BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 0 D 3 H (F)
Dr. NALINIKANTA PANIGRAHY

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(1)

ACTIVITY RECORD FOR BILLING

Name : Blo Pendyala lakshmi

UHID No. : 656316 IP No : 173845 Consultant: Dr. NK Dept : NICU

Date of Admission: 14/5/26 Time : 11:05 Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	K. V prasad	4/06/2026	09642758.	Pooja. K.
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
14/5/26	CBP, DT/DDT, Bloodgroup	26049134	
	Blood Culture	26049134	
	RBS, VBG	26049133	
15/5/26	~~RBS~~		
	~~S-E~~ VBG GRBS	26049224	
15/5/26	NPI VBG. RBS	26049453	
16/05/26	RBS, VBG (6am)	26049645	
16/5/26	RBS, VBG (6PM)	26049813	
17/5/26	VBG. RBS	26049908	
18/5/26	SBR, VBG., RBS		
18/5/26	SBR, SE, CRP, RBS,		
19/5/26			
21/5/26	CBP, TFT, SBR	26051756	
22/5/26	~~SBR~~		
23/5/26	RBS	26052804	
27/5/26	RBS		
27/5/26	RBS	26053748	
29/5/26	GRBS	26054491	
30/5/26	VBG GRBS		
1/6/26	RBS, NPI	26055437 26055436	
2/6/26	RBS	26056147	
3/6/26	RBS	26056146	
4/6/26	RBS	26056476	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
14/5/26	Inv. Monitor	14/5/26 @9pm		9609076	
	CPAP	14/5/26 @9pm		"	
	Oxygen	14/5/26 @9pm		"	
	Syringe pump ①	14/5/26 @10pm		"	
15/5/26	S.S.P.T	15/5/26 @9:AM			
16/5/26	Inv. monitor	14/5/26 @9pm			
	CPAP	14/5/26 @9pm		9609076	
	Oxygen				
	Syringe pump-①				
	SSPT	15/5/26 @9AM	16/5/26 @9AM	9607196	
17/5/26	Inv. monitor	14/5/26 @9PM		9609076	
	HFNC		16/5/26 @1PM	9611413	
	oxygen	14/5/26 @9PM		9607196	
	syring pump ①	14/5/26 @9PM			
27/5/26	Inv. monitor				
1/6/26	Inv. monitor	14/5/26 9Pm		9609076	
2/6/26	Inv. monitor				
3/6/26	Inv. monitor				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
4/6/26	ROP Screening	(1)	9642757	MDOPR.IC.

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	Seen by Dr. Nilesh	
29/5/26 17:30PM	taking A 80 slow paladay	Plan ① set temp 30.7 °C ② put cap
	Dr. Abhiyan	Noted by Neha 019683 30/05/26

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30/05/26.

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: 16 PMA: 34+6

Term ☐ Preterm ☑ Gestation: 32+4 Corrected Gestational Age: ..... Today's Weight: 1.258 (29 gm) (wt gain)

Overview

Problems

S.No.	Current	Past Problems
1.	Moderate preterm/VLBW (1.3kg)	RDS → CPAP → HFNC →
2.		Low blow → RA
3.		feed intolerance
4.		NNJ
5.		
6.		

Clinical Assessment

Took 2 pallada feeds slowly over 30-35 minutes
on room air
No Delat / No Brady / No Apnea.
SpO2 - 98% , BP - 71/36 (47)
HR - 159/min , RR - 46/min
U/o - 3.2cc/kg/hr
Stool - (4)
PA - No distension
Soft

Medications Used

Syp. Ossopan-D
HMF Sachet
Conc - 4½ H
OMS (6).

Plan of Care: 1) TV - 180 ml/kg/day → 20ml @ EBM+HMF
2 pallada → Regular feeds → Review → Pallada feeds.
2 - Xray for 6-8 hours
3. ROP next week
4. Monitor Vitals 5. OMS, PNS Continue -

Doctor's Name (Hand over given): N. Pratiksha
Signature: N. P
Date & Time: 30/05/26, 8am.

Doctor's Name (Hand over taken): Dr. Ramya
Signature:
Date & Time: 30/5/26, 9am

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 11 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26	Morning Rounds	
	16 DOL / 38+4 → 34+6 / 1.3kg → 1.258kg (-29gm)	
		Plans:
	On roomair.	• Continue TV = 180ml/kg/day
	2 paladai feeds = 30-35 min	20ml (EBM + HMF) q24
	No bradycardia, apnea.	(1HMF + 15ml EBM give 20ml & rest
		• use for next feed) → 2 paladai + 100Cfee
	HR = 179/min	• Continue KMC 6-8hrs, OMS, NNS
	RR = 28/min	• ROP - Next week
	SpO_2 = 98% on RA	• Monitor vitals.
	BP = 70/43 (54) mmHg.	• Inform sos.
		Dr Ramya
30/5/26 11 am.		seen by Dr. Nalinikanta sir
	1).	2 Paladai feeds today rest OG feeds
	2)	KMC, OMS, NNS Continue
	3).	GRBS-OD.
	Dr. NALINIKANTA PANIGRAHY Reg. No: 1SMC/FMR/03605 30/5/26 11.25 am	Dr. N. Panigrahy N. Panigrahy
	Noted by Dr (01503) 30/5/26 @ 11:15 am	

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 12 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Afternoon Rounds	
30/5/26 2:30pm	On room air	Plan:
	NO vomitings, duret, bredy	• Continue TV = 180 ml/kg/day, 20 ml/2H, (EBM + HMF)
	KMC - 2hrs.	(1 HMF + 25 ml EBM give 20 ml & rest use in next feed)
	NNS - 1 time	• Continue KMC 6-8 hrs, OMS, NNS
	OMS - 1 time	• ROP & Next week
	Paleda feeds = 20 min & 1 outs (+)	• GRBS - OD
	HR = 170/min.	• I/O checking 2H
	RR = 60/min	Noted by Diff 017039 30/5/26 @ 2:35pm
	SpO_2 = 98% on RA	Dr. Ramya
	BP = 67/38(48) mm Hg.	
	Seen by Dr. [illegible]	

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 16 D (F)
Dr. NALINIKANTA PANIGRAHY

31/05/26.

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: 17 PMA: 35

Term ☐ Preterm ☐ Gestation: 32+4 Corrected Gestational Age: ..... Today's Weight: 1315 gm

Overview

Problems (57 gm wt gain)

S.No.	Current	Past Problems
1.	Moderate Preterm / VLBW (1.3 kg)	RDS → CPAP → HFNC →
2.		low flow.
3.		feed intolerance
4.		NNJ
5.		
6.		

Clinical Assessment

on room air
Took 2 Pediasure Feeds + Rest on feeds (all EBM)
SpO_2 - 95-1.
HR - 174/min
RR - 47/min; BP - 60/37 (47)

GRBS - 74 mg/dl.
OMS - 3 times.
KMC - 4 hours.
Stool - (8)
U/o - 3.3 cc/kg/hr
P/A - Non distended, soft

Medications Used

Syp. Ossopan-D
HMF sachet

Plan of Care: 1) TV - 180 ml/kg/day - Review 4 Pediasure Rest on feeds
2) KMC 6-8 hours
OMS. NVI continue
3. ROP on Thursday (04/06/26)
4. Monitor Vitals
5. GRBS OD

20ml - Diarrhea
(Mix 1 HMF + 25 ml EBM) Give - 20 ml from it, rest store)

Targets
SpO_2 & FiO_2 21 - 90-100%.
GRBS - 60-160 mg/dl.
U/o 1-5 ml/kg/hr

Doctor's Name (Hand over given): N. Pradhan
Signature: N. Pradhan
Date & Time: 31/05/26, 9:10 am.

Doctor's Name (Hand over taken): R
Signature: Rupinli
Date & Time: 31/05/26 9:20 am

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Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 16 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/05/26 12.20PM		Plan 1) 3 paladai feeds today 2) Prone nursing 3) NP2 Thn
	Dr. NALINIKANTA PANIGRAHY Reg. No: TSMC/FMR/036055 31.5.26	noted Dr. Aiswarya 31/5/26 @ 12.20PM
31/05/26 9:00am	Night record	
	- accepted 3 paladai feeds slowly (25 to 30min)	Plan: - 3 paladai + Rest OG feeds. - NP2 to send Thn.
		Noted by: Sonu @ 10PM 31/5

Docu. No. : RCHBH/FRM / CLINICAL / 088 (26)

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Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 16 D (F)
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: 18 **PMA:** 35+1

Term ☐ **Preterm** ☐ Gestation: 32+4 Corrected Gestational Age: ..... Today's Weight: 1.321-(16 gms)

Overview

Problems weeks → (14+4)

S.No.	Current	Past Problems
1.	Mode Preterm / VLBW	RDS → CPAP → HFNC → Low flow
2.		feed intolerance
3.		NNJ
4.		
5.		
6.		

Clinical Assessment

on Room air, maintaing sats
Took 3 Paladay yesterday

HR-158/m
RR-49/m
SPO2-98%
BP-58/32/40

UHBS → 99mg/dL

Medications Used

tmx.
ossopan D.

Plan of Care: → TV-180 ml/kg/day →, R/N for 4 → Paladay feeds
→ bmc → 6 hrs.
→ RoP → Thursday.
→ GMRS OD.
→ OMS, NNS continue
→ NPS trace
→ Prone nursing
Target SPO2 90-100%
U.O → 1 ml/kg/hr
UHBS → 60-100 mg%

Doctor's Name (Hand over given): Gauri
Signature: gg
Date & Time: 7/6/26

Doctor's Name (Hand over taken): Y. Sneha
Signature: Sneha
Date & Time: 1/6/26 @ 9 am.

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 14 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 @ 9.20am		Seen by Dr. Nalinikanth
		1) Try Hpaladay today feeds
		2) TV = 180ml/kg/day
		3) Nutritional Calculations
		4) KMC, NNS, OMS } to Continue
	Dr. NALINIKANTA PANIGRAHY Reg. No: TSMC/FMR/03605 1/6/26	
	noted By Dr Swapna 1/6/26 @ 10AM	

Docu. No. : RCHBH/FRM / CLINICAL / 088 (26)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26	**Nutritional Calculation**	
	Maximum weight: 1.32 kg	
	Total volume = 180 cc/kg/day → 20 ml 2 hr → 240 ml	
	Hmf → ~~96 feeds~~ 10 sachet	
	Calorie / protein / calcium / phosphate / iron / vit D_3	
	EBM ~~88.4~~	
(67/1.1/35/15/0.2)	160.8 / 2.64 / 84 / 36 / 0.48 / 0	
	Hmf 33.7 / 2.7 / 158 / 79 / 3 / 1320	
(3.37/0.27/15.8/7.9 0.3/132)		
Supran-D	200 / 88 / 320	
	194.5 / 5.34 / 442 / 203 / 3.48 / 1640	
per kg	147.3 / 4 / 334.8 / 153.8 / 2.63 / 1242.4	
	Ca^{+2}; PO_4^{-2} = 2.17	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 4pm	c/s/e Resident (Dr. venkat)	
	DOL-18 / 35+1 / moderate pr / VLBW	Postnasal → RDS s/p CPAP → HFNC (-) low flow → NNJ → feed intolerance
	• Baby on Room air • Accepted and tolerated 4 paladi feeds well No vomiting / no abdominal distension No RD / no desaturation SpO_2: 99% @RA PR: 141/min RR: 37/min. S_1S_2 ⊕ BAE ⊕ P/A: soft [Each paladi feed 15-20mins]	Plan 1) TV = 180 cc/kg/day 20ml Q3H with 1Hmf in 25ml then give 20ml; 5ml next feed 2) Kmc OMS } to continue NNS 3) W/f Vomiting, Desaturation 4) Rop on Thursday 4/6/26 5) GRBS → OD
	Noted by Aiswarya 1/6/26 4pm	Dr. venkat

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Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 14 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26	B/O Lakshmi	
	→ After 48hrs, out of saline	
	→ No oxygen support	
	→ SPM → Stop SSBA	
	→ PMC to be started after 1 hr of Feed	
	→ Once full feed → fortified	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/25 @ 12pm	B/o laxmi Mounica -	By Dr. Nalinth
	① Baby is on CPAP	PEEP 6→5.
	② we are increasing	feeds. Donor/mothe
	③ By 24 hrs Night →	we will do NP.
	④ NSG will don Day 3	
	⑤ Cardiac - Vitals Normal	if required
	we will do 2Decho.	
	⑥ electrolytes Normal	
	⑦ mother milk is quality rich.	
	Sneha resident	(Father)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26	B/o mamma	
	→ on HFNC 4lt/min	
	→ Breast reducing steadily but distinct tolerance, ↑ HFNC to 4 lt/min	
	→ on RSPT	
	→ we will try to reduce HFNC	
	→ RBS Grs (W)	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	B/o mamata	
	→ on RA/c → [illegible]	
	→ taking feeds → [illegible]	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26	B/o Mounica	By Dr. NK
	• We are on Room air - Stopped oxygen.	
	• OG feedings are Continuing.	
	• increasing feeds 1ml 6th hrly	
	• We will Start KMC. Can Continue upto 8hrs.	
	• Even father Can give KMC.	
	Sneha	(father)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

-00656316 IP5-00173845
aby Of PENDYALA LAKSHMI
4-05-2026 0 Y 0 M 10 D (F)
Dr. NALINIKANTA PANIGRAHY

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: .... Day of Life: 10 PMA: 34

Term ☐ Preterm ☑ Gestation: 32+4 Corrected Gestational Age: .... Today's Weight: 1.130 34 gm ↑

Overview

Problems		
S.No.	**Current**	**Past Problems**
1.	Moderate preterm / VLBW (1.3 kg)	
2.	REDF / FGR	
3.	RDS → CPAP → HFNC → Low flow →	
4.	RA.	
5.	NNJ	
6.		

Clinical Assessment

On room air.
No Brady / Desat / Apnea / vomiting.
SpO2 - 94%
HR 157/min
RR - 46/min BP - 73/61 (68)

U/o - 3 cc/kg/hr.
Stool - (?)
KMC - 3 hours.
On full EBM

Medications Used

Oral caffeine
HMF sachet

Plan of Care: 1. Cling wrap.
2. TU - 170 ml/kg/day - 18 ml @ 2H 1 HMF + 25 ml milk EBM / ~~...~~ + milk ± 7 ml fresh preparation, direct feed
Give 18 ml in one feed → Rest in fridge → Do not warm (all feeds)
3. Continue KMC
4. I/O charting
Review caffeine.
5. Monitor vitals.

Doctor's Name (Hand over given): N. Sravanthi
Signature: N.S.
Date & Time: 24/5/26, 10:20 am

Doctor's Name (Hand over taken): Faiz
Signature: [signature]
Date & Time: 24/5/26 @ 10:30 am

[initials] 24/5/26

Docu. No.: RCHBH/FRM/ CLINICAL / 290 (26)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 5PM	Afternoon Rounds	
	on RA, maintaining sats	Plan
	PA → soft, tolerating feeds	→ TF - 170 ml/kg/day OG
	HR - 152/min	
	RR - 49/min	→ GRBS OD
	SpO_2 98%	
		→ Emesis 6-8 hrs
	O.O →	
	GRBS →	→ I/O chart, obs, monitor vitals
		Noted by Alphonsa 24/5/26
25/5/26 12:20 am		Seen by Dr. Nilesh
	No Vomiting	→ Continue full OG feed 18 ml + ½ HMF
		Noted by Sona 25/5/26 @ 12:20 Am

Docu. No. : RCHBH/FRM / CLINICAL / 088 (26)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Morning Rounds	
25/5/26 9:30am.	11 days / 32+4 → 34+1 wks / ~~AGS~~.	
	T.Wt = 1.134 kg (↑ 4 gms)	
	weekly wt gain 28 gms.	Plan:
	Moderate preterm / VLBW (1.3kg)	• Continue TV = 170 ml/kg/day,
	RED RF / FGR	18 ml / 2H ; OG feeds (EBM only)
	RDS → CPAP → HFNC → LowFlow →	RA (25 ml milk + 1 HMF → give 8 ml &
	NNJ.	keep the 7 ml in fridge for next feed)
	Intermittent Hypotension (+).	• GRBS - OD
	On room air.	• Cling wrap.
	NO bradycardia / apnea.	• Continue KMC 6-8 hrs.
	NO vomitings	• I/O Charting 6H
	HR = 151/min U/O = 2.6 ml/kg/hr	• Monitor vitals
	RR = 40/min S/O = 4 times	Noted by Alphonsa AN 25/5/26 @ 10am
	SpO_2 = 97% on RA RBS - 72 mg/dl	
	BP = 80/52 (62) mm Hg. HC = 27	Dr Ramya
	LC = 37	
	Medications → Caffeine	
	HMF.	Seen by Dr. Nalinikanta
	KMC - 2½ Hours.	
25/5/26 10:14 am.	Dr. NALINIKANTA PANIGRAHY Reg. No: TSMC/FMR/03605	- 18 ml 2H Continue.
	Noted by Alphonsa AN 25/5/26 @ 10.30am	(Dr. No. Panigrahy)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Nutritional Calculations	
25/5/26	B.Wt = 1.3 kg.	
	T.Wt = 1.134 kg	
	TV = 170 ml/kg/day (221 ml) + 9 sachets HMF.	
	Calories Ptn Ca PO4 Iron Vit D3	
EBM	147.4 2.42 77 33 0.44 -	
67 / 1.1 / 85		
15 / 0.2 / -		
HMF	30.3 2.43 142.2 71.1 2.7 1188	
3.37 / 0.27 / 15.8		
7.9 / 0.3 / 132		
Total	177.7 4.85 219.2 104.1 3.14 1188	
Reqd	136.6. 3.73 168.6 80 2.4 913.8	

Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 5 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 3pm.	Afternoon Rounds	
	On room air.	Plan:
	No bredy, dusct, apnea.	• Continue TV = 170 ml/kg/day. 18 ml Q2H, OG feeds (EBM only) (25 ml milk + 1 HMF → give 18 ml & keep the 7 ml in fridge for next use)
	No vomitys episodes.	
	KMC = 3:30 hrs.	
	HR = 156/min	• GRBS - OD
	RR = 34/min	• Chest wrap.
	SPO_2 = 94% on RA	• Continue KMC 6 hrs
	BP - 76/39 (52) mm Hg.	• I/O charting Q6H
		• Monitor vitals.
		• Document KMC hrs.
		Noted b/o 1 hours 0 2854 @ 3:30pm 25/5/26. • Dr. Ramya

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 10 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 0 D 3 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 2:45 AM	Night Rounds	
		Seen by Dr. Nilesh sir
	CPAP – 6, FiO_2 =	Plan:-
	Gas → 7.28 / pH / PCO_2 - 50.5 / Lactate = 2.6 / P_{aO_2} / BE^- - 2.5 / HCO3 - 19.3	• Continue CPAP – 6, FiO_2 = 26%.
		• Gas – BD
	Lung USG → 8 Score	
	RBS = 51 mg/dl	• RBS – 6th hrly
		• TV = 60 ml/kg/day [DBM / EBM] OG feeds 2 ml/@ 2H
	2NR – 1.8	
		• Cling wrap.
		•
		Dr Nilesh
13/5/26 2:45 AM	•	• If FiO_2 requirement ↑ 30% than consider – Surfactant administration (Inform doctor)
		Dr Ramya

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 0 D 3 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Baby Of PENDYALA LAKSHMI
14-05-2026 0Y0M0D4H (F)
Dr. NALINIKANTA PANIGRAHY

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 12 & 13 ..... **PMA:** 32+4 .....

Term ☐ **Preterm** ☑ Gestation : 32+4 ..... Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	(32+4) Moderate preterm	
2.	VLBW (1300 gm) / RAEDF	
3.	FURRDS - CPAP	
4.		
5.		
6.		

Today's Weight : 1.31 kg.

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP..... PEEP 6 VG..... Rate..... FiO_2 21% Oxygen : 2 L/min

Last CXR : ..... SpO_2 .....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: .....

Change over the Last 24 Hours.....

No Desaturation / No Brady / No Apnea

CARDIO VASCULAR SYSTEM

Plan of Care :

SpO_2 - 96%
HR - 116/min
RR - 33/min
BP - 56/45 (49)

CNS

Neurological Examination : .....

Sedation —

Last Neurosonogram : ..... Any Seizures —

FLUIDS STATUS NUTRITION

☐ NPO ☑ ~~NG~~ OG Feeds Wt. Gain:..... Head Circumference:.....

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :..... ml/kg/hr Stools : passed.

IV Fluids - Type of IVF : 10% Dextrose @ 2.2 ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☑ Volume: 2ml Frequency: 2 Hourly

TPN : ☐ Yes ☐ No - If yes, details : .....Calories:.....

Abdominal Examination:.....

Soft, No distension.

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☑ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.		
2.		
3.		

Plan of Treatment :

1. Continue CPAP PEEP-6, (FiO_2-21%) Target SpO_2 ~22% (90-95%)
2. TV-~~60~~ 80 ml/kg/day (EBM/DBM)
   - 2 ml @ 2H OG feeds ↑
   - Remaining 10% Dextrose + 3 ml/kg Calcium gluconate
3. Ring weap.
4. RBS @ 6th hourly
5. Gas - BD.
6. If FiO_2 requirement is > 30% consider surfactant-adum.
7. IVO charting @ 6th hourly & Trace Blood Lab report
8. Monitor vitals

Doctor's Name (Handover given) : N. Pradhisu

Signature : N.Pra

Date & Time: 15/5/26. 7AM.

Doctor's Name (Handover taken) : Y. Sneha

Signature : Sneha

Date & Time: 15/5/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/2025 @10:30 am	Morning Rounds	
	HOL = 14 | mod-PT (32+4 wks) 1.3kg (VLBW) | LSCS | IUGR	
	Antenatal - IVF | REDF cerb redis Breech	
	⊙ Preeclampsia. ⊙ Hypothyroidism	1) Recheck Babytemp ↓ 36.2
	CTAB - Apgar - 6, 8. ↓ DR-CPAP → CPAP - NICU	2) TV = 60ml/kg/day ↓ 10% D 3ml/kg Ca.gluc → 2ml 2nd hrly (19ml/kg) (DBM).
	Currently CPAP with mask PEEP - 5, FiO_2 - 21%.	
	Babytemp = 36.2	3) Cont SSPT for 24hrs
	Cord gas: 7.28 | 50.5 | PCO_2 | 19.3 | -2.5 lac = 2.6 ↓	4) Trace Blood group.
		5) I/O mon
	last Blood gas 7.33 | 34.4 | 84.5 | -6.9 lac - 3.0.	
	CBP = 15.5 | 4,730 | 2.58 (58.1%)	Sneha
	Tc-Bil = 4.7	
	GRBS = 85mg/dl.	
	Stool passed U/O = 2.5ml/kg/hr +1.8ml	

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 0 D 3 H (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 @ 11:nam.		Seen by Dr. Nalinikanta 1) Attach micro ecg lead 2) change BP cuff to upper limb. 3) Target BP to documen 4) ↑ TV = 80ml/kg/day 40ml/kg feeds Rest fluids 10% D + 3ml/kg 4.5ml 2nd hrly (GBM/DBM) 5) NPO at 24HOL 6) GRBS - 6th hrly. 7) CBG - BD. 8) SSPT for 24hours. 9) NSG on Day 3. 10) Trace - B/C/S. 11) DO NOT PRICK ARTERY/Sneha ON LEG.

Dr. NALINIKANTA PANIGRAHY
Reg. No: TSMC/FAMR/03605
15/5/26
11.22AM

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0Y0M0D3H (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 @ 1:15pm	Afternoon Rounds	
	⊙ Baby on CPAP PEEP-5 flow - 5L/min FiO_2 - 21%. ↓ NO Bradycardial desaluration NO Respiratory distress ↓ vitals: HR = 122/min. RR = 40/min SpO_2 = 95%. BP = 63/42(48)	1) Cont. CPAP PEEP-5 target SpO_2 >90% (90-100% if FiO_2 at 21%. clean Condensation in mask & tubings if FiO_2 >21%. Target SpO_2 90-95%. Target MBP: 34-39mmHg
	Stool passed P/A - Soft NO aspirate. ⊙ U/O = 1.9cc/kg/hr	2) TV = 80mb/kg/day feeds 4.5mb 2nd hrly 40mb/kg 10%.D+3mb/kg Ca.gluconal Inform if MBP >50, SBP >69.
		3) CBG - BD RBS - 6th hrly DONOT PRICK ARTERIES
		4) NP1 at 24 HOL.
		5) SSPT for 24 HOURS
		6) NSG on Day 3
		7) Ilochaining 6th hrly
		8) c/f - TRD, feeding, abd. distension, desaluration
	Handover given Dr. Sneha	Handover taken

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Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 0 D 3 H (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 @1:20pm	BP centiles	
	5th 25th 50th 95th	
SBP	37 45 52 69	
DBP	24 29 83 41	
MBP	28 34 39 50	
		Inform if SBP >69 mmHg MBP >50 mmHg
	Seen by Resident	
15/5/26 5PM	HOL → 20h - Baby on CPAP @ 5cm peep, FiO_2 requirement not more than 21%.	Adv - Continue CPAP @ 5cm FiO_2 to ta target SpO_2 - 90-95%. - (Target SpO_2 90-100% if FiO_2 @ 21%. 90-95% if fiO_2 >22%)
	SAS Score	
	Nasal flare = Not seen - Upper chest = 0 Lower chest = (1) Xiphoid = 0 grunts = 0 ⇒ (1)	TU - 80 cc/kg/day 100cc/kg/day 40cc/kg/day ↓ 10% D - 4.5ml 2hourly (EBM/DBM) - GRBS 6th hourly prefw - CBG - BD
	P/A = Soft, Tolerating feeds.	- NP. @ 8:30pm today - NSG @ 3rd day

BAH-00656316
Baby Of PENDYALA LAKSHMI
14-05-2026
Dr. NALINIKANTA PANIGRAHY
IP5-00173845
0 Y 0 M 0 D 3 H
(F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- Do not prick Artery on leg.
	- Humidified temp = 36.9	
		- I/O 6th hourly.
	- No brady, apnea, desat episodes.	- N/F apnea, brady desat
	Current vitals	
	HR = 126	
	SpO_2 = 94%	
	RR = 43/min	
	BP = 60/33 (43)	
		Handover taken Syed.
15/5/26		Seen by Dr. Nalinikanth
6:50pm		Plan:-
		Continue CPAP:, PEEP-5
		- ↑ TV to 100 ml/kg after 24 hours. [TTM]
		60 ml/kg feeds + fluids
		40 ml/kg fluids + feeds.

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Baby Of PENDYALA LAKSHMI
14-05-2026 0Y0M0D3H (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- NPO @ 24 HOL @ 8:30pm. Accepted by Saumi @ 8pm 15/05/26
15/5/26 10:00pm	- Baby on CPAP – 5 cm PEEP FiO requirement not more than 21%. SAS score • Nasal flaring = none - 0 • Upper chest = 0 • Lower chest = 1 • Xyphoid = 0 • Grunts = 0 Score = 1 - GRBS = 85 mg/dl Blood gas (VBG) = 7.37 33.8 84 5.2 20.6	Adv - Continue CPAP @ 5 - TV – 80 cc/kg/day 40 cc/kg/day 40 cc/kg/day ↓ ↓ 1.5 ml feeds fluid 2 hourly - GRBS - pre feed 6th hourly - CBG – BD - NSG – 3rd day - DO not prick Artery on left - I/O 6th hourly Noted by Shivani's (15/5/26 @ 10 PM) Resident

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0Y0M0D3H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26	Weight N	Soon by dr SARAT
		— To continue same.
	on CPAP @5	
		Pranaj M

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Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 0 D 3 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 2 D (F)
Dr. NALINIKANTA PANIGRAHY

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 36 HOL **PMA:** 32+6

Term ☐ **Preterm** ☐ Gestation : 32+4 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Moderate PT / VLBW (1.3kg)	
2.	REDF / FGR → Fetal Scan.	
3.	RDS → CPAP	
4.	NNJ → Phototherapy.	
5.		
6.		

Today's Weight : 1.29 kg (↓ 20gms)

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... FiO_2..... Oxygen : ..... L/min

Last CXR : ..... SpO_2: .....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: .....

Change over the Last 24 Hours..... on CPAP PEEP = 5, FiO_2 = 21%.

..... No - Brady, desat, apnea .....

CARDIO VASCULAR SYSTEM

Plan of Care : HR - 148/min
RR = 30/min
SPO_2 = 97% on PEEP = 5, FiO_2 = 21%
UO = 2.4ml/kg/hr
SO = 7 times
RBS - 85mg/dl.

1 small vomiting (+)

Last Gas on today @ 7am. pH = 7.402
PCO_2 = 30.9
Lact = 3.3
BE = -5.1
HCO_3 = 20.9

CNS

Neurological Examination : .....

..... C.T.A fair Sedation ..... No

Last Neurosonogram : ..... Any Seizures .....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :..... ml/kg/hr Stools : .....

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

TPN : ☐ Yes ☐ No - If yes, details : .....Calories:.....

Abdominal Examination:.....

.....

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.		
2.		
3.		

Caffine citrate injection.

Plan of Treatment :

- Continue CPAP PEEP = 4 ; FiO_2 = 21%. ; Target SPO_2 90 - ~~95~~ 100%. ; MBP - 34 - 39 mmHg.
- continue TV = 8ml/kg/day → 40ml/kg/day → 4.5ml/Q2H feeds
  → 40ml/kg/day → Fluids (10D + 3ml/kg Ca) 2.2ml/hr
- GRBS - prefeed 6th hrly.
- CBG - BD
- NSG - ~~RTV~~ → ~~today~~ (Day 3 of life)
- Dont puch artery on left side (leg)
- Continue SSP1 with eyes & genitals covered. till 9am.
- Monitor vitals
- I/O Charting Q6H
- Inform if MBP > 50 ; SBP > 69.

Doctor's Name (Handover given) : Dr. Ramya

Signature : .....

Date & Time: 16/5/26.

Doctor's Name (Handover taken) : Y. Sneha

Signature : Sneha

Date & Time: 16/5/26.

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0Y0M0D4H (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26 @9:30am	**Morning Rounds**	
	on CPAP PEEP 5 → 4.	1) ↓ PEEP - 4.
	on FiO_2 - 21%.	Target SPO_2 90-100% @ FiO_2 - 21%.
	Gas 7.40 | 30.9 | 118	Target SPO_2 90-95% if FiO_2 > 21%.
	CBG 20.9 | - 5.1. ↓	
	Morning GRBS - 85mg/dl	2) CBG - BD. GRBS - 6th hrly Prefeed.
	Urea - 42, Creat - 1.1	
	vitals HR = 120/min	3) NSG - D_3 (Monday) T/m (OR)
	SPO_2 = 96%.	
	BP = 68/46 (53) (5 readings > 95th Centile)	4) Target MBP 34-39mmHg Inform if SBP > 69 MBP > 50.
		5) I/o charting 6th hrly.
		6) c/f - Apnea Brady desat. Hypertension R/v on NSG - Today
		7) cling wrap.
		Sneha

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Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 0 D 4 H (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26 @12:3		Seen by Dr. Nalinikanta 1) Change to HFNC @ 4L/min
		2) ↑ feeds = 60cc/kg/day 5·5 → 6·5ml 2nd hrly. ↑ TV = 100cc/kg/day
		3) CBG - BD } Prefeed GRBS - BD }
		4) T/m for R/V - CBG - OD
		5) Trace - B/c/s
	Dr. NALINIKANTA PANIGRAHY Reg. No. TSMC/TMR/43605 16/5/26 12:15pm	6) NSG on monday Noted by Manager Sneha 16/5/26 @12:30pm
16/5/26 @2:30pm	Afternoon Rounds	Plan
	Baby on HFNC = 4L/min FiO_2 = 23%. Hepi of vomiting ⊕ P/A = Soft doopy Non-distended	1) Cont HFNC - 4L/min Target SPO2 90-95%. (if FiO_2 > 21%. FiO_2 @ 21% - SPO2 90-100%
		2) NSG on monday

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Vitals HR = 145/min RR = 40/min SPO2 = 96%. BP = 71/42 (52) Intermittent Hypertensive readings ⊕.	3) ~~TV~~ = 100mg/kg/day ↓ ↓ 60mg/kg/d 40mg/kg/d ↓ ↓ 6.5mg 2nd hrly 10%.D + 3mg/kg Ca. Full OG (EBM/DBM)
	NO Bradycardia No desaturation	4) CBG-BD GRBS-BD } Today
	TARGETS SPO2 ↑ if FiO2 > 21% - 90-95%, FiO2 @ 21% - 90-100%. Target MBP 34-39mmHg Inform if SBP > 69 MBP > 50mmHg Target PCO2 ~~45~~ 35-45mmHg GRBS 65-150mg/dl	5) Trace B/c/s final 48hrs report. 6) No charting 6th hrly 7) w/f - Apnea, Brady desat. 8) monitor Bilirubin in Blood gas
	B/c/s - 24hr - No growth	noted by Nurse 16/5/26 @ 2:30pm Sneha.
	Handover Given by Dr. Sneha	Handover taken by Dr. Priz

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Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 0 D 4 H (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26	NIGHT ROUNDS	
	On HFNC 4L/m	Plan
	no brady, desat	→ Continue HFNC @ 4L/min
	P/A → soft, tolerating feeds	
	2 times vomit	→ Target SpO2 90-95%
	HR - 146/m	→ TF - 100ml/kg/day
	RR - 53/min	Sml Calcium/kg,
	SpO2 - 95%	Rest 10% D + Ca2
	BP - 65/40/48	
	Intermittent HFNC (?)	→ CBG, CRP/BS } BD
		→ NSG + Monday
		→ Rall 48 hrs blood c/s
		→ monitor Bilirubin in CBG.
		(signature)
	noted by Pujitha 606562 16/5/26	

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

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 2 D (F)
Dr. NALINIKANTA PANIGRAHY

17/5/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 83 PMA: 33+1

Term ☐ **Preterm** ☐ Gestation : 32+4 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Mod RH/ VLBW	
2.	RDS R/ PHR.	
3.	RDS → CPAP → HFNC	
4.	NNJ	
5.		
6.		

Today's Weight : 1.201 ↓89 gms

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....Fio.....Oxygen : .....L/min

Last CXR : .....Spo.....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: .....

Change over the Last 24 Hours..... on HFNC → 4L/m

No desat/Brady HR - 133/m

Distended RR - 36/m

HFNC SpO2 95%

BP - 67/31/61

CARDIO VASCULAR SYSTEM

Plan of Care :

U/O = 2ml/kg/hr

S/O = 4times

RBS - 62mg/dl

CNS

Neurological Examination : .....

.....Sedation..... NO

Last Neurosonogram : .....Any Seizures..... NO

Docu. No. : RCHBH /FRM / CLINICAL / 131

(P.T.O.)

FLUIDS STATUS NUTRITION	
	☐ NPO ☐ NG Feeds Wt. Gain:.................. Head Circumference:..................
	Input : .... / (+/-) ....Output : .... ml/k/d Urine Output :.................. ml/kg/hr Stools : ....
	IV Fluids - Type of IVF : .... @ .... ml / hr
	Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:.................. Frequency:..................
	TPN : ☐ Yes ☐ No - If yes, details : ....Calories:..................
	Abdominal Examination:.................. P/A → soft → ~~[illegible]~~ vomit → 2 times

	Other Systems : *Haematology* / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

INFECTION				
	Risk of Sepsis / Suspected Sepsis / Proven Sepsis :			
	Sepsis screen:..................			
	Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :..................			
Antibiotic	Sl.No.	Drugs	Days	Inj caffeine citrate
	1.			
	2.			
	3.			

Plan of Treatment :

→ Continue HFOC → ultfmin
→ TV - 100cc/kg/day → sml orally OD, Rest 10% D(?)
→ Free blood cls (48 hrs)
→ NSG → Monday
→ GRBS → BD
→ Plw CBG OD.
→ Target MBP 35-40mmHg
PCO2 → 35-45mmHg
U/O - 1-4cc/kg/h
GRBS → 60-160mg/dl

Doctor's Name (Handover given) : Faiz

Signature : [signature]

Date & Time: 17/6/25

Doctor's Name (Handover taken) : Dr. Ramya

Signature : [signature]

Date & Time: 17/6/25

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0Y0M0D4H (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/26 @10:10am		• Seen by Dr. Nalinika ↓ HFNC by 1L/min ~~bg~~ evry 12 hrly ↑ Imb - 12th hrly Feeds ↑ TV = 120 mb/kg/day + 2g/kg Aminoven • NSG - Tomorrow CBG - OD GRBS - BD Dr. NALINIKANTA PANIGRAHY Reg. No: TSMC/FMR/50806 10:10AM Sneha
17/5/26 @ 3pm	Afternoon Rounds	Plan
	Baby on HFNC 4L→3L/min FiO2 = 21%. No Bradycardia No desaturation Small vomiting (+) Abdomen - Soft Non distended loopy (+)	1) Cont HFNC - 3L/min Target SpO2 @ FiO2 >21% 90-95%. @ FiO2 - 21% - SpO2 90-100% 2) Target MBP 34-39mmHg 3) TV = 120 mb/kg/day 5 mb 2nd hrly Rest 10/150p ↑ 1 mb 12th hrly +2g/kg Aminoven

(P.T.O)

656316 IP5-00173845
PENDYALA LAKSHMI
2026 0Y0M2D (F)
ALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Vitals - HR = 112/min SpO2 = 94%. RR = 40/min BP = 66/53 (57) ↓ Intermittent Hypertensive readings (+). Intermittent HR upto 98/min. Intermittent desaturation (+)	4) NSG - Tomorrow 5) CBG - OD GRBS - BD 6) NO charting 6th hrly 7) c/f - apnea, Bradycardia. Sneha
	Handover given by Dr. Sneha	Handover taken by.
17/6/26 11PM	seen by Dr. Pratyush. PA - distended & Loopy 1 e/o vomiting Icterus (+)	Plan: (1) 1 feed to 3ml @ (2) TO asses before next feed (3)

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

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 3 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Night Round	
18/5/26 2AM	On HFNC 3l/min	Plan
	HR - 142/min	① cont HFNC 3l/min
	RR - 42/min	② TV = 120ml/kg/day
	SpO_2 - 98%	~~8ml 2 feed~~
	No distress	↓
	P/A soft	6ml if tolerated well.
	no vomiting post that	Kept 10% 150 - P
	No further brady/desat	+ 2g/kg Aminoven
	BP ~~76~~/53 (60)	③ Recheck BP
		target MBP 34-39.
		④ I/O Q6H
		⑤ CBG OD
		GRBS BD
		[signature]
18/5/26 @ 2am	Exchange cut off - 18.8	Start DSPT
	PT cut off - 12.9.	Send SBR
18/5	SBR - 14.5	Continue DSPT
		[signature]

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00656316 IPS-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 3 D
Dr. NALINIKANTA PANIGRAHY (F)

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 4. PMA: 33+1wks

Term ☐ Preterm ☑ Gestation : 32+4wks Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Mod PT / VLBW (1.3kg)	
2.	REDF / FGR.	
3.	RDS - CPAP + HFNC.	
4.	NNJ	
5.		
6.		

Today's Weight : 1.084 (17gm w↑loss)

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... Fio2..... Oxygen : ..... L/min

Last CXR : ..... Spo2 .....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: .....

Change over the Last 24 Hours..... Baby on HFNC 3L → 4L/min
Intermittent desaturations requiring FiO2 upto 30%.
No Retractions

CARDIO VASCULAR SYSTEM

Plan of Care :

HR - 137/min.
SpO2 - 97%.
BP - 74/51 (57)
RR - 35/min

(NO RD.
SBR - 14.5 → Started DSPT.
Intermittent Hypertensive readings

CNS

Neurological Examination : .....

Sedation.....

Last Neurosonogram : ..... Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :.....2..... ml/kg/hr Stools : .....3...

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

TPN : ☐ Yes ☐ No - If yes, details : .....Calories:.....

Abdominal Examination:..... u/o -

.....

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

.....

..... 1epi of vomiting , Stools - passed

..... P/A - Soft, mild distension

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.		
2.		
3.		

Inj - Caffeine citrate

Plan of Treatment :

1) Continue HFNC - 4L/min, Target SPO_2 90-95 ↑ if FIO_2 > 21%,

2) TV: 120ml/kg/day - 6ml 2nd hrly DG feeds ↓ Rest 10% ISO-P+ 2g/kg Aminoved ↑ feeds 1ml 12th hrly

3) NSG - Today

4) CBG - OD, GRBS - BD

5) I/o charting 6th hrly

6) c/f - apnea, Brady, desaturation

7) Cont - DSPT for 24hrs

Doctor's Name (Handover given) : Y. Sneha

Signature : Sneha

Date & Time: 18/5/24

Doctor's Name (Handover taken) : N. Ramakrishna

Signature : N. Ram

Date & Time: 18/5/24.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26 @10:10 am.		Discussed with Dr. NK.
		① Ask for CRP in the same Sample NSG - Today Saliva
.	- Sample not sufficient to do CRP.	· Target SpO_2 (90-95%) Target BP MBP (34-39)
	- Small vomiting. ~2ml yellow	
18/5/26 3pm	Afternoon rounds No Desat/Brady/Apnea 4e vomitings - 2 episodes ~2ml (yellow) on 3ml OG feeds	Seen by Dr. N. Pentakota Dr. Soumya M Plan HFNC-4L Target SpO_2 (90-95% if FiO_2 21%) 1). TV - 130 ml/kg/day [3ml @ 2H OG feeds Rest 10% 150-f +2g/kg aminoves
vitals:	SpO_2 - 95%. HR - 142/min RR - 32/min BP - 72/52 (58) NSG - (N).	2) CRP next prick 3) CBG - OD 4) GRBS - BD 5) I/O charting @ 6th hourly 6) DSPT - continue till 2am (19/5/26) 7) W/F Apnea, Brady, Desat
on	HFNC - 4L, FiO_2 - 21%.	

Dr. N. Pentakota)

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 4 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Seen by Dr. Nalini Sir
18/5/26 5pm		
		Plan:
	Small vomitys + 2nd grn	
		• Send SBR @ 5pm.
		Use PT if SBR improving
		• Use HFNC to 3Lt/mins (Target SPO_2 90-95%)
		• Send CRP, S. Electrolytes, SBR } NOW @5pm.
	Dr. NALINIKANTA PANIGRAHY Reg. No: TSMC/FMR/03605	• TV = 140ml/kg/day 2gm Aminoven
		• Secure IV cannula
		• Free Bloodys report
		Dr. Ramya
18/5/26 8.20pm	Reports discussed with Dr. Nalinikanth sir	
		Advised
		• TO stop DSPT & start SSPT in the night.
		• Rest Continue same treatment
		• Dr.
		Dr Ramya

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 4 D (F)
Dr. NALINIKANTA PANIGRAHY

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OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Night Rounds	
19/5/26 12:45am		
		Plan:
	1 vomiting (+)	
	3ml feeds / Q4H	• Continue HFNC
	Stable on HFNC - 4L	
		• TV = 140ml/kg/day.
		• Continue SSPT.
		•

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 4 D (F)
Dr. NALINIKANTA PANIGRAHY

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 5 **PMA:** 33+2 .

Term ☐ **Preterm** ☑ Gestation : 32+4 . Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Mod. PT / VLBW (1.3kg)	
2.	REDF/ FGR	
3.	RDS - ~~CPAP~~ - HFNC	
4.	NNJ .	
5.	feed intolerance ?	
6.	? polycythemia Cg	

Today's Weight : 1.060 (24 gm w/ loss)

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... Fio2..... Oxygen : 1 L/min

Last CXR : ..... Spo2: .....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: 5 ml OG aspirates (green)

Change over the Last 24 Hours 3 episodes of small vomitings (light yellow)

No Desaturation / No Brady / No Apnea

PT given for 24 Hours.

CARDIO VASCULAR SYSTEM

Plan of Care :

SpO_2 - 95%.
HR - 170/min
RR - 29/min
BP - 77/50 (58)

CNS

Neurological Examination : .....

Sedation ←

Last Neurosonogram : ..... Any Seizures —

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :..... ml/kg/hr Stools : (2)

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

TPN : ☐ Yes ☐ No - If yes, details : .....Calories:.....

Abdominal Examination:.....

.....

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.		
2.		
3.		

Inj-caffeine citrate

Blood cs till now no growth 48H

Plan of Treatment :

1. Continue HFNC-4L Target SpO_2 90-95% (% FiO_2 21%)
2. IV- 140ml/kg/day [on 3ml @ 2Hourly
   Rest 10%, 15%-P + 2g/kg aminoacids
3. CBG - OD, GRBS - BD
4. NPO charting 6th hourly
5. W/F Apnea, Bradycardia, Desat, feed intolerance
   Peace Blood cs — Pt's final report
6. SSPT Continue till 8pm. today (24Hours)
   (Tcovering of eyes/genitalia)
7. NPO charting 6th hourly.

plan Hb venous PCV

Doctor's Name (Handover given) : P. Praneesh

Signature : P. Praneesh

Date & Time: 19/5/26,

Doctor's Name (Handover taken) : Y. Sneha

Signature : Sneha

Date & Time: 19/5/26

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 4 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 @ 11:30am		Seen by Dr. Nalinikanta 1) ↑ HMB 2nd hrly ↑ IMB 8th hrly feeds Rest 10% TPN + 2g/kg Aminoven 3) ↓ HFNC - 2L/min. w/f - Apnea. 4) ↑ TV = 150 ML/kg/day + 2g/kg Aminoven. 5) GRBS - BD. CBG - alternate day
	Dr. NALINIKANTA PANIGRAHY Reg. No: OSMC/FMR/03605 19/5/26 11:35 AM	Noted by colleague @ 12 PM 19/5/26
19/5/26 @ 6:30pm	Evening Rounds	
	Baby on HFNC 2L/min No Bradycardia No desaturation ongoing SBPI	
	Baby tolerating	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26		Seen by Dr. Nalinikan ↑ caffeine dose to 7.5mg/kg/dose. Sneha
19/5/26 9.00pm		Adv
	ON HFNC – 2L/min FiO2 – 21%	– continue HFNC – 2l/min
	– NO brady, desat – NO ↑ in WOB – Feeding – tolerated	– TV – 150 cc/kg/day Feeds 5ml – 2hourly Rest 10% ISO – D + aminoven 2g/kg/day
		– GRBS – BD CBG – alternate day
		Rupin.

Patient Sticker

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : (6) **PMA:** 33+3

Term ☐ **Preterm** ☐ Gestation : 32+4 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	MOD PT | VLBW	
2.	REDF | FGR	
3.	RDS - CPAP - HFNC	
4.	NNJ	
5.	? Feed intolerence	
6.	↓	

Today's Weight : 1.072 (↑ 12gm)

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... Fio2..... Oxygen : ..... L/min

Last CXR : ..... Spo2 .....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: .....

Change over the Last 24 Hours..... On HFNC - 2L/min .....

- No brady, No desat .....

- No apnea. - No Tracypne .....

- No SCR

- Bradypneas.

CARDIO VASCULAR SYSTEM

Plan of Care :

Cardiac noise stable

HR - 160
SpO_2 - 96%
RR - 30

CNS

Neurological Examination : ..... (N)

Sedation .....

Last Neurosonogram : ..... Any Seizures (N)

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :..... ml/kg/hr Stools : .....

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

TPN : ☐ Yes ☐ No - If yes, details : .....Calories:.....

Abdominal Examination:.....

U/O = 2.6 cc/kg/hr.

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

GRBS - 112

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.		
2.		
3.		

Inj caffeine @ 7.5 mg/kg/dr.

Plan of Treatment :

. Continue HFNC @ 2L/min → R/V to start low flow

. TV - 150 cc/kg/day — 6 ml - 2 hourly feeds

↑ 10% ISO - P E Aminovan 2g/kg

(↑ 1 ml - 3 hourly feeds)

- GRBS - BD
- CBG - alt day.
- N/F apnea, bradey, desat

Targets

. FiO_2 ⩽ 21% = 90-100%

. FiO_2 ⩾ 22% = 90-95%

. MBP = 34-39 mm Hg

. GRBS = 60-150

. U/O - 1-4 ml/kg/hr

Doctor's Name (Handover given) : .....

Signature : .....

Date & Time: 20/05/26.

Doctor's Name (Handover taken) : Y. Sneha

Signature : Sneha

Date & Time: 20/5/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/2026 @ 4:15am	Plan - Morning	1) Check Humidifier temperature.
	- No Bradycardia / desaturation	2) On HFNC - 2L/min
	- Intermittent - Bradypnea	3) On caffeine 7.5mg/kg
	- No vomitings	4) CBG - alt. day GRBS - BD
	Vitals HR - 160/min RR - 35/min SPO2 - 97%. BP - 77/53 (61)	5) Review for TFT in next prick
	Intermittent Hypertensive readings.	6) TV - 150mb/kg/day 6mb 2nd hrly 7mb 8th hrly
		7) Put Cap
		8) Clingwrap Sneha.
20/5/26		Seen by Dr. Nalinikanta
		1) Stop HFNC
		2) Prone Nursing
		3) Low flow O_2 - to start
		4) ↑ TV - 160mb/kg/day Cont - 2g/kg Aminoven ↑ feeds ↑ 1ml 6th hrly
	Dr. NALINIKANTA PANIGRAHY Reg. No: TSMC/FMR/03605	Sneha

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/2026 @ 1:51pm.	Afternoon Rounds	
	Baby changed to low flow oxygen. 0.1L/min	Plan 1) Taper mini low flow as tolerated
	No desaturation No Bradycardia	Target SPO_2 90-95%.
	↓	2) TF = 150 ml/kg/day
	HR = 156/min	6 = 7 ml 2nd hrly ↓ 10% IBOP +2g/kg Aminoven
	RR = 37/min	No vomitings
	SPO_2 = 95%	full OG feeds
	BP = 52/38 (43)	↑ 1 ml 6th hrly
	mild SCR (+)	3) Clingwrap put cap
	P/A - Soft sloppy.	
	No vomitings	4) Prone Nursing
	U/O = +9 ml	5) CBG - alt day GRBS - BD
		6) Flowsheeting 6th hrly.
		7) W/F - RD, desat Bradypnea Abd. dist
	Handover given by Dr. Sneha.	Sneha Handover taken

Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 5 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Seen by Dr Nalinikanta
20/5/26		Plan
3PM		→ wean oxygen as tolerated
		→ Head cap.
		Noted by G. Nayak

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 9 D (F)
Dr. NALINIKANTA PANIGRAHY

B/o Lakshmi.

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: 7 **PMA:** 33+4.

Term ☐ **Preterm** ☑ Gestation: 32+4 Corrected Gestational Age:..... Today's Weight: 1.060 (1290 gm on 10/5)

Overview

Problems

S.No.	Current	Past Problems
1.	Moderate Preterm / VLBW.	
2.	REBF / FGR.	
3.	RDS - CPAP - HFNC - Low flow - RA.	Feed intolerance.
4.	NNJ	
5.		
6.		

Clinical Assessment

on room air
No vomitings
No Desat / No vomitings / No Apnea
vitals: SpO2 - 98%, HR - 165/min, RR - 50/min
Blood gas - Hb - 8.8, Bil - 4.8.

RBS - 91 mg/dl.
Stool - (3).

Medications Used

Inj - caffeine.

W cannula - D1.

Plan of Care: 1. TV - 150 ml/kg/day @ 10 ml @ 2 Hourly TF - 16 ml
Resp @ 10-1-150-P + 2 g/kg Aminoven
↑ 2 ml @ 6th hourly.
2. Prone nursing
3. CRBS - OD
4. BP monthly 6th hourly
5. Clinical assessment of jaundice now
6. ~~Review~~ — ~~OBS~~ — ~~Stop~~. W/f Brady + Apnea

Doctor's Name (Hand over given): N. Prakash
Signature: N. Jan
Date & Time: 09/05/26

Doctor's Name (Hand over taken): .....
Signature: .....
Date & Time: .....

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 5 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 @ 10am		Seen by Dr. Nalinya 1) ↑ TV = 160 ml/kg/day ↑ 1 ml 6th hrly. 2) CBP, TFT, ~~SBR~~ } Today 3) Remove low flow. 4) Dress the baby 5) Start KMC 6) Prone Nursing 7) NO routine CBG 8) RBS - OD 9) Fortification by TPN Noted by Ushasreya Sneha. @ (9011) 21/5/26 @ 10AM

Dr. NALINIKANTA PANIGRAHY
Reg: OSMC/FMR/03605
21/5/26

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 5 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 1:02 pm	DOL-7 / PMA-33+4 NC Vomiting. NO aspirates. On room air. on 11 ml @ 2H (DBM EBM) vitals: SpO_2-96%. HR-160/min RR-56/min BP-75/52(61) P/A - no distension BS+. 13.7 13.4 14.3 TSB — 14.3 Corrected R/F-10.6 without R/F-12.6. 4:30pm 0.1 SBR-12.9 → 12.8 Noted by Vishnupriya 01/06/26 @ 1:2pm	Plan 1) TV-160 ml/kg/day 11 ml @ 2H (if-17ml) ↑ 1ml @ 6th hourly 2) CBP TFT / send. SBR. 3) Prone position Dress the baby 4) KMC* start 5) RBS-TD 6) Fortification To add. T/m 7) W/f Brady, Apnea, Aspirations 8) Clinical assessment of Jaundice (Dr. N. Pradhan) Send CBP, TFT, SBR now & inform reports. SSPT & Covering of Eyes/genitalia for 24 hours. Review — TV-170 — Tm. Monitor RD, Change position — 4th hourly prone supine.

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 9 D (F)
Dr. NALINIKANTA PANIGRAHY

22/5/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: 8. **PMA:** 33+5

Term ☐ **Preterm** ☐ Gestation: 32+4 Corrected Gestational Age: ..... Today's Weight: 1.084 (1248gm)

Overview

Problems

S.No.	Current	Past Problems
1.	Moderate Preterm / VLBW	Feed intolerance
2.	RED DF / FGR	
3.	RDS → CPAP → ~~HFNC~~ → Lowflow → RA	
4.	NNJ	
5.		
6.		

Clinical Assessment

On room air.
No vomitings.
No brady, desat, apnea.
on full OG feeds (EBM)

HR = 156/min
RR = 33/min
SpO2 = 98% on RA

RBS - 75 mg/dl
U/O = 3 ml/kg/hr
S/O = 4 times
IV Cannula - D2

Medications Used

Inj Caffeine

Plan of Care:
- Continue TV = 160 ml/kg/day, 14 ml/2nd hrly, EBM OG feeds. (↑ 2 ml 6th hrly) (Target = 18 ml/2 hrly)
- Continue SSPT till 5 pm evening today & eyes & genitals covered.
- Prone nursing
- RBS - OD
- ~~HMC to start~~
- R/V + TV = 170 ml/kg/day Today
- Fortification R/V today.

Doctor's Name (Hand over given): Dr. Ramya
Signature:
Date & Time: 22/5/26

Doctor's Name (Hand over taken):
Signature:
Date & Time: 22/5/26

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0Y0M9D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/05/26 10:30AM	Moderate preterm / VLBW (1.3kg) / FGR / REDF / RDS / (32+4wk) NNJ /	slow establishment of feeds
	DOL - 8 days	Plan
	PMA - 33+5 weeks	
	Today's weight - 1.084 (↑24gm)	1) W/F apnea / distress
	Resp - Baby hemodynamically stable on RA.	2) TV - ~~170~~ 160 ml/kg/day
	No apnea / distress	feeds ↑ 1ml 6hrly
	On Inj. Caffeine 7.5mg/kg/dose	3) R/v on fortification of feeds
	Maintaining saturations 90-100%.	4) RBS OD
	Cardiac - No tachy/bradycardia	5) KMC today - ~~[illegible]~~
	BP - 72/44 (53) mmHg	6) SSPT to stop @ 5pm
	(N) precordial activity	7) No routine CRP
	Feeds - TV - 160ml/kg/day	
	EBM - OG feeds @14ml 2hrly	
	↑ feeds 1ml 6hrly	
	Tolerating feeds well	[signature] Dr. Neethi
	GRBS - 75mg/dl	
	U.O - 3 cc/kg/hr	
	* SBR - 12.9 (21/5) - on SSPT	

Patient Sticker

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: ..... **PMA:** .....

Term ☐ **Preterm** ☐ Gestation: ..... Corrected Gestational Age:..... Today's Weight: .....

Overview	**Problems**		
	S.No.	**Current**	**Past Problems**
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
Clinical Assessment			
Medications Used			
Plan of Care:			

Doctor's Name (Hand over given): .....

Signature: .....

Date & Time: .....

Doctor's Name (Hand over taken): .....

Signature: .....

Date & Time: .....

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 9 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/8/26 - 11.20 Am.		Seen by Dr Nalinikant
		→ IV - 160 cc/kg/day
		→ Change to oral caffeine
		→ To add tmf in 20ml of EBM to 15ml 1st feed next 15ml in 2nd feed.
		→ GRBS 6th.
		→ SSPT to continue till evening 5pm
		→ time to start after 12 hrs of Phototherapy
		→ To dress the baby after phototherapy.
		Noted by Dr@22/8/26 11:40 Am

Dr. NALINIKANTA PANIGRAHY
Reg. No: TSMC/FMR/03605
22/8/26

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 9 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/05/26 12:30pm	Afternoon rounds	S/b
	Moderate preterm / VLBW (1.3kg) / FGR / REDF / RDS / NNJ / [illegible]	Plan
	- Baby hemodynamically stable on RA	1) ↑ feeds 1ml 6hrly till 18 ml 2hrly
	- KMC ongoing	2) Continue SSPT till 5pm. To dress the baby after phototherapy
	- No apnea / distress	
	- On oral caffeine 7.5mg/kg/day	
	Vitals	3) To add HMF fortification 1 sachet + 30 ml EBM, to give 15ml feeds (first) & 15ml feeds (second) [Do not freeze] put in normal refrigerator
	HR - 156/min	
	RR - 42/min	
	SPO_2 - 96%	
	- feeds - 15ml 2hrly with fortification, tolerating	
	- [illegible] - on SSPT	4) W/f apnea / distress
		5) Monitor vitals
		~~6) KMC to continue~~
		Noted by sister @ 22/5/26 @ 1pm — Dr. [illegible]

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

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 9 D (F)
Dr. NALINIKANTA PANIGRAHY

23/5/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: 9 PMA: 33+6

Term ☐ Preterm ☐ Gestation: 32+4 Corrected Gestational Age: ..... Today's Weight: 1.096 kg (↑ 12gm)

Overview

Problems

S.No.	Current	Past Problems
1.	Moderate Preterm / VLBW	feed intolerance
2.	REDF / FGR	
3.	RDS → CPAP → HFNC → lowflow → RA	
4.	NNJ	
5.		
6.		

Clinical Assessment

On room air.
1 episode of small vomiting
OG feeds accepting well.
No bradycardia, desaturation, apnea

HR = 158/min
RR = 50/min
SpO_2 = 97% on RA
BP = 76/47 (57) mmHg.
UIO = 3.5 ml/kg/hr
S/O = 5 times.
RBS = 75 mg/dl

Medications Used

Caffeine Syp.
HMF

Plan of Care:

- Continue TV = 160ml/kg/day. 17ml/Q2H + HMF (Target feed 18ml/Q2H)
- W/F distress, apnea
- F/O Chesting Q6H
- KMC to continue
- Monitor vitals

Doctor's Name (Hand over given): Dr. Ramya

Signature:

Date & Time: 23/5/26

Doctor's Name (Hand over taken): Dr. Sneha

Signature: Sneha

Date & Time: 23/5/26

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 9 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 9am.	Seen by Dr. Nalinikanth	Plan:
		e Stop IV fluids
		° ↑ TV = 170ml/kg/day 18ml ~~18-19ml~~ /Q2H = (1 HMF in 25ml of milk give 18ml in one feed, rest in next (7ml) feed)
	Noted by Dr. NALINIKANTA PANIGRAHY Reg. No: TSMC/FMR/03605 23/5/26	° Dont warm / boil the milk before feeding (HMF mixed)
		° Cling wrap → ° Maintain temperature
23/5/26 @ 1:45pm.	Afternoon Rounds	Plan
	Baby on Room air NO desaturation (or) Bradycardia	↑ TV = 170ml/kg/day 18ml 2nd hrly 1HMF in 25ml milk (EBM/DBM) Give 18ml in one feed Rest in fridge ↓ Next feed 7ml + fresh preperation
	Vitals HR = 156/min RR = 47/min SPO2 = 97% BP = 75/58 (63)	

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Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 9 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/A - Soft tolerating feeds well	Donot warm/Boil the milk mixed with HMF Before feeding Cling wrap No charting KMC to Continue - 6-8hrs watch for vitals, Bradycardia desaturation. Sneha
	Noted by Dr Archana 23/5/26 @ 4pm	
23/5/26 @ 3:20PM		Seen by Dr. Nalinikanth Sir. Continue OG feeds Cont. KMC Sneha Noted by Dr Archana 23/5/26 Handover taken by Dr Rupinder

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 9 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/05/26 10:00 PM	Seen by Resident • On R/A ~~HR~~ - No brady desat • Feeds tolerated • KME - done	Adv - IV - 1.5 cc/kg/day 18 ml - 2nd hourly (prepare milk as advised) - Cling wrap - KME aim 6-8 h. a day Ranjith. Noted by ~~Sister~~ Sooa 23/5/26 @10PM

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 11 D (F)
Dr. NALINIKANTA PANIGRAHY

26/5/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: 12 **PMA:** 34+2

Term ☐ **Preterm** ☐ Gestation: 32+4 Corrected Gestational Age: ..... Today's Weight: 1.186 kg (↑52gms)

Overview

Problems

S.No.	Current	Past Problems
1.	Mod PT / VLBW (1.3kg)	RDS → CPAP → HFNC → Cowflow → RA
2.	~~REDR / PGR~~	
3.	~~RDS. Intermittent Hypertension.~~	NNJ
4.	Feed intolerance	
5.		
6.		

Clinical Assessment

Accepting NG feeds (EBM + HMF) → 18ml/Q2H
~~NB~~ vomitings, NO spitts.
No tachy, bredy, deset, apnea.
On room air.
1 small vomity during feeding in morning

RR = 51/min
HR = 158/min
SPO_2 = 96% on RA
BP = 80/68 (63) mm Hg
RBS = 96 mg/dl.
U/O = 3.19ml/kg/hr.
S/O = 6 times

Medications Used

Caffeine ✗
HMF

RM C = 6hrs.

Plan of Care:
- Continue TV - 180ml/kg/day, 18ml/Q2H, OG feeds, EBM + HMF. (25ml milk + 1 HMF → Give 18ml & keep the 7ml in fridge for next use)
- GRBS - OD
- Cling wrap
- Continue KMC 6-8hrs
- Z10 Cheeting Q6H
- Monitor vitals.

Doctor's Name (Hand over given): Dr. Ramya
Signature:
Date & Time: 26/5/26 ; 8am.

Doctor's Name (Hand over taken): Dr. Roopika
Signature:
Date & Time: 26/5/26 @9am

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 11 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 9.40 am.	Seen by Dr. Nalinikanth sir	
		Plan:
		✓ Use current BP chart
		Change BP cuff size. (3 no for leg, 2 no for hand)
	BP target	
		✓ Start peleda feeds once baby reaches 1.2kg wt.
	SpO2 target	
	If $FiO_2 > 21\%$ 90-95%.	✓ Prone nursing
	$FiO_2 = 21\%$ 90-100%.	
	Alarm limits	✓ Stop caffeine
	SpO2 = 90-100%	
	SBP = 78- 88	Noted by Dr. NALINIKANTA PANIGRAHY Reg. No: TSMC/EMR/03605 Dayana 6074462 26/5/26 @ 9.40am

BP centiles

26/5/26	5th	25th	50th	95th
SBP	51	59	66	83
DBP	25	32	39	56
MBP	34	41	48	65

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 11 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 3:15pm	Afternoon Rounds 32+4 → 34+2 wks / 12 DOL / 1.186 kg. On room air NO vomitings, NO bradys, desat, apnea KMC = 2.5 hrs given. HR = 156/min RR = 35/min SPO_2 = 100% on RA BP = 62/45 (51) mmHg. Handover given by Dr. Ramya.	Plan: • Continue TV = 170 ml/kg/day, 18 ml/Q2H, OG feeds, EBM + HMF (1 HMF + 25 ml milk → Give 18 ml & keep 7 ml in fridge for next use) • Start plalady feeds once baby reaches 1.2 kg wt. • Prone nursing • Cling wrap • ARMS - OD • Continue KMC for 6-8 hrs. • I/o charting QGH • Monitor vitals. Noted by Jahnavi 26/5/26 6074162 @ 3:15pm. Dr. Ramya Handover taken by Dr. N Lathabha

BAH-00656316 IPS-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 11 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 12 D (F)
Dr. NALINIKANTA PANIGRAHY

27/05/26.

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: .... Day of Life: 13 PMA: 34+3

Term ☐ **Preterm** ☑ Gestation: 32+4. Corrected Gestational Age: .... Today's Weight: 1.207 (2 (gm wt gain))

		Problems	
Overview	**S.No.**	**Current**	**Past Problems**
	1.	Moderate Preterm/	RDS → CPAP → HHFNC →
	2.	VLBW (1.3 kg).	Low flow → RA.
	3.	feed intolerance	NNJ.
	4.		
	5.		
	6.		
Clinical Assessment		On room air. On OG feeds Tolerating OG feeds well ~~1 Paladay feeds taken partly~~ ~~[illegible]~~ SpO2 - 94% HR - 160/min RR - 48/min BP - 68/31(43). KMC - 4 Hours +1½ H Stool - passed U/O - 3.7 ml/kg/hr	
Medications Used		HMF sachet - Target SpO2 - 90-100% MBP - 41-48 U/O - 1-5 ml/kg/hr	

Plan of Care: 1. TV - 170ml/kg/day → 18ml @ 2H OG feeds (EBM)
1 sachet HMF + 25ml EBM → give 18ml, Remaining 7 ml keep in the fridge
use in the next feed. Do not boil.
2. Review - Paladai feeds to start today
3. Prone nursing.
4. Clingwrap.
5. KMC for 6-8 Hours
6. I/O charting @ 6th hourly.
7. Monitor vitals.

Doctor's Name (Hand over given): N. Preethi
Signature: N. Preethi
Date & Time: 27/05/26. 7am

Doctor's Name (Hand over taken): [illegible]
Signature: [illegible]
Date & Time: 27/05/26, 8:30am

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 12 D (F)
Dr. NALINIKANTA PANIGRAHY

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: ..... **PMA:** .....

Term ☐ **Preterm** ☐ Gestation: ..... Corrected Gestational Age:..... Today's Weight: .....

Overview	**Problems**		
	S.No.	**Current**	**Past Problems**
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
Clinical Assessment			
Medications Used			
Plan of Care:			

Doctor's Name (Hand over given): .....

Signature: .....

Date & Time: .....

Doctor's Name (Hand over taken): .....

Signature: .....

Date & Time: .....

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 11 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 9:17am		Seen by Dr. Nalinikanta sir
		1) TV – 170 → ↑180 ml/kg/day. 20ml/feed
		2) 3 Palada feed.
	Targets	3) RBS – OD.
	– SpO2 – 90–100% (@ 21%) 90–95 if FiO2 > 21%	4) KMC, ooo motor stimulus NNS.
	MBP – 41–48 mmHg	
	RBS – 60–160 mg/dl	Noted by Hajira (607462) 27/5/26 @ 9:17am
	UO – 1–5 ml/kg/hr	27/5/26
		Dr. NALINIKANTA PANIGRAHY Reg. No: TSMC/FMR/03605
27/05/26 12:30pm	Afternoon rounds	
	Baby hemodynamically stable	Plan
	On air.	
	Tolerating feeds 20ml 2hrly,	1) Continue feeding 20ml/2hr
	tried palladai once → tolerating	(180 ml/kg/day)
	No vomiting.	
	No bradycardia/desaturations.	2) Trial of Palladai feeds – 3 times as advised
	KMC ongoing – baby comfortable.	3) Prone nursing
	S/E – HR – 156/min	4) Cling wrap
	RR – 58/min	5) KMC, NNS, OMS to continue
	SpO2 – 100%	6) I/O charting Q6H
	BP – 64/31 (40) mmHg	7) Monitor vitals
	Noted by Hajira 27/5/26 12:30pm	(P.T.O)

BAH-00656316 IPS-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 11 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 12 D (F)
Dr. NALINIKANTA PANIGRAHY

28/05/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: 14 PMA: 34+4 weeks

Term ☐ Preterm ☑ Gestation: 32+4 Corrected Gestational Age: ..... Today's Weight: 1.193 (614 gm)

Overview

Problems

S.No.	Current	Past Problems
1.	Moderate Preterm | VLBW (1.3kg) | (32+4)	- RDS → CPAP → HFNC → low flow → RA
2.	Feed intolerance	- NNJ
3.		
4.		
5.		
6.		

Clinical Assessment

On room air
full OG feeds, tolerating well
No vomiting / abdominal distension

HR - 147/min
RR - 42/min
SpO_2 - 97% in RA
BP - 64/32 (43) mmHg
U.O - 3.2 cc/kg/hr
GRBS - 82 mg/dl

Medications Used

Fortification @ 8AM

Targets
SpO_2 - 90-100 if FiO_2 21%
90-95 if FiO_2 7%
MBP - 41-48 mm/kg
U.O - 1-5 ml/kg/hr
RBS - 60-160 mg/dl

Plan of Care:

1. TV - 180 ml/kg/day → 20ml/3hrly OG feeds (Mix one sachet HMF + 25 ml EBM → Take 20 ml @ HMF, Remaining 5ml keeps in fridge. use for next feeds, Do not boil)
2. Increase Pallidai feeds
3. prone nursing
4. KMC as baby tolerates - minm 6hrs
5. cling wrap
6. I/o charting, GCH, GRBS OD
7. Monitor vitals
8. NNS, ONS

Doctor's Name (Hand over given): Dr. Neeha

Signature:

Time: 28/05/26 8AM

Doctor's Name (Hand over taken): Dr. Priyanjalee

Signature:

Date & Time: 28/05/26 8AM

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 12 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/05/26 9:43am		Seen by Dr. Nalini
		✓ Put dress on baby
		✓ Temp monitoring
		Correct temp prob. position
		✓ KMC target 6-8 hours
		✓ Start Ossopan-D 2ml 8th hourly.
		✓ All ~~palada~~ OG feed
		✓ Check wt ≥ 1.200 kg
		Then paladai trial again
		→ Oromotor stimulation & NNS to continue
		Dr. NALINIKANTA PANIGRAHY Reg. No: TSMC/FMR/03605 28/5/26 9.48am.

Docu. No. : RCHBH/FRM / CLINICAL / 088 (26)

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 11 D (F)
Dr. NALINIKANTA PANIGRAHY

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
28/5/26 2pm	S/B Dr. N. Prathistha (DNB Resident)	
	DOL-13	
	32+4 → 34+3	Plan
	1.3kg → 1.207kg.	
	on room air	1) TV - 180 ml/kg/day OG feeds
	ongoing KMC	20ml @ 2H EBM + HMF
	No vomiting; No Bradycardia	1 sachet HMF + 25 ml EBM
Vitals:	SpO2 - 96% RA	→ Give 20 ml to baby
	HR - 140/min	(Remaining 5ml keep in fridge
	RR - 33/min	use for next feed, Do not boil)
	BP - 66/44 (52)	2. KMC for 6-8 hours
		3. Plan of Paracetamol if baby
	Plt - no distension	weight is > 1.2kg
	Voiding ✓	4. continue OMS
	Stool - ✓	NNS.) document.
		5. monitor vitals.
	NNS (1)	
		6. cling wrap
		7. Dress the baby
	Dr. NALINIKANTA PANIGRAHY Reg. No: TSMC/FMR/03605	
Continued		(N. Prathistha) (Dr: N. Prathistha)
	28/5/26 4.15PM.	Noted by Sona 28/5/26 @2PM.

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 11 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Seen

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 13 D (F)
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29/05/26.

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: 15 PMA: 34+5

Term ☐ Preterm ☑ Gestation: 32+4. Corrected Gestational Age: ..... Today's Weight: 1.229 369gm wt gain

Overview

Problems

S.No.	Current	Past Problems
1.	Moderate preterm / VLBW (1.3kg)	ROS → CPAP → HFNC →
2.		bowel flow → RA.
3.		feed intolerance - RNJ
4.		
5.		
6.		

Clinical Assessment

on room air
No vomittings, Bleeds, Desaturations

SpO_2 - 98%.
HR - 162/min
RR - 51/min BP - 68/42 (44)

KMC - 4½H
DMS - 3 times.
U/O - 3.3 cc/kg/hr
Stool - (4)
RBS - 98 mg/dl
milk bottle - D15.

Medications Used

HMF sachet.
Syp. Ascoparil

Targets.
SpO_2 - 90-100% if FiO_2 21%.
90-95% if FiO_2 > 21%.
MBP - 41-48 mmHg
N/O 1-5 ml/kg/hr
RBS - 80-160 mg/dl.

Plan of Care:

2. IV - 120 ml/kg/day → on cling wrap 20ml @ 2H EBM + HMF 04
Sachet HMF + 25ml EBM → give 20 ml to baby Remaining 5ml keep in fridge use for next feed, do not boil)
3. KMC - 6-8 hours. Continue OMS, NNS.
4. Review — Palliative feeds → Street.

Doctor's Name (Hand over given): N. Pearlson
Signature: N. PD
Date & Time: 29/05/26, 8:15am

Doctor's Name (Hand over taken): Dr. RAMYA
Signature:
Date & Time: 29/5/26, 9am

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 14 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/05/26. 9:59am.		Seen by Dr. Nalinikanta sir.
		1). 2 Pallada feeds. Plan today. Resume feeds.
		2). Kmc 6–8 hours.
		ROP next week.
		Dr. NALINIKANTA PANIGRAHY Reg. No: T5[illegible]U3685 29/5/26 10AM.
29/05/26 20m	CWB DNB Resident (Dr. N. Prathibha) DOL-15 | PMA-34+5 | 1.229 kg. on examination	Plan
	took 2 Pallada feeds slowly over 30 minutes spitout ⊕.	1) IV-180 ml/kg/day 20ml @ 5gm + HMF OG Feeds. 1 packet + 25ml EBM = give 20ml HMF
Vitals &	Spo2 - 95%. HR - 142/min RR - 40/min BP - 64/30 (43)	2) Kmc for 6–8 hours ONS, NNS continue
	P/A - soft, no distension	3) ROP next week
	ONS - (+)	4) monitor vitals.
		Dr. N. Prathibha N. Prathibha. 8338

Noted by [illegible] Soma.

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 18 D (F)
Dr. NALINIKANTA PANIGRAHY

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2/6/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: 19 PMA: 35^{+2}

Term ☐ Preterm ☐ Gestation: 32^{+4} Corrected Gestational Age: ..... Today's Weight: 1.334 kg (↑ 13g)

Overview

Problems

S.No.	Current	Past Problems
1.	Moderate preterm / Very low birth weight	RDS CPAP → HFNC → low flow → RA
2.		Feed intolerance
3.		NNJ
4.		
5.		
6.		

Clinical Assessment

- On Room air,
- Accepted and tolerated 4 paladi feeds yesterday
- No vomiting / no desaturation
- passed stool
  Urine output: 3.1cc/kg/hr

SpO_2: 99%
PR: 161/min
RR: 46/min
BP: 57/34 (43) mm Hg
CRT < 3sec

Medications Used

1) Ossopan-D
2) Hmf

Plan of Care:

1) TV = 180 cc/kg/day → 20ml O_2 H OG feed with 1 Hmf in 25ml
then give 20ml ÷ 5ml next feed

2) Kmc
OMS
NNS

3) RBS OD

4) Continue 4 paladi feeds
Rest OG feeds
ROP - Thursday

NALINIKANTA PANIGRAHY
Reg. No. ESIC/FMR/03605
2/6/26

Doctor's Name (Hand over given): faiz
Signature: .....
Date & Time: 2.6.26

Doctor's Name (Hand over taken): Sai
Signature: .....
Date & Time: 2/6/26

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 18 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 3:30pm	Afternoon rounds	
	DOL-19/ 35^{+2}/ moderate preterm VLBW	Past issue:
		ROS - CPAP → HFNC → Low flow
		NNJ
		feed intolerance
	- Baby on Room air - Accepted and tolerated paladi feeds - No vomiting/ No abdominal distension No RD/ No desaturation SpO_2: 98% PR: 146/min RR: 43/min BP: 57/40 (44) CRT < 3sec	Plan 1. TV = 180cc/kg/day ↓ 20ml Q3H OG feed with 1 tmf in 25ml and give 20ml OG feeding 2. Rop Thursday 4/6/26 3. kmc Oms NNS } to continue 4. GRBS QD
		Noted by Dr. Sanjay 2/6/26@8pm

Docu. No. : RCHBH/FRM / CLINICAL / 088 (26)

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 12 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 @12PM	B/O laxmi Monica.	By Dr. Nalinikanth.
	- Baby is Stable on Room air.	
	- Baby is ongoing feeds with fortification	
	- KMC is to be continued for 8hrs for the benificial effects	
	- mothe, Grandmothe Can also give it.	
	- Now Growth is the issue.	Pooja
	Sneha resident	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26. @10:30am	B/O Laxmi Mounica	By Dr- Nalinikanth
	1) Baby is clinically Stable. 2) Weight gain is present → Not reached Birth weight Yet. 3) Feeds Baby accepting well - by OG. 4) KMC to continue - 6-8hours 5) We have planned - for 3 Spoon feeds and Start Oromotor Stimulation. 6) NNS will also be ~~done~~ Stated today 7) Baby at 32wks have less immunity and higher risk of acquiring infection 8) Safe aseptic precautions to be followed	
	Sneha resident	(Father)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00656316 IP5-00173845
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26		C/S/B → Dr Nitesh
9:20Pm	too & u Paladay	
	feeds well	→ continue Rooo nursery
		→ Vegut o a feeds
		→ RI v 6 Paladay Vm
		noted by Sigs @10pm 1/6 (FAU)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 16 D (F)
Dr. NALINIKANTA PANIGRAHY

30/5/26

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

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

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6	8
Doctor/Nurse/Family Concern?	am	am	pm	pm	pm	pm	pm	pm	Am	Am	Am	Am	
Temperature (F)	36.6°C	36.6°C	36.6°C	36.6°C	36.6°C	36.6°C	*36.5°C	*36.7°C	*36.5°C	*36.6°C	*36.5°C	*36.6°C	
Heart Rate (bpm) and Blood Pressure (mmHg) *	61 (41) 31	61 (40) 29	93 (64) 80	K M C	K M C	66 (42) 27	K M C	50 (43) 38	53 (37) 28	56 (45) 48	71 (49) 37	63 (41) 30	
Heart Rate (Number)	153	159	159	163	148	154	157	166	161	176	160	155	
Resp. Rate (bpm) (Over 1 Minute) *													
Resp Rate (Number)	67	67	37	28	49	36	59	46	65	58	43	54	
Resp Distress: Mod/ Severe / None / Mild													
Receiving O_2(l/min) O_2Saturations (%)	RA	RA	RA	RA	RA	RA	R/A	R/A	R/A	R/A	R/A	R/A	
Conscious Level: Normal / Altered													
GCS *	C	C	C	C	C	C	C	C	C	C	C	C	
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1	1	1	1	1	
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	
Observer's Initials	D	D	D	D	D	D	E	E	S	S	S	E	

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.

Patient Sticker

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BirthRight BY RAINBOW HOSPITALS
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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!
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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)

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 16 D (F)
Dr. NALINIKANTA PANIGRAHY

31/5/26

No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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31/5/26

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8 am	10 am	12 pm	2 pm	4 pm	6 pm	8 Pm	10 Pm	12 Am	2 Am	4 Am	6 Am
Doctor/Nurse/Family Concern?												
Temperature (F)	36.7°C	36.7°C	36.7°C	36.8°C	36.8°C	36.8°C	36.4°C	36.1°C	36.5°C	36.5°C	36.6°C	36.5°C
Heart Rate (bpm)	65	54	64	74	71		83	66	60	62	67	60
and Blood Pressure (mmHg) *	(57) 96	(40) 33	(44) 30	(68) 64	(58) 46		(58) WR	(44) 33	(51) 41	(55) 52	(58) 52	(42) 32
Note: BP does not score in early warning scoring												
Heart Rate (Number)	162	160	170	157	167	144	160	160	161	160	146	152
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)	60	46	46	44	39	41	52	37	33	35	32	44
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	99%	98%	98%	99%	98%	97%	98%	98%	99%	98%	99%	99%
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	C	C	C	C	C	C	C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials												

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.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

[redacted]
Baby Of PENDYALA LAKSHMI IP5-00173845
14-05-2026 0 Y 0 M 16 D (F)
Dr. NALINIKANTA PANIGRAHY

1/6/26

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	am	am	pm	pm	pm	pm	PM	PM	AM	AM	AM	AM

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

36.0°C 36.0°C 36.6°C 36.6°C 36.6°C 36.6°C 36.4°C 36.5°C 36.4°C 36.5°C 36.5°C 36.5°C

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number)	158	158	150	166	168	140	144	153	155	162	146	152

Resp. Rate (bpm) (Over 1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number)	42	40	46	34	34	34	33	47	37	54	54	41
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	99%	98%	99%	98%	99%	99%	99%	99%	100%	98%	97%	99%
Conscious Level (Normal / Altered)	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	C	C	C	C	C	C	C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	1	1	1	1	1	1
Observer's Initials	[redacted]											

ACTIONS

NB: Scores 3 should be recorded overleaf

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 18 D (F)
Dr. NALINIKANTA PANIGRAHY

Doc. No. : RCH / FRM / CLINICAL / 124 3/6/26

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8pm	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?												
Temperature (F)	36.2	36.2	36.2	36.2	36.2	36.2	36.6	36.4	36.7	36.6	36.6	36.4
Heart Rate (bpm) and Blood Pressure (mmHg) *	61 (51) 43	40 (84) 33				84 (37) 67	2 ( )	60 (42) 33	63 (42) 30	61 (41) 32	56 (43) 35	60 (44) 32
Note: BP does not score in early warning scoring												
Heart Rate (Number)	152	165	132	166	151	152	145	148	143	146	148	142
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)	47	54	44	45	35		38	?	20	44	42	45
Resp Distress: Mod/ Severe / None / Mild												
Receiving O_2(l/min) O_2Saturations (%)	99%	96%	99%		99%		97 l.	96	98	97	97	95
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	C	C	C	C	C	C	C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]											

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.

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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)

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 12 D (F)
Dr. NALINIKANTA PANIGRAHY

29/5/26

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

TV – 180 cc/kg/day
TF : 20ml
B.Wt. 1.3 kg.

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	Intake: Route – Mouth	Intake: Route – ~~oms~~ I.V	Intake: Route – ~~N.G~~ OG	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	~~oms~~ I.V	~~N.G~~ OG	NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am										1	
	09:00 am	EBM + HMF		—	20ml		passed			10ml		
	10:00 am										0	
	11:00 am	EBM + HMF	20ml	—	~~20ml~~		—			6ml		
	12:00 pm		½ hr								1	
	01:00 pm	~~EBM~~ + HMF	20ml ✓		~~20ml~~		—			11ml		
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm	EBM + HMF		—	20ml		passed			6ml	1	
	04:00 pm											
	05:00 pm	EBM + HMF		✓	20ml		~~passed~~			8ml	0	
	06:00 pm											
	07:00 pm	EBM + HMF			20ml		passed			10ml	1	
Total Intake :						**Total Output :**						
	08:00 pm										↑	
	09:00 pm	EBM + HMF			20ml		—			6ml		
	10:00 pm										No	
	11:00 pm	EBM + HMF			20ml		—			10ml	IV	
	12:00 am										↓	
	01:00 am	EBM + HMF			20ml		little pain			7ml		
Total Intake :						**Total Output :**						
	02:00 am										↑	
	03:00 am	EBM + HMF			20ml		—			9ml		
	04:00 am											
	05:00 am	EBM + HMF			20ml		—			6ml	No	
	06:00 am										IV	
	07:00 am	EBM + HMF			20ml		—			11ml	↓	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	184cc/kg/day	Total 24 hrs. Output	3.2cc/kg/hr.

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 12 D (F)
Dr. NALINIKANTA PANIGRAHY

30/5/26

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

TV – 180 cc/kg/day
B.wt – 1.300
TF – 20ml

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	NG							
	08:00 am											
	09:00 am	EBM+HMF	20ml				Not passed			15ml		
	10:00 am											
	11:00 am	EBM+HMF	20ml									
	12:00 pm											
	01:00 pm	EBM+HMF	~~20ml~~		20ml		Not passed			16ml	0	
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm	EBM+HMF			20ml		Passed			13ml		
	04:00 pm											
	05:00 pm	EBM+HMF			20ml							
	06:00 pm											
	07:00 pm	EBM+HMF			20ml		Passed			10ml		
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	EBM+HMF			20ml		passed			9ml		
	10:00 pm											
	11:00 pm	EBM+HMF			20ml		passed			10ml	0	
	12:00 am											
	01:00 am	EBM+HMF			20ml		passed			6ml		
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	EBM+HMF			20ml		passed			9ml		
	04:00 am											
	05:00 am	EBM+HMF			20ml		passed			10ml	0	
	06:00 am											
	07:00 am	EBM+HMF			20ml		passed			6ml		
Total Intake : 480ml						**Total Output :** 104ml						

Total 24 hrs. Intake	170 cc/kg/day	Total 24 hrs. Output	3.3 cc/kg/day

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 16 D (F)
Dr. NALINIKANTA PANIGRAHY

31/5/26

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

31/5/26
TV :-
B.wt :-
TF :-

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	EBM+ 1HMF			20ml		passed			10ml		
	10:00 am											
	11:00 am	EBM+ 1HMF	20ml (20min)		"		passed			9ml	0	
	12:00 pm											
	01:00 pm	EBM+ 1HMF	20ml (25min)				passed			15ml	1	
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm	EBM+ 1HMF	20ml (30min)				passed			10ml	1	
	04:00 pm											
	05:00 pm	EBM+ 1HMF	[redacted]		20ml		passed			12ml	0	
	06:00 pm											
	07:00 pm	EBM 1HMF	[redacted]		20ml		passed			5ml	1	
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm	EBM+ 1HMF			20ml		passed			9ml	1	
	10:00 pm										N/A	
	11:00 pm	EBM+ 1HMF			20ml		passed			9ml	1	
	12:00 am											
	01:00 am	EBM+ 1HMF			20ml		—			10ml		
Total Intake :						Total Output :						
	02:00 am											
	03:00 am	EBM+ 1HMF			20ml		passed			11ml	1	
	04:00 am										N/A	
	05:00 am	EBM+ 1HMF			20ml		not passed			12ml		
	06:00 am											
	07:00 am	EBM+ 1HMF			20ml		—			—	1	
Total Intake : 240ml						Total Output : 102ml						

Total 24 hrs. Intake	184cc/kg/day	Total 24 hrs. Output	3.2cc/kg/hr

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 16 D (F)
Dr. NALINIKANTA PANIGRAHY

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 1/6/26

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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	EBM+ HMF	20ml (5ml/hr)				Passed			12ml		
	10:00 am											
	11:00 am	EBM+ HMF	20ml (20ml/hr)				passed			10ml		
	12:00 pm											
	01:00 pm	EBM+ HMF	20ml (1ml/hr)				passed			8ml		
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm	EBM+ HMF	20ml				passed			10ml		
	04:00 pm											
	05:00 pm	EBM+ HMF			20ml		passed			9ml		
	06:00 pm											
	07:00 pm	EBM+ HMF			20ml		passed			11ml		
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm	EBM+ HMF			20ml		passed			9ml		
	10:00 pm											
	11:00 pm	EBM+ HMF			20ml		—			—		
	12:00 am											
	01:00 am	EBM+ HMF			20ml		passed			10ml		
Total Intake :						Total Output :						
	02:00 am											
	03:00 am	EBM+ HMF			20ml		passed			11ml		
	04:00 am											
	05:00 am	EBM+ HMF			20ml		passed			9ml		
	06:00 am											
	07:00 am	EBM+ HMF			20ml		—			—		
Total Intake : 240ml						Total Output : 99ml						

Total 24 hrs. Intake	184cc/kg/day	Total 24 hrs. Output	3.1cc/kg/hr

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 14 D (F)
Dr. NALINIKANTA PANIGRAHY

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

TV :-
TA :
Bwt :-

Sheet No. : .....

2/6/26

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	EBM + HMF	20ml	15min			Not Pass			15ml		
	10:00 am											
	11:00 am	EBM + HMF	20ml	20min			Not Pass			10ml		
	12:00 pm											
	01:00 pm	EBM + HMF	20ml	20min			Passed			11ml		
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm	EBM + HMF	20ml	15min			—			8ml		
	04:00 pm											
	05:00 pm	EBM + HMF	20ml	10min			Passed			10ml		
	06:00 pm											
	07:00 pm	EBM + HMF	20ml				—			—		
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	EBM + HMF			20ml		passed			9ml	NA	
	10:00 pm											
	11:00 pm	EBM + HMF			20ml		not passed			10ml		
	12:00 am											
	01:00 am	EBM + HMF			20ml		—			—		
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	EBM + HMF			20ml		not passed			11ml		
	04:00 am											
	05:00 am	EBM + HMF			20ml		passed			7ml	NA	
	06:00 am											
	07:00 am	EBM + HMF			20ml		—			—		
Total Intake : 240ml						**Total Output :** 91ml						

Total 24 hrs. Intake	184cc/kg/day.	Total 24 hrs. Output	29cc/kg/hr

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
4-05-2026 0 Y 0 M 18 D (F)
Dr. NALINIKANTA PANIGRAHY

FLUID CHART

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 3/6/26

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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	EBM HMF	20ml	15 min			Not passed			10ml		
	10:00 am											
	11:00 am	EBM HMF	20ml	15 min						—		
	12:00 pm						—			15ml		
	01:00 pm	EBM HMF	20ml	10 min								
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm	EBM HMF	20ml	6ml			passed			11ml		
	04:00 pm											
	05:00 pm	EBM HMF	20ml	15ml			—			10ml		
	06:00 pm											
	07:00 pm	EBM HMF	20ml	10 min						8ml		
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	HMF EBM+		~~EBM+~~	20ml		passed			10ml		
	10:00 pm											
	11:00 pm	HMF EBM+		~~EBM+~~	20ml					6ml		
	12:00 am											
	01:00 am	HMF EBM+			20ml		passed			9ml		3/6/26
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	HMF EBM+			20ml		—			9ml		
	04:00 am											
	05:00 am	HMF EBM+			20ml		passed			10ml		
	06:00 am											
	07:00 am	HMF EBM+			20ml		—			5ml		
Total Intake :		240ml				**Total Output :**				103ml		

Total 24 hrs. Intake	184.6 cc/kg/day	Total 24 hrs. Output	3.3 cc/kg/hr

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 12 D (F)
Dr. NALINIKANTA PANIGRAHY

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

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

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 27/5/26. Time:	8	10	12	2	4	6	8	10	12	2	4	6		
Doctor/Nurse/Family Concern?	am	am	pm	pm	pm	pm	PM	PM	PM	PM	PM	PM		
Temperature (F)	36.5°C	36.4°C	36.5°C	36.6°C	36.5°C	36.4°C	36.6°C	36.6°C	36.7°C	36.6°C	36.6°C	36.6°C		
Heart Rate (bpm) and Blood Pressure (mmHg) *	67 / 38	66 / 46	64 / 46	60 / 43			52 / 35	47 / 34	61 / 43	50 / 43	64 / 42	57 / 44		
Heart Rate (Number)	178	185	167	171	147	154	154	153	143	148	153	167		
Resp. Rate (bpm) (Over 1 Minute) *	100	64	61	41	39	39	39	45	43	37	38	49		
Resp Distress: Mod/ Severe / None / Mild														
Receiving O_2(l/min) O_2Saturations (%)	97%	97%	99%	96%	96%	93%	98%	99%	98	99%	99	98		
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N		
GCS *	N	N	N	N	N	N	N	N	N	N	N	N		
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0		
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0		
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		

Note: BP does not score in early warning scoring

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.

Patient Sticker

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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.
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- 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)

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 10 D (F)
Dr. NALINIKANTA PANIGRAHY

Doc. No. : RCH / FRM / CLINICAL / 124 25/5/26

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	PM	PM	PM	PM	PM	PM	PM	PM	PM	AM	AM	AM
Temperature (F)	36.5°C	36.4°C	36.5°C	36.6°C	36.2°C	36.5°C	36.7°C	36.4°C	36.8°C	36.6°C	36.6°C	36.6°C
Heart Rate (bpm) and Blood Pressure (mmHg) *	77 (49) 40	74 (52) 40	80 (52) 39	(52)		57 (51) 49	86 (53) 66	88 (65) 76	79 (65) 68	45 28 34	66 41 56	80 63 68
Note: BP does not score in early warning scoring												
Heart Rate (Number)	155	154	172	154	142	164	171	110	157	173	153	156
Resp. Rate (bpm over 1 Minute) *												
Resp Rate (Number)	36	48	48	36	38	42	32	36	41	34	37	37
Resp Distress: Mod/ Severe	Lf Lf Lf Lf Lf Lf Lf Lf Lf Lf Lf Lf						RA	RA	RA	RA	RA	RA
Resp Distress: None / Mild	03 03 03 03 03 03 03 03 03 03 03 03						03	03	03	03		
Receiving O_2(l/min)												
O_2Saturations (%)	97%	96%	97%	95%	97%	92%	96%	97%	97%	98	99	99
Conscious Level: Normal / Altered												
GCS *	C	C	C	C	C	C	C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1	1	1	1	1
Pain Score	1	1	1	1	1	1	1	1	1	1	1	1
Observer's Initials	[illegible]											

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.

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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)

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 11 D (F)
Dr. NALINIKANTA PANIGRAHY

25/5/26

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	am	am	pm	pm	pm	pm						
Temperature (F)	36.6°C	36.6°C	36.4°C	36.4°C	36.4°C	36.5°C	36.4°C	36.7°F	36.7°F	36.6°C	36.5°C	36.4°C
Heart Rate (bpm) and Blood Pressure (mmHg) *	63 / 29 / 42	66 / 46 / 52	75 / 45 / 55	[illegible]	58 / 54 / 42	63 / 33 / 42	55 / (64) / 32	60 / (64) / 38	66 / (65) / 36	59 / 53 / 50	66 / (63) / 91	55 / (69) / 46
Note: BP does not score in early warning scoring												
Heart Rate (Number)	215	162	158	150	161	161	161	170	165	169	162	161
Resp. Rate (bpm) (Per 1 Minute) *	60	32	35	42	54	64	25	45	41	48	46	33
Resp Distress: Mod/ Severe / None / Mild												
Receiving O_2(l/min) O_2Saturations (%)	96%	95%	97%	96%	97%	97%	94%	98%	97%	97%	95%	95%
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	
GCS *	C	C	C	C	C	C	C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	1	0	0	0	0	0	0	1	1	1	1	1
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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.
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Patient Sticker

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

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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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)

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI (F)
14-05-2026 0 Y 0 M 5 D
Dr. NALINIKANTA PANIGRAHY

24/3/26

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

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

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	com	com	pm	pm	pm	pm	pm					
Temperature (F)	36.5	36.5	36.4	36.5	36.4	36.5		36.6	36.4	36.4	36.4	36.4
Heart Rate (bpm) and Blood Pressure (mmHg) *	79 (68) 61	99 (81) 70	70 (56) 46	80 (63) 65	80 (63) 61	(69)		99 (80) 69	87 (71) 61	81 (62) 50	81 (69) 62	77 (65) 58	64 (52) 44
Heart Rate (Number)	159	160	160	153	153			172	162	163	165	155	167
Resp. Rate (bpm) (Over 1 Minute) *													
Resp Rate (Number)	44	45	42	53	44	43		41	41	40	40	36	39
Resp Distress: Mod/ Severe / None / Mild													
Receiving O_2(l/min) O_2Saturations (%)	96%	94%	99%	99%	96%			94%	93%	99%	99%	98%	94%
Conscious Level: Normal / Altered								N	N	N	N	N	N
GCS *	C	C	C	C	C	C		C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1		1	1	1	1	1	1
Pain Score	0	0	1	1	1	1		0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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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)

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 0 D 4 H (F)
Dr. NALINIKANTA PANIGRAHY

2115

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

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(1)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	am	am	pm	pm	pm	pm	pm	pm	pm	pm	pm	pm
Temperature (F)	98.6°F	98.6°F	98.1°F	97.5°F	97.2°F	97.4°F	97.0°F	97.5°F	97.8°F	97.6°F	97.8°F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	84 (74) 54	81 (62) 53	87 (67) 55	63 (43) 31	66 (46) 34	67 (55) 49	70 (57) 47	71 (50) 45	67 (46) 34	79 (60) 47	74 (50) 39	
Note: BP does not score in early warning scoring												
Heart Rate (Number)	169	173	201	221	166	157	172	182	141	157	159	
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)	45	39	37	58	49	44	46	72	39	44	57	
Resp Distress: Mod/ Severe / None / Mild												
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	98%	99%	92%	95%	96%	99%	98%	99%	98%	
Conscious Level: Normal / Altered	N	N	N	N	N	N	U	U	U	U	U	
GCS *	C	C	C	C	C	C	C	C	C	C	C	
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1	1	1	1	
Pain Score	0	0	0	0	0	0	1	1	1	1	1	
Observer's Initials	[illegible]											

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.
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	Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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Patient Sticker

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BY RAINBOW HOSPITALS
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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!
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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)

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 9 D (F)
Dr. NALINIKANTA PANIGRAHY

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

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8
Doctor/Nurse/Family Concern?	Ans	Ans	PM	PM	PM	PM	PM
Temperature (F)	36.9C	37.1C	36.7C	36.5C	36.7C	36.3C	
Heart Rate (bpm) and Blood Pressure (mmHg) *							
Heart Rate (Number)	147bpm	149bpm	156bpm	139bpm	151bpm	159bpm	
Resp. Rate (bpm) (Over 1 Minute) *							
Resp Rate (Number)	52bpm	49bpm	42bpm	40bpm	50bpm	46bpm	
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	
Receiving O_2(l/min) O_2Saturations (%)	96%	97%	100%	97%	100%	99%	
Conscious Level: Normal / Altered	N	N	N	N	N	N	
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	
Observer's Initials	A	A	A	A	A	A	

Note: BP does not score in early warning scoring

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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	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

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.

Patient Sticker

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)
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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00656410 IPS-00173895
Baby Of LIKITHA TWIN-II
18-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. NALINIKANTA PANIGRAHY

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8
Doctor/Nurse/Family Concern?	PM	PM	AM	AM	AM	AM	
Temperature (F)	36.6	36.6	36.6	36.6	36.6	36.6	
Heart Rate (bpm) and Blood Pressure (mmHg) *	172 / 90 / 52	187 / 61 / 70	185 / 42 / 46	170 / 43 / 53	180 / 62 / 68	170 / 57 / 57	
Heart Rate (Number)	169	172	163	159	144	155	
Resp. Rate (bpm) (Over 1 Minute) *	43	36	43	44	35	42	
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2(l/min) O_2Saturations (%)	99	98	97	99	100	92	
Conscious Level: Normal / Altered	N	N	N	N	N	N	
GCS *	C	C	C	C	C	C	
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	
Pain Score	0	0	0	0	0	0	
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 9 D (F)
Dr. NALINIKANTA PANIGRAHY

Doc. No. : RCH / FRM / CLINICAL / 124 — 23/5/2C

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

Pratiksha Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6	8
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM							
Temperature (F)	36.6°C	36.6°C	36.6°C	36.6°C	36.6°C	36.4°C	36.5°C	36.6°C	36.5°C	36.4°C	36.5°C	36.5°C	
Heart Rate (bpm) and Blood Pressure (mmHg) *	80 (68) 61	73 (64) 60	65 (54) 47	70 (58) 52	72 (65) 62	73 (58) 50	79 (61) 58	70 (50) 38	90 (60) 44	104 (68) 69	87 (69) 47	90 (64) 50	
Heart Rate (Number)	171	162	153	161	162	152	155	152	170	183	157	152	
Resp. Rate (bpm) (Over 1 Minute) *													
Resp Rate (Number)	38	46	39	40	39	37	40	41	45	48	43	47	
Resp Distress: Mod/ Severe / None / Mild													
Receiving O_2(l/min) O_2Saturations (%)	97	96	98	98	98	99%	99%	99%	97%	96%	98%	98%	
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N	
GCS *	C	C	C	C	C	C	C	C	C	C	C	C	
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1	1	1	1	1	
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	
Observer's Initials	R	T	R	R	R	R	R	R	R	R	R	R	

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.

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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!
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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)
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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00656316 IPS-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 12 D (F)
Dr. NALINIKANTA PANIGRAHY

28/5/26

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	An	An	An	An	An	An	An					
Temperature (F)	99.1°F	99.3°F	98.4°F	98.5°F	97.6°F	97.6°F	*36.5°C	*36.5°C	*36.4°C	*36.6°C	*36.6°C	*36.6°C
Heart Rate (bpm) and Blood Pressure (mmHg) *	65 (43) 35	55 (41) 34	61 (52) 46	96 (89) 84	K C	64 (46) 38	69 (52) 43	76 (66) 61	61 (60) 40	71 (58) 35	51 (45) 42	59 (42) 34
Heart Rate (Number)	163	154	179	173	148	156	201	172	162	174	169	166
Resp. Rate (bpm over 1 Minute) *	38	49	38	39	31	41	57	56	45	63	31	45
Resp Distress: Mod/ Severe / None / Mild												
Receiving O_2 (l/min) O_2 Saturations (%)	97%	97%	97%	97%	97%	98%	98%	98%	98%	93%	98%	96%
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	C	C	C	C	C	C	C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials												

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.
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Patient Sticker

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It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)
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BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 13 D (F)
Dr. NALINIKANTA PANIGRAHY

Doc. No. : RCHBH / PRM / CLINICAL / 124

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	PM	PM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM
Temperature (F)	36.6°C	36.4°C	36.7°C	36.4°C	36.5°C	36.4°C	36.1°C	36.4°C	36.3°C	36.5°C	36.1°C	36.1°C
Heart Rate (bpm) and Blood Pressure (mmHg) *	57 (40) 32	69 (44) 37	71 (46) 51	64 (48) 30	60 (48) 35	Kink!	Kink!	56 (44) 41	55 (37) 29	54 (37) 27	62 (43) 35	58 (48) 44
Heart Rate (Number)	168	165	165	151	137	150	160	155	170	163	158	169
Resp. Rate (bpm) (Over 1 Minute) *	46	46	37	40	45	39	33	39	46	42	47	40
Resp Rate (Number)												
Resp Distress: Mod/ Severe / None / Mild												
Receiving O_2(l/min) O_2Saturations (%)	96%	97%	100%	98%	98%	97%	97%	99%	99%	98%	98%	93%
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	C	C	C	C	C	C	C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	R	R	R	R	R	R	R	R	R	R	R	R

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	:	Continue normal observation by staff nurse
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Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 14 D (F)
Dr. NALINIKANTA PANIGRAHY

9/6/26

D. : RUH / FRM / CLINICAL / 124

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

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

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

Temperature (F)	36.7°C	36.6°C	36.5°C	36.1°C	36.2°C	36.2°C	36.5°C	36.4°C	36.1°C	36.5°C	36.4°C	36.7°C

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	180	151	142	146	155	153	144	157	155	156	155	161

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

Resp Rate (Number)	46	51	54	44	42	31	36	38	46	58	53	56
Resp Distress (Mod/ Severe | None / Mild)	N	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	98%	96%	96%	96%	97%	98%	96%	96%	96%	97%	99%	98%
Conscious Level (Normal | Altered)	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	C	C	C	C	C	C	C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	0	0	1	1	1	1	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	1	1	1	1	1	1
Observer's Initials												

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 18 D (F)
Dr. NALINIKANTA PANIGRAHY

4/6/26

Ocu.No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	8	10	12	2	4	6	8pm	10pm	12am	2am	4am	6am
Doctor / Nurse / Family Concern?	AM	AM	PM	PM	PM	PM						

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

	8	10	12	2	4	6	8pm	10pm	12am	2am	4am	6am
	36.6°F *	36.5°F *	36.5°F *	36.5°F *	36.5°F *	36.5°F *	36.5°F *	36.6°F *	36.6°F *	36.5°F *	36.6°F *	36.6°F *

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50

	8	10	12	2	4	6	8pm	10pm	12am	2am	4am	6am
BP (systolic)	160	162	158	156	161	160	154	159	150	156	155	151
(diastolic)	(38)	(34)	(38)	(50)	(40)	36	(40)	(49)	(53)	(36)	(38)	(47)
	27	43	90	47	36	22	33	29	51	26	29	39
Heart Rate (Number)	148	149	163	173	153	150	134	142	158	154	131	

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

	8	10	12	2	4	6	8pm	10pm	12am	2am	4am	6am
Resp Rate (Number)	36	34	32	38	36	43	34	40	39	38	52	
Resp Distress: Mod/ Severe / None / Mild												
Receiving O_2(l/min) O_2Saturations (%)	97	100	98	97	96	96	98	92	100	99		
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N		
GCS *	15	15	15	15	14	15	15	15	15	15		
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1	1	1	1	
Pain Score							0	0	0	0	0	
Observer's Initials	[illegible]	N	N	N	N	N	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	

ACTIONS

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Patient Sticker

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 9 D (F)
Dr. NALINIKANTA PANIGRAHY

23/5/26

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : 2

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	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – ~~N.G~~ 04	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am			0-Gm						e		
	09:00 am	EBM		Stopped	17ml		Passed			10ml		
	10:00 am	+HMF									0	
	11:00 am	EBM			18 ml		–			6ml		
	12:00 pm											
	01:00 pm	EBM			10ml		Passed			9ml		
Total Intake :		+1MHF				**Total Output :**						
	02:00 pm											
	03:00 pm	EBM			18ml		Passed			7ml		
	04:00 pm											
	05:00 pm	EBM			10ml		–			6ml	0	
	06:00 pm											
	07:00 pm	EBM			18ml		Passed			8ml		
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	EBM			18ml		Passed			10ml	1	
	10:00 pm											
	11:00 pm	EBM + HMF			18ml		Passed			12ml	0	
	12:00 am											
	01:00 am	EBM + HMF			18ml		–			8ml	1	
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	EBM + HMF			18ml		–			8ml	1	
	04:00 am											
	05:00 am	EBM + HMF			18ml					6ml	0	
	06:00 am											
	07:00 am	EBM + HMF			18ml		Passed			5ml		
Total Intake :					215 ml	**Total Output :**				95 ml		

Total 24 hrs. Intake	165 cc/kg/day	Total 24 hrs. Output	3.0 cc/kg/day

Docu. No. : RCHBH /FRM / CLINICAL / 092

BAH-00656316 IP5-00173845
Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 10 D (F)
Dr. NALINIKANTA PANIGRAHY

24/5/26

FLUID CHART

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Sheet No. : 3

TF :- 18ml
TV - 170cc/kg/day
B.W :- 1.1 kg

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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	EBM+ HMF			18ml				Passed	10ml		
	10:00 am										NA	
	11:00 am	EBM+			18ml							
	12:00 pm	~~ABM~~										
	01:00 pm	EBM+ HMF			18ml					3ml		
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm	EBM+ HMF			18ml				Passed	10ml		
	04:00 pm										NA	
	05:00 pm	EBM+ HMF			18ml				Passed			
	06:00 pm											
	07:00 pm	EBM+ HMF			18ml				passed	7ml		
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	EBM+ HMF			18ml				-	8ml		
	10:00 pm											
	11:00 pm	EBM+ HMF			18ml				-	10ml		
	12:00 am											
	01:00 am	EBM+ HMF			18ml				passed	8ml		
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	EBM+ HMF			18ml				-	6ml		
	04:00 am											
	05:00 am	EBM+ HMF							-	9ml		
	06:00 am											
	07:00 am	EBM+ HMF			18ml				-	7ml		
Total Intake :		216				**Total Output :**				82		

Total 24 hrs. Intake	166 cc/kg/day	**Total 24 hrs. Output**	2.6 cc/kg/day

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Baby Of PENDYALA LAKSHMI
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Dr. NALINIKANTA PANIGRAHY

FLUID CHART

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21/5

TV :- 100cc/kg/day.
IF :- 13.17ml
B.W :- 1.3 kg

Sheet No. : 1

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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am			3.6ml	10							
	09:00 am	DBM		3.6ml	12ml		passed			11ml		
	10:00 am			3.6ml							0	
	11:00 am	DBM		3.1ml	11ml							
	12:00 pm			3.1ml								
	01:00 pm	DBM		3.1ml	11ml		passed			15ml		
Total Intake :						Total Output :						
	02:00 pm			3.1ml								
	03:00 pm	DBM		3.1ml	11ml		—			—		
	04:00 pm			3.1ml							0	
	05:00 pm	DBM		2.6ml	12ml		passed			18ml		
	06:00 pm			2.6ml								
	07:00 pm	DBM		2.6ml	12ml		—			—		
Total Intake :						Total Output :						
	08:00 pm			2.6ml								
	09:00 pm	EBM		2.6ml	12ml		passed			12ml		
	10:00 pm			2.6ml							0	
	11:00 pm	EBM		2.1ml	13ml							
	12:00 am			2.1ml						6ml		
	01:00 am	EBM		2.1ml	13ml							
Total Intake :						Total Output :						
	02:00 am			2.1ml								
	03:00 am	EBM		2.1ml	13ml					7ml		
	04:00 am			2.1ml							0	
	05:00 am	EBM		2.6ml	14ml					12ml		
	06:00 am			2.6ml								
	07:00 am	EBM		1.6ml	10ml					9ml		
Total Intake :						Total Output :						

Total 24 hrs. Intake	208.4cc/kg/day	Total 24 hrs. Output	13.0cc/kg/day

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14-05-2026 0Y0M0D4H (F)
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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
22/5												
	08:00 am			1.6ml							0	
	09:00 am	EBM		1.6 ml	1ml		Passed			12ml	0	
	10:00 am			1.6ml							0	
	11:00 am	EBM		1.6ml	15ml		—			10ml	0	
	12:00 pm	EBM		1.6ml							0	
	01:00 pm	EBM+HMF		1.6ml	15ml					12ml	0	
Total Intake :		Take				**Total Output :**				U-1	U-34ml	
22/5	02:00 pm			1.6ml			Passed			10ml	0	
	03:00 pm	EBM+HMF		1.6ml	15ml						0	
	04:00 pm			1.6ml							0	
	05:00 pm	EBM+HMF		1.6ml	15ml		—			13ml	0	
	06:00 pm			1.6ml							0	
	07:00 pm	EBM+HMF		1.6ml	15ml		Passed	✓		15ml	0	
Total Intake :		Take				**Total Output :**				U-		
	08:00 pm											
	09:00 pm	EBM+HMF		1.6ml	15ml					8ml		
	10:00 pm			1.1ml								
	11:00 pm	EBM+HMF		1.1ml	16ml		Passed			10ml	0	
	12:00 am			1.1ml								
	01:00 am			1.1ml	15ml					7ml		
Total Intake :						**Total Output :**						
	02:00 am			1.1ml								
	03:00 am	EBM+HMF		1.1ml	16ml					8ml		
	04:00 am			1.1ml								
	05:00 am	EBM+HMF		1.1ml	17ml		Passed			10ml		
	06:00 am			0.6								
	07:00 am	EBM+HMF		0.6	17ml					7ml		
Total Intake :				30.6	216.8	**Total Output :**				111		

Total 24 hrs. Intake	189.cc/kg/day	Total 24 hrs. Output	3.5cc/kg/hr

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Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 10 D (F)
Dr. NALINIKANTA PANIGRAHY

(4) 25/5/26

FLUID CHART

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Sheet No. : 25/5/26

IV - 170cc/kg/day
TF - 18ml
BW - 1.1 kg

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am	EBMF HMF			18ml		Passed			8ml		
	10:00 am											
	11:00 am	EBMF HMF			18ml		little Passed			9ml		
	12:00 pm											
	01:00 pm	EBMF HMF			18ml							
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm	EBMF HMF			18ml					10ml		
	04:00 pm											
	05:00 pm	EBMF HMF			18ml		Passed			8ml		
	06:00 pm											
	07:00 pm	EBMF HMF			18ml		Passed			9ml		
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	EBMF HMF			18ml		-			7ml		
	10:00 pm											
	11:00 pm	EBMF HMF			18ml		-			10ml	0	RK
	12:00 am											
	01:00 am	EBMF HMF			18ml		Passed			8ml		
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	EBMF HMF			18ml					7ml		
	04:00 am											RK
	05:00 am	EBMF HMF			18ml		Passed			7ml	0	
	06:00 am											
	07:00 am	EBMF HMF			18ml					8ml		
Total Intake : 216						**Total Output :** 9.1						

Total 24 hrs. Intake	196	Total 24 hrs. Output	3.13ml / kg / hr

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Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 11 D (F)
Dr. NALINIKANTA PANIGRAHY

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FLUID CHART

TV!- 170cc/kg/day
Bwt!- 1.1
TF!- 18ml.

Sheet No. : 26/5/26

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	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am	EBM+HMF			18ml		passed	–		12ml		
	10:00 am										0	
	11:00 am	EBM+ HMF			18ml		–	–		8ml		
	12:00 pm											
	01:00 pm	EBM+ HMF			18ml		passed	–		6ml		
Total Intake : 54ml						Total Output : 26 ml						
	02:00 pm											
	03:00 pm	EBM+ HMF			18ml		–	–		10ml		
	04:00 pm										0	
	05:00 pm	EBM+ HMF			18ml		passed	–		13ml		
	06:00 pm											
	07:00 pm	EBM+ HMF			18ml		passed			10ml		
Total Intake : 54ml						Total Output : 33ml						
	08:00 pm											
	09:00 pm	EBM+ HMF			18ml		–			10ml		
	10:00 pm										0	
	11:00 pm	EBM+ HMF			18ml		passed			7ml		
	12:00 am											
	01:00 am	EBM+ HMF			18ml		–			6ml		
Total Intake : 54ml						Total Output : 23ml						
	02:00 am	EBM+ HMF			18ml							
	03:00 am	↓					—			7ml		
	04:00 am	EBM+ HMF			18ml							
	05:00 am	↓					small passed			10ml	0	
	06:00 am	EBM+ HMF			18ml							
	07:00 am	↓								8ml		
Total Intake : 54ml						Total Output : 26ml.						

216

Total 24 hrs. Intake	180cc/kg/day.	Total 24 hrs. Output	3.75cc/kg/day.

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Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 11 D (F)
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FLUID CHART

27/5/26

TV = 180cc/kg/day
Bwt = 1.207
TF = 20ml

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: ~~IV~~ ORS	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am	EBM+1 HMF		✓	10ml	0.1ml clear milky	passed	Nil	—	10ml	—	[illegible]
	10:00 am											
	11:00 am	EBM+1 HMF	[illegible]	✓	20ml		passed	Nil	—	10 ml	-	[illegible]
	12:00 pm											
	01:00 pm	EBM+1 HMF	20ml / 20min	✓			—		—	—		[illegible]
Total Intake : 38ml						**Total Output :** 20ml						
	02:00 pm											
	03:00 pm	EBM+1 HMF	20ml / 25min	✓		Nil	passed	Nil	—	10 ml	1	[illegible]
	04:00 pm											
	05:00 pm	EBM+1 HMF	20ml / 27min	✓		Nil	passed	Nil	—	8ml	0	[illegible]
	06:00 pm											
	07:00 pm	EBM+1 HMF	2·	✓	20ml	Nil	passed	Nil	—	—	1	[illegible]
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	EBM+1 HMF		✓	20ml					7ml	1	
	10:00 pm											
	11:00 pm	EBM+1 HMF		✓	20ml		passed	Nil	—	10ml	0	[illegible]
	12:00 am											
	01:00 am	EBM+1 HMF		✓	20ml					8ml	1	
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	EBM+1 HMF		✓	20ml		passed	Nil		7ml	1	
	04:00 am											
	05:00 am	EBM+1 HMF		✓	20ml		—			8ml	0	[illegible]
	06:00 am											
	07:00 am	EBM+1 HMF		✓	20ml		passed			7ml	1	
Total Intake : 238						**Total Output :** 85						

Total 24 hrs. Intake	180cc/kg/day	Total 24 hrs. Output	3.21acc/kg/day

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Baby Of PENDYALA LAKSHMI
14-05-2026 0 Y 0 M 12 D (F)
Dr. NALINIKANTA PANIGRAHY

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FLUID CHART

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Sheet No. : .....

TV - 150 cc/kg/day
TF - 20 ml
B.W : 1.3 kg.

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – ONS / N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am										1	
	09:00 am	EBM+HMF		—	20ml		Passed			8ml		
	10:00 am										0	
	11:00 am	EBM+HMF		✓	20ml		—			10ml		
	12:00 pm										1	
	01:00 pm	EBM+HMF		—	20ml		Passed			8ml		
Total Intake : 60 ml						Total Output : 26 ml						
	02:00 pm											
	03:00 pm	EBM+HMF		✓	20ml		—			10ml	1	
	04:00 pm											
	05:00 pm	EBM+HMF		—	20ml		Passed			8ml	0	
	06:00 pm										1	
	07:00 pm	EBM+HMF		—	20ml		—			10ml		
Total Intake : 60 ml						Total Output : 28 ml						
	08:00 pm										1	
	09:00 pm	Expired			20ml		—			10ml		
	10:00 pm										0	Nilaya
	11:00 pm	EBM+HMF		✓	20ml		—			6 ml		
	12:00 am										1	
	01:00 am	EBM+HMF			20ml		Passed			8ml		
Total Intake : 60 ml						Total Output : 24 ml						
	02:00 am										1	
	03:00 am	EBM+HMF			20ml		—			9ml		
	04:00 am										0	
	05:00 am	EBM+HMF			20ml		—			10ml		
	06:00 am											
	07:00 am	EBM+HMF			20ml		—			8ml	27	
Total Intake : 240 ml						Total Output : 105 ml						

Total 24 hrs. Intake	180 cc/kg/day.	Total 24 hrs. Output	3.3 cc/kg/day