

ANC-00015834 IP26-00004483  
Baby Of POOJITHA  
25-05-2025 0 Y 0 M 16 D (M)  
Dr. SHOBANA RAJENDRAN



### DISCHARGE TRACKING SHEET

UHID :

FLOOR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		11/6/26 11:20pm	SS 01220	
Activity Sheet updated by Pharmacy	5:00	5:05		

①

# ACTIVITY RECORD FOR BILLING



ANC-00015834  
Baby Of POOJITHA  
25-05-2026 0 YOM 1 D  
Dr. SHOBANA RAJENDRAN (M)

IP28-00004463



Name: .....

UHID No: ..... Consultant: ..... Dept: NICU

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
26/5/26	12am	Mittra Hypn	Relt	<i>[Signature]</i>
9/6/20	1pm	NICU	M-1000	<i>[Signature]</i>

## CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Padme	28/5/26	(47926)	<i>[Signature]</i>
2.	Dr. Nithya	05.6.26		<i>[Signature]</i>
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

# INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/1/26	VBG, RBS	7127	[Signature]
	CRP, Prolonged Ca,	7126	
	Blood Culture,		
	Blood Smear, PT/APTT		
	VBG, RBS	(7142)	
	FFP	(7144)	[Signature]
26/5/26	Blood transfusion.	( )	[Signature]
26/5/26	RBS	7174	[Signature]
26/5/26	RBS, CRP, RP2	(7183, 7184)	[Signature]
26/5/26	RBS	(7197)	[Signature]
27/5/26	RBS	(7201)	[Signature]
27/5/26	RBS	(7228)	[Signature]
28/5/26	HB	(7244)	[Signature]
28/5/26	RBS	(7243)	[Signature]
28/5/26	RBS	(7263)	[Signature]
28/5/25 10pm	RBS	(7288)	[Signature]
29/5/26	CRP, Urea, Creatinine	(7287)	[Signature]
29/5/26	RBS	(7286)	
29/5/26 (8am)	RBS	(7286)	
29/5/26 (8pm)	VBG,	(7303)	[Signature]
	RBS	(7316)	
30/5/26 (8am)	RBS	(7325)	
31/5/26	RBS	(7326)	[Signature] 021606

# MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/1/26	Bipap & Oxygen	@ 10am	26/1/26 2:30pm	6812	
		@ 10am	26/1/26 9:30pm		
	Infusion pump	@ 10am	31/5/26 11am	6819	
	Syringe pump	@ 10am	29/5/26 @ 5PM		
29/5/26	Syringe pump	@ 10pm	31/5/26 1pm	7012	
26/5/26	ventilator	@ 9:30pm	29/5/26 12pm	7048	
29/5/26	Bipap & oxygen.	@ 18pm	31/5/26 11:05pm @ 12pm	(7601)	RP @ 11:05
2/9/26	oxygen.	2/6/26 8pm	3/6/26 @ 7am.	8382	RP
Radiology					
26/1/26	X-ray	(3956)			
26/1/26	X-ray	(3957)			
26/1/26	X-ray	(3958)			
26/2/26	echo	(3973)	flex		
26/5/26	NSG.	(3974)	off		
26/1/26	X-ray	(3984)			
26/5/26	MRI	4030			
29/5/26	X-ray	4047	RD		

**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
26/5/26	UVC	(1)	6810	<i>[Signature]</i>
26/5/26	ET Intubation	(1)	7011	<i>[Signature]</i>
27/5/26	Catheterization	(1)	(7130)	<i>[Signature]</i>
28/5/26	Mobilisation	(2)	(7812)	<i>[Signature]</i>
31/5/26	Mobilisation	(2)	7899	<i>[Signature]</i>

**ANY OTHER INFORMATION:**

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Date: 9/6/26 Time: 12pm Prepared By: T. Rogan

Staff Nurse <i>[Signature]</i> 201758	Shift / Ward	Billing Assistant	Billing Supervisor
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# ACTIVITY RECORD FOR BILLING

2

ANC-00015834 IP28-00004463  
Baby Of POOJITHA O Y O M T D (M)  
25-05-2025  
Dr. SHOBANA RAJENDRAN

Name: ..... UHID No: ..... Consultant: ..... Dept: NICU  
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

## CROSS CONSULTATION VISIT

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
1/6/26	physio therapy	1		S. Prasad
1/6/26	physiotherapy	1	148180	S. Prasad
3/6/26	Physiotherapy	①	(8454)	S. Prasad
3/6/26	nebulization	①	(8456)	S. Prasad
3/6/26	Nebulization	①	8518	S. Prasad
4/6/26	n	①		S. Prasad
4/6/26	physiotherapy	①	8577	S. Prasad
4/6/26	Nebulization	①	8576	S. Prasad
4/6/26	nebulisation	①	48656	S. Prasad
5/6/26	nebulisation	①	48657	S. Prasad
5/6/26	physiotherapy	①	8776	S. Prasad
5/6/26	Nebulization	①	8775	S. Prasad
5/6/26	Nebulization	①	8833	S. Prasad
6/6/26	nebulization	①		S. Prasad

1st visit  
2nd visit

**ANY OTHER INFORMATION:**

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Date: 9/6/26 Time: 19pm Prepared By: S. Prasad

Staff Nurse 	Shift / Ward	Billing Assistant	Billing Supervisor
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~~Final~~

3



# ACTIVITY RECORD FOR BILLING

Name: .....

UHID No: ..... ANC-00015834 IP28-00004463  
 Baby Of POOJITHA  
 25-05-2025 0 Y 0 M 11 D (M)  
 Dr. SHOBANA RAJENDRAN

Date of Admissi: ..... Date of Discharge: ..... Time: .....

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



## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

## CROSS CONSULTATION VISIT

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
6/6/26	Nebulisation	①	8922	<del>607525</del>
6/6/26	physio therapy	①	8975	S. Periyath
6/6/26	Nebulization	①	8974	<del>8974</del>
7/6/26	Nebulization	①		<del>8974</del>
7/6/26	Nebulization	①	9066	P.D
7/6/26	Nebulization	①		<del>8974</del>
8/6/26	Nebulization	①		<del>8974</del>
8/6/26	physiotherapy	①		S. Periyath
8/6/25	physiotherapy	①	(14981)	<del>607525</del>

**ANY OTHER INFORMATION:**

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Date: 9/6/26 Time: 12pm Prepared By: M. Rajan

Staff Nurse <del>607525</del>	Shift / Ward S.M	Billing Assistant	Billing Supervisor
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ANC-00015834 IP28-00004463  
 Baby Of POOJITHA  
 25-05-2026 0 Y 0 M 15 D (M)  
 Dr. SHOBANA RAJENDRAN



# FLUID CHART

Sheet No. : AT

- 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 Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	OGT							
	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	FF →			40ml				✓			8 01794
	04:00 pm											
	05:00 pm											8
	06:00 pm	FF →			40ml		✓		✓			2120
	07:00 pm											
Total Intake : 80ml					Total Output : U-2 time							
	08:00 pm											
	09:00 pm	FF			40ml				✓			
	10:00 pm											
	11:00 pm	FF			40ml		✓					8
	12:00 am								✓			01794
	01:00 am											
Total Intake : 40ml					Total Output : 0-2							
	02:00 am											
	03:00 am	FF			40ml				✓			
	04:00 am											
	05:00 am						✓					
	06:00 am	FF			40ml				✓			8
	07:00 am											
Total Intake : 80ml					Total Output : 0-2							
Total 24 hrs. Intake		840ml			Total 24 hrs. Output		0-6 times M-3 times					



ANC-00015834 IP28-00004463  
 Baby Of POOJITHA  
 25-05-2025 0 Y 0 M 15 D (M)  
 Dr. SHOBANA RAJENDRAN



# FLUID CHART

Sheet No. : .....

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am	FF 100ml										SS
	09:00 am											21978
	10:00 am											
	11:00 am	EBM 30ml				✓	✓		✓			SS
	12:00 pm											20711
	01:00 pm						✓					
<b>Total Intake :</b>		70ml				U-1	<b>Total Output : M-1</b>					
	02:00 pm	FF 35ml				✓						
	03:00 pm											
	04:00 pm											
	05:00 pm	FF 35ml							✓			PP 6021
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>		70ml				M-1 fine	<b>Total Output : M-1 fine</b>					
	08:00 pm	FF 25ml										
	09:00 pm											
	10:00 pm					✓			✓			
	11:00 pm	FF 100ml										
	12:00 am											20972
	01:00 am								✓			
<b>Total Intake :</b>		15ml				M-1	<b>Total Output : 0-2</b>					
	02:00 am	FF 100ml										
	03:00 am											
	04:00 am					✓						
	05:00 am	FF 100ml										
	06:00 am								✓			6 20711
	07:00 am											
<b>Total Intake :</b>		200ml				M-1	<b>Total Output : 0-2</b>					
<b>Total 24 hrs. Intake</b>		295ml										
<b>Total 24 hrs. Output</b>		0-5 fine M-1 fine										

ANC-00015834 IP28-00004463  
 Baby Of POOJITHA  
 25-05-2028 0 Y 0 M 15 D (M)  
 Dr. SHOBANA RAJENDRAN



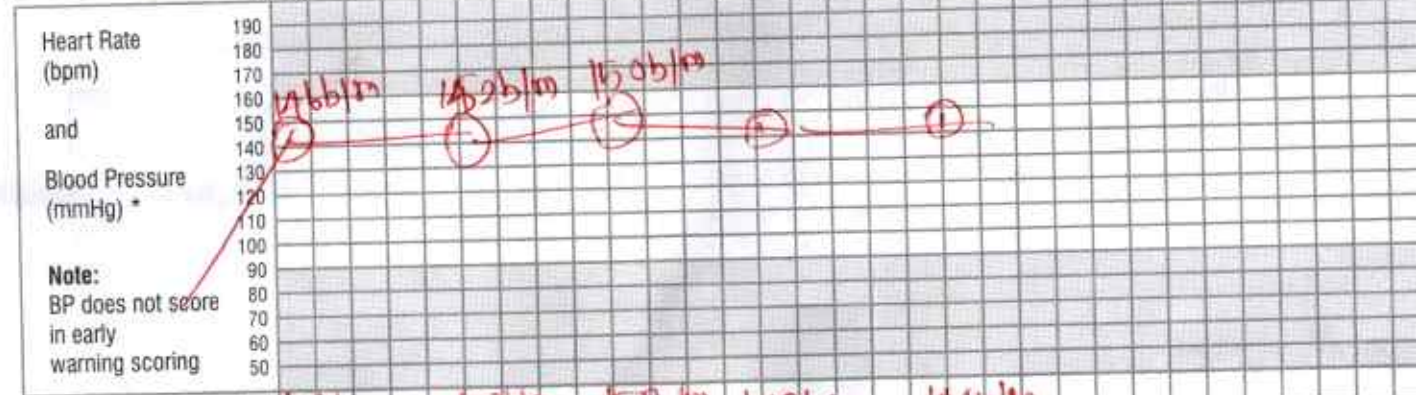
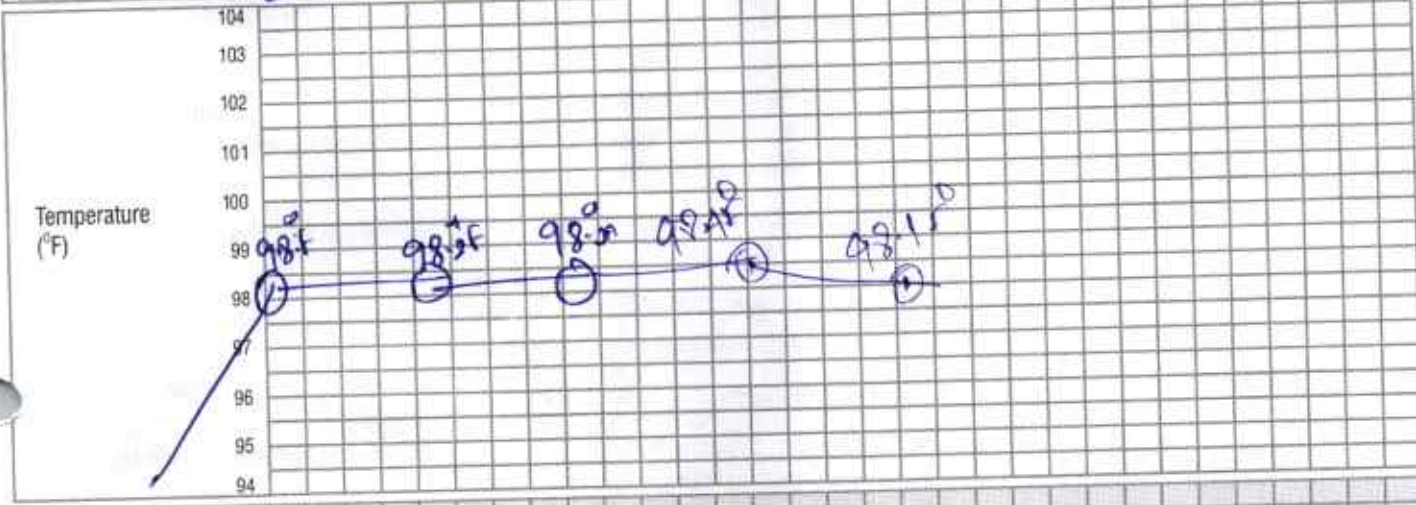
No. : RCH/FRM / CLINICAL / 124

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

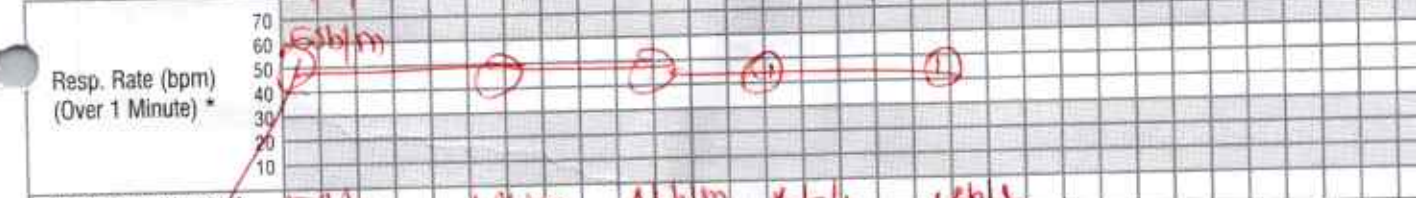


**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 9/6/22 Time: 2pm 4pm 8pm 12pm 4pm  
 Doctor/Nurse/Family Concern?



Heart Rate (Number) 146bpm 145bpm 150bpm 145bpm 145bpm



Resp Rate (Number) 50bpm 48bpm 46bpm 46bpm 46bpm

Resp Distress	Mod/ Severe None / Mild	Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	Conscious Level	Normal / Altered	GCS *	TOTAL SCORE	Number of shaded boxes	Pain Score	Observer's Initials
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>96%</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>15/15</u>	<u>01</u>	<u>0110</u>	<u>0110</u>	<u>SS</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>96%</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>15/15</u>	<u>01</u>	<u>0110</u>	<u>0110</u>	<u>SS</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>97%</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>15/15</u>	<u>01</u>	<u>0110</u>	<u>0110</u>	<u>SS</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>98%</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>15/16</u>	<u>01</u>	<u>0110</u>	<u>0110</u>	<u>SS</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>99%</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>15/14</u>	<u>01</u>	<u>0110</u>	<u>0110</u>	<u>SS</u>

**ACTIONS**  
 NB: Scores 3 should be recorded overleaf

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

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

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

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

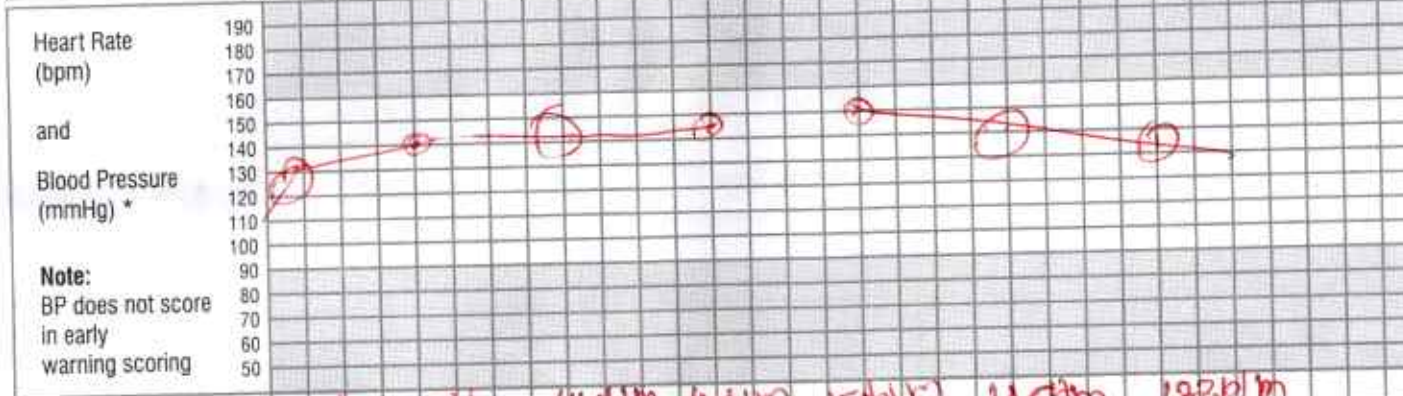
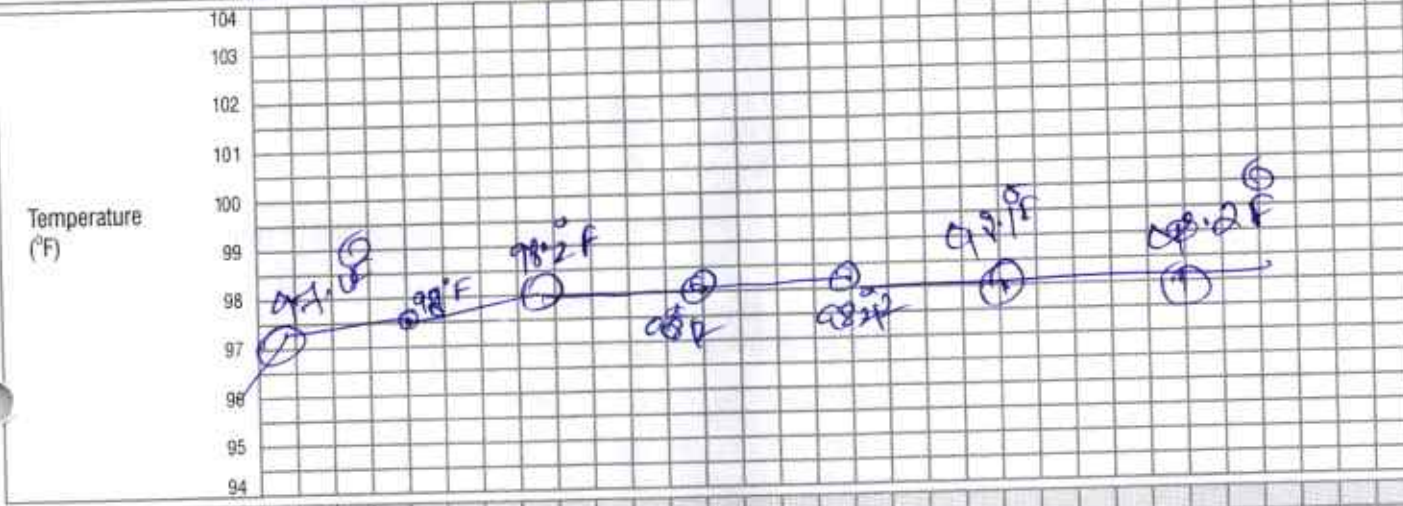


**INFANT (<1 year)**  
**Children's Observation & Early Warning Scoring Chart**

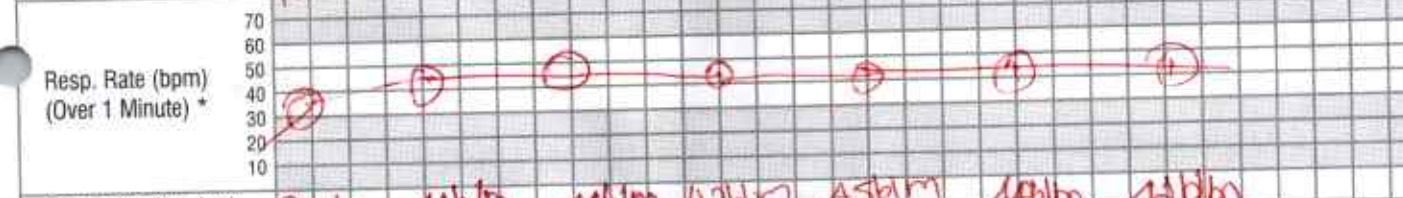


**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 10/6/25 Time: 8 AM noon 4 PM 10 PM 2 PM 12 AM 4 AM  
 Doctor/Nurse/Family Concern?



Heart Rate (Number) 140b/m 140b/m 144b/m 145b/m 150b/m 140b/m 142b/m



Resp Rate (Number) 35b/m 44b/m 44b/m 42b/m 45b/m 44b/m 46b/m

Distress	Mod/ Severe	None / Mild	Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	Conscious Level	Normal / Altered	GCS *	TOTAL SCORE	Number of shaded boxes	Pain Score	Observer's Initials
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0.8l	98.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15/15	01	01	0/4	SR
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0.8l	98.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15/15	01	01	0/10	SR
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0.5l	95.7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15/15	01	01	0/10	SR
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0.5l	95.7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15/15	01	01	0/10	SR
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0.6l	96.7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7S/15	01	01	0/6	SR
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0.8l	98.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6/15	01	01	0/6	SR
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0.9l	99.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15/15	01	01	0/6	SR

**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 in charge and PICU /NICU fellow or PICU/NICU consultant to be informed

9: 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.





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



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

Date: 11/6/21 Time: 7am  
 Doctor/Nurse/Family Concern?

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

Heart Rate (bpm)	190	
	180	
	170	
	160	
and	150	
	140	
Blood Pressure (mmHg) *	130	
	120	
	110	
	100	
	90	
	80	
	70	
	60	
	50	

Heart Rate (Number) 148 bpm

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

Resp Rate (Number) 44 bpm

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 92%

Conscious Level Normal Altered

GCS \* 15/16

**TOTAL SCORE** Number of shaded boxes 0/1

Pain Score 0/10

Observer's Initials [Signature]

<b>ACTIONS</b> NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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	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 Ltr/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.
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- 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

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



①

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5	S/B Dr. Theresah	
	<ul style="list-style-type: none"> <li>- Continue Nil.</li> </ul>	
	<ul style="list-style-type: none"> <li>- CBC, Blood cp, Ionised Ca, PT/APTT/INR, Blood group</li> </ul>	
	<ul style="list-style-type: none"> <li>- CXR</li> </ul>	
	<ul style="list-style-type: none"> <li>- UVC</li> </ul>	
	<ul style="list-style-type: none"> <li>- Gamelky = 4ml/kg Ca</li> </ul>	
	<ul style="list-style-type: none"> <li>- N pitalaz</li> </ul>	
	<ul style="list-style-type: none"> <li>- Can go up to 10amp/kg leipil</li> </ul>	
	<ul style="list-style-type: none"> <li>↳ not settle → phenobarbitone → [intubation]</li> </ul>	
		Midasolan 1mg/kg
	<ul style="list-style-type: none"> <li>- Tomorrow gas of CXR</li> </ul>	
	<ul style="list-style-type: none"> <li>- if coagulation profile decreased, FFP</li> </ul>	
	<ul style="list-style-type: none"> <li>transfuse</li> </ul>	
	<p>Under sterile precautions, UVC</p>	
	<p>was catheterized unip. 5% UVC of fixed @</p>	
	<p>8cm, free flow of blood came.</p>	
	<p>post procedure vitals stable</p>	
		Lase

*[Signature]*  
 1/12/20



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/05/2026 9am	S/B Dr Malini	
	Baby had repeated episodes of seizures in the form of jerky movements of both lower limbs & twitching movements of mouth = no hemodynamic instability ↓ leupil 40mg/kg given during transport ↓ NICU → Multiple episodes ↓ 2nd loading dose of leupil 40mg/kg + (1) dose of midazolam 0.2mg/kg	
	Plan → Next 20mg/kg leupil → pheno → intubation → Tomorrow Echo / NSG / EEG → MRI on day 3 of life	

*[Signature]*

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/2026 9 AM	CLs/B Dr. Suresh	
	late Preterm (36 weeks) /AGA MSL / perinatal asphyxia	/ Vacuum assisted delivery / MIE stage - 2 Shock / ? subgaleal bleed
	day of life - 12 hours of life	B.Wt = 2.7kg T.Wt = 2.7g
	current Issues → 1) seizure activity (2 involuntary jerks) - clonus 2) coagulopathy - IFFP gin 3) scalp swelling ? subgaleal bleed	
	RS - pink, Bilateral air entry present, Chest clear RR - 72/min SpO2 98% 25% FiO2 no retractions	
	CXR last X-ray (6 AM - 26/5/26) → Expansion of 7 spaces	
	Blood gas 26/5 12:50 AM	pH 7.312 pCO2 34.8 pO2 61.3 HCO3- 17.2 Lact 6.08
	Lact 6 AM	7.348 33.4 55.4 15.1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	NIV support (PIP-13, PEEP-5, Rate-30)	FiO <sub>2</sub> -30%
	CNS - pink, peripheries warm, pulses well L/R	
	HR-130/min, BP-55/44 mmHg	
	S <sub>1</sub> S <sub>2</sub> ⊕, no rales	
	ECG - plan today *	
	Not on entocloprides Dobut (8mg/kg/min)	
	P/A - soft, not distended	
	NPO	
	passed meconium	
	CNS - AF at level	
	Lethargic	
	Clonus ⊕	
	Involuntary jerky movements ⊕	
	on Maintenance	
	<u>USG crania</u> - plan today *	
	Fluids & electrolytes →	on 60cc fluid (100 + 6L)
	HR - 2.02 (FFP given) *	CBC - 12.9 mg/dl
		urine - passed here (40ml) - 2.1ml t/h.
	<u>Sepsis</u> - on I <sub>2</sub> pyper (⊕)	
	CAC - Ab - 14.5, TLC - 26430, p/f - 2.10	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>26/5/2025</del> 26/5/2025	C/S/B Dr. Shobana	
	<ul style="list-style-type: none"> <li>✓ pH, Acid base balance - maintain</li> <li>✓ cardiac dysfunctions (MODS) } Look for MODS</li> <li>Renal, BM support</li> </ul>	
	<ul style="list-style-type: none"> <li>✓ continue <u>ANIV</u> - 30 - 12</li> </ul>	<ul style="list-style-type: none"> <li>it - 0.4</li> </ul>
	<ul style="list-style-type: none"> <li>✓ ECHO *</li> <li>- MRI - tomorrow</li> </ul>	
	<ul style="list-style-type: none"> <li>✓ USG cranium - today. *</li> <li>✓ start sml @ 24</li> </ul>	
	<div style="border: 1px solid black; display: inline-block; padding: 2px;">Q 8 ml</div> 7.5ml	25ml - total fl
	<ul style="list-style-type: none"> <li>✓ 60cc fluid (4hr)</li> </ul>	- restrict to 60cc 8/24
	<ul style="list-style-type: none"> <li>✓ today - AP2, CRP - today</li> </ul>	
	<ul style="list-style-type: none"> <li>✓ Head circumference - month</li> </ul>	
<del>26/5/2025</del>	C/S/B Dr. Thirumal	
	<ul style="list-style-type: none"> <li>✓ To do EES</li> <li>✓ <u>change</u> wvc dressi</li> </ul>	



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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 8:30	C/S/B Dr. Surentra	
	AS - RR - 90% - SpO <sub>2</sub> - 99% ↓ 30% FiO <sub>2</sub> Retractions ICA (+)	
	on NIV (13/5 / RR-30, P10-30)	
	CVS - pulses well felt, HR - 62/54 Dobut (8mg/kg/hr) <u>with MR</u>	
	ECHO - small closing PDA, No PAA, good ventricular fun. PA - sdt	
	↑ 10ml Q2H (4qnl/kg/d) Nit paced stbk	Snd as in a ypt as
	Fluids - (60cc - 100 + 4hr) U/O - 10 (ml/kg/hr)	- good since m
	Sepsis - Pipta	✓ clonaz (P) <u>plan</u>
	✓ D. Padma may opric tm ✓ phenobarbitone	✓ use cranial report ✓ ECHO report ✓ - samples? - CR, WBC
	10mg/kg - Load	✓ reduce fluid ✓ EES?
	6mg/kg in 2 divided doses	✓ pooling 1/2 seconds ✓ WBC down by

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Rainbow  
Children's  
Hospital  
It takes a lot to raise the kids.

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/2025 8 pm	<u>C/S/B Dr. Shobana</u>	
	✓ Dr. Padma balaji opinion tomorrow ✓ To leading dose of phenobarbitone @10mg ↳ continue at a maintenance dose @ 6 mg/kg/day	
26/5/2025 9:15 am	<u>C/S/B Dr. Saenasa</u>	
	Baby had an episode of desaturation, with dusky periphery	
	↓ pooling of secretion, with poor spontaneous respiratory effort	
	↓ suction done Bag & mask	ventilation initiated



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>cls/B Dr. Shobana</u>	
	✓ To keep the baby NPO	
	✓ To restrict fluids - to 60cc.	
	✓ continue phenobarbital & lempil (give an antiepileptic - every 6 hours)	
	✓ can restart feeds after <u>12hs</u>	
	✓ To start midazolam @ 1mg/kg/12hr	
	✓ D. Padma balaji morn opinion tomorrow	
	<hr/>	
	- Td tommor ventikat	
	- Tommow midazolam - 1mg	
	- NPO	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>27/5/25</del> 7 AM	<u>cls/B Dr Shobana</u>	
	<ul style="list-style-type: none"> <li>✓ continue ventilation today &amp; tomorrow</li> <li>✓ NPO</li> <li>✓ Tomorrow can take oral feeds</li> </ul>	
<del>27/5/25</del> 9:30 AM	<u>sls Dr Maleni</u>	
	<p>Late Preterm / 36 week / AUA / Vacuum Assisted delivery / MSL / Perinatal Asphyxia / HIE stage-3 Shock / Subgaleal Haemorrhage / Neonatal seizure</p>	
	POL - 38 cm	Birth wt - 2.7kg not checked today
	<p>Issue → Intubated yesterday night in view of pooling of oral secretions &amp; poor spontaneous respiratory effort</p>	
	No seizure after intubation & Midazolam infusion	
	Scalp Swelling Red	

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**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
	<p>RS - PC SIMV mode            FIO<sub>2</sub> - 30%, PIP - 13, PEEP - 5, RA - 36/cm            T<sub>i</sub> - 0.35            RAE +, clear            spontaneous breathers            oral secretion good</p>	
	<p>Post Intubation CXR → ET higher up            7-8 cm            Haziness at (R) lung.</p>	
	<p>gas → pH 7.377, pCO<sub>2</sub> 38, HCO<sub>3</sub> 21.8, BE -2.9            Lco - 0.945</p>	
	<p>CVS - Purpl, perfusion good            CRT &lt; 2 sec, normothermic            HR - 162/min, BP - 62/43(50)            SB +, no murmur            UO - 1.4ml/kg/day            AB - 14.4</p>	
	<p>ECHO - Mild MR            No PAH            Small closing PDA            good biventricular systemic function</p>	



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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Sept → CPP - 19	
	D <sub>2</sub> by puptag	
	WBC - 26430	- NSS - L25
	Pit - 210	
	SIB Dr Thinesh	
20/5	Monitor HC daily	
	Catheterize	
	MRI tomorrow	
20/5	SIB Dr Madhu	
12:25 PM	After catheterization	→ 2ml concentrated urine
	SME from morning	
	0.3ml/kg/hr for last 6 hour	
	D <sub>1</sub> Dr Thinesh	
	→ to give 10ml/kg IV over 1 hour	
	→ by Lamin 0.5mg/kg IV stat	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/24 10PM	S/B Dr. PURNIMA.C	
	$y_0 = 12 \text{ hrs} = 13 \text{ ml} - 0.4 \text{ ml/hr}$ Next 2 hrs = 7 ml - Pained	
	Plw Dr. Shobana Raman :- - + Stop Midazolam Infusion - Continue 6cc/4/day Inf.	
12am	No seizures after stopping Midazolam Infusion	
RS	on PC-SIMV 18/5 / RR = 36/min / FiO <sub>2</sub> = 30% / Ti = 0.35 B/L chest clear (+) ; B/L breath sounds (+) NO retractions	
CVS	Warm, Pale to Pink PPWF: CRT < 3 sec HR = 172/min BP = 73/59(60) Sx (+) / Mx (-)	on Dobut e 6mg/4hr ↓ (500) 7+ 8mg/4hr
P/A	soft at heels small 3 <sup>rd</sup> hly x 3 → 1 and 3 <sup>rd</sup> hly Inf 6cc/4/day (3cc/10 · 1D/2na)	

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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/24 12am	G <sub>0</sub> = 13+7 = 2cm	
	<u>Cvs</u> : AF = e/vent No further desc tone ↓	✓ on Telungil ✓ in Phenobarbitone
	<u>Spine</u> : on July P <sub>10</sub> =	✓ Ictric → on SSAT
	<u>Plan</u>	
	✓ P <sub>10</sub> → ? to do 46	
	✓ Planned for MRI brain tomorrow @ 9:30am	
		f... 114364

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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2024 8 AM	C/S/S Dr. Suenan	
	Late Preterm (36 weeks) /AGA /vacuum Assisted delivery /MSL / perinatal asphyxia /NIE stages / Shock /sub galeal hematoma with remnant skin	
	POL - 60 hours of life	B-wt - 2.7g
		pre-wt / not check T-wt
	US - Bilateral air entry present, Chest clear. Chest also adequate SpO <sub>2</sub> - 98%. L Bv% F <sub>IO2</sub>	
	Chest Xray (21/5) 9:50 AM - dilated LA	(R) para cardiac haemorrhage
	Blood gas (21/5) 9:30 AM pH - 7.37, pCO <sub>2</sub> - 38 HCO <sub>3</sub> - 21.8, BE - 3, s <sub>il</sub> - 0.465	
	on SIMV - PIP - 18, PEEP - 5, F <sub>IO2</sub> - 30% Rate - 36	

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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>CVS - pulse <sup>fast</sup> well felt @ RR - 171/min pink            RR - 170/min, BP - 77/60 (above 97 percentile)            SpO<sub>2</sub> - normal</p>	
	<p>ECG - small closing PPA, No PAA, mild MR            good Bimodal cardiac cycle for            on inotropes (dobutamine) - 4 mcg/kg/min            (tapered from 4 → 0)</p>	
	<p><u>CNS</u> - <u>AP</u> at level            Lethargic, Not            hypertonic</p>	
	<p>on ty - levetiracetam (@ 40 mg/kg/ds)            Ty phenobarbital @ 6 mg/kg/ds</p>	
	<p><u>VSS</u> (eds) - subgaleal hematoma</p>	
	<p>PA - soft            not distended            on 10ml QSU (30 ml/kg)            stable post</p>	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order				
	Fluid & electrolyte	80ml/kg/day (26, 2Na, 10.1) ATT-3				
	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>urea</td> <td>creat</td> </tr> <tr> <td>36</td> <td>1.13</td> </tr> </table>	urea	creat	36	1.13	✓ CBS - 70mg/dl ✓ U/O - 0.4ml/kg/hr - over last 24hrs
urea	creat					
36	1.13					
	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Na-134</td> <td>Cl-106</td> </tr> <tr> <td>K-6.1</td> <td>HCO<sub>3</sub>-25</td> </tr> </table>	Na-134	Cl-106	K-6.1	HCO <sub>3</sub> -25	
Na-134	Cl-106					
K-6.1	HCO <sub>3</sub> -25					
	Sepsis	- CAP-19 <u>Bloods</u> - mdy ppter 4/3 N/A after 48 hrs				
	<u>cls/B Dr. Shobana</u>					
	✓ fluid - succ fluid					
	✓ MAR					
	✓ remove catheter					
	✓ 15ml Q3H	from evening				
	✓ succ fluid → ↑					
	✓ 2g - CAP, RDX	(Urea, creat)				

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 1.15 PM	<p>S/B. Dr. Shobana</p> <p>Tono extubate            Butyl SCS.            Oxymorol stimulation            154 energy            2ml tone med            Paper Dobekimo</p>	
29/5/26 8:45 AM	<p>S/B Dr. Aneesh</p> <p>LATE PRETERM / AGA / VACUUM ASSISTED DELIVERY.            (36 WKS)</p> <p>MSL / PERINATAL ASPHYXIA / HIE stage-3 / SHOCK            NEONATAL SEIZURES / SUBGALEAL HEMATOMA</p>	
	<p>Day 4 of life.</p> <p>Thick oral secretion &amp; BP.</p> <p>RS- B/LAE (+) chest rise (+) intermittent resp.            efforts (+) SpO<sub>2</sub> - 100% 30% FiO<sub>2</sub></p> <p>X-ray - 26/5 → (R) Paracardiac haziness.            Blood gas - 26/5 - pH - 7.37, pCO<sub>2</sub> - 38            HCO<sub>3</sub> - 21.8, iCal - 0.945</p> <p>On SIMV - PIP - 18 PEEP - 5 FiO<sub>2</sub> - 30%            RR - 36/m.</p>	<p>Bwt - 2.7 kg</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>Cvs - HR - 170/m, baby bleached, pulses well felt.            BP - 69/53 mmHg <math>SpO_2</math> (+) Hb - 13.5            CRT &lt; 3 sec.            Echo - Small close PDA (L → R)            (26/5/26) No PAH. Mild-MR.            Good biventricular systolic function.            On Inotropes - 4 mic/kg/min → 2 mic/kg/min</p>	
	<p>CNC - AF - flat            No spontaneous activity            Moves on stimulus.            On Levetiracetam &amp; phenobarbitone.            MRI → features suggestive of <del>transient</del>            moderate to severe hypoxic ischemic            encephalopathy.            See NSG - Subgaleal hematoma.</p>	
	<p>P/A - Soft            20ml OG feed Q2H. FR            → 20ml/kg/day IV + 20ml/kg/day feeds</p>	
	<p>Fluids - 80ml/kg/day - IV fluids. Creat - 0.88.            Uo - 1.6ml/kg/hr. Urea - 36.</p>	
	<p>Sepsis - NOT I on            CAP-19 (26/5) → CRP - 6 (29/5).            Blood cfs - No growth            Piptaz - Day 4</p>	
		<p>Aneesh            16/5/25</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 10:30 AM	cls/B Dr. Shobana	
	NPO	
	12pm Extubate → Good oral clearing	
	Oral Phenobarb next dose	
	Oral Levipil tomorrow	
	NIV → PIP - 20	
	PEEP - 6	
	RR - 40	
	Fi - 0.45	
	Dobutamine to stop after extubation	
	25ml feeds tomorrow	
	PIPTAZ to continue.	
		Aneesh 113765
	S/B Dr. Shobana	
	Post extubation	
	Prone position	
	20ml Q2H feeds - 160ml.	
	Blood gas & X-ray after 1 hour.	
		Aneesh 113765

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 8:30 AM	S/B Dr. Aneesh (26WK)	
	LATE PRETERM / AGA / VACUUM ASSISTED DELIVERY / MSL PERINATAL ASPHYXIA / HIE stage-3 / SHOCK / NEONATAL SEIZURE SUBGALEAL HEMATOMA	
	Day 5 of life.	Wt - 2.7kg.
	RS - B/LAE (+) chest rise (+) SPE - intermittent SpO <sub>2</sub> - 98% @ 21% FiO <sub>2</sub> - RR - 40/m. X-ray 26/5 - (RT) Paracardiac haziness. Blood gas - 26/5 pH 7.37, pCO <sub>2</sub> - 38 HCO <sub>3</sub> - 21.8, iCal - 0.945 On NIV - PIP - 20 PEEP - 5 FiO <sub>2</sub> - 21% RR - 30/m	
	CVS - HR - 153/m baby pink, pulses well felt BP - 85/43 - 295th centile SpO <sub>2</sub> (+) Hb - 13.5 CRT < 3s Echo - (26/5) Small closing PDA (L → R) No PHT, mild-MR Good biventricular sys function No inotropes.	
	CNS - AF - flat. Activity - spontaneous. On levitiracetam & phenobarbitone. MRI - Transient mod to sev HIE USG - Subgaleal hematoma	





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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>30/5/20</del> 5/6	<p>cls/B. Dr. Suren</p> <p>RS - BLA @ conducted - sounds (+)</p> <p>RR - 48/min SpO<sub>2</sub> - 97% (L27% FiO<sub>2</sub>)            (NIV - 20/6 / 20/27% - FiO<sub>2</sub>)</p> <p>CVS - pulses well felt            - Not on monitor</p> <p>CNS - Ar at level            on syp - levoracetic + phenobarbitone</p> <p>PIA - s/f</p> <p>25ml Q3H of gel (74ml / 6/days)</p> <p>stools past</p> <p>Fluids - 20cc / gel (2 Na / 6)            U/o since morning (50ml / 2nd / 6)</p> <p>Seps - Ab</p>	
30/5/20 5/6	<p>cls/B. Dr. Shobana</p> <p>→ keep 9/1 (50mg / 6/day)</p> <p>→ phenobarbitone</p> <p>→ 25ml Q3H → 25ml Q2H</p> <p>→ Tomorrow morning - remove UVC</p> <p>→ stop IV fluid</p>	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 10am	S/B. Dr. Raghun	
	LPT (36 weeks) / AGA / Vaccines assisted delivery / MSC / Perinatal asphyxia / HIE Stage 2 / Shock / Neonatal seizures / Subgaleal haemorrhage DOL - 6	B. wt = 2.7kg
	RS - pink, B/C $\oplus$ , clear, SRE $\oplus$ RR = 42/min. SpO <sub>2</sub> - 99% on CPAP 7/25F.	
	CVS = pink, ppf @ volume, CRT < 3sec HR = 143/min, BP = 80/57 (65) mmHg No murmurs	
	CNS = AF <sup>J</sup> , spontaneous activity OCC - jerk $\oplus$ HRS = Transient Moderate to severe HIE USG = sub galeal hematoma on oral Levipil = 80mg/kg/day oral Phenytoin = 6mg/kg/day	
	P/A = soft, no distention on 25ml/2H feeds (~ 110ml/kg/day) passed stools.	
	F/E = u.o = 2.6ml/kg/hr on IVF maintenance for UVC.	P.T.O



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 10:30 AM	Sepsis - NOT I	
	CRP - 6	
	Bld c/s = No growth	
	DS Piptaz.	Singh 11/2/26



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>CNS: pink, peripheries warm                      pulse well felt -                      S<sub>1</sub>S<sub>2</sub> ⊕ NO murmur.                      HR - 152 bpm BP - 50 - 95 mm.                      not on isometric                      26/5 - closing PPA                      good BV function</p>	
	<p>CNS - AF at level.                      beginning ↓                      hypotonia, reflexes absent                      no sucking                      B/L pupils sluggishly reacting                      1-2 mm. dry cornea                      Occasional spontaneous movements ⊕                      no seizures                      on 20mg/ly/day levipal.</p>	<p>MR (28/5) - mod-severe                      NSE (26/5) - subgaleal                      haem.</p>
	<p>PIA - soft KS ⊕                      on 30ml Ozur out feeds (133ml/ly/day)                      Bowel opening ⊕                      To add kid milk: 1, 2 mo.</p>	
	<p>P/O - U/O - 26ml/ly/day                      not on IVF 295                      26/5 Na 100/134                      K 6.1                      Ue - 13.5 (28/5).</p>	<p>Urea 36                      Creat 1.30-85</p>

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### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>Sepsis: NO 28</p> <p>NOT on ABX</p> <p>CRP - 6 (29/5)</p> <p>Blood c/s - NG</p>	
	<p><del>Shy</del></p> <p>1534h</p>	
	<p>C/S/K by Shobana</p>	
	<p>Oral antibiotics 2 tablets → BB</p> <p>Tomorrow PR</p> <p>Stop O2</p> <p>CO2</p> <p>KMC</p> <p>Continue dexi → ↓ 50mg/kg/day tomorrow</p>	
	<p>to do PR, BZSU</p>	



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PROGRESS NOTES AND DOCTOR'S ORDER


Date & Time	Progress Notes	Doctor's Order
	C/S/B to Finish	
	BERA - 2m RPR - 1m. Early stimulation Tappu & stop O2	
2/5/26 9am.	SLB: Dr. Raghav	
	LPT / MSU / Pericardial effusion / HIE - stage 2 / Nasal septum Subgaleal hemorrhage / shock DOL = 8	B.wt = 2.7kg T.wt = 2.74kg (29g)
	Baby is - pink, R/C AE @, clear occ. conducted sounds secretions (oral) (+), RR = 38/min SpO <sub>2</sub> = 98% RA	
	CVS = pink, p/pf @, CRT 30% HR = 145/min, BP = 69/40 (51) Echo = closing PDA, good R/L functions	
	CNS = AF at level tone 5, sucking good spontaneous movements (+) No further jerks/reflexes NSQ = Subgaleal hemorrhage MRI = moderate to severe HIE	EEG - 9/10 on levipil 50mg/kg/dy

87.2



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26	P/A = soft, BS ⊕ on soul/GRB feeds (133 ml (4/2h)) - on feeds passed stool on distal abdomen	
	PE = U.O = 1.9 ml/kg/hr. on IVF	
	Septic - NOTI No Abx	
3/6/2020 9:30 AM	C/S/B to Airwayways.	
	Δ - LPT/ACIA/vaccuum persisted delirium/ msl   perinatal asphyxia   HIB-2   shock   neonatal seizures   subgaleal hemorrhage.	
	RS - Baby in room air. maintaining SpO <sub>2</sub> 93-96%. WOB - (w) RR - 56-58/min BAP ⊕ conducted sounds. cough ⊕ - trach secretions ⊕.	
	CVS - pink, pulses well felt. peripheries warm. S <sub>1</sub> S <sub>2</sub> ⊕ NO murmur	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	not on ionotropes.	
	CNS: AF at level. tone - variable. eye opening (+) sucking (-) moans - (-). no seizures/febrile. on script 50mg/ly/day.	
	P/A - soft BS (+). on some O4 feeds. bowel opening (+).	
	P/B - U/O - 3ml/ly/day. not on IVP urea 2/36 creat 0.85	
	sepmi: NO 72 not on ABA.	
	<i>[Signature]</i>	day - continue ord-udor stimulation


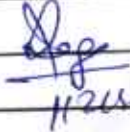


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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 10:45 AM	<p>CLS/M Dr. Jiniest                      plan EEG &amp; decide on N &amp; L                      head and elct'n on 20'                      continue physiotherapy.</p>	
<p><del>4/6/26</del> 10:30 AM</p>		
<p>4/6/26 9:30 AM</p>	<p>SIB. Dr. Raghu</p>	
	<p>LPT / AGA / VAD / HSL / Pericardial effusion / HIE-2 / Neonatal                      sepsis / Subgaleal haemorrhage / Shock (resolved)                      DOL = 10                      Issues - prodig of sepsis + encephalopathy                      RL - pink, BL - AEC, clear conducted sounds                      RR = 48/min, SpO<sub>2</sub> = 98%                      mild central cyanosis + noisy breathy.                      Suckling actively.</p>	<p>B.Wt = 2.7kg                      T.Wt = 2.76kg (20%)</p>
	<p>CVS = pink, pref. @ volu CRT &lt; 3s.                      HR = 151/min, BP = 80/55 (65) cuff                      S<sub>1</sub>S<sub>2</sub> ⊕, No murmur.</p>	
	<p>NO Ruptures</p>	
	<p>CNS = AF, Tone - UL ↓                      LL ↑                      encephalopathy                      Spont. movements &amp; eye open present                      No suckling movement.</p>	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/25 9:30am	HRT - H/E changed. EEG = No seizure / focal. on Oxcarbazepine & Levetiracetam physiotherapy. on Levetiracetam 30mg/kg/day	
	P/A = soft, no distension. BSO, on 30ml/24H feeds → Domstal passed stools	
	F/E = w.o = 2.1ml/kg/h. off IVF. Septu = NOTI off Abx	 11/2/25
4/6/25 10:30am	S/B: Dr. Shobana ENT opinion - swallow studies (Rehab) Home electric suction, AMBU, mask, CPR training.	VIT-D Probiotics Calcium Domstal
4/6/25 12:30am	S/B: Dr. Nithya Needs to see if baby is swallowing or not. - degree of pooling of secretions - if milk is reaching throat or not plan Functional endoscopic evaluation of swallow tele 11:30am	 11/2/25

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
A/O/20	S/R Dr Sugima	
6pm	LPT   A&A   VAD   MSL	Passinatal
	HIE-2 / Neonatal Sepsis	Aphyxia
	Subgaleal Hemorrhage (Shock corrected)	
	DOL - 10	
	Icso - pooling of secretions	
	RS - pink	
	RR - 49/min	
	SpO2 - 94%	
	BLAE ⊕	
	CVS - pink	
	HR - 166/min	
	PP - well felt	
	S1, S2 ⊕	
	No Stenosis	
	ENS - AF	
	Spont movements & Eye movements ⊕	
	On oromotor & limb physiotherapy	
	On faviptil 5mg/kg/day	
	PA - Soft, No Distension	
	passed stool	
	Sepsis - off Abx.	
	Plan	
	Monitor vitals	

ANC-00015834  
 Baby Of POOJITHA  
 25-06-2026  
 Dr. SHOBANA RAJENDRAN  
 IP28-000044E  
 OYOMSD

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 9.10a	S/B Do Maline	
	Late PT / AUA / Vacuum assisted delivery / MS Perinatal Asphyxia / HIE - 2 / Neonatal Seizures Subgaleal Hemorrhage / Shock (Resolved)	
	DOL - 11	Birth wt - 2.7kg Today wt - 2.76kg
	Noisy breathing Issue - Poding of secretion Swallowing & Encephalopathy	same wt
	RS - Room air pink, <del>moist</del> BAE +, conducted sounds + Suction hourly Mild central retraction, ICR + RR - 48/min, SpO <sub>2</sub> - 98%	Nabzy. Nacl 0.87l
	Cvs - pink, perfusion good CRT < 2sec HR - 150 - 160/min RR - 72/50 (57) S <sub>2</sub> +, no murmur U.O - 2.7ml/kg/hr	





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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 11am	S/B Mr. Shobana.	
	To teach physiotherapy to father Monday discharge	On
6/6/26 9:10am	S/B Do Malini	
	Late PT / AUA / Vacuum assisted delivery / Neonatal Asphyxia / HIE - 2 / Neonatal Seizure / Subgaleal Haemorrhage / Shock (resolved)	MSC
	DOL - 12	Yesterday Wt - 2.76 Today Wt - 2.74 (20g ↓)
	RS - Room air BAE+, Bp Conducted sounds PR - 54/min SpO <sub>2</sub> - 98% Paling of oral mucosa Suctioning O/H	
	CNS - Pink, Reflexion good CRT < 2sec HR - 162/min RR - 72/41 (S2) RS2+, no murmur U-O - 2.4 ml/kg/hr	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>6/6/25</del>	<p>CL/S/ Dr Shobana            Rpt Swallowing study after 2-3 weeks            Educate CPR.            OY application education</p>	
<del>July 19/30/25</del>		
	<p>CL/S/ Dr Shobana</p>	
<del>6/6/25</del>	<p>ROP @ mouth            plan BERA            Sensory stimulation.</p>	
<del>July 15/30/25</del>		
	<p>CL/S/ Dr Shobana            → To teach OG tube            → tube assembly            → ↑ 35ml OG.            → continue leipid</p>	
		<p><i>[Signature]</i>            11/25/25</p>

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 Baby Of POOJITHA  
 25-05-2026 0 Y 0 M 11 D (M)  
 Dr. SHOBA NA RAJENDRAN

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**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
18/26 10am	8/8 Dr Malin	
	Late PT / AUA / Vacuum assisted delivery / MSc Perinatal asphyxia / HIE-2 / Neonatal sepsis Subgaleal Haemorrhage / Shock (mild)	
	DOL-13	Today weight 2.76 kg yesterday wt - 2.74 kg 20g ↑
	RS - Room air BAET, Bp. Conducted sounds + RR - 53/min SpO <sub>2</sub> - 96% feeding of secretion +	
	CVS - pink, perfusion good CRT + HR - 143/min BP - 70/43 (50) SB + no murmurs V.O - 2.2 ml/kg/hr	







**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
	<p>CUS - Pmb, Perfusion - good                      CP/PA - well perf.</p>	
	<p>HR - 140-150/min                      S1S2 @, Normal sounds</p>	
	<p>U.O. - 2.2 ml/kg/hr</p>	
	<p>PLA - soft, No detension                      stool - 4 times                      on oral feed - 35ml 2nd hourly feed                      U.O. - 2.2 ml/kg/hr                      150ml/kg/hr                      on calcium p, Iron</p>	
	<p>CNS - AF (-)                      Tone - ↓ in all 5 LL.                      Not much cry.                      Activity - spontaneous movement @                      Eye opening @                      on limb physiotherapy; one motor stimulation                      on oral levetiracetam 30mg/kg/day                      KMC.</p>	
		<p><u>As</u>                      10/1/24</p>

ANC-00015834 IP28-00004463  
 Baby Of POOJITHA  
 25-06-2026 0 Y 0 M 13 D (M)  
 Dr. SHOBANA RAJENDRAN



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26	S/B Dr. Shobana	
9:45 am	Room In - today	
	Shift Baby - Rule oximeter	
	As per m) 3rd hourly - 0.1% bleed.	
	Vaccination - today	
	DAF - today	
9/6/26	S/B Dr. Divya	
10:30 am		
	Late PT / Abn   Vacuum Assisted Delivery / shock (resus)	
	MSL   Perinatal Asphyxia   AFE-2 / Neonatal	
	Seizures / Sub-epileptical haematoma	
	DOL - 15	
		Bwt - 2.76kg
		CMT - 2.800
		120g.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	RS - RR -	
	Pink	
	Bluish @ ,	condensed sounds
	SpO <sub>2</sub> - 98+	
	CUS - Pmb, Ecchymosis	
	Palp NoI - good	
	HR - 140-150/min	
	CR - 2 sec	
	SIS @ , No murmurs	
	PIA - Affl, No distension	
	on next feed 35 ml 2nd bly - to 1 to 40ml	
	BS @	2nd bly
	on Iron, calimax.	
	CNS - AF (+)	
	Hypotonia in all P L @	
	on oral hypot - 30mg/kg/day	
	on OMS, levophed	
	↑ seen oral secret @, frequent frequent crotch	
	spontaneous movement @	

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 Baby Of POOJITHA  
 25-05-2026 0 Y 0 M 11 D (M  
 Dr. SHOBANA RAJENDRAN



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**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
	Plan - Reentry in today OAE / Vibration today Feed - 40ml 2nd half - Q2H	
		$\frac{Q_2}{14:11}$
<u>9/6/26</u> <u>3pm</u>	<u>S/B Dr. Aneshu</u>  Baby reviewed On OG feeds 40ml Q2H Baby pink Panting ucin & stork rily spontaneous movements (+) Tone ↓ed. On oms, physiotherapy pulse well felt CRT < 3sec AF @ level, tone ↓ed Bf/AE (+) no added sounds SpO <sub>2</sub> 100% in RA To continue the same	
		<u>Aneshu</u> 163765



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**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
21/6/26	SIRDH: Millhams	
8PM	Baby Paul	
	Had 1 episode of vomiting around 1PM	
	No further episodes since then	
	On oral feeds 40ml - 3x/day	
	Pang urine nil.	
	op: Any - 1/1	
	Normal	
	PPWF	
	CRT < 3ms.	
	S/E: WS: 8/2 (+)	
	RS: B/1A (+)	
	CNS: AF 0 hr	
	Tone L.V.	



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
10/6/28 8:45 AM	S/B Dr. Aneesh	
	Late PT / AGA / Vacuum assisted delivery / shock (resolved) MSL / perinatal asphyxia / HIE-2 / NEONATAL SEIZURE Sub galeal hematoma DOL- 16.	
	Baby on OG feeds 40ml. Baby had 3-4 episodes vomiting over night passing urine stool (Nly)	
	Cry- low Tone- ↓ Activity ↓	T-wt- 2.800kg
	CNS- AF @ level Tone ↓	
	O/S } P/A } NAD RS }	
		Aneesh 163765



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
10/6/26	S/B Dr. Shobana mam	
9:30 AM	Baby stable	
	To shift baby to bed from cradle.	
	To assign parent care & plan to discharge.	
		Aneesh 163765
10/6/26	S/B Dr. Aneesh	
3:45 PM		
	- Baby reviewed.	
	- On OG feeds 30-35 ml Q2H.	
	- 1 episode vomiting in the morning	
	- 1 episode desat to 80% for 1 to 2 mins	
	regained spontaneously	
	- RR - 40/m SpO <sub>2</sub> - 96% @ RA	
	B/CAT (+)	
	- To discharge tomorrow	
		Aneesh 163765



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/2025 8pm	<p>cls/B Dr Suenere</p>	
	<p>Baby renewed            no further episode of vomiter            -noisy breathing (+)</p>	
	<p>OK - pulses - well felt            pink, euthemic            colour (-)</p>	
	<p>CR c/sse</p>	<p>Adi</p>
	<p>HR-140</p>	
	<p>SpO<sub>2</sub> - 95-98%</p>	<p>- continue hourly suction</p>
		<p>- offer feeds</p>
		<p>- w/ wessery &amp; dextra</p>
	<p>cls/B Dr Suenere</p>	
	<p>Baby renewed</p>	
	<p>noisy breathing (+)</p>	
	<p>RR-54/min</p>	
	<p>SpO<sub>2</sub> - 95-100% LRA</p>	
	<p>HR-154/min</p>	
	<p>pink, peripheral warm, pulses well felt</p>	

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
		<p><u>Adv</u></p> <ul style="list-style-type: none"> <li>- continue hourly suction</li> <li>- o/g feed</li> <li>- w/ worsening of distre</li> </ul>
<p><u>11/6/25</u>  <u>8:45 AM</u></p>	<p><u>S/B Dr. Aneesh</u></p> <p>Late PT   AGA   VAD   shock (resolved)   MSL          Perinatal asphyxia   HIE-2   Neonatal Seizures          Subgaleal hematoma.</p>	
	<p>DOL-17.</p> <p>Baby OG feeds ~30-35ml Q2H</p> <p>No further vomiting.</p> <p>Noisy breathing on &amp; off (+).</p>	<p>2.600kg</p> <p>2.780kg</p> <p>↓ 20g</p>
	<p>puic</p> <p>pulw well felt</p> <p>CRT &lt; 3sec</p>	<p>HR-142/m</p> <p>RR-38/m</p> <p>SpO<sub>2</sub>-94-98% @ RA</p>
	<p><u>S/E</u> - CNS - AF @ level</p> <p>Tone ↓</p> <p>CVE - S<sub>2</sub> (+)</p> <p>P/A - soft</p> <p>RS - B/LAE (+)</p>	<p>Discharge today</p> <p><u>Aneesh</u>          163765</p>

Patient Sticker



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>11/6/26</del>	S/B Dr Shobana	
<del>10-4</del>	Child stable	
	Neonatal encephalopathy	
	Levipil	
	Calcimax	
	Domstal	
	Ison.	
	to follow up on monday with	Dr Hareesh in Thadga
		Dr
		Dr. Parameshwara ca
	Review 1 month physio	/ Neurologist Dr Pachode
	JG	S. Sreenivas

ANC-00015834 IP28-00004463  
 Baby Of POOJITHA  
 25-05-2025 0 Y 0 M 1 D (M)  
 Dr. SHOBANA RAJENDRAN



REGULAR PRESCRIPTIONS

Weight 2.7kg Ward MCU

DRUG: <u>INJ PIPTAZ</u>				Date-Time: <u>26/5</u>	<u>27/5</u>	<u>28/5</u>	<u>29/5</u>	<u>30/5</u>	<u>31/5</u>
Dose	Route	Frequency	Start Dt.	<u>10mg</u>	<u>EV</u>	<u>BD</u>	<u>BD</u>	<u>BD</u>	<u>BD</u>
<u>270mg</u>	<u>IV</u>	<u>BD</u>	<u>26/5</u>	<u>10mg</u>	<u>EV</u>	<u>BD</u>	<u>BD</u>	<u>BD</u>	<u>BD</u>
Name & Signature of the Doctor Starting the Drugs: <u>A Malu</u>				<u>DR</u>	<u>MR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>
Additional Instructions: <u>With SD</u>				<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>
Daily Doctor's Endorsement by a Sign				<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>
DRUG: <u>INJ LEVITIC</u>				Date-Time: <u>26/5</u>	<u>27/5</u>	<u>28/5</u>	<u>29/5</u>	<u>30/5</u>	<u>31/5</u>
Dose	Route	Frequency	Start Dt.	<u>55mg</u>	<u>IV</u>	<u>BD</u>	<u>BD</u>	<u>BD</u>	<u>BD</u>
<u>55mg</u>	<u>IV</u>	<u>BD</u>	<u>26/5</u>	<u>55mg</u>	<u>IV</u>	<u>BD</u>	<u>BD</u>	<u>BD</u>	<u>BD</u>
Name & Signature of the Doctor Starting the Drugs: <u>A Malu</u>				<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>
Additional Instructions: <u>4omp 1p/day with S.D</u>				<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>
Daily Doctor's Endorsement by a Sign				<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>
DRUG: <u>INJ PHENOBARBITONE</u>				Date-Time: <u>26/5</u>	<u>27/5</u>	<u>28/5</u>	<u>29/5</u>	<u>30/5</u>	<u>31/5</u>
Dose	Route	Frequency	Start Dt.	<u>8mg</u>	<u>IV</u>	<u>BD</u>	<u>BD</u>	<u>BD</u>	<u>BD</u>
<u>8mg</u>	<u>IV</u>	<u>BD</u>	<u>26/5</u>	<u>8mg</u>	<u>IV</u>	<u>BD</u>	<u>BD</u>	<u>BD</u>	<u>BD</u>
Name & Signature of the Doctor Starting the Drugs: <u>A Malu</u>				<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>
Additional Instructions: <u>(6mg 1p/day)</u>				<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>
Daily Doctor's Endorsement by a Sign				<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>
DRUG: <u>INJ PHENOBARBITONE</u>				Date-Time: <u>27/5</u>	<u>28/5</u>	<u>29/5</u>	<u>30/5</u>	<u>31/5</u>	<u>1/6</u>
Dose	Route	Frequency	Start Dt.	<u>8mg</u>	<u>IV</u>	<u>BD</u>	<u>BD</u>	<u>BD</u>	<u>BD</u>
<u>8mg</u>	<u>IV</u>	<u>BD</u>	<u>27/5</u>	<u>8mg</u>	<u>IV</u>	<u>BD</u>	<u>BD</u>	<u>BD</u>	<u>BD</u>
Name & Signature of the Doctor Starting the Drugs: <u>A Malu</u>				<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>
Additional Instructions: <u>(6mg 1p/day)</u>				<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>
Daily Doctor's Endorsement by a Sign				<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>	<u>DR</u>

VERIFIED BY: Name Signature

ANC-00015834  
 Baby Of POOJITHA IP28-0/00/46  
 25-05-2026 0 Y 0 M 3 D  
 Dr. SHOBANA RAJENDRAN



Sheet No: ②..... **REGULAR PRESCRIPTIONS** Weight: 7kg... Ward: NICU

**DRUG:** Symp. PHENOBARBITONE

Dose	Route	Frequency	Start Dt.	Date-Time
2ml	P/O	Q12H	29/5	7 AM 29/5
				11 AM 29/5
				7 PM 29/5
				11 PM 29/5

Name & Signature of the Doctor Starting the Drugs:  
 Aneeshw 163765

Additional Instructions:  
 (5ml/20mg)  
 @ 6mg/kg/day

Daily Doctor's Endorsement by a Sign

**DRUG:** Neb N-Acetyl-cysteine

Dose	Route	Frequency	Start Dt.	Date-Time
2ml	P/N	Q8H	30/5	7 AM 30/5
				11 AM 30/5
				7 PM 30/5
				11 PM 30/5

Name & Signature of the Doctor Starting the Drugs:  
 Aneeshw 163412

Additional Instructions:  
 +3ml NS

Daily Doctor's Endorsement by a Sign

**DRUG:** Symp LEVIPIL

Dose	Route	Frequency	Start Dt.	Date-Time
0.5ml	P/O	Q12H	30/5	7 AM 30/5

Name & Signature of the Doctor Starting the Drugs:  
 Aneeshw 163765

Additional Instructions:  
 (1ml/100mg)  
 @ 4mg/kg/day

Daily Doctor's Endorsement by a Sign

**DRUG:** Symp. LEVETIRACETAM

Dose	Route	Frequency	Start Dt.	Date-Time
1ml	P/O	Q12H	30/5	7 AM 30/5
				11 AM 30/5
				7 PM 30/5
				11 PM 30/5

Name & Signature of the Doctor Starting the Drugs:  
 DR. SURENNA

Additional Instructions:  
 (@ 80mg/kg/day)

Daily Doctor's Endorsement by a Sign

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

Sheet No: 8

REGULAR PRESCRIPTIONS

Weight 2.7kg Ward NIKU

DRUG : <u>SYP LEVIC</u>				Date Time	<u>2/6</u>	<u>3/6</u>														
Dose	Route	Frequency	Start Dt.		<u>2am</u>	<u>8p</u>														
<u>0.7ml</u>	<u>Or</u>	<u>BD</u>	<u>2/6</u>		<u>2</u>	<u>X</u>	<u>8p</u>													
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>					<u>2pm</u>	<u>8p</u>														
Additional Instructions: <u>low / 100mg</u>																				
Daily Doctor's Endorsement by a Sign																				

change of  
(Dr. [Signature])

DRUG : <u>NEB E 3-1 NOD</u>				Date Time	<u>2/6</u>	<u>4/6</u>	<u>5/6</u>	<u>6/6</u>	<u>7/6</u>	<u>8/6</u>											
Dose	Route	Frequency	Start Dt.		<u>2</u>	<u>4p</u>	<u>5p</u>	<u>6p</u>	<u>7p</u>	<u>8p</u>											
<u>2ml</u>	<u>P/N</u>	<u>Q 8H</u>	<u>3/6/26</u>		<u>2</u>	<u>4p</u>	<u>5p</u>	<u>6p</u>	<u>7p</u>	<u>8p</u>											
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>					<u>10</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>											
Additional Instructions:					<u>6</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>											
Daily Doctor's Endorsement by a Sign					<u>Am</u>	<u>X</u>	<u>DT</u>	<u>KH</u>	<u>KH</u>	<u>KH</u>	<u>SD</u>										

stop  
[Signature]  
8/6/26

DRUG : <u>SYP LEVIC II.</u>				Date Time	<u>4/6</u>	<u>5/6</u>	<u>6/6</u>	<u>7/6</u>	<u>8/6</u>	<u>9/6</u>	<u>10/6</u>	<u>11/6</u>									
Dose	Route	Frequency	Start Dt.		<u>2</u>	<u>DT</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>									
<u>0.4ml</u>	<u>P/O</u>	<u>BD</u>	<u>3/6</u>		<u>am</u>	<u>SD</u>	<u>KH</u>	<u>KH</u>	<u>KH</u>	<u>SH</u>	<u>SH</u>	<u>SH</u>									
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>					<u>2</u>	<u>PP</u>	<u>PP</u>	<u>P.D</u>	<u>VA</u>	<u>VA</u>	<u>SS</u>	<u>SS</u>									
Additional Instructions: <u>(1ml/100mg), 20mg/kg/day</u>					<u>pm</u>	<u>SS</u>	<u>SS</u>	<u>SS</u>	<u>AS</u>	<u>AS</u>	<u>SS</u>	<u>SS</u>									
Daily Doctor's Endorsement by a Sign																					

DRUG : <u>e-PINK drops.</u>				Date Time	<u>4/6</u>	<u>5/6</u>	<u>6/6</u>	<u>7/6</u>	<u>8/6</u>	<u>9/6</u>	<u>10/6</u>	<u>11/6</u>									
Dose	Route	Frequency	Start Dt.		<u>5</u>	<u>DD</u>	<u>P.D</u>	<u>VA</u>	<u>P.D</u>	<u>SS</u>	<u>SS</u>	<u>SS</u>									
<u>1.5ml</u>	<u>PO</u>	<u>Q 2H</u>	<u>4/6/26</u>		<u>pm</u>	<u>SH</u>	<u>S.H</u>	<u>AS</u>	<u>SD</u>	<u>KH</u>	<u>SS</u>	<u>SS</u>									
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>																					
Additional Instructions: <u>NS by Sydes.</u>																					
Daily Doctor's Endorsement by a Sign																					

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



Sheet No: 4

REGULAR PRESCRIPTIONS

Weight ..... Ward N11W

DRUG : <u>DONSTAR Suspension</u>				Date & Time	<u>4/6</u>	<u>5/6</u>	<u>6/6</u>	<u>7/6</u>	<u>8/6</u>	<u>9/6</u>	<u>10/6</u>	<u>11/6</u>		
Dose	Route	Frequency	Start Dt.	<u>5/2</u>	<u>X</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	
<u>0.6ml</u>	<u>PO</u>	<u>Q8H</u>	<u>4/6/26</u>	<u>Am</u>	<u>X</u>	<u>Kat</u>	<u>Kat</u>	<u>Kat</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	
Name & Signature of the Doctor Starting the Drugs:				<u>Am</u>	<u>X</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	
Additional Instructions:				<u>4</u>	<u>DD</u>	<u>P.D</u>	<u>VA</u>	<u>P.D</u>	<u>18</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	
Daily Doctor's Endorsement by a Sign				<u>Am</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	

DRUG : <u>Syp. CALCIMAX-P</u>				Date & Time	<u>4/6</u>	<u>5/6</u>	<u>6/6</u>	<u>7/6</u>	<u>8/6</u>	<u>9/6</u>	<u>10/6</u>	<u>11/6</u>		
Dose	Route	Frequency	Start Dt.	<u>7</u>	<u>X</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	
<u>3.5ml</u>	<u>OG</u>	<u>Q8H</u>	<u>4/6/26</u>	<u>Am</u>	<u>X</u>	<u>Kat</u>	<u>Kat</u>	<u>Kat</u>	<u>Kat</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	
Name & Signature of the Doctor Starting the Drugs:				<u>03</u>	<u>DD</u>	<u>P.D</u>	<u>VA</u>	<u>P.D</u>	<u>18</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	
Additional Instructions:				<u>Am</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	
Daily Doctor's Endorsement by a Sign				<u>Am</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	

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

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

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

ANC-00015834 IP28-00004463  
 Baby Of POOJITHA  
 25-06-2026 0 Y 0 M 7 D (M)  
 Dr. SHOBANA RAJENDRAN

①

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

BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

### NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
3/6/26	12:00 pm	3% NS	[Signature]	[Signature]
3/6/26	10:00 pm	3% NS	[Signature]	[Signature]
4/6/26	06:00 am	3% NS	[Signature]	[Signature]
4/6/26	02:00 pm	3% NS	[Signature]	[Signature]
4/6/26	08:00 pm	3% NS	[Signature]	[Signature]
5/6/26	05:00 am	3% NS	[Signature]	[Signature]
5/6/26	08:00 pm	3% NS	[Signature]	[Signature]
5/6/26	10:00 pm	3% NS	[Signature]	[Signature]
6/6/26	08:00 am	3% NS	[Signature]	[Signature]
6/6/26	09:00 pm	3% NS	[Signature]	[Signature]
6/6/26	10:00 pm	3% NS	[Signature]	[Signature]
7/6/26	08:00 am	3% NS	[Signature]	[Signature]
7/6/26	02:00 pm	3% NS	[Signature]	[Signature]
7/6/26	10:00 pm	3% NS	[Signature]	[Signature]
8/6/26	08:00 am	3% NS	[Signature]	[Signature]
	15.00	Neb stop 8/6/26 09:30 pm		
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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Handwritten text in the upper middle section, possibly a date or reference.

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Vertical column of handwritten text in the center of the page.

Vertical column of handwritten text on the right side of the page.

A large table with multiple columns and rows, containing handwritten entries. The table is mostly empty, with some faint markings and a few illegible characters.



### STAT / ONCE ONLY DRUGS

Name: .....

Weight: 2.7 kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
26/5	12am	1ND MIDAZOLAM	0-2mg	IV	[Signature]	[Signature]	[Signature]
26/5	1am	1ND LEVITIC	1comp	IV	[Signature]	[Signature]	[Signature]
				over 20 min			
26/5	2:00am	1ND LEVITIC	11mg	IV over	[Signature]	[Signature]	[Signature]
				20min			
26/5	2am	P 100 DROPS	0.4ml	OC	[Signature]	[Signature]	[Signature]
26/5	3AM.	1ND LEVITIC	50mg	IV	[Signature]	[Signature]	[Signature]
26/5	6AM	APP	30ml	IV	[Signature]	[Signature]	[Signature]
				over 1 hour			
26/5	7pm	IND-PREGNOBALSTONE (10mg/15)	27mg	IV	[Signature]	[Signature]	[Signature]
		zy vit K1	1mg				
27/5	@ 12.30 PM	1ND LASIX	1.35mg	IV	[Signature]	EV	RE
27/5	@ 12.30 PM	NS BOLUS	27ml	IV	[Signature]	EV	RE
9/6/26	3:30pm	1uj. BCG	0.1ml	over 1 hour ID	[Signature]	[Signature]	[Signature]
	"	1uj. Hep B	0.5ml	IM	[Signature]	[Signature]	[Signature]
	"	OPV	2 drops	P/O	[Signature]	[Signature]	[Signature]

STAT PAGE 2

STAT PAGE 2

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

STAT PAGE 2

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