


ACTIVITY RECORD FOR BILLING

Name: ----- H-00205880 IP-00060337
 UHID No: ----- IP No: -----
 Date of Admission: -----
 Room / Bed No: ----- Ward: ----- Suggested Billable bed type: -----

aby Of KARTHIKA LAXMI
 1-06-2026 0 Y 0 M 0 D 16 H (M)
 P. SURENDER RAO DUSA



 Dept: -----
 Discharge: ----- Time: -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/6/26	5-10pm	NICU	216	<i>[Signature]</i>

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.	Dr. Murtaza Kamal	15/6/26	3090430	Shirly
4.	Dr. Mohd Khalid	15/6/26	3090429	shirly
5.	Dr. Jyothi Rathi	15/6/26	3090609	Sumajal
6.	Dr. Md Abdul Khalid	16/6/26	3090898	<i>[Signature]</i>
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
13/6/26	Blood grouping	26020304	Uma
11	X-ray	009530	Uma
11	RBS	26020306	Uma
11	RBS	26020307	Uma
11	ABU	26020309	Uma
11	USG Abd	26009536	Uma
11/6/26	RBS	26020340	✓
14/6/26	RBS	26020378	⊕
	Cross check done by Praxanna on		14/6/26
15/6	RBS	26020401	B
15/6	CBP, CRP, urea, creat, SBR, SIE, calcium	26020400	B
15/6	Blood culture	26020424	} Sheryl
	CUE, urine clt	26020430	
	USG Abdomen	26009567	
	2D Echo	26009568	
16/6/26	RBS	26020519	B
16/6/26	USG Abdomen	26009659	
17/6/26	RBS	26020505	B
17/6	CBP, CRP, urea, creat, SBR, SIE, calcium,	26020504	B
18/6	USG screening	26009704	⊕

PROCEDURE



Date	Procedure	Quantity	Order No.	Signature
14/6/26	IV placement	①	2090389	[Signature]
14/6/26	catheterization	①	2090389	[Signature]
Cross checking done by sr. Vallabh 15/6/26				
16/6/26	MCUG		26009646	[Signature]

ANY OTHER INFORMATION

Date: 18/6/26

Time: 11AM

Prepared By: Snel
18/6/26

Staff Nurse 	Shift / Ward 	Billing Assistant	Billing Supervisor
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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	umg	26020306
	1.00	5pm RBS 77mg/dl	umg	26020307
14/6/26	2.00	6am RBS 93 mg/dl	umg	26020308
	3.00	Cross check done by Prasanna on 14/6/26		
	4.00			
15/6	5.00	6am RBS 80 mg/dl	JS	26020401
16/6	6.00	6am RBS 80 mg/dl	JS	26020509
17/6	7.00	6am RBS 85 mg/dl	JS	26020505
18/6	8.00	6am RBS 73 mg/dl	umg	26020735
	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			

Name	Baby Of KARTHIKA LAXMI	UHID	VIH-00205880
Father/Guardian	Mr ANAND RAO	Age/Gender	0 Y 0 M 1 D/Male
Address	HNO-201 NEW MILLINEUM APARMENTS ALWAL TEMPLE ROAD, Alwal, Hyderabad, Telangana, INDIA, 500010		
IP No	IP-00060337	Admission Date	13-06-2026
Ref Doctor	DR.CH RAMESH	Discharge Date	17-06-2026

DISCHARGE SUMMARY

Consultant: Dr. SURENDER RAO DUSA

MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS

Diagnosis:

Late preterm (36 weeks)/AGA/Baby boy/Birth weight 2.418 kg

Transient tachypnea of newborn - Low flow oxygen

Probable Sepsis

Hypospadias with cryptorchidism

Chronological age: 5 days

PMA 36+6 weeks

History : Baby of KARTHIKA LAXMI is a late preterm (36 weeks) / AGA / baby boy of birth weight 2.418 kgs, born to primi mother delivered by Lower Segment Cesarean Section (Indication: IUGR) on 13.06.2026 at 1:59 pm in Prashamsa Hospital, Alwal. Baby cried immediately after birth. Apgar scores were 9 & 10 at 1 & 5 minutes respectively. Baby developed respiratory distress after birth for which low flow oxygen was started and baby was transported to Rainbow Children's Hospital, Karkhana, for further management.

Maternal History : Mrs. KARTHIKA LAXMI is a 27 years old primi mother with marital life of 3 years. Non consanguineous marriage. Expected delivery date: 23.06.2026.

Name	Baby Of KARTHIKA LAXMI	UHID	VIH-00205880
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G1 : Present pregnancy, spontaneous conception.
History of Hypothyroidism on Tablet Thyronorm 37.5mcg since 2024.

She had regular antenatal checkups and antenatal scans were normal. There was no history of Urinary tract infection / Abortions / Hydramnios / Premature Rupture of Membranes/ diabetes / Hypertension / Cardiac / Renal abnormalities. She received calcium, iron supplementation and TT prophylaxis.

On examination: At the time of admission, baby was eutermic and maintaining saturations at room air. His heart rate was 154/min, respiratory rate was 58/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were appropriate for age. Bilateral undescended testes and hypospadias noted.

Weight on Admission :2.41 kgs
Discharge Weight :2.30 kgs
Head circumference : 33 cms
Length : 48 cms
Baby blood group : "A" Positive (Blood group to be repeated after 4 months)

Investigations: Enclosed.

Management: Transient tachypnea of newborn - Low flow oxygen:
Baby was initially kept on low flow oxygen after delivery and in transport, after receiving NICU, RCH distress settled hence was kept on room air. Baby was nursed in thermoneutral environment. His initial arterial blood gas showed pH 7.36, pCO₂ 26.8 mmHg, pO₂ 68 mmHg, HCO₃ 15.1 mmol/L, BE -10.3 mmol/L. His initial chest x-ray was normal. At present, baby is maintaining saturations at room air.

Name	Baby Of KARTHIKA LAXMI	UHID
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VH-00205880

Probable Sepsis: On day 2 of life baby suddenly have urinary retention with palpable bladder for which, he was catheterized. He was started on IV antibiotics after sending blood culture and urine culture. His initial hemogram showed hemogram 16.2 gm%, white blood cells count 10,800 cells/cumm, platelet count 2.06 lakhs/cumm, C. Reactive protein 46 mg/L. Serum electrolytes showed serum sodium - 141 mmol/L, serum potassium - 4.5 mmol/L, chloride - 111 mmol/L, serum calcium 8.4 mg/dl, blood urea 6.7 mg/dl, serum creatinine 0.7 mg/dl. Last hemogram done on 17.06.2026 showed hemoglobin 16.3 gm%, white blood cells count 7,620 cells/cumm, platelet count 2.28 lakhs/cumm. C. Reactive protein 25 mg/L. CUE showed 4-6 pus cells, 3-4 epithelial cells. Blood culture sent at the time of admission was sterile. Urine culture was sterile after 24 hours. IV antibiotics stopped after 3 days.

Hypospadias with cryptorchidism with urinary retention: On day 2 of life baby suddenly have urinary retention with palpable bladder, baby was catharized. Extra 40ml/kg of fluid is given for the baby for 6 hours. Ultrasound abdomen done on 15.06.2026 showed, urinary bladder is empty with catheter tip in situ and increased wall thickness, prominent posterior urethra on perineal USG 2.8mm, left hemi scrotum is empty with testes in inguinal region, right hemi scrotum is empty, right testis is not visualized. Baby was see by Dr. Jyoti Bothra, Consultant Pediatric Surgeon who advised for MCUG to rule out PU Valve. MCUG was done on 16.06.2026 which came out to be normal with no post voidal retention of urine. Urinary catheter was removed, post procedure. Baby is passing urine every 4-6 hourly. Repeat Ultrasound abdomen screening was done which was suggestive of urinary bladder measuring 26mm normal wall thickness, left kidney shows extra renal pelvis, right renal pelvis.

Feeding : Baby was started on oral demand feeds from the time of admission. At present, baby is on demand oral feeds, which he is accepting and tolerating well.

Name	Baby Of KARTHIKA LAXMI	UHID	VIH-00205880
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Ultrasound Abdomen:		
Date	Day of life	Impression:
13.06.2026	1	Normal study
15.06.2026	3	Urinary bladder is empty with catheter tip in situ and increased wall thickness, prominent posterior urethra on perineal USG 2.8mm, left hemi scrotum is empty with testes in inguinal region, right hemi scrotum is empty, right testis is not visualized

At the time of discharge: Baby was active, hemodynamically stable and maintaining saturations at room air, accepting feeds well.

Advice :

1. Warmth care.
2. Continue demand oral feeding.
3. Encourage breast feeding.
4. Immunization as per schedule.
5. Watch for urine output as explained (In case of decreased urine output review immediately in emergency room, MRI abdomen, if required).
6. Vitamin D3 drops (1ml/800IU), 0.5 ml once daily till one year of age.
7. Syrup Ossopan D, 2.5ml thrice daily till further advice.
8. Zincovit drops, 0.5ml once daily till further advice.
9. 2D echo & Ultrasound pelvis to be done on 20.06.2026 (Saturday).
10. Hearing test (AABR) and NBS (Advanced) on 20.06.2026 (Saturday).
11. Kindly consult Dr. Surender Rao Dusa, Senior Consultant Pediatric, on 20.06.2026 (Saturday) in OPD with prior appointment (This consultation will be charged).

Name

Baby Of KARTHIKA
LAXMI

UHID

VIH-00205880

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 99637666333 for lethargy, respiratory distress, refusal of feeds, decreased activity, seizures, jaundice, feeding difficulty.

The discharge advice and details on how to obtain emergency care has been explained to me in the language that I understand.

HIGH RISK FOLLOW UP

Note: Register for Neurodevelopmental assessment with developmental specialist

Name :

Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr. Barasha/ Dr. Vishal
DEO : MD Younus Pasha/Kalyan

For D. Vishal

Dr. SURENDER RAO DUSA

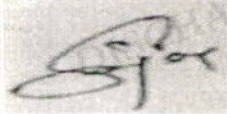
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS
47776

Registrar/Resident/C.M.O

PatientName : Baby Of KARTHIKA LAXMI
Age/Gender : 0 Y 0 M 0 D 17 H/ Male
Ward/Bed : N 2F-NICU I/ NICU 253

Inpatient No. : IP-00060337
Admit Date : 13-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
BLOOD GROUPING (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :13-06-2026 17:06
BLOOD GROUP	A		
RH (D) TYPE	POSITIVE		
NOTE :- BLOOD GROUPING TO BE REPEATED AFTER FOUR MONTHS.			



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :13-06-2026 17:17
RANDOM BLOOD GLUCOSE (GOD/POD)	40	mg/dl	L 70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :13-06-2026 17:17
RANDOM BLOOD GLUCOSE (GOD/POD)	96	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
ARTERIAL BLOOD GAS (POCT) (Specimen : BLOOD)			TEST RESULT STATUS : REPORT ENTERED Order Date :13-06-2026 17:23
PH (Reagent Strip/Double PH Indicator)	7.36	unit	7.35 - 7.45
pCO2	26.8		
pO2	68	mm Hg	L 83 - 108
HCO3	16.7		
BE	-9.1	mmol/L	
O2 Sat	93.0	mmol/L	

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :14-06-2026 13:20
RANDOM BLOOD GLUCOSE (GOD/POD)	90	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
BILIRUBIN (INDIRECT / DIRECT) (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 03:27
TOTAL BILIRUBIN (Azobilirubin)	7.2	mg/dl	<8.2
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.6
UNCONJUGATED BILIRUBIN (Spectrophotometric)	7.1	mg/dl	0.6 - 7.6

Rainbow Children's Hospital - Secunderabad

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PatientName : Baby Of KARTHIKA LAXMI Inpatient No. : IP-00060337
 Age/Gender : 0 Y 0 M 2 D/ Male Admit Date : 13-06-2026
 Ward/Bed : N 2F-NICU I/ NICU 253 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
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Dr. SRUJANA SHYAMALA, MD, DNB
 Consultant Pathologist, Reg No : 39356

investigation	Result	Unit	Biological Reference Interval
CALCIUM (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 03:27
CALCIUM (Arsenazo dye)	8.4	mg/dl	7.3 - 11.7



Dr. SRUJANA SHYAMALA, MD, DNB
 Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 03:27
HEMOGLOBIN (Colorimetry)	16.2	g/dL	14.25 - 22.5
RBC COUNT (DC detection method)	4.13	10 ¹² /L	4 - 6.6
PCV/HCT (Calculated)	42.8	VOL%	L 45 - 67
MCV (Calculated)	103.4	fL	95 - 121
MCH (Calculated)	39.3	pg/cells	H 31 - 37
MCHC (Calculated)	38.0	g/dL	H 29 - 37
RDW-CV (Calculated)	14.0	%	13 - 18
PLATELET COUNT (DC Detection Method)	206	10 ⁹ /L	150 - 450
MPV (Calculated)	8.7	fL	6.5 - 10
WBC COUNT (DC Detection Method)	10.80	10 ⁹ /L	9 - 35
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	65	%	H 32 - 62
LYMPHOCYTES (Microscopy, Leishman stain)	19	%	19 - 29
MONOCYTES (Microscopy, Leishman stain)	05	%	L 6 - 18
EOSINOPHILS (Microscopy, Leishman stain)	11	%	H 1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC WBC - MORPHOLOGY NORMAL WITH RELATIVE EOSINOPHILIA PLATELETS - ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB
 Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
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PatientName : Baby Of KARTHIKA LAXMI
Age/Gender : 0 Y 0 M 2 D/ Male
Ward/Bed : N 2F-NICU II/ NICU 253

Inpatient No. : IP-00060337
Admit Date : 13-06-2026
Discharge Date :

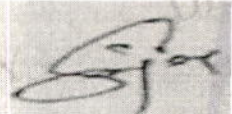
Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 03:27
CRP (Immunoturbidimetry)	46.0	mg/L	H <10



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 03:27
CREATININE (Enzymatic)	0.7	mg/dl	H 0.03 - 0.5



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 03:27
SODIUM (Direct ISE)	141	mmol/L	133 - 146
POTASSIUM (Direct ISE)	4.5	mmol/L	3.2 - 6
CHLORIDE (Direct ISE)	111	mmol/L	H 96 - 110



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
UREA (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 03:27
UREA (Kinetic, Urease)	6.7	mg/dl	L 9 - 26



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :15-06-2026 03:28

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040-42462200, Ext 2000,2001,2002,

PatientName : Baby Of KARTHIKA LAXMI Inpatient No. : IP-00060337
Age/Gender : 0 Y 0 M 4 D/ Male Admit Date : 13-06-2026
Ward/Bed : N 2F-NICU I/ NICU 253 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE (GOD/POD)	89	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
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COMPLETE URINE EXAMINATION (Specimen : URINE)

TEST RESULT STATUS : REPORT AUTHORISED
Order Date :15-06-2026 11:02

PHYSICAL

COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	CLEAR		
pH (Double pH indicator)	6.0		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.010		1.005 - 1.030
SEDIMENT (Gross Examination)	NIL		NIL

CHEMICAL

PROTEIN (Protein error of pH indicator)	NIL		NIL
GLUCOSE (GOD POD method)	NIL		NIL
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE		NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT		ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT		ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE		NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT		ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE		NEGATIVE

MICROSCOPY

PUS CELLS	4 - 6	HPF	L	0 - 5
EPITHELIAL CELLS	3 - 4	HPF	L	0 - 5
RBCS.	NIL	HPF		0 - 2



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Investigation	Result	Unit	Biological Reference Interval
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RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)

TEST RESULT STATUS : REPORT ENTERED
Order Date :16-06-2026 06:30

RANDOM BLOOD GLUCOSE (GOD/POD)	80	mg/dl	70 - 140
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Investigation	Result	Unit	Biological Reference Interval
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BILIRUBIN (INDIRECT / DIRECT) (Specimen : SERUM)

TEST RESULT STATUS : REPORT AUTHORISED
Order Date :17-06-2026 04:58

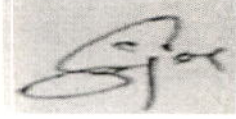
TOTAL BILIRUBIN (Azobilirubin)	12.0	mg/dl	H	<11.7
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl		<0.6

This is an interim report. The final report will be released after 24 hours

PatientName : Baby Of KARTHIKA LAXMI
Age/Gender : 0 Y 0 M 4 D/ Male
Ward/Bed : N 2F-NICU II / NICU 253

Inpatient No. : IP-00060337
Admit Date : 13-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
UNCONJUGATED BILIRUBIN (Spectrophotometric)	11.9	mg/dl	H 0.6 - 10.5



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
CALCIUM (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :17-06-2026 04:58
CALCIUM (Arsenazo dye)	9.9	mg/dl	7.3 - 11.7



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :17-06-2026 04:58
HEMOGLOBIN (Colorimetry)	16.3	g/dL	14.25 - 22.5
RBC COUNT (DC detection method)	4.15	10 ¹² /L	4 - 6.6
PCV/HCT (Calculated)	42.2	VOL%	L 45 - 67
MCV (Calculated)	101.8	fL	95 - 121
MCH (Calculated)	39.2	pg/cells	H 31 - 37
MCHC (Calculated)	38.5	g/dL	H 29 - 37
RDW-CV (Calculated)	14.0	%	13 - 18
PLATELET COUNT (DC Detection Method)	228	10 ⁹ /L	150 - 450
MPV (Calculated)	9.4	fL	6.5 - 10
WBC COUNT (DC Detection Method)	7.62	10 ⁹ /L	5 - 21
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	31	%	19 - 49
LYMPHOCYTES (Microscopy, Leishman stain)	41	%	H 26 - 36
MONOCYTES (Microscopy, Leishman stain)	10	%	7 - 18
EOSINOPHILS (Microscopy, Leishman stain)	18	%	H 1 - 4

PERIPHERAL SMEAR (Microscopy, Leishman stain)

RBC - NORMOCYTIC / NORMOCHROMIC
WBC - MORPHOLOGY NORMAL WITH RELATED EOSINOPHILIA
PLATELETS - ADEQUATE

Rainbow Children's Hospital - Secunderabad

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PatientName : Baby Of KARTHIKA LAXMI Inpatient No. : IP-00060337
 Age/Gender : 0 Y 0 M 4 D/ Male Admit Date : 13-06-2026
 Ward/Bed : N 2F-NICU II/ NICU 253 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
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Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
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C REACTIVE PROTEIN (Specimen : SERUM)

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :17-06-2026 04:58

CRP (Immunoturbidimetry) 25 mg/L H <10



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
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CREATININE (Specimen : SERUM)

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :17-06-2026 04:58

CREATININE (Enzymatic) 0.5 mg/dl 0.03 - 0.5



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
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ELECTROLYTES (Specimen : SERUM)

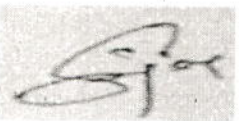
TEST RESULT STATUS : REPORT AUTHORISED

Order Date :17-06-2026 04:58

SODIUM (Direct ISE) 145 mmol/L 133 - 146

POTASSIUM (Direct ISE) 5.4 mmol/L 3.2 - 6

CHLORIDE (Direct ISE) 112 mmol/L H 96 - 110



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
---------------	--------	------	-------------------------------

UREA (Specimen : SERUM)

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :17-06-2026 04:58

UREA (Kinetic, Urease) 7.9 mg/dl L 9 - 26



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
---------------	--------	------	-------------------------------

PatientName : Baby Of KARTHIKA LAXMI
Age/Gender : 0 Y 0 M 4 D/ Male
Ward/Bed : N 2F-NICU I/ NICU 253

Inpatient No. : IP-00060337
Admit Date : 13-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			
TEST RESULT STATUS : REPORT ENTERED Order Date :17-06-2026 04:58			
RANDOM BLOOD GLUCOSE (GOD/POD)	85	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			
TEST RESULT STATUS : REPORT ENTERED Order Date :18-06-2026 07:38			
RANDOM BLOOD GLUCOSE (GOD/POD)	73	mg/dl	70 - 140

Interim Report



Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009. 040-42462200, Ext 2000,2001,2002,



PatientName : Baby Of KARTHIKA LAXMI
Age/Gender : 0 Y 0 M 3 D/ Male
Ward/Bed : N 2F-NICU I/ NICU 253


Inpatient No. : IP-00060337
Admit Date : 15-06-2026
Discharge Date :

URINE CULTURE AND SENSITIVITY (Specimen : URINE)

RESULT TEST RESULT STATUS : REPORT AUTHORISED
Order Date : 15-06-2026 11:02:21

Gross examination: Pale yellow in colour, clear.
Gram stained smear: Shows no polymorphs or organisms
Culture: No growth after 24 hrs of incubation

Dr. RANGANATHAN N. IYER MD FRCPATH DNB DPB
(CONSULTANT MICROBIOLOGIST)


Dr. VIJENDRA KAWLE MD DNB
(CONSULTANT MICROBIOLOGIST)

..... End of the Report

PatientName	: Baby Of KARTHIKA LAXMI	Inpatient No.	: IP-00060337
Age/Gender	: 0 Y 0 M 4 D/ Male	Admit Date	: 15-06-2026
Ward/Bed	: N 2F-NICU I/ NICU 253	Discharge Date	:

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED

Order Date : 15-06-2026 09:45:00

Culture : -

Second Report - No growth after 48 hrs of incubation

..... End of the Report

Interim
Report

Baby Of KARTHIKA LAXMI

0 Y 0 M 0 D 18 H

Male

IP-00060337

VIH-00205880

SURENDER RAO DUSA

R26-009536

13-06-2026 07:23 PM

13-06-2026 10:34 PM

ULTRASOUND ABDOMEN

LIVER : Normal in size 5.8 cm and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Contracted

SPLEEN :Normal in size 3.3cm and echotexture.

PANCREAS : Obscured

KIDNEYS :

Right kidney : 36x20mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 34x16 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well and appears normal.

No ascites / lymphadenopathy. No evidence bowel wall thickening / edema.

Distended Rectum with meconium

Impression:

No significant sonological abnormality

Rest unremarkable.

Suggested clinical correlation.

Print Date/Time : 13-06-2026 10:34 PM

Printed By : A HARISH
CHANDRA KALYAN

Page: 2 of 2

Baby Of KARTHIKA LAXMI

0 Y 0 M 2 D

Male

IP-00060337

VIH-00205880

SURENDER RAO DUSA

R26-009567

15-06-2026 10:59 AM

15-06-2026 05:11 PM

DRAFT

ULTRASOUND ABDOMEN

LIVER : Normal in size and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Distended well and appears normal. No evidence of calculi or wall thickening. Common bile duct appears normal.

SPLEEN : Normal in size 3.6 cm and echotexture.

PANCREAS : Normal in size and echotexture. MPD not dilated. No calcification noted.

KIDNEYS :

Right kidney : 38 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 38 mm. Normal in size and echotexture and shows smooth contour. 4mm - APPD.

URINARY BLADDER : Empty with catheter in situ, increased wall thickness.

No ascites / lymphadenopathy. No evidence bowel wall thickening / edema.

Print Date/Time : 15-06-2026 05:11 PM

Printed By : A HARISH
CHANDRA KALYAN

Page: 1 of 2

Baby Of KARTHIKA LAXMI

9030790700

0 Y 0 M 2 D

R26-009567

Male

15-06-2026 10:59 AM

IP-00060337

15-06-2026 05:11 PM

VIH-00205880

SURENDER RAO DUSA

Impression

- 1. Urinary bladder is empty with catheter tip in situ and increased wall thickness.**
 - Prominent posterior urethra on perineal USG 2.8mm.
- 2. Left hemiscrotum is empty with testes in inguinal region.**
 - Right hemiscrotum is empty.
 - Right testis is not visualised.

Suggested follow-up ultrasound.

Baby Of KARTHIKA LAXMI

0 Y 0 M 3 D

Male

IP-00060337

VIH-00205880

SURENDER RAO DUSA

R26-009646

16-06-2026 01:00 PM

16-06-2026 01:02 PM

16-06-2026 01:02 PM

MCUG:

TECHNIQUE:

Under complete aseptic precautions about 20 ml of contrast diluted with normal saline was instilled into the urinary bladder retrogradely through catheter.

URINARY BLADDER:

Bladder capacity is normal.
No evidence of filling defects.

MICTURATING PHASE:

No evidence of reflux.
Normal bladder morphology during voiding.

Posterior urethra is normal.
No post voidal residue.

IMPRESSION:

Posterior urethra is normal.

No evidence of reflux.

Dr. MOHD ABDUL KHALID

MBBS,MD,DNB

Reg No: 82767

Print Date/Time : 16-06-2026 01:02 PM

Printed By : A HARISH
CHANDRA KALYAN

Page: 1 of 1

Baby Of KARTHIKA LAXMI

0 Y 0 M 2 D

Male

IP-00060337

VIH-00205880

SURENDER RAO DUSA

R26-009568

15-06-2026 11:07 AM

15-06-2026 01:13 PM

15-06-2026 01:13 PM

PEDIATRIC ECHOCARDIOGRAM REPORT

Situs & Cardiac Looping	Situs Solitus Levocardia
Systemic Veins	To RA
Pulmonary Veins	To LA
Atrio ventricular connection	Concordance
Ventricular arterial connection	Concordance
Great artery relationship	NRGA
Right atrium	Normal
Left atrium	Normal
Inter atrial septum	pfo l-->r shunt
Mitral Valve	Normal
Tricuspid Valve	Normal
Right ventricle	Normal
Left ventricle	Normal
Inter ventricular septum	Intact
Aorta and aortic arch	Left Arch / No COA
Pulmonary artery and branch PA	Normal
Aortic Valve	Normal
Pulmonary valve	Normal
Coronaries	Normal
PDA	TINY PDA L-->R SHUNT
Pericardium	Nil
Others	Nil

MEASUREMENTS:

Print Date/Time : 15-06-2026 01:13 PM

Printed By : A HARISH
CHANDRA KALYAN

Page: 1 of 3

Baby Of KARTHIKA LAXMI

9030790700

0 Y 0 M 2 D

R26-009568

Male

15-06-2026 11:07 AM

IP-00060337

15-06-2026 01:13 PM

VIH-00205880

15-06-2026 01:13 PM

SURENDER RAO DUSA

PARAMETER	ABSOLUTE cm)	Z score	PARAMETER	ABSOLUTE cm)	Z score
AO	0.3		Tricuspid Annulus		
LA	0.5		Mitral Annulus		
IVSd	0.2		Aortic Annulus		
LVIDd	1.4		PA Annulus		
LVPWd	0.3		RPA		
IVSs	0.2		LPA		
LVIDS	0.9		MPA		
LVPWs	0.6		AO Isthmus		
EF	69%		LV Mass		
FS	35%		Others		

Impression

SITUS , SOLITUS , LEVOCARDIA
NORMAL SIZED CARDIAC CHAMBERA
SMALL PDA L-->R SHUNT
PFO L-->R SHUNT
GOOD BIVENTRICULAR FUNCTION
LEFT ARCH, NO COA

Baby Of KARTHIKA LAXMI

0 Y 0 M 2 D

Male

IP-00060337

VIH-00205880

SURENDER RAO DUSA

R26-009568

15-06-2026 11:07 AM

15-06-2026 01:13 PM

15-06-2026 01:13 PM

Dr. MURTAZA KAMAL

MBBS, MD, DNB, DrNB
Reg No: TSMC/FMR/26664

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

Anubika
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

PATIENT TRANSFER FORM

VIH-00205880 IP-00060337 Baby Of KARTHIKA LAXMI 13-06-2026 0 Y 0 M 3 D (M) Dr. SURENDER RAO DUSA 		Date & Time of Admission 13/6/20 @ 4:26 PM	Date & Time of Transfer Order 17/6/20 @ 5:30 PM
Treating Consultant Dr. Surender Rao DUSA		Transfer ordered by Dr. Surender Rao DUSA	Reason for Transfer Baby & Mom
From Unit	To Unit	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 49	Number of Imaging films ABG - 1 X-Ray - 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	APTAMIL Gold	1	
2.	Diapers	3	
3.	Baby Wipes	1	
4.	Sterile water	40	
5.			
Shifting Summary / notes written by Doctor :			
Name & Signature of Person who is Transferring Haritha		Name of Person Ordered Transfer Dr. Surender Rao	
Patient & Clinical records received by : L ROY			
Date & Time of Patient Received: 17/6/20 @ 5:30 PM			

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

- Unavailable bed
 Nurse not available
 Available bed not ready

VIH-00205880 IP-00060337
Rainbow Child Hospital
 Baby Of **KARTHIKA LAXMI**
 13-06-2026 0 Y 0 M 1 D (M)
 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. 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 : S/o 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 ra Hospital AN Steroids Drugs / Doses :
 Last Scans Details : 16/5/26 - some cephalic, 33⁺² wks, SFW - 1991g, AC - 23.2%, Dop @
 TT Immunization and Iron / Folic Acid : given.

MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs</p> <p>Consanguinity : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p>H/o PIH (after 20 weeks) / PE</p> <p>How many Drugs / Doses / Since how long :</p> <p>H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : <u>10</u></p> <p>IUGR - when detected :</p> <p>Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus :</p> <p>AFI : <u>15.1 cm - adequate</u></p>	<p>H/o GDM/ pre GDM/ on diet or insulin <u>GDM</u></p> <p>Controlled or not, recent values, HbA1 values :</p> <p>Compliance with Rx :</p> <p>Scans : LGA, TIFFA , Fetal Echo : <u>10</u></p> <p>H/o Hypothyroidism : when diagnosed ? Medication? <u>2024 on thyroxine 37.5 mg.</u></p> <p>Any other Chronic Medical Problems, when detected drugs ?</p> <p>(Anemia, SLE, Jaundice, CHD, Heart Disease)</p> <p>Infection : H/O, Fever</p> <p>(<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV)</p> <p>UTI : when : <u>16/5/26</u> Any culture : <u>Streptococcus</u></p>
--	---

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

HOP1: single (sex 11) / 36 wks / 2.419 kg / boy / low / US / RD / undescended testis & hypospadias / 10M

baby was (said to have).

↓
developed RD

↓
connected to LPO₂

↓
noted to have murmur ⊕

↓
in suspicion of ~~low~~ CHD (? VSD),
referred to RCU

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 : <P>

Color of the extremities : pink

Jaundice : Pallor : SpO2 : 98% OXA

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) *no dysmorphism*

**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 : (P)
Palate : *no cleft*
Gums :
Lips : ? (N)
Tongue :

**THORAX and
BREASTS :** Shape of Thorax : (N)
Position of Nipples and Number : *2 in no, normal position*

**ABDOMEN and
UMBILICUS :** Shape : (N)
Organomegaly : (0)
Bowel Sounds : (P)
Umbilical Stump : *2A+IV*
Discharge : (0)

GENITALIA : Labia / Hymen :
Testicles/penis : *all testis undescended, hypospadias*
Anus :

HERNIAL ORIFICES *free*

TRUNK and SPINE : (N)

SKIN LESIONS : (0)

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

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 : NVRS ⊕ Added Sounds :

Cardiovascular System :

HR : 161/m BP : Precordial Activity : ⊕

Femoral Pulses : 2/feet Murmurs : ⊕

Other Peripheral Pulses : Signs of Cardiac Failure : ⊕

Abdomen :

Shape : ⊕ Hernia orifice : free

Palpation : soft Anal Patency : ⊕

Palpable masses : ⊕ Umbilical Cord : 2A1U

Abdominal girth : ⊕ First urine passed :
Meconium passed :

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

State of wakefulness :

Prechtle Score :

Nerves :
.....
.....
.....
.....

Motor System :

Passive Tone : 2/acc

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : incomplete, symmetrical DTR :

ATNR : Skull and Spine : ⊕

Any Congenital Anomalies : none

Diagnosis : Single / 36 wto / LPT / 2.4(10) up / ACP / CW / US / NO / hypospadias & cryptorchidism.

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : [Signature]

Name : Baasha

Date & Time : 13/6/26

Consultant :

Signature : [Signature]

Name : Dr. Suresh Rao Durg

Date & Time : 13/6/26 @ 10:15 AM

PLEASE FILL UP THE FOLLOWING DETAILS

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

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 cns sgt.
- ③ 20 who
- ④ usg abdomen
- ⑤ ABC, mood gp, vpx

Plan during ward follow up :

*Noted by
S. S. Thakur*

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

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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



1

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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 4:30 AM	Baby received in NICU Hemodynamically stable	
	RD settled	
	RSS - 40 mg/dl. → 1hr after	78mg/dl.
	Adv -	
	Dad demands feeds	
	check RSS after 1 hr.	
		sf



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 / LSCG / TANB. Hypospadias & cryptorchidism. Sternal hood penile chordee.	
	Issues: Nil.	
	T-Wt = 2.3 Kgs (↓ 118gms).	Normothermic
	S/O = 145/65	SV @ RA.
	U/O 4.8ml/kg/hr	CNS - S ₁ S ₂ ⊕,
	S/O 2 times.	CNS - T/A/R AGA
	CRBS. 96 mg/dl	P/A - Toff BS ⊕.
	<u>Plan:</u>	
	Target SpO ₂ 79%.	
	Target MAP > 36.	
	TV - 8ml/kg/day	
	oral demand feeds.	
	2D Echo. on Monday.	
	NPI at @ 2pm.	
	Crib Care.	
	I/O charting	
	vitals monitoring	
	Tuesday - on followup	<div data-bbox="941 1504 1453 1811" style="border: 1px solid black; padding: 5px; transform: rotate(-10deg);"> Dr. Surender Rao Dusa 14/6/26 10:30 AM </div>
<div data-bbox="123 1757 247 1972" style="border: 1px solid black; padding: 5px; transform: rotate(-45deg);"> Divya </div>	SRE, OAR, NRS, ADP , very pale flu	noted by Sumedhi 14/6/26 @ 9:30 AM

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



GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26	<p>3pm</p> <ul style="list-style-type: none"> - Baby didn't pass urine from 10AM - taking oral feeds. o/e - - ur. 12/10 - SpO₂ 99% @ RA. - CRT < 2 sec - AP - 60/45 mmHg - pulses - felt good. - bladder palpable. 	<p>1) urinary catheter was kept ↓ 40ml of urine was drained.</p> <p>2) Remove catheter & observe 3) continue oral feeds.</p>
Dr. Prathapasha		
8pm	<ul style="list-style-type: none"> - urine is not passed - CRT < 2 sec - colour - pink peripheral pulses felt 	<p>↓</p> <p>? LUTO ? Neurogenic bladder ? Dehydration</p> <p>1) Give NS bolus - 10ml/kg iv over 30 mins & observe.</p>
Dr. Prathapasha		

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10PM	- Baby still not passed urine - NO palpable bladder. CRT \leq red. colour - pink	urine manoe - (+) knee jerk (+) spine - Examined (N)
	- ? Down urinary tract obstruction - ? Neurogenic bladder Reflexes - checked (+) Spine - (N) (no dimples / tuft of hair, lesions)	Plan 1) urinary catheterisation 2) oral demand feeds. 3) IV - NO cephalosporin - w/ Dextrose 4) NP, (1m) 5) DD BUN 6) VCC, abdomen & pelvis.
	<p style="text-align: center;"><u>urinary catheterisation</u></p> under aseptic conditions, urinary catheterisation was done with 6F size NG tube & fixed at 12 cm & urine output is observed.	
	urine output - 35ml. - 2.4 cephalosporin over 6hrs. - 2.6 cephalosporin over 12hrs.	
	monitor Ifo P&U	

Dr. Prathish

VIH-00205880 IP-00060337
 Baby Of KARTHIKA LAXMI
 13-06-2026 0 Y 0 M 2 D (M)
 Dr. SURENDER RAO DUSA



3

SS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26		
8 AM	D3 / 36wks / 2.41 kg / 48 cm	
	TNR of hypoplasia - dorsal hood fenile chordae c outlet tract obstruction	cryptorchidism / ? lower urinary tract obstruction / ? Neurogenic bladder
	issues - NOT passing urine	
	1 ep. of GRX - sample	- feed given checked after 1hr
	T. wt - 2.39 kg (↑ 90 gm)	Of - Normothermic
	2/0 - 303 / 140 ml	on RA
	U/0 - 2.4 cc / 15 min	C/F/A - Good
	S/0 - 3 times	C/S - S/S ⊕
	GRX - 50 mg / dl	R/S - RA ⊕
		P/O - soft
		urinary catheter ⊕
	Plan	
	- Target SpO ₂ > 90%	
	- Target MAP > 36	
	- Oral demand feeds	
	- 2D Echo today	
	- U/S abdomen & pelvis today	
	- Dr. Jyothi man consultation	
	- NBS, OAC on file	
	- SpO ₂ charting, vitals monitoring - 6th hrly	
	- Blood off send	
	- Urinary tract inf pipage	
	urine off, CVC	

Dr.

Dr. Surender Rao Dusa
 15/6/26
 10:15 AM

Noted by
 Shetty
 15/6/26 @ UAM

VIH-00205880 IP-00060337
 Baby Of KARTHIKA LAXMI (M)
 13-06-2026 0 Y 0 M 2 D
 Dr. SURENDER RAO DUSA

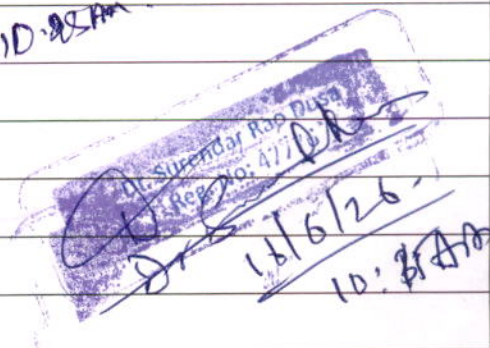
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26	Baby seen.	
11 PM	Child taking feeds well.	
	W/O = 7ml. = 2.7ml/kg/hr.	
	Stool passed.	
	MCH planned tomorrow 11 AM.	
	Wk Abd done	
		Adv
		- CST.
		- Continue IV antibiotics.



4

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26 7 AM	Day 4 / 36 wks / 2.418 Kg / LBW / 9 TNB / Hypo spadias - Dorsal hood fenile chordee & B/L Cryptorchidism / ? Lower urinary tract obstruction / PUV / Probable hypos.	
	Issues:- catheterized for urine.	
	I-wt - 2.37 (↓ 20gms).	Normotensive
	S/O - 335/144.	SV @ RA.
	U/O - 2.5ml/1g/hr.	C/T/A good.
	S/O - 5 times	CVS - S2 ⊕.
	CRBS - 80 mg/dl.	PT - BA ⊕.
	<u>Admra</u>	Urinary catheter ⊕.
	Target SpO2 > 90%.	
	Target MAP > 36.	
	Oral demand feeds.	
	MCUG today @ 11 AM.	NP, T/m
	Euj Piptaz (D2).	
	Track Blood Cs, Urine Cs.	
	Siyothi madam (Ped Sx) consultation after	
	morning vitals.	
	Inform SOJ.	
	Noted by Rishi 16/6/26 @ 10:25 AM	
	 Dr. Surender Rao Dusa Reg. No. 47/2018 16/6/26 10:25 AM	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26 5PM	ETD/W DV. SYUTHI room	
	=> Neurogenic bladder (?) -> Spine examination -> CONTINUE ANTI-BIOTIC -> FRESH COLLECT - @	
4/4/6	Dr. Jyothi - wait & watch till 8pm. - MRI (7/1m) if baby not passes urine.	
7:30pm	- Baby passed urine - 30 ml - wait & watch don't catheterise - Plan USG for PVR volume (7/1m)	
Report	noted by Ribha 16/6/26 8pm.	



5

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26	<p>D5/36wks → 36 + 4 wks PMA / 2.41 kg / 41 cm / 11.41 kg / 41 cm / 11.41 kg / 41 cm / 11.41 kg / 41 cm</p> <p>Dorsal hood fenile chordae = of cyphochordidism / probable sepsis / ? Neurogenic bladder.</p>	
	<p>issues - not passed urine till yesterday - 7 pm</p> <p>stimulation of bladder with wet gauze. - passed urine</p>	
	<p>T.Wt 2.41 kg (40 gm)</p> <p>S/O - 340 ml</p> <p>U/O - 2.5 cc/kg</p> <p>S/O - 5 times</p> <p>CPRS - 85 mg/dl</p>	<p>O/E - Normoothermic on RA</p> <p>CH/A - Good</p> <p>Tolerating oral feeds</p> <p>Cataplexy good</p> <p>CBC - S/S, ⊕</p> <p>R/S - NAE ⊕</p> <p>P/A - Lgr</p>
	<p><u>Plan</u></p>	
	<p>- Target SPO₂ > 90%</p>	
	<p>- Target MAP > 36</p>	
	<p>- oral demand feeds</p>	
	<p>- inf foley - D₃</p>	<p>if not passing - usg spine</p>
	<p>- trace blood c/s, urine c/s</p>	
	<p>- trace NP,</p>	
	<p>- usg for RVR volume today</p>	
	<p>& inform Dr. jyothsna</p>	
	<p>- D/O P₆U</p>	
	<p>- vitals monitoring</p>	

Noted by
 17/6/26

17/6/26
 10:20 AM

- shift to room today, 17/6/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26	Shifting notes	
	DS / 36 wks -> 36 + wks DHA / 2. usg / LBW / TTN /	
	Hypospadias / Dorsal hood penile chordee C BK	
	Cryptorchidism / Probable scps / CO Neurogen bladder	
	Plan:	
	- Target spo ₂ > 90% Target MAP > 36	
	- Oral demand feeds	
	- Inj piperacillin-z (plan antibiotic effect BLOOD & urine ->)	
	- Trace blood < C _g , urine < E	
	- I/O, @ GA, urine output monitoring	
	- watch	
	- IF not passing urine to rule out neurogenic	
	bladder, spine MRI in plan.	

note by
 Raga
 17/6/26
 @ 5PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/2026	D6 / 36wks →	CDS) of life).
	Hypospadias /	36+5 / 2.418kg / LBW / ITM)
	BIL cryptorchidism /	Dorsal hood perile chorde c
		Probable sepsis / neurogenic bladder.
2.41 → 2.42 (110g)		Urine - passed
		C T / A - Good
		URIC 3.5P
		AFC (N).
	CUS - SLS	Plan
UTLS / NO (re-ops) / OLS	CM	- vitals Q 3-6 H.
	RS / ⊕	- Trace cultures
	PA	(Blood & urine)
	⇒ Discharge to H	- Oral demand feed.
	- PUP - security	- I/O charting.
	Noted by Padma.	- ask about antibiotic
		L I/clo - not passing
		⊕ - urine,
		MRI (Sas).
		18/6/26
		⊕ Am

VIH-00205880 IP-00060337
Baby Of KARTHIKA LAXMI
13-06-2026 0 Y 0 M 3 D (M)
Dr. SURENDER RAO DUSA

re mi

Ref. No. : F / HW/CONS.F/INPR / 01

CONSULTATION FORM

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



Doctor Name : Dr. MUNTAZA KAMEEL
(Pedr Cardiologist)
Date : Hour :

Hospital : VRECH
15/06/2026
Referred for : Opinion Co-Management
 Transfer of care

Type of Referral : Emergency (within one hr.)
 Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)
Date : 15/6 Time : 10a By : Dr. S. Rao

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____ M.D.

Report of Findings and Recommendations :

Pi
Hripw Grades
for each are available

o/c
5-52 - (N)

C-CHB

SS / Derocastin
Dimy clotting Psh i Lsni Swans
AKO i Lsni Swans
Intake IVF
Li Anem, nu con

Consultant : GRYF
Name : Signature : [Signature] Date & Time : 15/6/26 @

NOTE : If more space is required use another consultation sheet as continuation

2

1. cancelled

2. Npi after sweets/RS

Prof. Kaur

CONSULTATION FORM



Doctor Name : Dr. Sridi Botla
Date : 15/6/26 Hour :

Hospital : VRCH
Referred for : Opinion Co-Management
 Transfer of care

Type of Referral : Emergency (within one hr.)
 Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)
Date : 15/6/26 Time : PM By : Dr. S.W.

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____ M.D.

Report of Findings and Recommendations :

S/B Dr. Goh

- Many thanks for ref -

- Case capsule noted

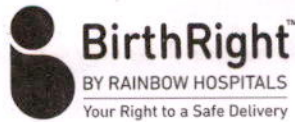
day old MICH, with Poor distal
HPS (subcoronal) with B/L VOT with
osmary retention (HN - Anus, No HU)

Adv: - MCOA chn

- S/S further management

Consultant: Dr. Sridi Botla Signature : _____ Date & Time : 15/6/26
PM

NOTE : If more space is required use another consultation sheet as continuation



CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT (NICU)

I Mrs Ambica S/o Mr./ Ms Karshika Banu
 hereby declare that our patient Mr. / Ms B/O Karshika Laxmi who is related to me as
~~daughter~~ son in 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 Karshika 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 Karshika 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 up

Witness :

Signature : Amrashi
 Name : Amrashi
 Date & Time : 13/6/26 @ 4p

Doctor (who is taking the consent) :

Signature : [Signature]
 Name : Amrashi
 Date & Time : 13/6/26 @ 4p



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 నిపు ణుడు 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 ఇంనర్వేన్ 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 దుష్ఫలితామాలు 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 (అటొర్నెంట్)
 సంతకము
 పేరు
 తేది మరియు సమయము

సాక్షి
 సంతకము
 పేరు
 తేది మరియు సమయము

డాక్టర్
 సంతకము
 పేరు
 తేది మరియు సమయము

Aptamil gold

CONSENT FOR FORMULA FEEDS



Patient Name : B/o. Karthika Komuri 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: Aunt

Date & Time : 13/6/2026 up

Witness :

Signature : [Signature]

Name : Omaraani

Date & Time : 13/6/26 up

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Karaka

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

CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o. Kasthika Jaisi Gender: Male Female

UHID No : 205880 Department : NICU Date : 14/6/26

I Anand Rao K S/D/W/O K. Nagaraj

Here by give consent for procedure of : Catheterization

For my patient, Named :

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

..... infection
..... bleeding

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

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Pratyusha

Patient Attendant :

Signature : [Signature]

Name : Anand

Relationship with Patient: Father

Date & Time : 14/6/26 @ 10:30pm

Witness :

Signature : [Signature]

Name : Sr. Bhavana

Date & Time : 14/6/26 @ 10:30pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Pratyusha

Date & Time : 14/6/26 @ 10:30pm

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

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

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

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తేదీ మరియు సమయము

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

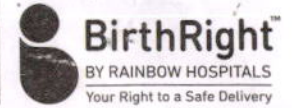
Patient Name :



I.P. No

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

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									132	128	137	130	140	130	137	137	129	127	128	135	119	116	140	134
RED - PULSE	200																								
BLACK - RESP	105																								
GREEN - TEMP	104																								
BLUE - NIBP	103									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
	102																								
	101																								
A- ALERT	100																								
V-VOICE	99																								
P-PAIN	98																								
U-UNRESPONSIVE	97																								
	96																								
VERBAL	95																								
5-ORIENTED	80									62	57	50	62	61	65	69	69	59	61	56	61	62	62	61	60
4-CONFUSED	70									↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
3-IN APPROPRIATE WORDS	60									(u1)	(u2)	(u9)	(u1)	(u2)	50	51	54	43	46	44	47	47	50	50	46
2-INCOMPREHENSIBLE SOUND	50									↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
1-NONE	40									39	40	39	42	47	41	42	46	40	38	37	40	40	48	39	38
	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										91A	91A	91A	91A	91A	91A	91A	91A	91A	91A	91A	91A	91A	91A	91A	91A
SPO2										99	100	99	100	99	100	99	98	96	99	95	98	95	96	95	95
RBS										-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUCTION										-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY										-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AVPU										A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse :

Morning Shift :

Evening Shift :

uma rani
13/06/26
@8PM

Night Shift :

13/06/26
San

Ref No. F/INPR/19

Patient Name :



NURSES ASSESSMENT CHART



I.P. No

Date : 14/6/26 Diagnosis : Weight : 2.46kg Chart No. : 8

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	120	127	160	144	135	130	160	160	112	131	128	156	120	109	134	115	135	128	
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	62	69	57	49	45	51	53	48	63	62	65	60	65	74	64									
4-CONFUSED	70	↑	↑	↑	↑	↑	↑	↑																	
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50	52	50	42	49	51	52	48	34	47	48	52	36	53	55	52									
1-NONE	40	↓	↓	↓	↓	↓	↓	↓																	
	35																								
MOTOR	30	37	39	37	32	31	31	45	30	45	41	45	25	46	44	46									
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18	39	40	28	21	32	31	80	85	40	45	40	45	20			23	23	31		29	33	20		
	16																								
	14																								
	12																								
	10																								
O2		RIA	RD	RIA	RIA	RA	RD	RIA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	
SPO2		99	100	99	100	99	100	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	
RBS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SUCTION		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
PHYSIOTHERAPY		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
AVPU		A	A	A	A	A	A	1	P	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	

Signature of the Nurse : Sumanjali

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

Evening Shift : Shruti
14/6/26
@8pm

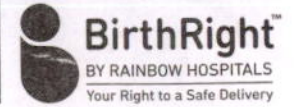
Night Shift : Ishwari
15/6/26
8AM

Ref No. F/INPR/19

Patient Name :



NURSES ASSESSMENT CHART



I.P. No

Date : 15/6/26 Diagnosis : Weight : 2.395 kg Chart No. :

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																								
BLACK - RESP	105	115	149	115	125	147	179	162	157	152	148	132	140	135	116	133	137	133	117	139	133	106	152	118	127
GREEN - TEMP	104																								
BLUE - NIBP	103																								
	102																								
	101																								
A- ALERT	100																								
V-VOICE	99	98.6	98.0	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6
P-PAIN	98																								
U-UNRESPONSIVE	97																								
	96																								
	95																								
VERBAL	80	32	47	21	35	54	42	41	42	48	42	40	39	30	14	38	26	30	35	30	31	32	31	15	20
5-ORIENTED	70																								
4-CONFUSED	60																								
3-IN APPROPRIATE WORDS	50																								
2-INCOMPREHENSIBLE SOUND	40																								
1-NONE	35	68	49	72	68	73	74	68	70	72	68	62	68	67	69	77	77	77	77	77	77	77	77	77	77
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24	55	42	57	51	57	62	51	48	52	51	50	42	42	53	51	61	62	60	59	64	61	56	62	58
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18																								
	16	48	39	48	48	48	55	56	48	42	48	42	38	37	46	48	53	57	52	53	51	54	47	42	51
	14																								
	12																								
	10																								
O2		99	97	99	97	95	86	90	92	93	92	95	95	95	96	95	96	92	93	97	96	90	90	96	98
SPO2																									
RBS																									
SUCTION																									
PHYSIOTHERAPY																									
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse :

Morning Shift :

Evening Shift : Sr. Sumanyali
15/6/26 @ 8pm

Night Shift : Bhavani
16/6/26 @ 8am

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

Ref No. F/INPR/19

Patient Name :



I.P. No

Date : 16/6/26 Diagnosis :

Weight : 2.3715 kg Chart No. : 16

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	107	109	111	116	105	109	106	119	117	118	127	142	186	137	132	156	128	111	132	135	143	125		
BLACK - RESP	105																								
GREEN - TEMP	104																								
BLUE - NIBP	103																								
	102																								
	101																								
A - ALERT	100																								
V-VOICE	99	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	
P-PAIN	98																								
U-UNRESPONSIVE	97																								
	96																								
VERBAL	95	26	22	18	17	19	30	30	31	21	29	41	25	36	25	21	33	28	23	19	35	21			
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30	71	82	79	87	88	80	73	73	74	80	79	76	73	80	88	86	86	73	71	87	75			
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20	57	62	59	64	58	54	58	60	56	58	63	63	55	61	73	59	57	57	59	71	57			
1-NONE	18																								
	16																								
	14																								
	12																								
	10	50	60	52	54	50	51	54	57	51	54	54	56	46	52	66	52	41	45	58	64	42			
O2																									
SPO2																									
RBS		96	94	92	96	96	96	93	100	96	98	98	91	98	96	97	97	97	97	92	90	100	93		
SUCTION		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse :

Morning Shift : *Rishi*
 16/6/26
 @ 2pm

Evening Shift : *Rishi*
 16/6/26
 @ 4pm

Night Shift : *Sharan*
 12/6/26
 8AM

VIH-00205880 IP-00060337
 Baby Of KARTHIKA LAXMI
 13-06-2026 0 Y 0 M 4 D (M)
 Dr. SURENDER RAO DUSA

Ref No. F/INPR/19

Patient Name :

I.P. No

Date : 17/6 Chart No. : 5
 Diagnosis : LPT-36wks Weight : Chart No. : 5

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																									
BLACK - RESP	105	190	130	136	143	123	127	117	129	126	130	147		150			150				145				146	
GREEN - TEMP	104	180																								
BLUE - NIBP	103	170																								
	102	160																								
	101	150																								
A- ALERT	100	140																								
V-VOICE	99	130	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6
P-PAIN	98	120																								
U-UNRESPONSIVE	97	110																								
	96	100																								
VERBAL	95	90																								
5-ORIENTED	80	80	35	40	50	31	38	38	42	50	31	37		47			40				42				47	
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			98	93	100	95	100	96	96	96	95	97		98			98				99				99	
RBS			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SUCTION			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
PHYSIOTHERAPY			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
AVPU			A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	

Signature of the Nurse : Uma

Morning Shift : Uma
 17/6/26
 @ 2PM

Evening Shift : Rishi
 17/6/26
 @ 5.30PM

Night Shift : Deepika
 17/6/26
 @ 8AM

VIH-00205880 IP-00080337
 Baby Of KARTHIKA LAXMI
 13-08-2026 0 Y 0 M 4 D (M)
 Dr. SURENDER RAO DUSA



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

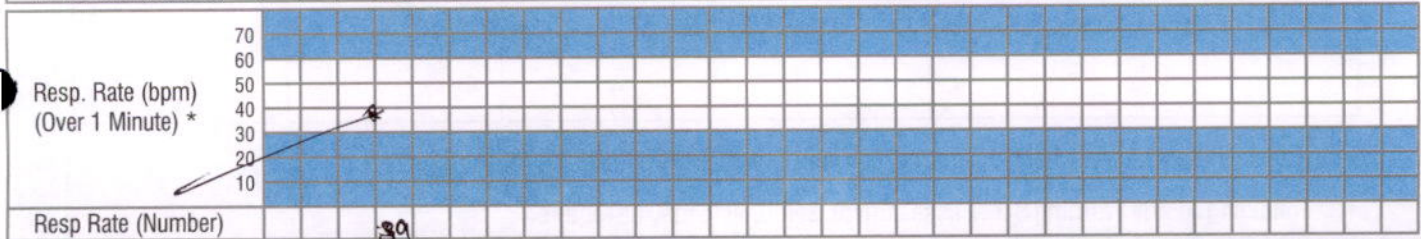
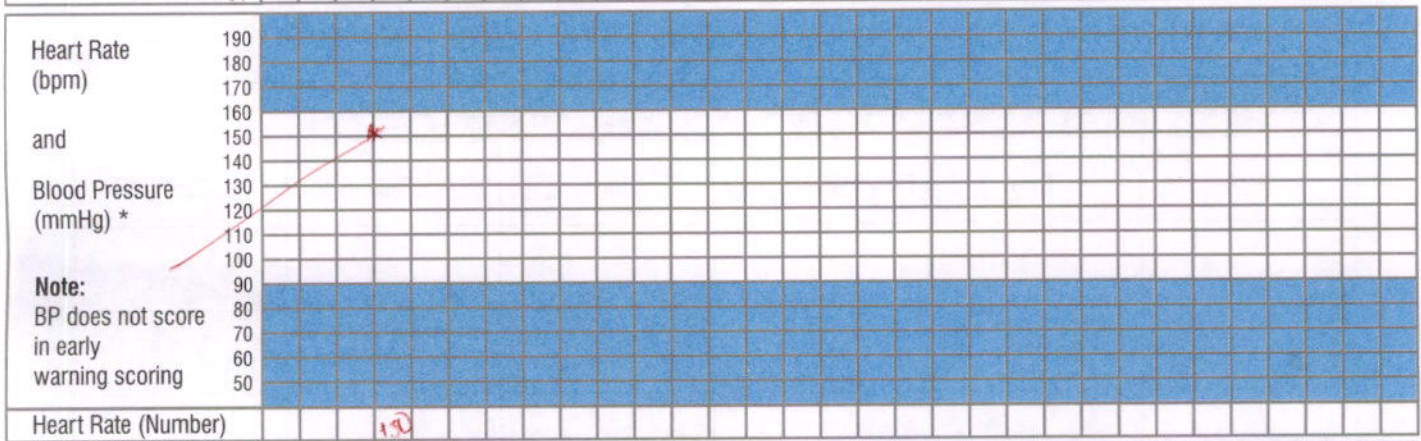
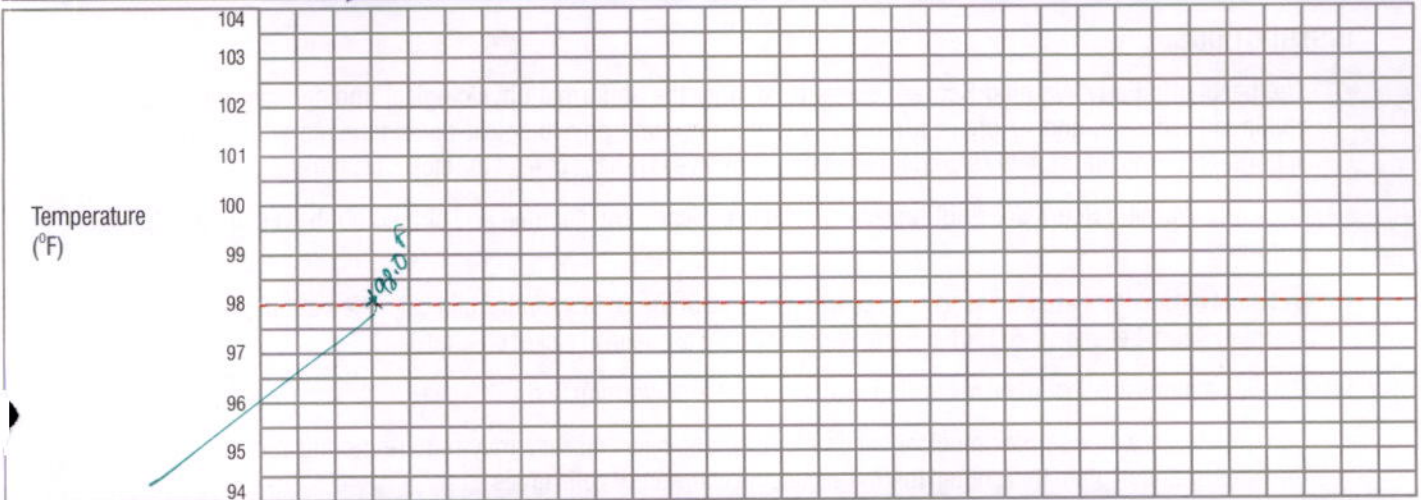
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 18/6/25 Time: 10

Doctor/Nurse/Family Concern? M



Heart Rate (Number) 150
 Resp Rate (Number) 39
 Resp Mod/ Severe Distress None / Mild
 Receiving O₂ (l/min) 0
 O₂ Saturations (%) 99
 Conscious Level Normal / Altered C
 GCS * 15

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

- 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)

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

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			
	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								15ml			
	10:00 pm												
	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								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. 103ml/day

Total 24 hrs. Output 4. 80ml/kg/day

FLUID CHART

Sheet No. : 2

- 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		
14/6/26	08:00 am	Aptamil	20ml								0	Sumanjali 14/06/26
	09:00 am										0	
	10:00 am	Aptamil	20ml								0	
	11:00 am										0	
	12:00 pm	Aptamil	15ml								6	
	01:00 pm										0	
Total Intake :			55 ml			Total Output :						
	02:00 pm	Aptamil	15ml									Sherry 14/6/26 @ 8pm.
	03:00 pm											
	04:00 pm	Aptamil	15ml						40 ml			
	05:00 pm											
	06:00 pm	Aptamil	25ml									
	07:00 pm											
Total Intake :			55 ml			Total Output :					40 ml	
	08:00 pm	Aptamil	22ml								0	Shwamy 15/6/26 8 AM
	09:00 pm										0	
	10:00 pm	Aptamil	25ml						35ml		0	
	11:00 pm			4ml							0	
	12:00 am			4ml							0	
	01:00 am	Aptamil	30ml	4ml					20ml		0	
Total Intake :			89 ml			Total Output :					55	
	02:00 am			4ml							0	
	03:00 am	Aptamil	30ml	4ml					15ml		0	
	04:00 am			4ml							0	
	05:00 am		25ml	4ml					30ml		0	
	06:00 am			4ml							0	
	07:00 am		25ml	4ml							0	
Total Intake :			104 ml			Total Output :					45 ml	140 ml
Total 24 hrs. Intake		126 cc / 1st day										
Total 24 hrs. Output		24 cc / 1st day										



FLUID CHART

Sheet No. : **(3)**

15/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am	Aptamil 20 ml.									0		
	09:00 am								27 ml		0		
	10:00 am	Aptamil 25 ml.					✓		12 ml.		0		
	11:00 am										0		
	12:00 pm	Aptamil 20 ml									0		
	01:00 pm										0		
Total Intake : 65 ml.			Total Output : 39 ml.										
	02:00 pm	Aptamil 25 ml.									0		
	03:00 pm						✓				0		
	04:00 pm	Aptamil 20 ml									0		
	05:00 pm						✓		uoml		0		
	06:00 pm	Aptamil 25 ml									0		
	07:00 pm										0		
Total Intake : 70 ml			Total Output : 40 ml										
	08:00 pm	^{EBM} Aptamil 20 ml									0		
	09:00 pm										0		
	10:00 pm	Aptamil 25 ml							10 ml		0		
	11:00 pm	Aptamil 40 ml					✓				0		
	12:00 am										0		
	01:00 am										0		
Total Intake : 85 ml			Total Output : 10 ml										
	02:00 am	Aptamil 25 ml							30 ml		0		
	03:00 am										0		
	04:00 am	^{EBM} Aptamil 25 ml									0		
	05:00 am										0		
	06:00 am	Aptamil 40 ml					✓		25 ml		0		
	07:00 am										0		
Total Intake : 115 ml			Total Output : 50 ml										

Sherry
 15/6/26
 @ 2pm
 Sumanjali
 15/6/26
 @ 5pm

Bhavani
 16/6/26
 8 AM

Total 24 hrs. Intake 141 cc/24hrs

Total 24 hrs. Output 2.5 cc/1st hr.



FLUID CHART

Sheet No. : (4)

16/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
16/6/26	08:00 am	AM	25ml								0	R. R. R. 16/6/26 2pm	
	09:00 am										0		
	10:00 am	AM	25ml				✓		20ml		0		
	11:00 am								10ml		0		
	12:00 pm	AM					✓				0		
	01:00 pm	AM	15								0		
Total Intake : 65ml			Total Output : 30ml										
16/6/26	02:00 pm										0	R. R. R. 16/6/26 2pm	
	03:00 pm	AM	35ml				✓				0		
	04:00 pm										0		
	05:00 pm	AM	20ml								0		
	06:00 pm										0		
	07:00 pm	AM	35ml								0		
Total Intake : 90ml			Total Output : 34ml										
	08:00 pm	AM					✓				0	Bhavya 16/6/26 8pm	
	09:00 pm	AM	35ml								0		
	10:00 pm	AM									0		
	11:00 pm										0		
	12:00 am	AM	20ml						40ml		0		
	01:00 am										0		
Total Intake : 55ml			Total Output : 40ml										
	02:00 am	AM	40ml				✓				0	Bhavya 16/6/26 8pm	
	03:00 am										0		
	04:00 am	AM	50ml								0		
	05:00 am										0		
	06:00 am	AM							40ml		0		
	07:00 am	AM	30ml								0		
Total Intake : 130ml			Total Output : 40ml										
Total 24 hrs. Intake		whee 1st day											
Total 24 hrs. Output		25ml/hr											

VIH-00205880 IP-00060337
 Baby Of KARTHIKA LAXMI
 13-08-2026 0 Y 0 M 4 D (M)
 Dr. SURENDER RAO DUSA



FLUID CHART

Sheet No. : 5 17/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	APtem	30ml								0	Lmg 17/6/26 @ 2 PM
	09:00 am										0	
	10:00 am	EBM	35ml						30ml		0	
	11:00 am										0	
	12:00 pm	EBM	30ml						15ml		0	
	01:00 pm										0	
Total Intake :			95 ml			Total Output : 45 ml						
	02:00 pm	EBM	25ml						15ml		0	Rld 17/6/26 @ 3 PM
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm	EBM	25ml						25ml		0	
	06:00 pm										0	
	07:00 pm	EBM	25ml						20ml		0	
Total Intake :			75 ml			Total Output : 40 ml						
	08:00 pm								20ml		0	Deepika 17/6/26 @ 8 AM
	09:00 pm	EBM	25ml						24ml		0	
	10:00 pm											
	11:00 pm	EBM	25ml									
	12:00 am								34ml		0	
	01:00 am	EBM	30ml									
Total Intake :			80 ml			Total Output : 78 ml						
	02:00 am											Deepika 18/6/26 @ 8 AM
	03:00 am	EBM	20ml									
	04:00 am											
	05:00 am	EBM	30ml									
	06:00 am								55ml			
	07:00 am	EBM	25ml									
Total Intake :			75 (325ml)			Total Output : 133ml 218ml						

Total 24 hrs. Intake 300 ml

Total 24 hrs. Output 218 ml
3.7 cc/kg/day.



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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
18/8/26	08:00 am									13ml		[Signature] 18/8/26
	09:00 am	EBM	30ml									
	10:00 am									18ml		
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: NICU Shifted to: 2nd floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Vitamin D Drops	0.5ML	once oral	once day		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: [Signature]

Date & Time: 17/6/26 @

Nurse Name & Signature: Sr. Haritha

Date & Time: 17/6/26 @

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



REGULAR PRESCRIPTION
DRUG CHART

Date of Admission: 21/5/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY: Name Signature



REGULAR PRESCRIPTIONS

Weight. 2.4kg Ward. NEW

DRUG : <u>INJ. PIPERACILLIN & TAZOBACTAM</u>				Date Time
Dose <u>240MG</u>	Route <u>IV</u>	Frequency <u>TWICE DAILY</u>	Start Date <u>15/6</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Ananthushe</u>				
Additional Instructions: <u>100MG / Kg / DAY</u>				
Daily Doctor's Endorsement by a Sign				

DRUG : <u>INJ. PIPERACILLIN & TAZOBACTAM</u>				Date Time
Dose <u>240MG</u>	Route <u>IV</u>	Frequency <u>TWICE DAILY</u>	Start Date <u>15/6</u>	<u>15/6 17/6 18/6</u>
Name & Signature of the Doctor Starting the Drugs: <u>Ananthushe</u>				<u>11 AM</u>
Additional Instructions: <u>100MG / Kg / DAY</u>				<u>11 AM</u>
Daily Doctor's Endorsement by a Sign				

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

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

I/H-00205880

IP-00060337

Baby Of KARTHIKA LAXMI

3-06-2026

0 Y 0 M 0 D 16 H (M)

Dr. SURENDER RAO DUSA



At positive



RESULT SHEET

Date	15/6/26	17/6		
Time	6am	6am		
Hb	16.2	16.3		
PCV	42.8	42.2		
RBC	4.13	4.15		
WBC	10.80	7.62		
N/L	65.4	30.6/40.1		
Platelets	206	228		
CRP	46	25		
ESR				
PCT				
RBS				
Na	141			
K	4.5			
Cl	111			
Ca/Mg	8.4			
Phosphate				
Urea	6.7	7.9		
Creatinine	0.7	0.5		
ALP				
SGPT				
SGOT				
T.Bill/Conj	7.2/3.1	12.0 < 0.1		
T.Protein		11.9		
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				

