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Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name: --

UHID No : --------------- IP No : -- ---------------------- Dept : ----------------

Date of Admission : -------------- ischarge : ----------------- Time: -----------

Room / Bed No : --------------- W... l Billable bed type : ------------------------

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/6/26	7pm	NICU	215	[signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. MD Abdhul Khalid	8/6/26	3088024	[signature]
2.	Dr. Murtaya Kamal	8/6/26	3088027	[signature]
3.	Cross checked done by Sr. Adesh 15/6/26			
4.	Dr. Sai Krishna	16/6/26	3090782	[signature]
5.				
6.				
7.				
8.				
9.				
10.				

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
8/6/26	Monitor	3Am	16/6 hc 3pm	3087902	[signature]
	Infusion Pump		12/6/26 3PM		
	oxygen		13/6/26 8pm		
	ventilator		9/6/26 @ 4:30PM		
8/6/26	Syring pump Aminoven	12pm	12/6/26 3 Pm	3088026	[signature]
8/6/26	Syring Pump Hep-NS	2Pm.	12/6/26 12PM	3088057	[signature]
9/6	DSPT	9Am	10/6/26 @ 9Am	3088809	[signature]
9/6/26	CPAP	4:30 PM	12/6/26 9Am	3088616	[signature]
	Cross Checked done by Sr. Adush 15/6/26				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
8/6/26	CBP, CRP, Urea, Creatinine, S/E Calcium, LFT, PT/APTT Blood Culture	26019619	Asif
	ABG, RBS	26019621	
	CXR	26009126	
	PCT	26019645	Sy
	ABG, RBS,	26019650	Sy
	NSG, USG	26009163	Ruy
	2D Echo	26009164	Ruy
8/6/26	S/e, Calcium	26019723	Sy
	ABG, RBS	26019725	Sy
9/6/26	CBP, CRP, Urea, Creatinine, SBR, S/E, Calcium	26019759	Asif
	ABG, RBS	26019760	
	CXR	26009206	
9/6	ABG RBS	26019805	Arji
9/6/26	ABG, RBS	26019826	Af
	CXR	26009242	
10/6/26	SBR, [illegible], [illegible]	26019841	Asif
	ABG, RBS	26019842.	Asif
	S/E, Urea, Creatinine	26019862	Asif.
10/6/2	ABG, RBS	26019935	Sy
11/6/26	ABG, RBS	26019954	Asif
	CXR	26009334	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
8/6/26	I.V Placement	②	3087903	[signature]
8/6/26	Arterial line	①	3088061	[signature]
10/6/26	Nebulisation	②	3088918	[signature]
11/6/26	Nebulisation	④	3089415	[signature]
12/6/26	Nebulisation	④	3089813	[signature]
13/6/26	Nebulization	④	3090088	[signature]
14/6/26	Nebulisation	④	3090307	[signature]
	Cross checked	done by	Sr. Adah	15/6/26
16/6/26	AABR	1	3090783	[signature]

ANY OTHER INFORMATION

Date : 16/6/26 Time : 11 AM Prepared By : [signature]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature]	[signature] 16/6/26 11AM.		

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Ref. No. F/INPR/12

Patient Name : VIH-00205712 Baby Of M.HARITHA IP-00060264 03-06-2026 0Y0M7D (M) Dr. SURENDER RAO DUSA

Registration N

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
10/6/26	00.00	1pm - 3% Nacl (4ml)	Sas	② 3088918
	1.00	7pm - 3% Nacl (4ml)	Sey	
11/6	2.00	10AM - 3% NS Neb	[signature]	
	3.00	7AM - 3% NS Neb		④
11/6	4.00	1pm 3% Nacl Neb	[signature]	3089415
12/6	5.00	7pm 3% Nacl Neb	[signature]	
12/6/26	6.00	1Am 3% NS neb		④
	7.00	7Am 3% NS neb	[signature]	
	8.00	1PM 3% NS neb	[signature]	3089813
	9.00	7Pm 3% NS neb		
13/6/26	10.00	1Am 3% NS neb		
	11.00	7Am 3% NS neb	[signature]	④ 30900[illegible]
	12.00	1pm 3% NS neb	Sey	
	13.00	7pm 3% NS neb		
	14.00			
14/6	15.00	1AM - 3% Nacl		
	16.00	7AM - 3% Nacl	[signature]	④
14/6	17.00	1Pm - 3% NS	[signature]	3098307
	18.00	7pm - 3% NS neb	[signature]	
	19.00	Cross checked done by	Sr. [illegible]	15/6/26
	20.00			
15/6	21.00	1AM - 3% Nacl		
	22.00	7AM - 3% Nacl	[signature]	
	23.00			

Ref. No. : F / HW / INVS / INPR / 02

DAILY INVESTIGATION SHEET

Patient Name:
VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 8 D (M)
Dr. SURENDER RAO DUSA

Age : .... No. : ....

Date	Investigation	Ward	Nurse Signature	Bill No.	Received Date & Signature
11/6/26	ABG, RBS	NICU	[signature]	26020049	✓
12/6/26	ABG, RBS	NICU	[signature]	26020119	✓
	CXR			26009402	✓
	RBS	NICU	[signature]	26020208	✓
13/6/26	RBS	NICU	[signature]	26020243	✓
14/6/26	RBS	NICU	[signature]	26020349	
15/6	RBS			26020407	
	urea, ~~RFT, S/E~~ S/E, creatinine	NICU	[signature]	26020406	
11/6/26	LFT	NICU	[signature]	26020048	✓
	Cross checked done by Sr. Ashah 15/6/26				

CXR - (3)
2D Echo - (1)
Nesh - (1)
Ush - (1)
ABG - (11)

Ref. No. F/INPR/12

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(1)

RBS

Patient Name: VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

Registration N

~~NEBULISATION~~ CHART

Date	Time	Drug	Nurse	Parents Signature
8/6/26	00.00	4AM RBS 98 mg/dl	26019821	[signature]
	1.00	9AM RBS 150 mg/dl	26019850	[signature]
8/6/26	2.00	10PM RBS 149 mg/dl	26019725	[signature]
9/6/26	3.00	6AM RBS 116 mg/dl	26019760	[signature]
	4.00	2pm RBS 121 mg/dl	26019805	[signature]
9/6/26	5.00	7pm ~~RBS~~ – 116 mg/dl	26019826	[signature]
10/6/26	6.00	6Am RBS – 119 mg/dl	26019842	[signature]
10/6/26	7.00	6pm RBS – 112 mg/dl	26019935	[signature]
11/6/26	8.00	6AM RBS : 126 mg/dl	26019954	[signature]
11/6	9.00	6pm RBS 92 mg/dl	26020044	[signature]
12/6	10.00	6Am RBS – 80 mg/dl	26020119	[signature]
	11.00	6pm RBS – 85 mg/dl	260202[illegible]	[signature]
13/6/26	12.00	6Am RBS – 74 mg/dl	26020243	[signature]
14/6/26	13.00	6AM RBS – 99 mg/dl	26020399	[signature]
15/6/26	14.00	6AM RBS – 88 mg/dl	26020407	
	15.00	Cross checked done by	Sr. Adlinah	15/6/26
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

BirthRight
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UHID No.: VIH-00205712 IP-00060264
Name : Baby Of M.HARITHA
03-06-2026 0 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

Date of Birth :

NICU

NEONATAL WEIGHT CHART

Birth Weight : 1.90 Kg
Admission Weight
Discharge Weight

Month	26	26	26	26	26	26	26	26
Date	6	6	6	6	6	6	06	06
Day	8	10	11	12	13	14	15	16
Weight	1.98 Kg	1.79 kg	1.80 Kg [↑10 gms]	1.84 Kg (↑40 gms)	1.84 Kg (S. wt.)	1.83 kg (↓10 gms)	1.82 kg (↓10 gms)	1.79 kg (↓30 gms)

WEIGHT IN GRAMS: 4500, 4400, 4300, 4200, 4100, 4000, 3900, 3800, 3700, 3600, 3500, 3400, 3300, 3200, 3100, 3000, 2900, 2800, 2700, 2600, 2500, 2400, 2300, 2200, 2100, 2000, 1900, 1800, 1700, 1600, 1500, 1400, 1300, 1200, 1100, 1000, 900, 800, 700

32
44
DO NOT WRITE OUTSIDE THE MARGINS

DEFICIENCY CHECK LI[...]HEET

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 9 D (M)
Dr. SURENDER RAO DUSA

Patient Name : IP.No:

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary				
3	Nursing Initial assessment form	2	✓	✓	
4	Patient Trasfer Forms	1	✓	✓	
5	In-patient Medical Record	4	✓	✓	
6	Doctors Progress Sheets	10	✓	✓	
7	Nurses Progress notes	6	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for ~~Restraint~~ formula	01	✓	✓	
15	DAMA Consent				
16	Consent for Special Procedure	1	✓	✓	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	3			
26	Intake and Output chart (fluid Chart)	3			
27	Drug Chart (Regular prescription)				
28	Daily Investigation sheet	1	✓	✓	
29	Investigation Values (Result Sheet)				
30	Nebulization Chart	1	✓	✓	
31	~~Diabetic chart~~ Eco chart	7	✓	✓	
32	Nutritional Review chart				
33	~~MLC form (in case of MLC)~~ X-ray	6	✓	✓	
34	~~Patient Education Form~~ ABG	10	✓	✓	
	RBS chart	1	✓		
	medical Reconcilation	1	✓	✓	
	Braden'Q	1	✓	✓	
	Humpty dumpty	5	✓	✓	
	Thrombophlebitis.	3	✓	✓	
	pain Assessment	4	✓	✓	
	Others	15	✓	✓	
	Total No. of Pages	83 pages.			

Signature and Date : [signature] 15/6/26

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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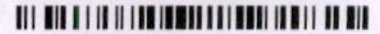
Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET



Registration Details :

Admission No : IP-00060264 **Admit Date** : 08-Jun-2026 **Admit Time** : 03:00 AM **UHID** : VIH-00205712

Patient Details :

Patient Name	: Baby Of M.HARITHA	**Age**	: 0 Y 0 M 5 D
Guardian	: Mr M.SURESH	**DOB**	: 03-06-2026 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H NO 1-68 PEDDAPUR JULAPALLY Choppa Dandi Karimnagar Telangana INDIA 505415	**Phone No**	: 9502667672
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : NICU **Bed No** : NICU 248 **Ward Name** : N 2F-NICU I

Room No : NICU 248 **Admission Type** : First Visit

Contact Details :

Name	: Mr M.SURESH	**Relationship**	: Father
Contact Address	: H NO 1-68 PEDDAPUR JULAPALLY Choppa Dandi Karimnagar Telangana INDIA 505415	**Phone No**	: 9502667672

Signature

Doctor Details :

Doctor Name	: Dr. SURENDER RAO DUSA	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: DR. SANDEEP BUSA	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 40000.00
Payment Mode	: DC/CC Card	**Payor Name**	: SELFPAY

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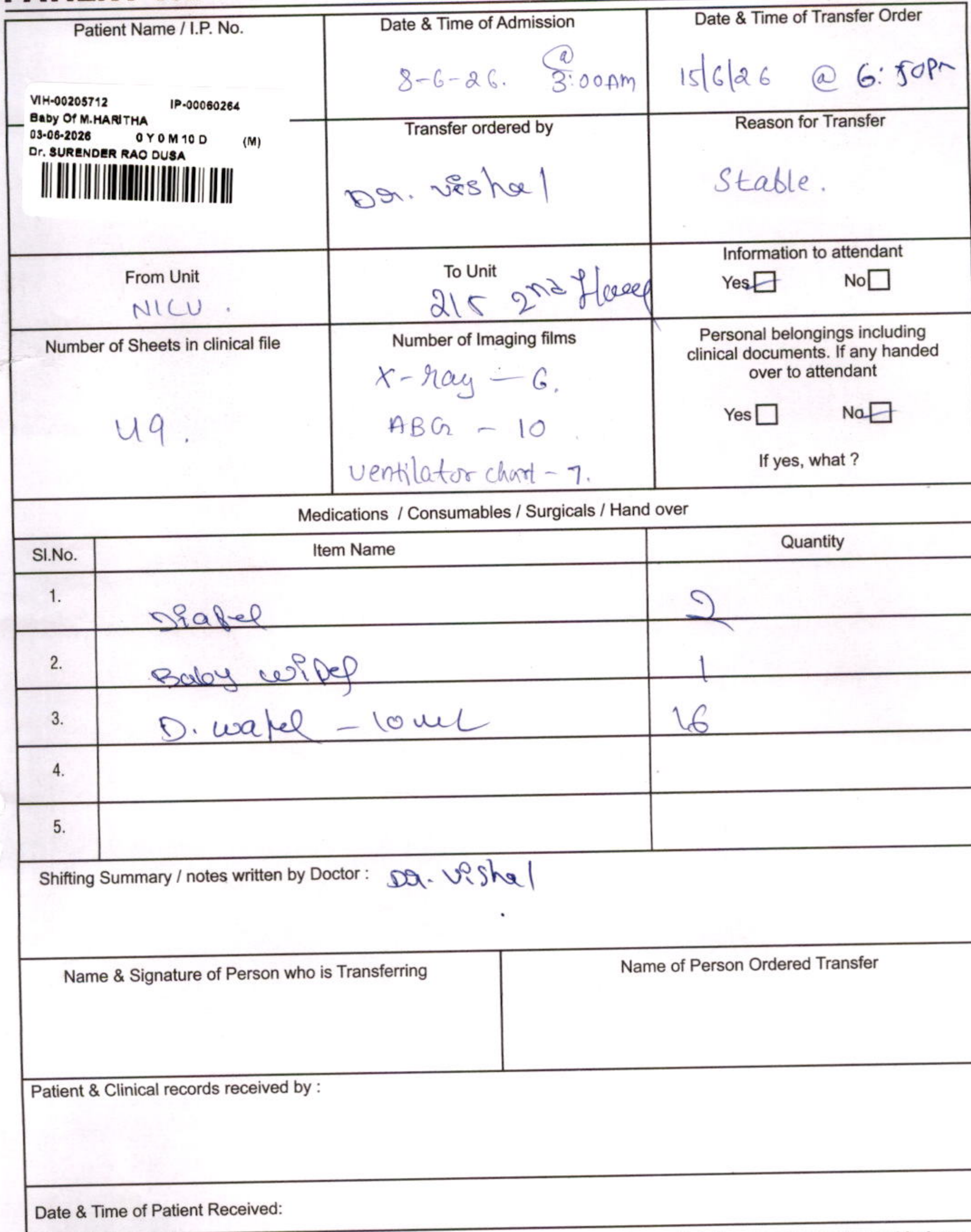
PATIENT TRANSFER FORM



Patient Name / I.P. No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00205712 IP-00060264 Baby Of M.HARITHA 03-06-2026 0 Y 0 M 10 D (M) Dr. SURENDER RAO DUSA	8-6-26. @ 3:00AM	15/6/26 @ 6:50Pm
	Transfer ordered by	**Reason for Transfer**
	Dr. vishal	Stable.
From Unit	**To Unit**	**Information to attendant**
NICU.	215 2nd Floor	Yes ☑ No ☐
Number of Sheets in clinical file	**Number of Imaging films**	**Personal belongings including clinical documents. If any handed over to attendant**
49.	X-ray – 6. ABG – 10 ventilator chart – 7.	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Diaper	2
2.	Baby wipes	1
3.	D. water – 10 ml	16
4.		
5.		

Shifting Summary / notes written by Doctor : Dr. Vishal

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer

Patient & Clinical records received by :

Date & Time of Patient Received:

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

Docu. No. RCHBH/FRM/CLINICAL/102

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

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..JRSING INITIAL ASSESSMENT FOR NICU

Date of Admission: 8/6/26

Source of Admission: ☐ OPD ☐ Ward ☐ Labor Ward ☐ Other: Transport

Reason for Admission: RDS

Admission Diagnosis: RDS

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name:

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Other Specify

Do you require an interpreter? ☐ Yes ☑ No

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes , identify

Source of Information : ☑ Family ☐ Others, Specify

Past Medical History	Past Surgical History	Last Hospital Admission
—	—	—

Significant History	Family History:

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list,

Was the child's birth normal? ☐ Yes ☐ No If No, please describe problems:

Are the child's immunization up to date? ☐ Yes ☐ No

Current Medications	Taking Medications? ☐ Yes ☑ No If yes, Fill the reconciliation form Medicine brought to the hospital? ☐ Yes ☑ No

Observations:

Birth Weight: 1.90 kgs Head Circumference: ... cm Length: ... cm

☐ Term ☑ Pre-Term ☐ Post-Term

Blood Group: Mother: 'O' +ve Baby: 'O' +ve

Feeding: ☐ Breast Feeding ☑ Formula ☐ Both

Maternal Details: Age: ... years, **PARA:** ... **Gestation:** 35 Weeks, ... Days

Risk Factors: ☐ PROM ☐ Fetal Distress ☐ Diabetes Mellitus / Gestational Diabetes

☐ PH / Pre Eclampsia ☐ Others, Specify:

Mode of Delivery: ☐ Normal ☑ LSCS - Emergency / Elective ☐ Instrumental ☐ AVD

Indication:

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 6 D (M)
Dr. SURENDER RAO DUSA

Newborn Assessment:

Temp: 36.5 HR 120 /Min RR 39 /Min BP 55/41(34) SpO²: 96

Pain Score 0 (Follow N Pass and Document)

Fall Risk Intervention Done: ☑ Yes

Risk of Pressure Sore: ☑ Yes ☐ No (Fill Braden Q Sheet)

General Appearance: ☑ Posture ☐ Well-Fixed ☐ Asymmetry

Behavioural Status on Admission :

☑ Sleeping Crying ☐ Calm ☐ Drowsy

Skin: ☑ Pink ☐ Meconium Stain ☐ Others, Specify.

Functional Screening: If a patient needs assistance with any of the following inform consultant

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality ☐ No Abnormalities Detected

Inform Consultant for Positive Criteria

Nutritional Screening:

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special Diet ☐ No Abnormalities Detected

Inform Consultant for Positive Criteria

Social History: Lives With

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

All Information Obtained From ☑ Patient ☐ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

☐ ID Band in situ

☐ Bedside safety explained

☑ NICU Routine: Doctor's rounds/Medication time

☐ Visiting policy explained

Orientation given to: ☑ Family ☐ Others

Name of Person Orientation was given to: father

Orientation not given Reason:

DISCHARGE PLAN

Source of Information: ☑ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☑ No

Will Physiotherapy require at home: ☐ Yes ☐ No

Is home medical equipment anticipated: ☐ Yes ☐ No

Is home oxygen therapy anticipated: ☐ Yes ☐ No

Breastfeeding ☐ Yes ☑ No

Formula Feed ☑ Yes ☐ No

Are dressing needs at home anticipated: ☐ Yes ☑ No

Any other needs anticipated: ☐ Yes ☑ No If Yes Specify Nill

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 6 D (M)
Dr. SURENDER RAO DUSA

...es ☐ No

Details:

Final Diagnosis: ....RDS..

....

....

Nurse Signature: ....[signature]..

Nurse Name: ....Br: Asif..

Date & Time: ......8/6/26 @ 4Am..........

Discharge Details: (To be completed by discharging Nurse)

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

Nurse Signature: ....

Nurse Name: ....

Date & Time: ....

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : HARITHA .... Age : 27y .... Father's Name : .... Age : ....

Date of Birth : .... Date of Admission : .... I.P. No.: ....

NICU Consultant : Dr S Rao .... Referring Consultant : ....

Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/O Haritha ....

Gender : ☑ M ☐ F Blood Group : O positive ....

Date of Birth : 3/6/26 .... Time of Birth : 6:45 PM

Place of Birth : Gayathri ....

Mother's Blood Group : O positive ....

Birth Weight (gms) : 1.90 kgs .... Length (cms) : ....

OFC (cms) : ....

Estimated Gesth Age : 33 ....

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : .... Ht : .... Wt : .... BMI : .... Married Life : 5 yrs .... LMP : .... EDD : 22/7/26

Conception : Spontaneous (circled) or with Rx. : ....

Booked at what GA. : .... AN Steroids Drugs / Doses : ....

Last Scans Details : ....

.... TT Immunization and Iron / Folic Acid : ....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☑ 3

H/o PIH (after 20 weeks) / PE ⊖

How many Drugs / Doses / Since how long : ....

....

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : ....

....

IUGR - when detected : ....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : ....

AFI : ....

H/o GDM/ pre GDM/ on diet or insulin ⊖

Controlled or not, recent values, HbA1 values : ....

....

Compliance with Rx : ....

Scans : LGA, TIFFA , Fetal Echo : ....

H/o Hypothyriodism : when diagnosed ? Medication? ⊖

....

Any other Chronic Medical Problems, when detected drugs ? ....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : .... Any culture : ....

PPROM : Duration : .... ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : ....

Medication during Pregnancy : .... Duration : ....

PAST OBSTETRIC HISTORY

G : 3 P : 2 A : .... L : 2

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	5yr	term	~2.5kg	female		
2	[illegible]	term	2.25kg	female		
3	1.5 yp pp					

PERINATAL HISTORY

Treating Obstetrician : Dr Mythana Rao (UCS) Dr Sri Devi Hospital : Gayathri ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☑ Emergency Indication : ....

Specify the reason : preterm labour.

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : ....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : ....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : ....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : .... Weeks : ....

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
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			
			TOTAL	N/A	N/A.	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HOPI : Sibya |

said to have CIAB

↓

i/u/o - RD + cyanosis + grunt → O_2

↓

4HOL → grunt ↑ - CPAP (PEEP - 6, FiO_2 - 40%)

↓

2D echo - mod PDA
mod PAH.

Brownish aspirate
∴ day 1 → NPO

↓

→ mv ā

day 3 - brown aspirate → FFP transfusion
(PT, APTT, INR - NOT done)

day 4 - Intubated & connected to MV - 50/m, 18/5, 80%.
(i/u/o ? mv. ā.)

↓

15/5

- NMB

day 5 - referred to RCH, NICU i/u/o -
persistent RD.

meropenem, gentamicin, forcan - D3 via NG

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°c HR : .... RR : .... NIBP : .... CFT : <3sec

Color of the extremities : acrocyanosis pink

Jaundice : ⊖ Pallor : ⊖ SpO2 : 95% ↓ MV

Anthropometry : Birth Weight : .... Length : .... HC : .... Present Weight : ....

Ponderal Index : .... AGA : .... SGA : .... LGA : ....

HEAD TO TOE EXAMINATION

Section	Item	Finding
HEAD :	Fontanelles :	(N)
	Sutures	(N)
	Shape / Moulding :	⊖
	Edema / Bruising :	⊖
	Size - (H.C.) :	
Facies : (Any Facial Dysmorphism)		no dysmorphism
NECK and CLAVICLES :	Range of Motion :	(N)
	Asymmetry :	⊖
	Masses :	⊖
EYES :	Symmetry :	(N)
	Red Reflex :	
	Discharge :	⊖
EARS, NOSE MOUTH and THROAT :	Ear set / Shape :	(N)
	Periauricular Pits / Tags :	⊖
	Nasal shape / Patency :	⊕
	Palate :	no cleft
	Gums :	(N)
	Lips :	(N)
	Tongue :	(N)
THORAX and BREASTS :	Shape of Thorax :	(N)
	Position of Nipples and Number :	2in no, normal position
ABDOMEN and UMBILICUS :	Shape :	(N)
	Organomegaly :	⊖
	Bowel Sounds :	⊕
	Umbilical Stump :	2A1V
	Discharge :	⊖
GENITILIA :	Labia / Hymen :	
	Testicles/penis :	
	Anus :	patent
HERNIAL ORIFICES		free
TRUNK and SPINE :		(N)
SKIN LESIONS :		⊖
EXTREMETIES :	Fingers / Toes :	(N)
	Arms / Legs :	(N)
	Deformities :	(N)
	Mobility :	(N)
	Hip Joint Examination :	(N)

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : .... SCR / ICR / See - Saw breating : ....

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

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : ....

Spo2 : 96%. Auscultation : BAE (+) Breath Sounds : NVBS (+) Added Sounds : ....

Cardiovascular System :

HR : 150/m BP : .... Precordial Activity : (N)

Femoral Pulses : } felt Murmurs : ⊖

Other Peripheral Pulses : } felt Signs of Cardiac Failure : ....

Abdomen :

Shape : (N) Hernia orifice : free

Palpation : soft Anal Patency : (+)

Palpable masses : ⊖ Umbilical Cord : 2A1V

Abdominal girth : (N) First urine passed : } ✓

Meconium passed : } ✓

Nervous System : Higher intellectual functions (Sensorium) : } active, struggling on venti

State of wakefulness : } active, struggling on venti

Prechtle Score : ....

Nerves :

....

....

....

....

Motor System :

Passive Tone : } AGA

Active Tone : } AGA

Neonatal Reflexes : ....

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

Moro's : .... DTR : ....

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

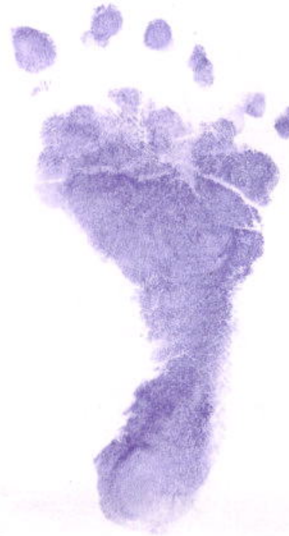
Any Congenital Anomalies : none

Diagnosis : Single / mod PT / 33 wks / 1.9 kgs / LBW / AGA / Ameles / RDS / suspected sepsis

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : [signature]

Name : Baranha

Date & Time : 8/6/26

Consultant :

Signature : [signature]

Name : Dr. Surender Rao

Date & Time : 8/6/26 @ 11 Am

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : ......
2. Name of te referring Hospital : ......
   Address : ......
   Contact Numbers : ......
3. Contact Details of the referring Doctor : ......
   Mobile No. : ...... E-mail ID : ......
4. Name of the Doctor in Rainbow Team : ......
   ...... on whose name the patient is being referred.

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : ....

Present Issues : ....

Vital : ☐ HR : .... ☐ RR : .... ☐ BP : .... ☐ SPO2 : .... Weight : ....

Any Oxygen requirement : ....

Systemic : ....

Medications : ① TV - 140 ml/kg/day - 10% 180 - P
② SIMV - PS - 17/6, Rate 40/m, FiO_2 - 40%.
③ Inj Piptaz
④ NPI + PT, APTT, INR + CRP + B/C/S, ABG
⑤ CXR
⑥ 20 Q2HO (T/M), NSG

Plan during ward follow up :

Noted by
Aseel 8/6/96

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

Screenings done during NICU Stay :

NSG : ....

Hearing Screen : ....

ROP : ....

TFT : ....

NP2 : ....

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

(1)

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It takes a lot to treat the little.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2:30AM	Baby received in NICU	
	HR-	
	SpO_2	
	Rate	
	on SIMV - PS - PIP - 17/6, rate 40/m, FiO_2 - 40%.	
8:30AM	Baby had pulmonary bleed (fresh blood in ET tube)	
	SIMV - PS - changed to PTV - 20/6, rate - 40/m, FiO_2 - 70%.	
	↓ not maintaining SpO_2	
	poor tidal vol. (< 1 ml/kg)	
	↓ PIP ↑ 22	
	FiO_2 - 100%	
	Adv	
	Inj Vit K IV stat	
	Send PT, APTT, INR - plan FFP if deranged.	
		Dr. [signature] 3/6/26 10:50AM

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

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..ROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	1.9 kg / CRW / boy	
8/6/26	Single / 33 wks / mod PT / day 5 / RDS / | ↓PO$_2$ - CPAP - MV /	
	suspected sepsis / Pulmonary hg. | Hypocalcemia.	
	Issues -	
	- RD ↑	
	- Hypocalcemia (Asymp).	
	- Pulmonary hg	
	Wt	Normothermic
	I/O - 46/35	MV SIMV 18/6, 40/m,
	U/O - 4.4	Chest BAE ⊕
	S/O - [illegible] 1 time	CNS - T/A/R AGA, AF at level
	CRBS - 98	CVS - S$_1$S$_2$ ⊕
		P/A - soft, BS ⊕.
Adv -	target SpO$_2$ - 90-95%, MAP > 33.	
	IV @ 160 ml/kg/day - 10% 180 - P + 8ml/kg Cal.	
	OG feeds - 2ml Q2H (A/F)., Inj Aminoven 2.5g/kg/day.	
	NSG, USG abdomen ✓ ABG, 8th hrly. feeds - 3ml x 3rd hrly (Constant).	
	2D Echo today ✓	
	Plan surfactant if [illegible] ↑ ventilatory req.	
[illegible]	S/E, Ca at 6PM -	
	Piptaz D2	
	Trace 4/4s	
	CXR - OD, ABG - Q8H, CRBS - Q8H	
	I/O Q6H.	
	- NS	
	- [illegible] calcium - [illegible]; CXR, NP1 H/m.	

PCF In morning samples; arterial line - (L) UL / (L) PT

Dr. Surender Rao 8/6/26. 10:50AM

Noted by [illegible] 8/6/26

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0Y0M5D (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 6pm	tolerating feeds well.	PS/mv
	ABG 8th hly.	FiO_2 - 35
	2D Echo (R).	PIP - 18/6.
	PLT = 1.43	Rate - 40.
		Adv
		CXR, NP 1 thm.
		trace & e-.
	Noted by Sr. [illegible]	[signature]
8/6/26 2pm	Arterial line	
	24 G. Intracath canula is inserted into (R) UL Radial artery under aseptic conditions. Confirmed with flush and backflow. - fixed under guidance	
	Noted by. Sr. [illegible]	[signature] D Vishal

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 8AM	Day 6 / Single / Mod PT (33wks) → 33+6wks PMA / RDS - LFO - CPAP - MV / suspected sepsis / pulmonary Hg / Hypocalcemia. NNHB. Hyperkalemia.	
	Issues :- RD,, dull Activity.	
	Twt	Normothermic
	I/O - 323/265 ml.	MV - SIMV · PIP - 17/6 FiO2 Rate 40
	U/O 5.5 ml/kg/h	Chest - BAE (+)
	S/O Litmus,	CNS - T/A/R · AFSF
	GRBS. 116 mg/dl	CVS - S1S2 (+).
		P/A soft, BS (+).
	Plan :-	
	Target SpO2 90-96%., MAP > 33.	
	IV @ 160ml/kg/day - 10% Isol + 5ml/kg Ca, + MVI.	
	OG feeds · 3ml x 3rd hrly (~~1ml x 12th hrly~~) (↑ 2ml q6h)	
	Inj Aminoven · 3.5g/kg/day.	
	trace NPI.	
	Inj Piptaz Rx.	
	CXR OD, ABG · Q8th hrly / GRBS 8th hly.	
	I/O 6th hly.	
	~~mod~~ Inform SOS.	SE, SBR, RFT / TIM
D vishal	trace B/Cs	

Noted by Rupesh 9/6/26 @ 11AM

Dr. Surender 9/6/26. 10:30 AM

Docu. No. : RCH /FRM / CLINICAL / 088

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 4:30PM	=> Pt extubated and kept on CPAP	
	=> uneventful during the extubation.	
	=> O/E	
	GC - stable	
	T - euthermic	
	HR - 172/min	
	RR - 52/min	
	PV] Good	Adv
	CRT]	- NPO
	CRT - < 3sec	- Repeat ABG after 2hrs
	SpO_2 - 96% on CPAP	- CPAP { FiO_2 - 30% ; PEEP - 6
		- Repeat chest xray after 6hrs
		- Plan to start feeds after 6 hrs
AA Lavanya		- w/f distress
		- SG, CBR, RFT T/M
	noted by Sr. Achuth 9/6/26 4:30pm	

VIH-00205712
Baby Of M.HARITHA IP-00060264
03-06-2026 0 Y 0 M 6 D
Dr. SURENDER RAO DUSA (M)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 8:30 AM	D7 / Single / Mod PT (33) → 34 wks PMA / RDS - CPAP - MV - CPAP / Suspected sepsis / Bilat. vgf hypocalcemia / [illegible] NN H3. Rt UL collapse	
	T. wt - 1.79 kg (↓190 g)	O/E - Normothermic
	I/O - 322/162 ml	on CPAP < 6, 21%
	U/O - 3.4 cc/kg/hr	
	S/O - 1 time	C/T/A - Good
	GRBS - 190 mg/dl	CVS - S1 S2 (+)
		R/S - NAE (+)
		P/A - Soft
	Plan	
	- Target SpO2 90-95%	
	- Target MAP >34	
	- On CPAP < 6, 25%	
	- ABG - OD, GRBS - 6D, CXR - OD.	
	- TF - 140 cc/kg/day - 10% 180 P + Aminoven	
	OG feeds - 9 ml Q3H (↑ 2 ml Q6H) (TF - 44 ml Q3H)	
	- inj Piptaz - D3	
	- trace B/C/S (as ms NO growth)	
	- I/O - 6th only	
	- Aminoven ↓ - Ⓡ up position	
	- chest physiotherapy	
	- 3% NS neb	

Dr. [signature] 10/6/26 9:50 AM

noted by Sr. [signature] 10/6/26 9:50 am

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 8 D (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26	Baby seen.	
	Active	
5pm	tolerating feeds well.	CPAP = Peep-6
	A/L Apnea.	FiO2-30.
	Chest Physio.	
		Adv
		- CXR-Tm, ABG BD.
		- W/f distress
		[signature]
		D. Vishal.
	Noted by	
	[illegible]	
	[illegible]	

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 8 D (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00205712
Baby Of M.HARITHA IP-00060264
03-06-2026 0 Y 0 M 8 D
Dr. SURENDER RAO DUSA (M)

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Rainbow Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26	Day 8 / single / mod PT (33) → 34+1	who PMA / RDS - CPAP - MV - CPAP /
	suspected sepsis / Pulm Hg / hypoCa / NHB /	Rt UL collapse.
	Issues - Rt UL collapse resolved.	
	Cwt 1.80 kg [↑ 10gms]	Normothermic
	I/O 327.7 / 165	CPAP < 6 / 25%
	U/O 3.1 cc/kg/Hr	CtA good
	S/O 2 times	Chest -
	GRBS - 126 mg/dl.	CVS - T/A/R AGA, CVS - S1S2 ⊕
		P/A - soft, BS⊕
Adv -	Target SpO2 90 - 95%, MAP > 34	
	CPAP	
	ABG - BD, GRBS - BD, CXR - OD.	
	TF - ~~140~~ 160 ml/kg/day - 10% 180 - P +	Aminoven.
	OG feeds - ~~[illegible]~~ 14 ml Q3H	↑ 2ml Q6H (T/F - 40 ml Q3H)
	Rt up position	
	Chest Physiotherapy.	
	3% NS neb.	
	~~[illegible]~~ c ABG.	
	A/F TPT.	Dr. Surender [signature] 11/6/26. 11:50 AM
[signature] Bavesh	Noted by Bhavani 11/6/26	

Docu. No. : RCH /FRM / CLINICAL / 088

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 8 D (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 5pm	Baby seen. CPAP - 25% 5 Peep. tolerating feeds well.	
		Adv - Try to taper CPAP. D/ Cx, ABh (N). - 3% NS Nebs. - CST - w/f RD, desaturation. - Antibiotic stopped
	[signature]	
		Noted by Bhavani 11/6/26

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 8 D (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12.6.26 8:00am	s/B Registrar	
	DOL-9 / mod PT (33 → 34+2 PMA) / RDS-CPAP-MV-CPAP / suspected sepsis / pulmonary haemorrhage / hypocalcemia / NNHB / (R) UL collapse - Resolved.	
	T.wt : 1.84 (↑40gm)	Normothermic
	I/o : 314.3 ml ⇒ 158.7 cc/kg/day	CPAP (5 - PEEP, 25% - FiO2) → ↓FiO2
	O/o : 210 ml ⇒ 4.4 cc/kg/hr.	
	Stool : 3 times	
	GRBS : 80 mg/dl.	CTA - good ; CVS - S1S2 (+)
		chest - BAE (+), clear
		P/A - soft AS (+)
		CNS - T/A/R
	Adv :	
	- Target SpO2 - 90-95%, MAP > 34	
	- Cont. CPAP : Try to taper	
	→ ABG - OD, RBS - BD, CXR - OD	
	" TV : 160 cc/kg/day - 10% Isolyte P + Aminoven	
	→ OG feeds - 20 ml / 3rd hrly ⇒ ↑2 ml 6th hrly (target 40 ml / 3rd hrly)	
	→ Cont 3% NS Nebulisation.	
	(Dr. Sameer)	
	- oral demand feeds.	
	- Remove arterial line.	

Dr. Surender Rao 12/6/26 10AM

Noted by Shezly 12/6/26 @ 10:30 Am

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 8 D (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26	baby seen.	
5pm	Child active.	
	taking & tolerating feeds well 40ml	
		Adv
		- GRBS BD
		- CXR, ABG SOS
		- Remove O2.
		- Continue Nebs.
	D-Vishal	
	Noted by Shesley.	

Docu. No. : RCH /FRM / CLINICAL / 088

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 9 D (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26	Day 10 / Mod P+ (33 → 34^{+3} PMA) / RDS - CPAP - MV - CPAP - LFO_2	
8AM	suspected sepsis / pulmonary haemorrhage / hypocalcemia	
	NNHB / (R) UL collapse. Resolved	
	Issues :-	
	T. Wt. 1.84 Kg (same wt).	Normothermic
	I/O - 222/138.	on LFO_2 @ 0.1L
	U/O - 2.9ml/kg/hr.	GA - Good
	Stool - 3 times.	CVS - S_1S_2 (+)
	GRBS - 74mg/dL.	Chest - BAE (+), clear
		P/A - soft.
	ADV :	
	Target SpO_2 - 90-95%, MAP > 34	
	- plan to wean from LFO_2	
	- ABG / CXR - SOS	
	- GRBS - OD	
	- TV - 160cc/kg/day (oral demand feeds)	
	- chest physiotherapy	
	- A/F 3% NaCl Nebulisation	
	- I/O charting	
(signature) (Hon'd)	- vitals monitoring	
	- Involve parents	(signature) Dr. Surender Rao 13/6/26 10:50AM
	Noted by (signature) 13/6/26 @ 10:50Am	

Docu. No. : RCH /FRM / CLINICAL / 088

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 9 D (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
Spm	Pale Reviewed	
	no Acute events	
	Tolerating feeds well	
	Pulse vol: good	
	Plan	
	- CRBS - BO	
	- Cyr. ABG - (SOC)	
	- Review CCT	
Dr [illegible]		

(8)

...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 8AM	Day 11 / mod PT (33 → 34+4 wks PMA) / RDS - CPAP - MV - CPAP - LFO2 / suspected sepsis / pulmonary hemorrhage / Hypocalcemia /. NNHB / (R) UL collapse. resolved.	
	Issues :- Nil	
	T.wt - 1.834g (↓ 10gms)	Normothermic
	I/O - 130/110 ml	On RA
	U/O - 2.4ml/kg/hr.	C/T/A - good.
	S/O - 1 time	CVS - S1S2 (+).
	GRBS - 98mg/dl	Chest BAE (+).
		P/A - soft
	Advice :-	
	Target SpO2 90-95%, MAP >34.	
	Plan to wean from LFO2.	
	ABG / CXR SOS.	
	GRBS OD.	
	TV - 160ml / kg/day. (oral demand feeds).	
	Chest physiotherapy & A/T.	
	3% NS Neb	
	I/O charting	
	Vitals monitoring	
	RFT, S.E, t/m.	
Dushal		Noted by Sr. Harika 14/06 12pm
		Dr. Surender Rao 14/6/26. 11AM

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 10 D (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26		
8AM	D12 / MPT (33) → 34+5 wks PMA / RDS - CPAP - Mr. CPAP - LFO2 / suspected sepsis / pulm. hmgh / myocardial cervic / NONHAF / (R) UL collapse /	
	T. wt. 1.82kg (↓ 10 gms)	O/E - Normothermic
	I/O - 190ml/kg/d	on RA
	U/O - 3.1 cc/kg/hr	CFT/A - Good
	S/O - 5 times	CVS - S1 S2 (+)
	C/RBS - 88 mg/dl	R/S - NAE (+)
		P/A - soft
	Plan	
-	Target SPO2 > 90%.	
-	Target MAP > 34	
-	oral demand feeds	
-	stopped 3% NC, caffeine	
-	involve parents	
-	crib care	
-	plan to shift today c̄ monitor	
-	AABR - (T/m)	
	Noted by Sr. [signature] 15/6/26	Dr. [signature] 15/6/26 10:50AM

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26	Shifting note	
	Day 13 / NPT / 33 → 34+5 wks PMA / RDS - CPAP - MV - CPAP - LFO2 / suspected sepsis / pulm Hg / Hypo Ca / NNH / (R) UL collapse.	
	Baby was referred to RCH-NICU i/v/o - persistent RD & PT.	
	Baby is now hemodynamically stable & taking oral demand feeds.	
	Adv -	
	Shift c monitor	
	Bag training	
	oral demand feeds for suppling.	
	AABR (T/M).	Noted by [signature] 16/6/26 @ 7 am
[signature]		

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 10 D (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Registrar	
16·6·26 9·00 am	DOL-13 / MPT (33wk → 34+6 wk) / RDS-CPAP-MV-CPAP-LFO / suspected sepsis / pulmonary haemorrhage / Hypocalcemia / NNHB / (R) UL collapse	PMA
	O/E baby warm cry, tone, activity — (N) H/L - NAD P/A - soft	1 episode of NB, NP vomiting (milk) yesterday evening
		Plan
		→ Warm care → AABR today → Cont. maintenance → Oral demand feeds
	Y.wt: 1.82 kg T.wt: 1.79 kg (↓ 30 gm)	
	(Dr. Sameer)	
		Dr. [signature] 16/6/26 11:30 AM
	Noted by padma 16/6/26 @11:30am.	

B/o Haritha -

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16.6.26 3.00PM	S/B Registrar	
	no fresh complaint	
	O/E baby warm	
	cry.	
	tone ⎫ (N)	
	activity ⎭	
	H/L - NAD	Plan
	P/A - soft	→ Warm Care
		→ w/f R.D
		→ Cont. monitoring
	Sameera	→ Oral demand feeds
	(Dr. Sameera.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

Name: B/O Harithach Age: 5 Days Gender: Male ☑ Female ☐

UHID.No : 205712 Date: 8/6/26

I M. Suresh S/o, D/o, W/o Thirupathi hereby declare that our patient Mr. / Ms. .... who is related to me as .... is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on ....

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

sepsis, PT, dyselectrolytemia.

The doctors have clearly explained to me that my patient B/o Harithe during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

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

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

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

I give my consent to the team of doctors to go ahead and admit the child B/o :....................

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

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

Patient Attendant :

Signature : [signature]

Name : M. Suresh

Relationship with Patient: Father

Date & Time : 8/6/26 @5AM

Witness :

Signature : [signature]

Name : Dr. Asuf

Date & Time : 8/6/26 @5AM

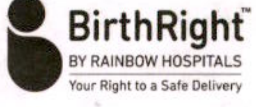
Doctor (who is taking the consent) :

Signature : [signature]

Name : D. Vahu

Date & Time : 8/6/26 5AM

Docu. No. : RCH /FRM / CLINICAL / 012



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

రోగి పేరు .... వయస్సు .... లింగం పు ☐ స్త్రీ ☐

యు.హెచ్.ఐ.డి ....

నేను .... చి ....

అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రేయిన్బో చిల్డ్రన్ ఆసుపత్రి లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్లో తేదీ ....
.... నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి / బాలికలో. ఈ క్రింద తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపు ణుడు నాకు అర్ధమగు భాషలో వివరించితిరి.

నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్ లో మా పాప /బాబుకు వైద్య పరంగా అవసరమగు అన్ని రకాల చికిత్స విధానాలకు మరియు ప్రక్రియలను (ఉదా కృత్రిమ శ్వాస వెంటిలేటర్, ధమని మార్గం, సెంట్రల్ లైన్ చెస్ట్ డ్రెయిన్, పెరిటోనియల్ డ్రెయిన్ ఇంసర్షన్ వంటి ప్రక్రియలను డాక్టరు గారు నాకు అర్ధమగు భాషలో వివరించారు.

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

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

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

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

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

సహాయకుడు(అటెండెంట్)

సంతకము ....

పేరు ....

సాక్షి

సంతకము ....

పేరు ....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము ....

పేరు ....

తేదీ మరియు సమయము ....

Aptamil preterm.

Ref. No. : F / NICU / FD / 02

CONSENT FOR FORMULA FEEDS

Patient Name : M. Haritha Age : 5 days

Gender : M☑ F☐ - IP No : 60264 Reg. No. : 205712

Department : NICU Date : 8/06/26

I Mr / Mrs. : M. Suresh S / W / D / o.: Thirupathi

aged .... years. Hereby declare that I have admitted my son / daughter B/O M. Haritha In the NICU of Rainbow Children's Hospital, Hyderabad on .... Here by giving consent for formula feeding for my child. Doctors have explained me about the formula feeding benefits and risks involved in the language I best understand.

Patient Attendant :

Signature : [signature]

Name : M. Suresh

Relationship with Patient: father

Date & Time : 8/6/26 1pm

Witness :

Signature : [signature]

Name : Sushanth

Date & Time : 8/6/26 @ 1pm

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr [illegible]

Date & Time : 8/6/26 1pm

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డబ్బా పాలు పట్టించుటకు అనుమతి పత్రం

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

రిజిస్ట్రేషన్ నం : .... ఐ.పి. నం : ....

నేను శ్రీ/శ్రీమతి : .... S/W/D/O: ....

వయస్సు : .... సంవత్సరాలు, నా కుమార్తెని/కుమారుడును రెయిన్‌బో పిల్లల ఆసుపత్రి, ఎన్ఐసియులో అడ్మిట్ చేసినాము మరియు డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుతున్నాను. డాక్టర్లు డబ్బాపాలు త్రాగించడం వల్ల కలుగు ఉపయోగాలు మరియు నష్టాల గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు :

సంతకము : ____________________

పేరు : ____________________

తేది మరియు సంతకము : ____________

సాక్షి

సంతకము : ____________________

పేరు : ____________________

తేది మరియు సమయము : ____________

డాక్టర్ :

సంతకము : ____________________

పేరు : ____________________

తేది మరియు సమయము : ____________

CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o M. Harithan .... Gender: ☑ Male ☐ Female

UHID No : 205712 .... Department : NICU .... Date : 8/6/26

I M. Suresh .... S/D/W/O Thirupathi ....

Here by give consent for procedure of : ....

For my patient, Named : ....

The doctors have clearly explained to me that the procedure has following possible complications:

....

ARTERIAL LINE

....

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

....

....

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: ....

Patient Attendant :

Signature : [signature]

Name : M. Suresh

Relationship with Patient: Father

Date & Time : 8/6/26 1pm

Witness :

Signature : [signature]

Name : Sushanti

Date & Time : 8/6/26 @ 1pm

Doctor (who is taking the consent) :

Signature : [signature]

Name : [illegible]

Date & Time : 8/6/26 1pm

Ref No. F/INPR/19

Patient Name : VIH-00205712 IP-00060264 Baby Of M.HARITHA 03-06-2026 0 Y 0 M 5 D (M) Dr. SURENDER RAO DUSA

I.P. No

NURSES ASSESSMENT CHART

Date : 14/6/26 Diagnosis : 33weeks Weight : 1.83kg(↓10g) Chart No. : 1

Guide	Time		8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE		200																								
		210																								
RED - PULSE		200	159	166	158	145	139	141	137	136	139	165	145	139	136	147	154	159	147	143	162	150	145	146	170	178
BLACK - RESP	105	190																								
GREEN - TEMP	104	180																								
BLUE - NIBP	103	170																								
	102	160																								
	101	150																								
A- ALERT	100	140																								
V-VOICE	99	130	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5
P-PAIN	98	120																								
U-UNRESPONSIVE	97	110																								
	96	100																								
VERBAL	95	90																								
5-ORIENTED		80																								
4-CONFUSED		70	42	38	41	44	46	55	57	51	58	37	55	50	56	48	55	64	54	60	52	55	55	36	37	49
3-IN APPROPRIATE WORDS		60																								
2-INCOMPREHENSIBLE SOUND		50																								
1-NONE		40																								
		35																								
MOTOR		30	66	66	67	64	61	56	64	67	73	60	62	76	66		63	57	62	79	79	62	65	52	65	71
6-OBEYS		28																								
5-LOCALISES PAIN		26																								
4-WITHDRAWS		24																								
3-FLECTION		22	(44)	(48)	(46)	(47)	(44)	(44)	(50)	52	51	48	46	56	50											
2-EXTENSION		20															44	40	50	50	50	44	44	41	50	62
1-NONE		18																								
		16																								
• • • • • • • • (1 2 3 4 5 6 7 8)		14	35	40	38	36	41	48	42																	
		12								46	40	45	37	45	41		34	31	43							
		10	RA	RA	RA	RA	RA	RA	RA											36	36	34	32	31	43	56
O2																										
SPO2			98	100	99	98	99	100	98	100	98	97	99	99	99	96	99	100	100	96	96	99	100	97	96	94
RBS			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUCTION			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AVPU			A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : Sr. Harifer

Morning Shift : Sr. Harify 14/06/26 8pm

Evening Shift : Bandy 14/6/26 8pm

Night Shift : Mavis 15/6/26 8Am

VIH-00205712 IP-00060264
Baby Of M.HARITHA
03-06-2026 0 Y 0 M 10 D (M)
Dr. SURENDER RAO DUSA

Ref No. F/INPR/19

Patient Name :

I.P. No

NURSES ASSESSMENT CHART

Date : 15/6/26 Diagnosis : 33weeks Weight : 1.82 kg Chart No. : 2

Guide	Time		8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE		200																								
		210																								
RED - PULSE		200	149	154	137	138	179	136	136	137	142	137	140	153	151	149	153	151	161	143	149	140	145	146	151	153
BLACK - RESP	105	190																								
GREEN - TEMP	104	180																								
BLUE - NIBP	103	170																								
	102	160																								
	101	150																								
A- ALERT	100	140																								
V-VOICE	99	130																								
P-PAIN	98	120	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6°F	98.6°F	98.6°F	98.6°F	98.4°F			98.4°F			99.2			98.4°F		98.2	98.4°F
U-UNRESPONSIVE	97	110	*	*	*	*	*	*	*	•	•	•	•													
	96	100																								
VERBAL	95	90	57	55	47	55	47	55	61	41	48	42	42	40	41	35	39			41			40			
5-ORIENTED		80																								
4-CONFUSED		70																								
3-IN APPROPRIATE WORDS		60																								
2-INCOMPREHENSIBLE SOUND		50																								
1-NONE		40																								
		35	57	70	63	58	69	70	68	71	69	70	65													
MOTOR		30																								
6-OBEYS		28																								
5-LOCALISES PAIN		26	41	46	42	43	53	48	51	50	48	42	49													
4-WITHDRAWS		24																								
3-FLECTION		22																								
2-EXTENSION		20	32	33	32	36	44	39	37	32	39	32	38													
1-NONE		18																								
		16																								
• • • • • • • • (1 2 3 4 5 6 7 8)		14																								
		12																								
		10																								
O2																										
SPO2			91	100	97	94	100	96	98	99	98	97	98	99%	98%	99%	98%	99%	98%	99%	99%	98%	99%	99%	99%	99%
RBS			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
SUCTION			-	-	-	-	-	-	-	-	-	-	-											C	C	C
PHYSIOTHERAPY			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
AVPU			A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : ....

Morning Shift : Pandu 15/6/26 2pm

Evening Shift : Sr. umarani 15/6/26 @8pm

Night Shift : [illegible] 16/6/26 @8am

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

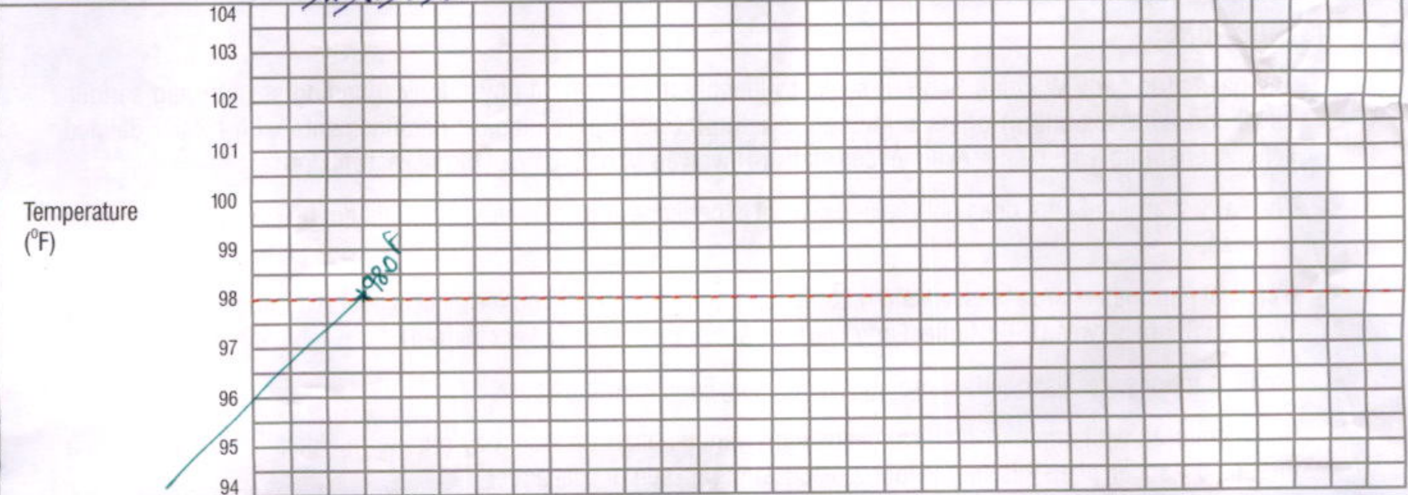
INFANT (<1 year)

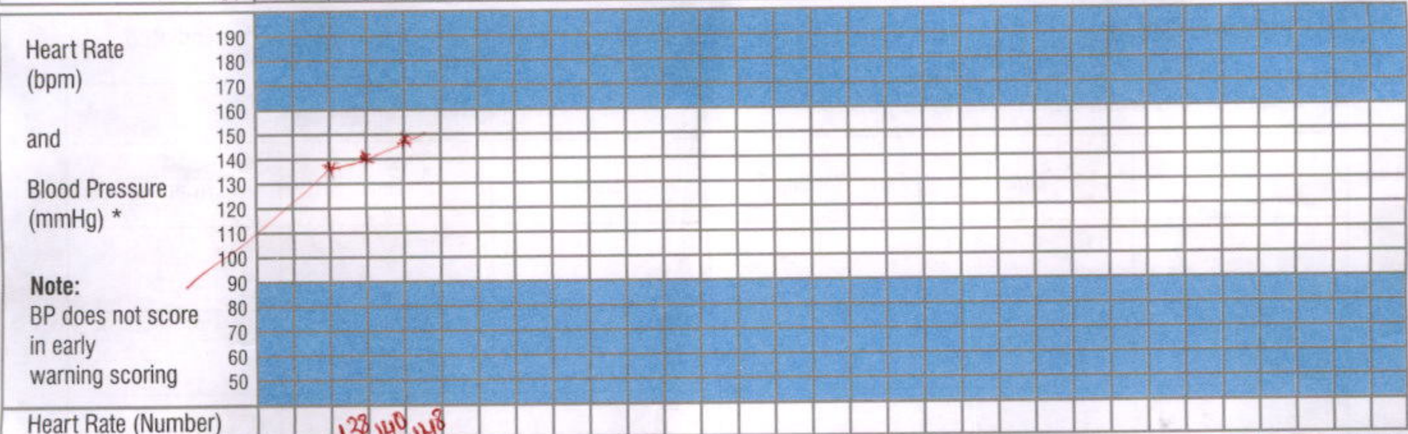
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

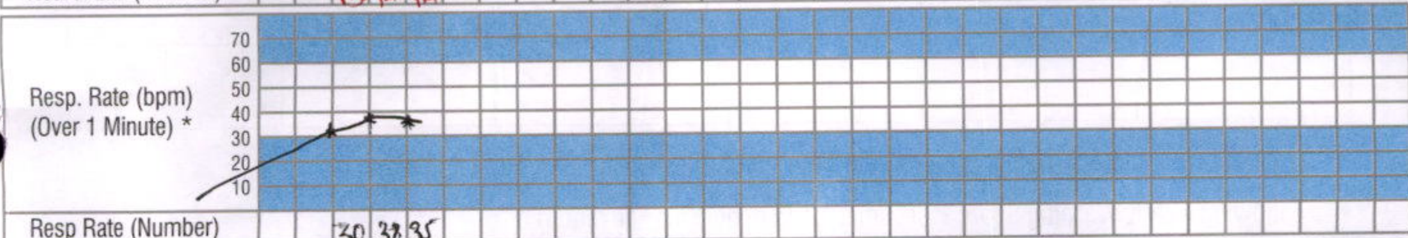
Date: 16/6/26 ... Time: 8 9 10 11

Doctor/Nurse/Family Concern? pm pm pm pm





Heart Rate (Number)	138	140	148



Parameter	8	9	10
Resp Rate (Number)	30	38	35
Resp Distress — Mod/ Severe			
Resp Distress — None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	99	98	99
Conscious Level — Normal	N	N	N
Conscious Level — Altered			
GCS *	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	P	P	P

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.

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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)

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FLUID CHART

Sheet No. : ....(1)....

14/6/26

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 – Route: Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
14/6	08:00 am										0	
	09:00 am						✓			30ml	0	Sr. [illegible] 14/6 [illegible]
	10:00 am	DBF									0	
	11:00 am	Aptam	40ml								0	
	12:00 pm									20ml	0	
	01:00 pm										0	
Total Intake : 40ml						Total Output : 50ml						
	02:00 pm	DBF									0	
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm	Aptamil	30ml				✓			30ml	0	
	06:00 pm										0	
	07:00 pm										0	[illegible] 14/6/26 8pm
Total Intake : 30ml						Total Output : 30ml						
	08:00 pm	Aptamil	30ml				✓ (Small)			15ml	0	
	09:00 pm										0	
	10:00 pm										0	[illegible]
	11:00 pm	Aptamil	30ml				✓			15ml	0	
	12:00 am										0	15/6/26
	01:00 am										0	8am
Total Intake : 60ml						Total Output : 30ml						
	02:00 am	Aptamil	30ml				✓			10ml	0	
	03:00 am										0	
	04:00 am										0	
	05:00 am	Aptamil	30ml							20ml	0	
	06:00 am										0	
	07:00 am										0	
Total Intake : 190ml						Total Output : 140ml						

Total 24 hrs. Intake	103.8 cc/kg/day	Total 24 hrs. Output	3.1 cc/kg/hr

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FLUID CHART

Sheet No. : 2 15/6/26 15/6/26

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	Aptamil	25ml								0	
	09:00 am										0	
	10:00 am						✓			20ml	0	
	11:00 am	Aptamil	30ml								0	Pandey
	12:00 pm										0	15/6/26
	01:00 pm										0	2pm
Total Intake : 55ml						Total Output : 20ml						
	02:00 pm	DBF ~~DBF + 15ml~~	15ml				✓			20ml	0	
	03:00 pm										0	
	04:00 pm	Aptamil	30ml								0	
	05:00 pm										0	
	06:00 pm	Apt	30ml				✓			20ml	0	[illegible]
	07:00 pm										0	15/6/26 7pm
Total Intake :						Total Output :						
15/6/26	08:00 pm											
	09:00 pm		ff (30ml)							✓		
	10:00 pm						✓					
	11:00 pm											
	12:00 am		ff (cablro.)							✓		Akash
	01:00 am											16/6/26 @8am
Total Intake :						Total Output :						
16/6/26	02:00 am											
	03:00 am		ff (35ml)									
	04:00 am											
	05:00 am									✓		
	06:00 am											
	07:00 am		ff (30ml)									
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 3

16/6/26

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
16/6	08:00 am											Padma 16/6/26
	09:00 am		DBf + EBM							✓		
	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	

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MEDICATION RECONCILIATION FORM

Drug Allergies: —— ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: .... Shifted to: ....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	VITAMIN D3 DROPS	0.5 ML	ORAL	ONCE DAILY		☐ C ☐ DC
2	ZINCOVIT DROPS	0.5 ML	ORAL	ONCE DAILY.		☐ C ☐ DC
3	SYP CALCIMAX P.	2.5 ML	THRICE ORAL DAILY.	THRICE DAILY.		☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : [signature] Saranda.

Date & Time : 15/6/26.

Nurse Name & Signature: [signature]

Date & Time : 15/6/26

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

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03-06-2026 0Y0M5D (M)
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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

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Baby Of M.HARITHA
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Dr. SURENDER RAO DUSA

REGULAR PRESCRIPTIONS

Weight. 1.98 kg. Ward. NICU

DRUG : INJ PIPERACILLIN + TAZOBACTAM				Date/Time	8/6	9/6	10/6	11/6
Dose	Route	Frequency	Start Date					
200MG	IV	TWICE DAILY	8/6	4AM	[illegible]	[illegible]	[illegible]	[illegible]
Name & Signature of the Doctor Starting the Drugs:				4PM	[illegible]	[illegible]	[illegible]	
Additional Instructions: 100 mg/kg/DOSE								STOP
Daily Doctor's Endorsement by a Sign								

Dr [illegible] S. mocey [illegible] 8/6/26

DRUG : Inj Caffeine.				Date/Time	8/6	9/6	10/6	11/6	12/6	13/6	14/6	15/6
Dose	Route	Frequency	Start Date									
10mg.	IV.	ONCE DAILY.	8/6.	6 pm	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Name & Signature of the Doctor Starting the Drugs:												
Additional Instructions: 5mg/KG/DAY.												
Daily Doctor's Endorsement by a Sign												

STOP Dr. [illegible]

Dr [illegible] Jyothi 8/6/2026

DRUG : 3% NACL NEB^N				Date/Time	10/6	11/6	12/6	13/6	14/6	15/6
Dose	Route	Frequency	Start Date							
4ML	NEB	6TH HOURLY	10/6	1am	X	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Name & Signature of the Doctor Starting the Drugs:				7am	X	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Additional Instructions: NEBULISATION.				1pm	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
				7pm	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
Daily Doctor's Endorsement by a Sign										

STOP & [illegible]

Dr [illegible]

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

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Weight. 1.98 kg Ward. NICU

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
8/6	3:30 AM	INJ VITAMIN K	1 mg	IM	[signature]	Asif / Prasanna
8/6	8:30 AM	INJ CALCIUM GLUCONATE	3.8 ML + 3.8 ML 5% DEXTROSE	IV OVER 30 MIN.	[signature]	Asif / Prasanna

[signature] 8/6

VERIFIED BY : Name .... Signature

VIH-00205712 IP-00060264
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03-06-2026 0 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

I.V. FLUIDS CHART

Weight. 1.98 Ward. NICU

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
8/6	4AM	TV - 140ml kg/day 10% ISO-P + MVI + Ca	IV	11.5ml	[signature]	[signature] / Prasanna	8/6	[signature]	[signature] / Prasanna
8/6	8:30AM	TV - 160 ml kg/day 10%. ISO-P + MVI + Ca.	IV	13.2ml	[signature]	[signature] / Prasanna	9/6	[signature]	[signature] / Jyothi
8/6	12pm	AMINOVEIN 2.5g/kg	IV	2ml	[signature]	Sudha / Swetha	9/6	[signature]	Rajesh / Jyothi
9/6.	8AM	Inj AMINOVEIN. 3.5g/Kg	IV	2.8ml	[signature]	Rajesh / Jyothi	10/6 6pm	[signature]	[signature] / Haritha
8/6.	2pm	Inj Hep NS 25U Heparin in 50ml NS.	IV		[signature]	Rajesh / Jyothi	12/6		[signature] / Haritha
9/6.	9AM	TV - 160ml/kg/day 10% ISO-P + MVI + Ca - 5ml/kg	IV		[signature]	Rajesh / Jyothi	10/6	[signature]	[signature]
10/6.	11AM	TV - 170ml /kg/day. 10% ISOP + MVI + Ca - 5ml/kg.	IV		[signature]	Shashank / Adisesh	12/6.		[signature]

VERIFIED BY : Name .... Signature .... Jyothi [signature]

IP-00060264
HARITHA
0 Y 0 M 5 D (M)
NDER RAO DUSA

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RESULT SHEET

Date	8/6/26	8/6/26	9/6/26	10/6/26	15/6/26	
Time	4AM	6pm	6Am	8am	8am	
Hb	12.0		10.7			
PCV	33.5		30.1			
RBC	3.53		3.19			
WBC	10.86		6.84			
N/L	45.7/44.1		38.6/45.3			
Platelets	350		381			
CRP	6		9.0			
ESR						
PCT						
RBS						
Na	135	135	137	140	143	
K	6.5	5.1	5.1	5.0	5.2	
Cl	97	94	95	101	109	
Ca/Mg	6.6	8.8	10.1			
Phosphate						
Urea	123.0		118.4	128.7	80.1	
Creatinine	1.9		1.5	1.2	1.3	
ALP	190					
SGPT	12					
SGOT	30		DSPT			
T.Bill/Conj	10.9 < 0.1 / 10.8		15.1 < 0.1 / 15.0	8.0 < 0.1 / 7.9		
T.Protein	5.2					
S.Albumin	2.8					
S.Globulin	2.4					
A/G Ratio	1.1					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	18.5/1.32					
APTT	34.9					
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Date:- 8/6/26						
RCT	1.043					

Culture and Sensitivities : 9/6/26 No growth after 24 hours

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :