


ACT IP-00060310
Baby B/O N DEEPIKA
1-06-2026 0 Y 0 M 0 D 3 H (M)
Name: Mr. SURENDER RAO DUSA
UHID: 

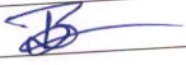
.LING

Consultant: _____ Dept: _____


Date of Admission: _____ Time: _____ Date of Discharge: _____ Time: _____

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


WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/6/26	12:30pm	NICU	NICU 218	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Murthy Kanwal	11/6/26	3089065	
2.	Cross checked done by Dr. Adish			11/6/26
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

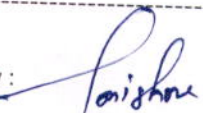
PROCEEDURE


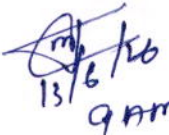
Date	Proceedure	Quantity	Order No.	Signature
12/6/26	PEOME	1	3089688	

ANY OTHER INFORMATION

Date: 13/6/26

Time: 9 AM

Prepared By: 

<p>Staff Nurse</p> <p></p>	<p>Shift / Ward</p> <p> 13/6/26 9 AM.</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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ADMISSION SHEET

Registration Details :



Admission No : IP-00060310 Admit Date : 11-Jun-2026 Admit Time : 04:33 AM UHID : VIH-00205803

Patient Details :

Patient Name : Baby B/O N DEEPIKA Age : 0 D
Guardian : Mr K BHASKAR REDDY DOB : 11-06-2026 02:54 AM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : POLLYPAHAD, M THURKAPALLY, YADADRI, Phone No : 9347638859/ 9640068062
BHONGIR Bhongir Nalgonda Telangana INDIA E-mail : na@gmailcom
508116

Admission Details :

Bed Type : NICU Bed No : NICU 247 Ward Name : N 2F-NICU I
Room No : NICU 247 Admission Type : First Visit

Contact Details :

Name : Mr K BHASKAR REDDY Relationship : Father
Contact Address : POLLYPAHAD, M THURKAPALLY, YADADRI, Phone No : 9347638859
BHONGIR Bhongir Nalgonda Telangana INDIA
508116

K. Bhaskar
Signature

Doctor Details :


Doctor Name : Dr. SURENDER RAO DUSA Specialisation : GENERAL PEDIATRICS
Referral Doctor : DR.BHAVANA K Phone No :
Co-Consultant :

Payment Details :

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

Handwritten scribbles or faint markings on the left side of the page.

PATIENT TRANSFER FORM

Patient Name / I.P. No.		Date & Time of Admission	Date & Time of Transfer Order
//H-00205803 Baby B/O N DEEPIKA 1-06-2026 IP-00060310 0 Y 0 M 0 D 6 H (M) Treating Consr. SURENDER RAO DUSA  Dr. SR Rao Sr.		11/6/26 @ 2:50pm	11/06 @ 12:30pm
Dr. SR Rao Sr.		if ordered by Dr. SR Rao Sr.	Reason for Transfer Stable.
From Unit NICU - I	To Unit 2nd floor	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 19	Number of Imaging films X-Ray - 1 BBG - 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.	Diapers	2	
2.	APTamil Gold	1	
3.	D water	1 Box	
4.	Baby wipes	1	
5.	Mucus	1	
Shifting Summary / notes written by Doctor : Dr. Vishal			
Name & Signature of Person who is Transferring Sr. Unnikrishna		Name of Person Ordered Transfer Dr. Vishal	
Patient & Clinical records received by : Akanksha			
Date & Time of Patient Received:		11/6/26 @ 12:50pm	

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

NH-00205803 IP-00060310
 Baby B/O N DEEPIKA
 1-06-2026 0 Y 0 M 0 D 3 H (M)
 Dr. SURENDER RAO DUSA



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : N Deepika Age : 25y Father's Name : Age :
 Date of Birth : Date of Admission : UHID No. :
 NICU Consultant : Dr. Vishnu V. Reddy Referring Consultant :
 Transferring Unit : OT Labour Room ER Ward
 Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : N Deepika Mother's Blood Group : O positive
 Gender : M F Blood Group : Birth Weight (gms) : 2.749 Kg Length (cms) :
 Date of Birth : 11/6/26 Time of Birth : 2:54:16 (Sec) OFC (cms) :
 Place of Birth : V- KEM Estimated Gesth Age : 37th wks.

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 25y Ht : Wt : BMI : Married Life : 2.5y LMP : 24/9/25 EDD : 30/6/26
 Conception : Spontaneous or with Rx :
 Booked at what GA : since conception AN Steroids Drugs / Doses :
 Last Scans Details : (20/5/26) - 35th wks, succ, uphalla, rws - 2609 g, 281g, AC-31.3 cm, AFI-16-124
dup @ TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <18 yrs > 35yrs
 Consanguinity : Yes No
 If yes, degree of consanguinity : 1 2 3
 H/o PIH (after 20 weeks) / PE
 How many Drugs / Doses / Since how long :
 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 :

H/o GDM/ pre GDM/ on diet or insulin
 Controlled or not, recent values, HbA1 values :
 Compliance with Rx :
 Scans : LGA, TIFFA , Fetal Echo :
 H/o Hypothyroidism : when diagnosed ? Medication?
 Any other Chronic Medical Problems, when detected drugs ? APLA positive on ecosprin & clopane.
 (Anemia, SLE, Jaundice, CHD, Heart Disease)
 Infection : H/O, Fever
 (Malaria UTI TORCH TB HIV HBV)
 UTI : when : Any culture :

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



PAST OBSTETRIC HISTORY

G: 4 P: A: 3 L:

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1		11 wks			missed miscarriage	
2		6 wks			spont miscarriage	
3		6 wks			spont. miscarriage	

PERINATAL HISTORY

Treating Obstetrician : Dr. Khawana K. Hospital : V-RCU Inborn Outborn

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

APGAR SCORE

Gestational Age : Weeks :

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

	1 Minute	5 Minutes	10 Minutes
TOTAL	<u>8/10</u>	<u>9/10</u>	

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :



pre / Term / 37+1 wks / SW-2749g / Baby boy / ACP / EmmeCS

Baby AAB
↓
DCC done x 1 min
↓
2 min SpO₂ - 92% sat. bot.
HR - 140/m
↓
cord clamped @ 1 min
sup vit k - 1mg in stat
↓
5 min SpO₂ - 75%
HR - 152/m
↓

Investigation details in previous Hospital :

DR-CRAB x 2 min
↓
audible grunt
scat ⊕
tachypnea
↓
] O/S - 4/10.

Feeding History :

shift to NCU

sf

Past History :

Family History :

Socio Economic History :



GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.4°C HR : 164/m RR : 56/m NIBP : CFT : *CFT*

Color of the extremities : *Acrocyanosis*

Jaundice : ☐ Pallor : ☐ SpO2 : 96%

Anthropometry : Birth Weight : 2749g Length : HC : Present Weight :

Ponderal Index : AGA : ✓ SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dymorphism) *no dymorphism*

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

EYES : Symmetry : (N)
Red Reflex :
Discharge : *no*

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



THORAX and BREASTS : Shape of Thorax : \textcircled{N}
 Position of Nipples and Number : *2 in no, normal position*

ABDOMEN and UMBILICUS : Shape : \textcircled{N}
 Organomegaly : \ominus
 Bowel Sounds : \oplus
 Umbilical Stump : *2APIV*
 Discharge : \ominus

GENITILIA : Labia / Hymen : *-*
 Testicles/penis : *all descended*
 Anus : *patent*

HERNIAL ORIFICES *free*

TRUNK and SPINE : \textcircled{N}

SKIN LESIONS : \ominus

EXTREMITIES : Fingers / Toes : *2* Arms / Legs : *4*
 Deformities : \textcircled{N} Mobility : \textcircled{N}
 Hip Joint Examination :

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 :
 SpO₂ : *95%* Auscultation : *LAB \oplus* Breath Sounds : *NUSS \oplus* Added Sounds :

Cardiovascular System :
 HR : *156/m* BP : Precordial Activity : \textcircled{N}
 Femoral Pulses : *4 free* Murmurs : \ominus
 Other Peripheral Pulses : Signs of Cardiac Failure : \ominus

Abdomen :
 Shape : \textcircled{N} Hernia orifice : *free*
 Palpation : *2obb* Anal Patency : \oplus
 Palpable masses : \ominus Umbilical Cord : *2APIV*
 Abdominal girth : \textcircled{N} First urine passed :
 Meconium passed :



Nervous System : Higher intellectual functions (Sensorium) :
State of wakefulness :
Prechtl Score :

Nerves :

Motor System :

Passive Tone : *4+* @

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : *complete & symmetrical* DTR :

ATNR : Skull and Spine :

Any Congenital Anomalies : *none*

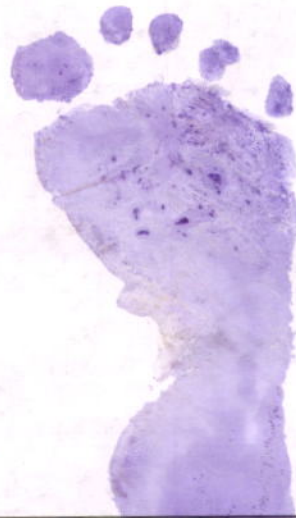
Diagnosis : *single | lump 3x1" w/ baby soy | ACP no- 2749g | smelcs*

FOOT PRINTS

Left Side :



Right Side :



*Taken by
Sr. Vanitha*

Resident Doctor :

Signature : *[Signature]*

Name : *Sarav*

Date & Time : *14/6/26 10 AM*

Consultant :

Signature : *[Signature]*

Name : *Dr. Surender Rao*

Date & Time : *10/6/2026 10 AM*



DISCHARGE PLAN

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

Feeding Plan at the time of shifting :

Immunise as per schedule

DOT gen for surpising

CAE, SAE, NAE before discharge

warm care, cold care

*Noted by
Rethy
11/6/26
@ 8PM*

*2f
M. - K. Suresh Kumar*

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:

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

Doctor Signature:

Doctor Name:

Date & Time:

Sniffing notes

11/6/26
10:15 am

B/O N Deepika, Mch, Born at 37⁺1 wk

by EMUSCS (NDOL); Bwt - 2749 g.

ciAB; required brief Respiratory support with CPAP for transient Respiratory Distress (tachypnea) and was admitted to NICU for observation/management

During NICU, baby remained hemodynamically stable and gradually improved, and baby is presently maintaining SpO₂ >95%; with no retractions / tachypnea.

Baby is accepting feeds well, tolerating feeds without vomiting / Abdominal Distension

Passing urine and stool adequately. 20 Bcils - small PDA.

at time of sniffing

Temp - Axilla 37.4 / HR - 150 / RR - 40 / SpO₂ >95

CNC - Active, alert LUS - S1 (S) M - BAE (P) N (S)

Abd - Soft

Di: Term (ARACH) / TTNS (Improved Resolved)

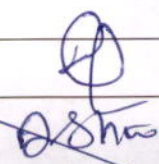
Plan.

1. Continue DBF
2. Monitor vitals
3. NBS / SBR / OAE as per plan.
4. Immunization.

Dr Sankar

2

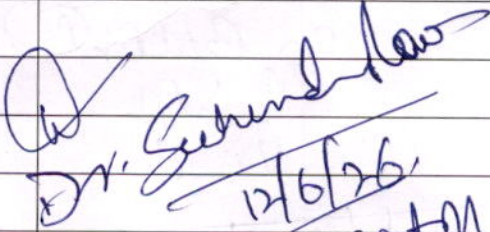
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26	<u>Lactation notes (Mrs. Ranjashree)</u>	
	<ul style="list-style-type: none"> • 1st time Mother • Normal breast condition • No drops of milk yet • Baby shifted from NCU to Mother side few hours ago. • Strategies to improve supply discussed. • Rx Plan: KMC + DBF + TF • To track the feeding in the sheet given <p>flu 2:00pm</p>	
11/6/26 4pm	<p><u>Obs/B Reside</u></p> <p><u>Newborn</u></p>	
	<p>O/R Chute robe</p> <p>C12/A5004</p> <p>CS S152</p> <p>By B/LDA</p> <p>PA 502</p> <p>Vy 8hr</p>	<p><u>Ad</u></p> <p>— Continue same</p>
	<p>Noted by Akshita</p> <p>11/6/26 @ 4pm</p>	<p></p>

VIH-00205803 IP-00080310
 Baby B/O N DEEPIKA
 11-08-2026 0 Y 0 M 0 D 9 H (M)
 Dr. SURENDER RAO DUSA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/2026	37+1 / ♂	2.749 / G4
9:40 AM		↓ / Emuls S
		2.70 / NPOL.
	CIT/HA Gnd	
	CPT C3IC,	
	AF (N)	
	more E fusl	
	C vs	
	CMS /	
	KS /	
	PA / (N)	
		@/on
		-TCB T/M
		-DBF fb burping w/
		- warmth & cord care
		- vitals 6+ h 1ly
		- OAE T/D
		- Inform SES
		A. Kumar
		 Dr. Surender Rao 12/6/26 10:30 AM

breastfeed
 TCB stable



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26	<p>Lactation notes (Mrs. Raney Ashwin)</p> <ul style="list-style-type: none"> Continuing with the plan KMC + DBF + TF To see the Mother in the next feeding session 	
12/43 PM	<ul style="list-style-type: none"> Assisted the Mother in feeding baby latching & suckling well in football hold position Pattern KMC + DBF + TF 	
1:10 PM		<p>37 + 1 / 2.70g / Em. L/S / NPOL</p> <p>8 / 2.70</p>
12/6/26 3:00 PM		<p>- Baby concerns - Nil</p> <p>- CRT < 3 sec</p>
M) OTR B)		<p>Baby feeding ⊕</p> <p>latching ⊕</p> <p>suckling ⊕</p> <p>Non</p> <p>- TCB → T/M</p> <p>- OAE - Today</p>
Noted by Dr. Anugom 12/6/26 2:30 PM		<p>- Continue next</p> <p>- vitals 6th hr</p> <p>- am</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26	<u>OLSB Resident</u>	
8:45 AM	Term/37+1WK/L350/AGA/Boy/2.73kg/TTNDR	
	M.BG - 0 fre	
	B.BG -	
	Y. wt - 2.701g	<u>Pls</u>
	7. wt - 2.61g (290gm)	- DRF / b busy early
		- Warm care & Contrace
	D/E C/T/Agood	
	CS S112 @	
	P/B/CAS @	
	PA S/T	
	CR/L/S/2	
	OAS @	



NURSING SHIFT HAND OVER FORM

SITUATION		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: Nil						
Diagnosis: Single Term 39+ wks Baby boy / Am Bt - 2. Tubey / Em Lsc		Surgery / Procedure: _____ Post OP Day: _____						
BACKGROUND	Date	11/6/26 E	11/6/26 N	12/6/26 M	12/6/26 E	12/6/26 N	12/6/26 M	
	Shift							
ASSESSMENT	Medical Condition (Any special condition to be noted):	-	-	Nil	Nil	-	Nil	
	Diet:	DBM+FF	DBM+FF	DBM+FF	DBM+FF	DBM+FF	DBM+FF	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.0F	98.2F	98.0F	98.3F	98.0F	98.0F
		Res:	24b/m	43b/m	39b/m	42b/m	48b/m	50b/m
	SpO ₂ :	99%	99%	99%	99%	99%	99%	
	Pulse:	143b/m	143b/m	150b/m	148b/m	150b/m	149b/m	
	BP:	-	-	-	-	-	-	
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious	
	Fall Risk Score:	16	16	16	15	15	15	
Pain Score:	0	0	0	0	0	0		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	nil	Nil	Nil	nil	Nil	Nil	
Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Special Diet:	DBM+FF	DBM+FF	DBM+FF	DBM+FF	DBM+FF	DBM+FF		
Critical Lab Test / Values:	-	-	Nil	Nil	Nil	Nil		
Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	Dependent	dependent	dependent	Dependent	dependent	dependent		
Post Operative Procedure Special Orders:		-	-	TCB TCM	TCB P/m	TCB P/m	TCB Done.	
Handed Over By Name :		Ashles	Deepika	Padma	Nagmani	Deepika	Padma	
Signature / ID :		606609	607469	606329	607469	607469	606329	
Date:		11/6/26	12/6/26	12/6/26	12/6/26	12/6/26	12/6/26	
Time:		@ 8pm	@ 8am	@ 2pm	@ 8pm	@ 8am	@ 11am	
Taken Over By Name :		Deepika	Padma	Nagmani	Deepika	Padma	Send to the RPT	
Signature / ID :		607469	606329	607469	607469	606329	607469	
Date:		11/6/26	12/6/26	12/6/26	12/6/26	12/6/26	12/6/26	
Time:		@ 8pm	@ 8am	CP	@ 8pm	@ 2pm	Billing	

VIH-00205803 IP-00060310
 Baby B/O N DEEPIKA
 11-06-2026 0Y0M0D9H (M)
 Dr. SURENDER RAO DUSA

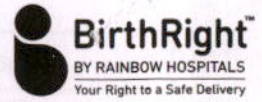


NURSING SHIFT HAND OVER FORM

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

I/H-00205803 IP-00060310
 Baby B/O N DEEPIKA
 1-06-2026 0 Y 0 M 0 D 3 H (M)
 Dr. SURENDER RAO DUSA

NURSING CARE RECORD



Date: 10/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	11/6/26	Assessment → vital → kernal.		Assessment baby vital → vital signs normal → feed 20ml 30ml	Baby is active.	observed distress	Rishi 11/6/26 @ 8 AM



NURSING CARE RECORD

Date: 11/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Assessment		Assessed the Baby condition	Baby is active	Baby is stable	umg 11/6/26 @2PM
	10AM	Feeds			vitals are checked & Recorded	vitals are Normal	
	1PM	vitals signs	1PM	Monitored vitals signs			
Afternoon	3pm	* maintain fluid Balance. * Ensure Safety	4pm	* feeding - & Burping - given every 2nd hourly. * Baby is in crib.	* prevented Dehydration * Baby is safe	* Baby is safe & Active	Abhishek 11/6/26 @5pm
	8pm	Ensure safety	11pm	To provide side rails	To prevent risk of falls	Re-Assessment was done Baby is safe	
Night	12AM	Maintain Good Nutritional status	8AM	To give feeding & Burping 2nd hourly	To prevent dehydration		Deepeeka 11/6/26 @8AM



NURSING CARE RECORD

Date: 12/16/26

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	10AM	Maintain personal hygiene. * maintain fluid Balance.	1PM	* maintained the personal hygiene. * maintained the fluid Balanced.	* prevent to the dehydration.	* Re-Assessment every 2nd hourly feeding.	Padma 12/16/26 @ 2pm
	3PM	Ensure Safety	3PM	Side Baby kept in crib.	Prevent from falls.	Baby is active	12/16/26 Nayab
Afternoon	4PM	Maintain good nutritional status	4PM	Given feeding every second hourly.	Maintained nutritional status.		@ 8pm
	8PM	Ensure Safety	11PM	To provide side rails	To prevent risk of falls	Re-Assessment was done	Dipika 12/16/26 @ 8AM
Night	12AM	Maintain Good nutritional status	8AM	To give feed + Burp 2nd hourly	To prevent dehydration	Baby is safe	



NURSING CARE RECORD



Date: 13/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				<p><u>Discharge Notes</u></p> <p>Doctor came for the Rounds. Baby is stable, Doctor advised Discharge.</p>			<p>Dadma 13/6/26 @ 11AM</p>
Afternoon							
Night							

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby B/O N DEEPIKA Age : 0 Y 0 M 0 D 1 H
IP No: IP-00060310 Sex: Male
Consultant: Dr. SURENDER RAO DUSA Ward/Bed No: N 2F-NICU I/NICU 247

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

(Receivers Signature: *K. Shastri*)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: *K. Shastri*

Name: *Mr. K. Bhaskar Reddy*

Relationship: *Father*

Date: *11/06/2026*

Witness Name: *Mukesh*

Witness Signature: *[Signature]*

Time: *4:33 Am*

Patient Address:
POLLYPAHAD, M THURKAPALLY,
YADADRI, BHONGIR Bhongir Nalgonda
Telangana INDIA 508116

APTAMIL
GOLD.

CONSENT FOR FORMULA FEEDS



Patient Name : Blo Deepika Age : NB Gender : Male Female

UHID No : 205803 Reg. No. : - Department : NW Date : 11/6/26

I Mr / Mrs : K. Bhaskar Reddy aged 30 years, hereby declare that I have

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

11/6/26 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 : K. Bhaskar Reddy

Name : K. Bhaskar Reddy

Relationship with Patient : father

Date & Time : 11/6/26 @ 4am

Witness :

Signature : Sweetha

Name : Sweetha

Date & Time : 11/6/26 @ 4am

Doctor (who is taking the consent) :

Signature : Dr. Barasha

Name : Dr. Barasha

Date & Time : 11/6/26 @ 4am



డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు: వయస్సు లింగం పు స్త్రీ

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

తేదీ

నేను శ్రీ/శ్రీమతి వయస్సు సంవత్సరాలు

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

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

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

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

**CONSENT FOR ADMISSION
IN NEONATAL INTENSIVE CARE UNIT**



Name: Blo Deepika Age: NB Gender: Male Female

UHID.No : _____ Date: 11/6/26

I K. Bhaskar Reddy S/o, D/o, W/o K. Nagi Reddy hereby declare that our patient Mr. / Ms. Blo Deepika who is related to me as son is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 11/6/26

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

The doctors have clearly explained to me that my patient B/o Deepika during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter 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 Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit 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 B/o Deepika

in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

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

Patient Attendant :

Signature : K. Bhaskar Reddy
Name : K. Bhaskar Reddy
Relationship with Patient: Father
Date & Time : 11/06/2026 @ 4.30am

Witness :

Signature : [Signature]
Name : Preetha
Date & Time : 11/6/26 @ 4.30am

Doctor (who is taking the consent) :

Signature : _____
Name : Dr. Bayasha
Date & Time : 11/6/26 @ 4.30am

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



రోగి పేరు వయస్సు లింగం పు స్త్రీ
 యు.హెచ్.ఐ.డి
 నేను బి
 అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రేయిన్స్ బిల్డ్ ఆసుపత్రి లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్లో తేదీ
 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, ధమని మార్గం, సింట్రిల్ లైన్ చెస్ట్ డ్రైయిన్, పెరిటోనియల్ డ్రైయిన్ ఇంసర్షన్ వంటి ప్రక్రియలను డాక్టరు గారు నాకు అర్థమగు భాషలో వివరించారు.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, పైన తెలుపబడిన శస్త్ర ప్రక్రియలు చేసేముందు సమ్మతి తీసుకునే పీలు లేని చో ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితులు ఏర్పడినప్పుడు మా బాలుడు / బాలికను కాపాడుటకు అవసరమైన వైద్య శస్త్ర ప్రక్రియలు మా సమ్మతి లేకుండానే చేయవచ్చని నేను సమ్మతిస్తున్నాను.

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

మా బాలుడు / బాలిక నవజాత శిశువు ఇంటెన్సివ్ కేర్ యూనిట్ లో ఉన్నప్పుడు ఎన్నో విధాల వైద్య మరియు శస్త్ర ప్రక్రియలు ఇంకా వివిధ చికిత్స విధానాలు అవసరం పడతాయని మరియు వాటివల్ల దుష్పరిణామాలు కలగవచ్చని అర్థం చేసుకున్నాను. ఆ పరిణామాలు ఎటువంటివి అనగా నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన సమస్యలు, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు.

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 తగిన విధంగా చికిత్స చేయడానికి వైద్యునికి నాపూర్తి అంగీకారం తెలియజేస్తున్నాను. వైద్యుడు నాకు అర్థమగు భాషలో అంతా వివరించారు.

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

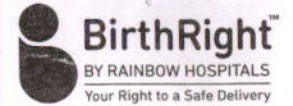
సహాయకుడు(అటెండెంట్)
 సంతకము
 పేరు
 వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)
 సంతకము
 పేరు

సాక్షి
 సంతకము
 పేరు
 తేదీ మరియు సమయము



I.P. No

NURSES ASSESSMENT CHART



Date : 11/6/26 Diagnosis : Tetona (RDS) Weight : 2.74 kg Chart No. : 1

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																									
Q2																										
SPO2																										
RBS																										
SUCTION																										
PHYSIOTHERAPY																										
AVPU																										

143 132 124 115

98.5 98.0 98.6 98.6

67 65 64 63

24 26 28 1.56

A A A A

Signature of the Nurse :

Morning Shift :

Evening Shift :

Night Shift : Rela

11/6/26
aw

Ref No: E/IND/140

Patient: MH-00205803

IP-00060310

Baby: B/O N DEEPIKA

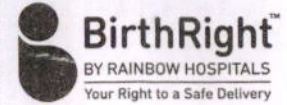
1-06-2026 0 Y 0 M 0 D 3 H (M)

I.P. Dr. SURENDER RAO DUSA

Date



NURSES ASSESSMENT CHART



RDS

Weight: *2.74 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	<i>112</i>	<i>110</i>	<i>119</i>	<i>118</i>	<i>120</i>	<i>131</i>	<i>135</i>	<i>139</i>	<i>143</i>	<i>145</i>	<i>149</i>	<i>153</i>	<i>151</i>											
BLACK - RESP	105																								
GREEN - TEMP	104																								
BLUE - NIBP	103																								
	102																								
	101																								
A- ALERT	100																								
V-VOICE	99	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>	<i>98.6</i>
P-PAIN	98																								
U-UNRESPONSIVE	97																								
	96																								
VERBAL	95																								
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60	<i>31</i>	<i>54</i>	<i>53</i>	<i>45</i>	<i>46</i>	<i>43</i>	<i>40</i>	<i>41</i>	<i>43</i>	<i>44</i>	<i>40</i>	<i>43</i>	<i>43</i>											
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		<i>99</i>	<i>97</i>	<i>100</i>	<i>95</i>	<i>99</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>98%</i>	<i>99%</i>	<i>96%</i>	<i>99%</i>											
RBS		-	-	-	-	-	-	-	-	-	-	-	-	-											
SUCTION		-	-	-	-	-	-	-	-	-	-	-	-	-											
PHYSIOTHERAPY		-	-	-	-	-	-	-	-	-	-	-	-	-											
AVPU		<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>											

Signature of the Nurse : *Uma*

Morning Shift : *Uma*

Evening Shift : *[Signature]*
11/6/26

Night Shift :

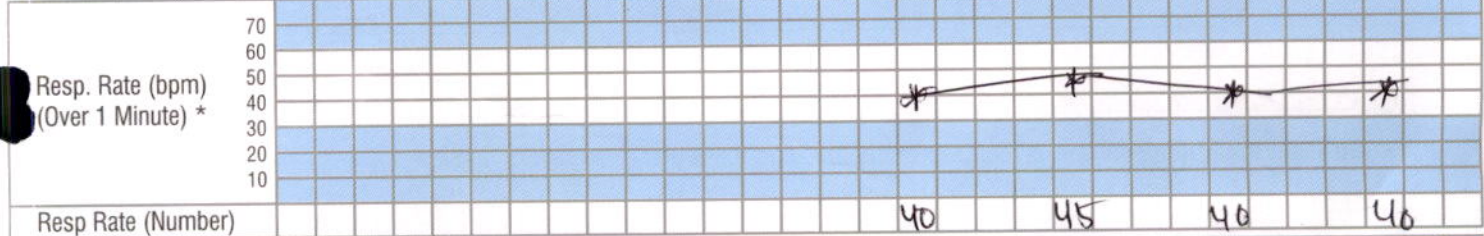
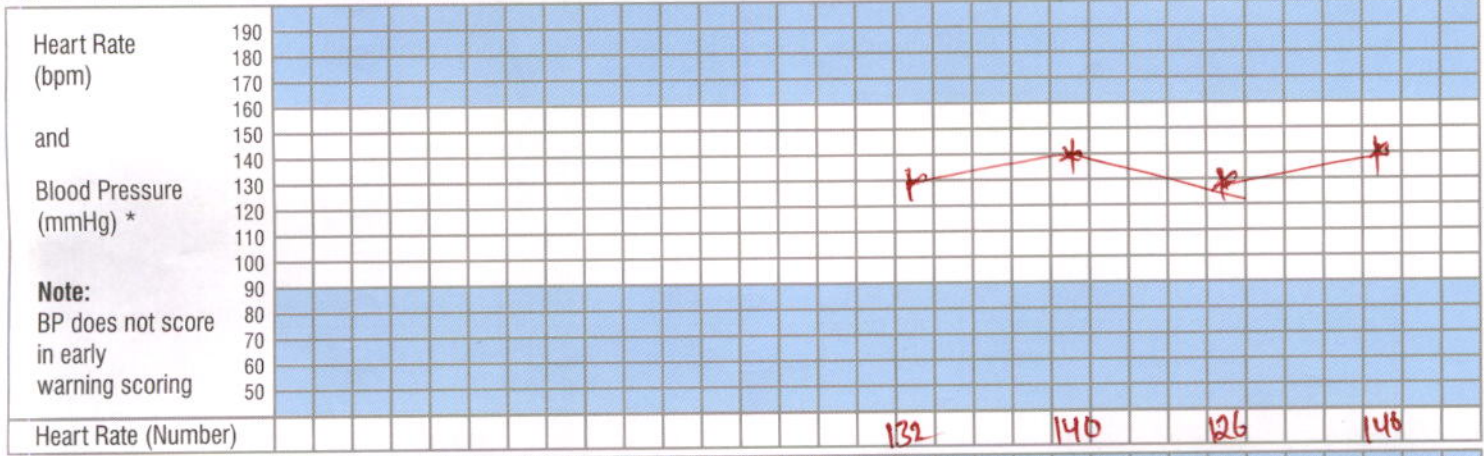
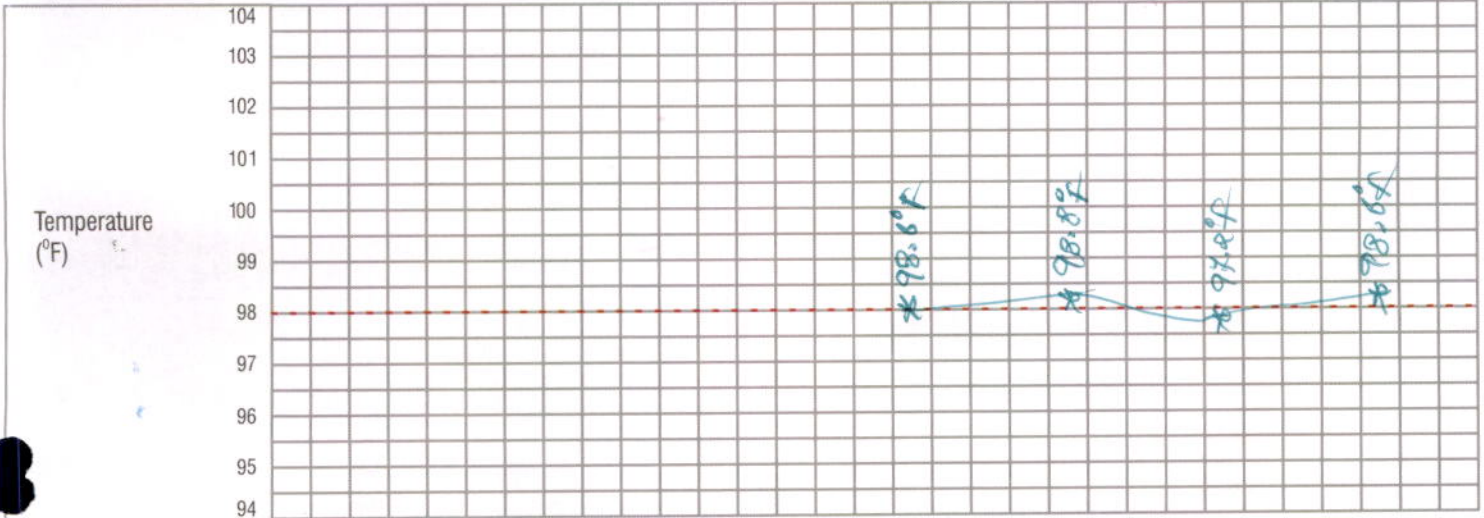


INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time:	9	12	5	7
Doctor/Nurse/Family Concern?		PM	AM	AM	AM



Resp Distress	Mod/ Severe None / Mild	N	N	N	N
Receiving O ₂ (l/min)	O ₂ Saturations (%)	99%	98%	99%	99%
Conscious Level	Normal / Altered	N	N	N	N
GCS *					

TOTAL SCORE					
Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	D	D	D	D	D

ACTIONS

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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

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



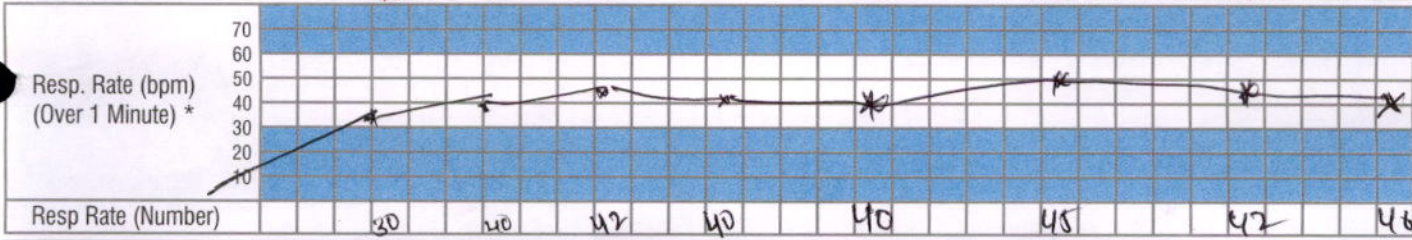
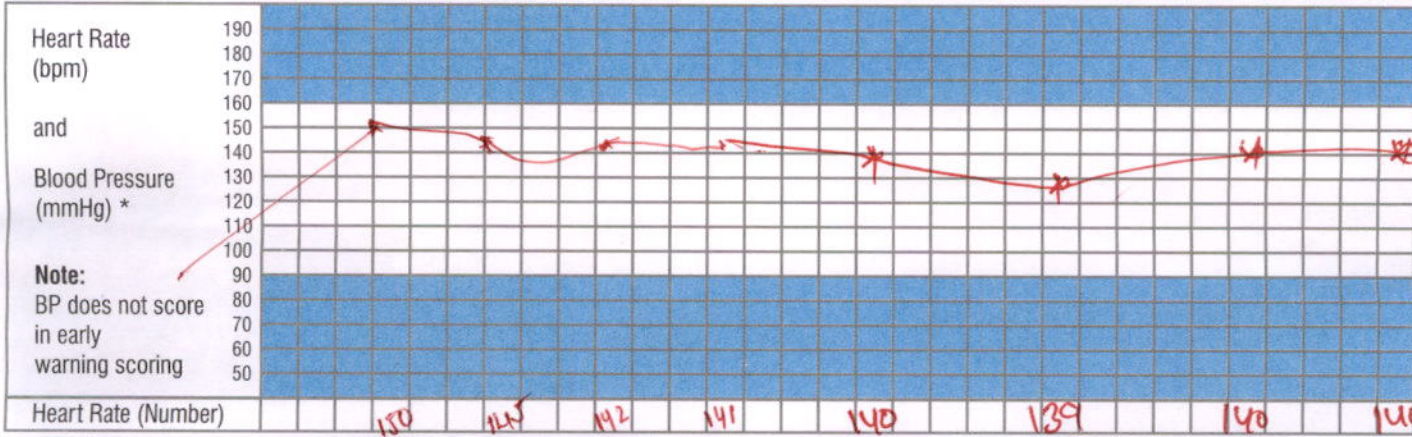
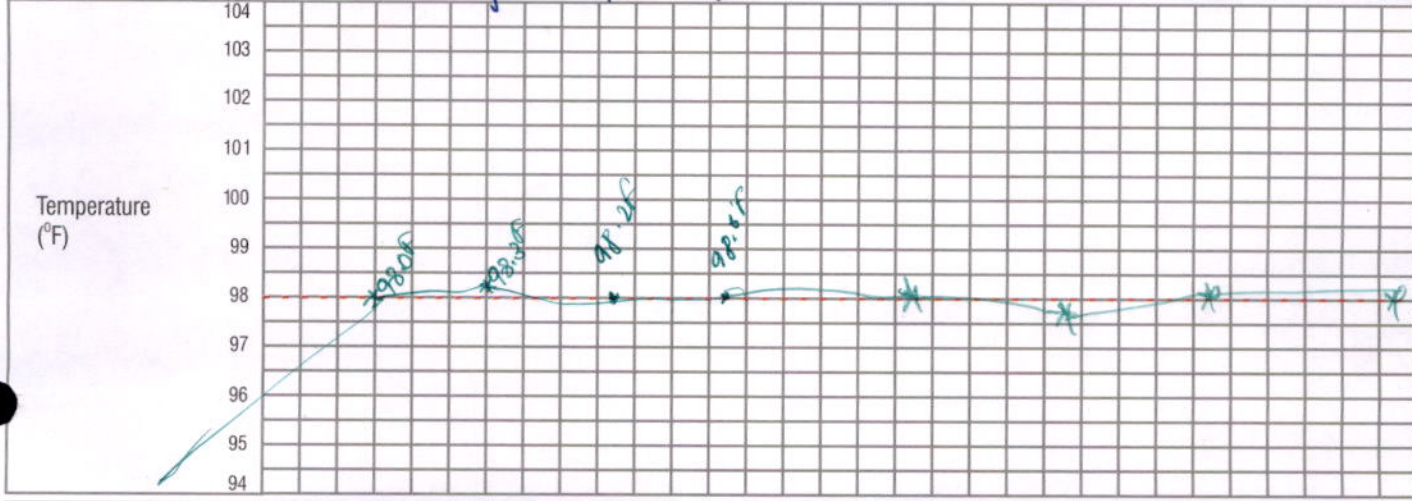
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 12/6/26 Time: 10 AM 9 PM 5 PM 8 PM 9 PM 12 AM 3 AM 7 AM

Doctor/Nurse/Family Concern? Am pm pm pm PM -AM AM AM



Heart Rate (Number)	150	145	142	141	140	139	140	146
Resp Rate (Number)	30	40	42	40	40	45	42	46
Resp Mod/ Severe Distress					N	N	N	N
Receiving O ₂ (l/min)								
O ₂ Saturations (%)	99	99	98	98	99	98	99	99
Conscious Level	C	C	N	N	N	N	N	N
GCS *	15	15	15	15				

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

ACTIONS

Score 1 : Continue normal observation by staff nurse

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Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see

Score 5 & 6 : Shift incharge and PICU/ NICU fellow or PICU/NICU consultant to be informed

NB: Scores 3 should be recorded overleaf

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

VIH-00205803 IP-00060310
 Baby B/O N DEEPIKA
 11-06-2026 0 Y 0 M 0 D 9 H (M)
 Dr. SURENDER RAO DUSA

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

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

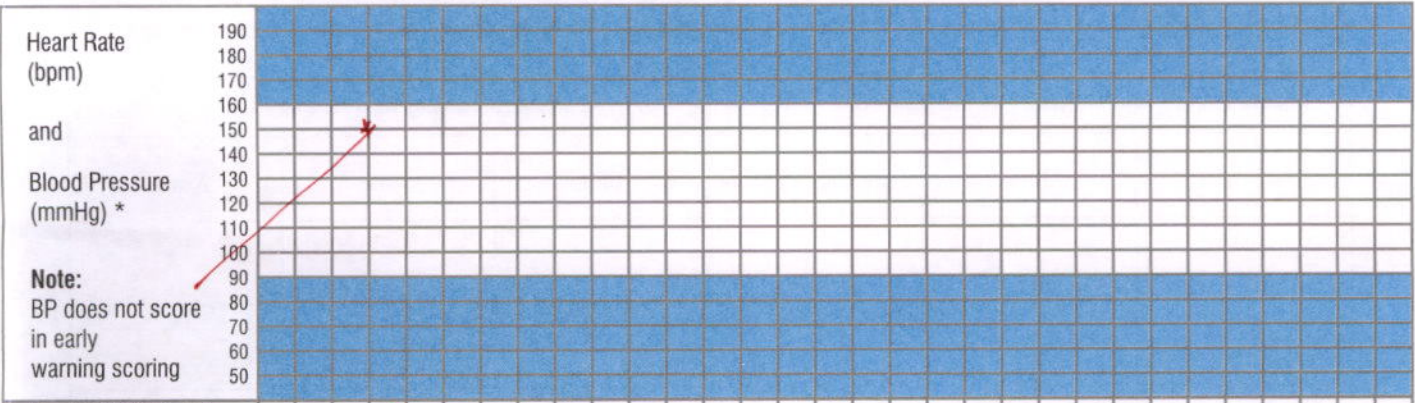
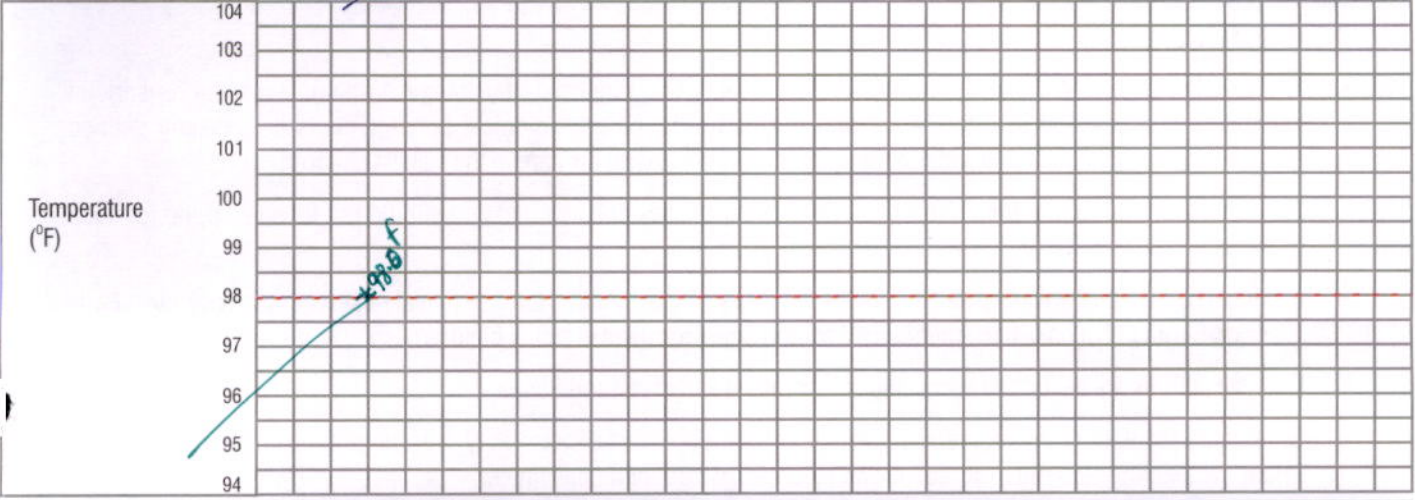


13/06/20

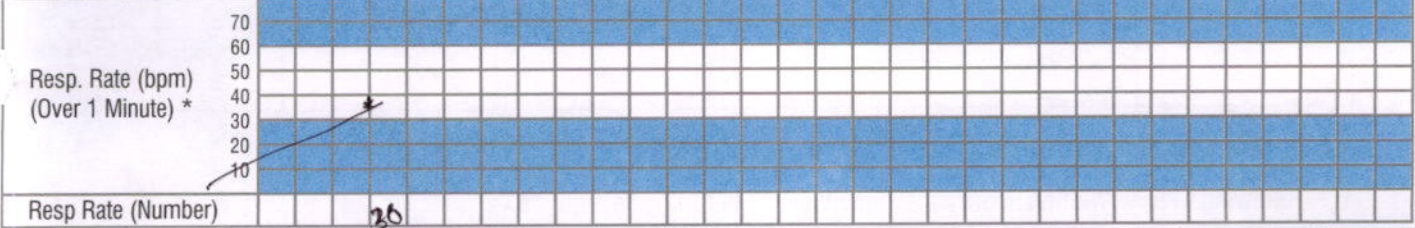
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 13/6/20 Time: 10

Doctor/Nurse/Family Concern? An



Heart Rate (Number) 150



Resp Rate (Number) 30

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) 0.2
 O₂ Saturations (%) 99

Conscious Level Normal / Altered N

GCS * 15

TOTAL SCORE Number of shaded boxes 0

Pain Score 0

Observer's Initials P

ACTIONS NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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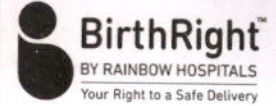
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Date	Time	Early Warning Score	Date	Time	Name

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A	ASSESSMENT : I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00205803 IP-00080310
 Baby B/O N DEEPIKA
 11-06-2026 0 Y 0 M 0 D 9 H (M)
 Dr. SURENDER RAO DUSA



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am	Antacid			20ml								
	05:00 am												
	06:00 am												
	07:00 am	Antacid			20ml					20ml			
Total Intake :						Total Output :							
Total 24 hrs. Intake		87.5 cc / beldn											
Total 24 hrs. Output		1.3 cc / bldn											

FLUID CHART

Sheet No. :

11/6/26

- 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	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
11/6	08:00 am										0	} Akash 11/6/26 @8pm
	09:00 am										0	
	10:00 am	Abkay 30ml							15ml		0	
	11:00 am										0	
	12:00 pm										0	
	01:00 pm		DBM							✓	0	
Total Intake :					Total Output :							
11/6	02:00 pm										1	} Akash 11/6/26 @8pm
	03:00 pm	FF (30ml)				✓			✓		1	
	04:00 pm										1	
	05:00 pm	FF									1	
	06:00 pm	(30ml)					✓		✓		1	
	07:00 pm										1	
Total Intake :					Total Output :							
11/6/26	08:00 pm	DBM										} Deepika 11/6/26 @8AM
	09:00 pm											
	10:00 pm	FF (20ml)				✓			✓			
	11:00 pm											
	12:00 am	FF (15ml)										
	01:00 am											
Total Intake :					Total Output :							
12/6/26	02:00 am											} Deepika 11/6/26 @8AM
	03:00 am	DBM										
	04:00 am											
	05:00 am	FF (20ml)				✓			✓			
	06:00 am											
	07:00 am	DBM										
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. :

12/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
12/6	08:00 am											padding 12/5/26 @2pm
	09:00 am	DBF							✓			
	10:00 am	FF					✓					
	11:00 am											
	12:00 pm	DBF								✓		
	01:00 pm	FF										
Total Intake :						Total Output :						
12/6/26	02:00 pm	DBM										kalyani naga off
	03:00 pm						✓			✓		
	04:00 pm	DBM										
	05:00 pm											
	06:00 pm	DBM+FF								✓		
	07:00 pm											
Total Intake :						Total Output :						
12/6/26	08:00 pm											Duplices 12/6/26 @8AM
	09:00 pm	DBM+FF										
	10:00 pm						✓			✓		
	11:00 pm	DBM										
	12:00 am											
	01:00 am	FF										
Total Intake :						Total Output :						
12/6/26	02:00 am											Duplices 12/6/26 @8AM
	03:00 am	DBM+FF										
	04:00 am									✓		
	05:00 am	FF										
	06:00 am						✓					
	07:00 am	DBM+FF										
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

13/6/26

Sheet No. :

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
13/6/26	08:00 am												
	09:00 am		DRG							✓			
	10:00 am		AFF										
	11:00 am												
	12:00 pm												
	01:00 pm												
	Total Intake :						Total Output :						
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

