

1

Baby file



VIH-00205985 IP-00080373
ACTIV Baby B/O M SARIKA.
 17-06-2026 0Y0M0D7H (F) **ING**
 Dr. ATLURI KUNDANA PRIYA

Name: - _____

UHID No : _____ IP No : _____ Consultant : _____ Dept : _____

Date of Admission : 17/6/26 Time : 11:45 AM Date of Discharge : _____ Time : _____

Room / Bed No : 229-1 Ward : LW Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/6/26	5:30pm	MICU	Room ()	

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
18/6/26	TEOAG	①	3091649	S

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET



Registration Details :

Admission No : IP-00060373

Admit Date : 17-Jun-2026

Admit Time : 11:45 AM UHID : VIH-00205985

Patient Details :

Patient Name : Baby B/O M SARIKA .

Age : 0 D

Guardian : Mr K BHARATH KUMAR

DOB : 17-06-2026 10:26 AM

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : PLOT NO:65,KOTESHWAR RAO COLONY
Kharkhana Main Road Hyderabad Telangana
INDIA 500015

Phone No : 9703028046/ 8197915070

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : BASINET

Bed No : CRDL-MICU-229-1

Ward Name : N 2F-MICU

Room No : CRDL-MICU-229-1

Admission Type : First Visit

Contact Details :

Name : Mr K BHARATH KUMAR

Relationship : Father

Contact Address : PLOT NO:65,KOTESHWAR RAO COLONY
Kharkhana Main Road Hyderabad Telangana
INDIA 500015

Phone No : 9703028046



Signature

Doctor Details :

Doctor Name : Dr. ATLURI KUNDANA PRIYA

Specialisation : NEONATOLOGY

Referral Doctor : Dr.. BUDDHAVARAPU.PADMAVATHI

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash


Deposit Amount : 0.00

Payor Name : SELFPAY

①

PATIENT TRANSFER FORM



Patient Name & UHID No. VIH-00205985 IP-00060373 Baby B/O M SARIKA. 17-06-2026 0Y0M0D7H (F) Dr. ATLURI KUNDANA PRIYA 		Date & Time of Admission 17/6/26 @ 11:45AM	Date & Time of Transfer Order 17/6/26 @ 5:30PM
		Transfer Ordered by DR. Srikumar	Reason for Transfer Obsevation
From Unit MLW	To Unit OT	Information to Attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Number of Sheets in Clinical File 26	Number of Imaging Films NI	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.	Baby small koochi - ①		
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DR. Srikumar			
Name & Signature of Person who is Transferring Sis. mangra Devi		Name of Person Ordered Transfer DR. Srikumar	
Patient & Clinical Records Received by : Sushila			
Date & Time of Patient Received : Sushila 17/6/26 @ 5:30PM			

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-00205985 IP-00060373
Baby B/O M SARIKA .
17-06-2026 0 Y 0 M 0 D 7 H (F)
Dr. ATLURI KUNDANA PRIYA

1

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Blo. Sarika Mother's Name: Mrs. Sarika
Date of Birth: 17/6/26 Time of Birth: 10:26 AM Gender: Male Female
Birth Weight: 3.080 kg Kgs HC: 39 cm cm Length: 46 cm cm
Meconium in Liquor: Yes No Cried at Birth: Yes No
Term / Pre-term / Post-term: _____
Resuscitated: Yes No Blood Group: Mother: A positive Baby: not at came
Feeding: Breast Feeding Formula Both First Feed Time: 11:30 AM

VIH-00196052 IP-00060389
Mrs M SARIKA .
15-10-1990 36 Y 8 M 2 D (F)
Dr. BUDDHAVARAPU, PADMAVATHI

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

Physical Assessment of New Born:

Temp: 36.9 °C HR: 140 /Min RR: 45 /Min BP: _____ SpO₂: 100%

Pain Score: _____ (Follow N Pass)

Fall Risk Assessment: Yes No Score: 15 (Fill the Humpty Dumpty Sheet)

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

Behaviour Status on admission: Sleeping Crying Calm Drowsy

Findings:

General Appearance: Posture: Well-Flexed Asymmetry

Skin: Pink Meconium Stain Others, Specify: _____

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

Vitamin K 1 mg I.M Administered: Yes / No

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No

3. Socio History: Siblings Yes / No

All information obtained from Mother Father Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: manga devi

Signature: _____

Date & Time: 17/6/26 @ 3pm



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : M. SARIKA Age : 35yr Father's Name : Age :
 Date of Birth : 15/10/90 Date of Admission : UHID No. :
 NICU Consultant : Dr. Kunalakrishna Referring Consultant : Dr. Peddaveethi
Transferring Unit : OT Labour Room ER Ward
Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/o Sarika Mother's Blood Group : A Positive
 Gender : M F Blood Group : Birth Weight (gms) : 3080g Length (cms) :
 Date of Birth : 17/6/26 Time of Birth : 10:26:30 AM OFC (cms) :
 Place of Birth : RCH-VKR Estimated Gesth Age : 38+3 wlc

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 35yr Ht : 164 Wt : 80 BMI : Married Life : 10yr LMP : 21/9/25 EDD : 28/6/26

Conception : Spontaneous or with Rx : Spontaneous

Booked at what GA : Unbooked, Previous ANS AN Steroids Drugs / Doses :

Last Seans Details : 23/5/21 Post C/S, Lign 100% 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 / Redistribtion 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 : (N)
H/o Hypothyroidism : when diagnosed ? Medication?
 Any other Chronic Medical Problems, when detected drugs ?
 (Anemia, SLE, Jaundice, CHD, Heart Disease)
 Infection : H/O, Fever
 (Malaria UTI TORCH TB HIV HBV)
 UTI : when : 21 WK Any culture :

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



History of Present Illness:

Equipment check done
 ↓
 By PARIKA delivered 419 @ 15:30
 ↓
 Baby Cist → CIBS
 ↓
 Dec done for 60 sec
 ↓
 Received into pre heated warmer
 ↓
 Dried and stimulated
 ↓
 Secretions cleared Mouth → 120 ml
 ↓
 at 5' of life; SpO₂ - 78 HR > 100

Investigation details in previous Hospital :

↓ mild SER ⊕
 DR - CPAP given 2cm
 SpO₂ > 90% SER ⊖ | HR > 100
 ↓

Feeding History :

cord clamp cut 2A+IV ⊕
 ↓
 Imj. vit K 1m given
 ↓
 Baby vigorous

Past History :

↓
 Shift to mother side

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

em - vigorous
 tone (2)
 Activity - good flexion of
 UL, LL (2)

VITALS : Temperature : 36.7°C HR : 160/min RR : 38/min NIBP : CFT : <75u

Color of the extremities : Acrocyanosis

Jaundice : Pallor : SpO2 : 98/RA

Anthropometry : Birth Weight : 3080g Length : HC : Present Weight :

Ponderal Index : AGA SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD : Fontanelles : Af @ lene
 Sutures :
 Shape / Moulding :
 Edema / Bruising : (2)
 Size - (H.C.) :

Facies :
 (Any Facial
 Dysmorphism)

NECK and CLAVICLES : Range of Motion :
 Asymmetry : (2)
 Masses :

EYES : Symmetry :
 Red Reflex : } Not checked
 Discharge :

EARS, NOSE MOUTH and THROAT : Ear set / Shape :
 Periauricular Pits / Tags :
 Nasal shape / Patency :
 Palate : (2)
 Gums :
 Lips :
 Tongue :

THORAX and BREASTS : Shape of Thorax :
 Position of Nipples and Number : 2 in (N) ant position

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

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

HERNIAL ORIFICES free

TRUNK and SPINE : (N)

SKIN LESIONS : -

EXTREMITIES : Fingers / Toes :
 Deformities : 10F+10T ⊕
 Hip Joint Examination :
 Arms / Legs :
 Mobility :

SYSTEMIC EXAMINATION

Respiratory System :
Breathing Pattern Regular Periodic Shallow Gasping
 Mention If baby has Respiratory distress : RR : 40/min SCR / ICR / See - Saw breathing :
 Scoring of respiratory distress if present (Silverman or Downe's) :
 Mention if baby is on : Hood box CPAP Ventilator
 Settings :
 SpO₂ : 96% RA Auscultation : RA ⊕ Breath Sounds : WUBS ⊕ Added Sounds :

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

Abdomen :
 Shape :
 Palpation : 90%
 Palpable masses :
 Abdominal girth :
 Hernia orifice :
 Anal Patency : +
 Umbilical Cord : 2A+IV ⊕
 First urine passed :
 Meconium passed :

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

Nerves :

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : SL moros equivocal DTR : ←

ATNR : (+) Skull and Spine : (N)

Any Congenital Anomalies :

← no gross anomalies on visual examination

Diagnosis :

HL 1.5cc / fem / CRAB / 3.0 x 0.9 / AQA.

FOOT PRINTS

Left Side :



Right Side :



Taken by
Sr. Ruby P
17/6/26

Resident Doctor :

Signature : [Signature]

Name : Dr. Shritan

Date & Time : 17/6/26 10:40 Am

Consultant :

Signature : [Signature]

Name : Dr. Kundana

Date & Time : 17/6/26 8pm



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: DBF 2ndly

CAE / SCREENS Bf DC

Immunization

monitor by infan (102)

OAE - film
NACE

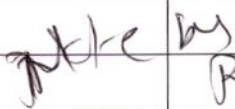
Doctor Signature: [Signature]

Doctor Name: Dr. Striker

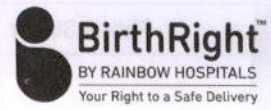
Date & Time: 17/6/26 | 10:45am

VIH-00205985 IP-00060373
 Baby B/O M SARIKA .
 17-06-2026 0 Y 0 M 0 D 7 H (F)
 Dr. ATLURI KUNDANA PRIYA


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/2026 9:30 AM	38+3 / ♀	3-080 ↓ 30kg (80g) ↓ cephalic.
	C/T/A-Good	
	CRT C35er	
	AF (2)	
	moro - equal	
M7 BU ATre		Plan
	OAE: TODAY NACE to be done.	-TCB & OAE b/d/c
		-OAE after 24 hrs crossed.
		-Worath & cord care.
Dr. Kundana Priya 18/6/26 10 AM.		-DBF FB burping QM
		-vitals QM
		-Inform Sus
		cl. Cure
	 Note by	Raju P. 18/6/26 @ 9:30 AM

VIH-00205985 IP-00080373
 Baby B/O M SARIKA.
 17-06-2026 0 Y 0 M 1 D (F)
 Dr. ATLURI KUNDANA PRIYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 26-10-26	S/B Resident FT ALLCSG FCH CSAB	3.080kg AHA
		UTI - 2wks
M } B } A+ve	Baby warm CF/A good CRT CSSEC CVC - H2 ⊕ D/C - BAC ⊕ P/A - R/H	
TW 3.010kg		
FCB 1w.		plan 1) TCB - before d/s 2) OAE done 3) vaccination done 4) warmth & cord care 5) DRE d/hy / Suspeny. @ 2H 6) inform m/s.
Dr. Kundana 18/6/26 Spon.		
Dr. Kundana		note by Rojy Dr 18/6/26 [Signature]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 9 AM	<p>CL/B Resident</p>	<p>7013 17/6/26 10:26 AM</p>
	<p>FT/38 (300g) / LSES / CURB / FCH / AEA / 3.0801g</p>	
	<p>M.BG } → Aposim B.BG }</p>	
		<p>Ado</p>
	<p>Y.Wt - 3Kg</p>	
	<p>Z.Wt - 2.91g (↓ 90gm)</p>	<p>- DBF ffb bup 200g</p>
	<p>Vaccination done OAB - (N)</p>	<p>- Warm care & Cold care</p>
	<p>O/E - C/T/A/ood CRT C/see CW - S/L (N) RS - B/L/AE (N) PA - S/L Vuy stable</p>	<p>- Discharge - Fly on Monday</p>
	<p>TCB - 9.8mg/dl</p>	
<p>Dr. Kundana Priya 19/6/26 10 AM</p>	<p>fw 2016</p>	<p>Dr. Sushila 19/6/26</p>



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: FT / EL, US y (femal baby) / CIAB		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known					
	3.0804 / A4A		If Yes Specify:					
BACKGROUND	Surgery / Procedure:		Post OP Day:					
	Date	Shift	17/6/26 Mony	17/6/26 Eveny	17/6/26 E	17/6/26 N	17/6/26 M	18/6/26 E
ASSESSMENT	Medical Condition (Any special condition to be noted):		-	-	nil	nil	-	nil
	Diet:		DBF	DBF	DBF	DBF	DBF	DBF
RECOMMENDATIONS	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):		RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:		Temp: 36.4 ^u	36.4 ^u	38.6 ^o F	38.5 ^o F	38.6 ^o F	38.7 ^o F
	Res:		40b/min	49b/min	50b/min	42b/min	43b/min	35b/min
	SpO ₂ :		99%	99%	100%	99%	99%	98%
	Pulse:		140b/min	140b/min	150b/min	142b/min	140b/min	139b/min
	BP:		-	-	-	-	-	-
	LOC:		conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:		15	15	15	15	15	15
Pain Score:		0	0	0	0	0	0	
Skin Integrity:		Intact	Intact	Intact	Intact	Intact	Intact	
Safety Needs:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Physiotherapy:		nil	nil	nil	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:		nil	nil	nil	DBF	nil	DBF	
Critical Lab Test / Values:		nil	nil	nil	nil	nil	nil	
Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PU Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):		Dependent	Dependent	dependent	dependent	dependent	dependent	
Post Operative Procedure Special Orders:		-	-	nil	nil	DAE Done.	-	
Handed Over By Name :		manga	manga	sushila	Sumitra	padma	Roja	
Signature / ID :		(Signature)	(Signature)	(Signature)	(Signature)	(Signature)	(Signature)	
Date:		17/6/26	17/6/26	17/6/26	18/6/26	18/6/26	18/6/26	
Time:		@ 2pm	@ 5:30pm	8pm	@ 9:30am	@ 2pm	@ 8pm	
Taken Over By Name :		mangum	sushila	Sumitra	padma	Roja	Sony	
Signature / ID :		(Signature)	(Signature)	(Signature)	(Signature)	(Signature)	(Signature)	
Date:		17/6/26	17/6/26	17/6/26	18/6/26	18/6/26	18/6/26	
Time:		@ 2pm	5:30pm	@ 9:30pm	@ 8am	@ 2pm	@ 5:30pm	

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: FT/EL WCS / Female baby / CBS 3.080kg / AGA		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: Nil!				
	Surgery / Procedure: -		Post OP Day: -				
BACKGROUND	Date	18/6/26 AM	19/6/26 M				
	Shift						
	Medical Condition (Any special condition to be noted):	nil	nil				
	Diet:	DBF	DBF				
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	
	Ventilation (RA, NP, NIV, VENTI):	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	
	Vital Signs:	Temp:	98.6°	98.6°			
		Res:	36bpm	40bpm			
		SpO ₂ :	99%	100%			
		Pulse:	140bpm	142bpm			
		BP:	-	-			
		LOC:	conscious	conscious			
		Fall Risk Score:	15	15			
	Pain Score:	0	0				
	Skin Integrity	Intact	Intact				
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	nil	nil				
	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	
	Special Diet:	DBF	DBF				
	Critical Lab Test / Values:	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	
	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	
	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	
	ADL (Dependent / Non Dependent):	dependent	dependent				
Post Operative Procedure Special Orders:		-	nil				
Handed Over By Name :		Sony	Sushil				
Signature / ID :		Saonius	Sikas				
Date:		19/6/26	19/6/26				
Time:		8:30 AM	11:00 AM				
Taken Over By Name :		Sushil					
Signature / ID :		Sikas					
Date:		19/6/26					
Time:		8 AM					



NURSING CARE RECORD

Date: 17/6/26

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	12pm	⇒ ensure safety	12:10 pm	⇒ provided sube & woom care	⇒ Baby safety	⇒ Baby safe & comfortable	M. Manoj 17/6/26 @ 1pm
Afternoon	3pm	⇒ prevent infection	3:10 PM	⇒ To prevent to infection	⇒ maintained hand hygiened	⇒ Baby hygiened	M. Manoj 17/6/26 @ 4pm
	7pm	maintain good nutritional status	7:16 pm	To provided good nutritional feed	oral intake is good	Patient is stable	Subi 17/6/26 @ 7pm
Night	11pm	<ul style="list-style-type: none"> * Ensure Safety * Maintain Good Nutritional status 	11pm	<ul style="list-style-type: none"> * provided the side rails * Every 2nd hourly feedings burping given 	<ul style="list-style-type: none"> * to prevent Risk of falls * to prevent Dehydration. 	Reassessment done, Baby is stable & comfortable	S. Swathi 17/6/26 @ 8.30pm



NURSING CARE RECORD

Date: 18/6/26

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify: Assess the baby condition
- 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	10 Am	Maintain good Nutritional status	1pm	* provided feeding and burping every 2nd hourly.	* Baby is hydrated and good.	* Reassessment is done baby is good.	Padma 18/6/26 @1pm
Afternoon	7pm	+ prevent infection + Ensure safety	3:30 pm	+ every 2nd hourly Diapers changed + provided cord care & warm care	+ prevent infection + To fall risk	+ Re-assessment was done every 4th hourly vital monitor	Pris 18/6/26 @3pm
Night	4pm	* Maintain fluid balance	10:30 pm	* Every 2nd hourly feeding & Burping's given	* To prevented dehydration	* Baby is safe & active.	Seay 18/6/26 @8pm

VIH-00205985 IP-00060373
 Baby B/O M SARIKA.
 17-06-2026 0 Y 0 M 0 D 8 H (F)
 Dr. ATLURI KUNDANA PRIYA

NURSING CARE RECORD



Date: 19/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9AM	Prevent Infection	10 AM	To maintain Hand Hygiene	To prevent infection	Patient is stable	Swathi 19/6 at 10 AM
Afternoon	discharge note: doctor advised for discharge						
Night	noted by Swathi 19/6/26 at 10 AM						

VIH-00205985 IP-00060373
 Baby B/O M SARIKA .
 17-06-2026 0 Y 0 M 1 D (F)
 Dr. ATLURI KUNDANA PRIYA

NURSING CARE RECORD



Date:

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby B/O M SARIKA . **Age :** 0 Y 0 M 0 D 1 H
IP No: IP-00060373 **Sex:** Female
Consultant: Dr. ATLURI KUNDANA PRIYA **Ward/Bed No:** N 2F-MICU/CRDL-MICU-229-1

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned do 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.

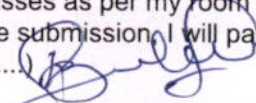
In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science 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.

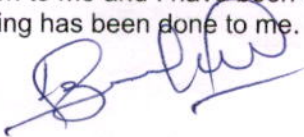
"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process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


- 3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
- 4 Financial and billing counseling has been done to me.


Signature of Patient/Relative: 

Name: BHARATH KUMAR

Relationship: father

Date: 17/06/26

Witness Name: 

Witness Signature: 

Patient Address:
 PLOT NO:65,KOTESHWAR RAO
 COLONY Kharkhana Main Road
 Hyderabad Telangana INDIA 500015

Time: 11:45 AM

Aptamil Gold.



CONSENT FOR FORMULA FEEDS

Patient Name: B.D. M. Sarika Age: Newborn Gender: Male Female

UHID no: 00205985 Department / Ward: 2nd floor Date: 18/6/26

I Mr / Mrs. : Mrs. Sarika Aged 35 years years, hereby declare that I have admitted my son / daughter in Rainbow Children's Hospital, Hyderabad on

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

Patient Attendant / Guardian:
Signature: [Signature]
Name: Bharath Kumar.
Relationship with patient: Father.
Date & Time: 18/6/26 @ 8:35AM

Witness
Signature:
Name:
Date & Time:

Doctor (who is taking consent):
Signature: [Signature]
Name: CH- GANESH
Date & Time: 18/6/26

ఫారులా ఫీడ్ల కోసం సమ్మతి

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

 **BirthRight[®]**
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

వేమెంట్ పేరు: వయస్సు: లింగం: మగ ఆడ
UHID సంఖ్య: విభాగం / వార్డు: తేదీ:

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

వేమెంట్ ఆసెంజెంట్ / గార్డియన్: సాక్షి:
సంతకం: సంతకం:
పేరు: పేరు:
రోగితో సంబంధం: తేదీ & సమయం:

తేదీ & సమయం:
డాక్టర్ (అనుమతి తీసుకుంటున్నవారు):
సంతకం:
పేరు:
తేదీ & సమయం:



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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 17/08/26	Time: 11 AM	1 PM	3 PM	5 PM	7 PM	10 PM	1 AM	3 AM	7 AM
Doctor/Nurse/Family Concern?	PM	PM	PM	PM	PM	PM	AM	AM	AM
Temperature (°F)	98.2	98.2	98.2	98.2	98.2	98.2	98.2	98.2	98.2
Heart Rate (bpm)	146	145	142	139	140	145	142	145	135
Blood Pressure (mmHg) *									
Resp Rate (bpm) (Over 1 Minute) *	42	45	42	42	50	45	42	45	45
Resp Mod/ Severe Distress None / Mild	✓	✓	✓	✓		✓	—	—	✓
Receiving O ₂ (l/min) O ₂ Saturations (%)	—	—	—	—	99	99	99	99	99
Conscious Level Normal Altered	✓	✓	✓	✓	~	—	—	~	~
GCS *	—	—	—	—	15				
TOTAL SCORE	0	0	0	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	U	U	U	U	U	U	U	U	U

ACTIONS

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

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



CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

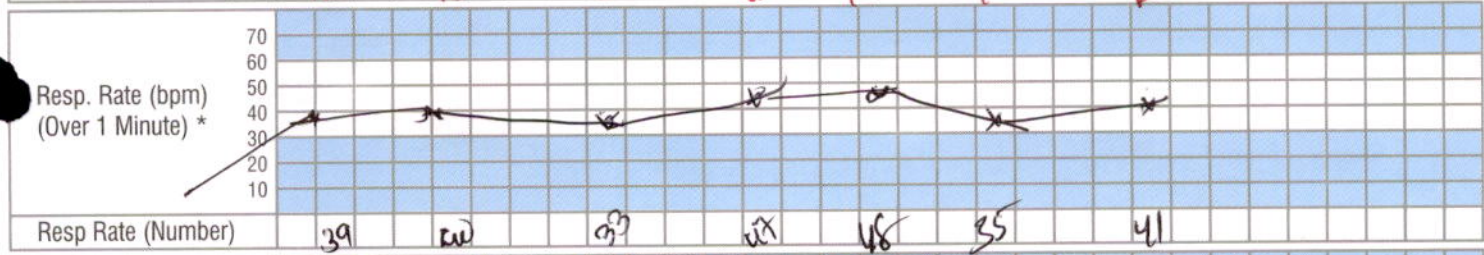
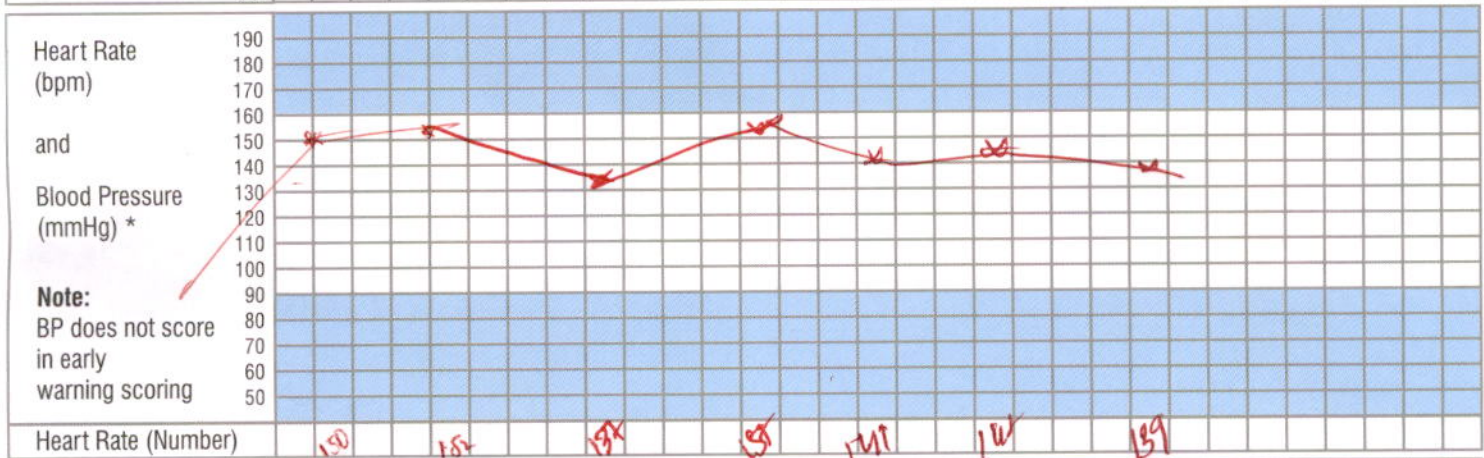
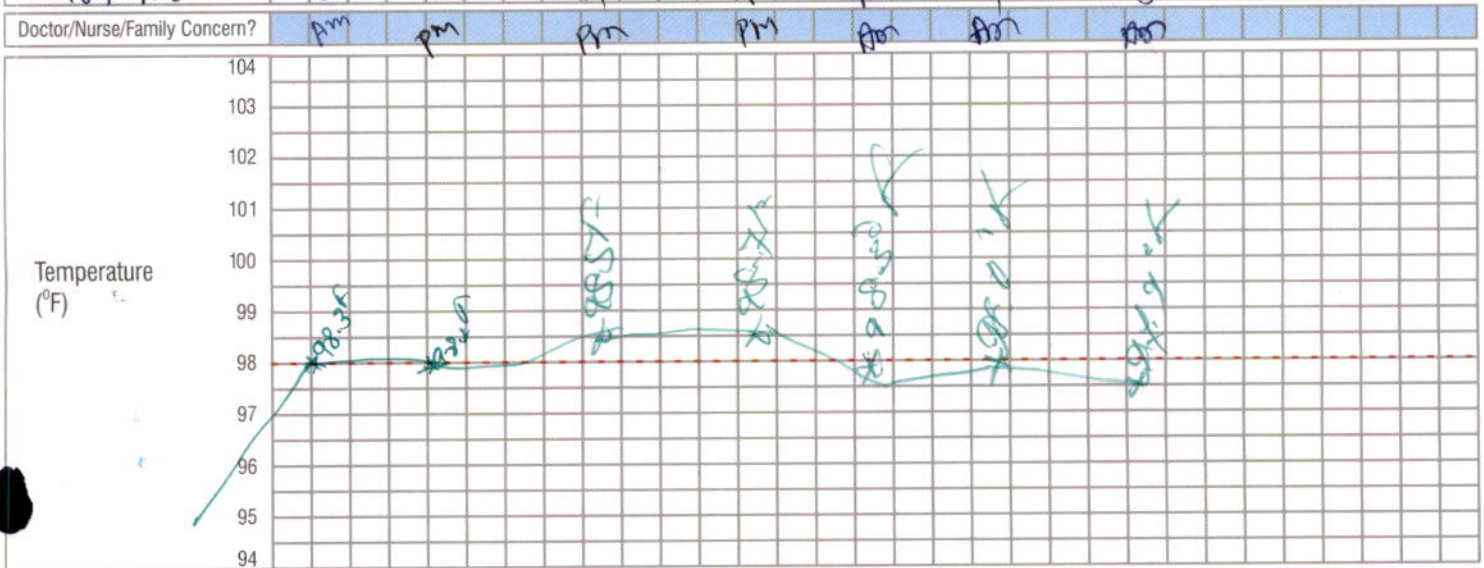
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 18/8/26 Time: 10 2 4 7 12 4 8
 Doctor/Nurse/Family Concern? Am Pm Pm Pm Am Am Am



Heart Rate (Number)	150	152	147	151	141	141	139
Resp Rate (Number)	39	40	37	42	48	35	41
Resp Mod/ Severe Distress							
Receiving O ₂ (l/min)							
O ₂ Saturations (%)	99	98	97	98	97	97	95
Conscious Level	c	c	7	2	2	2	2
GCS *	15	15					
TOTAL SCORE							
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	P	P	AP	AP	AS	AS	AS

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

- 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

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



FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
17/6/26	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am	DBF ✓										me namn 17/6/26 @m	
	12:00 pm												
	01:00 pm	DBF ✓											
	Total Intake : Good			Total Output : not passed									
02:00 pm													
03:00 pm	DBF ✓								✓				
04:00 pm													
05:00 pm	DBF ✓												
06:00 pm							✓						
07:00 pm													
Total Intake :			Total Output :										
17/6/26	08:00 pm	DBF											
	09:00 pm												
	10:00 pm												
	11:00 pm	DBF											
	12:00 am												
	01:00 am												
Total Intake :			Total Output :										
18/6/26	02:00 am	DBF											
	03:00 am												
	04:00 am												
	05:00 am	DBF											
	06:00 am												
	07:00 am												
	Total Intake :			Total Output :									

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. : (2)

18/6/26

- 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
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
18/6/26	08:00 am											
	09:00 am	DBF							✓			
	10:00 am	+FF										
	11:00 am											
	12:00 pm	DBF							✓			
	01:00 pm	+FF										
Total Intake :						Total Output :						
18/6/26	02:00 pm											
	03:00 pm	DBF+FF							✓			
	04:00 pm											
	05:00 pm	DBF+FF							✓			
	06:00 pm											
	07:00 pm	DBF+FF							✓			
Total Intake :						Total Output :						
18/6/26	08:00 pm											
	09:00 pm	DBF+FF										
	10:00 pm											
	11:00 pm	DBF+FF							✓			
	12:00 am											
	01:00 am	DBF+FF							✓			
Total Intake :						Total Output :						
19/6/26	02:00 am											
	03:00 am	FF										
	04:00 am											
	05:00 am	DBF+FF										
	06:00 am								✓			
	07:00 am								✓			
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00205985

IP-00080373

Baby B/O M SARIKA.

17-06-2026

0 Y 0 M 0 D 7 H (F)

Dr. ATLURI KUNDANA PRIYA



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

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

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

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc..) :



(1)

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	17/6	17/6	18/6	18/6	18/6
	3 to less than 7 years old	3	4	4	4	4	4
	7 to less than 13 years old	2	-	-	-	-	-
	13 years old and above	1	-	-	-	-	-
Gender	Male	2	-	-	-	-	-
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4	-	-	-	-	-
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope/ Dizziness, etc.	3	-	-	-	-	-
	Psych/ Behavioral Disorders	2	-	-	-	-	-
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	-	-	-	-	-
	Forget Limitations	2	-	-	-	-	-
	Oriented to own ability	1	-	-	-	-	-
	History of Falls or Infant-Toddler Placed in Bed	4	+	-	-	-	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3	3	3
	Patient Placed in Bed	2	-	-	-	-	-
	Outpatient Area	1	-	-	-	-	-
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	-	-	-	-	-
	Within 48 hours	2	2	2	2	2	2
	More than 48 hours/ None	1	-	-	-	-	-
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	-	-	-	-	-
	Hypnotics	3	-	-	-	-	-
	Barbiturates	3	-	-	-	-	-
	Phenothiazines	3	-	-	-	-	-
	Antidepressants	3	-	-	-	-	-
	Laxatives / Diuretics	3	-	-	-	-	-
	Narcotics	3	-	-	-	-	-
	One of the Meds listed above	2	-	-	-	-	-
Other Medications / None	1	1	1	1	1	1	
Total			15	15	15	15	15

Intervention:

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		cube	cube			
Call device within reach		-	L			
Wheels Locked		-	L			
Room free of clutter		-	L			
Adequate lighting		-	L			
Wheel chair sup.		-	4			
Other Intervention(s) Specify		-	L			
Nurse's Name:		mang	seni	sunitha	R	Raja
Signature:		(M)	(S)	(R)	(R)	(R)
Date:		17/6/26	17/6	18/6	18/6	18/6
Time:		@ 3m 6pm	2Am	10Am	6pm	

VIH-00205985 IP-00080373
 Baby B/O M SARIKA.
 17-08-2026 0Y0M0D8H (F)
 Dr. ATLURI KUNDANA PRIYA



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4 4	1st				
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1 0					
Gender	Male	2					
	Female	1	1				
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych/ Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3	3				
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3				
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1				
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1				
Total		15	13				

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position	cnc	chb				
Call device within reach		L				
Wheels Locked		L				
Room free of clutter		L				
Adequate lighting		L				
Wheel chair support		+				
Other Intervention(s) Specify		L				
Nurse's Name:	Gny Sanki					
Signature:	[Signature]					
Date:	10/6/20					
Time:	2 AM 10 AM					

Neonatal / Infant Braden Q Scale

Patient Na **VH-00205985** IP-00080373
 Baby B/O **M SARIKA**
 Age..... **17-06-2026** **0 Y 0 M 0 D 8 H** (F)
 Dr. **ATLURI KUNDANA PRIYA**



No. :

18/6/26
9A

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

Neonatal / Infant Braden Q Scale

Patient Name :
Age..... Gender : l

VIH-00205985 IP-00080373
Baby B/O M SARIKA .
17-06-2026 0 Y 0 M 1 D (F)
Dr. ATLURI KUNDANA PRIYA

HW/BRD-Q/NSG/04



18/6/20 @SPH

Intensity and Duration of Pressure					Score
General Physical Condition	1. Gestational Age ≤ 28 weeks	1. Gestational Age > 28 weeks and ≤ 33 weeks	1. Gestational Age > 33 weeks and ≤ 38 weeks	1. Gestational Age > 38 weeks	1
Mobility : The ability to change and control body position	1. Completely immobile: Does not make even slight changes in body or extremity position due to sedation or paralytic medication	2. Very Limited: Makes occasional slight changes in body or extremity position.	3. Slightly Limited: Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities.	4. No Limitations: Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc)	2
Activity: The degree of physical activity	1. Bedfast : Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment	2. Very Limited: Tolerates position changes, may be lifted to reposition but is not out of bed	3. Slightly Limited: Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care.	4. No Limitations: Can be repositioned or held freely, OOB to mat, chair, swing, scheduled play times	3
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Total: If < 20 at Risk for Skin Breakdown					20/24

Neonatal / Infant Braden Q Scale

Patient Name :
Age..... Genc

Ref No.: F/HW/BRD-Q/NSG/04
VIH-00205985 IP-00060373
Baby B/O M SARIKA .
17-06-2026 0 Y 0 M 1 D (F)
Dr. ATLURI KUNDANA PRIYA


16 @ 100

Intensity and Duration of Pressure					Score
General Physical Condition	1. Gestational Age ≤ 28 weeks	1. Gestational Age > 28 weeks and ≤ 33 weeks	1. Gestational Age > 33 weeks and ≤ 38 weeks	1. Gestational Age > 38 weeks	1
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Total: If < 20 at Risk for Skin Breakdown

Neonatal / Infant Braden Q Scale

Patient Name :

Age..... Gender

VIM-00205985 IP-00060373
Baby B/O M SARIKA .
17-06-2026 0 Y 0 M 1 D (F)
Dr. ATLURI KUNDANA PRIYA



F/HW/BRD-Q/NSG/04

Intensity and Duration of Pressure					Score
General Physical Condition	1. Gestational Age ≤ 28 weeks	1. Gestational Age > 28 weeks and ≤ 33 weeks	1. Gestational Age > 33 weeks and ≤ 38 weeks	1. Gestational Age > 38 weeks	
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Activity: The degree of physical activity	1. Bedfast : Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment	2. Very Limited: Tolerates position changes, may be lifted to reposition but is not out of bed	3. Slightly Limited: Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care.	4. No Limitations: Can be repositioned or held freely, OOB to mat, chair, swing, scheduled play times	8
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Nutrition Usual food intake pattern	1. Very poor: NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight.	2. Inadequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight.	3. Adequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day.	4. Excellent : Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/kg/day < 2kg weight or 20gm/day/ ≥ 2kg	3
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Total: If < 20 at Risk for Skin Breakdown					23

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
18/6/20	9 AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	PS
18/6/20	5 PM	4	✓	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	Sony
19/6	1 AM	6	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	Sony
19/6	10 AM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	SH	PS
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

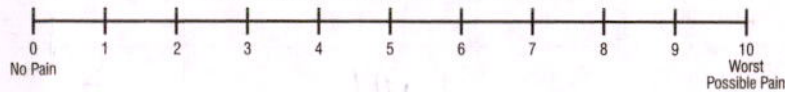
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years



Date & Time: 17/06/20

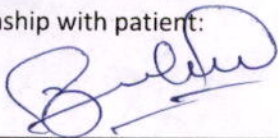
ATTENDANT INFORMATION SHEET

I, Mr/Mrs Bharath Kumar s/o _____ hereby state that
Baby of my child/wife Sarika UHID No: 205985 has been
admitted in CRADLE. I understand that
hospital is taking utmost precautions by standards set by Ministry of health, India.
The Treating Team has requested us to follow the following instructions.

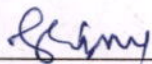
We are requested to follow below instructions strictly.


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

Name & signature of Legal Guardian and
relationship with patient:



Name and signature of Executive taking
the consent




Name and signature of Witness: