

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing
d Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006658 Admit Date : 26-Jun-2026 Admit Time : 07.08 PM UHID : HNH-00016195

Patient Details :

Patient Name : Baby Of DIVYA SHARMA Age : 0 D
Guardian : Mr AKSHAY SHARMA DOB : 26-06-2026 01:00 AM
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : Jamia Osmania Hyderabad Telangana INDIA 500061 Phone No : 8686981659/ 8072063953
E-mail : 8686981659@gmail.com

Admission Details :

Bed Type : NICU Bed No : NICU1-401 Ward Name : 4F -NICU 1
Room No : NICU1-401 Admission Type : First Visit

Contact Details :

Name : Mr AKSHAY SHARMA Relationship : Father
Contact Address : Jamia Osmania Hyderabad Telangana INDIA 500061 Phone No : 8686981659


Signature

Doctor Details :

Doctor Name : Dr. SPANDANA PASUPULETI Specialisation : NEONATOLOGY
Referral Doctor : DR. B. ANURADHA Phone No : 9985386607
Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 25000.00
Payor Name : VIDAL HEALTH INSURANCE TPA PVT LTD

HNH-00018195 IP26-00006558
 Baby Of DIVYA BHARMA
 26-06-2026 DYOMOD 19 H (F)
 Dr. SPANDANA PASUPULETI



ACTIVITY RECORD FOR BILLING

Name: -----
 UHID No : ----- IP No : ----- Consultant : ----- Dept : -----
 Date of Admission : ----- Time : ----- Date of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6/26	7pm	B.V.K Reddy Hospital	Himayath Nagar	[Signature]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
26/6/26	X-ray chest AP/Lat	7612 ✓	Pooja
	RBS (87 mg/dl)	8427 ✓	
	RBS (89 mg/dl)	10407 ✓	
	① ABG	10417 ✓	R
26/6/26	CBP. CRP	10412 ✓	L
	Blood grouping		
	Blood c/s, PT/APTT		
26/6/26	X-ray chest AP/Lat	7613 ✓	CD
26/6/26	② ABG RBS ³ (192 mg/dL)	10419 ✓	@
27/6/26	③ ABG RBS ⁴ (139 mg/dL)	10425 ✓	Sh
27/6/26	④ ABG RBS ⁶ 91 mg/dL	10430 ✓	Lami
27/6/26	CBP	10429 ✓	
Cross checked by sis Lami 27/6/26 7AM			
27/6	RBS X-Ray	10407 7617	CD
	RBS 14'	104107	
27/6	NSG	7618	CD
27/6	USG		

PROCEEDURE

Date	Proceeedure	Quantity	Order No.	Signature
26/6/26	IV placement	01	8476	Step
26/6/26	UVC	1	4	
	UAC	1	208502	Lami
cross checked by Lami 26/6/26 at 11:40pm				
26/6/26	ET Intubation	1	8578	A
27/6/26	FFP, Cryo Blood transfusion	1	78633	
27/6/26	Blood transfusion	1		

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



B.V.K. REDDY HOSPITAL

MATERNITY, ENT, SURGICAL & INFERTILITY CENTRE

Boudhanagar, Warasiguda, Secunderabad - 500 061, Ph: 040-27077484

37wks

⊙ < 37wks - premum

2B - Extreme prematurity

NIW

Brachy -

lungs - immature

important.

CXR

Blood gases

28+ wks

Est. wt - 1100g

IX checked

mg coy -

PRON

intubated
ventilator.

(HFO)

BPI HR

Abx

QJLY

POP - after 3wks

Minimum

swks

NIW

stay

AGR

Medicines available at

RAMA MEDICALS

Boudhanagar, Warasiguda, Secunderabad - 500 061

Cell:9700115501



Scanned with OKEN Scanner



CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UN..

Name: B/o DIVYA SHARMA Age: 1d Gender: Male Female

UHID.No : HNH - 00016195 Date: 26/6/26

I AKSHAY SHARMA S/o, D/o, W/o DIVYA SHARMA 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 26/6/26

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

Extreme Pre Term / ECLS / PROM / ELBW / RDS /
Probable Sepsis / Feeding issue / Possibl. Breater Complication
risk

The doctors have clearly explained to me that my patient B/o DIVYA SHARMA 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 DIVYA SHARMA 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 : Akshay sharma
Relationship with Patient: Father
Date & Time : 26/6/26 at 7PM

Witness :

Signature : [Signature]
Name : Pooja
Date & Time : 26/6/26 7PM

Doctor (who is taking the consent) :

Signature : [Signature]
Name : PRANAV
Date & Time : 26/6/26 7PM



CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o DIVYA SHARMA Gender: Male Female
UHID No : MNH-00016195 Department : NICU Date : 26/6/26

I, AKSHAY SHARMA S/D/W/O DIVYA SHARMA

Here by give consent for procedure of : Surfactant

For my patient, Named : B/o DIVYA

The doctors have clearly explained to me that the procedure has following possible complications:
Lung - Aspiration / Bleeding

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

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 : AKSHAY SHARMA
Relationship with Patient: Father
Date & Time : 26/6/26 8AM

Witness :
Signature : [Signature]
Name : Pooja
Date & Time : 26/6/26 8AM

Doctor (who is taking the consent) :
Signature : [Signature]
Name : Dr PRANAV
Date & Time : 26/6/26 8AM



CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o DIVYA SHARMA Gender: Male Female

UHID No : Department : NICU Date : 26/6/26

I AKSHAY SHARMA S/D/W/O DIVYA SHARMA

Here by give consent for procedure of : Arterial line (Arterial line + Venous line)

For my patient, Named :

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

Thrombosis / Sepsis / Bleeding / Shock

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

IV line for sampling & BP monitoring

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: Dr. Spandana

Patient Attendant :

Signature : Akshay Sharma

Name : Akshay sharma

Relationship with Patient: Father

Date & Time : 26/6/26 9 PM

Witness :

Signature : Pooja

Name : Pooja

Date & Time : 26/6/26 9 PM

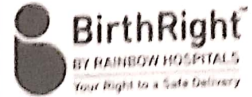
Doctor (who is taking the consent) :

Signature : Pranav

Name : PRANAV

Date & Time : 26/6/26 9 PM

HNH-00018195 IP26-00006658
Baby Of DIVYA SHARMA
26-06-2026 0 Y 0 M 0 D 19 H (F)
Dr. SPANDANA PASUPULETI



CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/O DIVYA SHARMA Gender: Male Female

UHID No : Department : NICU Date : 26/6/26

I AKSHAY SHARMA S/D/W/O BRATHANAND SHARMA

Here by give consent for procedure of : Mechanical Ventilation

For my patient, Named :

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

Laryngeal injury / Pneumothorax / A.D. Trapping /
Aspiration / Risk / Tube block

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

Breathing support

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: Dr. Spandana

Patient Attendant :

Signature : A.S.

Name : Akshay sharma

Relationship with Patient: Father

Date & Time : 26/6/26

Witness :

Signature : Pooja

Name : Pooja

Date & Time : 26/6/26

Doctor (who is taking the consent) :

Signature : P

Name : Dr. PRANAV

Date & Time : 26/6/26

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Age : Father's Name : Age :
 Date of Birth : Date of Admission : UHID No. :
 NICU Consultant : 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 Divya sharma Mother's Blood Group : AB +ve
 Gender : M F Blood Group : AB +ve Birth Weight (gms) : 1.09 kg Length (cms) :
 Date of Birth : 26/8/26 Time of Birth : 5:25 pm OFC (cms) :
 Place of Birth : B.K.R. Baby hospital Estimated Gesth Age : 28 wk.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 32y Ht : Wt : BMI : Married Life : LMP : 9/12/25 EDD : 16/9/26
 Conception : Spontaneous or with Rx :
 Booked at what GA : AN Steroids Drugs / Doses : 2 dose given Mg 50y given
 Last Scans Details : Uterine Artery - Resistive
other downmat recently 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 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 How many Drugs / Doses / Since how long : H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : IUGR - when detected : Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus : AFI :	H/o GDM pre GDM/ on diet or insulin Controlled or not, recent values, HbA1 values : Compliance with Rx : Scans : LGA, TIFFA , Fetal Echo : H/o Hypothyroidism : when diagnosed ? Medication? Any other Chronic Medical Problems, when detected drugs ? (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 :

Patient Sticker

PAST OBSTETRIC HISTORY

G : P : A : L :

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	Primi					

PERINATAL HISTORY

Treating Obstetrician : Hospital : Inborn Outborn

<p>Duration of Labour</p> <p>First stage (> 18 hours sig)</p> <p>Second stage (> 2 hours after dilation) <i>i/v/o</i></p> <p>LSCS : <input type="checkbox"/> Elective <input checked="" type="checkbox"/> Emergency Indication : <i>-MSL</i></p> <p>Specify the reason : <i>MSL</i></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>Resuscitaion : <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
TOTAL	<i>5/10</i>	<i>8/10</i>	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

*Primi / 26wks / cesarean (incompetu / PROM / uterine Aty
(cerclage done) / Restart*

tabu (m use i/v/o MSL



Baby delivered via ces

↓
weak cry, poor respiratory efforts
↓

Baby Intubated
shifted to NICU.

in incubator & Transport ventilator.

NICU Indic :- EPT / ELBW / ? PDS /
EOS.

Investigation details in previous Hospital :

Feeding History :

HNH-00018195 IP26-00008858
Baby Of DIVYA SHARMA
26-06-2026 0 Y 0 M 0 D 19 H (F)
Dr. SPANDANA PASUPULETI



Past History

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.8 . HR : 140 RR : 58 NIBP : CFT : 235e
Color of the extremities : acyanosis
Jaundice : Pallor : SpO2 : 96% on vent

Anthropometry : Birth Weight : 1.06 kg Length : HC : Present Weight :
Ponderal Index : AGA : SGA : LGA :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention if baby has Respiratory distress : RR : 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 : PIP = 18 PEEP = 6 fio 35%

Spo2 : 96% Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : BP : Precordial Activity :

Femoral Pulses : Murmurs : no

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Shape : Hernia orifice :

Palpation : Anal Patency :

Palpable masses : Umbilical Cord :

Abdominal girth : First urine passed :

Meconium passed :

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : DTR :

ATNR : Skull and Spine :

HNH-00016195 IP28-00006858
Baby Of DIVYA BHARMA
26-08-2026 0 Y 0 M 0 D 19 H (P)
Dr. SPANDANA PASUPULETI

Patient Sticker

Any Congenital Anomalies :

Diagnosis :

EPT / ELBW / F / RDL / PROM / EOS /

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature :

Name :

Date & Time :

A. Anu
Anu
26/6/26

Consultant :

Signature :

Name :

Date & Time :

P. Spandana
P. Spandana
26/6/26 9:55 am

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor :
2. Name of the 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.





THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

Vital : HR : RR : BP : SPO2 : Weight :

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

VBS, CBP, CRP, B/c/p, B/G/T, GRBS Monitoring

- MV - PC-AC Mode + VG (small)

F_{IO₂} - 70-80% / PIP - 20 / PEEP - 6

Ti - 0.3 / Rate - 60

- Surfactant - Curosurf - 2-5ml

Feeding Plan at the time of shifting :

D: PIPTAZ / FLUCONA 20 LG

Vit - K - stat

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

MNH-00016195 IP26-0000665a
 Baby Of DIVYA SHARMA
 26-06-2026 0 Y 0 M 0 D 19 H (F)
 Dr. SPANDANA PASUPULETI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order								
26/6	B P Centiles for 28 weeks									
	<table border="1"> <tr> <td>SDP</td> <td>DBP</td> <td>MAP</td> <td>PP</td> </tr> <tr> <td>31</td> <td>20</td> <td>24</td> <td>9</td> </tr> </table>	SDP	DBP	MAP	PP	31	20	24	9	
SDP	DBP	MAP	PP							
31	20	24	9							
5 th										
25 th	39	25								
		30								
50 th	47	29								
		35								
95 th	63	37								
		46								
		19								
26/6	<u>Procedure notes</u>									
8pm										
	Under strict aseptic precautions the procedure									
	of Surfactant administration was given via ET tube									
	through 5 Fr O2 - INSURE way.									
	Curelax 2.5ml was given									
	Baby remained stable throughout the procedure									
		<p style="text-align: right;"><u>Prem</u></p>								

HNM-00016195 IP26-00006858
 Baby Of DIVYA SHARMA
 26-08-2026 0 Y 0 M 0 D 19 H (F)
 Dr. SPANDANA PASUPULETI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6 9:45pm	ck/10 Dr Spandana Ba PT (28wk) / LSCS (Prom) / Girl / 11kg / RDS - 1 ^o / Suspected / MFOV	
	MFOV	
	Fleg - 7	Ph
	MAP - 13	1) ABC - 4 th hly & GRDS - 4 th hly
	Amp - 26	2) CT - MFOV
	F _{IO2} - 21%	3) CA - PIPTAZ FLUCONAZOLE
	Vital	4) Tena Libs
	HR - '136 h'	5) IVF - 10Y-D + 5ml Gal/Gly
	SpO ₂ - 95%	TV - 80ml/kg
	B/P - 53/37 (42) mmHg	6) Monitor Vital Enfn SOS
	RD ⊕ (SCN ⊕)	
		<i>Panna</i>

HNH-00016195 IP26-00006658
 Baby Of DIVYA SHARMA
 26-06-2026 0 Y 0 M 0 D 19 H (F)
 Dr. SPANDANA PASUPULETI

Rainbow
 Children's
 Hospital
 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
26/6 9.45 pm	<u>Procedure Note</u>	
	Under strict aseptic precautions, the procedure of Umbilical line placement was done.	
	Umbilical Artery Cath - 3-5 Fr - Single lumen catheter placed & fixed at 13.5 cm	
	Umbilical Vein Cath - 5 Fr - Double lumen catheter was placed & fixed at 8.5 cm	
	Procedure was uneventful. Position confirmed with X-ray.	
		<u>P. Bhanu</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6 12 PM	cds/BS Dr Praveer / Dr. Valan En PT (28 wk / 2SCS (PROV)) / 10kg / Cui / RDS - only - MFOV Suspected Sepsis	
	On MFOV FiO ₂ - 21% Freq - 9 / MAP - 13 Amp - 26	Ph 1) Cf - MFOV 2) CXR - Molding both 3) ABS } 4 th hly CRBS }
	Vital HR - 128/min SpO ₂ - 94% BP - 38/29(53) wly	4) Ij PIPIT 2 FLUCONAZOLE 5) TV - 80 ml/kg 10% D + Cal glx
	On Fentanyl infusion yet to pass urine & stool	6) Trans Lh 7) Monitor Vital Enjol SOS
		Praveer
27/6 12:45 PM	cd/1v Dr Spandana Mm MFOV MAP → 13 → 12 Freq → 9 → 10 Lactat - 5.4	Ph 1) FFP Transfusion 2) Trans B/LT & PT / INR - Urgently 3) Enjol SOS
		Praveer



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6	cls/b Di Pravar / Di Kalam	
5:45 AM	cls/w Di Spandana m	
	EMPT / 28wk / ESCS (PROM) / Oil / ELBW - 1.04 kg / CMRS	
	RDS - surfactant - MFOV / suspected sepsis / coagulopathy	
	On MFOV - FiO ₂ - 21%	
	MAP - 12 P _{aq} - 10	PL
	Pamp - 26	1) O ₂ C _{yo} → Hold FFP
	Vital	2) P _h LRBC later
	HR - 122 /m	3) Ct - MFOV
	SpO ₂ - 94%	4) CXR
	BP - 47/25 (34) wly	5) G RBS } 4th day ABG
	V-O - 12 ml in 12hr	6) Et _g (PIPTAZ FLVCON CAFFEINE
	~ 1 ml/kg/hr	7) TV - 8ml/kg/day 10% D
	Balans → ± 46 ml	8) Month Vital
		9) CA Send CBP
		10) 2D echo / USG Abd / USG Brain



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : 2 Day of Life : 16.11.06 PMA:

Term Preterm Gestation : 28 Corrected Gestational Age:

OVERVIEW	Problems :	
	S.No.	Current
1.	ExPT (28 wk) / ELBN - 1ly	
2.	RDS - surfactant - MFOV	
3.	Suspected sepi	
4.	Conglutination	
5.	Previa	
6.		

Today's Weight : -

RESPIRATORY SYSTEM

Ventilatory Support : Yes No - Day # of Vent : 2

Mode of Ventilation : HFNC CPAP Conventional Ventilation : SIMV A/C VG HFOV iNO PPM

Ventilator Settings : PIP ^{MAP-13} PEEP ^{Faq-10} VG ^{Ans-26} Rate ¹ FiO₂ ³⁰ Oxygen : L/min

Last CXR : *Better - lung expansion* Spo₂ : *94%*

ET Secretions : Clear Thick Yellow Last ABG:

Change over the Last 24 Hours: *surfactant - 1 dose given*

CARDIO VASCULAR SYSTEM

Plan of Care : *2 Decho - To R/O PDA*

CNS

Neurological Examination :

Sedation: *Fentanyl 1.1 mg/kg*

Last Neurosonogram : Any Seizures:

FLUIDS STATUS NUTRITION	<input checked="" type="checkbox"/> NPO <input type="checkbox"/> NG Feeds Wt. Gain: Head Circumference: Input : / (+/-) Output : 2.2 ml/k/d Urine Output : 1.8 ml/kg/hr Stools : IV Fluids - Type of IVF : 10% D + Calgn ml/hr Feeding: EBM <input type="checkbox"/> Formula <input type="checkbox"/> Donor BM <input type="checkbox"/> Volume: Frequency: Calories: TPN : <input type="checkbox"/> Yes, <input type="checkbox"/> No - If yes, details : Abdominal Examination:			
	Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS			
INFECTION	Risk of Sepsis / Suspected Sepsis / Proven Sepsis : Sepsis screen: Blood culture <input type="checkbox"/> Urine culture <input type="checkbox"/> ET culture <input type="checkbox"/> Fungal Culture <input type="checkbox"/> LP <input type="checkbox"/> CSF :			
	Antibiotic	Sl.No.	Drugs	Days
	1.	Eg	PIPTAZ	D, -2
	2.	Eg	FLUCONAZOLE	
	3.			
Plan of Treatment : 1) Cf. HFOV 2) LRBC Transfu 3) Cf. Medications 4) USS Abdom } Today rSG 2D echo 5) NP, e Sp 6) Tran Blood c/L 7) TR - 80 ml/kg (10% D + Calen)				

Doctor's Name (Handover given) : Praran
 Signature :
 Date & Time : 27/6/24

Doctor's Name (Handover taken) :
 Signature :
 Date & Time :



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6 9:40 AM	CIS/IS D. Tejaswini	
	ENPT / 28wks / Em 2SCS / PROM / 1kg / bil / RDS - Spontaneous HFOV	POA (L→R)
		Pls
	Baby on HFOV	1) NP, - .5pm
	FiO ₂ - 30 → 28	
	F _{low} - 10	2) Ct - HFOV
	P _{HP} - 26	
	P _{IP} - 13	3) NSG
		USG Abdomen } also
	Vital	2D echo
	HR - 122/min	4) LRBC to be g
	SpO ₂ - 94%	
	BP - 50/27 (3) mmHg	5) CRBS } 4 th day
		ABG
	U.O - 1.5ml/kg	6) Ct - PIPTAZ
	Balans - + 56ml	FLUCON
		CAFFEINE
		Vit K x 3 day
		2) Monitor Vital
		Emp SOS
		Pls

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Counselling</u>	
	<u>B/o DIVYA</u>	
	Baby <u>u</u> on HFO ventilation	
		(Lungs → immature)
		Surfactant
		(HFO)
		(3)
	Some improvement	
		↳ localise the lungs.
	Expansion has to improve.	(9.5B)
		HFO - pressure support
	2nd dose of Surfactant	
	α. (diO ₂ req.)	
		(< 20%)
		> 20%
	<u>Heart</u>	
		2D Echo Scan
		Hold in the <u>Heart</u>
		PDA → Close (medication).



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	3 days course of medication	
	↓	
	↳ (80%) → closes.	
	2nd course	
	↓	
	2nd medication	
		(95%)
		↓
		medical closure.
	Lungs → <u>fluid</u> (pulm. edema)	
	↳ HFO (high pressure)	
	(1) <u>Resp.</u> (immature)	
	(2) PDA	
	(3) <u>Infection</u>	→ Minum Anish
	HFO (↑ pressure)	(NP1)
		(CRP) ↑ properly
		↓
		higher antibiotic

PROGRESS NOTES AND DOCTOR'S ORDER

23

Date & Time	Progress Notes	Doctor's Order
	feeding → wait	(5)
	(lactate) (blood gas)	(6.8)
	Stomach Blood supply	↓ Hb. → (8)
	(77.9)	blood. count
	(Infection)	Blood transf.
	(15-12)	
	(NSG) → Bleeding	
	(first 72 hrs)	
	Dr. Tejan	

DRUG : <i>Ij</i> CAFFEINE				Date																	
Dose	Route	Frequency	Start Date	Time																	
	<i>IV</i>	<i>once daily</i>	<i>26/6</i>																		
Name & Signature of the Doctor Starting the Drugs:																					
<i>Pram</i>																					
Additional Instructions:																					
<i>5 mg / kg</i>																					
Daily Doctor's Endorsement by a Sign																					
DRUG : <i>Ij</i> CAFFEINE				Date																	
Dose	Route	Frequency	Start Date	Time																	
<i>5mg</i>	<i>IV</i>	<i>once daily</i>	<i>26/6</i>																		
Name & Signature of the Doctor Starting the Drugs:																					
<i>Pram</i>				<i>6 AM daily</i>																	
Additional Instructions:																					
<i>5 mg / kg</i>																					
Daily Doctor's Endorsement by a Sign																					
DRUG : <i>Ij</i> PIPERACILLIN TAZOBACTAM				Date																	
Dose	Route	Frequency	Start Date	Time																	
<i>100mg</i>	<i>IV</i>	<i>BD</i>	<i>26/6</i>																		
Name & Signature of the Doctor Starting the Drugs:																					
<i>Pram</i>				<i>6 AM</i>																	
Additional Instructions:																					
				<i>6 PM</i>																	
Daily Doctor's Endorsement by a Sign																					
DRUG : <i>Ij</i> FLUCONAZOLE				Date																	
Dose	Route	Frequency	Start Date	Time																	
<i>6mg</i>	<i>IV</i>	<i>once on alternate days</i>	<i>26/6</i>																		
Name & Signature of the Doctor Starting the Drugs:																					
<i>Pram</i>				<i>10 PM</i>																	
Additional Instructions:																					
				<i>X</i>																	
Daily Doctor's Endorsement by a Sign																					

HNH-00018195 IP26-00006658
 Baby Of DIVYA SHARMA
 26-05-2026 0 Y 0 M 0 D 19 H (F)
 Dr. SPANDANA PASUPULETI



REGULAR PRESCRIPTIONS

Weight Ward

Sheet No:

DRUG : <i>inj VITAMIN - K</i>				Date Time	<i>26</i>
Dose <i>0.5ml</i>	Route <i>I.M</i>	Frequency <i>once daily</i>	Start Dt. <i>27/6</i>		
Name & Signature of the Doctor Starting the Drugs: <i>Ramesh</i>					
Additional Instructions: <i>0.5ml = 1mg x 3 days</i>					
Daily Doctor's Endorsement by a Sign					

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

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

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

VERIFIED BY: Name Signature

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/6	7 pm	Inj CAFFEINE (20mg/kg)	20 mg	IV	PP	Priza
26/6	7 pm	Inj VITAMIN-K	0.5 ml	IM	PP	Priza
26/6	8:30 pm	Inj CURASURF	2.5 ml	E.T	Priza	Priza
27/6	3:15 am	FFP	15 ml	IV over 30 min	Priza	Priza
27/6	6 am	FFP	15 ml	IV over 30 min	Priza	Priza
27/6	6:40 am	CRYOPRECIPITATE	15 ml	IV over 30 min	Priza	Priza
27/6		IRRADIATED 2RBC	20 ml	IV over 4 hr	Priza	Priza
27/06		IV-PARACETAMOL	20 mg	IV	Priza	Priza

IV INF (All the dr Please wa

Patient Na

Weight : ..

Date									
26/6									

CALCULATION
Fentanyl : 1ml
NOTE : In old
Midazolam : (1
Ketamine : Wa
Desmetomidol

Print No: RCH

HNH-0016195 IP26-0006658
 Baby Of DIVYA SHARMA
 26-06-2026 0 Y 0 M 0 D 19 H (F)
 Dr. SPANDANA PASUPULETTI



IV INFUSION MEDICATION CHART (SEDATION & PARALYTICS)

(All the drugs in this category belong to "High Risk / High Alert" medicines. Please watch for bradycardia, hypotension and respiratory depression while administering these drugs)

Patient Name : B/D DIVYA S.MARMA Gender : Male Female

Weight : 1.1kg Age : 1 day UHID No. : Sheet No. :

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.	Stop Date	Dr's Sign.	Nurse Sign.
26/6	8:30 PM	<u>4mg FENTANYL</u> <u>(1ml = 10mcg)</u>	<u>4ml in 16ml NS</u> <u>1ml = 10mcg</u>	<u>0.1 - 0.4 ml/hr</u> <u>(1-4 mcg/hr)</u>	<u>Ban</u>	<u>[Signature]</u>			

CALCULATIONS FOR SOME COMMONLY USED DRUGS :
 Fentanyl : 1ml = 50mcg vial, take 4ml in 16 ml NS thus 1ml = 10mcg ; 0.1-0.4 ml/kg/hr (1-4mcg/kg/hr)
 NOTE : In older children more than 20kg weight, take 8ml in 12ml of NS thus 1ml=20 mcg; 0.2-0.8ml/kg/hr (1-4 mcg/kg/hr)
 Midazolam : (Undiluted) 1ml = 1mg ; 0.1-0.5 ml/kg/hr (1.6-8 mcg/kg/min)
 Ketamine : Weight x 30 mg/kg in 50ml NS ; 1-4ml/hr (10-40mcg/kg/min)
 Dexmedetomidine : 1ml (100mcg) in 24 ml NS ; 1ml = 4mcg ; 0.05 - 0.2 ml/kg/hr (0.2 - 0.7 mcg/kg/hr)

Morphine : Weight x 1 mcg/kg in 50ml 5% Dextrose 1-3 ml/hr - 20-60 mcg/kg/hr
 Propofol : 1ml = 10mg ; 0.1-0.4 ml/kg/hr (1-4mg/kg/hr)
 Vecuronium Powder : 4mg, diluted with 4ml NS (1ml-1mg), take 2ml in 5ml NS (1ml-0.2mg)
 0.25 ml/kg/hr - 1.3 ml/kg/hr (0.05-0.15mg/kg/hr)
 Pancuronium : (1ml -2mg) take 1ml in 9ml NS (1ml-0.2mg) 0.1ml/kg/hr-0.3ml/kg/hr (0.02-0.06mg/kg/hr)



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known			
	Surgery / Procedure:		If Yes Specify:			
BACKGROUND	Date	Shift	26/6/26	26/6/26 NI		
	Medical Condition (Any special condition to be noted):		E2	PT		
	Diet:		-	-		
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
	Ventilation (RA, NP, NIV, VENTI):		venti	HFO		
	Tubes/Drains/Catheter:		<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
	Vital Signs:		Temp: 36.5°C	36.8°C		
			Res: 32bpm	-		
			SpO ₂ : 100%	94.1		
			Pulse: 145bpm	131bpm		
			BP: -	47/31(30)		
			LOC: -	NTICU-1		
	Fall Risk Score:		-	-		
Pain Score:		-	-			
Skin Integrity		-	-			
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
	Physiotherapy:		-	-		
	Others Specify:		<input type="checkbox"/> Yes <input 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
	Special Diet:		-	-		
	Critical Lab Test / Values:		-	-		
	Other Special Orders / Medications:		<input type="checkbox"/> Yes <input 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
	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
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	
ADL (Dependent / Non Dependent):		Dep	Depend			
Post Operative Procedure Special Orders:		-	-			
Handed Over By Name :		poorja	Laxmi			
Signature / ID :		<i>[Signature]</i>	<i>[Signature]</i>			
Date:		26/6/26	27/6/26			
Time:		8pm	8AM			
Taken Over By Name :		Laxmi				
Signature / ID :		<i>[Signature]</i>				
Date:		26/6/26				
Time:		8pm				

HNH-00018195

IP26-00006658

Baby Of DIVYA SHARMA

26-06-2023 0 Y O M 0 D 19 H (F)

Dr. SPANDANA PASUPULETI



BRADEN 'Q' SCALE

		Date : 26/6/24		Time : 11:31		
Mobility	<p>1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.</p> <p>1. Bedfast: Confined to bed</p> <p>1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.</p>	<p>2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.</p> <p>2. Chairfast: Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.</p> <p>2. Very limited: Responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.</p> <p>2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.</p> <p>2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.</p> <p>2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.</p> <p>2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.</p>	<p>3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.</p> <p>3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.</p> <p>3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.</p> <p>3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.</p> <p>3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.</p> <p>3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.</p> <p>3. Excellent: Normotensive oxygen saturation may be > 95%; hemoglobin may be > 10 mg/dl; capillary refill may be < 2 seconds; serum pH is normal.</p>	<p>4. No limitations: Makes major and frequent changes in position without assistance.</p> <p>4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.</p> <p>4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.</p> <p>4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.</p> <p>4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.</p> <p>4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.</p> <p>4. Excellent: Normotensive oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.</p>	3	3
"Activity The degree of physical activity"				3	3	
Sensory Perception				3	3	
Moisture Degree to which skin is exposed to moisture				3	3	
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another				3	3	
Nutritional Usual food intake pattern				3	3	
Tissue Perfusion & Oxygenation				3	3	
		TOTAL SCORE		21	21	
		Evaluator's Name		S.P.		

Severe Risk : less than 9

Moderate Risk : 10-12

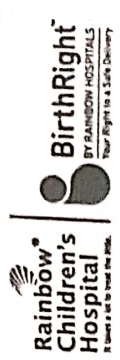
Mild Risk : 13-14

Not at Risk : 15-23

Docu. No. : RCH/FRM / CLINICAL / 119



HNH-00016195 IP26-00006658
 Baby Of DIVYA SHARMA
 26-09-2023 0 Y 0 M 1 D (F)
 Dr. SPANDANA PASUPULETI



NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation			Normal			Pain / Agitation			Date		
	-2	-1	0	1	2		Time	Date	Time	Date	Time	Date
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry inconsolable		NA	NA	NA			
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)		NA	NA	NA			
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual		NA	NA	NA			
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense		NA	NA	NA			
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-95% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator		NA	NA	NA			
						Gestational Age / Corrected Age	28.5	28				
						Total Pain / Agitation Score	-	-				
						Intervention	-	-				
						Effectiveness	-	-				
						Signature						

Docu.No: RCH /FRM/CLINICAL/094

MNH-00015195
 Baby Of DIVYA SHARMA
 26-06-2026 0 Y 0 M 0 D 19 H (F)
 Dr. SPANDANA PASUPULETI



CHECKLIST FOR THROMBOPHLEBITIS

26/6/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0								
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		0								
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		0								
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		0								
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		0								
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		0								
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Sharan Name :

Signature of Ward In Charge :

Signature : Sharan Name :

CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: PICC Line UAC UVC Other Date of Initial Line Insertion: Duration of Central Line:

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider - antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date	Shift Time																	
Can we remove Central Line today (Discuss in the clinical round)			<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence of any inflammation at insertion site (Redness / Swelling (if yes inform the doctor)			<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood at insertion site (if yes inform the doctor)			<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any peeling of dressing? (if yes inform the doctor)			<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is dressing clean and dry? (if no inform the doctor)			<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any leakage at insertion site? (if yes inform the doctor)			<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any obstruction to the infusion flow? (if yes inform the doctor)			<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dressing intact and labelled properly			<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central line changed on																			
Name of the Nurse																			
Signature of the Nurse																			



**DECLARATION BY PATIENT OR PATIENT ATTENDANT
(TPA / INSURANCE / AROGYA BHADRATA / CORPORATE)**

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

BirthRight®
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 26-06-26

I have attended the financial counseling desk / billing desk and understood the approximate expected costs of treatment. I clearly understand and agree that the hospital would bill as per its (hospital's) existing terms and conditions or MOU with my TPA/ Insurance Company/ Corporate /Arogya Bhadrata Scheme.

In case my claim is rejected by my TPA / Insurance Company / Corporate / Arogya Bhadrata Scheme at any point of time, i.e. before admission, during admission, during discharge or post discharge when hospital bill claim is submitted, I promise to settle the claim with the hospital. I understand and agree that there are certain TPA / Insurance Company / Corporate / Arogya Bhadrata Scheme Non - Coverable billing components which have to be paid totally by me like the following.

Registration charges, Insurance Processing fee, Medical Record Charges, MLC Charges, Tax Collected at Source (TCS), Dietician Consultation, F&B charges. Luxury Tax, Pharmacy and Consumables Non Medicals like Gloves, Masks, Draw Sheets, Diapers / Koochees, Intrafix, Q-Syte, Venflon, Sterilium, Splint, Gowns, Stockings, etc, Investigations like HIV, HbsAg, Pre Anesthesia Checkup (PAC), all Genetic Investigations, Double Occupancy, Vaccination Charges etc, instruments like Laparoscope, Thoracoscope, Harmonic, N-Seal, Morcellator, Cobulator, C-Arm, Micro Debrider, Medetronic Drill, Mann Mann Drill, Neuro Microscope, Neuro Endoscope, Endoscope etc, Maternity related like, Anti D, Muhurtham, Welt Baby Charges, Epidural, Entonox, Tubectomy etc. Any other facility used / treatment / investigation done which is not related to the present ailment is not covered.

I promise to clear my medical / non-medical bill dues during admission on daily basis or as and when applicable or whenever called for.

Mandatory Documents to be submitted for cashless process (Corporate Policy)

1. Employee ID Card.
2. Employee Government ID Proof (PAN /Aadhaar Card / Passport / Voter ID).
3. Patient TPA / Insurance Health Card or E-Card.
4. Patient Government ID Proof (PAN /Aadhaar Card / Passport / Voter ID / Birth Certificate)

Mandatory Documents to be submitted for cashless process (Individual Policy)

1. Proposer's ID Proof.
2. Patient TPA / Insurance Health Card or E-Card.
3. Patient Government ID Proof (PAN / Aadhaar Card / Passport / Voter ID / Birth Certificate)

Name of the Patient: Baby of Divya Sharma Date & Time of Admission: 26-06-26 4 19:22

Name of the Parent / Guardian: Akshay Sharma Mobile Number: 8686981659

Parent Aadhaar Card Number:

Signature & Relation



BILLING POLICY

- **Billing cycle:** - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpain the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable. *
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.

Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.

Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 | KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

CIN: U85110 TG1998 PTC029914

email : info@rainbowhospitals.in

www.rainbowhospitals.in



MNH-00018195 IP24-00000558
Baby Of DIVYA SHARMA
26-06-2026 0Y0M0D18H (F)
Dr. SPANDANA PASUPULETI

Rainbow
Children's
Hospital

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

25
A 25th Anniversary

UNDERTAKING OF INSURANCE PATIENT/ CREDIT PATIENT FOR ADVANCE PAYMENT

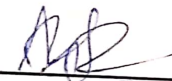
To
The Management,
Rainbow Children's Hospital, Himayat Nagar,
Hyderabad - 500029.

Sub:- Undertaking of Insurance Patient for Advance Payment.

Mr./Mrs./Ms. Akshay Sharma (Father/ Mother/
Other _____) of Master/ Baby/ Baby of/ Mrs. / Ms. Divya Sharma
was bought to your hospital on Emergency basis on 26-06-26 at 7:08 PM
approximate charges deposit details were explained by the front office executive on
duty.

As I have cashless insurance so I have to pay 25 k as a caution deposit at the
time of admission. If there will be any difference amount after getting the approval I'll
pay that amount at the time discharge.

Thanking You



Signature

Name:- AKSHAY SHARMA

Ph. No.:- 8686981659

8072063953



COUNSELLING SHEET

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State
Housing Board Himayatnagar, Hyderabad- 500029



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BED CHARGES	TWIN SHARING / OBSERVATION(LDR) / SHARED WARD	PRIVATE / DELUXE ROOM	PICU / NICU / HDU	SEPARATED FROM TARIFF		12 TO 12 NOON BILLING POLICY
				PHARMACY	INVESTIGATION	
DOCTORS CHARGES			NICU	CROSS CONSULTATION		PHONES ARE NOT ALLOWED IN PICU(PHOTOGRAPHY AND VIDEOGRAPHY STRICTLY PROHIBITED)
				CONSUMABLES		
				BLOOD PRODUCTS		
NURSING CHARGES				HFNC / VENTILATOR / C PAP / HFO / NIV / NIV-C PAP		VISITING HOURS 04:00pm TO 05:00pm.
				EQUIPMENT		
				PROCEDURE		
DIET CHARGES				NEBULISATION		OUTSIDE FOOD AND MEDICATION NOT ALLOWED
				MRD, DRUG ADMINISTRATION, INSURANCE PROCESSING FEE (IF ANY)		
TOTAL						
PATIENT NAME	Baby of Divya Sharma.		AGE/SEX	00		Female
UHD	HWH-00016195		INSURANCE NAME	Vidal Health		

ATTENDENT SIGNATURE

CAUTION DEPOSIT 25

COUNSELLING PERSON SIGNATURE

NICU - counselling done by

Sudha Sureshwarri MAM on - 28-06-26

Rainbow Retrieval Team TRANSPORT SHEET



RRT No.

Year	NICU / PICU	Number
------	-------------	--------

Date:

Date	Month	Year
------	-------	------

Type of Transport: Urgent Standard Planned

Patient Name : B/o Divya shaya DoB: 26 06th 20 ToB (NICU)

	AM/PM
--	-------

Gender : Male Female Birth Weight:

--

 Current Weight:

--

 GA: 28wk Days CGA:

Weeks	Days
-------	------

History (by Doctor) : Extreme prematurity / female / ELBW / wt < 1kg
PROM (prolonged) / RDS / P.EOS / MASL

Maternal History: Antenatal Steroids PROM Hrs MgSO₄ APGAR 5/10 8/10 Vit-K Not given
Antibiotics HVS

Referring Hospital : BVK Reddy Referring Doctor

Destination Hospital : RCH - HMR

Estimated Kilometers of transport : 6-7 km Parents Contact Number:

Call received by : Time Transport Confirmed: (24 Hr Format)

Transport discussed with Rainbow consultant : Dr.

PRE-DEPARTURE EQUIPMENT CHECKING			
Sno	Equipment Name	Rainbow Hospital	Referring Hospital
1	Transport Ventilator	<input checked="" type="checkbox"/>	
2	Ventilator Tubing		
3	Transport Incubator (NICU)		
4	Syringe Pumps(Numbers).....	<input checked="" type="checkbox"/>	
5	Transport Monitor	<input checked="" type="checkbox"/>	
6	Transport Kit (Sealed)	<input checked="" type="checkbox"/>	
7	Suction Machine Checked		
8	Defibrillator (for PICU)		
9	ISTAT		
10	ISTAT - Cartridge		
11	Gases Checked	<input checked="" type="checkbox"/>	

PRE-DEPARTURE EQUIPMENT CHECKING			
Sno	Equipment Name	Rainbow Hospital	Referring Hospital
12	Oxygen Cylinder (Portable)		
13	Transwarmer		
14	Humivent		
15	iNo		
16	Forms & Reports		
17	Surfactant Vial (NICU)		
18	Fridge Drugs		
19	Airway Bag		
20	Transfer Plan Agreed with Rainbow Consultant		

Note: '✓' = Yes, 'x' = No, 'NA' = Not Application

Timing (in 24 Hrs Format)	
Time Ambulance Requested	
Time Ambulance Ready	
Time of Departure from Rainbow Hospital	
Time Team arrived at baby (Referring Hospital)	
Time Team depart with baby (from Referring Hospital)	
Time of arrival at Rainbow Hospital	
Any delays?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Transport Team
Team Leader / Doctor :
Nurse :
Driver :
Others :

Reasons for delay:

Assessment at Referring Hospital

Airway & C-Spine

- Clear
- Compromised
- Intubated
- being Intubated
- Tracheostomy
- Collar
- Blocks & Tape
- Surfactant (Time)

Size, _____
 Route, _____
 Length, _____
 Cuffed / Uncuffed _____

Breathing

- Ventilated (Mode)
- HFOV
- CPAP / HFNC
- SV (Air/O,..... L/Min)

PIP / DP 18
 PEEP 6
 FiO₂ 35%
 MAP _____
 V. Rate _____

SpO₂ 95%
 Insp. Time _____
 Exp. Time _____
 Nitric PPM _____
 Oxyg Index _____

Resp Rate _____

Resp Efforts Mild Moderate Severe

Circulation

Observations

HR 127/min
 BP _____
 Mean BP _____
 CAP Refill _____

Fluid Boluses (ml/kg)

Colloid _____
 Crystalloid _____
 Blood _____
 FFP / CRYO _____
 U/Output _____

Inotropes (Dose)

IV Access & Site

Peripheral _____
 Central _____
 Arterial _____

Neurology

GCS E V M A V P U

- Sedated
- Paralysed
- Pupils R L
- AF
- Activity
- Tone
- 3% Saline
- Mannitol
- NG Tube
- OG Tube

Antibiotics.....

Blood Gases

ART / VEN / CAP

Time	pH	pCO ₂	pO ₂	HCO ₃	BE	Lactate	Glucose	Na ⁺	K ⁺	Hb

Temp. Core Skin RBS _____ mg/dl

Culture Results _____

Investigations at Referring Hospital

Date & Time		
Hb		
WBC		
Platelets		
Na ⁺		
K ⁺		
Urea		
Creatinine		
INR/PT		
APTT		
AST/ALT		
Billrubin		
CRP		
Others		

Imaging

Date & Time	Plain X-Rays	CT /US/ MRI

Primary Diagnosis

Co-Morbidity

- Co-Morbidity Type Resp Cardiac Neuro Genetic / Syndrome
 Metabolic/Endo Haem/Onc Multisystem

Plan discussed with RRT Consultant : Yes No

Consultant Name: Dr Spanclane

Comments:

.....

.....

Summary of Interventions at Referring Hospital

Airway & C-Spine

Primary Intubation RRT RH RRT RH
 Re-Intubation RRT RH RRT RH
 ETT Repositioning RRT RH RRT RH
 Other Airway RRT RH
 C-Spine Immobilisation RRT RH

Detailed Notes:

Breathing

LFO₂ (..... L/min) RRT RH RRT RH
 HFNC RRT RH RRT RH
 Mechanical Vent RRT RH RRT RH
 Inhaled Nitric Oxide RRT RH RRT RH
 Chest Drain RRT RH
 Non-Invasive Vent RRT RH
 ECMO RRT RH
 Surfactant RRT RH

Detailed Notes:

Circulation

Inotropes / Vasopressors RRT RH (Dose) RRT RH (Site)
 Central Venous Line / UVC RRT RH (Size, Site, Lumen, Attempt) RRT RH (Site)
 Ultrasound Guidance RRT RH RRT RH (Dose)
 Arterial Line / UAC RRT RH RRT RH (Dose)
 Intraosseous Access RRT RH
 Peripheral IV RRT RH
 CPR / Defibrillation RRT RH
 Prostaglandin Infusion RRT RH

Detailed Notes:

Neurology

CT Scan / NSG RRT RH RRT RH
 3% Saline / Mannitol RRT RH RRT RH
 Sedation RRT RH
 Muscle Relaxant RRT RH

Detailed Notes:

Others

Nasio / Orogastric Tube RRT RH RRT RH
 Urinary Catheter RRT RH RRT RH
 Blood Products RRT RH
 Neonatal Cooling RRT RH

Detailed Notes:

Discussed with RRT Consultant: Yes No

Consultant Name:

Comments:

Monitoring During Transport by Doctor (Hourly)

Time	Temp	HR	RR	SpO ₂	BP	CRT	ETCo ₂	PUPIL	AVPU
6:10pm	36.8°C	146	58	96%		<3sec		B/L Reacting @	
6:30pm		139	54	95%		<3sec		B/L Reacting @	

GENERAL CONSENT FOR TREATMENT

Patient Name: **Baby Of DIVYA SHARMA** Age : **0 Y 0 M 0 D 18 H**
 IP No: **IP26-00006658** Sex: **Female**
 Consultant: **Dr. SPANDANA PASUPULETI** Ward/Bed No: **4F -NICU 1/NICU1-401**

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

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

(Receivers Signature: *[Signature]*)

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

Signature of Patient/Relative:

Name: **B. AKSHAY SHARMA**

Patient Address:

Jamia Osmania Hyderabad Telangana
INDIA 500061

Relationship: **FATHER**

Date: **26-06-2026**

Time: **19:18**

Witness Name:

Witness Signature:

Analysis time: 2026-06-27 00:25:24
Sample type: Arterial

Blood gas		
pH	7.35	7.35-7.45
pCO ₂	24.0 mmHg	32.0-45.0
pO ₂	47 mmHg	83-108
Hematocrit		
Hct	58 %	45-55
Electrolyte / metabolite		
cK ⁺	5.02 mmol/l	3.50-4.50
cNa ⁺	134 mmol/l	135-145
cCa ²⁺	1.15 mmol/l	1.15-1.50
cCl ⁻	106 mmol/l	98-106
cLac	5.4 mmol/l	0-3.16
Derived		
cH ₂ O	44.9 mmol/l	-
cHb _c	18.9 g/dl	-
cHCO ₃ (P) _c	13.2 mmol/l	20.0-24.0
cHCO ₃ (P) _{stc}	16.0 mmol/l	20.0-24.0
cBase(B) _c	10.8 mmol/l	2.0-4.0
cBase(B) _{stc}	12.5 mmol/l	-
cBase(B)ox _c	11.4 mmol/l	-
cBase(B)ox _{stc}	12.4 mmol/l	-
cCa ²⁺ (I & O) _c	1.12 mmol/l	-
cCO ₂ (B) _c	31.3 mmol/l	-
cCO ₂ (B) _{stc}	33.9 mmol/l	-
Anion Gap _c	75.2 mmol/l	10.0-14.0
Anion Gap(K ⁺) _c	20.3 mmol/l	14.0-18.0
pO ₂ (A) _c	112 mmHg	-
pO ₂ (A-a) _c	65 mmHg	-
pO ₂ (a)(A) _c	42.0 %	-
pO ₂ (a)(A) _{stc}	224 mmHg	-
sO ₂ _{stc}	81.9 %	-
tO ₂ _{stc}	9.6 mmol/l	-
R _{te}	181 %	-

Notations
 ↓1010 Below reportable range
 ↑1023 Above reportable range
 ↓1039 Below reference range
 ▲1000 Above reference range

Patient / sample information
 First name: B/o Divya Sharma
 IO₂(I) 21 %
 Baro 710 mmHg

Operator ANONYMOUS
 Analyzer serial no.: 407422
 SC lot 411009
 SC serial no.: 5169354
 SP lot 603125
 SP serial no.: 603125010
 Sample no.: 6897
 Sequence no.: 80617
 Software version 1.5.0
 Printed 2026-06-27 00:25:24

HFOV
 FiO₂ - 21 %
 PEEP - 9
 MAP - 13
 Amp - 26
 CRBS - 193 mg/dl

not done

Analysis time: 2026-06-26 20:49:36
Sample type: Arterial

Blood gas		
pH	7.36	7.35-7.45
pCO ₂	27.7 mmHg	32.0-45.0
pO ₂	70 mmHg	83-108
Hematocrit		
Hct	42 %	45-55
Electrolyte / metabolite		
cK ⁺	4.52 mmol/l	3.50-4.50
cNa ⁺	137 mmol/l	135-145
cCa ²⁺	1.17 mmol/l	1.15-1.50
cCl ⁻	105 mmol/l	98-106
cLac	2.7 mmol/l	0-3.16
Derived		
cH ₂ O	45.6 mmol/l	-
cHb _c	13.6 g/dl	-
cHCO ₃ (P) _c	20.1 mmol/l	20.0-24.0
cHCO ₃ (P) _{stc}	20.7 mmol/l	20.0-24.0
cBase(B) _c	5.2 mmol/l	2.0-4.0
cBase(B) _{stc}	5.7 mmol/l	-
cBase(B)ox _c	5.4 mmol/l	-
cBase(B)ox _{stc}	5.8 mmol/l	-
cCa ²⁺ (I & O) _c	1.11 mmol/l	-
cCO ₂ (B) _c	30.2 mmol/l	-
cCO ₂ (B) _{stc}	31.2 mmol/l	-
Anion Gap _c	33.5 mmol/l	10.0-14.0
Anion Gap(K ⁺) _c	16.0 mmol/l	14.0-18.0
pO ₂ (A) _c	97 mmHg	-
pO ₂ (A-a) _c	28 mmHg	-
pO ₂ (a)(A) _c	71.6 %	-
pO ₂ (a)(A) _{stc}	332 mmHg	-
sO ₂ _{stc}	92.8 %	-
tO ₂ _{stc}	7.9 mmol/l	-
R _{te}	40 %	-

Notations
 ↓1010 Below reportable range
 ↑1023 Above reportable range
 ↓1039 Below reference range
 ▲1000 Above reference range

Patient / sample information
 First name: B/o Divya Sharma
 Department: ICU
 IO₂(I) 21 %
 Baro 710 mmHg

Operator ANONYMOUS
 Analyzer serial no.: 407422
 SC lot 411009
 SC serial no.: 5169354
 SP lot 603125
 SP serial no.: 603125010
 Sample no.: 6894
 Sequence no.: 80605
 Software version 1.5.0
 Printed 2026-06-26 20:49:36

HFO
 FiO₂ - 21
 PEEP - 8
 I:E HF - 1:2
 MAP HF - 14.0
 Amp HF - 28
 CRBS
 POCT Done

Analysis time: 2026-06-27 07:53:23
Sample type: Arterial

Blood gas		
pH	7.40	7.35-7.45
pCO ₂	28.4 mmHg	32.0-45.0
pO ₂	69 mmHg	83-108
Hematocrit		
Hct	25 %	45-55
Electrolyte / metabolite		
cK ⁺	4.56 mmol/l	3.50-4.50
cNa ⁺	136 mmol/l	135-145
cCa ²⁺	1.03 mmol/l	1.15-1.50
cCl ⁻	103 mmol/l	98-106
cLac	4.7 mmol/l	0-3.16
Derived		
cH ₂ O	40.0 mmol/l	-
cHb _c	8.0 g/dl	-
cHCO ₃ (P) _c	12.5 mmol/l	20.0-24.0
cHCO ₃ (P) _{stc}	13.0 mmol/l	20.0-24.0
cBase(B) _c	-6.3 mmol/l	2.0-4.0
cBase(B) _{stc}	-7.3 mmol/l	-
cBase(B)ox _c	-6.9 mmol/l	-
cBase(B)ox _{stc}	-7.4 mmol/l	-
cCa ²⁺ (I & O) _c	1.03 mmol/l	-
cCO ₂ (B) _c	16.0 mmol/l	-
cCO ₂ (B) _{stc}	13.4 mmol/l	-
Anion Gap _c	33.8 mmol/l	10.0-14.0
Anion Gap(K ⁺) _c	19.4 mmol/l	14.0-18.0
pO ₂ (A) _c	107 mmHg	-
pO ₂ (A-a) _c	81 mmHg	-
pO ₂ (a)(A) _c	64.3 %	-
pO ₂ (a)(A) _{stc}	328 mmHg	-
sO ₂ _{stc}	91.7 %	-
tO ₂ _{stc}	4.7 mmol/l	-
R _{te}	55 %	-

Notations
 ↓1010 Below reportable range
 ↑1023 Above reportable range
 ↓1039 Below reference range
 ▲1000 Above reference range

Patient / sample information
 First name: B/o Divya Sharma
 IO₂(I) 21 %
 Baro 710 mmHg

Operator ANONYMOUS
 Analyzer serial no.: 407422
 SC lot 411009
 SC serial no.: 5169354
 SP lot 603125
 SP serial no.: 603125010
 Sample no.: 6899
 Sequence no.: 80646
 Software version 1.5.0
 Printed 2026-06-27 07:53:23

HFO
 FiO₂ - 25
 PEEP - 10
 MAP - 13.0
 Amp - 26
 CRBS
 POCT Done

Analysis time: 2026-06-27 05:08:51
Sample type: Arterial

Blood gas		
pH	7.39	7.35-7.45
pCO ₂	28.1 mmHg	32.0-45.0
pO ₂	68 mmHg	83-108
Hematocrit		
Hct	6 %	45-55
Electrolyte / metabolite		
cK ⁺	4.31 mmol/l	3.50-4.50
cNa ⁺	135 mmol/l	135-145
cCa ²⁺	1.09 mmol/l	1.15-1.50
cCl ⁻	105 mmol/l	98-106
cLac	6.1 mmol/l	0-3.16
Derived		
cH ₂ O	41.7 mmol/l	-
cHb _c	11.4 g/dl	-
cHCO ₃ (P) _c	14.4 mmol/l	20.0-24.0
cHCO ₃ (P) _{stc}	16.6 mmol/l	20.0-24.0
cBase(B) _c	-9.4 mmol/l	2.0-4.0
cBase(B) _{stc}	-10.6 mmol/l	-
cBase(B)ox _c	-9.9 mmol/l	-
cBase(B)ox _{stc}	-10.8 mmol/l	-
cCa ²⁺ (I & O) _c	1.08 mmol/l	-
cCO ₂ (B) _c	11.1 mmol/l	-
cCO ₂ (B) _{stc}	15.1 mmol/l	-
Anion Gap _c	35.5 mmol/l	10.0-14.0
Anion Gap(K ⁺) _c	19.9 mmol/l	14.0-18.0
pO ₂ (A) _c	112 mmHg	-
pO ₂ (A-a) _c	64 mmHg	-
pO ₂ (a)(A) _c	42.6 %	-
pO ₂ (a)(A) _{stc}	227 mmHg	-
sO ₂ _{stc}	83.8 %	-
tO ₂ _{stc}	6.0 mmol/l	-
R _{te}	115 %	-

Notations
 ↓1010 Below reportable range
 ↑1023 Above reportable range
 ↓1039 Below reference range
 ▲1000 Above reference range

Patient / sample information
 First name: B/o Divya Sharma
 IO₂(I) 21 %
 Baro 710 mmHg

Operator ANONYMOUS
 Analyzer serial no.: 407422
 SC lot 411009
 SC serial no.: 5169354
 SP lot 603125
 SP serial no.: 603125010
 Sample no.: 6898
 Sequence no.: 80628
 Software version 1.5.0
 Printed 2026-06-27 05:08:51

HFOV
 FiO₂ - 21 %
 PEEP - 10
 MAP - 12.0
 Amp - 26
 CRBS - 139 mg/dl

POCT Done