

Baby hli

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VIH-00205996 IP-00060381
Baby B/O NEHA
17-06-2026 0Y0M0D6H (M)
Dr. ATLURI KUNDANA PRIYA

ACTIV



ING

Name: _____

UHID No: 205996 IP No: 60381 Consultant: Dr. Kundana Priya Dept: 1st floor

Date of Admission: 17/6/26 Time: 4pm Date of Discharge: _____ Time: _____

Room / Bed No: 226-1 Ward: Clw Suggested Billable bed type: _____


WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/6/26	10:38pm	MIW	ROOM(103)	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
17/6/26	Blood grouping	V126020664 ✓	
	cross checked by mangra 17/6/26 @ 7:52 PM		
	Transcatheter bilirubin	26020840	✓

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060381

Admit Date : 17-Jun-2026

Admit Time : 04:00 PM UHID : VIH-00205996

Patient Details :

Patient Name : Baby B/O NEHA

Age : 0 D

Guardian : Mr ASHWANI KUMAR JHA

DOB : 17-06-2026 02:58 PM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : PLOT NO304,BLOCK -5,G K PRIDE APT JJ
Nagar Colony Hyderabad Telangana INDIA
500087

Phone No : 9963251136/

E-mail : na123@gmail.com

Admission Details :

Bed Type : BASINET

Bed No : CRDL-MICU-226-1

Ward Name : N 2F-MICU

Room No : CRDL-MICU-226-1

Admission Type : First Visit

Contact Details :

Name : Mr ASHWANI KUMAR JHA

Relationship :

Contact Address : PLOT NO304,BLOCK -5,G K PRIDE APT JJ
Nagar Colony Hyderabad Telangana INDIA
500087

Phone No : 9963251136 / 7717212007

Signature

Doctor Details :

Doctor Name : Dr. ATLURI KUNDANA PRIYA

Specialisation : NEONATOLOGY

Referral Doctor : DR.MADHUMITA ANIRUDDHA GITAY

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 25000.00

Payment Mode : DC/CC Card

Payor Name : SELFPAY

PATIENT TRANSFER FORM

-VH-00205996 IP-00060381
Baby B/O NEHA
17-06-2026 OYOMOD6H (M)
Dr. ATLURI KUNDANA PRIYA

Date & Time of Admission 17/6/26 @ 4pm		Date & Time of Transfer Order 17/6/26 @ 10:45 pm
Treating Consultant	Transfer Ordered by Dr. Srikar	Reason for Transfer Observation
From Unit LW	To Unit Room (104)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 25	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/> Dr. Srikar		
Name & Signature of Person who is Transferring S. Prabhakar		Name of Person Ordered Transfer Dr. Srikar
Patient & Clinical Records Received by : Sadiya		
Date & Time of Patient Received : 17/6 @ 10:45 pm		

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

Unavailable Bed

Nurse not Available

Available Bed not ready

1

NURSING DEPARTMENT

NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o. Neha Mother's Name: Mrs. Neha
 Date of Birth: 17/6/26 Time of Birth: 2:58pm Gender: Male Female
 Birth Weight: 3.420 Kgs HC: 38 cm Length: 46 cm
 Meconium in Liquor: Yes No Cried at Birth: Yes No
 Term/ Pre-term / Post-term: _____
 Resuscitated: Yes No Blood Group: Mother: B: positive Baby: not at came
 Feeding: Breast Feeding Formula Both First Feed Time: 4pm

VIH-00135621 IP-00060375
 Mrs NEHA
 25-07-1989 36 Y 10 M 23 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY

Mode of Delivery: Normal LSCS - Emergency/ Elective Instrumental AVU
 Indication: _____

Physical Assessment of New Born:

Temp: 36.4 °C HR: 140 /Min RR: 30 /Min BP: - SpO₂: 100%

Pain Score: _____ (Follow N Pass)

Fall Risk Assessment: Yes No Score: 15 (Fill the Humpty Dumpty Sheet)

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

Behaviour Status on admission: Sleeping Crying Calm Drowsy

Findings:

General Appearance: Posture: Well-Flexed Asymmetry

Skin: Pink Meconium Stain Others, Specify: _____

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No

3. Socio History: Siblings Yes / No

All information obtained from Mother Father Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: manga devi Signature: [Signature] Date & Time: 17/6/26 @ 4:30pm

VIH-00205996
 Baby B/O NEHA
 17-06-2026
 Dr. ATLURI KUNDANA PRIYA
 IP-00060381
 O Y O M O D 6 H (M)



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Neha Mother's Name: Mrs. Neha
 Date of Birth: 17-06-2026 Time of Birth: 14:58 pm Gender: Male Female
 Birth Weight: 3.4200 Kgs HC: cm Length: cm
 Meconium in Liquor: Yes No Cried at Birth: Yes No
 Term / Pre-term / Post-term:
 Resuscitated: Yes No Blood Group: Mother: 'B' positive Baby:
 Feeding: Breast Feeding Formula Both First Feed Time: 4 PM

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Physical Assessment of New Born:

Temp: 37 °C HR: 143 /Min RR: 42 /Min BP: SpO₂: 100%

Pain Score: (Follow N Pass)

Fall Risk Assessment: Yes No Score: 15 (Fill the Humpty Dumpty Sheet)

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

Behaviour Status on admission: Sleeping Crying Calm Drowsy

Findings:

General Appearance: Posture: Well-Flexed Asymmetry

Skin: Pink Meconium Stain Others, Specify:

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No

3. Socio History: Siblings Yes / No

All information obtained from Mother Father Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Subham

Signature:

Date & Time: 17/6/26 @ 11 PM

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Neha Age : 36yr Father's Name : Age :
 Date of Birth : 25-07-89 Date of Admission : UHID No. :
 NICU Consultant : Dr Kondana Priya Referring Consultant : Dr. Madhumitha
Transferring Unit : OT Labour Room ER Ward
Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/o Neha Mother's Blood Group : B Positive
 Gender : M F Blood Group :
 Date of Birth : 17/6/26 Time of Birth : 14:58:56 Birth Weight (gms) : 3.420 Length (cms) :
 Place of Birth : Rctt. VKP. OFC (cms) :
 Estimated Gesth Age : 39+2 wk.

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 36yr : Ht : 158 Wt : 73 BMI : Married Life : 8yr LMP : 15/9/25 EDD : 22/6/25
 Conception : Spontaneous or with Rx : Spontaneous
 Booked at what GA : Conception AN Steroids Drugs / Doses :
 Last Scans Details : 8/5/26 SCUF / 33+4 / cephalic Pl. posth th 1 AFI - 11.1 AC 8% EFW - 1.896kg
Doppler (M) TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <18 yrs > 35yrs
 Consanguinity : Yes No
 If yes, degree of consanguinity : 1 2 3
H/o PIH (after 20 weeks) / PE
 How many Drugs / Doses / Since how long :
 H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) :
 IUGR - when detected :
 Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus :
 AFI :

H/o GDM/ pre GDM/ on diet or insulin
 Controlled or not, recent values, HbA1 values :
 Compliance with Rx : Small subcortical cyst
 Scans : LGA, (TIFFA) Fetal Echo : In upper pole of kidney 4.9mm x 8.5mm
H/o Hypothyroidism : when diagnosed ? Medication?
Quadruple marker - low risk
 Any other Chronic Medical Problems, when detected drugs ?
 (Anemia, SLE, Jaundice, CHD, Heart Disease)
 Infection : H/O, Fever
 (Malaria UTI TORCH TB HIV HBV)
 UTI : when : Any culture :

PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :

PAST OBSTETRIC HISTORY

G: 4 P: 1 A: 2 L: 2

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	8 wks	SP. m	Stagnant	1	MC (MH. 2019)	
2	made	(Syr)	(Syr)	(Syr)		
3	6-7 wks	missed	miscarriage	2023	(MERC)	

PERINATAL HISTORYTreating Obstetrician : Dr. Madhumi Tha Hospital : RCH V.K.P. Inborn Outborn

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

NEONATAL RESCUSTITION DETAILS**APGAR SCORE**

Gestational Age : Weeks :

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

TOTAL

1 Minute	5 Minutes	10 Minutes
9/10	9/10	

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :



Equipment check done

Target SpO2
reached
at 21 at 1 hr

↓
B/O Neha delivered
via FLSCF
↓
Baby Boy
↓
CtAB
+
Sce done for GBS
↓
Screening done
Cord clamp cut
↓
2A+IV①
Inf. vit. K ilm given
↓
Baby vigorous, kept to mother's side

Investigation details in previous Hospital :

→

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

C/A - good

VITALS : Temperature : 36.7°C HR : 160/min RR : 38/min NIBP : CFT : 23 sec

Color of the extremities : + Acrocyanosis

Jaundice : Pallor : SpO2 : 98.1RA

Anthropometry : Birth Weight : 3420g Length : HC : Present Weight :

Ponderal Index : AGA SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD : Fontanelles : Sutures : AF@level
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :

Facies : (Any Facial Dysmorphism)

NECK and CLAVICLES : Range of Motion : Asymmetry : Masses : | ⊙

EYES : Symmetry : Red Reflex : Discharge : } not club

EARS, NOSE MOUTH and THROAT : Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue : | ⊙

THORAX and BREASTS :

Shape of Thorax :
Position of Nipples and Number : 2 in \textcircled{P} ant post

ABDOMEN and UMBILICUS :

Shape :
Organomegaly :
Bowel Sounds : 2A+1V \textcircled{P}
Umbilical Stump :
Discharge :

GENITILIA :

Labia / Hymen :
Testicles/penis : \textcircled{P} testis descended
Anus :

HERNIAL ORIFICES

free

TRUNK and SPINE :

\textcircled{P}

SKIN LESIONS :

EXTREMITIES :

Fingers / Toes :
Deformities : 10f+10t \textcircled{P}
Hip Joint Examination :
Arms / Legs :
Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention if baby has Respiratory distress : RR : 40/min SCR / ICR / See - Saw breathing :

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

Mention if baby is on : Hood box CPAP Ventilator

Settings :

SpO₂ : 92 Auscultation : \textcircled{P} Breath Sounds : \textcircled{P} Added Sounds : -

Cardiovascular System :

HR : 160/min BP : Precordial Activity : \textcircled{P}

Femoral Pulses : \textcircled{P} Murmurs : -

Other Peripheral Pulses : \textcircled{P} Signs of Cardiac Failure :

Abdomen :

Shape : Hernia orifice : \textcircled{P}

Palpation : soft Anal Patency : \textcircled{P}

Palpable masses : Umbilical Cord : 2A+1V \textcircled{P}

Abdominal girth : First urine passed : \textcircled{P} passed
Meconium passed :

Nervous System : Higher intellectual functions (Sensorium) :
State of wakefulness :
Prechtle Score :

Nerves :

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : *RMoroose depressed* DTR :

ATNR : *(+)* Skull and Spine :

Any Congenital Anomalies :

Diagnosis : *HL E. Use 1 CIA, MCH 3420 by J.A.A.*

FOOT PRINTS

Left Side :



Right Side :



*Taken by
Sr Ruby P
17/6/26
3:15pm*

Resident Doctor :

Signature : *[Signature]*

Name : *Dechika*

Date & Time : *17/6/26 / 3:15pm*

Consultant :

Signature : *[Signature]*

Name : *Dr. Anurupa*

Date & Time : *17/6/26 10am*

DISCHARGE PLAN

Information given by: Family Friend

Will patient require transportation arrangements to go home: Yes No NA

Will Physiotherapy require at home: Yes No NA

Is home medical equipment anticipated: Yes No NA

Is home oxygen therapy anticipated: Yes No NA

Breastfeeding Yes No NA

Formula Feed Yes No NA

Are dressing needs at home anticipated: Yes No NA

Any other needs anticipated: Yes No If Yes Specify

Feeding Plan at the time of shifting :

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.....

.....

.....

.....

.....

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Discharge Details:

Neonatal Condition at Discharge:

.....

.....

.....

.....

.....

.....

.....

.....



Feeding: Breastfeeding Exclusively Breastfeeding and Formula Feeding Formula Feeding

Vitamin K given: Yes No

Vaccinations given BCG Hepatitis B Others:

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

Hearing Test: Yes No

Jaundice: NIL Slight Moderate

Passed Urine: Yes No

Passed Meconium: Yes No

Weight at discharge:

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

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

Discharge to Home Other:

Against Medical Advice: Yes No

Referred to another hospital: Yes No

Discharge Medications: Yes No

Details:

Final Diagnosis:
- DRF 2nd uln
- OAELSRALNES ~~at~~ RIF D/L
- usg by D/L / 4.8 use 2 L/L DIFAA finding
abdom
- Immunization

Noted by
Reby: P.
17/6/26.
@ 3:15 PM

Doctor Signature:

Doctor Name: Dr. Shriya

Date & Time: 17/6/26 / 3:15 pm

VH-00205996 IP-00060381
 Baby B/O NEHA
 17-06-2026 0 Y 0 M 1 D (M)
 Dr. ATLURI KUNDANA PRIYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 9:20 AM	ET / succus / meq / 3420 kg / AB +	
	Baby warm c/T/A good CRT < 3 sec	TIFFA - small subcortical cyst @ kidney
	Bwt: 3.420 kg TW: 3.85 kg	
	Cvst 1/2 (+) epi RAE (+) pla-ropt	
M? B	B+ve myoacs - equivocal	<u>Plan</u>
Urea - (N)		1) DBF by Pumpeng Dell
Stool - parced		2) Vaccination
		3) OAE } T/m TCB }
		4) UCG after d/c - P/MO TIFFA feeding
	VACC: DONE	
	OAE } T/m TCB }	
↓ ↓ ↓	↓ ↓ ↓	
	18/6/26 10 AM	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26	<u>Lactation notes (Mrs. Ranjashree)</u>	
	<ul style="list-style-type: none"> Experienced Mother 	
	<ul style="list-style-type: none"> Normal breast condition, nipples are short 	
	<ul style="list-style-type: none"> Drops of milk seen 	
	<ul style="list-style-type: none"> Mother is DDF the baby 	
	<ul style="list-style-type: none"> Nipple stimulation exercises are taught 	
	<ul style="list-style-type: none"> Advised to feed the baby every 2hrs 	
	<ul style="list-style-type: none"> More skin to skin 	
	<ul style="list-style-type: none"> To track the feeding in the sheet given 	
	<ul style="list-style-type: none"> for 	
	<ul style="list-style-type: none"> 11:20am 	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 5pm 2-1102	FT / Urea / Creat / 3420g) ASA Baby warm d/r/a good CRT < 3 sec CVS - 112 (+) 4s - RAE (+) PLA wpt	SIFFA - Small subcortical cyst @ kidney
Dr. Kundana Dr. Kundana 18/6/26 5pm		Plan 1) DBF s/hy Bumping Dist 2) OAE ? r/m TEB } → GAM 3) USG after d/s → on sup.
Dr. Kundana		noted by Benonika 18/6 @ 8pm

VIH-00205996
Baby B/O NEHA
17-08-2026

IP-00060381

0Y0M1D (M)

Dr. ATLURI KUNDANA PRIYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/8/26 9:00 AM	S/D Register	
	Full term / AGA / baby boy / 10L-44	
	o/E baby exam	
	easy	
	tone } (N)	
	activity } (N)	
	T.wt: 3.25kg H/c - NAD	Plan → Discharge today
	T.wt: 3.20kg P/A - soft	→ Warm care
		→ DAM

~~discharge TODAY~~

~~go on Monday
USS abd~~

Signature
(Dr. Sameer)

~~Dr. Kundana
19/8/26
10AM~~



NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: FT/EL/LS/LCIAB/male/ 3.4204/AGA						Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: Nil		
BACKGROUND		Surgery / Procedure: -						Post OP Day: -		
BACKGROUND	Date	17/6/26	17/6	17/6	18/6	18/6/26	18/6			
	Shift	Evening	N	Night	M	E	N			
	Medical Condition (Any special condition to be noted):	-	-	-	nil	nil	Nil			
	Diet:	DBF	DBF	DBF	DBF	DBM	DBM			
ASSESSMENT	Allergy:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA			
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Vital Signs:	Temp:	36.4°F	36.2°F	37.6°F	99.6°F	98.6°F	98.6°F		
		Res:	40b/min	45b/min	42b/min	40b/min	35b/min	38b/min		
		SpO ₂ :	99%	96%	92%	98%	99%	99%		
		Pulse:	146b/min	150b/min	145b/min	138b/min	140b/min	148b/min		
		BP:	-	-	-	-	-	-		
		LOC:	conscious	conscious	conscious	conscious	conscious	conscious		
	Fall Risk Score:	0	0	15	15	15	15			
Pain Score:	0'scal	0	0	0	0	0				
Skin Integrity	intact	intact	intact	intact	intact	intact				
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	Physiotherapy:	Nil	Nil	Nil	Nil	Nil	Nil			
	Others Specify:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	Special Diet:	Nil	Nil	DBF	DBF	DBM	DBM			
	Critical Lab Test / Values:	nil	nil	nil	nil	nil	nil			
	Other Special Orders / Medications:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	PU Prophylaxis:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	DVT Prophylaxis:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
ADL (Dependent / Non Dependent):	Dependent	dependent	dependent	dependent	dependent	dependent				
Post Operative Procedure Special Orders:		-	-	nil	nil	nil	nil			
Handed Over By Name :		manga	prathuska	subhan	manasa	Beenuka	Subhan			
Signature / ID :		(Signature)	(Signature)	(Signature)	(Signature)	(Signature)	(Signature)			
Date:		17/6/26	17/6/26	18/6	18/6	18/6/26	19/6			
Time:		@8pm	@8pm	@8pm	@2pm	@8pm	8AM			
Taken Over By Name :		prathuska	Subhan	Indu	Beenuka	Subhan	Beenuka			
Signature / ID :		(Signature)	(Signature)	(Signature)	(Signature)	(Signature)	(Signature)			
Date:		17/6/26	17/6	18/6/26	18/6/26	18/6	19/6/26			
Time:		@8pm	@10pm	@8am	@2pm	@8pm	@8am			



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: N/B	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known					
	Surgery / Procedure: -	If Yes Specify:					
BACKGROUND	Date	19/6	M				
	Shift						
	Medical Condition (Any special condition to be noted):	NP					
	Diet:	DBP					
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	98.6P				
		Res:	29 bpm				
		SpO ₂ :	99%				
		Pulse:	136 bpm				
		BP:	-				
		LOC:	conscious				
		Fall Risk Score:	15				
	Pain Score:	0					
	Skin Integrity	Intact					
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	NP					
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	DBP					
	Critical Lab Test / Values:	NP					
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	Dependent					
	Post Operative Procedure Special Orders:	NP					
	Handed Over By Name :	Bernika					
	Signature / ID :	201827					
	Date:	19/6					
	Time:	@ 12am					
	Taken Over By Name :						
	Signature / ID :						
	Date:						
	Time:						

noted by Anitha
19/6 @ 10.35 AM

NURSING CARE RECORD

Date: 17/6/26

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	4pm	⇒ Ensure safety	4:10 pm	⇒ provided crib & warm care	⇒ Baby safety	⇒ Baby safe & comfortable	Atu mangra 17/6/26 @7:30m
	7pm	⇒ Prevent Infection	7:10 pm	⇒ To prevent to Infection	⇒ maintained hand hygiened	⇒ Baby hygiened	
Night	10pm	Ensure Safety	10pm	provide side rails	Baby -safety	Baby safe & comfortable	pallyes 18/6/26 @6pm Subh 18/6 @8am
	12AM	→ maintain's good nutritional		→ feed DM given every and hourly	→ Baby is taking well	→ Baby is stable	

VH-00205996
 Baby B/O NEHA
 17-06-2026
 Dr. ATLURI KUNDANA PRIYA (M)
 0 Y 0 M 1 D
 IP-00060381

NURSING CARE RECORD



Date: 18/6

Goals

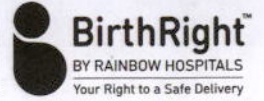
- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10 AM	→ Feeding	10:30 AM	→ Direct breast feed is given for every 2nd hourly	→ To maintain oral intake	→ Baby is stable	A navas
Afternoon	6pm	→ Baby warm care and cord care.		→ Provided warm care and cord care.	→ Provided comfortable position and prevent infection	Baby is stable	Brunika 18/6 @ 8pm
	7pm	→ Feeding		→ DRM given every 2nd hourly	→ feed well		
Night	8pm	→ Assessment → feeding	8pm	→ Assessed the child condition → Direct breast feed given 2nd hourly	→ child is active → Baby tolerating well	→ now child is stable	subhan 19/6 @ 8pm

VIH-00205996 IP-00060381
 Baby B/O NEHA
 17-06-2026 0 Y 0 M 1 D (M)
 Dr. ATLURI KUNDANA PRIYA



NURSING CARE RECORD



Date:

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10:30 AM	→ Discharge note :-		Doctor come for rounds & advice Discharge			
Afternoon						noted by Anetha 19/6 @ 10:30 AM	
Night							

Patient Sticker

NURSING CARE RECORD



Date:

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			17/6/26		18/6	18/6	19/6
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3	-				
	7 to less than 13 years old	2	-				
	13 years old and above	1	-				
Gender	Male	2	2	2	2	2	2
	Female	1	-				
Diagnosis	Neurological Diagnosis	4	-				
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope/ Dizziness, etc.	3	-				
	Psych/ Behavioral Disorders	2	-				
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	-	3	3	3	3
	Forget Limitations	2	-				
	Oriented to own ability	1	-				
	History of Falls or Infant-Toddler Placed in Bed	4	-				
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture/ Lighting (Tripled Room)	3	3	3	3	3	3
	Patient Placed in Bed	2	-				
	Outpatient Area	1	-				
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	-				
	Within 48 hours	2	2	2			
	More than 48 hours/ None	1	-	01	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	-				
	Hypnotics	3	-				
	Barbiturates	3	-				
	Phenothiazines	3	-				
	Antidepressants	3	-				
	Laxatives/ Diuretics	3	-				
	Narcotics	3	-				
	One of the Meds listed above	2	-				
	Other Medications/ None	1	1	1	1	1	1
Total			16	15	15	15	15

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

	Crib	Crib	Crib	Crib	Crib
Bed in low position	-	✓	✓	✓	✓
Call device within reach	-	✓	✓	✓	✓
Wheels Locked	-	✓	✓	✓	✓
Room free of clutter	-	✓	✓	✓	✓
Adequate lighting	-	✓	✓	✓	✓
Wheel chair support	-	x	x	o	x
Other Intervention(s) Specify	-	✓	✓	✓	✓
Nurse's Name:	mangy	sub	marat	Brij	sehan
Signature:	(Signature)	(Signature)	(Signature)	(Signature)	(Signature)
Date:	17/6/26	18/6	18/6	18/6	19/6
Time:	@4:30 PM	11AM	11AM	8PM	4AM



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	19/6				
	3 to less than 7 years old	3	4				
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2				
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych/ Behavioral Disorders	2					
	Other Diagnosis	1	1				
Cognitive Impairments	Not aware of Limitations	3	3				
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3				
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1				
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
Other Medications / None	1	1					
Total			15				

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		crib				
Call device within reach		✓				
Wheels Locked		✓				
Room free of clutter		✓				
Adequate lighting		✓				
Wheel chair sup...		>				
Other Intervention(s) Specify						
Nurse's Name:		Anita				
Signature:		Am				
Date:		19/6				
Time:		12:22				

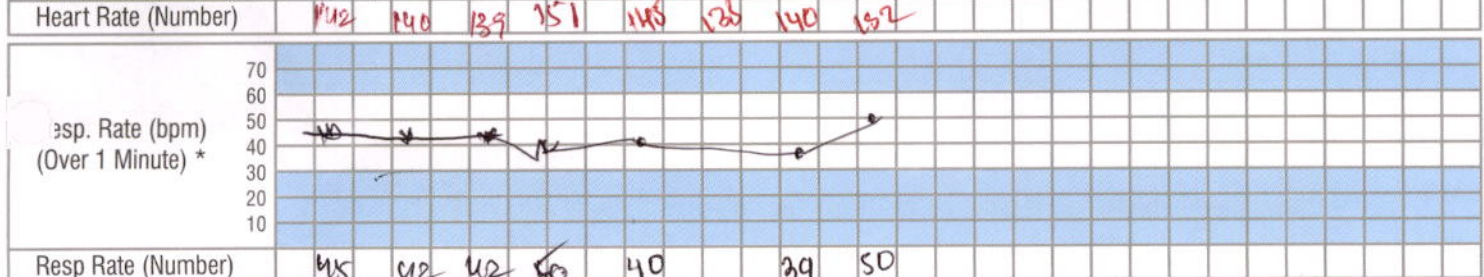
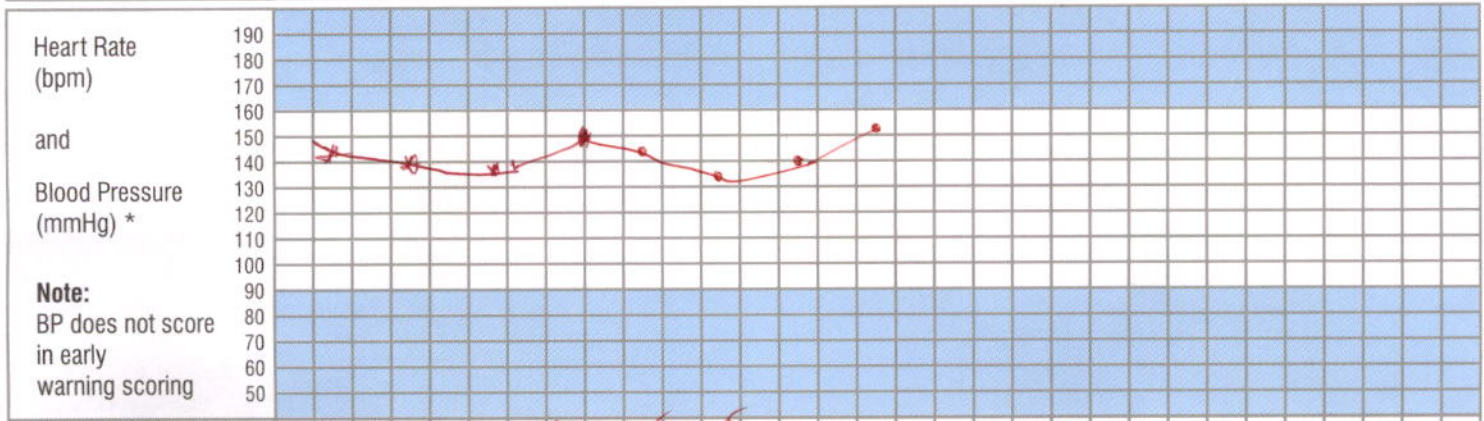
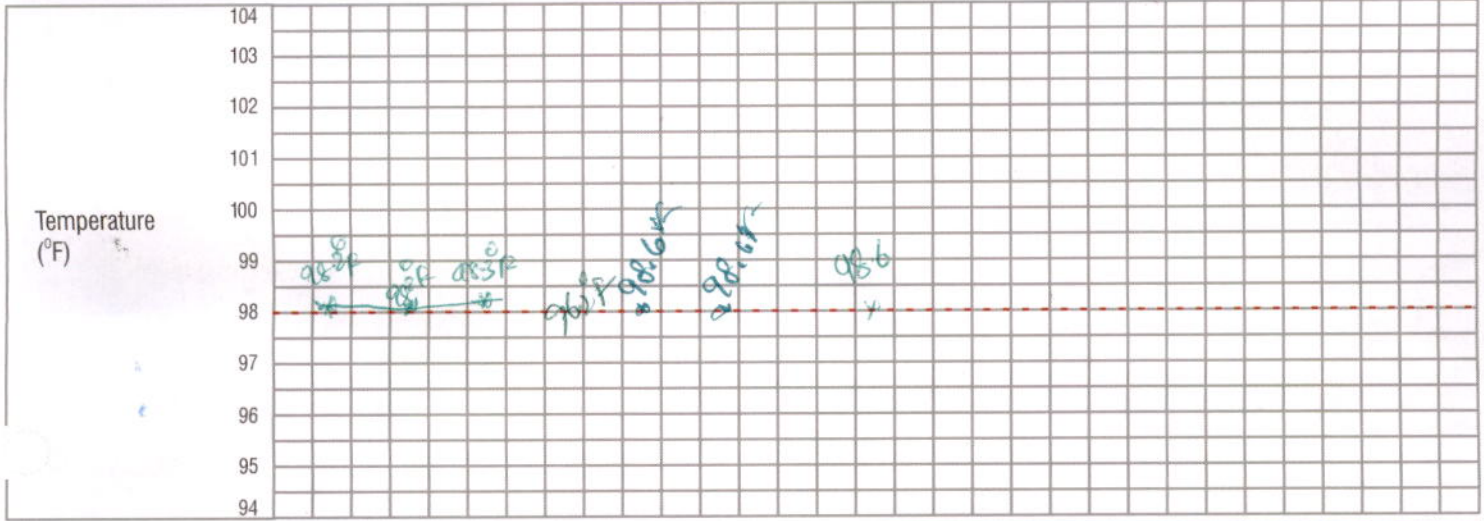


INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 17/6/26 Time: 4 pm 6 pm 8 pm 10 pm 11 pm 2 AM 6 AM
 Doctor/Nurse/Family Concern? PM AM AM



Resp Distress	Mod/ Severe	None / Mild					
Receiving O ₂ (l/min)							
O ₂ Saturations (%)				99	96	97	98
Conscious Level	Normal	Altered		N	N	N	N
GCS *				15	15	15	15

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

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological 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.

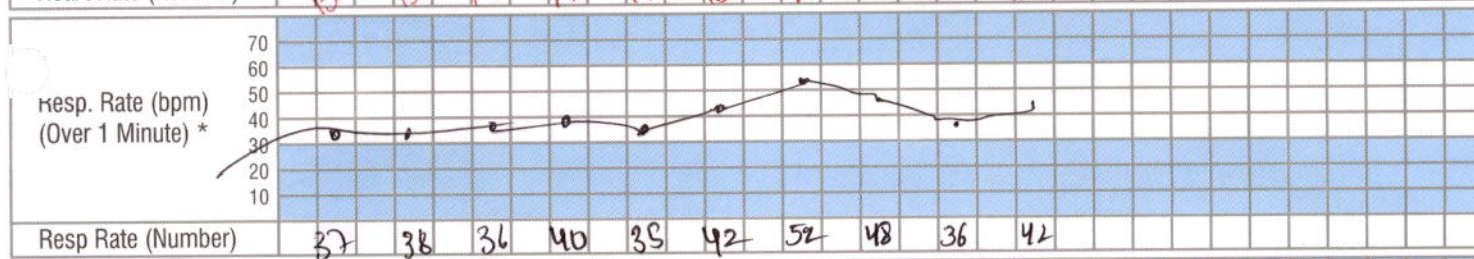
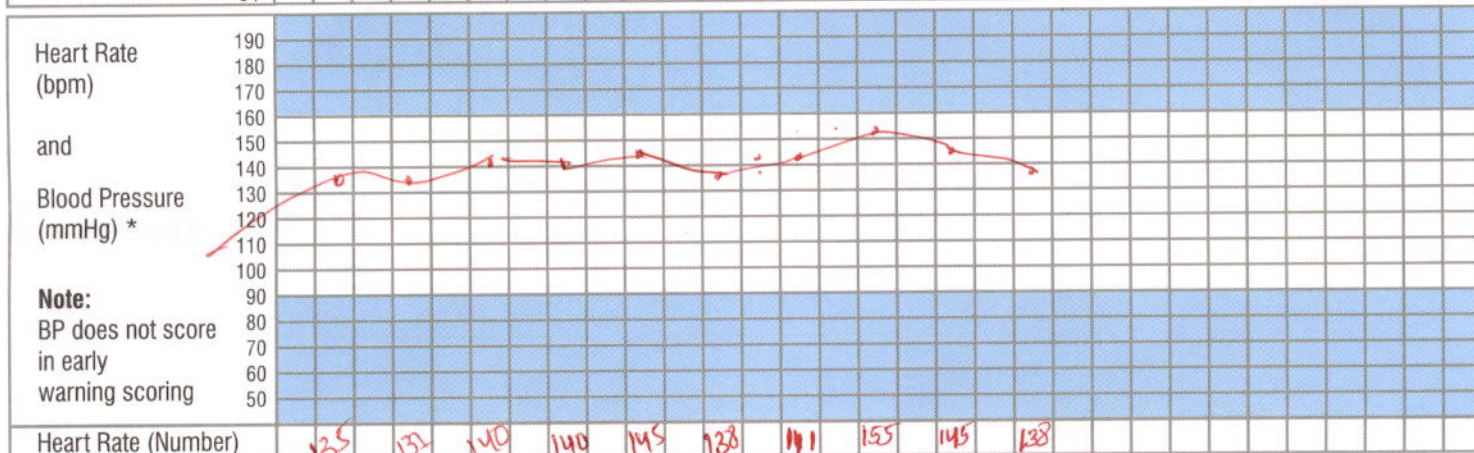
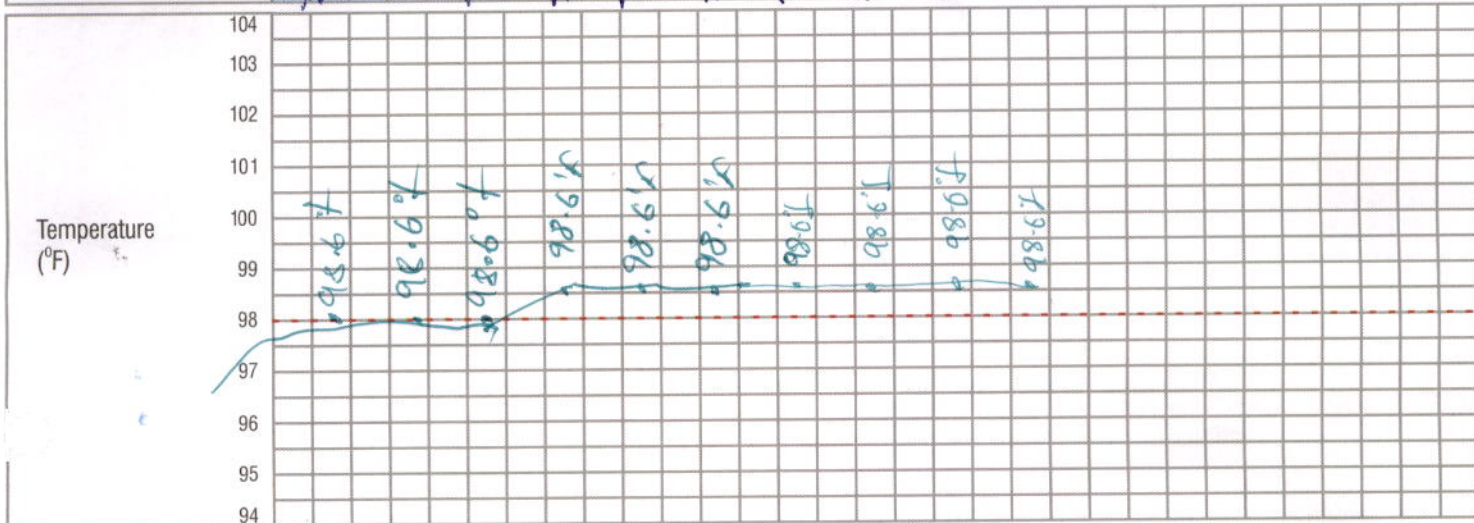
I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). 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)

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 18/6/26	Time: 9	11	1	3	5	7	10	1	4	7
Doctor/Nurse/Family Concern?	Am	Am	Pm	Pm	Pm	Pm	Pm	Am	Am	Am



Resp Mod/ Severe Distress	None / Mild										
Receiving O ₂ (l/min)	O ₂ Saturations (%)	97	97	95	99	100	98	99	100	95	96
Conscious Level	Normal / Altered	N	N	N	N	N	N	N	N	N	
GCS *		15	15	15	15	15	15	15	15	15	

TOTAL SCORE										
Number of shaded boxes	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0
Observer's Initials	Me	Me	Me	B	B	B	SK	SK	SK	SK

ACTIONS

Score 1 : Continue normal observation by staff nurse

Score 2 : Shift in charge nurse to be informed and continue hourly observations

Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.

Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- Detailed actions are described according to increasing Early Warning Score.
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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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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)

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

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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 is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)



FLUID CHART

Sheet No. : 1

17/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
Total Intake :						Total Output :								
	02:00 pm													
	03:00 pm													
	04:00 pm	DBF ✓					✓			✓				
	05:00 pm													
	06:00 pm	DBF ✓					✓			✓				
	07:00 pm									✓				
Total Intake : <u>Good</u>						Total Output : <u>passed</u>								
	08:00 pm									✓				
	09:00 pm	DBF ✓												
	10:00 pm													
	11:00 pm	DBF ✓					✓			✓				
	12:00 am													
	01:00 am	DBF ✓												
Total Intake :						Total Output :								
	02:00 am													
	03:00 am	DBF ✓												
	04:00 am													
	05:00 am	DBF ✓								✓				
	06:00 am													
	07:00 am													
Total Intake :						Total Output :								

17/6/26

17/6

18/6/26

Amanges
17/6/26
@ 7:15pm

Amanges
18/6/26
@ 8pm

Subbu
18/6/26
@ 8AM

Total 24 hrs. Intake

Total 24 hrs. Output 6 times



FLUID CHART

Sheet No. :

18/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
18/6	08:00 am											[Handwritten notes and signatures]
	09:00 am											
	10:00 am	DBM										
	11:00 am											
	12:00 pm											
	01:00 pm	DBM										
Total Intake :						Total Output :						
18/6	02:00 pm											[Handwritten notes and signatures]
	03:00 pm	DBM										
	04:00 pm											
	05:00 pm	DBM										
	06:00 pm											
	07:00 pm	DBM										
Total Intake :						Total Output :						
19/6	08:00 pm											[Handwritten notes and signatures]
	09:00 pm	DBM										
	10:00 pm											
	11:00 pm	DBM										
	12:00 am											
	01:00 am	DBM										
Total Intake :						Total Output :						
19/6	02:00 am											[Handwritten notes and signatures]
	03:00 am	DBM										
	04:00 am											
	05:00 am	DBM										
	06:00 am											
	07:00 am	DBM										
Total Intake :						Total Output :						

Total 24 hrs. Intake []

Total 24 hrs. Output []



FLUID CHART

Sheet No. :

19/6

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
19/6	08:00 am	DBM									1	} Binij 19/6 @11am	
	09:00 am										1		
	10:00 am	DBM									0		
	11:00 am										1		
	12:00 pm										1		
	01:00 pm										1		
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

Noted by
 Binij
 19/6
 @11am

Patient Sticker

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Route	NG	Diarrhoea	Vomit	Drainage	Urine					
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

VIH-00205896 IP-00060381
Baby B/O NEHA
17-06-2026 0 Y 0 M 0 D 6 H (M)
Dr. ATLURI KUNDANA PRIYA



RESULT SHEET

Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood grouping						

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :