

**ACTI** VIH-00206059 IP-00060410  
Baby Of HARSHITA  
12-05-2026 0 Y 1 M 7 D (M)  
Dr. SURENDER RAO DUSA

**.ING**

Name: \_\_\_\_\_



UHID No : \_\_\_\_\_ IP NO : \_\_\_\_\_ Consultant : \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission : 19/06/26 Time : 12:48v Date of Discharge : \_\_\_\_\_ Time : \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : NICU Suggested Billable bed type : \_\_\_\_\_

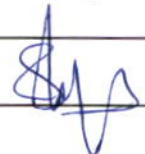














**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
19/6	1:50v	E-R	NICU	[Signature]
22/6	2:40pm	NICU	8 <sup>th</sup> Floor (213)	mes

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	Dr. Mohd. Abdulkhalid	20/6/26	3092504	[Signature]
2.	Cross checked by ssojyathi 22/6/26 @ 1pm			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

# INVESTIGATIONS

Date	Investigations	Order No.	Sign
19/6/26.	BURBS - 65 mg/dl	<del>26020876</del>	
19/6/26	CBD, CRP, S/E, Cal, WBC, Creat, SBR Blood culture	<del>26020883</del>	
	VBG, RBS	<del>26020880</del>	
19/6/26	x-ray abdomen	<del>26009868</del>	
	ABG, RBS	<del>26020929</del>	
	Stool for CLS	<del>26020941</del>	
	Serum electrolytes	<del>26020939</del>	
20/6/26	RBS	<del>26020964</del>	
20/6/26	CSE	<del>26020971</del>	
20/6/26	CUE	<del>26020976</del>	
20/6/26	USG abdomen	<del>26009890</del>	
21/6/26	CBD, CRP, S/E	<del>26021050</del>	
21/6/26.	RBS	<del>26021053</del>	
21/6/26	S/E	<del>26021092</del>	
	Procalcitonin	<del>26020918</del>	
22/6/26	RBS	<del>26021165</del>	
24/6/26	CBD, CRP	<del>26021328</del>	

*across checked by xro typhic 22/6/26 @ 7pm*



**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
19/6/26	Iv placement	1	3092311	<del>8</del>
20/6/26	Nebulization	1	3092391	<del>8</del>
21/6/26	Iv placement	1	3092798	<del>8</del>
22/6	nebulisation	3	3093085	<del>8</del>
cross checked by es. yathu 22/6/26 @ 7pm				
21/6/26	nebulisation	3	3093216	<del>8</del>
22/6/26	Neb ea	2	3093445	<del>8</del>
23/6/26	Iv placement	1	3093730	<del>8</del>
23/6/26	Neb i O2	3	309344	<del>8</del>
24/6/26	Neb ea	3	3093838	2

**ANY OTHER INFORMATION**

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Date : 24/6/26

Time : 8AM

Prepared By : MEENU

Staff Nurse  Deepika	Shift / Ward  Meenu? 24.6.26 8AM	Billing Assistant	Billing Supervisor
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VIH-00206059 IP-00060410  
 Patient Name: Baby Of HARSHITA  
 12-05-2026 0 Y 1 M 8 D (M)  
 Dr. SURENDER RAO DUSA

Patient Name: \_\_\_\_\_

Registration No.: \_\_\_\_\_



RBS

### NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
19/6	00.00	8pm RBS - 85 mg/dl	[Signature]	26020876
	1.00	2:30pm RBS - 75 mg/dl	[Signature]	26020880
	2.00	7:00 PM RBS - 107 mg/dl	[Signature]	26020929
20/6	3.00	6:00 AM - 124 mg/dl	[Signature]	26020964
21/6	4.00	6:00 AM - 103 mg/dl	[Signature]	26021053
22/6	5.00	6 AM - 94 mg/dl	Akhile	26021165
	6.00			
	7.00	Cross checked by Dr. Tyathir 22/6/20 @ 1pm		
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			



Patient Name : **VIH-00206059** **IP-00060410**  
**Baby Of HARSHITA**  
**12-05-2026** **0 Y 1 M 6 D** (M)  
**Dr. SURENDER RAO DUSA**  
 Registration No. 

## NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
20/6/26	00.00	8pm - Salbutamol neb	Su	3092391
	1.00	Levolin		
21/6/26	2.00	12pm - <del>Salbutamol</del> neb	Su	③ 3093216
	3.00	4pm - Levolin	Mah	
	4.00	8pm - Levolin		③ 3093085
22/6	5.00	12 AM := Levolin Neb	Akhila	
	6.00	4 AM := Levolin Neb	Akhila	
	7.00	8 AM := Levolin Neb	Akhila	3093216 @ 1pm
	8.00	Cox checked by co. Jyothi		
	9.00	12 pm - Levolin neb	Mah	③ 3093373
22/6	10.00	4pm - levolin	Padma	
22/6	11.00	8pm - levolin	Padma	③ 3093446
23/6	12.00	1 AM - levolin	Ashu	
	13.00	5 AM - levolin	Ashu	Dhanwanti
	14.00			
	15.00			
	16.00	9am - levolin	Jhanni	Jhanwar
	17.00	2pm - levolin	Jhanni	③ Aashita
	18.00	6pm - levolin	Roja	
	19.00			
	20.00	11pm - levolin	Ashu	
24/6	21.00	3 AM - levolin	Ashu	
	22.00	2 AM - levolin	Ashu	
	23.00			③ 3093838

<b>Name</b>	Baby Of HARSHITA	<b>UHID</b>	VIH-00206059
<b>Father/Guardian</b>	Mr RAHUL	<b>Age/Gender</b>	0 Y 1 M 10 D/Male
<b>Address</b>	11-2-464 NAMALLAGUNDA SECUNDERBAD, Secunderabad, Hyderabad, Telangana, INDIA, 500003		
<b>IP No</b>	IP-00060410	<b>Admission Date</b>	19-06-2026
<b>Ref Doctor</b>	Dr PVR MOHAN	<b>Discharge Date</b>	24-06-2026

### DISCHARGE SUMMARY

#### **Consultant: Dr. SURENDER RAO DUSA**

MD (Pediatric), Fellowship in Neonatology,  
SENIOR CONSULTANT PEDIATRICS  
47776

#### **Diagnosis:**

**Term/AGA/Baby Boy**

**Late Onset Sepsis**

**Hyperkalemia**

**History :** Baby of HARSHITA is a term / AGA / baby boy of birth weight 3.1 kgs, born to primi mother delivered by NVD on 12.05.2026 at 04:38 pm. Baby said to have cried immediately after birth. Apgar scores and resuscitation details were not known. On day-39 of life baby was presented with history of multiple episodes (8-10 episodes / day) loose watery stools since 7 days, high grade intermittent fever (not decreasing on oral medications) since 5 days, multiple episodes non bilious non projectile of vomitings since 3 days, decreased oral intake and decreased urine output since 1 day prior to admission. For the above complaints, baby was admitted to Rainbow Children's Hospital, Karkhana, for further management.

**Maternal History :** Mrs. HARSHITA is a 29 years old primi mother with marital life of 29 year. Mother's blood group is "A" Positive. Expected delivery date: 14.05.2026.

Name

Baby Of HARSHITA

UHID

VIH-00206059

G1 : Present pregnancy, spontaneous conception.  
History of hypothyroidism on Tablet Thyronorm.

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

**On examination:** At the time of admission, baby was eutermic and maintaining saturations at room air. His heart rate was 168/min, respiratory rate was 55/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were appropriate for gestational age. There were no obvious external congenital anomalies.

Weight on Admission :3.47 kgs

Weight on Discharge :3.67 kgs

Head circumference :38 cms

Length :59 cms

Baby blood group : "A" Positive (Blood group to be repeated after 4 months)

**Investigations:** Enclosed.

**Management: Late Onset Sepsis :** Baby was nursed in thermoneutral environment. His initial arterial blood gas showed pH 7.37, pCO<sub>2</sub> 24 mmHg, pO<sub>2</sub> 122 mmHg, HCO<sub>3</sub> 16.6 mmol/L, BE - 11.4 mmol/L. He was screened for sepsis, CUE, Stool analysis and was started on IV fluids, IV antibiotics after sending blood culture, stool culture. His initial hemogram showed hemoglobin 10.7 gm%, white blood cells count 22,160 cells/cumm, platelet count 5.83 lakhs/cumm. C-Reactive protein 57 mg/L. PCT was 29.5 ng/ml. Serum electrolytes showed serum sodium - 145 mmol/L, serum potassium - 7.0

Name Baby Of HARSHITA UHID

VH-00206039

mmol/L, chloride - 108 mmol/L, serum calcium 10 mg/dl, blood urea 44.2 mg/dl, serum creatinine 0.4 mg/dl. Serum bilirubin of 1.1 mg/dl with direct fraction of 0.1 mg/dl and indirect fraction of 1.0 mg/dl. CUE showed 2-4 pus cells, 2-3 epithelial cells. CSE showed 1-2 pus cells. Stool culture was sterile and stool for rotavirus was negative. Last hemogram done on 24.06.2026 hemogram showed hemoglobin 10.3 gm%, white blood cells count 14,350 cells/cumm, platelet count 7.36 lakhs/cumm, C- Reactive protein 32 mg/L. IV antibiotics were stopped after 5 days.

**Hyperkalemia:** Baby had high serum potassium levels (7.0 mmol/L) for which baby was given Injection Calcium gluconate correction, Salbutamol Nebulization, K-Bind, investigations were repeated after 8 hours which showed significant reduction in serum potassium levels (4.3 mmol/L), hence correction was stopped. His last serum potassium levels was 5.0 mmol/L.

**Feeding :** Initially baby was kept NPO for 48 hours and IV fluids were given. He was started oral feeds were started on day-3 of admission, which he accepted and tolerated well. IV fluids were tapered from day-3 of admission and stopped on day-4 of admission. At present, baby is on demand oral feeds, which he is accepting and tolerating well.

#### Ultrasound Abdomen:

Date	Day of life	Impression:
20.06.2026	40	No obvious sonological abnormality in abdomen. Visualized bowel loops are normal Suggested clinical correlation.

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

Name

Baby Of HARSHITA

UHID

VIH-00206059

**Advice :**

1. Warmth care.
2. Continue demand oral feeding.
3. Encourage breast feeding.
4. Immunization as per schedule.
5. Vitamin D3 drops (1ml=800IU), 0.5ml once daily till one year of age.
6. To do CBP, CRP on 27.06.2026 (Saturday).
7. Kindly consult Dr. Surender Rao Dusa, Senior Consultant Pediatrics, on 27.06.2026 (Saturday) in OPD with CBP, CRP reports with prior appointment (This consultation will be charged).

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

In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 99637666333 for lethargy, respiratory distress, refusal of feeds, decreased activity, seizures, jaundice, feeding difficulty.

**If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).**

The discharge advice and details on how to obtain emergency care has been explained to me in the language that I understand.

Name

Baby Of HARSHITA

UHID

VH#00206059

### HIGH RISK FOLLOW UP

**Note: Register for Neurodevelopmental assessment with developmental specialist**

Name : Harshita

Signature : Harshita

Relationship with patient : ~~SON~~ Mother

This summary has been explained by :

Summary prepared by: Dr.Vishal

Typist : Kalyan/Younus

*[Signature]*

**Dr. SURENDER RAO DUSA**

MD (Pediatric), Fellowship in Neonatology,  
SENIOR CONSULTANT PEDIATRICS  
47776

*[Signature]*  
**Registrar/Resident/C.M.O**

*[Signature]*

PatientName : Baby Of HARSHITA Inpatient No. : IP-00060410  
Age/Gender : 0 Y 1 M 7 D/ Male Admit Date : 19-06-2026  
Ward/Bed : N 0 GF-EMERGENCY/ ER 103 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
<b>RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)</b>			TEST RESULT STATUS : REPORT ENTERED Order Date :19-06-2026 13:14


RANDOM BLOOD GLUCOSE (GOD/POD)	85	mg/dl	70 - 140
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Investigation	Result	Unit	Biological Reference Interval
<b>VENOUS BLOOD GAS (POCT) (Specimen : BLOOD)</b>			TEST RESULT STATUS : REPORT ENTERED Order Date :19-06-2026 14:15

PH (Reagent Strip/Double PH Indicator)	7.37	unit	7.35 - 7.45
pCO <sub>2</sub>	24	mm Hg	L 35 - 48
pO <sub>2</sub>	122	mm Hg	H 83 - 108
HCO <sub>3</sub>	16.6	mmol/L	
BE	11.4	mmol/L	
O <sub>2</sub> Sat	98.5	mmol/L	

Investigation	Result	Unit	Biological Reference Interval
<b>BILIRUBIN (INDIRECT / DIRECT) (Specimen : SERUM)</b>			TEST RESULT STATUS : REPORT AUTHORISED Order Date :19-06-2026 14:18

TOTAL BILIRUBIN (Azobilirubin)	1.1	mg/dl	<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	1.0	mg/dl	<1.1



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>CALCIUM (Specimen : SERUM)</b>			TEST RESULT STATUS : REPORT AUTHORISED Order Date :19-06-2026 14:18

CALCIUM (Arsenazo dye)	10.0	mg/dl	8.5 - 11
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Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b>			TEST RESULT STATUS : REPORT AUTHORISED Order Date :19-06-2026 14:18

HEMOGLOBIN (Colorimetry)	10.7	g/dL	10 - 18
RBC COUNT (DC detection method)	3.20	10 <sup>12</sup> /L	3 - 5.4

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<b>PatientName</b>	: Baby Of HARSHITA	<b>Inpatient No.</b>	: IP-00060410
<b>Age/Gender</b>	: 0 Y 1 M 7 D/ Male	<b>Admit Date</b>	: 19-06-2026
<b>Ward/Bed</b>	: N 0 GF-EMERGENCY/ ER 103	<b>Discharge Date</b>	:

Investigation	Result	Unit	Biological Reference Interval
PCV/HCT (Calculated)	30.0	VOL%	L 31 - 55
MCV (Calculated)	93.9	fL	85 - 123
MCH (Calculated)	33.5	pg/cells	28 - 40
MCHC (Calculated)	35.7	g/dL	29 - 37
RDW-CV (Calculated)	15.7	%	11.5 - 16
PLATELET COUNT (DC Detection Method)	583	10 <sup>9</sup> /L	H 150 - 450
MPV (Calculated)	7.2	fL	6.5 - 10
WBC COUNT (DC Detection Method)	22.16	10 <sup>9</sup> /L	H 6 - 17.5
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	50	%	H 13 - 33
LYMPHOCYTES (Microscopy, Leishman stain)	39	%	L 41 - 71
MONOCYTES (Microscopy, Leishman stain)	10	%	4 - 14
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : LEUCOCYTOSIS PLATELETS : INCREASED		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>C REACTIVE PROTEIN (Specimen : SERUM)</b>		TEST RESULT STATUS : REPORT AUTHORISED	
Order Date :19-06-2026 14:18			
CRP (Immunoturbidimetry)	57	mg/L	H <10



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Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>CREATININE (Specimen : SERUM)</b>		TEST RESULT STATUS : REPORT AUTHORISED	
Order Date :19-06-2026 14:18			
CREATININE (Enzymatic)	0.4	mg/dl	0.03 - 0.5



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PatientName : Baby Of HARSHITA Inpatient No. : IP-00060410  
Age/Gender : 0 Y 1 M 7 D/ Male Admit Date : 19-06-2026  
Ward/Bed : N 0 GF-EMERGENCY/ ER 103 Discharge Date :

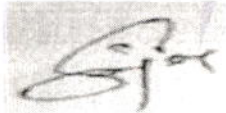
Investigation	Result	Unit	Biological Reference Interval
<b>ELECTROLYTES (Specimen : SERUM)</b>		TEST RESULT STATUS : REPORT AUTHORISED Order Date :19-06-2026 14:18	
SODIUM (Direct ISE)	145	mmol/L	H 134 - 144
POTASSIUM (Direct ISE)	7.0	mmol/L	H 3.5 - 6.1
CHLORIDE (Direct ISE)	108	mmol/L	98 - 108



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Consultant Pathologist, Reg No : 39356

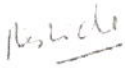
Investigation	Result	Unit	Biological Reference Interval
<b>UREA (Specimen : SERUM)</b>		TEST RESULT STATUS : REPORT AUTHORISED Order Date :19-06-2026 14:18	
UREA (Kinetic, Urease)	44.2	mg/dl	H 4 - 28



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Investigation	Result	Unit	Biological Reference Interval
<b>PROCALCITONIN (Specimen : SERUM)</b>		TEST RESULT STATUS : REPORT AUTHORISED Order Date :19-06-2026 18:47	
PROCALCITONIN	29.5	ng/ml	H <0.5



Dr. RASHIDA MAHREEN, MBBS,MD

CONSULTANT BIOCHEMIST, Reg No : HMC13081

Investigation	Result	Unit	Biological Reference Interval
<b>ARTERIAL BLOOD GAS (POCT) (Specimen : BLOOD)</b>		TEST RESULT STATUS : REPORT ENTERED Order Date :19-06-2026 20:27	
PH (Reagent Strip/Double PH Indicator)	7.38	unit	7.35 - 7.45
pCO <sub>2</sub>	28		
pO <sub>2</sub>	76	mm Hg	L 83 - 108
HCO <sub>3</sub>	18.4		
BE	8.7	mmol/L	
O <sub>2</sub> Sat	94	mmol/L	
HCT (Pulse Height Detection)	50	%	10 - 75
ctHb	16.2	gm/dL	

**Rainbow Children's Hospital - Secunderabad**

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PatientName	: Baby Of HARSHITA	Inpatient No.	: IP-00060410
Age/Gender	: 0 Y 1 M 7 D/ Male	Admit Date	: 19-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 103	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
<b>RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)</b>			TEST RESULT STATUS : REPORT ENTERED Order Date :19-06-2026 20:27
RANDOM BLOOD GLUCOSE (GOD/POD)	103	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
<b>ELECTROLYTES (Specimen : SERUM)</b>			TEST RESULT STATUS : REPORT AUTHORISED Order Date :19-06-2026 22:08
SODIUM (Direct ISE)	143	mmol/L	134 - 144
POTASSIUM (Direct ISE)	4.3	mmol/L	3.5 - 6.1
CHLORIDE (Direct ISE)	110	mmol/L	H 98 - 108



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)</b>			TEST RESULT STATUS : REPORT ENTERED Order Date :20-06-2026 06:19
RANDOM BLOOD GLUCOSE (GOD/POD)	124	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE STOOL EXAMINATION (Specimen : STOOL)</b>			TEST RESULT STATUS : REPORT AUTHORISED Order Date :20-06-2026 09:16

**PHYSICAL**

COLOUR (Visual Examination)	GREENISH		
CONSISTENCY (Gross Examination)	SEMI LIQUID		
pH (Double pH indicator)	8.0		5 - 8.5
MUCUS (Gross Examination)	PRESENT		ABSENT
BLOOD (Gross Examination)	ABSENT		ABSENT
UNDIGESTED FOOD (Gross Examination/Microscopy)	ABSENT		ABSENT
HELMINTHES (Gross Examination/Microscopy)	NIL		NIL

**MICROSCOPY**

PUS CELLS	1 - 2	HPF	0 - 5
RED BLOOD CELLS (Stool)	NIL	HPF	NIL
STARCH GRANULES	ABSENT		ABSENT
YEAST CELLS	NIL		NIL
FAT GLOBULES	ABSENT		ABSENT

This is an interim report. The final report will be released after 24 hours

PatientName : Baby Of HARSHITA Inpatient No. : IP-00060410  
Age/Gender : 0 Y 1 M 8 D/ Male Admit Date : 19-06-2026  
Ward/Bed : N 0 GF-EMERGENCY/ ER 103 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
PROTOZOA	NIL		NIL



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
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**COMPLETE URINE EXAMINATION (Specimen : URINE)**

TEST RESULT STATUS : REPORT AUTHORISED  
Order Date :20-06-2026 10:46

**PHYSICAL**

COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	SLIGHTLY TURBID		
pH (Double pH indicator)	6.0		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.020		1.005 - 1.030
SEDIMENT (Gross Examination)	PRESENT		NIL
<b>CHEMICAL</b>			
PROTEIN (Protein error of pH indicator)	NIL		NIL
GLUCOSE (GOD POD method)	NIL		NIL
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE		NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT		ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT		ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE		NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT		ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE		NEGATIVE

**MICROSCOPY**

PUS CELLS	2 - 4	HPF	L	0 - 5
EPITHELIAL CELLS	2 - 3	HPF	L	0 - 5
RBCS.	NIL	HPF		0 - 2
CRYSTALS	Uric Acid Crystals Present +++			ABSENT
CASTS	Granular Casts Present +			ABSENT



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
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**COMPLETE BLOOD PICTURE (Specimen : BLOOD)**

TEST RESULT STATUS : REPORT AUTHORISED  
Order Date :21-06-2026 06:15

Rainbow Children's Hospital - Secunderabad

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

PatientName	: Baby Of HARSHITA	Inpatient No.	: IP-00060410
Age/Gender	: 0 Y 1 M 9 D/ Male	Admit Date	: 19-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 103	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
HEMOGLOBIN (Colorimetry)	9.4	g/dL	L 10 - 18
RBC COUNT (DC detection method)	2.87	10 <sup>12</sup> /L	L 3 - 5.4
PCV/HCT (Calculated)	26.3	VOL%	L 31 - 55
MCV (Calculated)	91.7	fL	85 - 123
MCH (Calculated)	32.8	pg/cells	28 - 40
MCHC (Calculated)	35.8	g/dL	29 - 37
RDW-CV (Calculated)	15.1	%	11.5 - 16
PLATELET COUNT (DC Detection Method)	561	10 <sup>9</sup> /L	H 150 - 450
MPV (Calculated)	7.0	fL	6.5 - 10
WBC COUNT (DC Detection Method)	10.91	10 <sup>9</sup> /L	6 - 17.5
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	22	%	13 - 33
LYMPHOCYTES (Microscopy, Leishman stain)	67	%	41 - 71
MONOCYTES (Microscopy, Leishman stain)	10	%	4 - 14
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC , NORMOCYTIC / HYPOCHROMIC WBC - MORPHOLOGY NORMAL PLATELETS - INCREASED		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>C REACTIVE PROTEIN (Specimen : SERUM)</b>			
TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 06:15			
CRP (Immunoturbidimetry)	32	mg/L	H <10



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>ELECTROLYTES (Specimen : SERUM)</b>			
TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 06:15			
SODIUM (Direct ISE)	138	mmol/L	134 - 144

PatientName : Baby Of HARSHITA Inpatient No. : IP-00060410  
Age/Gender : 0 Y 1 M 9 D/ Male Admit Date : 19-06-2026  
Ward/Bed : N 0 GF-EMERGENCY/ ER 103 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
POTASSIUM (Direct ISE)	6.0	mmol/L	3.5 - 6.1
CHLORIDE (Direct ISE)	105	mmol/L	98 - 108

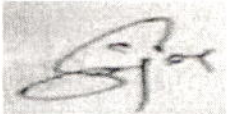


Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :21-06-2026 06:33
RANDOM BLOOD GLUCOSE (GOD/POD)	103	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 18:00
SODIUM (Direct ISE)	136	mmol/L	134 - 144
POTASSIUM (Direct ISE)	5.0	mmol/L	3.5 - 6.1
CHLORIDE (Direct ISE)	105	mmol/L	98 - 108



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :22-06-2026 11:51
RANDOM BLOOD GLUCOSE (GOD/POD)	74	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :24-06-2026 00:01
HEMOGLOBIN (Colorimetry)	10.3	g/dL	10 - 18
RBC COUNT (DC detection method)	3.13	10 <sup>12</sup> /L	3 - 5.4
PCV/HCT (Calculated)	28.6	VOL%	L 31 - 55
MCV (Calculated)	91.4	fL	85 - 123
MCH (Calculated)	33.0	pg/cells	28 - 40
MCHC (Calculated)	36.1	g/dL	29 - 37
RDW-CV (Calculated)	15.1	%	11.5 - 16
PLATELET COUNT (DC Detection Method)	736	10 <sup>9</sup> /L	H 150 - 450
MPV (Calculated)	6.5	fL	6.5 - 10

Rainbow Children's Hospital - Secunderabad

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

PatientName	: Baby Of HARSHITA	Inpatient No.	: IP-00060410
Age/Gender	: 0 Y 1 M 12 D/ Male	Admit Date	: 19-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 103	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
WBC COUNT (DC Detection Method)	14.35	10 <sup>9</sup> /L	6 - 17.5
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	26	%	13 - 33
LYMPHOCYTES (Microscopy, Leishman stain)	63	%	41 - 71
MONOCYTES (Microscopy, Leishman stain)	10	%	4 - 14
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : MORPHOLOGY NORMAL PLATELETS : INCREASED		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>C REACTIVE PROTEIN (Specimen : SERUM)</b>		TEST RESULT STATUS : REPORT AUTHORISED	
CRP (Immunoturbidimetry)	32	mg/L	H <10
Order Date :24-06-2026 00:01			



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Baby Of HARSHITA	7207210044
0 Y 1 M 10 D	VI26020941
Male	19-06-2026 10:20 PM
IP-00060410	19-06-2026 11:14 PM
VIH-00206059	22-06-2026 05:03 PM
SURENDER RAO DUSA	N 2F-NICU III / NICU 260

### STOOL FOR CULTURE AND SENSITIVITY (Specimen :STOOL)

#### RESULT

**GROSS EXAMINATION** - GREENISH IN COLOUR, SEMI FORMED STOOL.

**MODIFIED Z.N. STAINED SMEAR** - DOES NOT SHOW THE OOCYSTS OF COCCIDIAN PARASITES.

**CULTURE** - NO SALMONELLA / SHIGELLA / ENTERO HAEMORRHAGIC E.COLI/ DIARRHEAGENIC. E.COLI / VIBRIO SPECIES / AEROMONAS SPECIES ISOLATED.

**ROTA VIRUS ANTIGEN** : NEGATIVE

\*\*\*\*\* End of report \*\*\*\*\*



**Dr. RANGANATHAN N. IYER MD FRCPATH DNB  
DPB**  
( CONSULTANT MICROBIOLOGIST )

**Dr. VIJENDRA KAWLE  
MD DNB  
CONSULTANT MICROBIOLOGIST**  
Reg No :68234

Baby Of HARSHITA

7207210044

0 Y 1 M 8 D

R26-009890

Male

20-06-2026 12:30 PM

IP-00060410

21-06-2026 10:34 AM

VIH-00206059

21-06-2026 10:35 AM

SURENDER RAO DUSA

### ULTRASOUND ABDOMEN

**LIVER :** Normal in size 6.3cm and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

**GALL BLADDER :** Distended well and appears normal. No evidence of calculi or wall thickening. Common bile duct appears normal.

**SPLEEN :**Normal in size 4.5cm and echotexture.

**PANCREAS :** Normal in size and echotexture. MPD not dilated. No calcification noted.

#### **KIDNEYS :**

Right kidney : 45 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 43 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

**URINARY BLADDER :** Distended well and appears normal.

No ascites / lymphadenopathy. No evidence bowel wall thickening /edema.

#### **Impression:**

**No obvious sonological abnormality in abdomen.**

**Visualized bowel loops are normal**

**Suggested clinical correlation.**

Baby Of HARSHITA

7207210044

0 Y 1 M 8 D

R26-009890

Male

20-06-2026 12:30 PM

IP-00060410

21-06-2026 10:34 AM

VIH-00206059

21-06-2026 10:35 AM

SURENDER RAO DUSA



**Dr. MOHD ABDUL KHALID**

MBBS,MD,DNB

Reg No: 82767

# DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET



VHM-00206059 IP-00060410

Baby Of HARSHITA

Patient Name : 12-05-2026 0 Y 1 M 10 D (M)

IP.No: 60410

Dr. SURENDER RAO DUSA

Ward:

DOA:



Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary				
3	Nursing Initial assessment form	2	✓	✓	
4	Patient Transfer Forms	2	✓	✓	
5	In-patient Medical Record	4	✓	✓	
6	Doctors Progress Sheets	6	✓	✓	
7	Nurses Progress notes	5	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Consent for Surgery <del>MLC</del>	1	✓	✓	
11	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk formula	1	✓	✓	
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	6	✓	✓	
26	Intake and Output chart (fluid Chart)	3	✓	✓	
27	Drug Chart (Regular prescription)	1			
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart	2	✓	✓	
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Medical Reconciliation	2	✓	✓	
	Humpty Dumpty	3	✓	✓	
	Braden's	5	✓	✓	
	Thrombo	2	✓	✓	
	Pain Assessment	2	✓	✓	
	X-ray	1	✓	✓	
	Others	10	✓	✓	
	Total No. of Pages	60 pages			

Signature and Date :

*[Signature]*  
24/6/26 @ 12a

# ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

## ADMISSION SHEET

### Registration Details :



Admission No : IP-00060410

Admit Date : 19-Jun-2026

Admit Time : 12:43 PM UHID : VIH-00206059

### Patient Details :

Patient Name : Baby Of HARSHITA

Age : 0 Y 1 M 7 D

Guardian : Mr RAHUL

DOB : 12-05-2026 01:00 AM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : 11-2-464 NAMALLAGUNDA SECUNDERBAD  
Secunderabad Hyderabad Telangana INDIA  
500003

Phone No : 7207210044

E-mail : NA@GMAIL.COM

### Admission Details :

Bed Type : SHARED WARD

Bed No : ER 103

Ward Name : N 0 GF-EMERGENCY

Room No : ER 103

Admission Type : First Visit

### Contact Details :

Name : Mr RAHUL

Relationship : Father

Contact Address : 11-2-464 NAMALLAGUNDA SECUNDERBAD  
Secunderabad Hyderabad Telangana INDIA  
500003

Phone No : 7207210044



Signature

### Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA

Specialisation : GENERAL PEDIATRICS

Referral Doctor :

Phone No :

Co-Consultant :

### Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELF PAY

VIH-00206059 IP-00060410  
 Baby Of HARSHITA  
 12-05-2026 0 Y 1 M 7 D (M)  
 Dr. SURENDER RAO DUSA



### EMERGENCY ROOM TRIAGE FORM

Patient's Name : W/O. Harshita Age : 40days Gender:  Male  Female

Date : 19/6/2026 Time of Arrival : @ 11:32 AM

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

Source of Information :  Parents  Others (Specify) —

Mode of Arrival :  Ambulatory  Wheelchair  Ambulance

Initial Vital Signs: Temp: 98.6 F PR: 170 bpm BP: Crowing RR: 30 bpm SpO<sub>2</sub>: 92%

Chief Complaints: Loose stool since yesterday, Vomiting x 3 episodes.

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

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

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

शारदा  
 Signature of Parent / Guardian  
 Triage Completion Time : @ 11:35 AM

### Communicable Disease Triage Screening

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

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

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

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

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

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

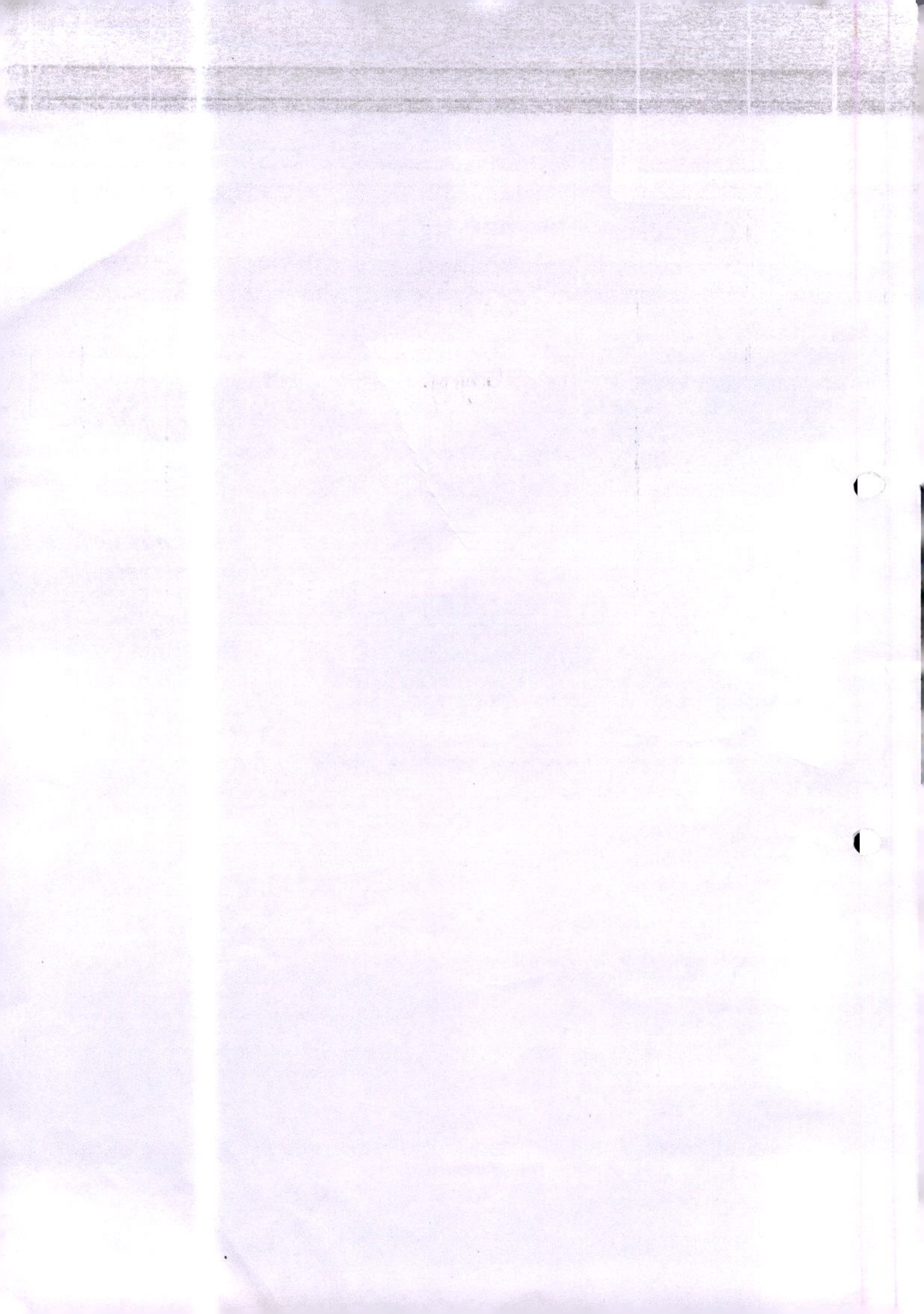
**PART D. ACTION / INTERVENTION:** (for positive suspected communicable disease triage screening)

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

Name of Triage Nurse : Sabin

Signature of Triage Nurse : [Signature]

Date & Time : 19/6/2026 @ 11:35 AM



VIH-00206059 IP-00060410  
 Baby Of HARSHITA  
 12-05-2026 0 Y 1 M 7 D (M)  
 Dr. SURENDER RAO DUSA



### NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 19/6/26 Time of arrival : 11:36 AM

Chief Complaints : e.p.o. Vomiting, loose stool since yesterday x 3 episodes RBS : 65 mg/dl  
 Height : - Weight : 3.7 kg BMI : - Head Circumference (<2 years) : -

Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other: -

If yes, identify -

Pain Screening:  Yes  No If Yes, Pain Score: 0 Pain Tool Used:  N Pass  FLACC  Wong Baker

Character -  Location -  Frequency -  Duration -

**RISK FOR FALL:**

- If patient is < 6 years  
tick below fall risk intervention directly
- If Patient is > 6 years  
Assess the below parameters

History of Falling: within past 3 months  Yes  No

**Ambulatory Aids:**

- Wheelchair  Yes  No
- Uses furniture for support  Yes  No

**Gait/Transferring:**

- Bedrest / immobile  Yes  No
- Weak  Yes  No
- Impaired  Yes  No

**Mental Status:** Forgets limitations  Yes  No

**IF YES FOR ANY CATEGORY = RISK FOR FALLING**

**Fall Risk Intervention:**

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

**Functional Screening:**  No Abnormalities Detected

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

**Inform consultant for positive criteria**

.....

**Nutritional Screening:**  No Abnormalities Detected

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

**Inform consultant for positive criteria**

**Psychological Screening:**  No Significant Findings

Unusual concerns about patient's Psychological Status:  Yes  No

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

**Social History:** Lives With parents

Siblings in household  Yes  No (if yes How Many?) -

Time of Initial assessment completed by ER Nurse : 11:40 AM

Patient Name : B/O. HARSHITA UHID : VIH-00206059 IPD : IP-00060410 Gender : Male Age : 0 Y 1 M 7 D

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

Time	Nursing Notes
11:32A	Patient came to ER.
11:34A <sup>m</sup>	check vitals & record.
11:35A <sup>m</sup>	Doctor seen the pt.
11:40A <sup>m</sup>	Advaille Admission.
11:42A <sup>m</sup>	Admission done.
1:50P	patient shifted to NICU.

Samples collected by:

3 - Nil

Time: —

Samples sent by:

Time: —

**Medication given in ER:**

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 170b/m BP: — CFT: 23sec	Shift - out from ER to: NICU,
RR: 30b/m SPO <sub>2</sub> : 97%	Time of Shift - out: 1:50P
GCS: Alert Temperature: 98.06F	Handover given to: Sr - Sandhya
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable): —	

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any): —

Name of the Nurse : Sr. Swagata R

Signature of the Nurse : 

Date & Time : 19-6-20 at 1:50P

# PATIENT TRANSFER FORM





Patient Name & UHID No. VIH-00206059 IP-00060410 Baby Of HARSHITA 12-05-2026 0 Y 1 M 7 D (M) Dr. SURENDER RAO DUSA 		Date & Time of Admission 19/06/20 @ 12:43 PM	Date & Time of Transfer Order 19/06/20 @ 1:50 PM
		Transfer Ordered by M. Pruthi	Reason for Transfer Admission
From Unit ER	To Unit NICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 2	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what? op file given to	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring S. Pappal		Name of Person Ordered Transfer M. Pruthi	
Patient & Clinical Records Received by : Sandhya			
Date & Time of Patient Received : 19/6/20 @ 1:50 PM			

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

- Unavailable Bed
  Nurse not Available
  Available Bed not ready

# PATIENT TRANSFER FORM

Patient Name / I.P. No.  VIH-00206059 IP-00060410 Baby Of HARSHITA 12-05-2026 0 Y 1 M 10 D (M) Dr. SURENDER RAO DUSA 		Date & Time of Admission <b>19/6/26 12:43pm</b>	Date & Time of Transfer Order <b>22/6/26 @ 2:40pm</b>
Transfer ordered by <b>Dr. Surender Rao</b>		Reason for Transfer <b>stable</b>	
From Unit <b>NBCU</b>	To Unit <b>2nd floor (213)</b>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file <b>(37)</b>	Number of Imaging films Chest X-Ray — (1) ABG — (1) VBG — (1)	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Syring 10 cc	3	
2.	Syring 1 cc	3	
3.	Feeding bottle	(2)	
4.	Trig- Pipae	(1)	
5.	Trig- Amoxicillin	(1)	
Shifting Summary / notes written by Doctor :			
Name & Signature of Person who is Transferring <b>S. Sushanti</b>		Name of Person Ordered Transfer <b>Dr. Vishal</b>	
Patient & Clinical records received by :  			
Date & Time of Patient Received:		<b>22/6/26 @ 2:50pm</b>	

**If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :**  
 Unavailable bed       Nurse not available       Available bed not ready

VIH-00206059 IP-00060410  
 Baby Of HARSHITA  
 12-05-2026 0 Y 1 M 7 D (M)  
 Dr. SURENDER RAO DUSA



## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : Harshita. Age : 29y Father's Name : ..... Age : .....  
 Date of Birth : ..... Date of Admission : ..... UHID No. : .....  
 NICU Consultant : Dr. S Rao. Referring Consultant : .....  
 Transferring Unit :  OT  Labour Room  ER  Ward  
 Transported ?  Yes  No - If yes :  Long (> 30 kms)  Short (< 30 kms)

### BIRTH INFORMATION

Name : Mo HARSHITA (Rudra) Mother's Blood Group : A + ve.  
 Gender :  M  F Blood Group : A + ve Birth Weight (gms) : 3.1 kg. Length (cms) : .....  
 Date of Birth : 12/5/26 Time of Birth : 4:38:15 pm OFC (cms) : .....  
 Place of Birth : Tanna Hospital Estimated Gesth Age : Term.

#### Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 29y Ht : ..... Wt : ..... BMI : ..... Married Life : 2.5y. LMP : 7/8/25 EDD : 14/5/26  
 Conception : Spontaneous or with Rx : .....  
 Booked at what GA : ..... AN Steroids Drugs / Doses : .....  
 Last Scans Details : .....  
 TT Immunization and Iron / Folic Acid : .....

### MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> &lt;18 yrs <input type="checkbox"/> &gt; 35yrs          Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3  <b>H/o PIH (after 20 weeks) / PE</b> <input checked="" type="checkbox"/>          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 / Redistribution in MCA ) / Ductus Venosus : .....          AFI : .....</p>	<p><b>H/o GDM/ pre GDM/ on diet or insulin</b> <input checked="" type="checkbox"/>          Controlled or not, recent values, HbA1 values : .....          Compliance with Rx : .....          Scans : LGA, TIFFA , Fetal Echo : .....  <b>H/o Hypothyroidism</b> : when diagnosed ? Medication?  <u>@ 20 wks not on thyroxine</u>          Any other Chronic Medical Problems, when detected drugs ? .....          ( Anemia, SLE, Jaundice, CHD, Heart Disease )          Infection : H/O, Fever          ( <input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV )          UTI : when : ..... Any culture : .....</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 WNO	B. W	Gender	Significant	Details
	<i>P. nini</i>					

**PERINATAL HISTORY**

Treating Obstetrician : *Dr. Abhishek Singh* Hospital : *Tammi Hosp.*  Inborn  Outborn

<p><b>Duration of Labour</b></p> <p>First stage (&gt; 18 hours sig)</p> <p>Second stage (&gt; 2 hours after dilation)</p> <p>LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication : .....</p> <p>Specify the reason : .....</p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input 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
<b>TOTAL</b>	<i>7/10</i>	<i>9/10</i>	

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

**Snapee II Score**

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

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints :

VIH-00206059  
Baby Of HARSHITA IP-00060410  
12-05-2026 0 Y 1 M 8 D  
Dr. SURENDER RAO DUSA (M)



said to have CAB  
↓  
replayed  
↓

- fever :: 5 days - cont, high grade, not ↓ on oral med
- loose stool :: 7 days - 8-10 ep/day - watery.
- vomiting \* 3 days
- ↓ oral intake & w/o since 1 day.

Investigation details in previous Hospital :

CAB - 113  
CUE - pro cello - 18-20  
stool c/s - -ve.  
urine c/s - -ve.

Feeding History :

11/8  
Kg - 10.4  
TC - 13500  
N<sub>41</sub> L<sub>54</sub>  
PC - 4.3 L.  
CAB - 81  
PCR - 0.65  
fat ++ in stool.  
stool - red. sub ⊖.  
CAB (113) - 7/6/24.

Past History :

Family History :

Socio Economic History :

VIH-00206059 IP-00060410  
Baby Of HARSHITA  
12-05-2026 0 Y 1 M 8 D (M)  
Dr. SURENDER RAO DUSA



**GENERAL EXAMINATION ON ADMISSION**

*[Faint handwritten notes and markings]*

**VITALS :** Temperature : *36.5°c* HR : *168/m* RR : *55/m* NIBP : ..... CFT : *< 30u*  
Color of the extremities : *pale pink*  
Jaundice :  Pallor :  SpO2 : *96%*

**Anthropometry :** Birth Weight : *3.1 kg* Length : ..... HC : ..... Present Weight : *3.476*  
Ponderal Index : ..... AGA :  SGA : ..... LGA : .....

**HEAD TO TOE EXAMINATION**

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

**Facies :** (Any Facial Dysmorphism) *no dysmorphism*

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

**EYES :** Symmetry :   
Red Reflex :  
Discharge :

**EARS, NOSE MOUTH and THROAT :** Ear set / Shape :   
Periauricular Pits / Tags :   
Nasal shape / Patency : *patent*  
Palate : *no cleft*  
Gums :  
Lips :   
Tongue :



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

ABDOMEN and UMBILICUS : Shape : (N)  
 Organomegaly : (-)  
 Bowel Sounds : (+)  
 Umbilical Stump : 20cm  
 Discharge : (-)

GENITILIA : Labia / Hymen :  
 Testicles/penis :  
 Anus : patent

HERNIAL ORIFICES : free

TRUNK and SPINE : (N)

SKIN LESIONS : (-)

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

**SYSTEMIC EXAMINATION**

Respiratory System :  
 Breathing Pattern :  Regular  Periodic  Shallow  Gasping  
 Mention If baby has Respiratory distress : RR : 56/m 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 :  
 SpO<sub>2</sub> : 98% on MA Auscultation : DAE (+) Breath Sounds : NVMS (+) Added Sounds :

Cardiovascular System :  
 HR : 158/m BP :  
 Femoral Pulses : free Precordial Activity : (N)  
 Other Peripheral Pulses :  
 Murmurs : (-)  
 Signs of Cardiac Failure : (-)

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



Nervous System : ..... al functions (Sensorium) : *gaze* .....  
State of wakefulness : .....  
Prechtle Score : .....

Nerves : .....

**Motor System :**

Passive Tone : ..... *2+* .....

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : *complete & symmetrical* ..... DTR : .....

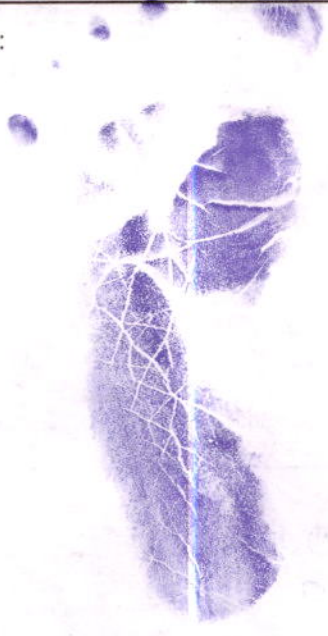
ATNR : ..... Skull and Spine : .....

Any Congenital Anomalies : *none* .....

Diagnosis : *single* .....

**FOOT PRINTS**

Left Side :



Right Side :



**Resident Doctor :**

Signature : ..... *[Signature]* .....

Name : *Barath* .....

Date & Time : .....

**Consultant :**

Signature : .....

Name : .....

Date & Time : .....

VIH-00208058  
Baby Of HARSHITA IP-00060410  
12-05-2026 0 Y 1 M 8 D (M)  
Dr. SURENDER RAO DUSA

- Intention:  Friend
- Will patient require transportation arrangements to go home:  Yes  No  NA
- Will Physiotherapy require at home:  Yes  No  NA
- Is home medical equipment anticipated:  Yes  No  NA
- Is home oxygen therapy anticipated:  Yes  No  NA
- Breastfeeding  Yes  No  NA
- Formula Feed  Yes  No  NA
- Are dressing needs at home anticipated:  Yes  No  NA
- Any other needs anticipated:  Yes  No If Yes Specify .....

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

.....

.....

.....

.....

.....

.....

.....

.....

**Screenings done during NICU Stay :**

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

**Discharge Details:**

**Neonatal Condition at Discharge:**

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



Feeding:  Breastfeeding exclusively  Breastfeeding and Formula Feeding  Formula Feeding

Vitamin K given:  Yes  No

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

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

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

Hearing Test:  Yes  No

Jaundice:  NIL  Slight  Moderate

Passed Urine:  Yes  No

Passed Meconium:  Yes  No

Weight at discharge: .....

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

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

Discharge to  Home  Other: .....

Against Medical Advice:  Yes  No

Referred to another hospital:  Yes  No

Discharge Medications:  Yes  No

Details: .....

Final Diagnosis: .....

usc abd

xray abd

mpv + vba + rfdcs +

pipetz + shilani

cse of stool cl

cue

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....



(1)

# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/16	Ke 21.	
3:30 PM	s/o Hypertension	
		Adh
		Sig Colours guconate 2ml/kg/
		IV over 20min
		- Salbutamol neb <sup>n</sup>
		- K Bind
		- SLE after 6 hrs of
		K Bind
		- SLE at 10 PM.
		- ABG at 7 PM.
		- Change IVF to 1/2 DNS
		- Start CUE & urine
		- CUE

ef  
f

5 PM

→ 6 Salbutamol - on going  
ECG - tall T waves ⊕

- Plan
- SALBUTAMOL - neb<sup>n</sup>
  - K Bind
  - SLE at 10 PM
  - ABG at 7 PM
  - Change IVF → 1/2 DNS

Dr. Suresh

Noted by  
Suresh

VIH-00206059 IP-00060410  
 Baby Of HARSHITA (M)  
 12-03-2026 0 Y 1 M 8 D  
 Dr. SURENDER RAO DUSA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>w/f - Tachycardic, bradycardic, cyanosis, desaturations, poor perfusion Hypotension irritable cry.</p>	
	<p>- Apical pepti. (cord)</p>	
19/6/26	<p>USG abdomen <del>examinis</del>            No significant abnormality            Fecal fluid filled distended rectum.</p>	
20/6/26 12AM	<p>k- 4.3 → stop stop</p>	<p>Nebulisation salbutamol &amp; buprid</p>
		<p>Noted by shirky.</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26		
6 AM	D39 / weak CRAB late onset sepsis / ? CMPIA / hyperkalemia.	
	issues - Excessive crying,	loose stools - stices - watery, yellowish green
	wt - 3.65 kg (↑60 gms) SpO <sub>2</sub> - 374/104 U/O - 1.6 SPO - 7 GRES -	Ofe - Normothunio on RA C/F/A - Good C/S - S, S (P) R/C - KAR (P) P/A - S of
	<u>Plan</u> - Target SpO <sub>2</sub> > 90% - Target MAP > 45 - NPO - IV - 150 ceftriaxone - 1/2 DNS → 10% 180-P - USG abdomen today - Blood c/e, stool c/e, sent = tan - to do CRP, CRP - inf piperaz - by Amikacin - CRP, CRP, C/E - at 6pm. T/M - SpO <sub>2</sub> charting, vitals monitor - Amoxicillin Pepti, USG Abd → today - CRP, CRP - 76 L-T/M	

Run

Noted by  
 Dr. Surender Rao  
 20/6/26

Dr. Surender Rao  
 20/6/26  
 10:00 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26	Baby seen	
5 PM	Hunger cry (F) Diaper - urine area stained slightly with blood	
	- be watchful, changed for urine. color - diaper immediately	
		Adx
		s/e, CBI, CRP, Hm trace, urine & stool culture Blood
	Aptamil Pepti feeds after sending sample -	Plan to start feeds from tm
	<del>1/2 feeds + 1/2 fluids</del> (75 cal/hr/day)	Dy
	<del>10ml gsm + 10ml each feed</del> (Total 60ml gsm).	A vital.
		Noted by Sr. Sushilika 20/6/26
	$\frac{1}{4}$ th feeds $\frac{3}{4}$ th IUF 17ml gsm	no diarrhea → ↑ to $\frac{1}{2}$ feeds + $\frac{1}{2}$ fluids
		21

VIH-00206059

IP-00060410

Baby Of HARSHITA

12-05-2026

0 Y 1 M 8 D

(M)

Dr. SURENDER RAO DUSA



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

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26	Day 40 of Term / cons / late onset sepsis / hyper	
	Issues - diarrhoea consistency improved.	
	wt - 3.67 kgs (↑ 110 grms)	Normoferric
	Ilo - 542.7 ml / 228 ml	LA
	U/o - 2.5 cc/kg/hr	Chest - BAEC ⊕
	s/o - 4 times	CVS - 1/PR ACIA
	Cress - 103 mg/dl	CUE - S1S2 ⊕
		PIA - soft, BS ⊕.
	Adv - Target SpO <sub>2</sub> - > 90%.	
	MAP > 45	
	Feeds (oral) - $\frac{1}{2}$ feeds - Apcamin Pepti → if no diarrhoea → <u>not</u>	demand feeds.
	↳ $\frac{1}{2}$ IVF - 10% 180-P → <u>BS</u> DVS	
	Trace m/s, cool c/s	
	Piptag D2 smitacin D2	
	Wt abdominal distension, change in stool consistency	
	1/2 feeds → still being	
	1/2 feeds	
	) observe for diarrhea	J. Kest. 21/6/26
	→ Loridin 10% - Q4H	
	→ S.E → 16PM	

~~Sr. Sushant 21/6/26~~  
Noted by  
S.E → 16PM

J. Kest.  
Kest  
21/6/26



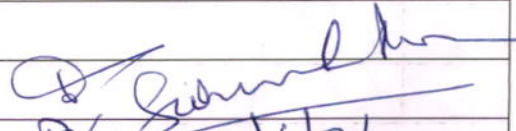
## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/16/26		
6 PM	=> Baby reviewed	
	=> Tak'g & tolerat'g feed well	
	=1 Tossed stool - 3 times	
	- semisolid	
	- Green in colour	
		<u>AM</u>
		- Trace & electrolytes
		- Full feeds (oral) from 8 PM
		- Trace - B <sub>2</sub> , stool SS
		- w/o abdominal distension

VIH-00206059  
 Baby Of HARSHITA  
 12-05-2026  
 Dr. SURENDER RAO DUSA  
 IP-00060410  
 0 Y 1 M 8 D  
 (M)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 7 AM	Day w/ l term / CT AB / Labc onset sepsis / myperils	
	<u>ISSUE</u> Note	
	T.WE - 3.6 kg (↓ 70g)	NORMOTHERMIE
	ILO - 539 / 167	SV @ RA
	ULO - 3.7 cc/kg/hr	check - BAC ⊕
	SLO - 5 times (semi-solid, green)	CVS - 9/12/12/12/12/12
	GRBS - 90 mg/dl	CVS - 9.52 ⊕
		PLA - SOFL.
	<u>ADV</u>	
	- Target SpO <sub>2</sub> > 90%	
	- MAP > 45	
	- oral demand feeds	
	150cc/kg/day → 60-70ml (minimum) (Decrease AP Lomil pcpb).	
	- Troce Bile	
	- Troce stool c/s	
	- PIPLOZ - D2, Amikoch - D2	
	- w/ Abdominal distension	
	- change in stool consistency	
	- plan to shift to room	
	- plan CBP, CRP OFEV 5 days	
	of antibiotic	
	Noted by Sushant 20/6/26	 Dr. Sushant 22/6/26 10:50 AM



### PROGRESS NOTES AND DOCTOR'S ORDER

22/6/26  
 12pm

Shifting Notes

Day 41 / Term / CIAB / LOS / Hyperkalemia.

Issues - None

Adv

STRICT  
 APTEMIL PEPTI  
 OF MOTHER FEED  
 NOT SUFFICIENT.

- ① Oral demand feeds.
- ② Blood cs - awaited.  
 Stool cs - (N).
- ③ Dr Inf amikacin  
Dr Inf piptan
- ④ w/ abdominal distension.
- ⑤ CBP, CAP on DC of Antibiotics.

[Signature]

original

~~Noted by  
 Sushu  
 29/6/26~~

VIH-00206059

IP-00060410

Baby Of HARSHITA

12-05-2026

0 Y 1 M 10 D

(M)

Dr. SURENDER RAO DUSA



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# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22.6.26 4:00 PM	S/R Registrar DOL-41 / Term / Late onset sepsis / Hyperkalemia	
	2 episodes of loose stool of child awake	
	very tense } (N) actively }	
	us - S (N)	Plan
	RE - RAED, clear	→ Oral demand feeds.
	P/A - soft, no distension	(Optimal feeds)
		→ Trace blood c/s
		→ Vital 4 <sup>th</sup> baby.
		→ CBP, CRP on
		D5 of antibiotic.
	I am... (Dr. Sameer)	→
	Noted by Padma.	
		22/6/26 @ 8pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26	<u>CLs/BReadout</u>	
8:45AM	DOL-42 / Term / LONS	Hyperkalemia
	O/E	
	C/T/A/Oed	
	CR/CBSec	<u>Ades</u>
	O/S-SIS, @	
	PS-BILAB @	- oral demand feed
	PA-SSTL	
	Nly Sten	- Trace blood cl
		- vitel gran
		- CBP/CRP T/M
		afternoon

~~Dr. Surender Rao~~  
 28/6/26  
 11AM

@

Dr. Surender Rao

note by  
 Rajadev  
 26/6/26  
 @ 8:45AM



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
25/06/26	<u>CLB Resident</u>	
2pm	DOL 42 / Term / LONS / hyperkalemia	
	CL 7/A good	<u>Plan</u>
	CR 7/CS sec	
	CS - SL2 ⊙	- oral demand feed
	PB - BILAS ⊙	(Aptamil peptid)
	PA - SGL	
	Viy S + CS	- Vitus 4mg
		- CBP, CRP at 6am
		- Dwdye Tm
	Note by	@
	Raja Du	Rashmi
	23/06/26	
	2pm	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>C/S/B Resident</u>	
<u>24/6/26</u> <u>9:30 AM</u>	Day-43   Term   C/IAB   date onset sepsis   Hyperkalemia - 9 CMPA Sepsis due to lookshoes :: mrgg.	
Twt: 3.67kgs (↓ 30gm)	<u>O/E</u> Child Alert C/A - Good C/R - Excellent.	
	Cu: C/C ⊕ Pu: B/L ⊕ ⊕ P/A: Soft C/N: NAD.	<u>Plan</u>
Dr. Prajankar	→ C/S today → stop antibiotics → stop <del>fluid</del> fluid Friday E CBP/CRP	← Oral demand feeds. ↓ Gond - Aptamil pepts. - Inj. piptaz-DS - Inj. Amikacin-DS - Neb. bevalin - uthey.
Noted by Dimple 24/6/26 @ 9:30 AM		- maintain - Inj. (6/1).
	Dr. Surender Rao <u>24/6/26</u> <u>11:55 AM</u>	

IH-00206059 IP-00060410  
 Baby Of HARSHITA  
 12-05-2026 0 Y 1 M 10 D (M)  
 Jr. SURENDER RAO DUSA



...SING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>hale. Onset Sepsis with Acute gastroenteritis.</u>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known					
	Surgery / Procedure:		If Yes Specify: .....					
BACKGROUND	Date	<u>22/6/26</u> -E	<u>22/6/26</u> -N	<u>23/6/26</u> -M	<u>23/6/26</u> -E	<u>23/6/26</u> -N	<u>24/6/26</u> -M	
	Shift							
BACKGROUND	Medical Condition (Any special condition to be noted):	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	
	Diet:	<u>FF</u>	<u>FF+DBM</u>	<u>FF</u>	<u>FF</u>	<u>FF</u>	<u>FR</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 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):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<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 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:	<u>98.3F</u>	<u>98.0F</u>	<u>98.3F</u>	<u>98.7F</u>	<u>98.0F</u>	<u>98.3F</u>
		Res:	<u>30blm</u>	<u>39blm</u>	<u>39blm</u>	<u>32blm</u>	<u>34blm</u>	<u>34blm</u>
		SpO <sub>2</sub> :	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>
		Pulse:	<u>150blm</u>	<u>141blm</u>	<u>141blm</u>	<u>137blm</u>	<u>139blm</u>	<u>130blm</u>
		BP:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
		LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
	Fall Risk Score:	<u>'16'</u>	<u>'6'</u>	<u>'16'</u>	<u>'16'</u>	<u>'6'</u>	<u>'16'</u>	
	Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</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 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:	<u>FF+DBM</u>	<u>FF+DBM</u>	<u>FF</u>	<u>FF</u>	<u>FF</u>	<u>FF</u>	
	Critical Lab Test / Values:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</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 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):	<u>dependent</u>	<u>Depend</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>dependent</u>		
Post Operative Procedure Special Orders:					<u>CBP CRP at 6AM</u>			
Handed Over By Name :		<u>Padma</u>	<u>Akanksha</u>	<u>Jhansi</u>	<u>Raj</u>	<u>Akanksha</u>	<u>rupika</u>	
Signature / ID :		<u>606329</u>	<u>606607</u>	<u>012212</u>	<u>606607</u>	<u>606607</u>	<u>607469</u>	
Date:		<u>22/6/26</u>	<u>22/6/26</u>	<u>23/6/26</u>	<u>23/6/26</u>	<u>24/6/26</u>	<u>24/6/26</u>	
Time:		<u>@ 8pm</u>	<u>@ 8am</u>	<u>@ 2pm</u>	<u>@ 8pm</u>	<u>@ 8am</u>	<u>@ 2pm</u>	
Taken Over By Name :		<u>Akanksha</u>	<u>Jhansi</u>	<u>Raj</u>	<u>Akanksha</u>	<u>rupika</u>	<u>noted by</u>	
Signature / ID :		<u>606607</u>	<u>012212</u>	<u>010104</u>	<u>606607</u>	<u>607469</u>	<u>rupika</u>	
Date:		<u>22/6/26</u>	<u>23/6/26</u>	<u>23/6/26</u>	<u>23/6/26</u>	<u>24/6/26</u>	<u>24/6/26</u>	
Time:		<u>@ 8pm</u>	<u>@ 8am</u>	<u>@ 2pm</u>	<u>@ 8pm</u>	<u>@ 8am</u>	<u>@ 2pm</u>	



## NURSING SHIFT HAND OVER FORM

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

IH-00206059 IP-00060410  
 Baby Of HARSHITA (M)  
 2-05-2026 0 Y 1 M 7 D  
 r. SURENDER RAO DUSA

# NURSING CARE RECORD

Date: 19/6/29

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2 pm   8 pm	Assessment Baby NPO Provided comfortable position		Assessed the baby condition Provided comfortable position	Baby is active	Vitals monitored and recorded I/O chart maintained	Se 19/6/26 @ 8pm
Night	8 pm   8 am	Assessment  vital signs.	8 pm   8 am	Assessed the baby condition monitored vital signs	baby is active	baby is stable.	shery 20/6/26 @ 8am

1H-00206059 IP-00060410  
 baby Of HARSHITA  
 2-05-2026 0 Y 1 M 7 D (M)  
 r. SURENDER RAO DUSA

# NURSING CARE RECORD



Date: 20/6/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Assessment	8am	Assessed baby condition	→ Baby is active	→ Plo chart maintained 6th hourly	Sherry 20/6/26 2pm
	10am	Feeds	10am	NPO	→ vitals are normal		
	1pm	Vitals	1pm	monitored vitals			
Afternoon	2pm	Assessment	2pm	Assessed the baby condition	Baby activity is good	Vitals checked & recorded Plo chart maintef	Sherry 20/6/26 8pm
	2pm	Feeds	2pm	Baby is n/po			
	5pm	Provide comfortable position	5pm	provided comfortable position to the baby.			
	7pm	medications given	7pm	medications given as per dr. order			
Night	8 pm	Assessment	8 pm	Assessed the baby condition.	Baby is active	Baby is stable.	Sherry 21/6/26 @8am
	8 am	vital signs	8 am	monitored vital signs			
		Intake output		monitored intake output chart.			



# NURSING CARE RECORD

Date: 21/6/26

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	8am	Assessment		Assessed the baby condition	Baby is active	vitals monitored and recorded I/po chart maintained	Su 21/6/26 @2pm
	10am	oral feed given medication given as per doctor order		oral feed given medication given			
Afternoon	2pm	→ Assess the Patient general condition → vitals checked & Recorded. → Maintain fluid Balance.		→ Assessed the Patient general condition → vitals checked & Recorded. → Maintain fluid Balance.	→ Assessed the child general condition → vitals checked & Recorded. → Maintain fluid Balance.	→ Assessed the child condition. → vitals are stable → Maintain fluid Balance. → Baby is active.	Mali 21/6/26 8pm
	8pm	Assessment the Baby condition. oral feeds given → vitals checked	8pm	Assessed the baby condition oral feeds given maintain fluid	* Baby is active	* vitals monitored and recorded * Baby is stable.	Akhila 21/6/26 @8pm

# NURSING CARE RECORD

Date: 22/6/26

- 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	22/6/26 10:00 AM	<ul style="list-style-type: none"> <li>→ Assess the Patient general condition</li> <li>→ vitals checked &amp; Recorded.</li> <li>→ child is taking Oral feed.</li> </ul>	10am 12pm 2pm	<ul style="list-style-type: none"> <li>→ Assessed the Patient general condition.</li> <li>→ vitals checked &amp; Recorded</li> <li>→ child is taking Oral feed</li> </ul>	<ul style="list-style-type: none"> <li>→ Assessed the Patient general condition</li> <li>→ vitals are stable</li> <li>→ Oral intake good.</li> </ul>	<ul style="list-style-type: none"> <li>→ Assessed the Patient general condition</li> <li>→ vitals are stable.</li> <li>→ Oral intake is good.</li> </ul>	Maheshwari 22/6/26 @ 2pm
Afternoon	4pm	* maintain fluid Balance.	7pm	* maintained the fluid Balanced. Nutritional Status.	* Prevent to the dehydration	* Re-assessment Done. - every 2nd hourly feeding.	Padma 22/6/26 @ 7pm
Night	9pm	maintain Good Nutritional Status.	10pm	* Feeding & Burping given every 2nd hourly	* prevented Dehydration.	* Re-assessment Done. Baby is stable.	Akshay 22/6/26 @ 8pm

11H-00206059

IP-00060410

Baby Of HARSHITA

2-05-2026 0 Y 1 M 10 D (M)

Jr. SURENDER RAO DUSA



# NURSING CARE RECORD

Date: 23/6/26

**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	8 am	* Maintain Fluid Balance	8 am	Feeding & Burping given every 2nd hourly	Prevented dehydration	Reassessment is done. Baby is safe	Jhansi 23/6/26
	12 pm	Administer Medication	12 pm	Administered medication	Baby is stable.	Haemodynamically stable	@sar
Afternoon	4 pm	Assess the patient general condition.	4 pm	* Assessed the patient general condition	* Monitor the baby condition	* Re Assessment is done baby is safe.	Aditya Pr. 23/6/26 @sar
Night	9 pm	* maintain Good Nutritional Status. * Ensure Safety	10 pm	* Feeding & Burping given Every 2nd hourly	* prevented Dehydration	* Re-Assessment Done. baby is Stable.	Ashish 24/6/26 @sar

VIH-00206059 IP-00060410  
 Baby Of HARSHITA  
 12-05-2026 0 Y 1 M 10 D (M)  
 Dr. SURENDER RAO DUSA



# NURSING CARE RECORD

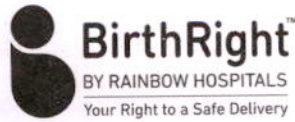


Date: .....

**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				<u>Discharge Notes</u>			
				Doctor came for rounds Baby is safe Doctor said		}	
Afternoon				Baby to be discharge			
Night				noted by Dupika			
					24/6/26 @2pm		



# CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT (NICU)

I Rahul S/o Mr./ Ms .....  
 hereby declare that our patient Mr. / Ms Blo Harshitha who is related to me as  
son is getting admitted in the Neonatal Intensive Care Unit (NICU) of Rainbow Children's  
 Hospital on 21.6.26 with UHID No. : 206059.

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

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

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

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

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

I give my consent to the team of doctors to go ahead and admit the child Mr. / Ms Blo Harshitha  
 in the NICU fully understanding the associated risks involved from various  
 procedures, high risk medications and infections in the NICU and treat him/her with all necessary means.

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

**Patient Attendant:**  
 Signature : [Signature]  
 Name : Rahul  
 Relationship with Patient: father  
 Date & Time : 21.6.26 @ 10 PM

**Witness :**  
 Signature : [Signature]  
 Name : Sherry  
 Date & Time : 21.6.26 @ 10:00pm

**Doctor (who is taking the consent) :**  
 Signature : [Signature]  
 Name : Dr. Hanich  
 Date & Time : 21.6.26



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

రోగి పేరు ..... వయస్సు ..... లింగం పు  / స్త్రీ

యు.హెచ్. ఐ.డి .....  
నేను ..... చి .....

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రేయిన్ఫో చిల్డ్రన్ హాస్పిటల్ లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్లో తేది .....

నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి/బాలికలో ఈ క్రింద తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

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

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

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

మా బాలుడు / బాలిక ఎన్.ఐ.సి. యు లో ఉన్నప్పుడు ఎన్నో విధాల వైద్య మరియు శస్త్ర ప్రక్రియలు ఇంకా వివిధ చికిత్స విధానాలు అవసరం పడతాయని మరియు వాటివల్ల దుష్పరిణామాలు కలగవచ్చని అర్థం చేసుకున్నాను. ఆ పరిణామాలు ఎటువంటివి అనగా రక్తస్రావ ప్రమాదం కణజాలం దెబ్బతినడం మొదలగునవి.

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

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

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Aptamil pepti

# CONSENT FOR FORMULA FEEDS



Patient Name : B/o Harshitha Age : 1M.7D Gender :  Male  Female

UHID No : 206059 Reg. No. : G0410 Department : NICU Date : 21/6/26

I ~~Mr~~ / ~~Mrs~~ Rahul aged ..... years, hereby declare that I have

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

19/6/26 I hereby give consent for formula feed for my child. Doctors have explained me

about the formula feeding benefits, risks, alternatives in the language I best understand.

### Patient Attendant :

Signature : [Signature]

Name : Rahul

Relationship with Patient: Father

Date & Time : 21/6/26 @ 10:00 PM

### Witness :

Signature : [Signature]

Name : Sherly

Date & Time : 21/6/26 @ 10:00 PM

### Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Govin

Date & Time : 21/6/26



# డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : ..... వయస్సు ..... లింగం పు  స్త్రీ

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

తేదీ .....

నేను శ్రీ / శ్రీమతి ..... వయస్సు ..... సంవత్సరాలు

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

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

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

IH-00206059

IP-00060410

Ref No. F/INPR/19

aby Of HARSHITA  
2-05-2026

0 Y 1 M 7 D

(M)

Patient Name :

r. SURENDER RAO DUSA



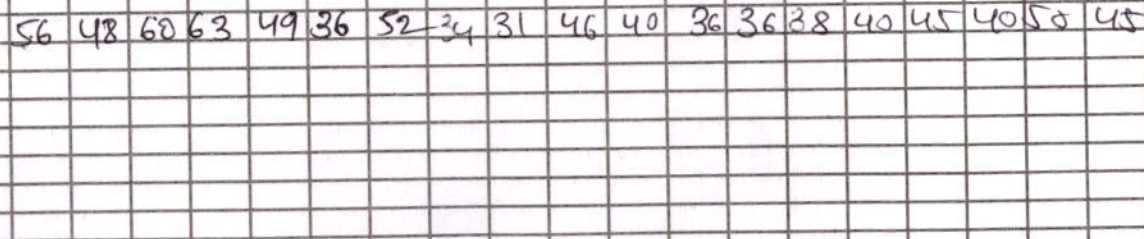
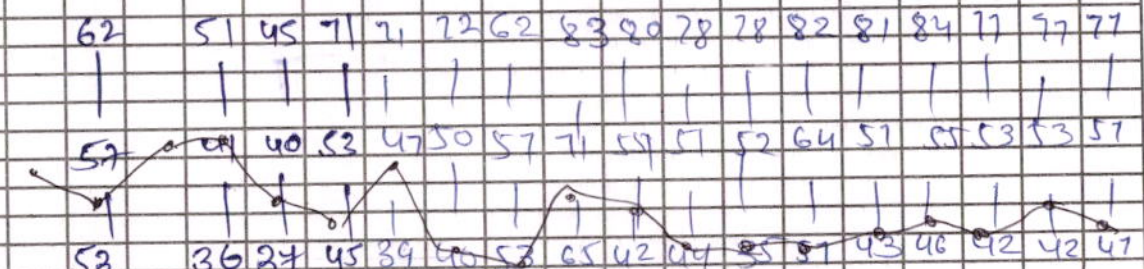
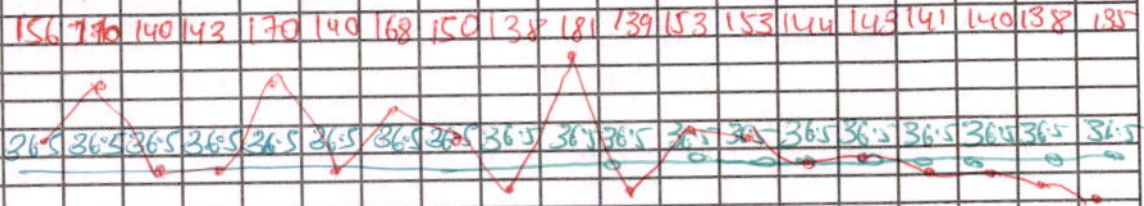
I.P. No

# NURSES ASSESSMENT CHART



Date : 19/6/26 Diagnosis : dehydration Weight : 2.57kg Chart No. : 11

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200																								
BLACK - RESP	105																								
GREEN - TEMP	104																								
BLUE - NIBP	103																								
	102																								
	101																								
A- ALERT	100																								
V-VOICE	99																								
P-PAIN	98																								
U-UNRESPONSIVE	97																								
	96																								
VERBAL	95																								
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18																								
	16																								
	14																								
	12																								
	10																								
O2																									
SPO2																									
RBS																									
SUCTION																									
PHYSIOTHERAPY																									
AVPU																									



Signature of the Nurse : .....

Morning Shift : .....

Evening Shift : Sy  
19/6/26 @ 8pm

Night Shift : sherry  
20/6/26 @ 8am

Ref No. F/INPR/19

Patient Name :



# NURSES ASSESSMENT CHART



I.P. No

Date : 20/6/26 Diagnosis : Dehydration Weight : 3.63 Kg Chart No. : 2

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200	135	130	126	121	131	127	114	126	129	128	126	141	127	149	138	159	119	135	138	134	124	136	135	121
BLACK - RESP	105																								
GREEN - TEMP	104																								
BLUE - NIBP	103																								
	102																								
	101																								
A- ALERT	100																								
V-VOICE	99																								
P-PAIN	98	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	
U-UNRESPONSIVE	97																								
	96																								
VERBAL	95	31	36	31	40	39	33	36	35	36	36	24	42	26	46	38	46	36	41	36	44	36	30	38	36
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50	83	98	95	112	91	83	89	86	88	89	88		89		85	91	98	90	96	87	80	80	78	82
1-NONE	40																								
MOTOR	35																								
6-OBEYS	30																								
5-LOCALISES PAIN	28																								
4-WITHDRAWS	26	56	74	66	97	67	58	70	68	60	63	61		69		65	41	64	64	66	59	53	57	61	57
3-FLECTION	24																								
2-EXTENSION	22																								
1-NONE	20																								
	18	43	63	54	87	54	45	59	52	46	49	48		50		53	37	47	50	53	44	44	42	51	44
	16																								
	14																								
	12																								
	10																								
O2																									
SPO2		93	94	93	95	99	95	97	95	96	95	95	98	98	94	96	94	96	98	96	100	96	98	97	96
RBS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUCTION		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : \_\_\_\_\_

Morning Shift : *Bandy*  
 20/6/26  
 2pm

Evening Shift : \_\_\_\_\_  
 20/6/26  
 @ 8pm

Night Shift : *Bruly*  
 21/6/26  
 @ 8am

Ref No. F/INPR/ VIH-00206059 IP-00080410  
 Patient Name : Baby Of HARSHITA 0 Y 1 M 8 D (M)  
 12-05-2028  
 Dr. SURENDER RAO DUSA  
 I.P. No

# NURSES ASSESSMENT CHART



Date : 21/6/26 Diagnosis : Dehydration Weight : 8.67 kgs Chart No. : 3

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7	
COLOUR CODE	200																									
	210																									
RED - PULSE	200	140	142	127	130	156	140	135	133	131	129	126	123	127	152	162	141	138	130	166	128	120	132	129	139	
BLACK - RESP	105	190																								
GREEN - TEMP	104	180																								
BLUE - NIBP	103	170																								
	102	160	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	
	101	150																								
A- ALERT	100	140	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
V-VOICE	99	130	83	92	78	85	97	74	76	85	80	88	79	88	93	101	98	92	91	96	80	89	82	89	90	
P-PAIN	98	120	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	
U-UNRESPONSIVE	97	110	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	
	96	100																								
VERBAL	95	90	60	67	53	57	72	52	53	59	56	58	56	61	62	74	69	65	63	67	56	63	60	64	59	58
5-ORIENTED	80																									
4-CONFUSED	70																									
3-IN APPROPRIATE WORDS	60																									
2-INCOMPREHENSIBLE SOUND	50																									
1-NONE	40																									
	35																									
MOTOR	30																									
6-OBEYS	28																									
5-LOCALISES PAIN	26																									
4-WITHDRAWS	24																									
3-FLECTION	22																									
2-EXTENSION	20																									
1-NONE	18																									
	16																									
	14																									
	12																									
	10																									
O2																										
SPO2																										
RBS																										
SUCTION																										
PHYSIOTHERAPY																										
AVPU																										

Signature of the Nurse : Sushanthi

Morning Shift : 8/26  
21/6/26 @ 8pm

Evening Shift : Mahesh  
21/6/26 @ 8pm

Night Shift : Nikhila  
21/6/26 @ 8AM

VIH-00206059 IP-00060410

Baby Of HARSHITA  
0 Y 1 M 10 D (M)  
Dr. SURENDER RAO DUSA

Ref No. F/INPR/1512-05-2026

Patient Name :



I.P. No

Date : 22/6/26 Diagnosis : Dehydration Weight : 3.61kg Chart No. : 4

# NURSES ASSESSMENT CHART



Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7		
COLOUR CODE	200																										
	210																										
RED - PULSE	200	148	120	145	127	125	131			138			140	145			151			152			151			145	
BLACK - RESP	105																										
GREEN - TEMP	104																										
BLUE - NIBP	103	170	26.5	26.8	26.8	26.8	26.5			26.5			26.5	26.9			26.9			26.9			26.8			26.5	
	102	160																									
	101	150																									
A- ALERT	100	140																									
V-VOICE	99	130	92	76	80	79	90	73																			
P-PAIN	98	120																									
U-UNRESPONSIVE	97	110	↑	↑	↑	↑	↑	↑																			
	96	100																									
VERBAL	95	90	69	47	55	51	65	51																			
5-ORIENTED	80																										
4-CONFUSED	70		↓	↓	↓	↓	↓	↓																			
3-IN APPROPRIATE WORDS	60																										
2-INCOMPREHENSIBLE SOUND	50		55	36	50	39	50	38																			
1-NONE	40																										
	35																										
MOTOR	30																										
6-OBEYS	28																										
5-LOCALISES PAIN	26																										
4-WITHDRAWS	24		57	42	37	38	42	37			38			39	38			41			42			41			40
3-FLECTION	22																										
2-EXTENSION	20																										
1-NONE	18																										
	16																										
	14																										
	12																										
	10																										
O2		98%	99%	100%	100%	99%	100%			100%			99%	99%			99%			99%			99%			99%	
SPO2		98%	99%	100%	100%	99%	100%			100%			99%	99%			99%			99%			99%			99%	
RBS		-	-	-	-	-	-			-			-	-			-			-			-			-	
SUCTION		-	-	-	-	-	-			-			-	-			-			-			-			-	
PHYSIOTHERAPY		-	-	-	-	-	-			-			-	-			-			-			-			-	
AVPU		A	A	A	A	A	A			A			A	A			A			A			A			A	

Signature of the Nurse : Maheswari

Morning Shift : Maheswari  
22/6/26  
@ 2pm

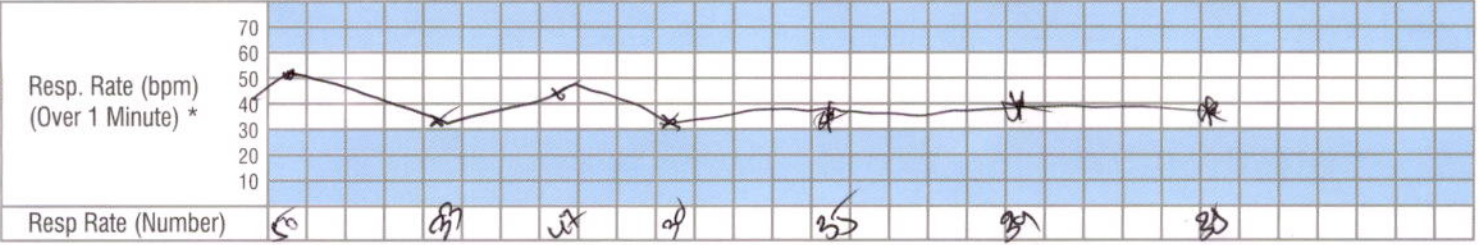
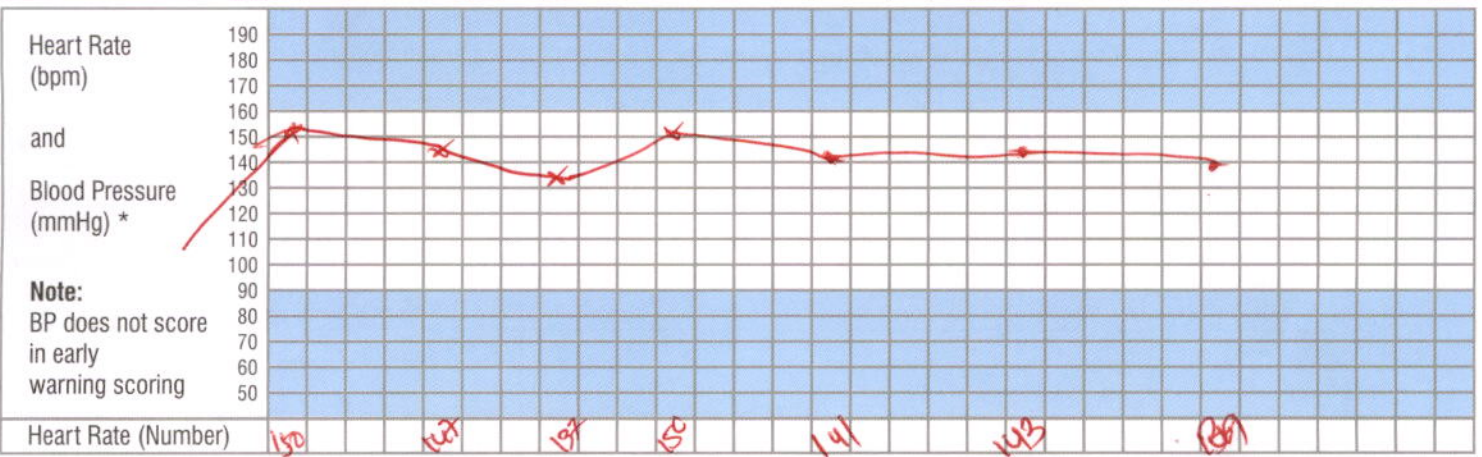
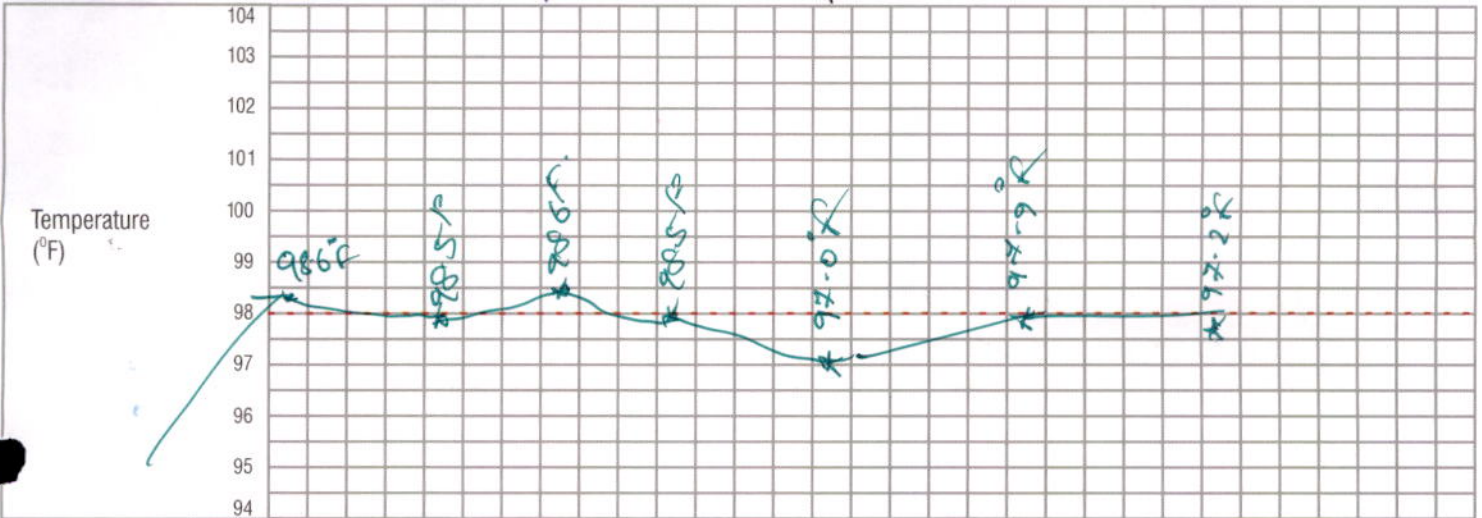
Evening Shift : Adma  
22/6/26  
@ 3pm

Night Shift : .....

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 23/6..... Time: 11 | 1 | 4 | 7 | 11 | 3 | 7

Doctor/Nurse/Family Concern? am | pm | pm | pm | pm | pm | pm



Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O <sub>2</sub> (l/min)		
O <sub>2</sub> Saturations (%)		
Conscious Level	Normal / Altered	
GCS *		

<b>TOTAL SCORE</b>						
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	AR	AR	AR	AR	AR	AR

<b>ACTIONS</b>	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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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-00206059  
 Baby Of HARSHITA  
 12-05-2026 0 Y 1 M 10 D (M)  
 Dr. SURENDER RAO DUSA

IP-00060410



RCH/ FRM / CLINICAL / 124

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



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 04/06/24 Time: \_\_\_\_\_

Doctor/Nurse/Family Concern? \_\_\_\_\_

Temperature (°F)	104																			
	103																			
	102																			
	101																			
	100																			
	99																			
	98																			
	97																			
	96																			
	95																			
	94																			

Heart Rate (bpm)	190																				
	180																				
	170																				
	160																				
	150																				
	140																				
	Blood Pressure (mmHg) *	130																			
		120																			
		110																			
		100																			
	<b>Note:</b> BP does not score in early warning scoring	90																			
		80																			
	70																				
	60																				
	50																				
Heart Rate (Number)																					

Resp. Rate (bpm) (Over 1 Minute) *	70																				
	60																				
	50																				
	40																				
	30																				
	20																				
	10																				
	Resp Rate (Number)																				

Resp Distress	Mod/ Severe																			
	None / Mild																			
Receiving O <sub>2</sub> (l/min)																				
O <sub>2</sub> Saturations (%)																				

Conscious Level	Normal																			
	Altered																			
GCS *																				

<b>TOTAL SCORE</b> Number of shaded boxes																				
Pain Score																				
Observer's Initials																				

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

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

VIH-00206059  
 Baby Of HARSHITA IP-00060410  
 12-05-2026 0 Y 1 M 10 D (M)  
 Dr. SURENDER RAO DUSA

# SERVATION INING 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	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
S	<b>SITUATION :</b> 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	<b>BACK GROUND :</b> 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	<b>ASSESSMENT :</b> 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	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



**FLUID CHART**

Sheet No. : 11 19/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
<b>Total Intake :</b>			107.580			<b>Total Output :</b>						
	02:00 pm	<del>107.580</del>										
	03:00 pm	N		22ml		✓						
	04:00 pm			22ml					15ml			
	05:00 pm	P		22ml		✓						
	06:00 pm		1/2 DNR	22ml		✓						
	07:00 pm	O		22ml								
<b>Total Intake :</b>			110 ml			<b>Total Output :</b>					15 ml	
	08:00 pm			22ml		✓					0	
	09:00 pm			22ml		✓✓			20ml		0	
	10:00 pm			22ml		✓✓					0	
	11:00 pm			22ml					10ml		0	
	12:00 am			22ml		✓					0	
	01:00 am			22ml					15ml		0	
<b>Total Intake :</b>			132 ml			<b>Total Output :</b>					45 ml	
	02:00 am			22ml							0	
	03:00 am			22ml							0	
	04:00 am			22ml							0	
	05:00 am			22ml							0	
	06:00 am			22ml					44ml		0	
	07:00 am			22ml							0	
<b>Total Intake :</b>			132 ml			<b>Total Output :</b>					44 ml	

Sushanti  
 19/6/26  
 @ Spr

Shirly  
 20/6/26  
 @ 8am

**Total 24 hrs. Intake** 145 ccl/kg/day

**Total 24 hrs. Output** 1.6 ccl/kg/day



# FLUID CHART

Sheet No. : ..... 2 .....

20/6/26.

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	Route I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	N		22.3							0	Sherry 20/6/26 @ 8 am.
	09:00 am			22.3							0	
	10:00 am	P		22.3			✓				0	
	11:00 am		10/1800P	22.3					40ml		0	
	12:00 pm	O		22.3							0	
	01:00 pm			22.3							0	
<b>Total Intake :</b>			133.8ml			<b>Total Output :</b>					40ml	
	02:00 pm			22.3							0	Sherry 20/6/26 @ 8 am.
	03:00 pm	N		22.3			✓		30ml		0	
	04:00 pm			22.3							0	
	05:00 pm	P		22.3							0	
	06:00 pm	O		22.3					20ml		0	
	07:00 pm			22.3							0	
<b>Total Intake :</b>			133.8ml			<b>Total Output :</b>					50ml	
	08:00 pm			22.3ml							0	Sherry 21/6/26 @ 8 am.
	09:00 pm			22.3ml			✓				0	
	10:00 pm			22.3			✓		15ml.		0	
	11:00 pm			22.3							0	
	12:00 am			22.3					34ml.		0	
	01:00 am			22.3							0	
<b>Total Intake :</b>			133.8ml			<b>Total Output :</b>					49ml.	
	02:00 am			22.3							0	Sherry 21/6/26 @ 8 am.
	03:00 am		17ml	17ml					24ml.		0	
	04:00 am			17ml							0	
	05:00 am			17ml							0	
	06:00 am		17ml.	17ml					30ml		0	
	07:00 am			17ml.					35ml.		0	
<b>Total Intake :</b>			141.3 ml. (542.7ml)			<b>Total Output :</b>					89ml. (228ml)	
<b>Total 24 hrs. Intake</b>		147.8 ccl/kg/day.										
<b>Total 24 hrs. Output</b>		2.5 ccl/kg/day. (228ml)										



# FLUID CHART

Sheet No. : ..... (3) .....

21/6/26 a

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	Route <i>10% D50P</i>	N.G.	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am			17 ml							0	<i>Sushanti</i> <i>21/6/26</i> <i>@ 2pm</i>	
	09:00 am	<i>Aptamil</i>	30ml	11 ml							0		
	10:00 am	<i>Pepti</i>		11 ml					15ml		0		
	11:00 am			11 ml							0		
	12:00 pm	<i>Aptamil</i>	33ml	11 ml					15ml		0		
	01:00 pm	<i>Pepti</i>		11 ml							0		
<b>Total Intake :</b>			<i>138 ml</i>			<b>Total Output :</b>					<i>30ml</i>		
	02:00 pm			11 ml							0	<i>Neharwan</i> <i>21/6/26</i> <i>@ 2pm</i>	
	03:00 pm	<i>APLAMO</i>	33ml	11 ml					17 ml		0		
	04:00 pm	<i>Pepti</i>		11 ml							0		
	05:00 pm			11 ml							0		
	06:00 pm	<i>APLAMO</i>	33ml	11 ml					15ml		0		
	07:00 pm	<i>Pepti</i>		11 ml							0		
<b>Total Intake :</b>			<i>132 ml</i>			<b>Total Output :</b>					<i>32 ml</i>		
	08:00 pm			<del>11 ml</del>	<i>stop</i>				15ml		0	<i>Akhi</i> <i>21/6/26</i> <i>@ 8 AM</i>	
	09:00 pm	<i>APLAMO</i>	66ml								0		
	10:00 pm	<i>Pepti</i>							20ml		0		
	11:00 pm										0		
	12:00 am	<i>APLAMO</i>	66ml						15		0		
	01:00 am	<i>Pepti</i>									0		
<b>Total Intake :</b>			<i>143 ml</i>			<b>Total Output :</b>					<i>50ml</i>		
	02:00 am										0		
	03:00 am	<i>APLAMO</i>	60 ml						25ml		0		
	04:00 am										0		
	05:00 am										0		
	06:00 am	<i>APLAMO</i>	66ml						30ml		0		
	07:00 am										0		
<b>Total Intake :</b>			<i>126 (539 ml)</i>			<b>Total Output :</b>					<i>55ml (167 ml)</i>		

**Total 24 hrs. Intake**     *146.8 cckg/day*

**Total 24 hrs. Output**     *3.7 cckg/day*



# FLUID CHART

Sheet No. : 4 .....

22/6/26

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

Date	Time	Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
22/6/26	08:00 am	Aplami	pepti								0	Maha
	09:00 am	66 ml	66 ml								0	
	10:00 am										0	
	11:00 am								15 ml		0	
	12:00 pm	Aplami	70 ml								0	
	01:00 pm	Pepti								15 ml	0	
<b>Total Intake :</b> 136 ml				<b>Total Output :</b> 30 ml								
22/6	02:00 pm										0	padding 22/6/26 @ 7pm
	03:00 pm	Aplami	70 ml								0	
	04:00 pm	pepti									0	
	05:00 pm	CBM									0	
	06:00 pm	DBF+									0	
	07:00 pm	ff									0	
<b>Total Intake :</b>				<b>Total Output :</b>								
22/6	08:00 pm	ff	(60ml)								0	Abesh 23/6/26 @ 8PM
	09:00 pm										0	
	10:00 pm	ff	(60ml)								0	
	11:00 pm										0	
	12:00 am	ff	(30ml)								0	
	01:00 am										0	
<b>Total Intake :</b>				<b>Total Output :</b>								
23/6	02:00 am	ff+	(60ml)								0	@ 8PM
	03:00 am	com									0	
	04:00 am										0	
	05:00 am	ff(B)	60ml								0	
	06:00 am										0	
	07:00 am										0	
<b>Total Intake :</b>				<b>Total Output :</b>								

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



**FLUID CHART**

Sheet No. : 5

23/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
23/6/26	08:00 am	FF	60ml										
	09:00 am					✓				✓	0		
	10:00 am	FF	60ml							✓	0		
	11:00 am					✓				✓	0		
	12:00 pm	FF	60ml							✓	0		
	01:00 pm						✓			✓	0		
<b>Total Intake :</b>						<b>Total Output :</b>							
23/6/26	02:00 pm												
	03:00 pm	EBM	60ml								0		
	04:00 pm					✓				✓			
	05:00 pm	FF	60ml										
	06:00 pm						✓			✓			
	07:00 pm	FF	60ml							✓			
<b>Total Intake :</b>						<b>Total Output :</b>							
23/6	08:00 pm												
	09:00 pm	FF (60ml)					✓						
	10:00 pm									✓			
	11:00 pm	FF (60ml)					✓						
	12:00 am												
	01:00 am	FF (60ml)								✓			
<b>Total Intake :</b>						<b>Total Output :</b>							
24/6	02:00 am												
	03:00 am	FF (60ml)											
	04:00 am									✓			
	05:00 am	FF (60ml)					✓						
	06:00 am												
	07:00 am	FF (60ml)								✓			
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

VIH-00206059 IP-00060410  
 Baby Of HARSHITA  
 12-05-2026 0 Y 1 M 10 D (M)  
 Dr. SURENDER RAO DUSA



# 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 Thrombo-phlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
<i>Sulobab</i>	08:00 am	<i>DBF</i>										<i>Parvika Sulobab @ 2pm</i>
	09:00 am											
	10:00 am											
	11:00 am	<i>DBF</i>										
	12:00 pm											
	01:00 pm	<i>DBF</i>										
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>						

IH-00206059 IP-00060410  
 aby Of HARSHITA (M)  
 2-05-2026 0 Y 1 M 10 D  
 r. SURENDER RAO DUSA



## MEDICATION RECONCILIATION FORM

Drug Allergies: .....

Not known any Drug Allergies

**Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.**

**(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)**

Shifting From: .....

Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ PIPERACILLIN + TAZOBACTAM	357 mg	IV	THREE DAILY.	.	<input type="checkbox"/> C <input type="checkbox"/> DC
2	INJ AMIKACIN.	54 mg	IV.	ONCE DAILY		<input type="checkbox"/> C <input type="checkbox"/> DC
3	ENTEROGERMINA RESOLVE.	1/4 <sup>th</sup> Respuke	ORAL	THREE DAILY.		<input type="checkbox"/> C <input type="checkbox"/> DC
4	NEB ELEVOSALBUTAMOL.	0.31 mg	NEBULIZAT 20W	4 <sup>th</sup> hly.		<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... D. Vishal

Date & Time : ..... 22/6/26, 2pm

Nurse Name & Signature: ..... Maheswari

Date & Time : ..... 22/6/26 2pm

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

VIH-00206059 IP-00060410  
 Baby Of HARSHITA  
 12-05-2026 0 Y 1 M 7 D (M)  
 Dr. SURENDER RAO DUSA



## MEDICATION RECONCILIATION FORM

Drug Allergies: No  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: GR Shifted to: NICU

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

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: [Signature]

Date & Time: 19/06/2026 @ 1 PM

Nurse Name & Signature: [Signature]

Date & Time: 19/06/2026 @ 1 PM



# DRUG CHART

Date of Admission: ..... Drug Allergies: .....  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

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

## SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY: Name .....



**REGULAR PRESCRIPTIONS**

Weight. 3.57 Ward. NICU

Chit 19/6/26  
Chit 19/6/26  
Chit 19/6/26

AS PC Dr Surender Rao  
Chit 19/6/26

<b>DRUG :</b> INS PIPERACILIN TAZOBACTAM				Date/Time	19/6	20/6	21/6	22/6	23/6	24/6	25/6	26/6	27/6	28/6	29/6
Dose	Route	Frequency	Start Date	12 am	X										
357 mg	IV	THRU 08 DAILY	19/6												
Name & Signature of the Doctor Starting the Drugs:				8 am	X										
Additional Instructions:				4 pm											
				4 pm											
<b>Daily Doctor's Endorsement by a Sign</b>															

<b>DRUG :</b> INS AMIKACIN				Date/Time	19/6	20/6	21/6	22/6	23/6
Dose	Route	Frequency	Start Date	4 pm					
50 mg	IV	ONCE DAILY	19/6						
Name & Signature of the Doctor Starting the Drugs:				4 pm					
Additional Instructions:									
<b>Daily Doctor's Endorsement by a Sign</b>									

<b>DRUG :</b> K-BIND POWDER 15g SACHET				Date/Time	19/6
Dose	Route	Frequency	Start Date	9 AM	X
1.8g	PR	TWICE DAILY	19/6		
Name & Signature of the Doctor Starting the Drugs:				9 AM	X
Additional Instructions:					
				9 PM	
<b>Daily Doctor's Endorsement by a Sign</b>					

<b>DRUG :</b> NEB SALBUTAMOL				Date/Time	
Dose	Route	Frequency	Start Date		
0.5 ml	NEB	6 times	19/6		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
<b>Daily Doctor's Endorsement by a Sign</b>					

VH-00206059 IP-00060410

Baby Of HARSHITA

12-05-2026 0 Y 1 M 8 D (M)

Dr. SURENDER RAO DUSA

Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
Dr. SURENDER RAO DUSA		②	NICU	3.57



REGULAR PRESCRIPTIONS

**DRUG :** ENTEROGERMINA RESPUCE

Dose	Route	Frequency	Start Dt.	Date Time	19/6	20/6	21/6	22/6	23/6	24/6
1/4th	ORAL	THREE TIMES	19/6	8 AM	X					
Name & Signature of the Doctor starting the Drugs:				11 AM	X					
Additional Instructions:				7 PM						
Daily Doctor's Endorsement by a Sign.										

**DRUG :** NEB. SALBUTAMOL

Dose	Route	Frequency	Start Dt.	Date Time	19/6	20/6	21/6	22/6	23/6	24/6
0.5ML	P/N	4TH HOUR	19/6	8 AM	X					
Name & Signature of the Doctor starting the Drugs:				8 AM	X					
Additional Instructions:				2 PM						
Daily Doctor's Endorsement by a Sign.										

**DRUG :** NEB SALBUTAMOL

Dose	Route	Frequency	Start Dt.	Date Time	19/6	20/6	21/6	22/6	23/6	24/6
0.5ML	NEB	4th hour	22/6							
Name & Signature of the Doctor starting the Drugs:										
Additional Instructions:										
Daily Doctor's Endorsement by a Sign.										

**DRUG :** NEB LEVOSALBUTAMOL

Dose	Route	Frequency	Start Dt.	Date Time	19/6	20/6	21/6	22/6	23/6	24/6
Name & Signature of the Doctor starting the Drugs:										
Additional Instructions:										
Daily Doctor's Endorsement by a Sign.										

Chitra 19/6/26

Chitra 19/6/26

Chitra 19/6/26

Rain...  
 VIH-00206059  
 Baby Of HARSHITA  
 12-05-2026 0 Y 1 M 8 D (M)  
 Dr. SURENDER RAO DUSA  


Ref. No. : F / HW / DC / RP / INPR / 05.a

I.P. No.

Sheet No. **(3)**

Wards  
NICU

Weight (kg)  
3.57kg

REGULAR PRESCRIPTIONS

Chit 21/6/26

DRUG : NEB. LEVOSALBUTAMOL				Date				
Dose	Route	Frequency	Start Dt.	Time	21/6	22/6	23/6	
0.31mg	PN	4 <sup>th</sup> hly	21/6	12 AM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Name & Signature of the Doctor starting the Drugs:				11 AM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Additional Instructions: 1 R-SP = 0.31 mg.				8 AM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				12 PM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Daily Doctor's Endorsement by a Sign.				4 PM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				8 PM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

See for nebulization chest

DRUG :				Date				
Dose	Route	Frequency	Start Dt.	Time				
Name & Signature of the Doctor starting the Drugs:								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign.								

DRUG :				Date				
Dose	Route	Frequency	Start Dt.	Time				
Name & Signature of the Doctor starting the Drugs:								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign.								

DRUG :				Date				
Dose	Route	Frequency	Start Dt.	Time				
Name & Signature of the Doctor starting the Drugs:								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign.								



		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
<b>DRUG :</b>		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/6	3:30pm	INS CALLIUM GILUCONATE	2ml/kg (7ml + 7ml S.F.D)	IV over 20mins	[Signature]	Seshant Harish
19/6	3:30pm	NS SOLU	10ml/kg	IV	[Signature]	Seshant Harish

VERIFIED BY : Name Signature



I.V. FLUIDS CHART

Weight: 3.5 kg Ward: WIC

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
19/6	2pm	TV - 150 cc/kg day 10% 180 + + mvt + Ca	IV	22.3 ml.	ef	Susantia Haritha	19/6	ef	Susantia Haritha
<del>19/6</del>									
19/6	6pm	TV - 150 cc/kg day 1/2 DNS	IV	22.3 ml.	ef	Susantia Haritha	20/6	ef	Susantia Haritha
20/6	11am	TV - 150 cc/kg day 10% 180 - P + mvt + Ca	IV	22.3 ml	ef	Sandhya Jyothi	21/6	ef	Susantia Haritha
20/6	11AM	TV - 75 cc/kg day 10% 180 - P + mvt + Ca	IV	11.1	ef	Susantia Haritha	21/6	ef	Susantia Haritha

IH-00206059 IP-00060410  
 Baby Of HARSHITA  
 2-05-2026 0 Y 1 M 7 D (M)  
 Dr. SURENDER RAO DUSA



## RESULT SHEET

Date	19/6/26	19/6/26	21/6/26	21/6/26	24/6/26
Time	2pm	10:30 PM.	6:00AM	7 PM	9 AM
Hb	10.7 ✓		9.4		10.3 ✓
PCV	30.0 ✓		26.3		28.6 ✓
RBC	3.20 ✓		2.87		3.13 ✓
WBC	22.16 ✓		10.91		14.35 ✓
N/L	48.4/34.1 ✓		212/63.9		26/63 ✓
Platelets	583 ✓		561		736 ✓
CRP	57 ✓		32		32 ✓
ESR					
PCT					
RBS					
Na	145 ✓	143 ✓	138	136	
K	7.0 ✓	4.3 ✓	6.0	5.0	
Cl	108 ✓	110 ✓	105	105	
Ca/Mg	10.0 ✓				
Phosphate					
Urea	44.2 ✓				
Creatinine	0.4 ✓				
ALP					
SGPT					
SGOT					
T.Bill/Conj	1.1 < 0.1 ✓				
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date					
Time					
CUE - Alb					
CUE - Sugar					
CUE - Ketones					
CUE - PUS Cells					
CUE - RBC Cells					
CUE					
prolactin	29.5			<u>CUE</u>	
Stool Pus Cell				Colour → Pale yellow	
OVA / Cyst				Appearance → Slightly turbid	
Occult Blood				pH → 6.0	
<u>CSE</u>				Specific gravity → 1.020	
Colour → Greenish				Sediment → present	
Consistency → Semi liquid				Protein → NP	
pH → 8.0				Glucose → NP	
Mucus → Present				Ketone bodies → Negative	
Blood → Absent				Bile Salts → Absent	
undigested food → Absent				Bile pigments → Absent	
Helminthes → NP				Nitrite → Negative	
Pus cells → 1-2				Blood → Absent	
Red Blood cells (stool) → NP				Leucocytes → Negative	
Starch Granules → Absent				Pus cells → 2-4	

Culture and Sensitivities :

- Yeast cells → NP
- Fat Globules → Absent
- Protozoa → NP

- epithelial cells → 2-3
- RBCs → NP
- crystals → uric acid crystals present ++
- casts → Granular casts present +

Radiology :      USG : .....

                         X-Ray : .....

                         ECHO : .....

                         CT : .....

                         MRI : .....

Others (ECG, Contrast Studies etc.) : .....