

ACTIVITY RECORD FOR BILLING

Name: ----- H-00205880 IP-00060337
 baby of KARTHIKA LAXMI -----
 1-06-2026 0 Y 0 M 0 D 16 H (M) -----
 UHID No : ----- IP No : ----- Dept : -----
 Date of Admission : ----- 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. | DR. MOHD ABDUL KHALID | 13/6/26 | 3090066 | umg |
| 2. | Cross check done by Prasanna on 14/6/26 | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

Patient Name : _____

VIH-00205880 IP-00060337
Baby Of KARTHIKA LAXMI
13-06-2026 0 Y 0 M 1 D (M)
Dr. SURENDER RAO DUSA

UHID NO. : _____



NEBULISATION CHART

| Date | Time | Drug | Nurse | Parents Signature |
|---------|-------|---|-------|-------------------|
| 13/6/26 | 00.00 | 4pm RBS 60mg/dl | umj | 26020306 ✓ |
| | 1.00 | 5pm RBS 77mg/dl | umj | 26020307 ✓ |
| 14/6/26 | 2.00 | 6am RBS 98 mg/dl | art | 26020308 ✓ |
| | 3.00 | Cross check done by Prasanna on 14/6/26 | | |
| | 4.00 | | | |
| | 5.00 | | | |
| | 6.00 | | | |
| | 7.00 | | | |
| | 8.00 | | | |
| | 9.00 | | | |
| | 10.00 | | | |
| | 11.00 | | | |
| | 12.00 | | | |
| | 13.00 | | | |
| | 14.00 | | | |
| | 15.00 | | | |
| | 16.00 | | | |
| | 17.00 | | | |
| | 18.00 | | | |
| | 19.00 | | | |
| | 20.00 | | | |
| | 21.00 | | | |
| | 22.00 | | | |
| | 23.00 | | | |

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060337

Admit Date : 13-Jun-2026

Admit Time : 04:26 PM UHID : VIH-00205880

Patient Details :

Patient Name : Baby Of KARTHIKA LAXMI

Age : 0 D

Guardian : Mr ANAND RAO

DOB : 13-06-2026 01:00 AM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : HNO-201 NEW MILLINEUM APARMENTS
ALWAL TEMPLE ROAD Alwal Hyderabad
Telangana INDIA 500010

Phone No : 9030790700

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : NICU

Bed No : NICU 253

Ward Name : N 2F-NICU I

Room No : NICU 253

Admission Type : First Visit

Contact Details :

Name : Mr ANAND RAO

Relationship : Father

Contact Address : HNO-201 NEW MILLINEUM APARMENTS
ALWAL TEMPLE ROAD Alwal Hyderabad
Telangana INDIA 500010

Phone No : 9030790700 / 966663649


Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA

Specialisation : GENERAL PEDIATRICS

Referral Doctor : SELF

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

VIH-00205880 IP-00060337
 Baby Of KARTHIKA LAXMI (M)
 13-06-2026 0 Y 0 M 1 D
 Dr. SURENDER RAO DUSA
 It takes a lot



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Karthika Sushmi Age : 27y Father's Name : Age :
 Date of Birth : 13/6/26 Date of Admission : 13/6/26 I.P. No. :
 NICU Consultant : Dr. S. Rao Referring Consultant : Dr. Ramesh Ch.
Transferring Unit : OT Labour Room ER Ward Prashansa Hospital
Transported ? Yes No - If yes Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : Blo Karthika Sushmi Mother's Blood Group :
 Gender : M F Blood Group :
 Date of Birth : 13/6/26 Time of Birth : 1:59 PM Birth Weight (gms) : 2.419 kg Length (cms) :
 Place of Birth : Prashansa Hospital OFC (cms) :
 Estimated Gesth Age : 36 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 27y Ht : Wt : BMI : Married Life : 2y LMP : 16/9/25 EDD : 23/6/26
 Conception : Spontaneous or with Rx : OT
 Booked at what GA : Medina Hospital AN Steroids Drugs / Doses :
 Last Scans Details : 16/5/26 - succ. uphali, 33rd wks, SFW - 1991g, AC - 23.2%, Dop ⊕
 TT Immunization and Iron / Folic Acid : given.

MATERNAL RISK FACTORS

| | |
|---|---|
| Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs Consanguinity : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 H/o PIH (after 20 weeks) / PE 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 <u>GDM</u> Controlled or not, recent values, HbA1 values : Compliance with Rx : Scans : LGA, TIFFA , Fetal Echo : H/o Hypothyroidism : when diagnosed ? Medication? <u>2024 on thyronam 37.5 mg.</u> Any other Chronic Medical Problems, when detected drugs ? (Anemia, SLE, Jaundice, CHD, Heart Disease) Infection : H/O, Fever (<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV) UTI : when : <u>16/5/26</u> Any culture : <u>Streptococcus.</u> |
|---|---|

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

PAST OBSTETRIC HISTORY

G : P : A : L :

| Sl. No. | Age | GA wks | B. W | Gender | Significant | Details |
|---------|-------------|--------|------|--------|-------------|---------|
| | <i>Pain</i> | | | | | |
| | | | | | | |
| | | | | | | |

PERINATAL HISTORY

Treating Obstetrician : *Prashansa Kapil* Hospital : *V-Run* Inborn Outborn

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

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

| 1 Minute | 5 Minutes | 10 Minutes |
|--------------|-------------|--------------|
| | | |
| | | |
| | | |
| | | |
| TOTAL | <i>9/10</i> | <i>10/10</i> |

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

Comments :

CAB.

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HPI: single (M) 11/36 w/o | 2.419 kg | soy | USW/USL | RD | undescended testis & hypospadias | 10M

baby was (said to have).

↓
developed RD

↓
connected to LFO₂

↓
notes to have murmur ⊕

↓
in suspicion of ~~was~~ CHD (? VSD),
referred to PCU

of.

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.6°C HR : 154/m RR : 58/m NIBP : CFT : <20cm
Color of the extremities : pink
Jaundice : Pallor : SpO2 : 98% OK/A

Anthropometry : Birth Weight : 2419 g Length : HC : Present Weight :
Ponderal Index : AGA : ✓ SGA : LGA :

HEAD TO TOE EXAMINATION

| | |
|---------------|------------------------|
| HEAD : | Fontanelles : (N) |
| | Sutures : (N) |
| | Shape / Moulding : (0) |
| | Edema / Bruising : (0) |
| | Size - (H.C.) : |

| | |
|--|-----------------------|
| Facies : (Any Facial Dysmorphism) | <i>no dysmorphism</i> |
|--|-----------------------|

| | |
|---------------------------------|-----------------------|
| NECK and CLAVICLES : | Range of Motion : (N) |
| | Asymmetry : (0) |
| | Masses : (0) |

| | |
|---------------|-----------------|
| EYES : | Symmetry : (N) |
| | Red Reflex : |
| | Discharge : (0) |

| | |
|--|---------------------------------|
| EARS, NOSE MOUTH and THROAT : | Ear set / Shape : (N) |
| | Periauricular Pits / Tags : (0) |
| | Nasal shape / Patency : (+) |
| | Palate : <i>no cleft</i> |
| | Gums : |
| | Lips : ? (N) |
| | Tongue : |

| | |
|---------------------------------|--|
| THORAX and BREASTS : | Shape of Thorax : (N) |
| | Position of Nipples and Number : <i>2 in no, normal position</i> |

| | |
|------------------------------------|-------------------------------|
| ABDOMEN and UMBILICUS : | Shape : (N) |
| | Organomegaly : (0) |
| | Bowel Sounds : (+) |
| | Umbilical Stump : <i>2+IV</i> |
| | Discharge : (0) |

| | |
|--------------------|--|
| GENITALIA : | Labia / Hymen : |
| | Testicles / penis : <i>all testis undescended, hypospadias</i> |
| | Anus : |

| | |
|-------------------------|-------------|
| HERNIAL ORIFICES | <i>free</i> |
|-------------------------|-------------|

| | |
|--------------------------|-----|
| TRUNK and SPINE : | (N) |
|--------------------------|-----|

| | |
|-----------------------|-----|
| SKIN LESIONS : | (0) |
|-----------------------|-----|

| | |
|----------------------|-------------------------|
| EXTREMITIES : | Fingers / Toes : |
| | Arms / Legs : ? (N) |
| | Deformities : |
| | Mobility : |
| | Hip Joint Examination : |

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

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

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

Mention if baby is on : Hood box CPAP Ventilator

Settings :

Spo2 : 99% Auscultation : BAE ⊕ Breath Sounds : NVBS ⊕ Added Sounds :

Cardiovascular System :

HR : 161/m BP : Precordial Activity : ⊕

Femoral Pulses : 2/ fem Murmurs : ⊕

Other Peripheral Pulses : Signs of Cardiac Failure : ⊕

Abdomen :

Shape : ⊕ Hernia orifice : free

Palpation : soft Anal Patency : ⊕

Palpable masses : ⊕ Umbilical Cord : 2A+1U

Abdominal girth : ⊕ First urine passed :
Meconium passed :

Nervous System : Higher intellectual functions (Sensorium) : 2/ norm

State of wakefulness :

Prechtle Score :

Nerves :

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

Motor System :

Passive Tone : 2/ AUA

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : irregular, symmetrical DTR :

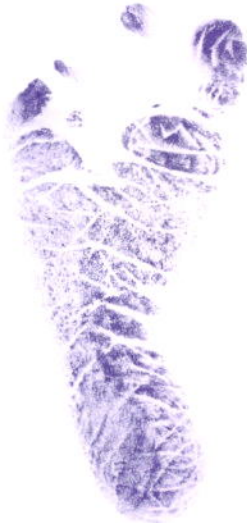
ATNR : Skull and Spine : ⊕

Any Congenital Anomalies : none

Diagnosis : single / 36 wto / CRT / 2.410 up / ACA / CW / US / NO / hypospadias & cryptorchidism.

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : [Signature]

Name : Barsha

Date & Time : 12/6/20

Consultant :

Signature : [Signature]

Name :

Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

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

AT THE TIME OF TRANSFER TO THE WARD

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

Present Issues :
.....
.....

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

Any Oxygen requirement :

Systemic :
.....

Medications :

- ① oral demand feeds.
- ② cuss glu.
- ③ 20 who
- ④ usg abdomen
- ⑤ ABG, mood gp, vpx

Plan during ward follow up :

*Noted by
S. Sathyanarayanan*

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

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------------|---|----------------|
| 13/6/26 4:30pm | Baby received in NICU | |
| | Hemodynamically stable | |
| | RD settled | |
| | SpO2 - 90% on 2L → 1hr after 78% on 2L. | |
| | Adv - | |
| | Prn demand feeds | |
| | Check SpO2 after 1 hr. | |
| | | 8/ |
| | | |
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Noted by
 Anand
 13/6/26
 4:30pm



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-----------------|--|--|
| 14/6/26 6 AM | Single / 36 weeks / LPT / 2.418 Kgs / AGA / LBW / LSCD / TTNB / Hypospadias & cryptorchidism. Scrotal hood penile chordae. | |
| | Issues: Nil. | |
| | 7-wt = 2.3 Kgs (↓ 118gms). | Normothermic |
| | 2/0 = 145/65 | SV @ RA. |
| | U/O 4.8ml/kg/hr | CNS - S ₁ S ₂ ⊕, |
| | S/O 2 times, | CNS - 7/12/12 AGA |
| | CRBS. 96mg/dl | P/A - soft BS ⊕. |
| | <u>Plan:</u> | |
| | Target SpO ₂ 79%. | |
| | Target MAP > 36. | |
| | TV - 80ml/kg/day | |
| | oral demand feeds. | |
| | 2D Echo. on Monday. | |
| | NPI at @ 2pm. | |
| | Crib care. | |
| | 2/0 charting | |
| | vitals monitoring | |
| | Tuesday - on followup | Dr. Surender Rao 14/6/26. 10:30 AM |
| Divya | SRE, ORR, NLS, DRUGS , 124 pelvis Flu | |

Noted by
 Surendra
 14/6/26
 @ 10:30 AM

VIH-00205880 IP-00060337
 Baby Of KARTHIKA LAXMI
 13-06-2026 0 Y 0 M 0 D 16 H (M)
 Dr. SURENDER RAO DUSA



THE HUMPTY DUMPTY SCALE

| PARAMETER | CRITERIA | SCORE | DATE | DATE | DATE | DATE | DATE |
|---|--|-------|------|------|------|------|------|
| | | | | | | | |
| Age | Less than 3 years old | 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 | | | |
| | 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 | | | |
| Cognitive Impairments | Not aware of Limitations | 3 | 0 | 0 | | | |
| | Forget Limitations | 2 | | | | | |
| | Oriented to own ability | 1 | | | | | |
| | History of Falls or Infant-Toddler Placed in Bed | 4 | 4 | 4 | | | |
| Environmental Factors | Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room) | 3 | | | | | |
| | Patient Placed in Bed | 2 | 2 | 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 | | | | | |
| 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 | | | | | |
| Total | | | 14 | 16 | | | |

Intervention:

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

High Risk Humpty Dumpty Score = 12 or above

| | | | | |
|-------------------------------|--|-------------|-------------|--|
| Bed in low position | | | | |
| Call device within reach | | X | X | |
| Wheels Locked | | ✓ | ✓ | |
| Room free of clutter | | ✓ | ✓ | |
| Adequate lighting | | ✓ | ✓ | |
| Wheel chair support | | X | X | |
| Other Intervention(s) Specify | | ✓ | ✓ | |
| Nurse's Name: | | Uma | Adh | |
| Signature: | | [Signature] | [Signature] | |
| Date: | | 13/6 | 13/6 | |
| Time: | | 8 PM | 8 AM | |



PAIN ASSESSMENT FORM

| Date | Time | Pain Score (0/10) | Location | Duration | Acuity | Character | Modifying Factors | Patient / Family Educated | Intervention | Sign |
|----------|------|-------------------|----------|--|--|--|--|---|--------------|---------|
| 13/06/26 | 8pm | 0 | — | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes <input type="checkbox"/> No | — | uma Rao |
| 14/6 | 8am | 0 | — | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes <input type="checkbox"/> No | — | AS |
| | | | | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute <input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Re-assessment Frequency:

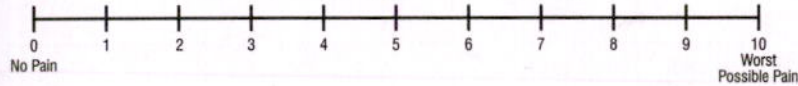
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain pain-relieving intervention.
 - d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

| CATEGORY | SCORING | | |
|---------------|--|---|--|
| | 0 | 1 | 2 |
| Face | No Particular expression or smile | Occasional Grimace or Frown, withdraw, Disoriented | Frequent to constant frown, quivering chin, clenched jaw |
| Legs | Normal Position or Relaxed | Uneasy, restless, tense | Kicking, or legs drawn up |
| Activity | Laying quietly normal position, moves easily | Squirming shifting back and forth, tense | Arched, right, or Jerking |
| Cry | No Cry (Awake or asleep) | Moans or whimpers occasional complaint | Crying steadily, screams of sobs, frequent complaints |
| Consolability | Content, relaxed | Reassured by occasional touching, hugging, or being talked to, distractible | Difficult to console or comfort |

Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

| Assessment Criteria | Sedation | | Normal | Pain / Agitation | |
|--|---|---|---|--|---|
| | -2 | -1 | 0 | 1 | 2 |
| Crying Irritability | No Cry with painful stimuli | Moans or cries minimally with painful stimuli | Appropriate crying Not irritable | Irritable or crying at intervals consolable | High-pitched or silent-continuous cry Inconsolable |
| Behavior State | No arousal to any stimuli No spontaneous movement | Arouses minimally to stimuli Little spontaneous movement | Appropriate for gestational age | Restless, squirming Awakens frequently | Arching, kicking constantly awake or Arouses minimally / no movement (not sedated) |
| Facial Expression | Mouth is lax No expression | Minimal expression with stimuli | Relaxed Appropriate | Any pain expression intermittent | Any pain expression continual |
| Extremities Tone | No grasp reflex Flaccid tone | Weak grasp reflex decreased muscle tone | Relaxed hands and feet Normal Tone | Intermittent clenched toes, fists or finger splay Body is not tense | Continual clenched toes, fists, or finger splay Body is tense |
| Vital Signs HR, RR, BP, SaO₂ | No variability with stimuli Hypoventilation or apnea | Less than 10% variability from baseline with stimuli | Within baseline or normal for gestational age | Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery | Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator |

Wong - Baker (Pediatrics) Above 7 Years



0

No Hurt

2

Hurts Little Bit

4

Hurts Little More

6

Even More

8

Hurts Whole Lot

10

Hurts Worst

Neonatal / Infant Braden Q Scale

Patient Name :

Age..... Gender :

1H-00205880 IP-00060337
Baby Of KARTHIKA LAXMI
3-06-2026 0 Y 0 M 0 D 16 H (M)
Dr. SURENDER RAO DUSA

11/5/26@jopy

| Intensity and Duration of Pressure | | | | | Score |
|---|---|--|--|--|-------|
| General Physical Condition | 1. Gestational Age ≤ 28 weeks | 1. Gestational Age > 28 weeks and ≤ 33 weeks | 1. Gestational Age > 33 weeks and ≤ 38 weeks | 1. Gestational Age > 38 weeks | |
| Mobility : The ability to change and control body position | 1. Completely immobile: Does not make even slight changes in body or extremity position due to sedation or paralytic medication | 2. Very Limited: Makes occasional slight changes in body or extremity position. | 3. Slightly Limited: Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities. | 4. No Limitations: Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc) | 2 |
| Activity: The degree of physical activity | 1. Bedfast : Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment | 2. Very Limited: Tolerates position changes, may be lifted to reposition but is not out of bed | 3. Slightly Limited: Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care. | 4. No Limitations: Can be repositioned or held freely, OOB to mat, chair, swing, scheduled play times | 3 |
| Sensory perception: The ability to respond in a developmentally appropriate way to pressure-related discomfort | 1. Completely Limited: Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication | 2. Very Limited: Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm | 3. Slightly Limited: Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming | 4. No Impairment: Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors. | 3 |
| Tolerance of the Skin and Supporting Structure | | | | | |
| Moisture Degree to which skin is exposed to moisture | 1. Constantly Moist: Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc. Dampness is detected every time patient is moved or turned. | 2. Very Limited : Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output (diarrhea or urine). | 3. Occasionally Moist: Skin is occasionally moist, requiring linen change every 12 hours. | 4. Rarely Moist : Skin is usually dry, routine diaper change, linen only requires changing every 24 hours. | 3 |
| Friction - Shear Friction: occurs when skin moves against support surfaces Shear occurs when skin and adjacent bony surface slide across one another | 1. Significant Problem: Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces. | 2. Problem : Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning. | 3. Potential Problem : During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down. | 4. No Apparent Problem : Able to completely lift patient during a position change. Maintains good position in bed or chair at all times. | 3 |
| Nutrition Usual food intake pattern | 1. Very poor: NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight. | 2. Inadequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight. | 3. Adequate : Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day. | 4. Excellent : Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/kg/day < 2kg weight or 20gm/day/ ≥ 2kg | 3 |
| Tissue Perfusion and Oxygenation | 1. Extremely Compromised: Hypotensive (MAP < 50 mmHg; < 40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements. | 2. Compromised: Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be < 95%; Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is < 7.40, unstable body temperature, oxygen | 3. Adequate : Normotensive by self or compensated; Oxygen saturation may be > 95 % Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is normal, stable body temperature, oxygen | 4. Excellent: Normotensive by self, Oxygen saturation > 95%; Normal Hgb; Capillary refill < 2 seconds, no oxygen, stable body temperature. | 4 |
| Total: If < 20 at Risk for Skin Breakdown | | | | | 20 |



CHECKLIST FOR THROMBOPHLEBITIS

13/8 14/6

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

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

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :



NURSING CARE RECORD

Date:13/06/26.....

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 | 5pm | => Assess the Baby condition => monitor vitals and Recorded => maintained Input and output chart => Assessed condition | 5pm | => Assessed Baby condition => monitor vitals and Recorded => maintained Input and output chart | => tolerating feeds - passed urine and stool | => Hemodynamically stable | unaltered 13/6/26 SPN |
| Night | 8pm 12am | Assess the Baby condition Monitor vitals | 8pm 12am | - Assessed the Baby condition - Monitored vitals | Baby is Active | Baby is Stable | 13/6/26 SPN |



NURSING CARE RECORD

Date: 14/06/26

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.....

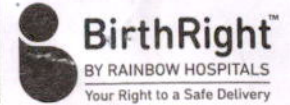
| | Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|-----------|------|--|------|--|---|---------------------------|------------------------|
| Morning | 9AM | => Assess the Baby Condition => monitor vitals and recorded => maintained Input and output chart | | => Assessed Baby condition => monitored vitals and recorded => maintained Input and output chart | => tolerating feeds => stable vitals | => Hemodynamically stable | Sumanjit |
| Afternoon | | | | | | | |
| Night | | | | | | | |

Ref No. F/INPR/19

VIH-00205880 IP-00060337
Baby Of KARTHIKA LAXMI
13-06-2026 0 Y 0 M 0 D 16 H (M)
Dr. SURENDER RAO DUSA



NURSES ASSESSMENT CHART



Patient Name :

I.P. No

Date : 13/06/26 Diagnosis : Weight : 2.4 kg Chart No. : 1

| Guide | Time | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--------------------------|------|-----|---|----|----|----|----|----|----|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| COLOUR CODE | 200 | | | | | | | | | 132 | 128 | 137 | 130 | 140 | 130 | 137 | 137 | 129 | 127 | 128 | 135 | 119 | 116 | 140 | 134 |
| | 210 | | | | | | | | | | | | | | | | | | | | | | | | |
| RED - PULSE | 200 | | | | | | | | | | | | | | | | | | | | | | | | |
| BLACK - RESP | 105 | 190 | | | | | | | | | | | | | | | | | | | | | | | |
| GREEN - TEMP | 104 | 180 | | | | | | | | 36.2 | 36.1 | 36.1 | 36.2 | 36.1 | 36.2 | 36.4 | 36.5 | 36.2 | 36.4 | 36.5 | 36.2 | 36.2 | 36.2 | 36.2 | 36.1 |
| BLUE - NIBP | 103 | 170 | | | | | | | | | | | | | | | | | | | | | | | |
| | 102 | 160 | | | | | | | | | | | | | | | | | | | | | | | |
| | 101 | 150 | | | | | | | | | | | | | | | | | | | | | | | |
| A- ALERT | 100 | 140 | | | | | | | | | | | | | | | | | | | | | | | |
| V-VOICE | 99 | 130 | | | | | | | | | | | | | | | | | | | | | | | |
| P-PAIN | 98 | 120 | | | | | | | | | | | | | | | | | | | | | | | |
| U-UNRESPONSIVE | 97 | 110 | | | | | | | | | | | | | | | | | | | | | | | |
| | 96 | 100 | | | | | | | | | | | | | | | | | | | | | | | |
| VERBAL | 95 | 90 | | | | | | | | | | | | | | | | | | | | | | | |
| 5-ORIENTED | | 80 | | | | | | | | | | | | | | | | | | | | | | | |
| 4-CONFUSED | | 70 | | | | | | | | | | | | | | | | | | | | | | | |
| 3-IN APPROPRIATE WORDS | | 60 | | | | | | | | | | | | | | | | | | | | | | | |
| 2-INCOMPREHENSIBLE SOUND | | 50 | | | | | | | | | | | | | | | | | | | | | | | |
| 1-NONE | | 40 | | | | | | | | | | | | | | | | | | | | | | | |
| | | 35 | | | | | | | | | | | | | | | | | | | | | | | |
| MOTOR | | 30 | | | | | | | | | | | | | | | | | | | | | | | |
| 6-OBEYS | | 28 | | | | | | | | | | | | | | | | | | | | | | | |
| 5-LOCALISES PAIN | | 26 | | | | | | | | | | | | | | | | | | | | | | | |
| 4-WITHDRAWS | | 24 | | | | | | | | | | | | | | | | | | | | | | | |
| 3-FLECTION | | 22 | | | | | | | | | | | | | | | | | | | | | | | |
| 2-EXTENSION | | 20 | | | | | | | | | | | | | | | | | | | | | | | |
| 1-NONE | | 18 | | | | | | | | | | | | | | | | | | | | | | | |
| | | 16 | | | | | | | | | | | | | | | | | | | | | | | |
| | | 14 | | | | | | | | | | | | | | | | | | | | | | | |
| | | 12 | | | | | | | | | | | | | | | | | | | | | | | |
| | | 10 | | | | | | | | | | | | | | | | | | | | | | | |
| O2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPO2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| RBS | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUCTION | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHYSIOTHERAPY | | | | | | | | | | | | | | | | | | | | | | | | | |
| AVPU | | | | | | | | | | | | | | | | | | | | | | | | | |

Morning Shift :

Evening Shift :

Night Shift :

Signature of the Nurse :

uma rani
13/06/26
@8pm

13/06/26
8am

Ref No. F/INPR/19

Patient Name :

I.P. No

Date : 14/6/26 Diagnosis : Weight : 2.46kg Chart No. 2

NURSES ASSESSMENT CHART



| Guide | Time | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--------------------------|------|-----|-----|-----|-----|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| COLOUR CODE | 200 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 210 | | | | | | | | | | | | | | | | | | | | | | | | |
| RED - PULSE | 200 | 118 | 127 | 130 | 130 | 128 | 130 | 127 | | | | | | | | | | | | | | | | | |
| BLACK - RESP | 105 | 190 | | | | | | | | | | | | | | | | | | | | | | | |
| GREEN - TEMP | 104 | 180 | | | | | | | | | | | | | | | | | | | | | | | |
| BLUE - NIBP | 103 | 170 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | |
| | 102 | 160 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | |
| | 101 | 150 | | | | | | | | | | | | | | | | | | | | | | | |
| A- ALERT | 100 | 140 | | | | | | | | | | | | | | | | | | | | | | | |
| V-VOICE | 99 | 130 | | | | | | | | | | | | | | | | | | | | | | | |
| P-PAIN | 98 | 120 | | | | | | | | | | | | | | | | | | | | | | | |
| U-UNRESPONSIVE | 97 | 110 | | | | | | | | | | | | | | | | | | | | | | | |
| | 96 | 100 | | | | | | | | | | | | | | | | | | | | | | | |
| VERBAL | 95 | 90 | | | | | | | | | | | | | | | | | | | | | | | |
| 5-ORIENTED | 80 | 60 | 69 | 57 | 49 | 45 | 51 | | | | | | | | | | | | | | | | | | |
| 4-CONFUSED | 70 | ↑ | ↑ | ↑ | ↑ | ↑ | ↑ | | | | | | | | | | | | | | | | | | |
| 3-IN APPROPRIATE WORDS | 60 | ↑ | ↑ | ↑ | ↑ | ↑ | ↑ | | | | | | | | | | | | | | | | | | |
| 2-INCOMPREHENSIBLE SOUND | 50 | 52 | 50 | 42 | 49 | 51 | 52 | | | | | | | | | | | | | | | | | | |
| 1-NONE | 40 | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | | | | | | | | | | | | | | | | | | |
| | 35 | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | | | | | | | | | | | | | | | | | | |
| MOTOR | 30 | 37 | 39 | 37 | 32 | 31 | 31 | | | | | | | | | | | | | | | | | | |
| 6-OBEYS | 28 | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-LOCALISES PAIN | 26 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4-WITHDRAWS | 24 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3-FLECTION | 22 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2-EXTENSION | 20 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-NONE | 18 | 39 | 40 | 38 | 21 | 32 | 31 | 30 | | | | | | | | | | | | | | | | | |
| | 16 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 14 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| O2 | | RIA | RI0 | RIA | RIA | RIA | RI0 | RIA | | | | | | | | | | | | | | | | | |
| SPO2 | | 99 | 100 | 99 | 100 | 99 | 100 | 99 | | | | | | | | | | | | | | | | | |
| RBS | | - | - | - | - | - | - | - | | | | | | | | | | | | | | | | | |
| SUCTION | | - | - | - | - | - | - | - | | | | | | | | | | | | | | | | | |
| PHYSIOTHERAPY | | - | - | - | - | - | - | - | | | | | | | | | | | | | | | | | |
| AVPU | | A | A | A | A | A | A | A | | | | | | | | | | | | | | | | | |

Signature of the Nurse : Sumanjali

Morning Shift : Sumanjali
14/6/26 @ 2pm

Evening Shift :

Night Shift :

VIH-00205880 IP-00060337
 Baby Of KARTHIKA LAXMI
 13-06-2026 0 Y 0 M 0 D 16 H (M)
 Dr. SURENDER RAO DUSA



FLUID CHART

Sheet No. : ①

- 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 | | | | | | | | | | | | |
| | 05:00 pm | Aptam | 20ml | | | | | | | | | | |
| | 06:00 pm | | | | | | | | | | | | |
| | 07:00 pm | Aptal | 20ml | | | | | | 15ml | | | | |
| Total Intake : 40ml | | | | | | Total Output : 15ml | | | | | | | |
| | 08:00 pm | | | | | | | | | | | | |
| | 09:00 pm | Aptal | 30ml | | | | | | | | | | |
| | 10:00 pm | | | | | | | | 15ml | | | | |
| | 11:00 pm | | | | | | | | | | | | |
| | 12:00 am | Aptal | 20ml | | | | | | | | | | |
| | 01:00 am | | | | | | | | | | | | |
| Total Intake : 50 | | | | | | Total Output : 15ml | | | | | | | |
| | 02:00 am | | | | | | | | | | | | |
| | 03:00 am | Aptal | 20ml | | | | | | | | | | |
| | 04:00 am | | | | | | | | | | | | |
| | 05:00 am | Aptal | 20 | | | | | | | | | | |
| | 06:00 am | | | | | | | | 15ml | | | | |
| | 07:00 am | | | | | | | | | | | | |
| Total Intake : 55 | | | | | | Total Output : 35ml | | | | | | | |
| Total 24 hrs. Intake | | | 103.1 cc/day | | | Total 24 hrs. Output | | | 4.8 cc/kg/day | | | | |



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.

| | | Intake | | | | Output | | | | | IV Site Thrombo- phlebitis Score | Sign. Nurse | |
|----------------------------|----------|-----------------|-------|-----|-----|-----------------------|-----------|-------|----------|-------|--|-----------------------|--|
| Date | Time | Nature of Fluid | Route | | | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | | | Mouth | I.V | N.G | | | | | | | | |
| 14/6/26 | 08:00 am | Optamil | 20ml | | | | | | | | 0 | Sumanjali 14/06/26 | |
| | 09:00 am | | | | | | | | | | 0 | | |
| | 10:00 am | Optamil | 20ml | | | | | | | | 0 | | |
| | 11:00 am | | | | | | | | | | 0 | | |
| | 12:00 pm | Optamil | 15ml | | | | | | | | 6 | | |
| | 01:00 pm | | | | | | | | | | 0 | | |
| Total Intake : 55ml | | | | | | 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 : 55ml

Total 24 hrs. Output : 6

I/H-00205880

IP-00060337

Baby of KARTHIKA LAXMI

3-06-2026

0 Y 0 M 0 D 16 H (M)

Jr. SURENDER RAO DUSA



Positive



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 | | | | | |

BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card / Debit Card / NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't be applicable.
- If the Surgery / Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
- No Duplicate / Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

I have attended the Financial Counselling desk & understood the expected costs & other conditions applicable. In this case, the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

| | |
|--|---|
| Patient Name : <i>Baby of Kartika</i> | UHID Number : <i>205880-</i> |
| Self/Attendant Name : <i>Ambica, Anurtha</i> | Relation : <i>Auntly</i> |
| Self / Attendant Signature : <i>Ambica</i> | Name & Signature of Financial Counselor |
| Phone Number : <i>9709030790700</i> | <i>[Signature]</i> |

Date & Time: 13/06/26

ATTENDANT INFORMATION SHEET

I, Mr/Mrs Ambica^a s/o Haridas hereby state that
my child/Wife Karika UHID No: 205880 has been
admitted in NICU. I understand that
hospital is taking utmost precautions by standards set by Ministry of health, India.
The Treating Team has requested us to follow the following instructions.

We are requested to follow below instructions strictly.

1. Always wear MASK
2. Follow strict hand hygiene with Alcohol hand rub frequently
3. Avoid any movement in the hospital (Once admitted will move out only after discharge).
4. Only one attendant is allowed per patient and no visitors are allowed in the hospital.

Name & signature of Legal Guardian and
relationship with patient:

Aunt

Name and signature of Executive taking
the consent

Ambica
Ambica

Name and signature of Witness:

S. Veshnu Vardhan
Dev



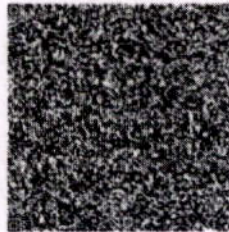
భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 0656/13990/00512

To
శ్రీరసాగర్ కార్తిక లక్ష్మి
Kshirasagar Karthika Laxmi
D/O Late Lokray Haridas,
1-9-52/1,
TEMPLE Alwal,
Alwal,
VTC: SECUNDERABAD,
District: Hyderabad,
State: Andhra Pradesh,
PIN Code: 500010,
Mobile: 7032735931

Signature Not Verified
Digitally signed by Unique Identification Authority of India
Date: 2020.12.19 12:52:35
IST



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

6382 9151 3144

VID : 9131 6986 4239 0384

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
Government of India



Aadhaar no. issued: 17/10/2011



శ్రీరసాగర్ కార్తిక లక్ష్మి
Kshirasagar Karthika Laxmi
పుట్టిన తేదీ/DOB: 19/10/1998
స్వ/ FEMALE

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. ఇది ధృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆన్లైన్ ప్రమాణీకరణ లేదా QR కోడ్ / ఆఫ్లైన్ XML యొక్క స్కానింగ్).
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

6382 9151 3144

నా ఆధార్, నా గుర్తింపు



Government of India



AADHAAR

సమాచారము / INFORMATION

- ఆధార్ అనేది గుర్తింపు రుజువు, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. పుట్టిన తేదీ అనేది ఆధార్ సంఖ్య చోల్లర్ సమర్పించిన నిబంధనలలో ఏర్పాటు పుట్టిన తేదీ పత్రం యొక్క రుజువు ఆధారం ద్వారా ఇచ్చే సమాచారంపై ఆధారపడి ఉంటుంది.
- ఈ ఆధార్ లేఖను UIDAI నియమించిన ప్రమాణీకరణ ఏజెన్సీ ద్వారా ఆన్లైన్ ప్రమాణీకరణ ద్వారా లేదా యాన్ డ్రైవ్ లో అందుబాటులో ఉన్న mAadhaar లేదా ఆధార్ QR స్కానర్ యాప్ ని ఉపయోగించి లేదా www.uidai.gov.in లో అందుబాటులో ఉన్న సురక్షిత QR కోడ్ రీడర్ యాప్ ని ఉపయోగించి QR కోడ్ స్కానింగ్ ద్వారా ధృవీకరించాలి.
- ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- ఆధార్ నమోదు చేసిన తేదీ నుండి ప్రతి 10 సంవత్సరాల తర్వాత గుర్తింపు మరియు చిరునామాకు సంబంధించిన పత్రాలతో ఆధార్ ను నవీకరించాలి.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర ప్రయోజనాలు/సేవలను పొందడంలో ఆధార్ మీకు సహాయపడుతుంది.
- మీ మొబైల్ నెంబర్ మరియు ఈ-మెయిల్ చిరునామా ఆధార్ లో అప్ డేట్ చేసుకోండి.
- ఆధార్ సేవలను పొందేందుకు mAdhaar యాప్ ను డౌన్ లోడ్ చేసుకోండి.
- ఆధార్/బయోమెట్రిక్స్ ను ఉపయోగించనప్పుడు భద్రతను నిర్ధారించడానికి లాక్/అన్ లాక్ ఆధార్/బయోమెట్రిక్స్ పేపర్ ని ఉపయోగించండి.
- ఆధార్ ను కోరి సంస్థలు తప్పనిసరిగా సమ్మతి పొందవలసి ఉంటుంది
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAdhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAdhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

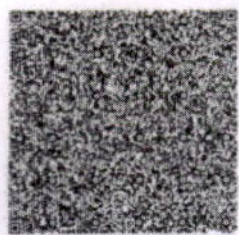


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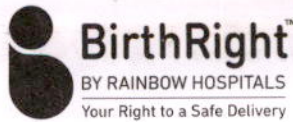
Details as on: 11/12/2020

చిరునామా:
D/O లేట్ లోకరాయ్ హరిదాస్, 0-9-52/01, టెంపుల్ అల్వల్,
అల్వల్, సెకండరాబాద్, హైదరాబాద్,
ఆంధ్రప్రదేశ్ - 500010
Address:
D/O Late Lokray Haridas, 1-9-52/1, TEMPLE Alwal,
Alwal, SECUNDERABAD, DIST: Hyderabad,
Andhra Pradesh - 500010



6382 9151 3144

VID : 9131 6986 4239 0384



CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT (NICU)

I Mrs Ambica S/o Mr./ Ms Kantika Banu
 hereby declare that our patient Mr. / Ms B/O Kantika Laxmi who is related to me as
daughter from 1st law is getting admitted in the Neonatal Intensive Care Unit (NICU) of Rainbow Children's
 Hospital on 13/6/26 with UHID No. : 205880

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

TTNB, Hypoglycaemia

The doctors have clearly explained to me that my patient Mr./ Ms. B/O Kantika Laxmi during his / her stay in the NICU may undergo various medical and surgical procedures like airway management, mechanical ventilation, UAC, UVC (Umbilical Vein and Arterial Lines) PICC Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

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

I understand that a sick child in NICU has life threatening medical conditions.

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

I give my consent to the team of doctors to go ahead and admit the child Mr. / Ms : B/O Kantika Laxmi in the NICU fully understanding the associated risks involved from various procedures, high risk medications and infections in the NICU and treat him/her with all necessary means.

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

Patient Attendant :

Signature : Ambica
 Name : Ambica
 Relationship with Patient: Aunt
 Date & Time : 13/6/26

Witness :

Signature : [Signature]
 Name : Manani
 Date & Time : 13/6/26 @ 4pm

Doctor (who is taking the consent) :

Signature : [Signature]
 Name : Manan
 Date & Time : 13/6/26 @ 4pm



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

రోగి పేరు వయస్సు.....లింగం పు / స్త్రీ
 యు.హెచ్. ఐ.డి
 నేను చి

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రేయిన్బో చిల్డ్రన్ హాస్పిటల్ లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్లో తేది నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి/బాలికలో ఈ క్రింద తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్ లో మా పాప /బాబుకు వైద్య పరంగా అవసరమగు అన్ని రకాల చికిత్స విధానాలకు మరియు ప్రక్రియలను (ఉదా కృత్రిమ శ్వాస వెంటిలేటర్, ఆర్టిలియర్ లైన్, సింట్రిల్ లైన్ చ్రెస్ట్ డ్రైయిన్, పెరిటోనియల్ డ్రైయిన్ ఇంసర్షన్ వంటి ప్రక్రియలను డాక్టరు గారు నాకు అర్థమగు భాషలో(సవివరంగా) వివరించారు.

పైన తెలుపబడిన శస్త్ర ప్రక్రియలు చేసేముందు సమ్మతి తీసుకునే వీలు లేనిచో మా బాలుడ / బాలికను కాపాడుటకు అవసరమైన వైద్య శస్త్ర ప్రక్రియలు మా సమ్మతి లేకుండానే చేయవచ్చని నేను సమ్మతిస్తున్నాను.

ఆరోగ్య సమస్యలతో బాధపడుతున్న మా బాలుడికి/బాలికకు రుగ్గుతలచే ప్రాణహాని కలుగవచ్చిన నాకు వైద్యుడు అర్థమగు భాషలో వివరించితిరి.

మా బాలుడు / బాలిక ఎన్.ఐ.సి. యు లో ఉన్నప్పుడు ఎన్నో విధాల వైద్య మరియు శస్త్ర ప్రక్రియలు ఇంకా వివిధ చికిత్స విధానాలు అవసరం పడతాయని మరియు వాటివల్ల దుష్ఫలిణామాలు కలగవచ్చని అర్థం చేసుకున్నాను. ఆ పరిణామాలు ఎటువంటివి అనగా రక్తస్రావ ప్రమాదం కణజాలం దెబ్బతినడం మొదలగునవి.

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

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

| | |
|------------------------|------------------------|
| సహాయకుడు (అటెండ్లెంట్) | సాక్షి |
| సంతకము | సంతకము |
| పేరు | పేరు |
| తేది మరియు సమయము | తేది మరియు సమయము |

డాక్టర్
 సంతకము

పేరు

తేది మరియు సమయము

Aptamil gold

CONSENT FOR FORMULA FEEDS



Patient Name : B/o. Karthika Varuni Age : NB Gender : Male Female

UHID No : 205850 Reg. No. : 60337 Department : NICU Date : 13/6/26

I Mr / Mrs. : Ambika aged 24 years, hereby declare that I have admitted my son / daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on

13/6/26 I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant :

Signature : Ambika

Name : Ambika

Relationship with Patient : Aunty

Date & Time : 13/6/2026

Witness :

Signature : [Signature]

Name : Onorani

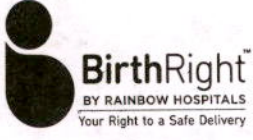
Date & Time : 13/6/26 up

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Karanka

Date & Time : 13/6/26 @up



డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. రిజిస్ట్రేషన్ నెం.: విభాగము

తేదీ

నేను శ్రీ/శ్రీమతి వయస్సు సంవత్సరాలు

నా కుమార్తె/కుమారుడు రెయిన్ఫో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా

ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు

ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

Patient Name : S/o KARBARI CASMI
 Gender : M Age :

Date of Birth : 13/6/26 - 1.59 PM
 Date : 13/6/26 - 2.30 PM

Delivered to PAMI
 2.4 PM 36 Wks

6 PM - 23/6/26
9 PM

SPAN 7/10
 GI 10/10
 CIAB

Heard systolic murmur
 R

19 M
 10 A
 Unexplained Dist
 Hypoxaemia

SpO2 92%
 O2 by Hood
 WARMER CARE

- POC - TID
 - CTD - VSD/Pto

RR 32/min
 HR

Ref to NICU for
 further management

(Signature)

9030790700
Amrita

