

ACTIVITY RECORD FOR BILLING

VIH-00205802 IP-00060309
Baby B/O PRACHI CHAUDHARY
11-06-2026 0 Y 0 M 0 D 4 H (M)
Dr. KODICHERLA VISHNU VARDHAN

Name: ---
UHID No



----- Consultant : ----- Dept : -----

Date of Admission : 11/6/26 Time : 3:28 AM Date of Discharge : ----- Time: -----

Room / Bed No : 222-1 Ward : MCU Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/6/26	@ 12:25 PM	MCU	(EOP) Room	[Signature]
	1			

Cross Consultation Visit

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

ADMISSION SHEET

Registration Details :



Admission No : IP-00060309 Admit Date : 11-Jun-2026 Admit Time : 03:28 AM UHID : VIH-00205802

Patient Details :

Patient Name : Baby B/O PRACHI CHAUDHARY Age : 0 D
Guardian : Mr DEEPAK SOROUT DOB : 11-06-2026 02:19 AM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : 203, bhavani vnr paradise,yapral Phone No : 8790059080/ 7500742629
Secunderabad Hyderabad Telangana INDIA E-mail : na@gmail.com
500003

Admission Details :

Bed Type : BASINET Bed No : CRDL-LW-222-1 Ward Name : N 2F-LABOUR WARD
Room No : CRDL-LW-222-1 Admission Type : First Visit

Contact Details :

Name : Mr DEEPAK SOROUT Relationship : Father
Contact Address : 203, bhavani vnr paradise,yapral Phone No : 8790059080 / 7500742629
Secunderabad Hyderabad Telangana INDIA
500003


Signature

Doctor Details :

Doctor Name : Dr. KODICHERLA VISHNU VARDHAN Specialisation : NEONATOLOGY
REDDY
Referral Doctor : DR.BHAVANA K Phone No :
Co-Consultant :

Payment Details :

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

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Dr. KODICHERLA VISHNU VARDHAN



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o Prachi Chaudhary Mother's Name: Prachi Chaudhary
Date of Birth: 11/6/26 Time of Birth: 2:19:48 AM Gender: Male Female
Birth Weight: 2.743 Kgs HC: cm Length: cm
Meconium in Liquor: Yes No Cried at Birth: Yes No
Term / Pre-term / Post-term: Term
Resuscitated: Yes No Blood Group: Mother: AB positive Baby: AB^{ve}
Feeding: Breast Feeding Formula Both First Feed Time:

VIH-00204786 IP-00060297
Mrs PRACHI CHAUDHARY
05-12-1990 35 Y (F)
Dr. BHAVANA K

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

Physical Assessment of New Born:

Temp: 98.4 °C HR: 156 bpm /Min RR: 55 bpm /Min BP: SpO₂: 99%

Pain Score: (Follow N Pass)

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

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

Behaviour Status on admission: Sleeping Crying Calm Drowsy

Findings:

General Appearance: Posture: Well-Flexed Asymmetry

Skin: Pink Meconium Stain Others, Specify:

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

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

Newborn Screening Discussed: Yes / No

Nurse Name: Pooja Signature: B Date & Time: 11/6/26 @ 8am

PATIENT TRANSFER FORM

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11-06-2026 0 Y 0 M 0 D 4 H (M)
Dr. KODICHERLA VISHNU VARDHAN



	Date & Time of Admission 11/6/26 @ 3:28 AM	Date & Time of Transfer Order 11/6/26 @ 12:25 PM
Treating Consultant Name	Transfer Ordered by Dr. Vishnu	Reason for Transfer for observation
From Unit MICU	To Unit Room (201)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 15	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Small - Kachies	1
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Dr. Vishnu

Name & Signature of Person who is Transferring Sis Dandel	Name of Person Ordered Transfer Dr. Vishnu
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Patient & Clinical Records Received by :

Raja

Date & Time of Patient Received :

Dr. 11/6/26 @ 12:25 PM

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

- Unavailable Bed Nurse not Available Available Bed not ready

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 Baby B/O PRACHI CHAUDHARY
 11-06-2026 0 Y 0 M 0 D 4 H (M)
 Dr. KODICHERLA VISHNU VARDHAN

IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Prachi Chaudhary Age : 35y Father's Name : Age :
 Date of Birth : Date of Admission : UHID No. :
 NICU Consultant : Dr Vishnu vardhan Reddy Referring Consultant : Dr Shanara K.
 Transferring Unit : OT Labour Room ER Ward
 Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : Prachi Chaudhary Mother's Blood Group : AB positive
 Gender : M F Blood Group : Birth Weight (gms) : 2743g Length (cms) :
 Date of Birth : 11/6/26 Time of Birth : 2:19:48 AM OFC (cms) :
 Place of Birth : V-KCU Estimated Gesth Age : 37⁺ wno.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 35y Ht : Wt : BMI : Married Life : 6y LMP : 23/9/25 EDD : 30/6/26
 Conception : Spontaneous or with Rx. : SI
 Booked at what GA : 32⁺ @ KCU. For ANC - Ankur AN Steroids Drugs / Doses :
 Last Scans Details : 6/6/26 - SLEAF, 36⁺ wno, AFI - 11.1 cm, AC - 27, SFW - 2510g, Dop (N)
 TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs Consanguinity : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 H/o PIH (after 20 weeks) / PE <input checked="" type="checkbox"/> How many Drugs / Doses / Since how long : H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : IUGR - when detected : Doppler (Increased Resistance / ADEF / REDF / Redistribtion in MCA) / Ductus Venosus : AFI :	H/o GDM/ pre GDM/ on diet or insulin <input checked="" type="checkbox"/> Controlled or not, recent values, HbA1 values : Compliance with Rx : Scans : LGA, TIFFA, Fetal Echo : H/o Hypothyroidism : when diagnosed ? Medication? <u>since concept - thyroxine 25mcg.</u> Any other Chronic Medical Problems, when detected drugs ? (Anemia, SLE, Jaundice, CHD, Heart Disease) Infection : H/O, Fever (<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV) UTI : when : Any culture :
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PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :



PAST OBSTETRIC HISTORY

..... 2 P: 0 A: 1 L: 0

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1		6 wks			miscarriage, 1st & 2nd	

PERINATAL HISTORY

Treating Obstetrician : Dr. Bhawana K. Hospital : V-REC. Inborn Outborn

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

APGAR SCORE

Gestational Age : Weeks :

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

	1 Minute	5 Minutes	10 Minutes
	1	1	
	2	2	
	1	2	
	2	2	
	2	2	
TOTAL	8/10	9/10	

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :



U. Jun/31st am / MW - 2743g / Baby boy. / AcaA / Emerus

Baby A&B
↓
acc for 1 min
↓
shifted to warmer
↓
2 min - spo₂ - 74%
 ur - 140/m
↓
Cord clamped & cut
Bp rec u - 1 my in seat
↓
5 min spo₂ - 95%
 ur - 156/m

Investigation details in previous Hospital :

↓
tachypnea
tachycardia grunting ⊕
↓
assess for 1 hr & then reassess

Feeding History :

2/

Past History :

Family History :

Socio Economic History :



GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 156/m RR : 55/m NIBP : CFT : 230

Color of the extremities : Acrocyanosis

Jaundice : ⊖ Pallor : ⊖ SpO2 : 94%

Anthropometry : Birth Weight : 2743g Length : HC : Present Weight :

Ponderal Index : AGA : ✓ SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies :
 (Any Facial Dysmorphism) no dysmorphism

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

EYES :
 Symmetry : Ⓝ
 Red Reflex : Ⓝ
 Discharge :

EARS, NOSE MOUTH and THROAT :
 Ear set / Shape : Ⓝ
 Periauricular Pits / Tags : Ⓝ
 Nasal shape / Patency : Ⓝ
 Palate :



BREASTS : Position of Nipples and Number : *2 @*

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

GENITILIA :
 Labia/Hymen :
 Testicles/penis : *all testis descended, palpable.*
 Anus :

HERNIAL ORIFICES : *free*

TRUNK and SPINE : *2 @*

SKIN LESIONS : *0*

EXTREMITIES :
 Fingers / Toes : *2 @*
 Deformities : *2 @*
 Hip Joint Examination :
 Arms / Legs : *2 @*
 Mobility : *2 @*

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : *56/m* SCR / ICR / See - Saw breathing :

Scoring of respiratory distress if present (Silverman or Downe's) :

Mention if baby is on : Hood box CPAP Ventilator

Settings :

SpO₂ : *95%* Auscultation : *BAE ⊕* Breath Sounds : *NVBS ⊕* Added Sounds :

Cardiovascular System :

HR : BP : Precordial Activity : *2 @*

Femoral Pulses : *2 felt* Murmurs : *0*

Other Peripheral Pulses : Signs of Cardiac Failure : *0*

Abdomen :

Shape : *2 @* Hernia orifice : *free*

Palpation : *soft* Anal Patency : *⊕*

Palpable masses : *0* Umbilical Cord : *2A+IV*

Abdominal girth : *2 @* First urine passed :
 Meconium passed :



nervous system : Higher intellectual functions (Sensorium) : *7*

State of wakefulness : *7* *⊙*

Prechtle Score :

Nerves :

Motor System :

Passive Tone : *7* *ACX*

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : *complete & symmetrical*

DTR :

ATNR :

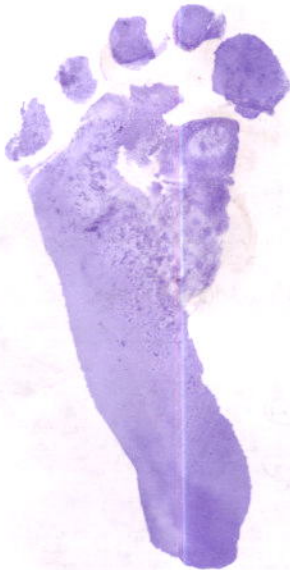
Skull and Spine :

Any Congenital Anomalies : *none*

Diagnosis : *single / term / 37⁺ w/h / baby boy / ACX / AW - 270g / emus*

FOOT PRINTS

Left Side :



Right Side :



*Taken by
Sri. Vanitha*

Resident Doctor :

Signature : *[Signature]*

Name : *Dr. Kodicherla Vishnu Vardhan*

Date & Time : *11/6/26*

Consultant :

Signature : *[Signature]*

Name : *Dr. Vishnu Vardhan Reddy*

Date & Time : *12/6/26*

*Dr. Vishnu Vardhan Reddy
MBBS, DNB (PAC) / FNB (PAC) 1982*

Patient St



DISCHARGE PLAN

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

Feeding Plan at the time of shifting :

*Immunisation as per schedule
BBF per the suprip
warm care, cord care
OAE, SRR, NRS before discharge.*

*Noted by pooja
11/06/26*

Screenings done during NICU Stay :

- NSG :
- Hearing Screen :
- ROP :
- TFT :
- NP2 :

Discharge Details:

Neonatal Condition at Discharge:

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



Feeding: Breastfeeding Exclusively Breastfeeding and Formula Feeding Formula Feeding

Vitamin K given: Yes No

Vaccinations given BCG Hepatitis B Others:

Neonatal Screen Taken: Yes No, parents advised to have Neonatal Screen at National screening program center on:/...../.....

Hearing Test: Yes No

Jaundice: NIL Slight Moderate

Passed Urine: Yes No

Passed Meconium: Yes No

Weight at discharge:

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

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

Discharge to Home Other:

Against Medical Advice: Yes No

Referred to another hospital: Yes No

Discharge Medications: Yes No

Details:

Final Diagnosis:
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.....
.....
.....
.....
.....

Doctor Signature:

Doctor Name:

Date & Time:

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>11/6/26 4 AM</p>	<p style="text-align: center;"><u>OB/B Resident</u></p> <p>Term (37w6d) / Lseo / Boy / 2.7kg / CIAB</p> <p>M.B.G - AB +ve</p>	
	<p>O/E C/7/Ajocd CR7 C/see CUS-SIS (P) B-BLAD (P) PA-S/L 11/6/26</p>	<p style="text-align: center;"><u>Ad</u></p> <p>DBP flb bury every</p> <p>Vacant as per schedule</p> <p>OAK/SBR/NBS b/f discharge</p>
	<p>noted by Abanika 11/6/26 @ 4 PM</p>	
		<p style="font-size: 2em;">Q</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26	<u>Lactation notes (Mrs. Ranjankumar)</u>	
	<ul style="list-style-type: none"> • 1st time mother • flat nipples both sides • drops of milk seen • baby latching & sucking well as reported. • TF also introduced • strategies to improve supply discussed • Adviced to feed every 2-3hrs • To track the feeding 	
12:50pm	37+1	3.1. wt loss (2.66) / 204M Em. LSCS NPCL.
12/6/26 ADP AIB 3:30pm	Baby feeding @ latching or sucking ✓ NO concerns.	Plan - Continue same - SBR & NBS T/M 7:00am - OAE b/d/c! Dr. Ganesha (PT.O)

noted by
 Sushala
 12/6/26
 at 6pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26	<u>CLB/B Resident</u>	
8:45 AM	Term/37wks/LSES/CLAB/Boy/2-9kg	
	MBC - AB+ve	
	B-BU - AB Negative	
	4. wt - 2.66kg	<u>Adv</u>
	7. wt - 2.59kg (↓70g)	
	(↓2.5%)	- DBF flb burp 2 nd try
		- warm & conlore
	O/E CIT/A900d	
	CR7 C3 sec	- Trace SBR f
	CUS S1, S2 (R)	dischge
	B-B/LAB (R)	
	PA - soft	
	NG 5/5/5/4	
	vaccination given	Noted by
	OAS (R)	Sushila D
		13/6/26
		@ 9 AM
D. Kodicherla		



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>myxo. female 137+ Bchx sug</i> <i>ASA-224 rps</i>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure: <i>nil</i>	Post OP Day: <i>nil</i>						
BACKGROUND	Date	<i>10/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>12/6/26</i>	<i>12/6/26</i>	
	Shift	<i>N</i>	<i>M</i>	<i>E</i>	<i>N</i>	<i>M</i>	<i>E</i>	
	Medical Condition (Any special condition to be noted):		-	-	-	-	<i>nil</i>	
ASSESSMENT	Diet:	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	<i>DBF+FF</i>	<i>DBF+FF</i>	
	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):	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	
	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:	<i>98.0F</i>	<i>98.0F</i>	<i>97.9F</i>	<i>98.7F</i>	<i>98.0F</i>	<i>98.6F</i>
		Res:	<i>20b/m</i>	<i>20b/m</i>	<i>40b/m</i>	<i>33b/m</i>	<i>39b/m</i>	<i>46b/m</i>
		SpO ₂ :	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>98%</i>	<i>99%</i>	<i>98%</i>
		Pulse:	<i>131b/m</i>	<i>136b/m</i>	<i>141b/m</i>	<i>137b/m</i>	<i>143b/m</i>	<i>152b/m</i>
		BP:	-	-	-	-	-	-
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>
Fall Risk Score:	-	0	0	16	16	16		
Pain Score:	0	0	0	0	0	0		
Skin Integrity	<i>intact</i>	<i>intact</i>	<i>intact</i>	<i>intact</i>	<i>intact</i>	<i>intact</i>		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	-	<i>nil</i>	<i>nil</i>	<i>nil</i>	
	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:	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	<i>DBM+FF</i>	<i>DBF+FF</i>	
	Critical Lab Test / Values:		-	-	<i>nil</i>	-	<i>nil</i>	
	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):	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>		
Post Operative Procedure Special Orders:	<i>DBF</i>	<i>DBF 2nd hour</i>	-	-	-	<i>nil</i>		
Handed Over By Name :	<i>poora</i>	<i>kanale</i>	<i>Abankar</i>	<i>poora</i>	<i>Abankar</i>	<i>seshils</i>		
Signature / ID :	<i>905450</i>	<i>020573</i>	<i>606607</i>	<i>606607</i>	<i>606607</i>	<i>816993</i>		
Date:	<i>11/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>12/6/26</i>	<i>12/6/26</i>	<i>12/6/26</i>		
Time:	<i>@ 8AM</i>	<i>@ 12:28PM</i>	<i>@ 8PM</i>	<i>@ 8AM</i>	<i>@ 2PM</i>	<i>8PM</i>		
Taken Over By Name :	<i>kanale</i>	<i>Abankar</i>	<i>poora</i>	<i>Abankar</i>	<i>seshils</i>	<i>poora</i>		
Signature / ID :	<i>020573</i>	<i>606607</i>	<i>606607</i>	<i>606607</i>	<i>816993</i>	<i>606607</i>		
Date:	<i>11/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>12/6/26</i>	<i>12/6/26</i>	<i>12/6/26</i>		
Time:	<i>@ 8AM</i>	<i>11:28PM</i>	<i>@ 8PM</i>	<i>@ 8AM</i>	<i>2PM</i>	<i>@ 8PM</i>		

NURSING SHIFT HAND OVER FORM

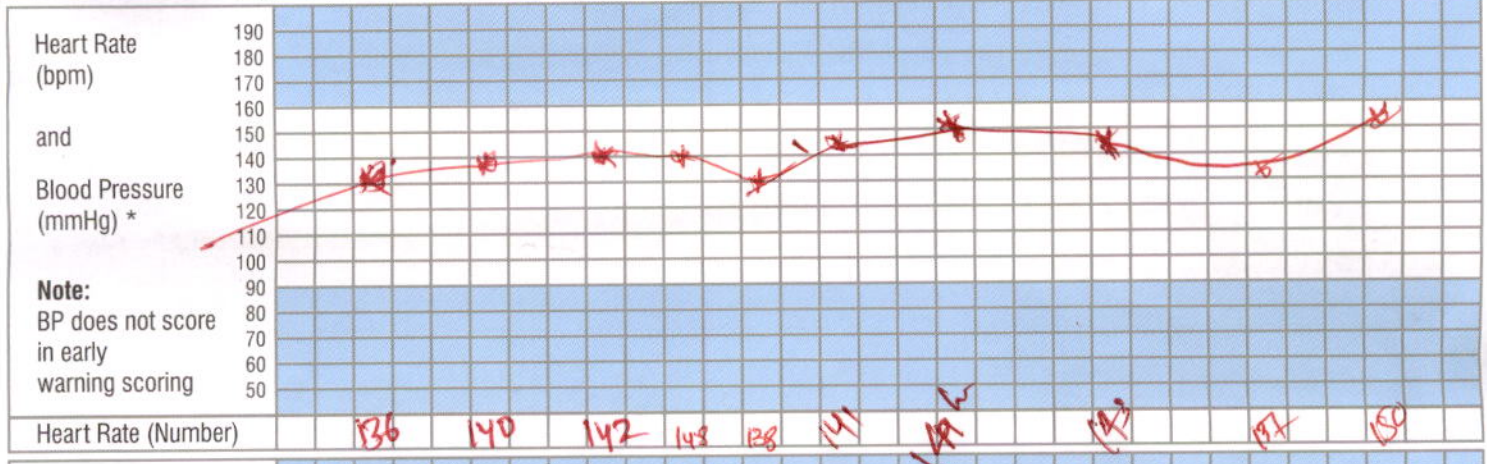
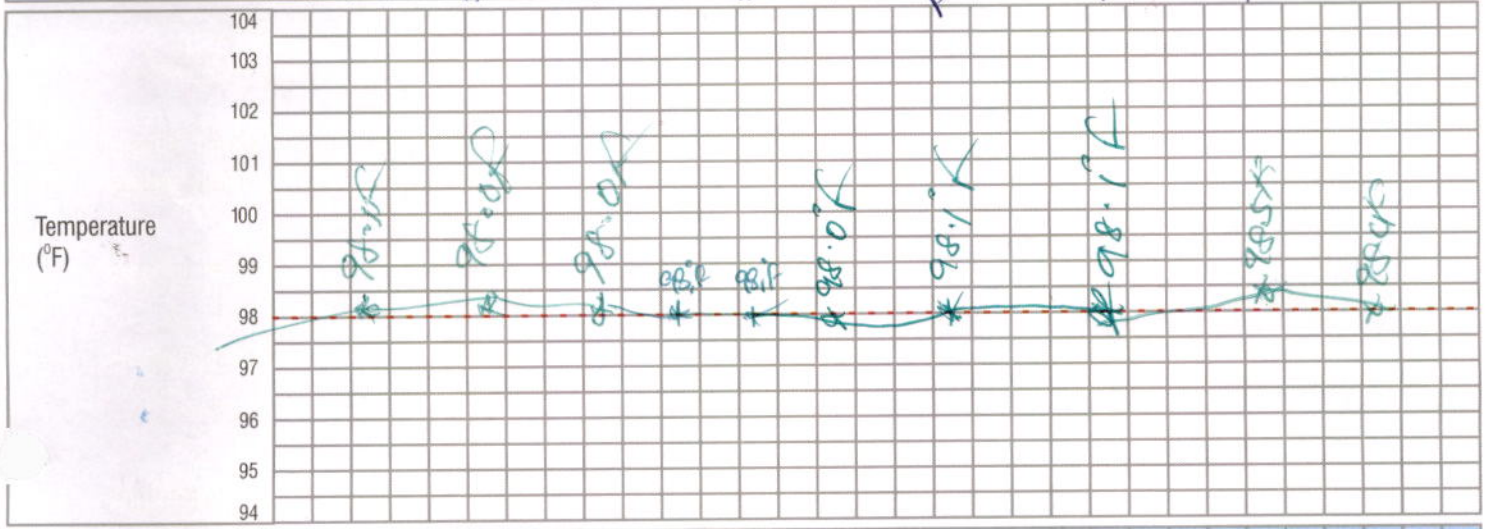
SITUATION	Diagnosis: <u>Term / 37 wks / 2500g boy / 2.7kg</u> <u>CIAB</u>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day: <u> </u>						
BACKGROUND	Date	<u>13/6/26</u>	<u>13/6/26</u>					
	Shift	<u>N</u>	<u>M</u>					
	Medical Condition (Any special condition to be noted):	<u>Nil</u>	<u>Nil</u>					
	Diet:	<u>DBF+FF</u>	<u>DBF+FF</u>					
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>					
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.7 F</u>	<u>98.6 F</u>				
		Res:	<u>32b/m</u>	<u>40b/m</u>				
		SpO ₂ :	<u>98%</u>	<u>99%</u>				
		Pulse:	<u>140b/m</u>	<u>146b/m</u>				
		BP:	<u>-</u>	<u>-</u>				
		LOC:	<u>conscious</u>	<u>conscious</u>				
		Fall Risk Score:	<u>16</u>	<u>16</u>				
	Pain Score:	<u>0</u>	<u>0</u>					
	Skin Integrity	<u>Intact</u>	<u>Intact</u>					
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<u>Nil</u>	<u>Nil</u>					
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<u>DBF+FF</u>	<u>DBF+FF</u>					
	Critical Lab Test / Values:	<u>Nil</u>	<u>Nil</u>					
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	ADL (Dependent / Non Dependent):	<u>dependent</u>	<u>dependent</u>					
	Post Operative Procedure Special Orders:	<u>SER, NBS</u> <u>+ 1m</u>	<u>SER, NBS</u>					
	Handed Over By Name :	<u>Raja</u>	<u>Sushila</u>					
	Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>					
	Date:	<u>13/6/26</u>	<u>13/6/26</u>					
	Time:	<u>8 AM</u>	<u>2 PM</u>					
	Taken Over By Name :	<u>Sushila</u>	<u>noted by</u>					
	Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>					
	Date:	<u>13/6/26</u>	<u>13/6/26</u>					
	Time:	<u>8 AM</u>	<u>9 AM</u>					



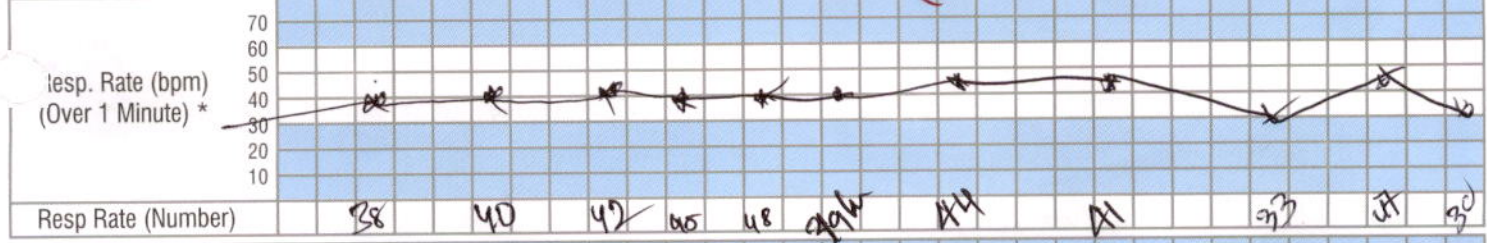
EARLY WARNING SCORE: CHILDREN'S UNIT

11/6/26

Date:	Time:	B	S	7	9	11	1	A	P	11	3	7
Doctor/Nurse/Family Concern?		Am	Am	Am	Am	Am	Am	Pm	Am	Am	Am	Am



Note:
 BP does not score
 in early
 warning scoring



Heart Rate (Number)	136	140	142	145	138	141	142	145	137	140	150
Resp Rate (Number)	38	40	42	40	42	40	44	41	37	47	30
Resp Mod/ Severe Distress None / Mild											
Receiving O ₂ (l/min)											
O ₂ Saturations (%)	99	100	99	98	98	99	99	99	99	98	
Conscious Level Normal / Altered	NA	NA	NA	NA	NA	C	C	C	7	7	
GCS *											

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

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: 12/6/26	Time: 10 AM	2 PM	5 PM	8 PM	11 PM	3 AM	7 AM
Doctor/Nurse/Family Concern?							
Temperature (°F)	98.1	97.1	98.0	98.0	98.7	98.5	98.6
Heart Rate (bpm)	141	143	142	143	137	150	148
Blood Pressure (mmHg) *							
Resp. Rate (bpm) (Over 1 Minute) *	42	41	45	50	35	49	30
Resp Mod/ Severe Distress None / Mild							
Receiving O ₂ (l/min) O ₂ Saturations (%)	0%	0%	0%	0%	0%	0%	0%
Conscious Level Normal / Altered	C	C	N	N	N	N	N
GCS *			15	15			
TOTAL SCORE	0	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	PK	PK	PK	PK	PK	AP	PK

ACTIONS

- Score 1 : Continue normal observation by staff nurse
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- 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
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R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00205802 IP-00060309
 Baby B/O PRACHI CHAUDHARY
 11-06-2026 0 Y 0 M 1 D (M)
 Dr. KODICHERLA VISHNU VARDHAN

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

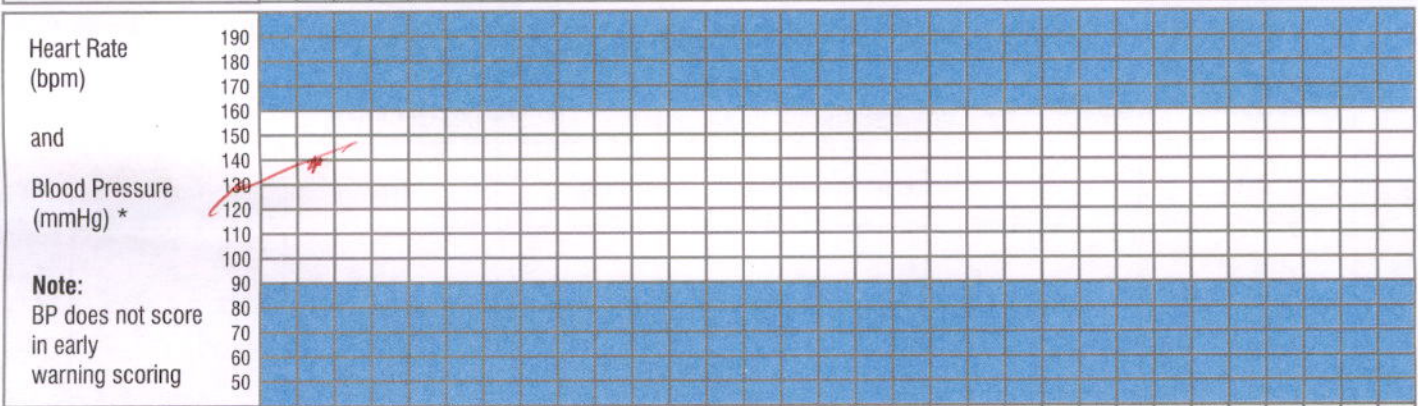
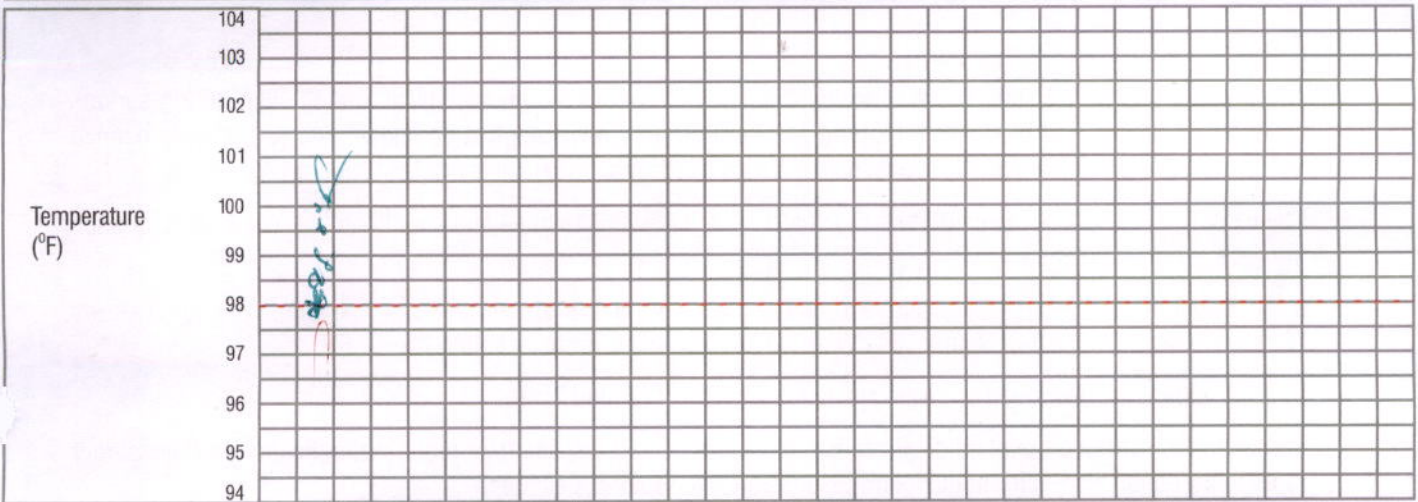
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



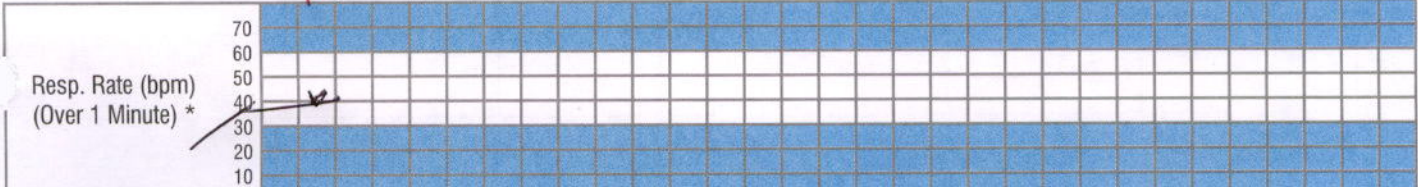
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 13/6/26 Time: 8

Doctor/Nurse/Family Concern? *pr*



Heart Rate (Number) *139*



Resp Rate (Number) *40*

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) *97%*

Conscious Level Normal Altered *no*

GCS * *12*

TOTAL SCORE Number of shaded boxes *0*

Pain Score *0*

Observer's Initials *pr*

ACTIONS

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

NB: Scores 3 should be recorded overleaf

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



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



FLUID CHART

Sheet No. :

②

11/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
11/6	08:00 am	DBF								✓		2 11/6/26 @SPM	
	09:00 am					✓			✓				
	10:00 am												
	11:00 am	Formula feed							✓				
	12:00 pm	(30ml)											
	01:00 pm												
Total Intake :						Total Output :							
11/6/26	02:00 pm	DBM										2 11/6/26 @SPM	
	03:00 pm												
	04:00 pm	DBM				✓			✓				
	05:00 pm												
	06:00 pm	DBM + H ₂ O				✓			✓				
	07:00 pm												
Total Intake :						Total Output :							
11/6/26	08:00 pm											2 11/6/26 @SPM	
	09:00 pm	DBF + PP								✓			
	10:00 pm												
	11:00 pm												
	12:00 am	DBF + PP											
	01:00 am												
Total Intake :						Total Output :							
12/6/26	02:00 am											2 12/6/26 @SPM	
	03:00 am	DBF + PP				✓							
	04:00 am								✓				
	05:00 am												
	06:00 am	DBF + PP											
	07:00 am					✓			✓				
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							



FLUID CHART

Sheet No. :

12/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
12/6/26	08:00 am											[Signature] 12/6/26 2pm	
	09:00 am		DBM										
	10:00 am						✓			✓			
	11:00 am		FF (30ml)										
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
12/6/26	02:00 pm											[Signature] 12/6/26 2:30pm	
	03:00 pm		DBF										
	04:00 pm		FF						✓				
	05:00 pm												
	06:00 pm		FF										
	07:00 pm							✓		✓			
Total Intake :						Total Output :							
12/6/26	08:00 pm		DBFF									[Signature] 12/6/26 8pm	
	09:00 pm												
	10:00 pm									✓			
	11:00 pm		DBFF				✓			✓			
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
12/6/26	02:00 am		DBFF				✓			✓		[Signature] 12/6/26 2am	
	03:00 am												
	04:00 am												
	05:00 am		DBFF					✓					
	06:00 am						✓			✓			
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00205802 IP-00060309
 Baby B/O PRACHI CHAUDHARY
 11-08-2026 0 Y 0 M 0 D 10 H (M)
 Dr. KODICHERLA VISHNU VARDHAN



FLUID CHART

Sheet No. :

13/8/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
13/8/26	08:00 am		DBF	FX								Sutika 13/8/26 @ 9AM
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						

