

ACTIVITY BILLING

PH-00206066 IP-00060412
Baby B/O KUMARI NEHA
9-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. ATLURI KUNDANA PRIYA

Name: 191

UHID I Consultant: Dept:

Date of Admission: 19/6/26 Time: 4:19 PM Date of Discharge: Time:

Room / Bed No: 227-1 Ward: MICU Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/6/26	10 PM	MICU	Room	<i>Ravi</i>

Cross Consultation Visit

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

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060412

Admit Date : 19-Jun-2026

Admit Time : 04:19 PM UHID : VIH-00206066

Patient Details :

Patient Name : Baby B/O KUMARI NEHA

Age : 0 D

Guardian : Mr BABLOO KUMAR

DOB : 19-06-2026 02:00 PM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : 504 Rock Heights Apartment,ecil,moulali le
Moulali Hyderabad Telangana INDIA 500040

Phone No : 8977853164/ 7989045841

E-mail : babloo.vinyash@gmail.com

Admission Details :

Bed Type : BASINET

Bed No : CRDL-MICU-227-1

Ward Name : N 2F-MICU

Room No : CRDL-MICU-227-1

Admission Type : First Visit

Contact Details :

Name : Mr BABLOO KUMAR

Relationship : Father

Contact Address :

Phone No : 8977853164 / 7989045841

Babloo Kumar
Signature

Doctor Details :

Doctor Name : Dr. ATLURI KUNDANA PRIYA

Specialisation : NEONATOLOGY

Referral Doctor :

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

VIH-00206066 IP-00060412
 Baby B/O KUMARI NEHA
 19-06-2026 0 Y 0 M 0 D 2 H (M)
 Dr. ATLURI KUNDANA PRIYA

NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o. Kumari Neha Mother's Name: Mrs. Kumari Neha
 Date of Birth: 19/6/26 Time of Birth: 2:00:25pm Gender: Male Female
 Birth Weight: 3.05kg Kgs HC: 34 cm Lenght: 42 cm
 Meconium in Liquor: Yes No Cried at Birth: Yes No
 Term / Pre-term / Post-term: Term
 Resuscitated: Yes No Blood Group: Mother: B positive Baby: _____
 Feeding: Breast Feeding Formula Both First Feed Time: 9:20am

VIH-00204685 IP-00060407
 Mrs KUMARI NEHA
 04-08-1995 30 Y 10 M 15 D (F)
 Dr. BHAVANA K

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

Physical Assessment of New Born:

Temp: 98.6 °C HR: 152b/m /Min RR: 42b/m /Min BP: _____ SpO₂: 99%
 Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: Yes No Score: 16 (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 IM 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: K. Subhasini Signature: _____ Date & Time: 19/6/26 - 3pm

PATIENT TRANSFER FORM

Patient Name & UHID No. /IH-00206066 IP-00060412 Baby B/O KUMARI NEHA 9-06-2026 0 Y 0 M 0 D 2 H (M) Dr. ATLURI KUNDANA PRIYA 		Date & Time of Admission 19/6/26 at 4:19PM	Date & Time of Transfer Order 19/6/26 @ 10PM
		Transfer Ordered by Dr. Vishal	Reason for Transfer observation
From Unit NICU.	To Unit Room (20 th)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films -	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.	Small kulries	1	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr. Vishal			
Name & Signature of Person who is Transferring Sis. Rani		Name of Person Ordered Transfer Dr. Vishal	
Patient & Clinical Records Received by : Deepika 19/6/26 @ 10pm			
Date & Time of Patient Received :			

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

Unavailable Bed

Nurse not Available

Available Bed not ready

VH-00206066 IP-00060412
 Baby B/O KUMARI NEHA
 19-06-2026 0 Y 0 M 0 D 2 H (M)
 Dr. ATLURI KUNDANA PRIYA



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Kumari Neha Age : Father's Name : Age :
 Date of Birth : 4/8/95 Date of Admission : UHID No. :
 NICU Consultant : Referring Consultant : Dr. Blavane
 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 : Birth Weight (gms) : 3.05kg Length (cms) :
 Date of Birth : 19/6/26 Time of Birth : 2:00:25 PM OFC (cms) :
 Place of Birth : Estimated Gesth Age : 37⁺3 w/c

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 30yr Ht : 161 Wt : 71.4 BMI : Married Life : 8yr LMP : 20/9/25 EDD : 7/7/26
 Conception : Spontaneous or with Rx :
 Booked at what GA : at 31 w/c / previous @ Ankore AN Steroids Drugs / Doses :
 Last Scans Details : 31+3 w/c Lepidif Pl Postlight CDF - 14/AE-30 / EFW-1768g
 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 /
 Redistribtion in MCA) / Ductus Venosus :
 AFI :

H/o GDM/ pre GDM/ on diet or insulin
 Controlled or not, recent values, HbA1 values :
 Compliance with Rx :
 Scans : LGA, TIFFA , Fetal Echo : (P)
H/o Hypothyroidism : when diagnosed ? Medication?
T-Thyronorm 75mcg
 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

P: 3 A: 1 L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
2	7yrs	35	3800g	M	BRONCHOPNEUMONIA	Amkure Hospital 2019/1/24
2	7yrs	35	3800g	M	BRONCHOPNEUMONIA	
3	pp	spontaneous				

PERINATAL HISTORY

Treating Obstetrician : Dr. Bhavane Hospital : Dr. V. V. P. Inborn Outborn

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

APGAR SCORE Gestational Age : Weeks :

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

	1 Minute	5 Minutes	10 Minutes
TOTAL	7/10	9/10	

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

Snaape 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 :
 Cilia



B/o Nene delivered
via L/S

↓
1 Loop around neck
MPL

↓
C/AB; Mem; Dec done for 1 min

↓
Scereticus closed

↓
Cord clamp cut 2ATV⊕

↓
Int. vit to r/w gm

target spo₂
checked at
31 of 1L

Investigation details in previous Hospital :

Body crown
shift to mother side
Small
wart gm

Feeding History :

Past History :

Family History :

Socio Economic History :



GENERAL EXAMINATION ON ADMISSION

General Disposition :

C/A good

VITALS : Temperature : 36.5 °C HR : 160h RR : 34/min NIBP : CFT : CSR

Color of the extremities : Acrocyanosis ⊕

Jaundice : Pallor : SpO2 : 98/RA

Anthropometry : Birth Weight : 3.05kg 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 checked)

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



Thorax : _____

BREASTS : Position of Nipples and Number : _____

ABDOMEN and UMBILICUS :
 Shape : _____
 Organomegaly : _____
 Bowel Sounds : 2A+IV ⊕
 Umbilical Stump : _____
 Discharge : _____

GENITALIA :
 Labia / Hymen : _____
 Testicles/penis : ? ⊕ undescended test.
 Anus : _____

HERNIAL ORIFICES free

TRUNK and SPINE : ⊕

SKIN LESIONS : _____

EXTREMITIES :
 Fingers / Toes : _____
 Deformities : _____
 Hip Joint Examination : _____
 Arms / Legs : 1 of 4 ⊕
 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 : 98% RA Auscultation : BAE ⊕ Breath Sounds : NVBS ⊕ Added Sounds : _____

Cardiovascular System :
 HR : 160/min BP : _____ Precordial Activity : ⊕
 Femoral Pulses : ⊕ Murmurs : _____
 Other Peripheral Pulses : ⊕ Signs of Cardiac Failure : _____

Abdomen :
 Shape : _____
 Palpation : soft Anal Patency : _____
 Palpable masses : _____ Umbilical Cord : 2A+IV ⊕
 Abdominal girth : _____ First urine passed : _____
 Meconium passed : _____



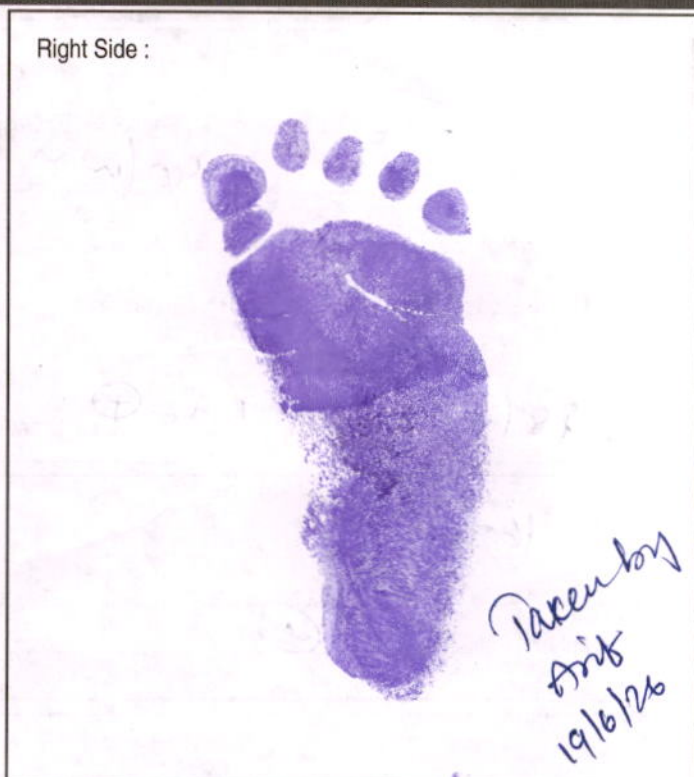
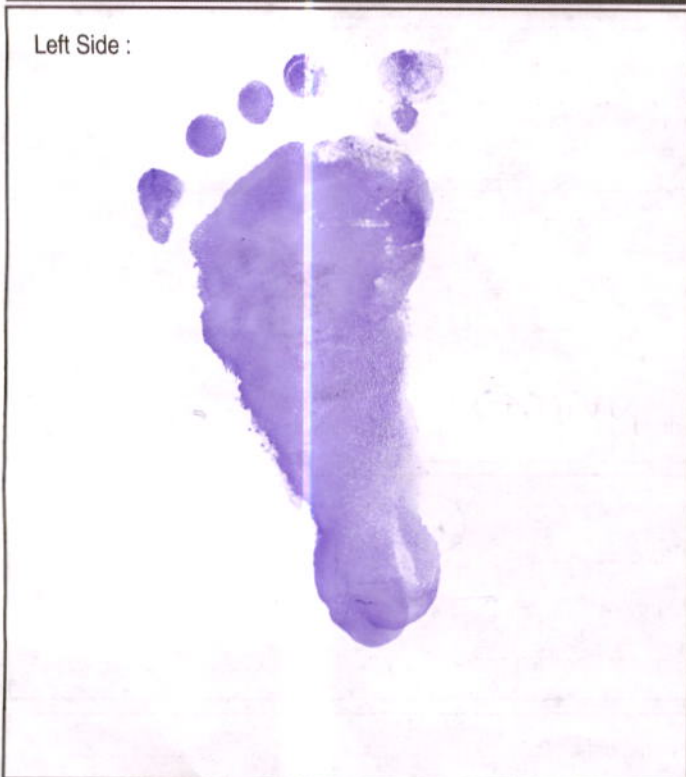
Nervous System : Functions (Sensorium) :
 State of wakefulness :
 Prechtle Score :

Nerves :

Motor System :
 Passive Tone :
 Active Tone :
 Neonatal Reflexes :
 Grasp Palmar Plantar Sucking Rooting Crossed adductor :
 Moro's : *ell moro, eg. w. cut* TR :
 ATNR : *(B)* Skull and Spine :

Any Congenital Anomalies :
 Diagnosis : *Term / MCH / CIAB / Hypo (hypoid) ? (B) Undercut term / ALA / mother*

FOOT PRINTS



Resident Doctor :
 Signature :
 Name :
 Date & Time :

Consultant :
 Signature : *Kp*
 Name : *Dr. Kundana Priya*
 Date & Time : *20/6/26 9 AM*



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 :

.....

.....

.....

.....

.....

.....

.....

.....

.....

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Discharge Details:

Neonatal Condition at Discharge:

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Baby B/O KUMARI NEHA
19-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. ATLURI KUNDANA PRIYA



clusively Breastfeeding and Formula Feeding Formula Feeding

Vitamin K given:

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:
→ Re-check of palpate Ho (normal)
→ DBF 2nd hly
→ OAE (SBM) NBS R/R O/C
→ Immunization

Doctor Signature:

Doctor Name: Dr. Shrikumar

Date & Time: 19/6. 12:30 PM


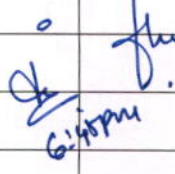
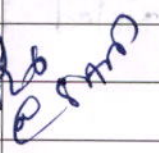


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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26	Cl/B Resident	
9:30 AM	Term / 37 weeks / 1850g (4AB / MCH / 3.05 kg / Hypothyroid)	
	M.BG - BIVE	
	B.BG - BIVE	
	T.Wt - 2.961g (190gm)	<u>Plan</u>
		- DBF hb burpy 2wly
	NACC: TODAY.	- TCB T/M
	OAE: at fw.	- vaccines today
	TCB: T/M.	- DAE at fw
	Dr Kundana Priya	
	20/6/26	
	9 AM	
	Dr. Kundana Priya Reg No. APMC/FMR/97354	② Dohin
	noted by padma	
		20/6/26 @ 2pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 14:30	<u>Ch/B Resident</u>	
	Cl 7/1A good CRT < 3 sec CW - 882 (N) PS - B/LAR (N) PA soft	<u>Plc</u> - DBP flb burp, easy - Coine same
		
	Noted by padma 20/6/26 @ 2pm	
20/6/26	lactation notes (Mrs. Rangakumari) • 2nd time Mother • Normal breast conditions • c/o low milk supply, TF introduced • strategies to improve supply discussed.	
	Noted by Sony 21/6/26 	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: term male GIAB Hypothyroidism Right undescended testis	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known Yes Specify:						
	Surgery / Procedure: -	Post OP Day:						
BACKGROUND	Date	19/6/26 E	19/6/26 N	19/6/26 N	20/6/26 M	20/6/26 E	20/6/26 P	
	Shift							
	Medical Condition (Any special condition to be noted):	-	-	-	-	Nil	Nil	
Diet:	DBF	DBF	DBF	DBF	DBF+HF	DBF+HF	DBF+HF	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	-	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.6°F	98.6°F	98.2°F	98.2°F	97.3°F	98.1°F
		Res:	39b/m	19b/m	26b/m	39b/m	40b/m	45b/m
		SpO ₂ :	99%	99%	98%	99%	99%	99%
		Pulse:	146b/m	186b/m	142b/m	139b/m	150b/m	149b/m
		BP:	-	-	-	-	-	-
		LOC:	conscious	conscious	conscious	conscious	conscious	conscious
		Fall Risk Score:	16	15	16	16	16	16
Pain Score:	0	0	0	0	0	0		
Skin Integrity	intact	intact	intact	intact	intact	intact		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	nil	Nil	Nil	nil	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	DBF	DBF	DBF	DBF	DBF+HF	DBF+HF	
	Critical Lab Test / Values:	NO	-	nil	-	Nil	nil	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	dependent	dep	dependent	dependent	dependent	dependent	
Post Operative Procedure Special Orders:	-	DBF+HF	-	-	-	-		
Handed Over By Name :	Handa	Ravi	Deepika	padma	padma	Sony		
Signature / ID :	[Signature]	[Signature]	607469	606329	606329	6050143		
Date:	19/6/26	19/6/26	20/6/26	20/6/26	20/6/26	21/6/26		
Time:	8 AM	10 PM	@8 AM	@2pm	@8pm	@5 AM		
Taken Over By Name :	Ravi	Deepika	padma	padma	Sony	Ravi		
Signature / ID :	[Signature]	607469	606329	606329	6050143	6050143		
Date:	19/6/26	19/6/26	20/6/26	20/6/26	20/6/26	21/6/26		
Time:	8 PM	10:30pm	@8 AM	@2pm	@8pm	8 AM		



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>term male (GAB) hypothyroid -ism - Right underexed. ASA mother</i>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure:		If Yes Specify:				
BACKGROUND	Date	<i>21/6/26</i>					
	Shift	<i>M</i>					
	Medical Condition (Any special condition to be noted):	<i>MSU</i>					
Diet:	<i>DBFHP</i>						
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):	<i>RA</i>					
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.6F</i>				
		Res:	<i>14 b/min</i>				
		SpO ₂ :	<i>99%</i>				
		Pulse:	<i>140 b/min</i>				
		BP:					
	LOC:	<i>Awake</i>					
	Fall Risk Score:	<i>16</i>					
Pain Score:	<i>0</i>						
Skin Integrity:	<i>Intact</i>						
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:	<i>-</i>					
	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:	<i>DBFHP</i>					
	Critical Lab Test / Values:	<i>MSU</i>					
	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	
	PU Prophylaxis:	<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	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<i>dependent</i>						
Post Operative Procedure Special Orders:		<i>-</i>					
Handed Over By Name :		<i>Raja</i>					
Signature / ID :		<i>[Signature]</i>					
Date:		<i>21/6/26</i>					
Time:		<i>9:30 AM</i>					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

*Discharge Note
 send fill bring
 progress*

*Note by
 Raja
 21/6/26
 9:30 AM*

VH-00206066 IP-00060412
 Baby B/O KUMARI NEHA
 19-06-2026 0 Y 0 M 0 D 2 H (M)
 Dr. ATLURI KUNDANA PRIYA

NURSING CARE RECORD



Date: 19/6/26

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							
Afternoon		5pm ensure safety. 8pm maintain re-fluid balance		to provided.. crib => to DBF 2hd hrs	=> to prevent fall risk to prevent dehydration	Baby is good Baby is safe	gari 19/6/26 ai
Night		8pm -> DBF 11pm -> Ensure Safety.	8:15	-> DBF given every 2nd hour to provided crib Cone, warm Cone.	-> Baby taking good feed to prevent risk of Del.	-> Re-Asses Baby taking good feed	gari 19/6/26 @ 8am



NURSING CARE RECORD

Date: 20/6/26

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	9 Am	* Maintain fluid balance	10 Am	* provided feeding and burping every 2nd hourly.	* Baby is good and hydrated	* Re-Assessment done baby is stable.	Padma 20/6/26 @ 11 Am
Afternoon	4pm	* maintain personal hygiene. * ensure safety.	7pm	* maintained the personal hygiene. * provided the warm care and cord care	* prevent to the infection.	* Re-assessment every 2nd hourly feeding	Padma 20/6/26 @ 8pm
Night	10 pm	* Maintain fluid balance	12 pm	* every 2nd hourly feeding & burping is given	* To prevent dehydratio	* Baby is safe & comfortable	Sony 20/6/26 @ 8pm



NURSING CARE RECORD



Date: 21/6/2026

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: Assess the baby condition

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		* Ensure safety		* Provided the side rails	* to prevent		Raja Su 7/6/26 @10AM
Afternoon				Discharge note Dr came for rounds baby stable Dr advice to send bill billing process			
Night							

VIH-00206088 IP-00060412
 Baby B/O KUMARI NEHA
 19-06-2026 0 Y 0 M 1 D (M)
 Dr. ATLURI KUNDANA PRIYA



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							

CONSENT FOR FORMULA FEEDS

— Aptamil
Gold.



Patient Name: B/o. Kumari Neha Age: New Born Gender: Male Female

UHID no: 206056 Department / Ward: 2nd floor Date: 20/6/26

I Mr / Mrs. : Kumari Neha Aged 30 years years, hereby declare that I

have admitted my son / daughter in Rainbow Children's Hospital, Hyderabad on

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 / Guardian:

Signature: Bablu Kumar

Name: Bablu Kumar

Relationship with patient: Father

Date & Time: 20/06/26 - 10:35 Am

Witness

Signature:

Name:

Date & Time:

Doctor (who is taking consent):

Signature: [Signature]

Name: Ashwini

Date & Time:

ఫారులా ఫీడల్ కోసం సమ్మతి

పేషెంట్ పేరు: వయస్సు: లింగం: మగ ఆడ

UHID సంఖ్య: విభాగం / వార్డు: తేదీ:

నేను శ్రీమతి : , వృద్ధాప్యం

నేను నా కొడుకు / కూతురిని హైదరాబాద్‌లోని రెయిన్‌జ్ చిల్డ్రన్స్ హాస్పిటల్‌లో
..... నా బిడ్డ కోసం ఫారులా ఫీడ్ కోసం నేను ఇందుమూలంగా సమ్మతి
ఇస్తున్నాను. నాకు బాగా అర్థమయ్యే భాషలో ఫారులా ఫీడింగ్ ప్రయోజనాలు, రిస్కులు, ప్రత్యామ్నాయాల
గురించి వైద్యులు నాకు వివరించారు.

పేషెంట్ అటెండెంట్ / గార్డియన్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ (అనుమతి తీసుకుంటున్నవారు):

సంతకం:

పేరు:

తేదీ & సమయం:

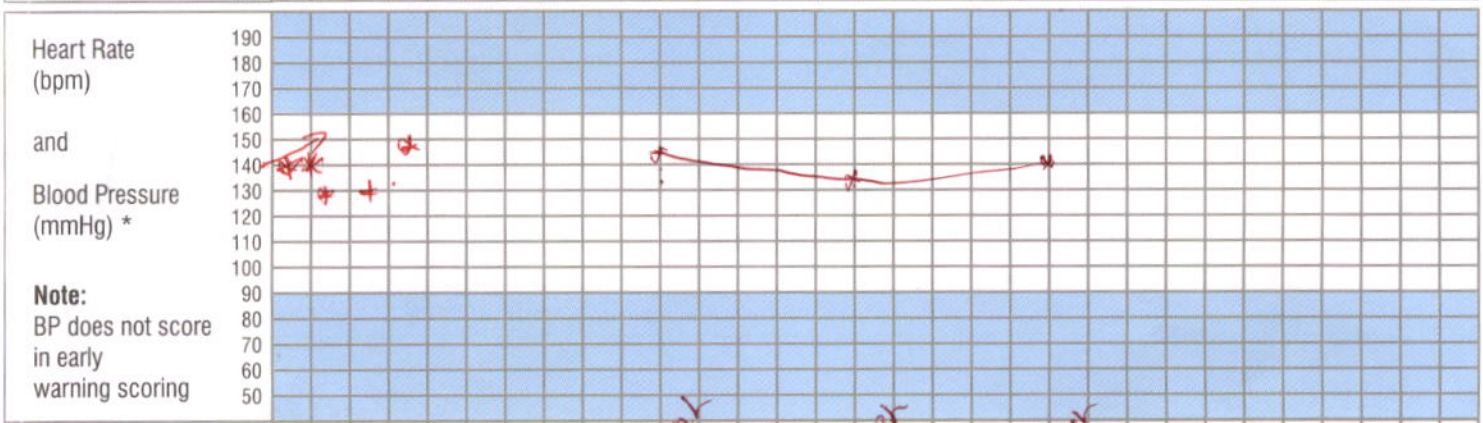
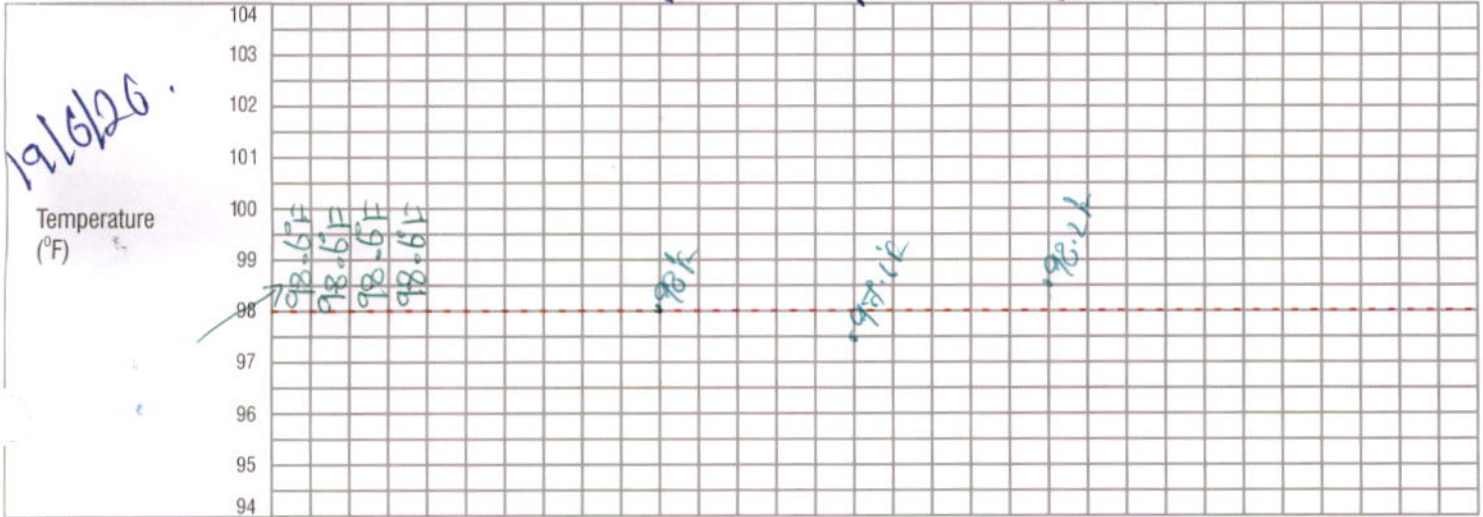


INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 19/6/26 Time: 4 5 6 7 8 12 4 6
 Doctor/Nurse/Family Concern? PM PM PM



Heart Rate (Number) 140 140 140 140 142 138 140



Resp Rate (Number) 40 40 40 40 42 42 40

Resp Distress Mod/ Severe None / Mild ✓ ✓ ✓

Receiving O₂ (l/min) O₂ Saturations (%) 99 99 99 98 99 98

Conscious Level Normal Altered NR NR NR R R R

GCS * NR NR NR R R R

TOTAL SCORE Number of shaded boxes 0 0 0 0 0 0

Pain Score 0 0 0 0 0 0

Observer's Initials AKR AKR AKR AKR AKR AKR

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 in charge 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)



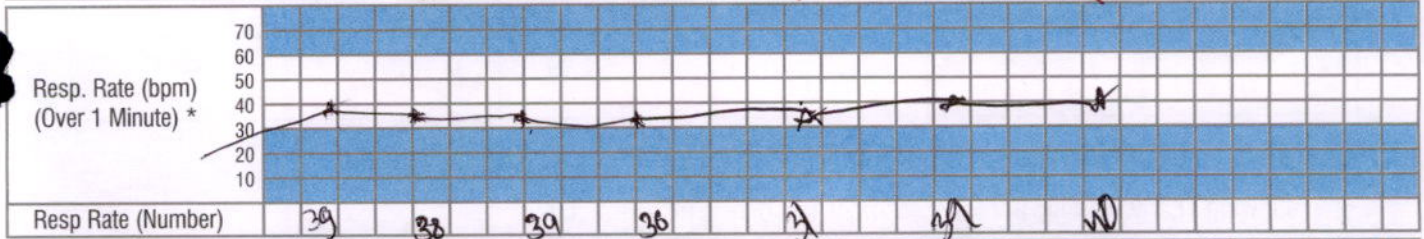
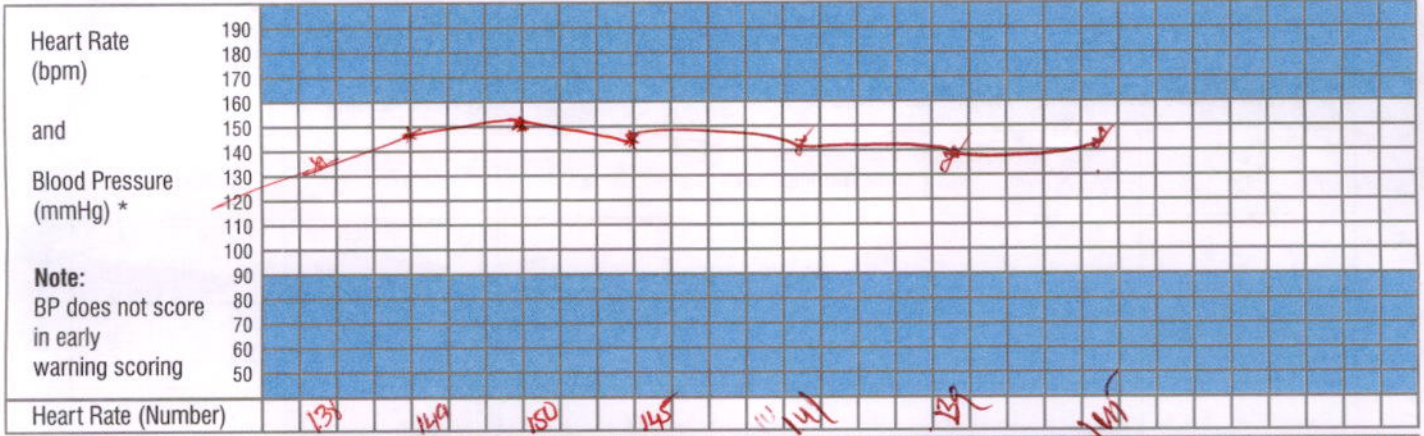
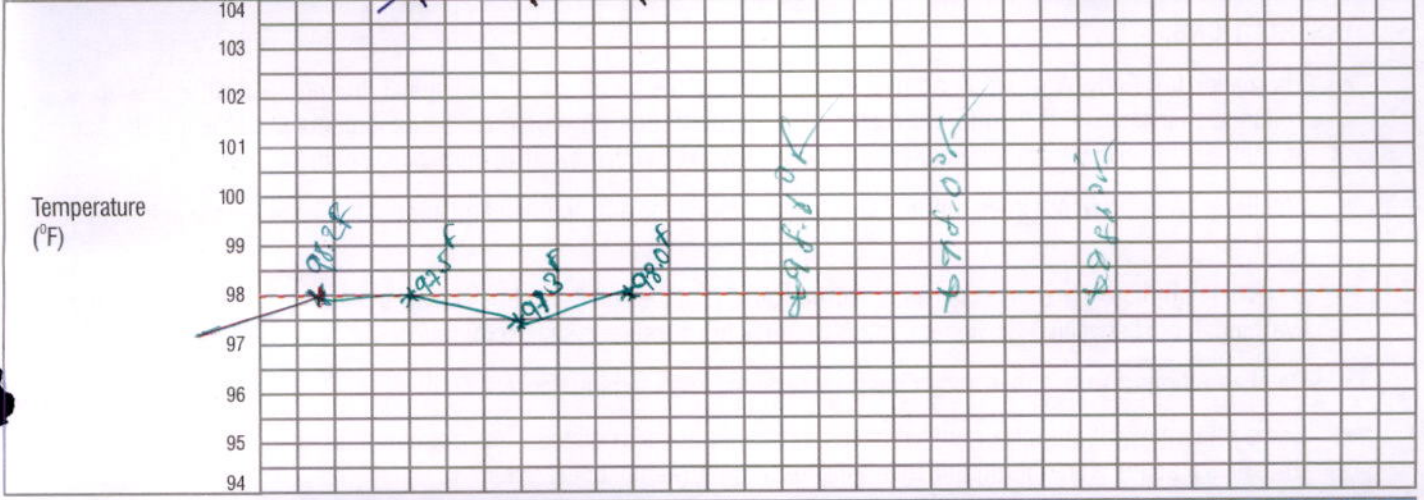
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 20/6/26 Time: 9 1 6 8 12 3 6

Doctor/Nurse/Family Concern? AM AM PM PM AM PM AM



Heart Rate (Number)	135	149	150	145	141	139	141
Resp Rate (Number)	39	38	39	36	37	39	40
Resp Mod/ Severe Distress							
Receiving O ₂ (l/min)							
O ₂ Saturations (%)	99	99	99	99	99	99	99
Conscious Level	N	N	N	N	N	N	N
GCS *	15	15	15	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	P	P	P	P	P	P	P

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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VIH-00206066 IP-00060412
 Baby B/O KUMARI NEHA
 19-08-2026 0 Y 0 M 1 D (M)
 Dr. ATLURI KUNDANA PRIYA



: RCH/ FRM / CLINICAL / 124

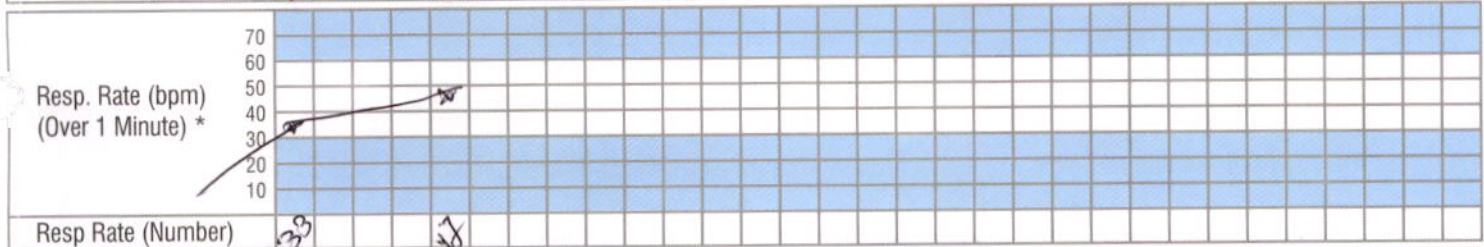
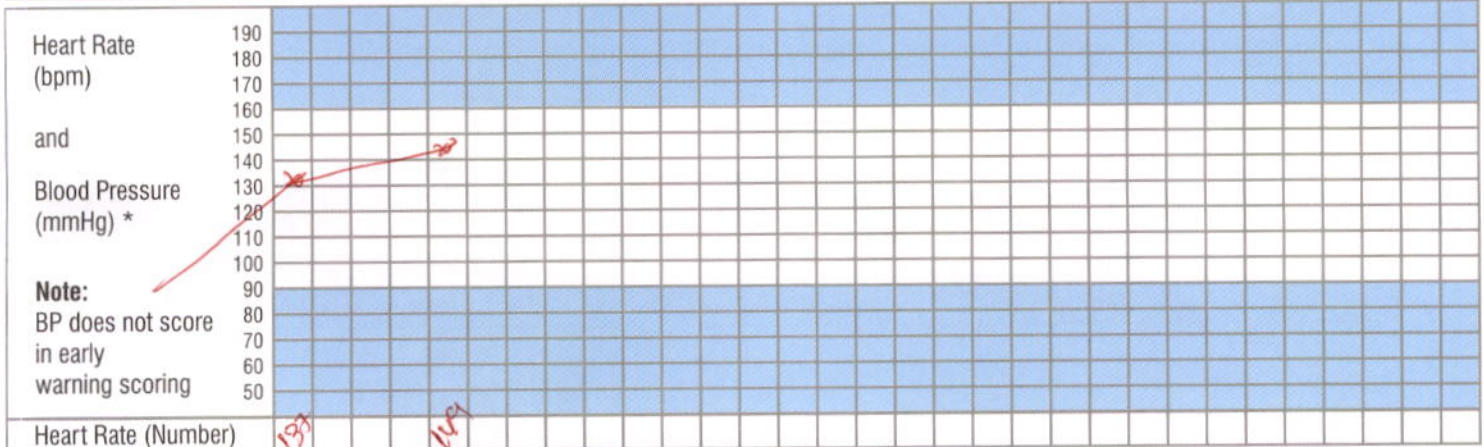
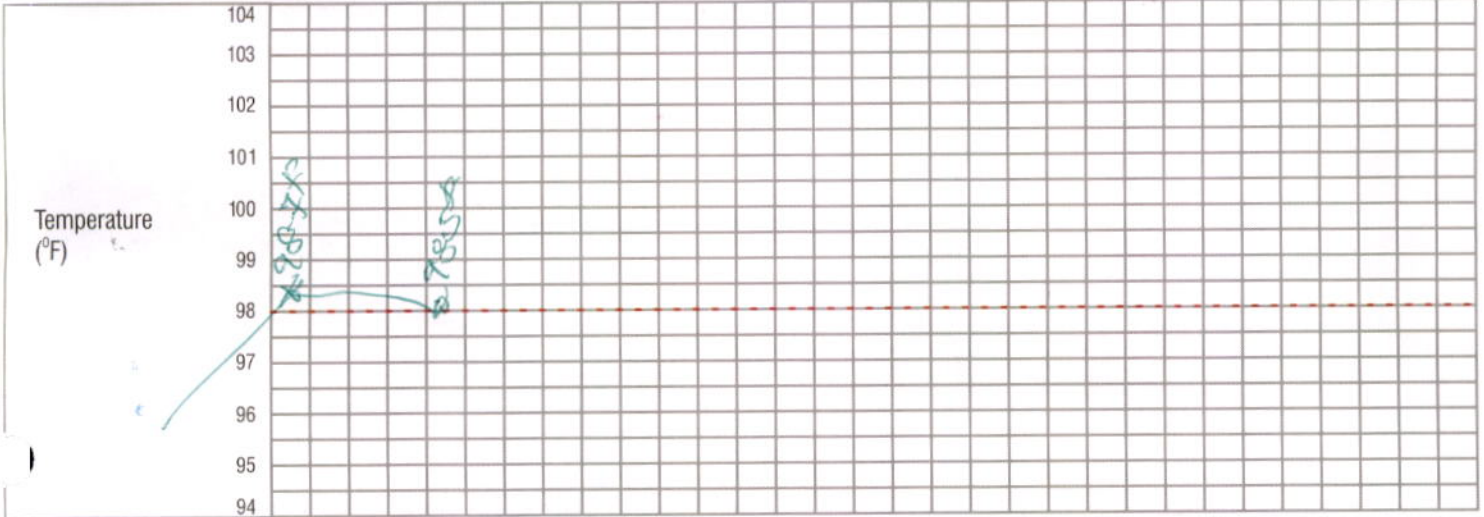
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21/6/26 Time: 9 1

Doctor/Nurse/Family Concern? AM PM



Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O ₂ (l/min)		
O ₂ Saturations (%)	<u>99</u>	<u>98</u>

Conscious Level	Normal	<u>2</u>
	Altered	<u>2</u>
GCS *		

TOTAL SCORE		
Number of shaded boxes	<u>0</u>	<u>0</u>
Pain Score	<u>0</u>	<u>0</u>
Observer's Initials	<u>AP</u>	<u>AP</u>

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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)



FLUID CHART

Sheet No. :

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

		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	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	DBF										
	05:00 pm	DBF										
	06:00 pm											
	07:00 pm	DBF										
Total Intake :						Total Output :						
	08:00 pm	DBF										
	09:00 pm											
	10:00 pm	DBF										
	11:00 pm											
	12:00 am	DBF										
	01:00 am											
Total Intake :						Total Output :						
	02:00 am	DBF										
	03:00 am											
	04:00 am	DBF										
	05:00 am											
	06:00 am	DBF										
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00206066 IP-00060412
 Baby B/O KUMARI NEHA
 19-06-2026 0 Y 0 M 0 D 4 H (M)
 Dr. ATLURI KUNDANA PRIYA



FLUID CHART

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
20/6/26	08:00 am	DBF						DBF	DBF		20/6/26 @ 12 PM	
	09:00 am								✓			
	10:00 am	DBF										
	11:00 am	DBF + FF Splami (30ml) Guh						DBF	✓			
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
20/6	02:00 pm	DBF									20/6/26 @ 12 PM	
	03:00 pm								✓			
	04:00 pm											
	05:00 pm	DBF + FF Splami/Guh										
	06:00 pm											
	07:00 pm	DBF + FF										
Total Intake :					Total Output :							
21/6/26	08:00 pm										21/6/26 @ 8 AM	
	09:00 pm	DBF + FF										
	10:00 pm								✓			
	11:00 pm	DBF + FF										
	12:00 am											
	01:00 am	DBF + FF										
Total Intake :					Total Output :							
21/6	02:00 am										21/6/26 @ 8 AM	
	03:00 am	DBF + FF										
	04:00 am											
	05:00 am	DBF + FF										
	06:00 am									✓		
	07:00 am	DBF + FF										
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. : 3

21/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
21/6/26	08:00 am		BBT PP									Raj 21/6/26 PM	
	09:00 am												
	10:00 am												
	11:00 am		BBT PP										
	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

I/H-00206066 IP-00060412
Baby B/O KUMARI NEHA
9-06-2026 0 Y 0 M 0 D 2 H (M)

Jr. 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					

