁺)

↓
OR CPAP given for 1 min

Past History :

at 5'

↓
HR > 100; SpO_2 790

↓
Baby vigorous

NEED - 6
H₂O - 40

Family History :

↓
Shift to mother side.

Socio Economic History :



GENERAL EXAMINATION ON ADMISSION

General Examination:
Dry - rigrous
Tone @
Activity - good flexion of UMC

VITALS : Temperature : 36.7°C HR : 160/min RR : 36/min NIBP : CFT : 25 sec
Color of the extremities : Acrocyanosis
Jaundice : - Pallor : - SpO2 : 96.1RA

Anthropometry : Birth Weight : 3672g Length : HC : Present Weight :
Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies : no dysmorphism
(Any Facial Dysmorphism)

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

EYES : Symmetry :
Red Reflex :] not checked
Discharge :

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



Thorax : 2

Position of Nipples and Number :

ABDOMEN and UMBILICUS :
 Shape :
 Organomegaly :
 Bowel Sounds :
 Umbilical Stump : 2A+IV ⊕
 Discharge :

GENITILIA :
 Labia / Hymen :
 Testicles/penis : Bil Testes descended
 Anus :

HERNIAL ORIFICES free

TRUNK and SPINE : 2

SKIN LESIONS :

EXTREMITIES :
 Fingers / Toes :
 Deformities :
 Hip Joint Examination :
 Arms / Legs :
 Mobility : no single palmar / plantar crease

SYSTEMIC EXAMINATION

Respiratory System :
 Breathing Pattern : Regular Periodic Shallow Gasping
 Mention If baby has Respiratory distress : RR : yellow 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 : 98% RA Auscultation : BAED ⊕ Breath Sounds : NURS ⊕ Added Sounds :

Cardiovascular System :
 HR : 160/min BP :
 Femoral Pulses : ⊕
 Other Peripheral Pulses : ⊕
 Precordial Activity : 2
 Murmurs :
 Signs of Cardiac Failure :

Abdomen :
 Shape :
 Palpation : soft
 Palpable masses :
 Abdominal girth :
 Hernia orifice : free
 Anal Patency : ⊕
 Umbilical Cord : 2A+IV ⊕
 First urine passed : passed
 Meconium passed :



Intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : 8/12 moros equivocal DTR :

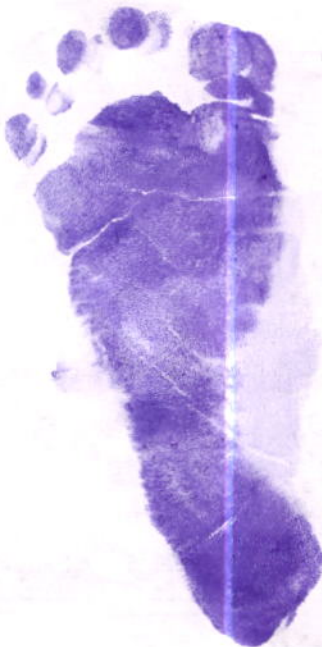
ATNR : (P) Skull and Spine :

Any Congenital Anomalies :

Diagnosis : Term / Embryol Mehl / Loop around neck / CIAB / 3672g / A&A

FOOT PRINTS

Left Side :



Right Side :



Dr. Vishnu Vardhan
Pravara
15/06/26

Resident Doctor :

Signature : *[Signature]*

Name : Dr. Shrikar

Date & Time :

Consultant :

Signature : *[Signature]*

Name : Dr. Vishnu Vardhan

Date & Time :

Dr. Vishnu Vardhan
Pravara
15/06/26

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 :

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Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Discharge Details:

Neonatal Condition at Discharge:

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..... Exclusively Breastfeeding and Formula Feeding Formula Feeding

Vitamin K given: Yes No

Vaccinations given BCG Hepatitis B Others:

Neonatal Screen Taken: Yes No, parents advised to have Neonatal Screen at National screening

program center on:/...../.....

Hearing Test: Yes No

Jaundice: NIL Slight Moderate

Passed Urine: Yes No

Passed Meconium: Yes No

Weight at discharge:

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

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

Discharge to Home Other:

Against Medical Advice: Yes No

Referred to another hospital: Yes No

Discharge Medications: Yes No

Details:

Final Diagnosis:

- DBF 2nd Arly
- Immunization
- NBS (SBR @ UHHL)
- OAE
- monitor & inform (see)

Doctor Signature: L

Doctor Name: Dr. Srinivas

Date & Time:

PH = 7.33
 $P_{O_2} = 16$ $P_{CO_2} = 45.3$
 Met = 12.88
 CC = 101
 Cord ABG → K↑ ↑
 12.8
 ↓
 ECG - (N),
 no E wave
 abnormal

Noted by
 Prashant
 13/06/2026
 10:45 am




PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|--|---|--|
| | | |
| 14/6/26 | <u>CLB Resident</u> | |
| Luhm. HOL: 14/6/26 | Term 37 1/2 wks (cephalic) loop around neck CIAS / AUA 3.6214 (Bms) NPOZ. | |
| | | |
| wt: 3.58 gm (dr 92 gm) (2.5%) | <u>O/E</u> Chest clear CTA - Good CRT - OK | <u>on DBT</u> |
| MB4 - open hr BB4 - open hr. | CV: GUA M: BLA Pl: left CU: WAD | <u>Plan</u> - DBT + hb burping and hwy |
| Vaccination due. | | - want + cord care |
| | | - OAT - today. |
| | | - SB R/WB 5 gm @ 9 AM. |
| no teddy swishlg 14/6/26 at 10 AM | Dr. Vishnu Vardhan Reddy Reg No. 19982 MCh/FRM/19982 | - Monitor vitals - Inj (see) |


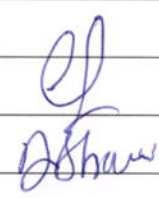


PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|------------------------------------|--|---|
| | | |
| | | |
| | | |
| | | |
| <p>14/6/22 <u>9:30 AM</u></p> | <p><u>C/S/B Dr. Vishnu Var</u></p> | |
| | <p><u>O/E</u></p> | |
| | <p>AF → (M)</p> | <p><u>Plan</u></p> |
| | <p>CTA - Good.</p> | |
| | <p>CRT clear</p> | <p>- check red Reflex - tm.</p> |
| | <p>monitored → equivocal.</p> | |
| | <p>4/m - pauc.</p> | <p>- DBF + ff ↳ flapping and haly.</p> |
| | <p>with 2.5%.</p> | |
| | | <p>- OAE - tm.</p> |
| | | |
| | | |
| | | |
| | <p></p> | <p>- SBP, NBS - tm @ 9 AM.</p> |
| | <p>Dr. Vishnu Vardhan Reddy Reg. No. APM/1111/19982</p> | |
| | | |
| | | |
| | | |
| | | <p>noted by sushila 14/6/26 @ 11 AM</p> |
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PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| | | |
| <p><u>13/4/26</u> 9 AM</p> | <p><u>CS/B Resident</u></p> | <p>DOB 13/4/26 10 AM</p> |
| | <p>Term (37+3 wks) / 500 / 1000 para and neck (APB) / 3.6721g / AGR</p> | |
| | <p>M.BG - OPOSITE B.BG - OPOSITE</p> | |
| | | <p><u>Ad</u></p> |
| | <p>Y. wt - 3.58kg 7. wt - 3.50kg (2.1%)</p> | <p>DBF job burp every</p> |
| | | <p>- OAB Today</p> |
| | <p>O/E C/T/A/ood C/S - S1/2 @ M B/UA @ PA - soft vry stem</p> | <p>- Wom care Cord Care</p> |
| | | <p>- Discharge & slip after 2 days</p> |
| | <p>SBR sent</p> | |
| | <p>Not willy for NBS</p> | |
| | <p>Red Reflex - (N)</p> | |
| | <p>Sr - 11.1mg/dl</p> | <p> Dr. Vishnu Vardhan Reddy Reg. No. 17179982</p> |
| <p>noted by Sethi 13/4/26 11 AM</p> | | <p></p> |



NURSING SHIFT HAND OVER FORM

| SITUATION | | Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: | | | | | | |
|--|---|--|---|---|---|---|---|----------|
| Surgery / Procedure: - | | Post OP Day: - | | | | | | |
| BACKGROUND | Date | 13/6/26 M | 13/6/26 E | 13/6/26 E | 13/6/26 N | 14/6/26 M | 14/6/26 E | |
| | Shift | | | | | | | |
| ASSESSMENT | Medical Condition (Any special condition to be noted): | - | - | nil | - | nil | nil | |
| | Diet: | DBF | DBF | DBF | DBF | DBF+FF | DBF+FF | |
| 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): | RA | RA | RA | RA | RA | RA | |
| | Tubes/Drains/Catheter: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input 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: | 36.2°F | 38.1°F | 98.6°F | 98.6°F | 98.9°F | 98.6°F |
| | | Res: | 45b/mnt | 48b/mnt | 50b/mnt | 50b/mnt | 49b/mnt | 39b/mnt |
| | | SpO ₂ : | 96% | 98% | 99% | 99% | 96% | 99% |
| | | Pulse: | 146b/mnt | 150b/mnt | 149b/mnt | 150b/mnt | 141b/mnt | 142b/mnt |
| | | BP: | - | - | - | - | - | - |
| | LOC: | conscious | conscious | conscious | conscious | conscious | conscious | |
| | Fall Risk Score: | 16 | 16 | 16 | 16 | 16 | 16 | |
| Pain Score: | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Skin Integrity | Intact | Intact | Intact | Intact | Intact | Intact | | |
| Recommendations | Safety Needs: | <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 | |
| | Physiotherapy: | - | - | nil | - | nil | nil | |
| | 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: | DBF | DBF | DBF | DBF | DBF | DBF | |
| | Critical Lab Test / Values: | - | - | nil | nil | nil | nil | |
| | 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): | dependent | dependent | dependent | dependent | dependent | dependent | | |
| Post Operative Procedure Special Orders: | | - | - | nil | - | nil | nil | |
| Handed Over By Name : | | Prathysa | Prathysa | Sushila | Dupika | Sushila | Sushila | |
| Signature / ID : | | 020533 | 020533 | 816993 | 607469 | 816993 | 816993 | |
| Date: | | 13/6/26 | 13/6/26 | 13/6/26 | 14/6/26 | 14/6/26 | 14/6/26 | |
| Time: | | @ 2pm | @ 4:50pm | 8pm | @ 8AM | 2pm | 8pm | |
| Taken Over By Name : | | Prathysa | Sushila | Dupika | Sushila | Sushila | Akanksha | |
| Signature / ID : | | 020533 | 816993 | 607469 | 816993 | 816993 | 606609 | |
| Date: | | 13/6/26 | 13/6/26 | 13/6/26 | 14/6/26 | 14/6/26 | 14/6/26 | |
| Time: | | @ 2pm | 5pm | @ 8pm | 8AM | 2pm | @ 8pm | |



NURSING SHIFT HAND OVER FORM

| | | | | | | |
|--|--|------------------------------------|---|---|--|--|
| SITUATION | Diagnosis: <u>Term / Em. LSCS / mch / 1 loop around neck</u> | | Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known | | | |
| | <u>CIAB / 3.62kg / AGA</u> | | If Yes Specify: | | | |
| Surgery / Procedure: <u>NFI</u> | | | Post OP Day: <u>2</u> | | | |
| BACKGROUND | Date | <u>14/6/26</u> | <u>15/6/26</u> | | | |
| | Shift | <u>N</u> | <u>M</u> | | | |
| | Medical Condition (Any special condition to be noted): | <u>NFI</u> | <u>nil</u> | | | |
| Diet: | | <u>DBF+FF</u> | <u>DBF+FF</u> | | | |
| 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 type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Ventilation (RA, NP, NIV, VENTI): | | <u>RA</u> | <u>RA</u> | | |
| | Tubes/Drains/Catheter: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Vital Signs: | Temp: | <u>98.6F</u> | <u>98.6F</u> | | |
| | | Res: | <u>40b/m</u> | <u>49b/m</u> | | |
| | | SpO ₂ : | <u>99%</u> | <u>100%</u> | | |
| | | Pulse: | <u>144b/m</u> | <u>149b/m</u> | | |
| | | BP: | <u>-</u> | <u>-</u> | | |
| | | LOC: | <u>conscious</u> | <u>conscious</u> | | |
| | | Fall Risk Score: | <u>16</u> | <u>16</u> | | |
| Pain Score: | <u>0</u> | <u>0</u> | | | | |
| Skin Integrity | | <u>Intact</u> | <u>Intact</u> | | | |
| Recommendations | Safety Needs: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Physiotherapy: | | <u>NFI</u> | <u>nil</u> | | |
| | 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 type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Special Diet: | | <u>DBF+FF</u> | <u>DBF+FF</u> | | |
| | Critical Lab Test / Values: | | <u>-</u> | <u>nil</u> | | |
| | 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 type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | PU Prophylaxis: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | DVT Prophylaxis: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ADL (Dependent / Non Dependent): | | <u>dependent</u> | <u>dependent</u> | | | |
| Post Operative Procedure Special Orders: | | <u>SBR, MBS RFF @ 9 AM</u> | <u>nil</u> | | | |
| Handed Over By Name : | | <u>Akanksha</u> | <u>Sushila</u> | | | |
| Signature / ID : | | <u>[Signature]</u> | <u>[Signature]</u> | | | |
| Date: | | <u>15/6/26</u> | <u>15/6/26</u> | | | |
| Time: | | <u>08 AM</u> | <u>11 AM</u> | | | |
| Taken Over By Name : | | <u>Sushila</u> | <u>[Signature]</u> | | | |
| Signature / ID : | | <u>[Signature]</u> | <u>[Signature]</u> | | | |
| Date: | | <u>15/6/26</u> | <u>15/6/26</u> | | | |
| Time: | | <u>8 AM</u> | <u>11 AM</u> | | | |

NURSING CARE RECORD

Date: 13/6/26

Goals

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

| | Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|-----------|------|----------------------------------|------|--|----------------------------------|------------------------|---------------------------|
| Morning | 12pm | Breast feeding | 12pm | provide mothers direct breast feed 2nd hourly. | Provided mothers milk | Baby was Suckling well | Pradhyasta @ 12pm 13/6/26 |
| Afternoon | 2pm | Ensure safety | 2pm | provide side rails | Provided side rails in crib side | Baby was safe. | Pradhyasta @ 2pm 13/6/26 |
| | 4pm | Monitoring vitals | 4pm | checked vitals | Vitals are normal | Baby was stable | Pradhyasta @ 4pm 13/6/26 |
| Night | 8pm | Ensure Safety | 4pm | -To provide side rails | To provide safety | Re-Assessment was done | Deepika @ 8am 13/6/26 |
| | 12AM | Maintain Good nutritional status | 8AM | -To give feed & burp 2nd hourly. | To prevent dehydration | Baby is safe. | |

NURSING CARE RECORD

Date: 11/6/26

Goals

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

| | Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|-----------|------|---|----------|---|--|------------------------------------|-----------------------------|
| Morning | 10am | Prevent Infection | 10:16 Am | To maintain Hand Hygiene | To prevent Infection | Patient is stable | Sushila 14/6/26 |
| | 1pm | Ensure safety | 12:10 Pm | To provided Fall Risk | To prevent Fall Risk | | |
| Afternoon | 3pm | maintain good nutritional status | 3:10 Pm | To provided every 2nd hourly Feed given | oral intake is good | Patient is stable | Sushila 14/6/26 @ 3pm |
| Night | 9pm | * Ensure safety * Maintain Good Nutritional status | 11pm | * Provided the side rails * Every 2nd hourly feeding & Burping given | * To prevent Risk of Falls * To prevent dehydration | Re-assessment done, Baby is stable | Sushila 15/6/26 @ 8pm |

VIH-00205862 IP-00060334
 Baby B/O GAUTHAMI
 13-08-2026 0 Y 0 M 0 D 10 H (M)
 Dr. KODICHERLA VISHNU VARDHAN



NURSING CARE RECORD



Date: 15/6/2026

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 | 9 AM | prevent infection | 9:10 AM | To maintain Hand Hygiene | To prevent infection | patient is stable | sushila 15/6/26 et | |
| Afternoon | | discharge note:- doctor advised for discharge | | | | | | |
| Night | | | | noted by sushila 15/6/26 at 11 AM | | | | |

VIH-00205862 IP-00080334
 Baby B/O GAUTHAMI
 13-06-2026 0 Y 0 M 0 D 10 H (M)
 Dr. KODICHERLA VISHNU VARDHAN



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 GAUTHAMI **Age :** 0 Y 0 M 0 D 1 H
IP No: IP-00060334 **Sex:** Male
Consultant: Dr. KODICHERLA VISHNU VARDHAN REDDY **Ward/Bed No:** N 2F-MICU/CRDL-MICU-226-1

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 care of the patient.

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

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

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

Note:

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

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

(receivers Signature:.....)

Ananth

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:

Ananth

Name: *Ananth Kumar*

Relationship: *Father*

Date: *13/6/2026*

Time: *11:15 Am.*

Witness Name:

Witness Signature:

Stefany

Patient Address:

h no-11-1-420 to 426, flat no-101,
susheelas padma enclave,mylargadda
Secunderabad Hyderabad Telangana
INDIA 500003

Aptamil gold

CONSENT FOR FORMULA FEEDS

Patient Name: B/o. Gauthami Age: NB Gender: Male Female

UHID no: NH: 00205862 Department / Ward: 2nd floor Date: 13/06/2026

I Mr / Mrs. : Gauthami Aged 22 yrs. years, hereby declare that I

have admitted my son / daughter in Rainbow Children's Hospital, Hyderabad on

I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant / Guardian:

Signature: [Signature]

Name: M. ANANTH KUMAR

Relationship with patient: Husband

Date & Time: 13/6/26 at

Witness

Signature:

Name:

Date & Time:

Doctor (who is taking consent):

Signature: [Signature]

Name: Dr Shyam

Date & Time: 13/6/26 at

ఫారులా ఫీడెల కోసం సమ్మతి

పేషెంట్ పేరు: వయస్సు: లింగం: మగ ఆడ

UHID సంఖ్య: విభాగం / వార్డు: తేదీ:

నేను శ్రీ / శ్రీమతి : , వృద్ధాప్యం

నేను నా కొడుకు / కూతురిని హైదరాబాద్‌లోని రెయిన్‌జ్ చిల్డ్రన్స్ హాస్పిటల్‌లో
..... నా బిడ్డ కోసం ఫారులా ఫీడ్ కోసం నేను ఇందుమూలంగా సమ్మతి
ఇస్తున్నాను. నాకు బాగా అర్థమయ్యే భాషలో ఫారులా ఫీడింగ్ ప్రయోజనాలు, రిస్కులు, ప్రత్యామ్నాయాల
గురించి వైద్యులు నాకు వివరించారు.

పేషెంట్ అసైండెంట్ / గార్డియన్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ (అనుమతి తీసుకుంటున్నవారు):

సంతకం:

పేరు:

తేదీ & సమయం:



①

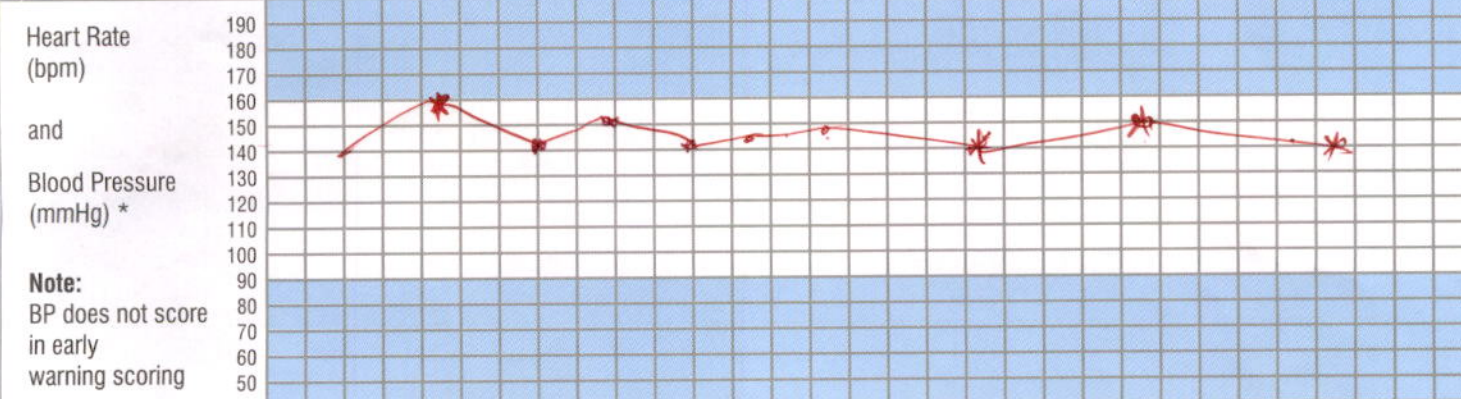
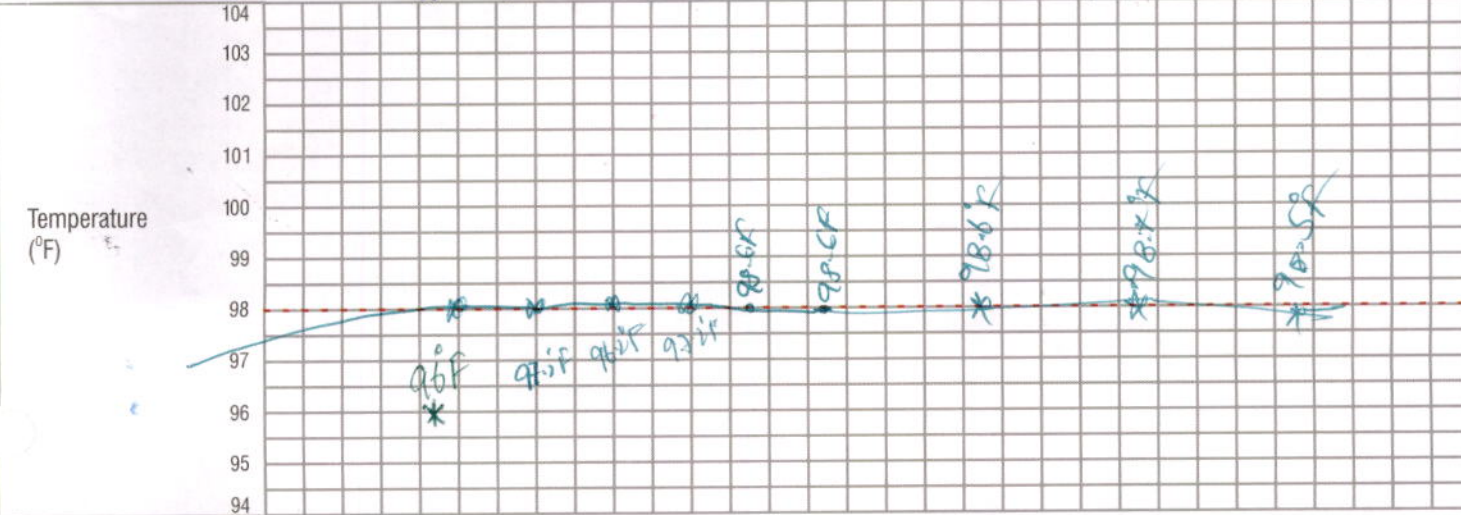
INFANT (<1 year)
 Children's Observation &
 Early Warning Scoring Chart



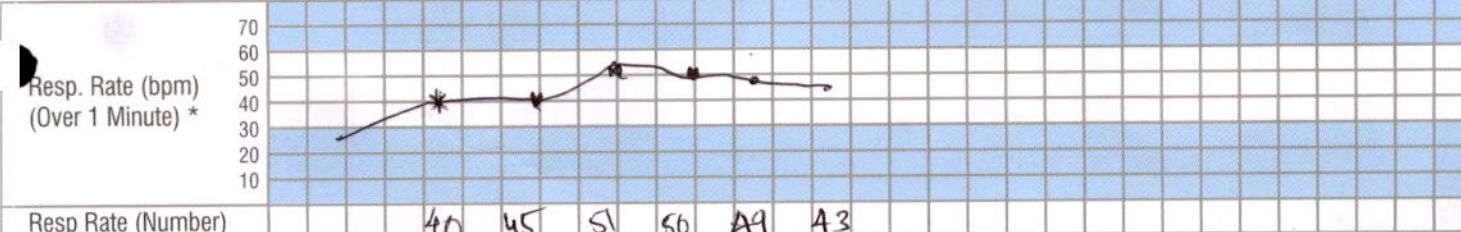
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 13/6/26 Time: 10 12 2 4 6 8 9 12 7

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



Heart Rate (Number) 160 145 150 145 145 149 140 145 140



Resp Rate (Number) 40 45 51 50 49 43

Resp Mod/ Severe Distress None / Mild NA NA NA NA N N N

Receiving O2 (l/min) O2 Saturations (%) 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1

Conscious Level Normal Altered - = - - P P N N N

GCS * - - - - 15 15

| | |
|------------------------|-------------------|
| TOTAL SCORE | |
| Number of shaded boxes | 0 0 0 0 0 0 0 0 0 |
| Pain Score | 0 0 0 0 0 0 0 0 0 |
| Observer's Initials | P P P P P P P P P |

- 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: 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-00205862 IP-00060334

Baby B/O GAUTHAMI

13-06-2026 0 Y 0 M 0 D 1 H (M)

DR. KODICHERLA VISHNU VARDHAN



Io.: RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

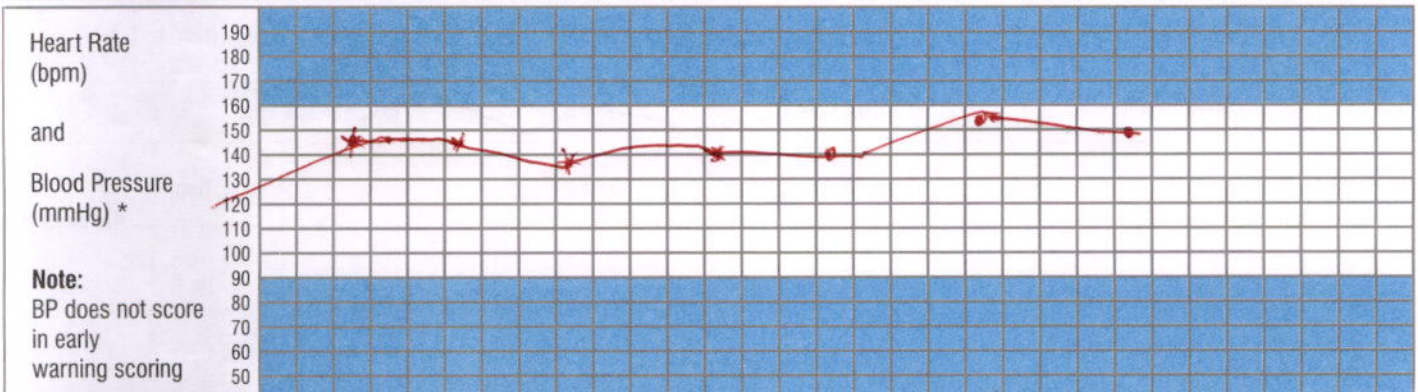
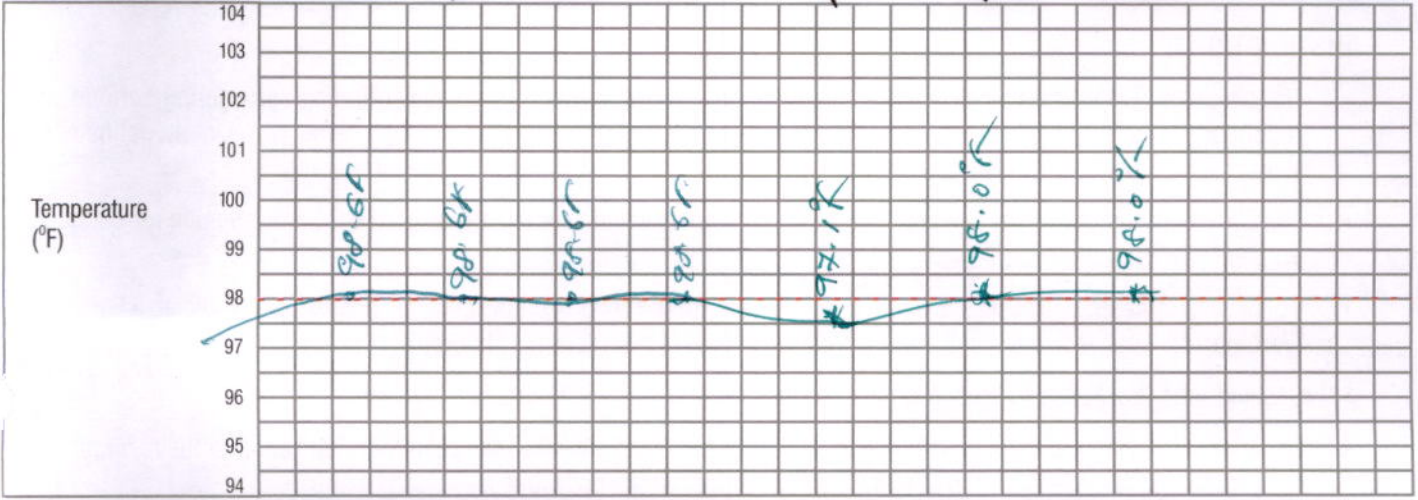
Children's Observation & Early Warning Scoring Chart



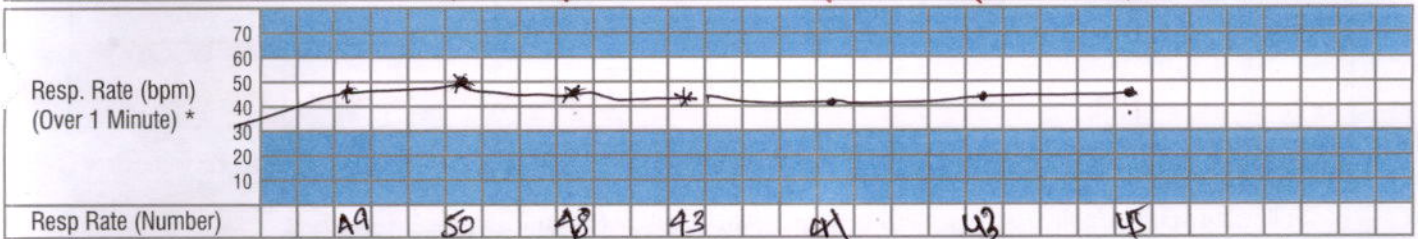
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 13.06.26 Time: 10 AM 1 PM 4 PM 7 PM 11 PM 3 AM 7 AM

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



Heart Rate (Number) 146 142 137 140 141 155 149



Resp Rate (Number) 49 50 48 43 41 43 45

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 06 99 99 97 98 98 99

Conscious Level Normal Altered 2 2 2 2 2 2 2

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 G G G G A A G

- 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: 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) |



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



EARLY WARNING SCORE: CHILDREN'S UNIT

| | | |
|------------------------------------|------------|--------|
| Date: 15/08/26 | Time: 9 AM | 11 AM |
| Doctor/Nurse/Family Concern? | | |
| Temperature (°F) | 98.0 | 98.0 |
| Heart Rate (bpm) | 145 | 145 |
| Blood Pressure (mmHg) * | 130 | 130 |
| Heart Rate (Number) | 145 | 145 |
| Resp. Rate (bpm) (Over 1 Minute) * | 50 | 50 |
| Resp Rate (Number) | 50 | 50 |
| Resp Mod/ Severe Distress | None | None |
| Receiving O ₂ (l/min) | 0 | 0 |
| O ₂ Saturations (%) | 98 | 98 |
| Conscious Level | Normal | Normal |
| GCS * | 15 | 15 |
| TOTAL SCORE | 0 | 0 |
| Number of shaded boxes | 0 | 0 |
| Pain Score | 0 | 0 |
| Observer's Initials | SN | SN |

Noted by Sushil 15/08/26

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.
- 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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation) |

FLUID CHART

Sheet No. : ①

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

| | | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | |
|-----------------------|----------|-----------------|-------|-----|------------------------------------|-----------|-------|----------|-------|--------------------------------|-------------|--------------------------------|
| Date | Time | Nature of Fluid | Route | | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | | | Mouth | I.V | N.G | | | | | | | |
| 13/6/26 | 08:00 am | | | | | | | | | | | |
| | 09:00 am | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | |
| | 11:00 am | DBF | | | | | | | ✓ | | | } Prothud @ 1 pm 13/6/26 |
| | 12:00 pm | | | | | | | | | | | |
| | 01:00 pm | DBF | | | | | | | | | | |
| Total Intake : | | | | | Total Output : Urine Passed | | | | | | | |
| 13/6/26 | 02:00 pm | | | | | | | | | | | |
| | 03:00 pm | DBF | | | | | ✓ | | | | | } Prothud @ 3 pm 13/6/26 |
| | 04:00 pm | | | | | | | | | | | |
| | 05:00 pm | DBF | | | | | ✓ | | | | | |
| | 06:00 pm | | | | | | | | | | | |
| | 07:00 pm | DBF | | | | | | | | | | |
| Total Intake : | | | | | Total Output : | | | | | | | |
| 13/6 | 08:00 pm | | | | | | | | | | | |
| | 09:00 pm | DBF | | | | | | | | | | } Prothud @ 8 pm 13/6/26 |
| | 10:00 pm | | | | | | ✓ | | | ✓ | | |
| | 11:00 pm | DBF | | | | | | | | | | |
| | 12:00 am | | | | | | | | | | | |
| | 01:00 am | DBF | | | | | | | | | | |
| Total Intake : | | | | | Total Output : | | | | | | | |
| 14/6 | 02:00 am | | | | | | | | | | | |
| | 03:00 am | DBF | | | | | | | | | | } Prothud @ 8 AM 13/6/26 |
| | 04:00 am | | | | | | ✓ | | | ✓ | | |
| | 05:00 am | DBF | | | | | | | | | | |
| | 06:00 am | | | | | | | | | | | |
| | 07:00 am | DBF | | | | | | | | | | |
| Total Intake : | | | | | Total Output : | | | | | | | |

Total 24 hrs. Intake

Total 24 hrs. Output

Date - 13/6/26 - at 6:30 PM

Right Hand - 96%. HR - 142 ~~blmt~~

Left Hand - 98%. HR - 129 blmt

Right Leg - 98%. HR - 120 blmt

Left Leg - 99%. HR - 128 blmt

VIH-00205862 IP-00060334
 Baby B/O GAUTHAMI
 13-06-2026 0 Y 0 M 0 D 1 H (M)
 Dr. KODICHERLA VISHNU VARDHAN



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 | | | |
| 14/6/26 | 08:00 am | | | | | | | | | | ! | Sethi 14/6 at 7 PM | |
| | 09:00 am | DBF | | | | | | | ✓ | | ! | | |
| | 10:00 am | +FF | | | | | ✓ | | | | ! | | |
| | 11:00 am | | | | | | | | | | ! | | |
| | 12:00 pm | DBF | | | | | | | ✓ | | ! | | |
| | 01:00 pm | +FF | | | | | | | | | ! | | |
| Total Intake : | | | | | | Total Output : | | | | | | 2time | |
| 17/6/26 | 02:00 pm | DBF | | | | | | | | | ! | Sethi 14/6 at 7 PM | |
| | 03:00 pm | +FF | | | | | ✓ | | | | ! | | |
| | 04:00 pm | | | | | | | | ✓ | | ! | | |
| | 05:00 pm | DBF | | | | | | | | | ! | | |
| | 06:00 pm | +FF | | | | | ✓ | | | ✓ | ! | | |
| | 07:00 pm | | | | | | | | | | ! | | |
| Total Intake : | | | | | | Total Output : | | | | | | 2time | |
| 18/6/26 | 08:00 pm | | | | | | | | | | ! | Sethi 14/6/26 at 1 AM | |
| | 09:00 pm | DBF | | | | | | | | | ! | | |
| | 10:00 pm | +FF | | | | | | | ✓ | | ! | | |
| | 11:00 pm | | | | | | | | | | ! | | |
| | 12:00 am | DBF | | | | | | | | | ! | | |
| | 01:00 am | +FF | | | | | | | | | ! | | |
| Total Intake : | | | | | | Total Output : | | | | | | 2time | |
| 15/6/26 | 02:00 am | | | | | | | | | | ! | Sethi 14/6/26 at 7 AM | |
| | 03:00 am | DBF | | | | | | | ✓ | | ! | | |
| | 04:00 am | +FF | | | | | | | | | ! | | |
| | 05:00 am | | | | | | | | | | ! | | |
| | 06:00 am | DBF | | | | | | | ✓ | | ! | | |
| | 07:00 am | +FF | | | | | | | | | ! | | |
| Total Intake : | | | | | | Total Output : | | | | | | 2time | |

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00205862 IP-00080334
 Baby B/O GAUTHAMI
 13-06-2026 0 Y 0 M 0 D 10 H (M)
 Dr. KODICHERLA VISHNU VARDHAN

FLUID CHART

Sheet No. :

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse | |
|-----------------------|-----------------------|-----------------|--------|-----|-----|-----------------------|-----------------------|-------|----------|-------|---------------------------------|---------------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| 15/6/26 | 08:00 am | | | | | | | | | | | Sign. Nurse @ 11 AM | |
| | 09:00 am | | DBFF | | | | | | ✓ | | | | |
| | 10:00 am | | | | | | | | | | | | |
| | 11:00 am | | FF | | | | | | | | | | |
| | 12:00 pm | | DB | | | | | | | | | | |
| | 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-00205862 IP-00060334
 Baby B/O GAUTHAMI
 13-06-2026 0 Y 0 M 0 D 1 H (M)
 Dr. KODICHERLA VISHNU VARDHAN



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 | | | | | |



HE HUMPTY DUMPTY SCALE

| PARAMETER | CRITERIA | SCORE | DATE | DATE | DATE | DATE | DATE |
|---|--|-------|------|------|------|------|------|
| Age | Less than 3 years old | 4 | 13/6 | 13/6 | 14/6 | 14/6 | 14/6 |
| | 3 to less than 7 years old | 3 | 4 | 4 | 4 | 4 | 4 |
| | 7 to less than 13 years old | 2 | - | - | - | - | - |
| | 13 years old and above | 1 | - | - | - | - | - |
| Gender | Male | 2 | 2 | 2 | 2 | 2 | 2 |
| | Female | 1 | - | - | - | - | - |
| Diagnosis | Neurological Diagnosis | 4 | - | - | - | - | - |
| | Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc. | 3 | - | - | - | - | - |
| | Psych / Behavioral Disorders | 2 | - | - | - | - | - |
| | Other Diagnosis | 1 | 1 | 1 | 1 | 1 | 1 |
| Cognitive Impairments | Not aware of Limitations | 3 | - | - | - | - | - |
| | Forget Limitations | 2 | - | - | - | - | - |
| | Oriented to own ability | 1 | - | - | - | - | - |
| | History of Falls or Infant-Toddler Placed in Bed | 4 | 4 | 4 | 4 | 4 | 4 |
| Environmental Factors | Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room) | 3 | 3 | 3 | 3 | 3 | 3 |
| | Patient Placed in Bed | 2 | - | - | - | - | - |
| | Outpatient Area | 1 | - | - | - | - | - |
| Response to Surgery / Sedation Anesthesia | Within 24 hours | 3 | - | - | - | - | - |
| | Within 48 hours | 2 | - | - | - | - | - |
| | More than 48 hours/ None | 1 | 1 | 1 | 1 | 1 | |
| Medication Usage | Sedatives (Excluding ICU patients sedated and paralyzed) | 3 | - | - | - | - | - |
| | Hypnotics | 3 | - | - | - | - | - |
| | Barbiturates | 3 | - | - | - | - | - |
| | Phenothiazines | 3 | - | - | - | - | - |
| | Antidepressants | 3 | - | - | - | - | - |
| | Laxatives / Diuretics | 3 | - | - | - | - | - |
| | Narcotics | 3 | - | - | - | - | - |
| | One of the Meds listed above | 2 | - | - | - | - | - |
| Other Medications / None | 1 | 1 | 1 | 1 | 1 | | |
| Total | | | 16 | 16 | 16 | 16 | 16 |

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

| | | | | | |
|-------------------------------|-------------|-------------|-------------|-------------|-------------|
| Bed in low position | - | ✓ | ✓ | crib | crib |
| Call device within reach | - | ✓ | ✓ | L | L |
| Wheels Locked | yes | ✓ | ✓ | L | L |
| Room free of clutter | - | x | x | L | L |
| Adequate lighting | yes | ✓ | ✓ | L | L |
| Wheel chair support | yes | ✓ | ✓ | x | x |
| Other Intervention(s) Specify | - | - | - | L | L |
| Nurse's Name: | Pradanta | Darshita | Darshita | Seetha | Seetha |
| Signature: | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] |
| Date: | 13/6/26 | 13/6 | 14/6 | 14/6 | 14/6 |
| Time: | @ 12pm | 8pm | 4AM | 11AM | 4pm |

VIH-00205862 IP-00060334
 Baby B/O GAUTHAMI
 13-06-2026 0 Y 0 M 0 D 10 H (M)
 Dr. KODICHERLA VISHNU VARDHAN



THE HUMPTY DUMPTY SCALE

| PARAMETER | CRITERIA | SCORE | DATE | DATE | DATE | DATE | DATE |
|---|--|-------|------|------|------|------|------|
| Age | Less than 3 years old | 4 | 15/6 | | | | |
| | 3 to less than 7 years old | 3 | + | | | | |
| | 7 to less than 13 years old | 2 | | | | | |
| | 13 years old and above | 1 | | | | | |
| Gender | Male | 2 | 2 | | | | |
| | Female | 1 | | | | | |
| Diagnosis | Neurological Diagnosis | 4 | | | | | |
| | Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc. | 3 | | | | | |
| | Psych / Behavioral Disorders | 2 | | | | | |
| | Other Diagnosis | 1 | 1 | | | | |
| Cognitive Impairments | Not aware of Limitations | 3 | 3 | | | | |
| | Forget Limitations | 2 | | | | | |
| | Oriented to own ability | 1 | | | | | |
| | History of Falls or Infant-Toddler Placed in Bed | 4 | | | | | |
| Environmental Factors | Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room) | 3 | 3 | | | | |
| | Patient Placed in Bed | 2 | 2 | | | | |
| | Outpatient Area | 1 | | | | | |
| Response to Surgery / Sedation Anesthesia | Within 24 hours | 3 | | | | | |
| | Within 48 hours | 2 | | | | | |
| | More than 48 hours/ None | 1 | 1 | | | | |
| Medication Usage | Sedatives (Excluding ICU patients sedated and paralyzed) | 3 | | | | | |
| | Hypnotics | 3 | | | | | |
| | Barbiturates | 3 | | | | | |
| | Phenothiazines | 3 | | | | | |
| | Antidepressants | 3 | | | | | |
| | Laxatives / Diuretics | 3 | | | | | |
| | Narcotics | 3 | | | | | |
| | One of the Meds listed above | 2 | | | | | |
| | Other Medications / None | 1 | 1 | | | | |
| Total | | | 15 | | | | |

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

| | | | | | | | |
|-------------------------------|--|-------------|--|--|--|--|--|
| Bed in low position | | CHB | | | | | |
| Call device within reach | | ✓ | | | | | |
| Wheels Locked | | ✓ | | | | | |
| Room free of clutter | | ✓ | | | | | |
| Adequate lighting | | ✓ | | | | | |
| Wheel chair up | | X | | | | | |
| Other Intervention(s) Specify | | ✓ | | | | | |
| Nurse's Name: | | Seshi | | | | | |
| Signature: | | [Signature] | | | | | |
| Date: | | 15/6 | | | | | |
| Time: | | 10AM | | | | | |

Neonatal / Infant Braden Q Scale

Patient Name :

Age.....

VIH-00205882
Baby B/O GAUTHAMI
13-08-2026
Dr. KODICHERLA VISHNU VARDHAN (M)
IP-00060334
0 Y 0 M 1 D

Ref. No.: F/HW/BRD-Q/NSG/04

| Intensity and Duration of Pressure | | | | | Score |
|--|---|--|--|--|-----------|
| General Physical Condition | 1. Gestational Age ≤ 28 weeks | 1. Gestational Age > 28 weeks and ≤ 33 weeks | 1. Gestational Age > 33 weeks and ≤ 38 weeks | 1. Gestational Age > 38 weeks | 1 |
| Mobility : The ability to change and control body position | 1. Completely immobile: Does not make even slight changes in body or extremity position due to sedation or paralytic medication | 2. Very Limited: Makes occasional slight changes in body or extremity position. | 3. Slightly Limited: Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities. | 4. No Limitations: Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc) | 3 |
| Activity: The degree of physical activity | 1. Bedfast : Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment | 2. Very Limited: Tolerates position changes, may be lifted to reposition but is not out of bed | 3. Slightly Limited: Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care. | 4. No Limitations: Can be repositioned or held freely, OOB to mat, chair, swing, scheduled play times | 1 |
| Sensory perception: The ability to respond in a developmentally appropriate way to pressure-related discomfort | 1. Completely Limited: Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication | 2. Very Limited: Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm | 3. Slightly Limited: Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming | 4. No Impairment: Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors. | 4 |
| Tolerance of the Skin and Supporting Structure | | | | | |
| Moisture Degree to which skin is exposed to moisture | 1. Constantly Moist: Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc. Dampness is detected every time patient is moved or turned. | 2. Very Limited : Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output (diarrhea or urine). | 3. Occasionally Moist: Skin is occasionally moist, requiring linen change every 12 hours. | 4. Rarely Moist : Skin is usually dry, routine diaper change, linen only requires changing every 24 hours. | 3 |
| Friction - Shear Friction: occurs when skin moves against support surfaces Sliear occurs when skin and adjacent bony surface slide across one another | 1. Significant Problem: Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces. | 2. Problem : Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning. | 3. Potential Problem : During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down. | 4. No Apparent Problem : Able to completely lift patient during a position change. Maintains good position in bed or chair at all times. | 4 |
| Nutrition Usual food intake pattern | 1. Very poor: NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight. | 2. Inadequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight. | 3. Adequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day. | 4. Excellent : Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/kg/day < 2kg weight or 20gm/day/ ≥ 2kg | 3 |
| Tissue Perfusion and Oxygenation | 1. Extremely Compromised: Hypotensive (MAP < 50mmHg; < 40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements. | 2. Compromised: Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be < 95%; Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is < 7.40, unstable body temperature, oxygen | 3. Adequate : Normotensive by self or compensated; Oxygen saturation may be < 95 % Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is normal, stable body temperature, oxygen | 4. Excellent: Normotensive by self, Oxygen saturation > 95%; Normal Hgb; Capillary refill < 2 seconds, no oxygen, stable body temperature. | 4 |
| Total: If < 20 at Risk for Skin Breakdown | | | | | 23 |

Neonatal / Infant Braden Q Scale

VIH-00205862

IP-00080334

Baby B/O GAUTHAMI

13-06-2026

0 Y 0 M 1 D

(M)

Dr. KODICHERLA VISHNU VARDHAN



Patient Name :

Age.....

Ref. No.: F/HW/BRD-Q/NSG/04

| Intensity and Duration of Pressure | | | | | Score |
|---|---|--|--|--|-------|
| General Physical Condition | 1. Gestational Age ≤ 28 weeks | 1. Gestational Age > 28 weeks and ≤ 33 weeks | 1. Gestational Age > 33 weeks and ≤ 38 weeks | 1. Gestational Age > 38 weeks | 1 |
| Mobility : The ability to change and control body position | 1. Completely immobile: Does not make even slight changes in body or extremity position due to sedation or paralytic medication | 2. Very Limited: Makes occasional slight changes in body or extremity position. | 3. Slightly Limited: Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities. | 4. No Limitations: Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc) | 3 |
| Activity: The degree of physical activity | 1. Bedfast : Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment | 2. Very Limited: Tolerates position changes, may be lifted to reposition but is not out of bed | 3. Slightly Limited: Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care. | 4. No Limitations: Can be repositioned or held freely, OOB to mat, chair, swing, scheduled play times | 1 |
| Sensory perception: The ability to respond in a developmentally appropriate way to pressure-related discomfort | 1. Completely Limited: Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication | 2. Very Limited: Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm | 3. Slightly Limited: Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming | 4. No Impairment: Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors. | 4 |
| Tolerance of the Skin and Supporting Structure | | | | | |
| Moisture Degree to which skin is exposed to moisture | 1. Constantly Moist: Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc. Dampness is detected every time patient is moved or turned. | 2. Very Limited : Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output (diarrhea or urine). | 3. Occasionally Moist: Skin is occasionally moist, requiring linen change every 12 hours. | 4. Rarely Moist : Skin is usually dry, routine diaper change, linen only requires changing every 24 hours. | 3 |
| Friction - Shear Friction: occurs when skin moves against support surfaces Shear occurs when skin and adjacent bony surface slide across one another | 1. Significant Problem: Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces. | 2. Problem : Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning. | 3. Potential Problem : During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down. | 4. No Apparent Problem : Able to completely lift patient during a position change. Maintains good position in bed or chair at all times. | 4 |
| Nutrition Usual food intake pattern | 1. Very poor: NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight. | 2. Inadequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight. | 3. Adequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day. | 4. Excellent : Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/kg/day < 2kg weight or 20gm/day/ ≥ 2kg | 3 |
| Tissue Perfusion and Oxygenation | 1. Extremely Compromised: Hypotensive (MAP < 50mmHg; < 40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements. | 2. Compromised: Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be < 95%; Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is < 7.40, unstable body temperature, oxygen | 3. Adequate : Normotensive by self or compensated; Oxygen saturation may be < 95 % Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is normal, stable body temperature, oxygen | 4. Excellent: Normotensive by self, Oxygen saturation > 95%; Normal Hgb; Capillary refill < 2 seconds, no oxygen, stable body temperature. | 4 |
| Total: If < 20 at Risk for Skin Breakdown | | | | | 23 |

Neonatal / Infant Braden Q Scale

VIH-00205862 IP-00080334
Baby B/O GAUTHAMI
13-06-2026 0 Y 0 M 1 D (M)
Dr. KDDICHERLA VISHNU VARDHAN

Ref. No.: F/HW/BRD-Q/NSG/04

Patient Name :

Age.....



| Intensity and Duration of Pressure | | | | | Score |
|---|---|--|--|--|-----------|
| General Physical Condition | 1. Gestational Age ≤ 28 weeks | 1. Gestational Age > 28 weeks and ≤ 33 weeks | 1. Gestational Age > 33 weeks and ≤ 38 weeks | 1. Gestational Age > 38 weeks | 1 |
| Mobility : The ability to change and control body position | 1. Completely immobile: Does not make even slight changes in body or extremity position due to sedation or paralytic medication | 2. Very Limited: Makes occasional slight changes in body or extremity position. | 3. Slightly Limited: Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities. | 4. No Limitations: Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc) | 3 |
| Activity: The degree of physical activity | 1. Bedfast : Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment | 2. Very Limited: Tolerates position changes, may be lifted to reposition but is not out of bed | 3. Slightly Limited: Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care. | 4. No Limitations: Can be repositioned or held freely, OOB to mat, chair, swing, scheduled play times | 1 |
| Sensory perception: The ability to respond in a developmentally appropriate way to pressure-related discomfort | 1. Completely Limited: Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication | 2. Very Limited: Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm | 3. Slightly Limited: Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming | 4. No Impairment: Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors. | 4 |
| Tolerance of the Skin and Supporting Structure | | | | | |
| Moisture Degree to which skin is exposed to moisture | 1. Constantly Moist: Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc. Dampness is detected every time patient is moved or turned. | 2. Very Limited : Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output (diarrhea or urine). | 3. Occasionally Moist: Skin is occasionally moist, requiring linen change every 12 hours. | 4. Rarely Moist : Skin is usually dry, routine diaper change, linen only requires changing every 24 hours. | 3 |
| Friction - Shear Friction: occurs when skin moves against support surfaces Shear occurs when skin and adjacent bony surface slide across one another | 1. Significant Problem: Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces. | 2. Problem : Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning. | 3. Potential Problem : During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down. | 4. No Apparent Problem : Able to completely lift patient during a position change. Maintains good position in bed or chair at all times. | 4 |
| Nutrition Usual food intake pattern | 1. Very poor: NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight. | 2. Inadequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight. | 3. Adequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day. | 4. Excellent : Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/kg/day < 2kg weight or 20gm/day/ ≥ 2kg | 3 |
| Tissue Perfusion and Oxygenation | 1. Extremely Compromised: Hypotensive (MAP < 50mmHg; < 40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements. | 2. Compromised: Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be < 95%; Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is < 7.40, unstable body temperature, oxygen | 3. Adequate : Normotensive by self or compensated; Oxygen saturation may be < 95 % Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is normal, stable body temperature, oxygen | 4. Excellent: Normotensive by self, Oxygen saturation > 95%; Normal Hgb; Capillary refill < 2 seconds, no oxygen, stable body temperature. | 4 |
| Total: If < 20 at Risk for Skin Breakdown | | | | | 23 |

Neonatal / Infant Braden Q Scale

VIH-00205882 IP-00080334
Baby B/O GAUTHAMI
13-06-2026 0 Y 0 M 1 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Patient Name :

Age.....

Ref. No.: F/HW/BRD-Q/NSG/04

| Intensity and Duration of Pressure | | | | | Score |
|---|---|--|--|--|-----------|
| General Physical Condition | 1. Gestational Age ≤ 28 weeks | 1. Gestational Age > 28 weeks and ≤ 33 weeks | 1. Gestational Age > 33 weeks and ≤ 38 weeks | 1. Gestational Age > 38 weeks | 1 |
| Mobility : The ability to change and control body position | 1. Completely immobile: Does not make even slight changes in body or extremity position due to sedation or paralytic medication | 2. Very Limited: Makes occasional slight changes in body or extremity position. | 3. Slightly Limited: Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities. | 4. No Limitations: Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc) | 3 |
| Activity: The degree of physical activity | 1. Bedfast : Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment | 2. Very Limited: Tolerates position changes, may be lifted to reposition but is not out of bed | 3. Slightly Limited: Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care. | 4. No Limitations: Can be repositioned or held freely, OOB to mat, chair, swing, scheduled play times | 1 |
| Sensory perception: The ability to respond in a developmentally appropriate way to pressure-related discomfort | 1. Completely Limited: Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication | 2. Very Limited: Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm | 3. Slightly Limited: Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming | 4. No Impairment: Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors. | 4 |
| Tolerance of the Skin and Supporting Structure | | | | | |
| Moisture Degree to which skin is exposed to moisture | 1. Constantly Moist: Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc. Dampness is detected every time patient is moved or turned. | 2. Very Limited : Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output (diarrhea or urine). | 3. Occasionally Moist: Skin is occasionally moist, requiring linen change every 12 hours. | 4. Rarely Moist : Skin is usually dry, routine diaper change, linen only requires changing every 24 hours. | 3 |
| Friction - Shear Friction: occurs when skin moves against support surfaces Shear occurs when skin and adjacent bony surface slide across one another | 1. Significant Problem: Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces. | 2. Problem : Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning. | 3. Potential Problem : During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down. | 4. No Apparent Problem : Able to completely lift patient during a position change. Maintains good position in bed or chair at all times. | 4 |
| Nutrition Usual food intake pattern | 1. Very poor: NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight. | 2. Inadequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight. | 3. Adequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day. | 4. Excellent : Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/kg/day < 2kg weight or 20gm/day/ ≥ 2kg | 3 |
| Tissue Perfusion and Oxygenation | 1. Extremely Compromised: Hypotensive (MAP < 50mmHg; < 40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements. | 2. Compromised: Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be < 95%; Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is < 7.40, unstable body temperature, oxygen | 3. Adequate : Normotensive by self or compensated; Oxygen saturation may be < 95 % Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is normal, stable body temperature, oxygen | 4. Excellent: Normotensive by self, Oxygen saturation > 95%; Normal Hgb; Capillary refill < 2 seconds, no oxygen, stable body temperature. | 4 |
| Total: If < 20 at Risk for Skin Breakdown | | | | | 23 |

Neonatal / Infant Braden Q Scale

Patient Name :
Age.....

VIH-00205862
Baby B/O GAUTHAMI
13-06-2026 0 Y 0 M 1 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Ref. No.: F/HW/BRD-Q/NSG/04

| Intensity and Duration of Pressure | | | | | Score |
|---|---|--|--|--|-------|
| General Physical Condition | 1. Gestational Age ≤ 28 weeks | 1. Gestational Age > 28 weeks and ≤ 33 weeks | 1. Gestational Age > 33 weeks and ≤ 38 weeks | 1. Gestational Age > 38 weeks | 1 |
| Mobility : The ability to change and control body position | 1. Completely immobile: Does not make even slight changes in body or extremity position due to sedation or paralytic medication | 2. Very Limited: Makes occasional slight changes in body or extremity position. | 3. Slightly Limited: Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities. | 4. No Limitations: Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc) | 3 |
| Activity: The degree of physical activity | 1. Bedfast : Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment | 2. Very Limited: Tolerates position changes, may be lifted to reposition but is not out of bed | 3. Slightly Limited: Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care. | 4. No Limitations: Can be repositioned or held freely, DOB to mat, chair, swing, scheduled play times | 1 |
| Sensory perception: The ability to respond in a developmentally appropriate way to pressure-related discomfort | 1. Completely Limited: Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication | 2. Very Limited: Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm | 3. Slightly Limited: Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming | 4. No Impairment: Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors. | 4 |
| Tolerance of the Skin and Supporting Structure | | | | | |
| Moisture Degree to which skin is exposed to moisture | 1. Constantly Moist: Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc. Dampness is detected every time patient is moved or turned. | 2. Very Limited : Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output (diarrhea or urine). | 3. Occasionally Moist: Skin is occasionally moist, requiring linen change every 12 hours. | 4. Rarely Moist : Skin is usually dry, routine diaper change, linen only requires changing every 24 hours. | 3 |
| Friction - Shear Friction: occurs when skin moves against support surfaces Shear occurs when skin and adjacent bony surface slide across one another | 1. Significant Problem: Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces. | 2. Problem : Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning. | 3. Potential Problem : During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down. | 4. No Apparent Problem : Able to completely lift patient during a position change. Maintains good position in bed or chair at all times. | 4 |
| Nutrition Usual food intake pattern | 1. Very poor: NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight. | 2. Inadequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight. | 3. Adequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day. | 4. Excellent : Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/kg/day < 2kg weight or 20gm/day/ ≥ 2kg | 3 |
| Tissue Perfusion and Oxygenation | 1. Extremely Compromised: Hypotensive (MAP < 50mmHg; < 40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements. | 2. Compromised: Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be < 95%; Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is < 7.40, unstable body temperature, oxygen | 3. Adequate : Normotensive by self or compensated; Oxygen saturation may be < 95 % Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is normal, stable body temperature, oxygen | 4. Excellent: Normotensive by self, Oxygen saturation > 95%; Normal Hgb; Capillary refill < 2 seconds, no oxygen, stable body temperature. | 4 |
| Total: If < 20 at Risk for Skin Breakdown | | | | | 23 |

Neonatal / Infant Braden Q Scale

VIH-00205862 IP-00060334
Baby B/O GAUTHAMI
13-06-2026 0 Y 0 M 1 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Patient Name :
Age.....

Ref. No.: F/HW/BRD-Q/NSG/04

| Intensity and Duration of Pressure | | | | | |
|---|---|--|--|--|--------|
| General Physical Condition | 1. Gestational Age ≤ 28 weeks | 1. Gestational Age > 28 weeks and ≤ 33 weeks | 1. Gestational Age > 33 weeks and ≤ 38 weeks | 1. Gestational Age > 38 weeks | Score |
| Mobility : The ability to change and control body position | 1. Completely immobile: Does not make even slight changes in body or extremity position due to sedation or paralytic medication | 2. Very Limited: Makes occasional slight changes in body or extremity position. | 3. Slightly Limited: Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities. | 4. No Limitations: Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc) | 1 3 |
| Activity: The degree of physical activity | 1. Bedfast : Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment | 2. Very Limited: Tolerates position changes, may be lifted to reposition but is not out of bed | 3. Slightly Limited: Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care. | 4. No Limitations: Can be repositioned or held freely, OOB to mat, chair, swing, scheduled play times | 3 4 |
| Sensory perception: The ability to respond in a developmentally appropriate way to pressure-related discomfort | 1. Completely Limited: Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication | 2. Very Limited: Not-tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm | 3. Slightly Limited: Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming | 4. No Impairment: Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors. | 4 |
| Tolerance of the Skin and Supporting Structure | | | | | |
| Moisture Degree to which skin is exposed to moisture | 1. Constantly Moist: Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc. Dampness is detected every time patient is moved or turned. | 2. Very Limited : Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output (diarrhea or urine). | 3. Occasionally Moist: Skin is occasionally moist, requiring linen change every 12 hours. | 4. Rarely Moist : Skin is usually dry, routine diaper change, linen only requires changing every 24 hours. | 3 |
| Friction - Shear Friction: occurs when skin moves against support surfaces Shear occurs when skin and adjacent bony surface slide across one another | 1. Significant Problem: Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces. | 2. Problem : Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning. | 3. Potential Problem : During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down. | 4. No Apparent Problem : Able to completely lift patient during a position change. Maintains good position in bed or chair at all times. | 4 |
| Nutrition Usual food intake pattern | 1. Very poor: NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight. | 2. Inadequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight. | 3. Adequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day. | 4. Excellent : Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/kg/day < 2kg weight or 20gm/day/ ≥ 2kg | 3 |
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| Total: If < 20 at Risk for Skin Breakdown | | | | | 25 |

Neonatal / Infant Braden Q Scale

Patient Name :

Age.....

VIH-00205862
Baby B/O GAUTHAMI
13-06-2026
Dr. KODICHERLA VISHNU VARDHAN
IP-00060334
0 Y 0 M 1 D (M)

Ref. No.: F/HW/BRD-Q/NSG/04

| Intensity and Duration of Pressure | | | | | Score |
|--|---|--|--|--|-------|
| General Physical Condition | 1. Gestational Age ≤ 28 weeks | 1. Gestational Age > 28 weeks and ≤ 33 weeks | 1. Gestational Age > 33 weeks and ≤ 38 weeks | 1. Gestational Age > 38 weeks | 1 |
| Mobility : The ability to change and control body position | 1. Completely immobile: Does not make even slight changes in body or extremity position due to sedation or paralytic medication | 2. Very Limited: Makes occasional slight changes in body or extremity position. | 3. Slightly Limited: Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities. | 4. No Limitations: Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc) | 3 |
| Activity: The degree of physical activity | 1. Bedfast : Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment | 2. Very Limited: Tolerates position changes, may be lifted to reposition but is not out of bed | 3. Slightly Limited: Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care. | 4. No Limitations: Can be repositioned or held freely, OOB to mat, chair, swing, scheduled play times | 3 |
| Sensory perception: The ability to respond in a developmentally appropriate way to pressure-related discomfort | 1. Completely Limited: Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication | 2. Very Limited: Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm | 3. Slightly Limited: Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming | 4. No Impairment: Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors. | 4 |
| Tolerance of the Skin and Supporting Structure | | | | | |
| Moisture Degree to which skin is exposed to moisture | 1. Constantly Moist: Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc. Dampness is detected every time patient is moved or turned. | 2. Very Limited : Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output (diarrhea or urine). | 3. Occasionally Moist: Skin is occasionally moist, requiring linen change every 12 hours. | 4. Rarely Moist : Skin is usually dry, routine diaper change, linen only requires changing every 24 hours. | 3 |
| Friction - Shear Friction: occurs when skin moves against support surfaces Sliear occurs when skin and adjacent bony surface slide across one another | 1. Significant Problem: Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces. | 2. Problem : Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning. | 3. Potential Problem : During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down. | 4. No Apparent Problem : Able to completely lift patient during a position change. Maintains good position in bed or chair at all times. | 4 |
| Nutrition Usual food intake pattern | 1. Very poor: NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight. | 2. Inadequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight. | 3. Adequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day. | 4. Excellent : Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/kg/day < 2kg weight or 20gm/day/ ≥ 2kg | 3 |
| Tissue Perfusion and Oxygenation | 1. Extremely Compromised: Hypotensive (MAP < 50mmHg; < 40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements. | 2. Compromised: Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be < 95%; Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is < 7.40, unstable body temperature, oxygen | 3. Adequate : Normotensive by self or compensated; Oxygen saturation may be < 95 % Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is normal, stable body temperature, oxygen | 4. Excellent: Normotensive by self, Oxygen saturation > 95%; Normal Hgb; Capillary refill < 2 seconds, no oxygen, stable body temperature. | 4 |
| Total: If < 20 at Risk for Skin Breakdown | | | | | 25 |

VIH-00205862 IP-00060334
 Baby B/O GAUTHAMI
 13-06-2026 0 Y 0 M 0 D 10 H (M)
 Dr. KODICHERLA VISHNU VARDHAN



PAIN ASSESSMENT FORM

| Date | Time | Pain Score (0/10) | Location | Duration | Acuity | Character | Modifying Factors | Patient / Family Educated | Intervention | Sign |
|---------|------|-------------------|----------|--|--|--|--|---|--------------|------|
| 13/6/26 | 12PM | 0 | - | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes <input type="checkbox"/> No | nil | |
| 13/6/26 | 8PM | 0 | - | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes <input type="checkbox"/> No | nil | |
| 14/6/26 | 4AM | 0 | - | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes <input type="checkbox"/> No | nil | |
| 14/6/26 | 11AM | 0 | - | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes <input type="checkbox"/> No | nil | |
| 14/6/26 | 4PM | 0 | - | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes <input type="checkbox"/> No | nil | |
| 14/6/26 | 8PM | 0 | - | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes <input type="checkbox"/> No | nil | |
| 15/6/26 | 10AM | 0 | - | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes <input type="checkbox"/> No | nil | |
| | | | | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

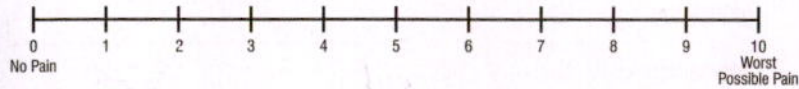
Re-assessment Frequency:
 1. Every eight hours for all hospitalized patients.
 2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 a) At least every 2 hours for the first 24 hours b) Then every 4 hours.
 c) Prior to pain-relieving intervention. d) Within 30 – 60 minutes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

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

| CATEGORY | SCORING | | |
|---------------|--|---|--|
| | 0 | 1 | 2 |
| Face | No Particular expression or smile | Occasional Grimace or Frown, withdraw, Disoriented | Frequent to constant frown, quivering chin, clenched jaw |
| Legs | Normal Position or Relaxed | Uneasy, restless, tense | Kicking, or legs drawn up |
| Activity | Laying quietly normal position, moves easily | Squirming shifting back and forth, tense | Arched, rigid, or Jerking |
| Cry | No Cry (Awake or asleep) | Moans or whimpers occasional complaint | Crying steadily, screams of sobs, frequent complaints |
| Consolability | Content, relaxed | Reassured by occasional touching, hugging, or being talked to, distractible | Difficult to console or comfort |

Numerical Pain Scale (Obstetric and Gynecology)



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

| Assessment Criteria | Sedation | | Normal | Pain / Agitation | |
|--|---|---|---|--|---|
| | -2 | -1 | 0 | 1 | 2 |
| Crying Irritability | No Cry with painful stimuli | Moans or cries minimally with painful stimuli | Appropriate crying Not irritable | Irritable or crying at intervals consolable | High-pitched or silent-continuous cry Inconsolable |
| Behavior State | No arousal to any stimuli No spontaneous movement | Arouses minimally to stimuli Little spontaneous movement | Appropriate for gestational age | Restless, squirming Awakens frequently | Arching, kicking constantly awake or Arouses minimally / no movement (not sedated) |
| Facial Expression | Mouth is lax No expression | Minimal expression with stimuli | Relaxed Appropriate | Any pain expression intermittent | Any pain expression continual |
| Extremities Tone | No grasp reflex Flaccid tone | Weak grasp reflex decreased muscle tone | Relaxed hands and feet Normal Tone | Intermittent clenched toes, fists or finger splay Body is not tense | Continual clenched toes, fists, or finger splay Body is tense |
| Vital Signs HR, RR, BP, SaO₂ | No variability with stimuli Hypoventilation or apnea | Less than 10% variability from baseline with stimuli | Within baseline or normal for gestational age | Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery | Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator |

Wong - Baker (Pediatrics) Above 7 Years



Date & Time: 13/6/26; 11:15 Am.

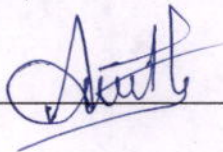
ATTENDANT INFORMATION SHEET

I, Mr/Mrs Arunthi Kumars/o hereby state that
my child/Wife Blo. Gaunthi^{mi} UHID No: 205862 has been
admitted in Oral-MICU. I understand that
hospital is taking utmost precautions by standards set by Ministry of health, India.
The Treating Team has requested us to follow the following instructions.

We are requested to follow below instructions strictly.

1. Always wear MASK
2. Follow strict hand hygiene with Alcohol hand rub frequently
3. Avoid any movement in the hospital (Once admitted will move out only after discharge).
4. Only one attendant is allowed per patient and no visitors are allowed in the hospital.

Name & signature of Legal Guardian and
relationship with patient:



Name and signature of Executive taking
the consent

Shini Ska.

Name and signature of Witness:

