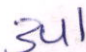

# NEWBORN MONITORING FORM

Date of Birth : 11/6/26
Time of Birth : 7:45pm
Mode of Delivery :
Birth Weight : 2.181 Kgs
Head Circumference :
Length :
Red Reflex :

New Born Screening :
TFT :
OAE :
Mother's Blood Group : O+ve
Baby's Blood Group : O+V
Anomaly Scan :
Vaccination : given - 11/6/26 - Due (BCG, OPV, HeP-B)

| Date | Weight | Type of Feed | Quantity | Temperature | Signature |
|---|---|---|---|---|---|
| 10/6/26 | ward-wt 2.011 kgs | EBM | 20ml/hr | – | Revathi |
| 11/6/26 | 2.055 Kgs | FBM | | | Saiju |
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| Date | Time | Investigation | Result | Order No. | Signature |
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Rainbow Children's Hospital

BirthRight by Rainbow

**Rainbow Children's Hospital - Banjara Hills**

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

# ADMISSION SHEET

## Registration Details :

**Admission No** : IP5-00174749 **Admit Date** : 04-Jun-2026 **Admit Time** : 08:17 PM **UHID** : BAH-00658148

## Patient Details :

**Patient Name** : Baby Of MAHIMA KOMARABATHINI
**Guardian** : Mr JILLAPEGU NOEL ISAAC
**Gender** : Female
**Occupation** :
**Address (H)** : GRACE NEST RESIDENCY, FLAT NO 302, 10-1-18/22, SHAM NAGAR COLONY, VEER NAGAR Khairatabad Hyderabad Telangana INDIA 500004

**Age** : 0 D
**DOB** : 04-06-2026 07:47 PM
**Religion** :
**Martial Status** : Single
**Phone No** : 7207658756/ 8179258512
**E-mail** : NOELISAACJILLAPEGU@GMAIL.COM

## Admission Details :

**Bed Type** : NICU **Bed No** : NICU 270 **Ward Name** : 2F-NICU 3
**Room No** : NICU 270 **Admission Type** : First Visit

## Contact Details :

**Name** : Mr JILLAPEGU NOEL ISAAC
**Contact Address** : GRACE NEST RESIDENCY, FLAT NO 302, 10-1-18/22, SHAM NAGAR COLONY, VEER NAGAR Khairatabad Hyderabad Telangana INDIA 500004

**Relationship** : Father
**Phone No** : 8179258512 / 7207658756

Signature

## Doctor Details :

**Doctor Name** : Dr. NALINIKANTA PANIGRAHY
**Referral Doctor** : Self
**Co-Consultant** :

**Specialisation** : NEONATAL INTENSIVE CARE
**Phone No** :

## Payment Details :

**Payment Mode** : DC/CC Card

**Deposit Amount** : 30000.00
**Payor Name** : ICICI LOMBARD GENERAL INSURANCE CO LTD

## INVESTIGATIONS

| Date | Investigations | Order No. | Signature |
|---|---|---|---|
| 4/6/26 | Blood c/s, Blood grouping | 26056727 | Sd/ |
| | RBS | | |
| | xray | 265-028199 | Sd/ |
| 5/6/26 | VBG, RBS | 26056801 | Sd/ |
| 5/6/26 | VB Electrolytes | 26057023 | [illegible] |
| | RBS | 26057022 | |
| 6/6/26 | NBI | 26057122 | |
| | GRBS | | |
| 7/6/26 | RBS. | 26057466 | Naya |
| 9/6 | RBS. | 26058081 | Nayana |
| 9/6 | SBR, CBP, CRP | 26058082 | |
| 9/6 | TFT | 26058107 | |
| ~~9/6~~ | ~~RBS~~ | | |
| 8/6/26 | Ultrasound guided pro | R205-028831 | [illegible] |
| 11/6/26 | AABR | 9652843 | [illegible] |
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## MEDICAL EQUIPMENT (WARD & ICU)

| Date | Name of Equipment | Connecting Time | Disconnecting Time | Order No. | Signature |
|---|---|---|---|---|---|
| 4/6/26 | CPAP | 4/6/26 @ 8PM | 5/6/26 4:00pm | 9643282 | [signature] |
| | Syr pump | | 9/6/26 10:30Am | | |
| | oxygen | | 7/6/26 6:00pm | | |
| | Dinv monitor | | | | |
| 5/6/26 | SSPT | 5/6/26 ~~7AM~~ | 6/6/26 7:Am | 9643758 | [signature] |
| 8/6/26 | SSPT | 8/6/26 12:Am | 9/6/26 11:00Am | 9648058 | [signature] |
| 10/6/26 | SSPT | 10/6/26 | ~~4:30Am~~ ~~5:15~~ 1:30pm | 965612 | [signature] |
| 10/6/26 | SSPT C | 10/6/26 (6pm) | | 965183 4 | Parathi |
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## PROCEDURE

| Date | Procedure | Quantity | Order No. | Signature |
|---|---|---|---|---|
| 4/8/28 | ① IV cannulation | ① | 9643284 | [signature] |
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## ANY OTHER INFORMATION

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Date : Time : Prepared By :

| Staff Nurse | Shift / Ward | Billing Assistant | Billing Supervisor |
|---|---|---|---|
| | | | |

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

# NEONATAL IN-PATIENT MEDICAL RECORD

## ADMISSION INFORMATION

Mother's Name : Mahima Komarabathini Age : 30 Father's Name : ............ Age : ......

Date of Birth : ............ Date of Admission : ............ UHID No.: 652717

NICU Consultant : as per rota Referring Consultant : ............

**Transferring Unit :** ☑ OT ☐ Labour Room ☐ ER ☐ Ward

**Transported ?** ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

## BIRTH INFORMATION

Name : B/O Mahima. Mother's Blood Group : O+ve

Gender : ☐M ☑F Blood Group : O+v Birth Weight (gms) : 2.081kg Length (cms) : ......

Date of Birth : 4/6/26 Time of Birth : 7:47pm OFC (cms) : ......

Place of Birth : RCH Banjara. Estimated Gesth Age : 33 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 30y Ht : ...... Wt : ...... BMI: ...... Married Life : ...... LMP : 18/10/25 EDD : 28/7/26

Conception : Spontaneous or with Rx. : I.V.F pregnancy

Booked at what GA. : Booked @ 23+5 AN Steroids Drugs / Doses : 2doses given on 19/5/26, 20/5/26 + MgSO4

Last Scans Details : 3/6/2026, 32+6WK, AFI = 3.3 severe oligo hydramnios

TT Immunization and Iron / Folic Acid : ......

## MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs ✓ X

Consanguinity : ☐ Yes ☐ No X

If yes, degree of consanguinity : ☐1 ☐2 ☐3

**H/o PIH (after 20 weeks) / PE** Chronic

How many Drugs / Doses / Since how long : hypertension on labetalol 100m

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : ......

IUGR - when detected : ......

Doppler ( Increased Resistence / ADEF / REDF / Redistrbution in MCA ) / Ductus Venosus : Doppler (N)

AFI : 3.3 severe oligo hydramnios.

**H/o GDM/ pre GDM/ on diet or insulin**

Controlled or not, recent values, HbA1 values : T2DM on insulin

Compliance with Rx : ......

Scans : LGA, TIFFA, Fetal Echo : → (N), FTS = low risk, NT = 1.4mm

**H/o Hypothyriodism :** when diagnosed ? Medication? hypothyroid

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 : Since 19/05/26 ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : Enterococcus fecalis (19/5/26) on antibiotics, no h/o fever, tachycardia, foul smelling liquor.

Medication during Pregnancy : ...... Duration : ......

WBC platelet
CBP = 10.2 / 12.01 / 2.89 | CRP = (18)

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Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 6 D (F)
Dr. NALINIKANTA PANIGRAHY

## PAST OBSTETRIC HISTORY

G : .................... P : .................... A : .................... L : ....................

| Sl. No. | Age | GA wks | B.W | Gender | Significant | Details |
|---|---|---|---|---|---|---|
| | | | Primi | | I.V.F | |
| | | | | | | |
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## PERINATAL HISTORY

Treating Obstetrician : .................................... Hospital : .................................... ☐ Inborn ☐ Outborn

**Duration of Labour** Emergency LSCS in VO – ~~leaking PV since 19/10/26~~ + SPOTTING

First stage (> 18 hours sig)

Second stage ( > 2 hours after dilation )

LSCS : ☐ Elective ☐ Emergency Indication : Bleeding PV

Specify the reason : ....................................

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .................................... NST = Reactive

Resuscitaion : ☐ Yes ☐ No

Cord ABG : 7.31/50/–/11.8 +0.8/21.4

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : ....................................

## 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 |
|---|---|---|
| 1 | 1 | |
| 2 | 2 | |
| 2 | 2 | |
| 2 | 2 | |
| 2 | 2 | |
| 9/10 | 9/10 | |
| | | |

**TOTAL**

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

**Snapee II Score**

| | | | | | 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) | | | |
| Brith Weight | > = 1kg (0) | 750 - 999 (10) | < 750 (17) | | |
| SGA | > 3rd percentile (0) | < 3rd (12) | | | |
| | | | | Total | |

## POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 6 D (F)
Dr. NALINIKANTA PANIGRAHY

- Baby delivered by LSCS → @IAB →
DCC done → Baby recieved ↓ warmer.

- Baby Airway cleared
[HR >100
Colour - good
Tone - good
good cry

- Baby Resp distress → BCPAP @ 6cm
↓
Shifted to NICU

Investigation details in previous Hospital :

-

Feeding History :

-

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Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 6 D (F)
Dr. NALINIKANTA PANIGRAHY

Family History :

Socio Economic History :

## GENERAL EXAMINATION ON ADMISSION

**General Disposition :** Alert, active

**VITALS :** Temperature : 36.3 HR : 140 RR : 60 NIBP : - CFT : <3 sec

Color of the extremities : Acrocyanosis

Jaundice : ...... Pallor : ...... SpO2 : 98 %

**ANTHROPOMETRY:** Birth Weight : 2.1 Kg Length : ...... HC : ...... Present Weight : ......

Ponderal Index : ...... AGA : (circled) ...... SGA : ...... LGA : ......

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Baby Of MAHIMA KOMARABATHINI (F)
04-06-2026 0 Y 0 M 6 D
Dr. NALINIKANTA PANIGRAHY

Patient Sticker

## HEAD TO TOE EXAMINATION

| Section | Items | Findings |
|---|---|---|
| | Fontanelles :<br>Sutures<br>Shape / Moulding :<br>Edema / Bruising :<br>Size - (H.C.) : | (N) |
| **FACIES :** (Any Facial Dysmorphism) | | (N) |
| **NECK and CLAVICLES :** | Range of Motion :<br>Asymmetry :<br>Masses : | (N) |
| **EYES :** | Symmetry :<br>Red Reflex :<br>Discharge : | – Needs to be checked |
| **EARS, NOSE MOUTH and THROAT :** | Ear set / Shape :<br>Periauricular Pits / Tags :<br>Nasal shape / Patency :<br>Palate :<br>Gums :<br>Lips :<br>Tongue : | (N)<br>No cleft |
| **THORAX and BREASTS :** | Shape of Thorax :<br>Position of Nipples and Number : | (N) |
| **ABDOMEN and UMBILICUS :** | Shape :<br>Organomegaly :<br>Bowel Sounds :<br>Umbilical Stump :<br>Discharge : | (N)<br>2A 1V |
| **GENITILIA :** | Labia / Hymen :<br>Testicles/penis :<br>Anus : | (N) female genitalia for |
| **HERNIAL ORIFICES** | | free |
| **TRUNK and SPINE :** | | (N) |
| **SKIN LESIONS :** | | (N) |
| **EXTREMETIES :** | Fingers / Toes :<br>Deformities :<br>Hip Joint Examination : | (N) |
| | Arms / Legs :<br>Mobility : | (N) |

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Baby Of MAHIMA KOMARABATHINI
04-06-2025 0 Y 0 M 6 D (F)
Dr. NALINIKANTA PANIGRAHY

## SYSTEMIC EXAMINATION

**RESPIRATORY SYSTEM:**

SAS

**Breathing Pattern :** ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: .......... SCR / ICR / See - Saw breating : ..........

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

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : ..........

$SpO_2$: 98% Auscultation: B/L EAE Breath Sounds: NVS Added Sounds: NO gam

**CARDIOVASCULAR SYSTEM :**

HR : 120 BP : ..........

Femoral Pulses : good

Other Peripheral Pulses : good

Precordial Activity : NB

Murmurs : NB

Signs of Cardiac Failure : NB

**ABDOMEN:**

Shape : (N)

Palpation : (N)

Palpable masses : (N)

Abdominal girth : ..........

Hernia orifice : free

Anal Patency : ..........

Umbilical Cord : ..........

First urine passed : Not passed

Meconium passed : Not passed

**NERVOUS SYSTEM:**

Higher intellectual functions (Sensorium) : alert

State of wakefulness : alert

Prechtle Score : ..........

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

..........

**MOTOR SYSTEM:**

Passive Tone : good.

Active Tone : good.

Neonatal Reflexes : ..........

Grasp : ☐ Palmar ☐ Plantar ☐ Sucking ☐ Rooting ☐ Crossed adductor : ..........

Moro's : B/L complete DTR : ..........

ATNR : .......... Skull and Spine : ..........

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Baby Of MAHIMA KOMARABATHINI (F)
04-06-2026 0 Y 0 M 6 D
Dr. NALINIKANTA PANIGRAHY

A... NO gross cong. anomaly

Diagnosis : Mod Preterm / AGA / PPROM x 19 days / 33 week 2.1
Oligohydramnios / IDM / chronic HTN / CIAB thyroid
CIAB / Resp distress

## FOOT PRINTS

Left Side :

Right Side :

**Resident Doctor :**

Signature :

Name : Rupanjal

Date & Time : 4/6/26

**Consultant :**

Signature : Dr. NALINIKANTA PANIGRAHY Reg. No: TSMC/FMR/03605

Name : Dr. NALINIKANTA

Date & Time : 04/06/2026

## 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.

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Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

## AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Neonatal condition at the time of Transfer:

c/s.I.B Dr Nilesh

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

Any Oxygen requirement : Vent CPAP – @ 6cm, $FiO_2$ to target $SPO_2$ 90-95.

Systemic :

TV- 60 cc/kg/day – full feeds

Medications : 11ml - 2hourly. OG – DBM

CBG after 2hours of CPAP.

- Blood c/s – Now
- ABG, @.

CBP, CRP, SBR @ 24hours

**Plan during ward follow up :**

- Start inj Piptaz.
- Check GRBS ē cannula

GRBS – 6th hourly pre feed

Feeding Plan at the time of shifting :

LUS = 9 - CXR - ⌀

GRBS = 24 ↓ 10% Dextrose ↓ 67

**Screenings done during NICU Stay :**

**NSG :**

Hearing Screen : BP centiles

ROP :

TFT :

NP2 :

| | 5th | 25th | 50th | 95th |
|---|---|---|---|---|
| SBP | 38 | 46 | 53 | 70 |
| DBP | 25 | 30 | 34 | 42 |
| MBP | 29 | 35 | 40 | 51 |

Doctor Signature (Handover Given): Doctor Signature (Handover Taken):

Doctor Name: Doctor Name:

Date & Time: Date & Time:

# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| | | Adv |
| 4/6/26 | | |
| ~~8:00pm~~ 8:20pm | GRBS ⇒ 21 | – 10% Dextrose bolus @ 2ml/kg |
| | ↓ | ↓ |
| | | Check sugar after 30 min. |
| ~~9:00p.~~ | | – Continue 10% Dextro. Infusion @ TV - 60cc/kg/day |
| 9:15pm | | Plan |
| | GRBS – 67 | – TV – 60 cc/kg/day |
| | | – full OG feeds – 11ml – 2hourly DBM |
| | | – Continue I.V.F 10% Dextr. till DBM consent available |
| | | Noted by Sushma [illegible] 01022 |

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Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 4/5/26 11:58pm | | Seen by Dr Nalini |
| | Minimal tachypnea<br>No to minimal mild retraction<br>FiO2 not more than 21%. | - Wean by CPAP to 5 cm ↓ next ~~hours~~ 4cm by morning |
| | | - CBG - T/M |
| | | - GRBS - 6th hourly |
| | | - continue full OG feed. |
| | | Ravina |
| | | noted by Sushma 02:10am |

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Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

# DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ........ Day of Life : 12 hours PMA: 33 week

**Term** ☐ **Preterm** ☐ Gestation : 33 wk Corrected Gestational Age: ........

**OVERVIEW**

**Problems :**

| S.No. | Current | Past Problems |
|---|---|---|
| 1. | Moderate Pre-term / AGA | |
| 2. | LBW / PPROM - 2weeks | |
| 3. | (since 19/5/26) / mat HVS | |
| 4. | Enterococcus faecalis - pan sensitive / IDM / mat. chronic | |
| 5. | HTN / hypothyroidism | |
| 6. | Resp distress ? TTNB vs ? EONS (Suspected) | |

Today's Weight : B.W → 2.18 kg

**RESPIRATORY SYSTEM**

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

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

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

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

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

Change over the Last 24 Hours........ In v/o RD CPAP - 6cm
↓
CPAP - 5cm
↓
CPAP - 4cm

· $FiO_2$ not beyond 21%

**CARDIO VASCULAR SYSTEM**

**Plan of Care :**

~~intermittent b.~~ · No tachypnea
- No tachycardia / bradycardia
- No hypotension
- pulses well felt

HR - 146
$SPO_2$ - 100
RR - 50/min (Periodic)
BP = 63/39(47)

**CNS**

**Neurological Examination** : (N)

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

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

Docu. No. : RCHBH /FRM / CLINICAL / 131 (P.T.O.)

**FLUIDS STATUS NUTRITION**

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

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

**IV Fluids** - Type of IVF : ................ @ ................ ml / hr U/O ≈ 2cc/kg/hr.

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:................ Frequency:...... Stool NOT passed yet

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

Abdominal Examination:........ P/A - soft, feeds Tolerated

GRBS 24 → 10% bolus 64 → 72

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

MBG O+ve | BBG O+ve

**INFECTION**

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

Sepsis screen:................

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

**Antibiotic**

| Sl.No. | Drugs | Days | |
|---|---|---|---|
| 1. | Inj Piperacillin +Tazobactam | D1 | |
| 2. | | | |
| 3. | | | |

**Plan of Treatment :**

- Cont CPAP - 4 cm → Plan to change to low flow if FiO2 - 21%. with no RD
- TV - 70 cc/kg/day - 7 ml - 2 hourly DBM / give as much EBM available (↑ to 80 cc/kg/day in evening after 8pm)
- CBG - Now
- GRBS - 6th hourly
- P1 @ 24 hours of life. (8PM)
- Trace blood c/s, Trace recent maternal HVS (Sent on 3/6/26)
- W/F apnea, brady desat
- attach printed BP chart
- W/F meconium passage → inform.

TARGET
- If FiO2 - 21% = target SpO2 - 90-100
- FiO2 ≥ 22% = 90-95%
- MBP - 35-40
- GRBS = 60-150
- U/O - 1-4 ml/kg/h

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

Signature : ........ [signature]

Date & Time: ........ 5/6/26.

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

Signature : ................

Date & Time: ................

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 7:00am | | Adv |
| | CBG Hb = 21.1 g<br>S.bil ⇒ 5.1<br>Cut off = 7.1<br>K+ = 7.7<br>MBG/BBG – O+/O+ | – Start phototherapy c̄ eyes & genitalia covered<br>– Levolin nebulisation stat → Repeat Neb after 2 hours.<br>– S/E Arterial sample (donot send in shooter after 4 hours.<br>Noted by Vishnupriya 01901 |
| 5/6/26 | | Seen by Dr. Nal<br>Cont CPAP<br>4th hrly Levosalbutamol<br>Send Sr electrolyte after 8hrs.<br>Look for Potassium & If Potassium Settles Remove CPAP<br>Noted by Vishnupriya 01901 |
| | NP1 Thn<br>SG – 4-8pm<br>Dr. NALINIKANTA PANIGRAHY Reg. No: TSMC/FMR/03605<br>5/6/26 11am | |

Docu. No. : RCHBH /FRM / CLINICAL / 088 (P.T.O)

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

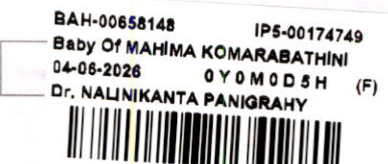
# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| | Afternoon Rounds | |
| 5/6/26 | | Plan |
| | On CPAP +4 | |
| | No desat, brady | → Continue CPAP +4 |
| | occassional Tachypnea (+) | |
| | P/A → soft, tolerating feeds | → N - 70 cc/kg/day |
| | | 13ml Q2hrly OG |
| | HR - 156/m | |
| | RR - 58/m | → S/E @ 4PM |
| | SpO2 - 93% | |
| | BP - 62/29/45 | → NPI T/m |
| | | |
| | U.O | → GRBS BD |
| | GRBS | CBG. (SOS) |
| | | |
| | Under SSPT | → S/o chart Q6hrly |
| | | |
| | | → W/f brady, desat, vomit |
| | Noted by Vishnupriya 01901 | |
| 5/6/26 | | f/PACS |
| 5:20PM | | c/s/b → Dr Nilesh |
| | | |
| | On CPAP +4 | → Continue CPAP +4 till 10PM |
| | Tachypnea (+) | → Prone Nursing |
| | Plethoric | → Low flow |
| | | → TV - 80 cc/kg/day |
| | GRBS → 84mg/dl | 15ml Q2hrly OG |

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. NALINIKANTA PANIGRAHY

# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| | | → Trace S/E |
| | | → ATV → 90 ml/kg/day T/m |
| | | → Target K less than 6.5 |
| | | → NOBW routine GBS |
| | | → NPI T/m @ 5AM |
| | | → Trace maternal HVS. |
| | | → ~~[illegible]~~ If next [illegible] overnight CBP, Urea Creatinine, venous PCV. |
| | | → GRBS BD. |
| | | Noted by Vishnupriya 01901 5/6/26 @ 5:20pm |
| | | Dr [illegible] |



# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| | NIGHT ROUNDS | |
| 5/6/25 | | |
| 10PM | | Plan |
| | on CPAP → 4 | |
| | NORD. | → change to low flow oxygen |
| | P/A → soft, tolerating feeds | → Prone nursing |
| | HR 140/m | → TV - 80 ml/kg/day |
| | RR - 53/m | 15 ml Q2H OG |
| | SpO2 93% | |
| | BP → 66/39/50. | → target SpO2 90-93% |
| | K → 6.3 | |
| | ↓ | → NPI @ 5 TAM T/m |
| | ongoing repeat levels | |
| | | → trace maternal HIVS |
| | | → trace blood c/s |
| | | → TTV - 90 ml/kg/day T/m |
| | | → GRBS BD |
| | | → W/F RD, vomit |
| | | (signature) |

noted by Aisanya 5/6/26 @ 10PM

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M1D (F)
Dr. NALINIKANTA PANIGRAHY

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

Day in NICU: ............ Day of Life: 36 HOL PMA: 33+2

Term ☐ Preterm ☐ Gestation: 33 weeks Corrected Gestational Age: ............ Today's Weight: ............

| | Problems | | |
|---|---|---|---|
| | **S.No.** | **Current** | **Past Problems** |
| Overview | 1. | Mod Preterm / AGA / LBW | |
| | 2. | Maternal HVS → Enterococcus | |
| | 3. | faecalis. | |
| | 4. | RDS → CPAP → RA | |
| | 5. | ? TTNB. | |
| | 6. | | |

**Clinical Assessment**

Baby on low flow 0.2L/min
HR - 152/min
RR - 49/min
$SPO_2$ 98%
BP - 57/31/43

Taking OG feeds
Ic → 6.3 → On cardio NaCl
and Cordes SSPT

**Medications Used**

Inj Piptaz D2
Nebi levolin → 08 hrly - Stop

**Plan of Care:**
→ TV - 90 cc/kg/day. 16 ml Q 2 hrly OG EBM DBM
→ Trace NP, reports
→ GRBS BD
→ Remove low flow oxygen
→ w/f RP, desat trends
→ Continue SSPT → EC → GC

target $SPO_2$ 90-100%
GRBS → 80/60 mg/dl
Uo → 1.4 cc/kg/hr

Doctor's Name (Hand over given): PAUZ

Signature: [signature]

Date & Time: 6/6/26.

Doctor's Name (Hand over taken): Sai

Signature: [signature]

Date & Time: 6/6

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M0D5H (F)
Dr. NALINIKANTA PANIGRAHY

# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 6/6/26 10am | $K^+$ = 5.0<br>SBR - 6.2<br>(not in range)<br>Phototherapy = 140 cutoff<br>SBR = 105. | Stop phototherapy<br>~~Review~~ to stop<br>Levolin Nebulisation<br>Sneha |
| | Dr. NALINIKANTA PANIGRAHY<br>Reg. No: TSMC/FMR/03605<br>6/6/26 | - Trace CRP Report<br>→ Antibiotics $D_2$/D5 |
| | CRP → 5 mg/L | Start KMC<br>Dress the baby |
| 6/6/26 5pm | Afternoon Rounds<br>46HOL / 33wk / LBW /<br>Maternal HVS - enterococcus feacalis<br>Baby on room air<br>hemodynamically stable<br>HR - 139/min<br>$SpO_2$ - 99% RA<br>RR - 59/min<br>BP - 59/36(44) mmHg. | Plan<br>TV - ~~40~~ 100 ml/kg/day<br>- 18ml/2nd hrly - DBM<br>→ cont IV PIPTAZ.<br>- KMC to continue |

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M0D5H (F)
Dr. NALINIKANTA PANIGRAHY

# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| | | |
| | | |
| | No signs of respiratory distress | - Trace Blood c/s. |
| | P/A - Soft. | - GRBS - BD |
| | tolerating OG feeds/ | |
| | - DBM. - 16ml/2nd hrly | - I/O - charting 6th hrly |
| | | - W/F - RD/vomitings/abd. distension |
| | | Pavan |
| 6/6/26 | Night Rounds | Plan |
| | Baby on room air | → TV - 100ml/kg/day |
| | hemodynamically stable | 18ml/2nd hrly - DBM |
| | accepting OG feeds | |
| | P/A - Soft. | - Cont IV PIPTAZ. |
| | Blood c/s - 24hr - no growth | - KMC to continue |
| | | - I/O - charting 6th hrly |
| | | Noted by Navya 6/6/26 @11pm. Pavan |

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. NALINIKANTA PANIGRAHY

# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
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BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 3 D (F)
Dr. NALINIKANTA PANIGRAHY

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

Day in NICU: .............. Day of Life: 60 HOL .............. PMA: 33+2 ..............

Term ☐ Preterm ☑ Gestation: 33 wks .............. Corrected Gestational Age: .............. Today's Weight: ..............

| | S.No. | Problems — Current | Past Problems |
|---|---|---|---|
| Overview | 1. | Mod. preterm / AGA / LBW. | |
| | 2. | maternal HUS – Enterococcus faecalis | |
| | 3. | RDS – CPAP → RA | |
| | 4. | ?TTNB | |
| | 5. | Suspected Sepsis. | |
| | 6. | | |

**Clinical Assessment:**
Baby on room air
hemodynamically stable.
HR – 140/min
$SpO_2$ – 99% ē RA
RR – 55/min
BP – 60/40 mmHg

accepting OG feeds well
OBM – 16 ml/2nd hr.
(TV – 100 cc/kg/day

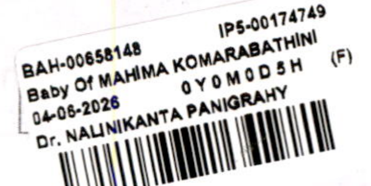
**Medications Used:**
IV – PIPTAZ (D3/D5).

**Plan of Care:**
TV → RIV – TV – 120 cc/kg/day.
→ ~~KMC to continue~~
→ continue IV PIPTAZ – (D3/D5) → if B/c/s sterile
→ KMC to continue
→ Trace Blood C/s @ 48 hrs.

Doctor's Name (Hand over given): Pavani V.
Signature: Pavani
Date & Time: 7/6/26.

Doctor's Name (Hand over taken): Dr. [illegible]
Signature: [signature]
Date & Time: 7/6/

Docu. No. : RCHBH/FRM / CLINICAL / 290



# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 7/6 ⊙1PM | | Seen by Dr. Nilesh sir |
| | | → Try - 2-3 pallada feed |
| | | → TV - 120 ml/kg/day |
| | | → f/u - CBP for Dr. Mantha's |
| 7/6/26 4PM | Afternoon rounds | |
| | Baby hemodynamically stable on air | Plan |
| | Tolerating feeds 15 ml 2hrly. No vomiting | 1) Con TV - 120 cc/kg/day, Give 21 ml 2hrly feeds |
| | Taken 3 palladai feeds (@ 15-20 min) | 2) KMC to continue, Aim minimum 6-8 hrs |
| | S/E - HR - 135/min, RR - 34/min, $SPO_2$ - 100%, BP - 53/36(41) mmHg | 3) Monitor vitals |
| | | 4) R/V CBP tm. |
| | | 5) R/V IV ~~Meropenem~~ Piptaz for 5 days |
| | Blood c/s - No growth after 48hrs | Dr. Neelesh |

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

Day in NICU: ............ Day of Life: (B4 HOL) DOL-4 PMA: 33+4

Term ☐ Preterm ☐ Gestation: 33 week Corrected Gestational Age: ............ Today's Weight: 2.227 (129gm)

| | Problems | | |
|---|---|---|---|
| | S.No. | Current | Past Problems |
| Overview | 1. | moderate PT / AGA / LBW | + |
| | 2. | maternal HVS → Enterococcus feacalis | |
| | 3. | RDS : CPAP → RA | |
| | 4. | suspected sepsis | |
| | 5. | | |
| | 6. | | |
| Clinical Assessment | | Baby on Room air<br>Hemodynamically stable<br>NO RD / No desaturation<br>No Abdominal distension<br>no vomitings<br>RBS: 96 mg/dl | $SpO_2$: 98%<br>PR: 144/min<br>RR: 46/m<br>BP: 70/47 (56) mHg<br>U/O → 1.8 cc/kg/hr |
| Medications Used | | Inj: PIPTAZ (D4/5) (Tomorrow morning) | |

Plan of Care:
1) TV = 120 cc/kg/day → 22 ml Q2H 4 paladi feeds & Rest OG feeds [R/V paladi & volume]
2) KMC to continue
3) IV antibiotics to stop after 5 days
4) R/V CBP
5) GRBS OD
6) I/O charting Q6H

Doctor's Name (Hand over given): Neetu

Signature: [signature]

Date & Time: 8/6/26

Doctor's Name (Hand over taken): Sai

Signature: [signature]

Date & Time: 8/6/26

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

Patient Sticker

# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 8/6/26 | Dr. NALINIKANTA PANIGRAHY Reg. No: TSMC/FMR/03605 8/6/26 | seen by Dr. Nalinik<br>→ Cribcare<br>→ Paladi feeds 6 feeds<br>Rest O.G feed<br>→ Jaundice assessment<br>→ plan to shift to Room<br>→ Noted By Megh |
| 8/6/26 12pm | Baby ⇒ icteric<br>TCBR → 15.5mg/dl | plan<br>1. start SSPT (~~DSPT~~) with eye and genital care now (single surface phototherapy)<br>2. TV 120cc/kg/day ↓ 22ml Q2H ↑ {6 Paladi, 6 OG feeds}<br>3. SRR, CBP, CRP } Tomorrow<br>4. Temperature monitoring<br>→ Noted By Meghe |

Sai

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

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. NALINIKANTA PANIGRAHY

# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 8/6/26 | Afternoon rounds | |
| 4pm | | |
| | Baby on Room air | plan |
| | NO RD/NO desaturation | |
| | NO bradycardia | 1. TV = 130 cc/kg/day |
| | No vomiting | ↓ |
| | Icterus (+) | 24ml Q2H |
| | SpO2: 98% | 6 paladi feeds |
| | PR: 139bpm | NS/HT OG feeds |
| | RR: 49bpm | 2) SSPT with eye and |
| | BP: 63/39 (49) mmHg | genital care |
| | urine & stool passed | |
| | Tolerating feeds well | 3) SBR, CBP, CRP ] T/m |
| | | |
| | | 4) Inj piptaz 9/6/26 tomorrow |
| | | morning dose (last) |
| | | and then stop |
| | | 5) GRBS OD |
| | | 6) I/O Charting Q6H |
| | | |
| | | Seen by Dr. Nalinikanta — Sd/- |
| 8/6/26 | | |
| 6:45pm | | 1) CBP, CRP, SBR } T/m morning |
| | | |
| | | 2) Demand ~~paladi~~ feeding. |
| | | → Noted by megh |

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

(P.T.O)

# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
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BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 5 D (F)
Dr. NALINIKANTA PANIGRAHY

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

Day in NICU: ............ Day of Life: DOL - 5 PMA: 33+5

Term ☐ Preterm ☐ Gestation: 33 W Corrected Gestational Age: ............ Today's Weight: 2.154 (↓ 34 g) B.W = 2.18

**Overview**

| S.No. | Current | Past Problems |
|---|---|---|
| 1. | Mod PT / AGA / LBW | |
| 2. | RD - ? TTNB CPAP - R/A | |
| 3. | Suspected Sepsis - ( | |
| 4. | (mat HVS - Ent. fecalis) | |
| 5. | NNJ (MBG+ / BBG + O+/O+) | |
| 6. | | |

**Clinical Assessment**

- On Room air, no brady, desat events
- Accepted 6 paladai (day), Night OG, no vomiting

EBM = 6
DBM = 6

- HR = 138 RR = 30
  $SPO_2$ = 100%
  BP = 60/39 (47)

**Medications Used**

Inj Piptaz - D5/D5 (to be stopped after morning dose). ~~SBR = 12~~.

Plan

- TV - 140 cc/kg/day - 26 ml - EBM/DBM - 2 hourly
- Continue SSPT ~~till~~ - 12 pm c̄ eye & genital covered

**Plan of Care:**

- ~~R/O~~ Trace - CBP, CRP, SBR
- Stop Inj piptaz after morning dose
- Give - 6 palada feeds / day → R/U to T @ paladas.
- ~~Cons~~ Restart KMC once phototherapy stop
- ASK same sample TFT.

Doctor's Name (Hand over given): (R) Doctor's Name (Hand over taken): Sai

Signature: Rupanjali Signature: [signature]

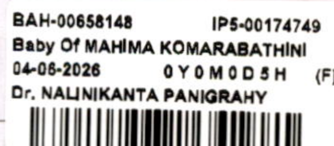
Date & Time: 9/6/26 Date & Time: 9/6/26

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 5 D (F)
Dr. NALINIKANTA PANIGRAHY

# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| | | Plan |
| 9/6/26 8:00am | - SBR - 12.2 | - Continue SSPT |
| | - CRP = 5 | c̄ eyes & genitals covered. |
| | Cutt off 12.7 | |
| | | Rajini |
| 9/6/26 | | seen by Dr. Nalini k |
| | | → Stop SSPT |
| | | → Dress the baby |
| | | → KMC 6-8 hrs |
| | | → Remove IV line |
| | | → Crib care |
| | | → Full paladai day & night |
| | Dr. NALINIKANTA PANIGRAHY Reg. No. TSMC/FMR/03605 [signature] | |

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



# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 9/6/26 6:30pm. | | |
| | Afternoon Rounds | |
| | mod PT / AGA / LBW. | |
| | maternal HUS - E fecal | |
| | RDS - CPAP - RA | |
| | NNJ. | Plan |
| | Baby on room air | → Crib care |
| | ↓ crib care | |
| | hemodynamically - Stable | → TV - 140 cc/kg/day |
| | - HR - 139/min | 26 ml / 2nd hrly - EBM/DBM - full paladai |
| | $SpO_2$ - 99% c RA | |
| | - accepting feeds well | → ~~KMC~~ KMC to be given |
| | received - 5 paladai EBM/DBM | |
| | | - monitor vitals |
| | - No vomitings / abdomen distension | - ~~w/f ots~~ GRBS - OD |
| | - Phototherapy stopped | - I/O Charting 6th hrly |
| | received Inj PIPTAZ - 5 day | |
| | Blood c/s - Neg | |
| | | Pavan |

Docu. No. : RCHBH /FRM / CLINICAL / 088 (P.T.O)

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 3 D (F)
Dr. NALINIKANTA PANIGRAHY

# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
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# DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ........ Day of Life: DOL-6 PMA: 33+6wks

B.wt = 2.18

Term ☐ Preterm ☐ Gestation: 33wks Corrected Gestational Age: ........ Today's Weight: 2.168

(loss yest 34g) (9)

**Overview**

**Problems**

| S.No. | Current | Past Problems |
|---|---|---|
| 1. | Mod Preterm / AGA / LBW. | maternal HVS |
| 2. | NNJ. | Enterococcus faecalis |
| 3. | | RDS - CPAP - RA. |
| 4. | | |
| 5. | | |
| 6. | | |

**Clinical Assessment**

1) Baby on Room air. HR = 149/min
No desaturations. SPO$_2$ = 100%.
Under Crib care.
No vomitings. KMC - Not docum

**Medications Used**

⊙

**Plan of Care:** TV = 140cc/kg/day. - 26ml 2nd hrly full
Crib care pal
Temp monitoring. KMC to be docum
KMC for 6-8hrs.
OMS, NNS to cont.

Doctor's Name (Hand over given): Y. Sneha
Signature: Sneha
Date & Time: 10/6/26.

Doctor's Name (Hand over taken): Dr Aishwarya
Signature: [signature]
Date & Time: 10/6/26

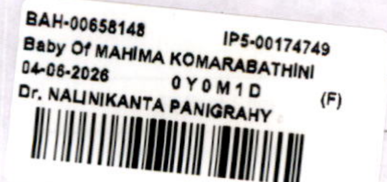
Docu. No. : RCHBH/FRM / CLINICAL / 290 (26)

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 3 D (F)
Dr. NALINIKANTA PANIGRAHY

# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| | | Seen by Dr Nalinikanta |
| | | ⊙ Clinical assesment of Jaundice |
| | | ⊙ Vaccination + RSV prophylaxis. |
| | | ⊙ EBM + Preterm formal |
| | | ⊙ Shift to ROOM |
| | | ⊙ NBS / AABR } at Room |
| | | ✓ Check Temp (-2 nohrs) |
| | Dr. NALINIKANTA PANIGRAHY Reg. No: TSMC/FMR/03605 10/6/26 | ✓ KMC to Cardness |
| 10/6/26 1:30pm | Seen by Dr Nuthn | |
| | Baby looks icteric | Plan |
| | TcB – 13.9 mg/dl | 1) Start SSPT |
| | Cut off – 13.4 mg/dl | Continue SSPT after shifting to room also |
| | | Dr Nuthn |
| | | Noted by Agasti 10/6/26 2pm |

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



# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| | Surgery Note | |
| 10/6/26 3PM | 33wks / DOL-6. | |
| | RDS / NNJ. | |
| | | Plan |
| | Self ventilating on RA. | ① cont SSPT till t/m |
| | vitally stable | ② Vaccination – BCG |
| | HR-139/min | – OPV |
| | $SpO_2$ – 94%. | – ~~Hep B~~ RSV } [illegible] |
| | RR – 32/min | Hep B tomorrow ~~RSV~~ |
| | No distress | ③ cont EBM + Preterm |
| | ↓SSPT (TcBR-13.9) | formula. |
| | | 140ml/kg/day |
| | | 26ml Q2H / pallada |
| | | ④ NBS / AABR } in room before discharge |
| | | ⑤ Temp check Q4H |
| | | ⑥ cont KMC |
| | Dr. [illegible] | |
| | | noted by Agasthi 10/6/26 @3pm |
| 10/6/26 11:30pm | Night rounds | |
| | – Baby on Room air | plan |
| | – Under SSPT | |
| | – Tolerating palad feeds well | 1. SSPT with eye and genital care |
| | – Passed 4-5 times urine | 2. BCG, OPV, RSV Tomorrow |
| | – Hemodynamically stable | 3. NBS, AABR (~~[illegible]~~) Before discharge RSV Hep B / HepB |
| | vaccination not done | 4. Temperature monitoring 4th hourly |
| | | 5. KMC to continue |

Sai

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 1 D (F)
Dr. NALINIKANTA PANIGRAHY

# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 11/06/26 10 AM | Morning Rounds | |
| | Moderate Preterm (33 wks) / AGA / LBW (2.168 kg) NNJ | Plan |
| | | 1) Full palladai feeds EBM + formula 27-30 ml or on demand 2 hrly |
| | Baby of Day 7 of life, 33 → 34 wks | |
| | Today's weight - 2.055 kg (144 gm) | 2) Continue SSPT till 1.30 pm today |
| | Baby hemodynamically stable on air | 3) NBS, AABR today? R/V SBR today |
| | SSPT ongoing - started @ 1.30 pm yesterday | |
| | Tolerating palladai feeds 30-35 ml 2 hrly | 4) BCG, OPV, RSV today Hep B T/M |
| | O/E - HR - 142/m RR - 41/m $SPO_2$ - 97% | 5) Continue KMC, OMS, NNS |
| | No apnea / desaturations / vomiting / abdominal distension. | 6) R/V discharge today or tomorrow |
| | | 7) BLS training |
| | | Dr. [signature] |

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M1D (F)
Dr. NALINIKANTA PANIGRAHY

# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| | | 11/6/26 |
| | | AABR - Hearing Assessment |
| | | Bilateral responses are present |
| | | Bilateral Normal |
| | | 11/6/26. |
| 11/06/26 11 45AM | | c/d/w Dr. Nalinikanth |
| | | 1) SBR @ 1:30 pm |
| | | 2) NBS on follow up (given 11/6/26 Durga) |
| | | 3) BCG, OPV, Hep B today |
| | | RSV on follow up. |
| | | 4) BLS training & Discharge today. |
| | | Dr. Nalin. |
| | | Seen by Dr. Nalinikanth N3 Seema |
| 11/6/26 | SBR - 11.3. | - RSV on follow up. |
| | Cut off 13.9. | - Measured feeding till f/u |
| | | - f/u on Sunday. |

# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
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BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. NALINIKANTA PANIGRAHY

# RESULT SHEET

| Date | 5/6/26 | 6/6/26 | 9/6/26 | | | |
|---|---|---|---|---|---|---|
| Time | 5pm | 5.49AM | 8AM | | | |
| Hb | | 17.2 | 17.3 | | | |
| PCV | | 51.8 | 52.1 | | | |
| RBC | | 4.86 | 4.97 | | | |
| WBC | | 25.29 | 12.84 | | | |
| N/L | | 69.3/21.5 | 38.7/44.3 | | | |
| Platelets | | 154 | 313. | | | |
| CRP | | 5 | 5.0 | | | |
| ESR | | | | | | |
| PCT | | | | | | |
| RBS | | | | | | |
| Na | 133 | 131 | | | | |
| K | 6.3 | 5.0 | | | | |
| Cl | 103 | 101 | | | | |
| Ca/Mg | | 9.0 | | | | |
| Phosphate | | | | | | |
| Urea | | 54 | | | | |
| Creatinine | | 1.0 | | | | |
| ALP | | | | | | |
| SGPT | | | | | | |
| SGOT | | | | | | |
| T.Bill/Conj | | 6.2 (0.1 / 6.1) | 12.2 (0.1 / 12.1) | | | |
| T.Protein | | | | | | |
| S.Albumin | | | | | | |
| S.Globulin | | | | | | |
| A/G Ratio | | | | | | |
| Uric Acid | | | | | | |
| S.Amylase | | | | | | |
| Sr.Lipase | | | | | | |
| Blood Lactate | | | | | | |
| S.Cholesterol | | | | | | |
| PT/INR | | | | | | |
| APTT | | | | | | |
| CSF Protein / Sugar | | | | | | |
| Cells | | | | | | |
| N/L | | | | | | |

| Date | | | | | | |
|---|---|---|---|---|---|---|
| Time | | | | | | |
| CUE - Alb | | | | | | |
| CUE - Sugar | | | | | | |
| CUE - Ketones | | | | | | |
| CUE - PUS Cells | | | | | | |
| CUE - RBC Cells | | | | | | |
| CUE | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Stool Pus Cell | | | | | | |
| OVA / Cyst | | | | | | |
| Occult Blood | | | | | | |
| TSH [9/06/26] | | | | | | |
| | | | | | | |
| T3 | 132.8 | | | | | |
| T4 | 8.98 | | | | | |
| TSH | 6.65 | | | | | |
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Culture and Sensitivities : Blood C/S. - N/o growth after 48hrs

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

# DRUG CHART

Date of Admission: ................................ 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 / 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 .................... Signat...

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

## REGULAR PRESCRIPTIONS

Weight. .................. Ward. ....................

| DRUG: Inj PIPERCILLIN + TAZOBACTA | Date/Time | 4/6 | 5/6 | 6/6 | 7/6 | 8/6 | 9/6 |
|---|---|---|---|---|---|---|---|
| Dose: 220mg; Route: I.V; Frequency: 12h; Start Date: 4/6/26 | 6am / 10am | | | | | | |
| Name & Signature of the Doctor Starting the Drugs: Rupinjal. | | | | | | | |
| Additional Instructions: 100mg/kg/dose Rupinjal 12ham | 10pm | | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | | | |

STOP Sneha 9/6/26

| DRUG: NEB ē LEVOSALBUTAMOL | Date/Time | 5/6 |
|---|---|---|
| Dose; Route: Neb; Frequency: Q4H; Start Date: 05/06/26 | 12am | |
| Name & Signature of the Doctor Starting the Drugs: Dr. Nuthan | 6am | |
| Additional Instructions: ½ Respule + 2ml NS | 12pm | |
| | 6pm | |
| Daily Doctor's Endorsement by a Sign | | |

| DRUG: NEB. LEVOSALBUTAMOL | Date/Time |
|---|---|
| Dose; Route: Neb; Frequency: Q4H; Start Date: 5/6/26. | |
| Name & Signature of the Doctor Starting the Drugs: Dr. Poojitha | |
| Additional Instructions: ½ respule + 2ml NS. | |
| Daily Doctor's Endorsement by a Sign | |

Changed

5/6/26

| DRUG: Nebᴅ Levosalbutamol | Date/Time | 5/6 | 6/6 |
|---|---|---|---|
| Dose; Route: Neb; Frequency: Q6h; Start Date: 5/6/26 | 12am | | |
| Name & Signature of the Doctor Starting the Drugs: AAU | 6am | | |
| Additional Instructions: ½ respule + 2ml NS | 12pm | | |
| | 6pm | | |
| Daily Doctor's Endorsement by a Sign | | | |

STOP Sneha 6/6/26

Patient Sticker

Weight. .................. Ward. ....................

| VARIABLE DOSE | Date ▸ / Time ▾ | | Nurse Sig. | | Nurse Sig. | | Nurse Sig. | | Nurse Sig. |
|---|---|---|---|---|---|---|---|---|---|
| **DRUG :** | | Dose | | Dose | | Dose | | Dose | |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |
| Route / Start Date | | Dose | | Dose | | Dose | | Dose | |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |
| Name & Signature of the Doctor | | Dose | | Dose | | Dose | | Dose | |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |
| Additional Instructions: | | Dose | | Dose | | Dose | | Dose | |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |

| VARIABLE DOSE | Date ▸ / Time ▾ | | Nurse Sig. | | Nurse Sig. | | Nurse Sig. | | Nurse Sig. |
|---|---|---|---|---|---|---|---|---|---|
| **DRUG :** | | Dose | | Dose | | Dose | | Dose | |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |
| Route / Start Date | | Dose | | Dose | | Dose | | Dose | |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |
| Name & Signature of the Doctor | | Dose | | Dose | | Dose | | Dose | |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |
| Additional Instructions: | | Dose | | Dose | | Dose | | Dose | |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |

**STAT / ONCE ONLY DRUGS**

| Date | Time | Medication | Dosage & Other Instructions | Route | Signature | Nurses |
|---|---|---|---|---|---|---|
| 5/6 | 7:00 am | Levosalbutamol Nebulisation | 0.31 mg | Neb | [signature] | [signature] |
| 5/6 | 9:30 am | Levosalbutamol Neb | 0.31 mg | Neb | [signature] | [signature] Nirupama |
| | | | | | | |
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Signature ........ VERIFIED BY

04-06-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

## I.V. FLUIDS CHART

Weight. .................. Ward. ...................

| Date | Time | Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc) | Route | Flow Rate ml/hr | Doctor Sign | Nurse Sign | Date of Stopping | Doctor Sign | Nurse Sign |
|---|---|---|---|---|---|---|---|---|---|
| 4/6/26 | 8:15pm | IV - 60 cc/kg/day 10% D | I.V | 5.2ml | [signature] | [signature] [signature] | 4/6/26 9:15 pm | [signature] | [signature] [signature] |
| | | | | | | | | | |
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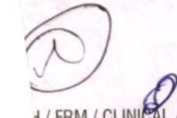
VERIFIED BY : Name : .................... Signature ....................



BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI (F)
04-06-2026 0 Y 0 M 0 D 5 H
Dr. NALINIKANTA PANIGRAHY

H / FRM / CLINICAL / 124

06/06/26

# INFANT (<1 year)

## Children's Observation & Early Warning Scoring Chart

## EARLY WARNING SCORE: CHILDREN'S UNIT

| Date: ...................... Time: | 8 AM | 10 AM | 12 PM | 2 PM | 4 PM | 6 PM | 8 PM | 10 PM | 12 AM | 2 AM | 4 AM | 6 AM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Doctor/Nurse/Family Concern? | | | | | | | | | | | | |
| Temperature (F) (104–94) | 36.5°C | 36.8 (98.4°F) | 36.6°C | 36.7°C | 36.5°C | 36.4°C | 36.7°C | 36.5°C | 36.6°C | 36.5°C | 36.5°C | 36.6°C |
| Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) | 55/30 (38) | 48/20 (34) | 54/36 (43) | 59/31 (53) | K/NE | 61/36 (54) | 52/31 | 56/36 (94) | 51/32 (38) | 56/37 (44) | 57/36 (47) | 54/35 (47) |
| Heart Rate (Number) | 152 | 147 | 146 | 131 | 142 | 132 | 141 | 144 | 138 | 135 | 135 | 127 |
| Resp. Rate (bpm) (over 1 Minute) * (70–10) | | | | | | | | | | | | |
| Resp Rate (Number) | 36 | 55 | 47 | 41 | 42 | 36 | 47 | 40 | 40 | 39 | 40 | 45 |
| Resp Distress — Mod/ Severe | | | | | | | | | | | | |
| Resp Distress — None / Mild | | | | | | | | | | | | |
| Receiving $O_2$(l/min) | | | | | | | | | | | | |
| $O_2$Saturations (%) | 98% | 98% | 99% | 99% | 98% | 100 | 99 | 99% | 96% | 99% | 99% | 99% |
| Conscious Level — Normal | | | | | | | | | | | | |
| Conscious Level — Altered | | | | | | | | | | | | |
| GCS * | N | N | N | N | N | N | N | N | N | N | N | N |
| TOTAL SCORE Number of shaded boxes | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 |
| Pain Score | 0 | 0 | 0 | | | | | 1 | 1 | 1 | 1 | 1 |
| Observer's Initials | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |

Note: BP does not score in early warning scoring

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

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

Patient Sticker

# 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 |
| | | | | | |
| | | | | | |
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| | | | | | |

- 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 02/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried. |
| R | **RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation) |

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI (F)
0 Y 0 M 0 D 5 H
04-06-2026
Dr. NALINIKANTA PANIGRAHY

7/6/26

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

# INFANT (<1 year)

## Children's Observation & Early Warning Scoring Chart

## EARLY WARNING SCORE: CHILDREN'S UNIT

| Date: ...................... Time: | 8 | 10 | 12 | 2 | 4 | 6 | 8 | 10 | 12 | 2 | 4 | 6 | 8 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Doctor/Nurse/Family Concern? | Am | Am | Pm | Pm | Pm | Pm | Pm | Pm | Am | Am | Am | Am | |
| Temperature (F) (scale 94–104) | 36.7°C | 36.6°C | 36.5°C | 36.5°C | 36.5°C | 36.5°C | 36.6°C | 36.6°C | 36.6°C | 36.6°C | 36.6°C | 36.6°C | |
| Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190) | 58/37 (44) | 61/33 (42) | 51/32 (34) | 66/45 (49) | | 52/26 (41) | 73/56 (62) | 83/69 (61) | 79/64 (56) | 58/40 (34) | 70/52 (41) | | |
| Heart Rate (Number) | 136 | 135 | 136 | 135 | | 132 | 135 | 160 | 135 | | 132 | | |
| Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70) | | | | | | | | | | | | | |
| Resp Rate (Number) | 47 | 49 | 38 | 21 | | 60 | 44 | 39 | 42 | 39 | 42 | | |
| Resp Distress: Mod/ Severe | | | | | | | | | | | | | |
| Resp Distress: None / Mild | | | | | | | | | | | | | |
| Receiving $O_2$(l/min) | | | | | | | | | | | | | |
| $O_2$Saturations (%) | 98% | 97% | 98% | 97 | | 98 | 99 | 99 | 97 | 94 | 98 | | |
| Conscious Level: Normal | N | N | N | N | | N | N | N | N | N | N | | |
| Conscious Level: Altered | | | | | | | | | | | | | |
| GCS * | C | C | C | C | | C | C | C | C | C | C | | |
| TOTAL SCORE Number of shaded boxes | 1 | 1 | 1 | 1 | | 1 | 1 | 1 | 1 | 1 | 1 | | |
| Pain Score | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 00 | 0 | 0 | | |
| Observer's Initials | [illegible] | [illegible] | [illegible] | [illegible] | | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | | |

Note: BP does not score in early warning scoring

| ACTIONS | | |
|---|---|---|
| NB: Scores 3 should be recorded overleaf | Score 1 | : Continue normal observation by staff nurse |
| | Score 2 | : Shift in charge nurse to be informed and continue hourly observations |
| | Score 3 | : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue. |
| | Score 4 | : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see |
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

# 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.

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|---|---|
| I | **IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X) |
| S | **SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX) |
| B | **BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free) |
| A | **ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given 02/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried. |
| R | **RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation) |

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 3 D (F)
Dr. NALINIKANTA PANIGRAHY

8/6/26

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

# INFANT (<1 year)

## Children's Observation & Early Warning Scoring Chart

## EARLY WARNING SCORE: CHILDREN'S UNIT

| Date: ...................... Time: | 8 Am | 10 Am | 12 Pm | 2 Pm | 4 Pm | 6 Pm | 8 pm | 10 pm | 12 Am | 2 Am | 4 Am | 6 Am |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Doctor/Nurse/Family Concern? | | | | | | | | | | | | |
| Temperature (F) | 36.6°C | 36.6°C | 36.6°C | 36.6°C | 36.6°C | 36.6°C | 36.5°C | 36.4°C | 36.5°C | 36.6°C | 36.6°C | 36.5°C |
| Heart Rate (bpm) and Blood Pressure (mmHg) * | 67/47 (54) | 62/44 (50) | 57/35 (40) | 58/47 (51) | 54/31 (35) | | 50/37 (44) | 61/35 (46) | 68/50 (0) | 73/37 (49) | 53/39 (44) | 57/31 (40) |
| Heart Rate (Number) | 175 | 139 | 138 | 134 | 136 | 134 | 143 | 164 | 143 | 139 | 141 | |
| Resp. Rate (bpm) (Over 1 Minute) * | | | | | | | | | | | | |
| Resp Rate (Number) | 46 | 48 | 59 | 36 | 35 | 50 | 37 | 40 | 37 | 48 | 34 | |
| Resp Distress Mod/ Severe / None / Mild | | | | | | | | | | | | |
| Receiving $O_2$(l/min) $O_2$Saturations (%) | 99% | 95% | 97% | 97% | 95% | 97% | 98% | 97% | 96% | 97% | 96% | |
| Conscious Level Normal / Altered | N | N | N | N | N | N | | | | | | |
| GCS * | C | C | C | C | C | C | C | C | C | C | C | C |
| TOTAL SCORE Number of shaded boxes | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | 1 | 1 |
| Pain Score | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | | 1 | 1 |
| Observer's Initials | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | | [illegible] | [illegible] |

Note: BP does not score in early warning scoring

| ACTIONS | | |
|---|---|---|
| NB: Scores 3 should be recorded overleaf | Score 1 | : Continue normal observation by staff nurse |
| | Score 2 | : Shift in charge nurse to be informed and continue hourly observations |
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Patient Sticker

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

**INSTRUCTIONS:**

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- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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| **I** | **IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X) |
| **S** | **SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX) |
| **B** | **BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free) |
| **A** | **ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given 02/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried. |
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BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 5 D (F)
Dr. NALINIKANTA PANIGRAHY

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

9/6/26

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

## EARLY WARNING SCORE: CHILDREN'S UNIT

| Date: ...................... Time: | 8 Am | 10 Am | 12 Pm | 2 Pm | 4 Pm | 6 Pm | 8 Pm | 10 Pm | 12 Am | 2 Am | 4 Am | 6 Am | 8 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Doctor/Nurse/Family Concern? | | | | | | | | | | | | | |
| Temperature (F) (104–94) | 36.5°C | 36.5°C | Grip care | | Grip care | | | | | | | | |
| Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) | 56/41 (45) | 51/27 (36) | | | | | | | | | | | |
| Heart Rate (Number) | 139 | 131 | 145 | 149 | 145 | 124 | 122 | 128 | 138 | 142 | | | |
| Resp. Rate (bpm) (Over 1 Minute) * (70–10) | | | | | | | | | | | | | |
| Resp Rate (Number) | 29 | 40 | | | | | | | | | | | |
| Resp Distress — Mod/ Severe | | | | | | | | | | | | | |
| Resp Distress — None / Mild | | | | | | | | | | | | | |
| Receiving $O_2$(l/min) | | | | | | | | | | | | | |
| $O_2$Saturations (%) | 98% | 97% | 98% | 99% | 99% | 100% | 100% | 100% | 100% | 99% | | | |
| Conscious Level — Normal | N | N | N | N | N | N | | | | | | | |
| Conscious Level — Altered | | | | | | | | | | | | | |
| GCS * | C | C | C | C | C | C | C | C | C | C | C | | |
| TOTAL SCORE Number of shaded boxes | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Pain Score | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Observer's Initials | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | | |

Note: BP does not score in early warning scoring

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

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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- 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 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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| B | **BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free) |
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BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 3 D (F)
Dr. NALINIKANTA PANIGRAHY

10/6/26

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

# INFANT (<1 year)

## Children's Observation & Early Warning Scoring Chart

## EARLY WARNING SCORE: CHILDREN'S UNIT

| Date: ...................... Time: | 8 am | 10 am | 12 pm | 2 pm | 4 pm | 6 pm | 7 pm | 8 pm | 11 pm |
|---|---|---|---|---|---|---|---|---|---|
| Doctor/Nurse/Family Concern? | | | | | | | | | |
| Temperature (F) (104–94) | 98.6 | 98.5 | 98.6 | 98.6 | | | *96.5 F | *97.5 F | 97.9 F |
| Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) | Cotp Care | | | | | | | | |
| Heart Rate (Number) | 121 | 128 | 127 | | | | 130 b/m | | 151 b/m |
| Resp. Rate (bpm) (Over 1 Minute) * (70–10) | | | | | | | | | |
| Resp Rate (Number) | | | | | | | 40 b/m | | 39 br/m |
| Resp Distress: Mod/ Severe / None / Mild | | | | | | | | | |
| Receiving $O_2$(l/min) | RA | RA | RA | RA | | | | | |
| $O_2$Saturations (%) | 99% | 100% | 100% | 98 | | | 100% | | 98% |
| Conscious Level: Normal / Altered | N | N | N | N | | | | | |
| GCS * | C | C | C | C | C | | 15 | | 15/15 |
| TOTAL SCORE Number of shaded boxes | 1 | 1 | 1 | 1 | 0 | | 0 | | 0 |
| Pain Score | 0 | 0 | 0 | 0 | 1 | | 0 | | 0 |
| Observer's Initials | S | S | S | S | S | | S | | |

Temperature annotation: Cribbed

Note: BP does not score in early warning scoring

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

# *CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL*

## INSTRUCTIONS:

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| Record Details when EARLY WARNING SCORE >3 | | | Record Time of Review and Plan | | |
|---|---|---|---|---|---|
| Date | Time | Early Warning Score | Date | Time | Name |
| | | | | | |
| | | | | | |
| | | | | | |
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BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M7D (F)
Dr. NALINIKANTA PANIGRAHY

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

# INFANT (<1 year)

## Children's Observation & Early Warning Scoring Chart

## EARLY WARNING SCORE: CHILDREN'S UNIT

| Date: 11/6/26 Time: | 2am | 6am |
|---|---|---|
| Doctor/Nurse/Family Concern? | | |
| Temperature (°F) (104–94) | 97.8°F | 97.8°F |
| Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) Note: BP does not score in early warning scoring | | |
| Heart Rate (Number) | 139 b/m | 140 b/m |
| Resp. Rate (bpm) (Over 1 Minute) * (70–10) | | |
| Resp Rate (Number) | | |
| Resp Distress – Mod/ Severe | | |
| Resp Distress – None / Mild | | |
| Receiving $O_2$ (l/min) | | |
| $O_2$ Saturations (%) | 99% | 99% |
| Conscious Level – Normal | | |
| Conscious Level – Altered | | |
| GCS * | 15/15 | 15/15 |
| TOTAL SCORE Number of shaded boxes | 0 | 0 |
| Pain Score | ✓ | 0 |
| Observer's Initials | | ✓ |

**ACTIONS**

NB: Scores 3 should be recorded overleaf

| Score | Action |
|---|---|
| Score 1 | Continue normal observation by staff nurse |
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Patient Sticker

# CHILDREN'S OBSERVATION *and* EARLY WARNING SCORING TOOL

---

**INSTRUCTIONS:**

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

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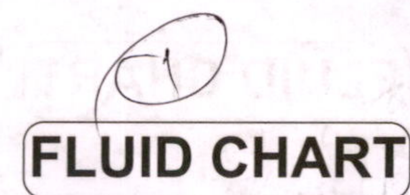
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. NALINIKANTA PANIGRAHY



# FLUID CHART

TV - 90 ml
BWt - 2.181
TF - 16 ml

Sheet No. : ..............................

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

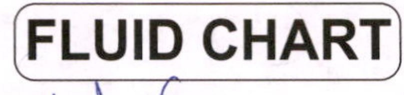
| Date | Time | Intake: Nature of Fluid | Route: Mouth | Route: I.V | Route: N.G | Output: NG | Diarrhoea | Vomit | Drainage | Urine | IV Site Thrombo-phlebitis Score | Sign. Nurse |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 08:00 am | | | | | | | - | | | | |
| | 09:00 am | DBM | | | 13ml | | | | | 10ml | | |
| | 10:00 am | | | | | | | | | | 0 | |
| | 11:00 am | DBM | | | 16ml | | | | | 0ml | | |
| | 12:00 pm | | | | | | | | | | | |
| | 01:00 pm | DBM | | | 16ml | | passed | | | | | |
| **Total Intake :** | | | | | | **Total Output :** | | | | | | |
| | 02:00 pm | | | | | | | | | | | |
| | 03:00 pm | DBM | | | 16ml | | passed | | | 17ml | | |
| | 04:00 pm | | | | | | | | | | 0 | |
| | 05:00 pm | DBM | | | 16ml | | | | | | | |
| | 06:00 pm | | | | | | | | | | | |
| | 07:00 pm | DBM | | | 18ml | | passed | | | 0ml | | |
| **Total Intake :** | | | | | | **Total Output :** | | | | | | |
| | 08:00 pm | | | | | | | | | | | |
| | 09:00 pm | DBM | | | 18ml | | passed | | | 7ml | | |
| | 10:00 pm | | | | | | | | | | | |
| | 11:00 pm | DBM | | | 18ml | | | | | | 0 | |
| | 12:00 am | | | | | | | | | | | |
| | 01:00 am | DBM | | | 18ml | | | | | 15ml | | |
| **Total Intake :** | | | | | | **Total Output :** | | | | | | |
| | 02:00 am | | | | | | | | | | | |
| | 03:00 am | DBM | | | 18ml | | | | | 12ml | | |
| | 04:00 am | | | | | | | | | | | |
| | 05:00 am | DBM | | | 18ml | | passed | | | 8ml | 0 | |
| | 06:00 am | | | | | | | | | | | |
| | 07:00 am | DBM | | | 18ml | | | | | 6ml | | |
| **Total Intake :** 203 ml | | | | | | **Total Output :** | | | | | | |

| Total 24 hrs. Intake | 96.6cc/kg/day. |
|---|---|

| Total 24 hrs. Output | 1.8cc/kg/day. |
|---|---|

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M0D5H (F)
Dr. NALINIKANTA PANIGRAHY

# FLUID CHART



7/6/26,

TV – 120cc/kg
B.wt – 2.181 kg.
TF – 18ml

Sheet No. : ...............................

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

| Date | Time | Intake: Nature of Fluid | Route: Mouth | Route: I.V | Route: N.G | Output: NG | Diarrhoea | Vomit | Drainage | Urine | IV Site Thrombo-phlebitis Score | Sign. Nurse |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 08:00 am | | | | | | | | | | | |
| | 09:00 am | DBm | | | 18ml | | – | | | 8ml | 0 | [signature] |
| | 10:00 am | | | | | | | | | | | |
| | 11:00 am | DBm | | | 18ml | | Passed | | | 12ml | 0 | [signature] |
| | 12:00 pm | | | | | | | | | | | |
| | 01:00 pm | EBM + DBM | 18ml | | ~~18ml~~ | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | |
| | 02:00 pm | | | | | | | | | | | |
| | 03:00 pm | EBM + DBM | 18ml | | | | Passed | | | 8ml | | |
| | 04:00 pm | | | | | | | | | | | |
| | 05:00 pm | DBm | 18ml | | | | | | | 11ml | 0 | [signature] |
| | 06:00 pm | | | | | | | | | | | |
| | 07:00 pm | DBM | ~~21ml~~ | | 21ml | | Passed | | | 8ml | | |
| Total Intake : | | | | | | Total Output : | | | | | | |
| | 08:00 pm | | | | | | | | | | | |
| | 09:00 pm | DBM | | | 21ml | | Passed | | | 10ml | | |
| | 10:00 pm | | | | | | | | | | | |
| | 11:00 pm | DBM | | | 21ml | | | | | 12ml | 0 | [signature] |
| | 12:00 am | | | | | | | | | | | |
| | 01:00 am | EBm | | | 21ml | | Passed | | | 10ml | | |
| Total Intake : | | | | | | Total Output : | | | | | | |
| | 02:00 am | | | | | | | | | | | |
| | 03:00 am | EBM | | | 21ml | | | | | 8ml | | |
| | 04:00 am | | | | | | | | | | | |
| | 05:00 am | EBM | | | 21ml | | Passed | | | 10ml | 0 | [signature] |
| | 06:00 am | | | | | | | | | | | |
| | 07:00 am | DBM | | | 21ml | | | | | 12ml | | |
| Total Intake : 237 | | | | | | Total Output : 109 | | | | | | |

| Total 24 hrs. Intake | 120cc/kg/day |
|---|---|

| Total 24 hrs. Output | 1.8cc/kg/hr |
|---|---|

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

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 3 D (F)
Dr. NALINIKANTA PANIGRAHY

# FLUID CHART

Sheet No. : 8/6/26

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

| Date | Time | Intake: Nature of Fluid | Route: Mouth | Route: I.V | Route: N.G | Output: NG | Diarrhoea | Vomit | Drainage | Urine | IV Site Thrombo-phlebitis Score | Sign. Nurse |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 08:00 am | | | | | | | | | | | |
| | 09:00 am | DBM | 21ml | | | | Passed | | | 7ml | | |
| | 10:00 am | | | | | | | | | | | |
| | 11:00 am | DBM | 21ml | | | | — | | | 8ml | 0 | |
| | 12:00 pm | | | | | | | | | | | |
| | 01:00 pm | EBM | 21ml | | | | Passed | | | 10ml | | |
| Total Intake : | | | | | | Total Output : | | | | | | |
| | 02:00 pm | | | | | | | | | | | |
| | 03:00 pm | EBM | 22ml | | | | Passed | | | 7ml | | |
| | 04:00 pm | | | | | | | | | | 0 | |
| | 05:00 pm | EBM DBM | 22ml | | | | — | | | 10ml | | |
| | 06:00 pm | | | | | | | | | | | |
| | 07:00 pm | DBM | 24ml | | | | Pass | | | 10ml | | |
| Total Intake : | | | | | | Total Output : | | | | | | |
| | 08:00 pm | | | | | | | | | | | |
| | 09:00 pm | DBM | 24ml | | | | Passed | | | 8ml | | |
| | 10:00 pm | | | | | | | | | | | |
| | 11:00 pm | EBM | 24ml | | | | Passed | | | 9ml | 0 | |
| | 12:00 am | | | | | | | | | | | |
| | 01:00 am | EBM | 24ml | | | | — | | | 7ml | | |
| Total Intake : | | | | | | Total Output : | | | | | | |
| | 02:00 am | DBM | 24ml | | | | | | | 10ml | | |
| | 03:00 am | | | | | | Passed | | | | | |
| | 04:00 am | EBM | | | | | | | | | 0 | |
| | 05:00 am | EBM | 24ml | | | | | | | | | |
| | 06:00 am | | | | | | Passed | | | 18ml | | |
| | 07:00 am | EBM | 24ml | | | | | | | | | |
| Total Intake : 419ml | | | | | | Total Output : | | | | | | |

| Total 24 hrs. Intake | 199cc/kg/day | Total 24 hrs. Output | 2.0cc/kg/day |
|---|---|---|---|

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

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 5 D (F)
Dr. NALINIKANTA PANIGRAHY

# FLUID CHART

Sheet No. : 9/6/26

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 | Intake: Nature of Fluid | Route: Mouth | Route: I.V | Route: N.G | Output: NG | Diarrhoea | Vomit | Drainage | Urine | IV Site Thrombo-phlebitis Score | Sign. Nurse |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 08:00 am | | | | | | | | | | | |
| | 09:00 am | DBM | 26ml | | | | Passed | Nill | | 7ml | 0 | ℞ |
| | 10:00 am | | | | | | | | | | | |
| | 11:00 am | DBM | 26ml | | | | Passed | Nill | | 10ml | | ℞ |
| | 12:00 pm | | | | | | | | | | | |
| | 01:00 pm | EBM | 26ml | | | | Passed | Nill | | 10ml | | ℞ |
| **Total Intake :** | | | | | | **Total Output :** | | | | | | |
| | 02:00 pm | | | | | | | | | | | |
| | 03:00 pm | EBM | 26ml | | | | — | Nill | | 7ml | 0 | ℞ |
| | 04:00 pm | | | | | | | | | | | |
| | 05:00 pm | DBM | 26ml | | | | — | Nill | | 10ml | | ℞ |
| | 06:00 pm | | | | | | | | | | | |
| | 07:00 pm | DBM | 26ml | | | | Passe | N. | | 7ml | | ℞ |
| **Total Intake :** | | | | | | **Total Output :** | | | | | | |
| | 08:00 pm | | | | | | | | | | | |
| | 09:00 pm | DBM | 26ml | | | | Passed | | | 8ml | | |
| | 10:00 pm | | | | | | | | | | | |
| | 11:00 pm | EBM | 26ml | | | | Passed | | | 10ml | 0 | Rn |
| | 12:00 am | | | | | | | | | | | |
| | 01:00 am | EBM | 26ml | | | | – | | | 8ml | | |
| **Total Intake :** | | | | | | **Total Output :** | | | | | | |
| | 02:00 am | | | | | | | | | | | |
| | 03:00 am | DBM | 26ml | | | | | | | 10ml | | |
| | 04:00 am | | | | | | | | | | | Rn |
| | 05:00 am | DBM | 26ml | | | | Passed | | | 12ml | 0 | |
| | 06:00 am | | | | | | | | | | | |
| | 07:00 am | DBM | 26ml | | | | | | | 7ml | | |
| **Total Intake :** 312 | | | | | | **Total Output :** 106 | | | | | | |

| Total 24 hrs. Intake | 100cc/kg/day | Total 24 hrs. Output | 1.6 cc/kg/hr |
|---|---|---|---|

# FLUID CHART

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : ..............................  10/6/26

TV = Morerage
B wt 2768
PCF – 25/20w

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

| Date | Time | Intake: Nature of Fluid | Route: Mouth | Route: I.V | Route: N.G | Output: NG | Diarrhoea | Vomit | Drainage | Urine | IV Site Thrombo-phlebitis Score | Sign. Nurse |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10/6 | 08:00 am | | | | | | | | | | 0 | |
| | 09:00 am | DBM | 26ml | | | | Not passed | | | 10ml | | |
| | 10:00 am | | | | | | | | | | | |
| | 11:00 am | DBM | 28ml | | | | | | | | | |
| | 12:00 pm | | | | | | | | | | | |
| | 01:00 pm | EBM | 26 ml | | | | passed | | | 15ml | | |
| **Total Intake :** | | | | | | **Total Output :** | | | | | | |
| 10/6 | 02:00 pm | | | | | | | | | | NA | Revathi |
| | 03:00 pm | EBM | 28ml | | | | | | | | | |
| | 04:00 pm | | | | | | | | | | | |
| | 05:00 pm | | | | | | | | | | | |
| | 06:00 pm | EBM | 30ml | | | | ✓ | | | ✓ | | |
| | 07:00 pm | | | | | | | | | | | |
| **Total Intake :** | | | | | | **Total Output :** M – 1 U – 1 | | | | | | |
| 10/6 | 08:00 pm | EBM | 30ml | | | | | | | | NA | Satya |
| | 09:00 pm | | | | | | | | | | | |
| | 10:00 pm | EBM | 30ml | | | | | | | ✓ | | |
| | 11:00 pm | | | | | | | | | | | |
| | 12:00 am | EBM | 40ml | | | | ✓ | | | | | |
| | 01:00 am | | | | | | | | | | | |
| **Total Intake :** | | | | | | **Total Output :** M – 1 U – 1 | | | | | | |
| 11/6 | 02:00 am | | | | | | | | | | NA | Satya |
| | 03:00 am | EBM | 35ml | | | | | | | ✓ | | |
| | 04:00 am | | | | | | | | | | | |
| | 05:00 am | | | | | | ✓ | | | | | |
| | 06:00 am | EBM | 36ml | | | | | | | ✓ | | |
| | 07:00 am | | | | | | | | | | | |
| **Total Intake :** | | | | | | **Total Output :** M – 1 U – 2 | | | | | | |

| Total 24 hrs. Intake | 305ml |
|---|---|

| Total 24 hrs. Output | M – 4 U – 6 |
|---|---|

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 7 D (F)
Dr. NALINIKANTA PANIGRAHY

# FLUID CHART

Sheet No. : ................................ 11/6/26

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 | Intake: Nature of Fluid | Route: Mouth | Route: I.V | Route: N.G | Output: NG | Diarrhoea | Vomit | Drainage | Urine | IV Site Thrombo-phlebitis Score | Sign. Nurse |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 08:00 am | | | | | | | | | | | |
| | 09:00 am | EBM | 25ml | | | | ✓ | | | ✓ | | |
| | 10:00 am | | | | | | | | | | | |
| | 11:00 am | EBM | 30ml | | | | ✓ | | | ✓ | NA | Seema |
| | 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** | |
|---|---|---|---|

-00658148 IP5-00174749
/ Of MAHIMA KOMARABATHINI
3-2026 0 Y 0 M 7 D (F)
IALINIKANTA PANIGRAHY

# NURSING CARE RECO

Shift: ☐ Morning ☐ Afternoon ☑ Night Date: 9/6/26

Assessment: Baby is on RBS

**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 |
|---|---|---|---|---|
| 8pm | Assess the baby's condition | 9pm | Assessed the baby's condition | Baby is stable in RBS |
| 10pm | monitor the vitals. | 11pm | monitored the vitals. | |
| 12Am | maintain I/O chart | 1Am | maintained I/O chart | |
| 2Am | give feed and hourly. | 3Am | given feed and hourly. | |
| 4Am | Administer medication as per doctors order. | 5Am | Administered medication as per doctors order. | |
| 6Am | Continue SSPT. | 7Am | Continued SSPT. | |

**Re-Assessment:** Re-Assessment Done

**Special Notes:** RBS-OP

Nurse Signature: [signature] Nurse Name: Navya. G. Date & Time: 9/6/26 @ 8Am

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 3 D (F)
Dr. NALINIKANTA PANIGRAHY

# NURSING CARE RECORD

Date: 8/6/26

Shift: ☑ Morning ☑ Afternoon ☐ Night

Assessment: Baby is on R/A

**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 |
|---|---|---|---|---|
| 8Am | ~~Me~~Assesst the ~~the~~ general condition to the Baby | 8Am | Assessment the general condition to the Baby | |
| 10Am | Monitor vitals | 10Am | Monitored vitals | Baby is on stable |
| 12Pm | Monitor I/o chart | 12Pm | Monitored I/o chart | |
| 2Pm | ~~Given~~ Give ~~a~~ feed to the Baby | 2Pm | Given feeding to the Baby | |
| 4Pm | Administer medication | 4Pm | Administer medication | |
| 6Pm | as for Doctor order | 6Pm | as for Doctor | |

Re-Assessment: Re-Assessment

Special Notes: RBC- Done

Nurse Signature: [signature] Nurse Name: Megha Date & Time: 8/6/26

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. NALINIKANTA PANIGRAHY

# NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☑ Night Date: 7/6/26

Assessment: Baby is on RIA

**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 |
|---|---|---|---|---|
| 8pm | Assess the baby's condition. | 9pm | Assessed baby's condition. | Baby is stable in RIA. |
| 10pm | monitored the vitals. | 11pm | monitored vitals. | |
| 12Am | maintain I/O charting 6th hourly | 1Am | maintained I/O charting 6th hourly | |
| 2Am | give feed 2nd hourly | 3Am | given feed 2nd hourly | |
| 4Am | Administer medication as per doctors orders. | 5Am | Administered medication as per doctors orders. | |
| 6Am | Ensure safety. | 7Am | Ensured safety. | |

**Re-Assessment:** Re-assessment Done.

**Special Notes:** RBS - BD.

**Nurse Signature:** [signature] **Nurse Name:** Nayana G **Date & Time:** 7/6/26 @ 8Am

-00658148 IP5-00174749
y Of MAHIMA KOMARABATHINI
6-2026 0 Y 0 M 7 D (F)
NALINIKANTA PANIGRAHY

# NURSING CARE RECORD

Date: 7/06/26

Shift: ☐ Morning ☐ Afternoon ☐ Night

Assessment: Room Baby

**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 |
|---|---|---|---|---|
| 8Am | Assess the geral condition baby | 8Am | Assess the geral condition baby | |
| 10Am | Maitaine vital sing | 10Am | Maitaine vital sing | |
| 12Pm | give 2nd hourly feed | 12Pm | give 2nd hourly feed | Stable |
| 7Pm | Admission doctor order | 7Pm | Admission doctor order | baby |

Re-Assessment: Re-Assement

Special Notes: RBS Done

Nurse Signature: Vidia

Nurse Name: Vidia Kumari

Date & Time: 7/06/26 @ 8Pm

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 5 D (F)
Dr. NALINIKANTA PANIGRAHY

Shift: ☑ Morning ☑ Afternoon ☐ Night

Date: 9/6/26

Assessment: Baby is on RIA

**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 |
|---|---|---|---|---|
| 8Am | Assess the general condition to the Baby | 8Am | Assessment the general condition to the Baby | |
| 10Am | Monitor vital | 10Am | Monitored vitals | |
| 12Pm | Monitor I/O chart | 12Pm | Monitored I/O chart | Baby is stable |
| 2Pm | Administer medication as per Doctor order | 2Pm | Administer medication as per Doctor order | |
| 4Pm | Given feeding 2nd hours | 4Pm | Given feeding 2nd hour | |
| 6Pm | Crip care | 6P | Crip care Done | |

Re-Assessment: Re-Assessment

Special Notes: RBS-~~Done~~ oD

Nurse Signature: (M) Nurse Name: Megha Date & Time: 9/6/26 @8am

I-00658148 IP5-00174749
y Of MAHIMA KOMARABATHINI
6-2026 0 Y 0 M 7 D (F)
NALINIKANTA PANIGRAHY

# NURSING CARE RECORD

Date: 9/6/26

Shift: ☐ Morning ☐ Afternoon ☑ Night

Assessment: Baby is on R/A

**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 |
|---|---|---|---|---|
| 8PM | => Assesst the general condition to the Baby | 8PM | => Assess the general condition to the Baby | |
| 10PM | => monitor vitals | 10PM | => monitor vitals | Baby is on stable |
| 12AM | => monitor I/O chart | 12PM | => monitor I/O chart | |
| 2AM | => Given feed to the baby | 2PM | => Given feed 2nd hrly | |
| 4AM | => Administermedication | 4PM | => Administermedication | |
| 6AM | => as for doctor orders | 6PM | => as for doctor orders | |

Re-Assessment: Re Assessment Done

Special Notes: GRBS OD

Nurse Signature: [signature] Nurse Name: [signature] Date & Time: 10/6/26 @ 8Am

BAH-00658148
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

# NURSING CARE RE

Shift: ☐ Morning ☐ Afternoon ☐ Night Date: 5/6/26

Assessment: Baby is on C-PAP

**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 |
|---|---|---|---|---|
| 8AM | → To assess the general condition. | 8AM | → Assessed the general condition of the baby | Baby was maintaining well |
| 10AM | → To monitor vitals | 10AM | → Monitored vital signs | |
| 12pm | → To maintain I/O chart | 12pm | → Maintained I/O chart | |
| 2pm | → To give feeds | 2pm | → Given feeds every 2nd hrly | |
| 5pm | → To administer medication. | 5pm | → Administered medication as per doctors order. | |
| 7pm | → To prone position. | 7pm | → Provided comfortable position | |

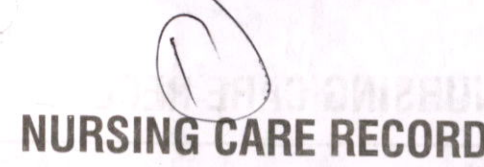
**Re-Assessment:** Re-assessment done

**Special Notes:** RBS-BD, Gas-OD

Nurse Signature: [signature] Nurse Name: Elishnupriya Daji Date & Time: 5/6/26 @ 8pm

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. NALINIKANTA PANIGRAHY



# NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night Date: 4/6/26

Assessment: Baby is on CPAP

**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 |
|---|---|---|---|---|
| 8PM | - Assess the Baby condition | 8PM | - Assessed the Baby condition | - Now Baby is stable |
| 10PM | - Monitor vitals and recorded | 10PM | - Monitored vitals and recorded | |
| 12AM | - Administer medication as per order | 12AM | - Administered medication as per order | |
| 2AM | - Monitor I/O chart | 2AM | - Monitored I/O chart | |
| 4AM | - To give 2ndly feeds | 4AM | - given 2ndly feeds | |
| 6AM | - Provide comfortable position | 6AM | - provided comfortable position | |

Re-Assessment: done

Special Notes: RBS - 6thly

Nurse Signature: [signature] Nurse Name: [signature] Date & Time: 5/6/26 @ 8AM

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 6 D (F)
Dr. NALINIKANTA PANIGRAHY

# NURSING CARE RECORD

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 10/6/26

Assessment: Newborn baby under SSPT

**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 |
|---|---|---|---|---|
| 6pm | → Assess the Baby general condition | 6:30 pm | → Assessed the Baby general condition under the light | → Baby was active & good and slept under the light |
| 6:30 pm | → To monitor vitals | 6:40 pm | → monitored vitals | |
| 7pm | → To maintain I/O chart | 7:10 pm | → maintained I/O chart | |
| 7:30 pm | → To give feed 2nd hrly | 8 pm | → given feed 2nd hrly | |

**Re-Assessment:**
Re-assessment has done after 2 hours the Baby was slept under the light

**Special Notes:**
continue SSPT till morng

Nurse Signature: [signature] Nurse Name: Revathi Date & Time: 10/6/26 @ 8 p.m

Docu. No: RCHBH /FRM / CLINICAL / 148

I-00658148 IP5-00174749
y Of MAHIMA KOMARABATHINI
16-2026 0 Y 0 M 7 D (F)
NALINIKANTA PANIGRAHY

# NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☑ Night    Date: 10/6/26

Assessment: patient having hyperthermia / neonatal jaundice

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 |
|---|---|---|---|---|
| 8pm | → Assess the baby general condition | 8.10pm | → baby is good and under SSPT | |
| 9pm | → monitor I/O chart | 9.10pm | → monitored I/O chart | baby stable |
| 10pm | → monitor vitals | 10.10pm | → vitals stable | |
| 11pm | → Encourage feeding 2nd and 3rd hrly | 11.10pm | → feeding provided | |
| 6am | → To provide warm care | 6.10a | → give KMC | |
| 7a | → To continue SSPT | 7.30a | → continue SSPT | |

Re-Assessment: Re-assessed after 2 hrs pt stable

Special Notes: continue SSPT

Satya    Nurse Name: Satya    Date & Time: 11/6/26 @ 8am

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 7 D (F)
Dr. NALINIKANTA PANIGRAHY

# NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night Date: ..............................

Assessment: ..........................................................................................................................................

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

**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:** ..........................................................................................................................................

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**Special Notes:** ..........................................................................................................................................

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Nurse Signature: .............................................. Nurse Name: .............................................................. Date & Time: ..............................................

Docu. No: RCHBH /FRM / CLINICAL / 148

# NURSING CARE RECORD

Shift: ☐ Morning ☐ Afterno[illegible] ☐ Night

Date: ..........................................

Assessment: ..........................................................................................

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

**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:** ..........................................................................................

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

**Special Notes:** ..........................................................................................

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Nurse Signature: .............................. Nurse Name: .............................. Date & Time: ..............................

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 7 D (F)
Dr. NALINIKANTA PANIGRAHY

# NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: DR: N.K Department: 3rd floor Date of Admission: 4/6/26

| SITUATION | Diagnosis: neonatal jaundice | Any Infection: ☐ Yes ☐ No ☑ Not Known<br>If Yes Specify: |
|---|---|---|

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| BACKGROUND | Area / Shift Time | 3rd floor / 8AM | | | | | |
| | Medical Condition (Any special condition to be noted): | NNJ | | | | | |
| ASSESSMENT | Allergy: | ☐ Yes ☑ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Tubes/Drains/Catheter: | ☐ Yes ☑ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Vital Signs: Temp: | 97.9°F | | | | | |
| | Res: | 39 | | | | | |
| | $SpO_2$: | 98% | | | | | |
| | Pulse: | 159 | | | | | |
| | BP: | - | | | | | |
| | Fall Risk Score: | - | | | | | |
| | Pain Score: | - | | | | | |
| Recommendations | Safety Needs: | Yes | | | | | |
| | Physiotherapy | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Others Specify: | NO | | | | | |
| | Special Diet: | ☐ Yes ☑ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Other Special Orders / Medications: | NO | | | | | |
| Post Operative Procedure Special Orders: | | NA | | | | | |
| Handed Over By Name : | | Satya | | | | | |
| Signature : | | [signature] | | | | | |
| Date: | | 11/6/26 | | | | | |
| Time: | | 8am | | | | | |
| Taken Over By Name : | | Seema | | | | | |
| Signature : | | [signature] | | | | | |
| Date: | | 11/6/26 | | | | | |
| Time: | | 8am | | | | | |

Patient Sticker

# NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ........................................................ Department: ...................................... Date of Admission: ..........................

| SITUATION | Diagnosis: | | | | Any Infection: ☐ Yes ☐ No ☐ Not Known<br>If Yes Specify: ............................................ | | |
|---|---|---|---|---|---|---|---|
| **BACKGROUND** | Area / Shift Time | | | | | | |
| | Medical Condition (Any special condition to be noted): | | | | | | |
| **ASSESSMENT** | Allergy: | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Tubes/Drains/Catheter: | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Vital Signs: Temp: | | | | | | |
| | Res: | | | | | | |
| | $SpO_2$: | | | | | | |
| | Pulse: | | | | | | |
| | BP: | | | | | | |
| | Fall Risk Score: | | | | | | |
| | Pain Score: | | | | | | |
| **Recommendations** | Safety Needs: | | | | | | |
| | Physiotherapy | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Others Specify: | | | | | | |
| | Special Diet: | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Other Special Orders / Medications: | | | | | | |
| Post Operative Procedure Special Orders: | | | | | | | |
| Handed Over By Name : | | | | | | | |
| Signature : | | | | | | | |
| Date: | | | | | | | |
| Time: | | | | | | | |
| Taken Over By Name : | | | | | | | |
| Signature : | | | | | | | |
| Date: | | | | | | | |
| Time: | | | | | | | |

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M0D5H (F)
Dr. NALINIKANTA PANIGRAHY

# CHECKLIST FOR THROMBOPHLEBITIS

| S. No. | SITE OBSERVATION | STAGE / ACTION | SCORE | DAY-1 (5/6/26) | | | DAY-2 (6/6) | | | DAY-3 (7/6) | | | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | M | E | N | M | E | N | M | E | N | |
| 1 | IV site appears healthy | No signs of phlebitis / Observe cannula | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2 | One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site | Possibly first signs of phlebitis / Observe cannula | 1 | – | – | – | – | – | – | – | – | – | |
| 3 | Two of the following Signs are evident: Pain at IV site Redness | Early stage of phlebitis / Resite Cannula | 2 | – | – | – | – | – | – | – | – | – | |
| 4 | All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling | Medium stage of phlebitis / Resite Cannula Consider Treatment | 3 | – | – | – | – | – | – | – | – | – | |
| 5 | All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord | Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment | 4 | – | – | – | – | – | – | – | – | – | |
| 6 | All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia | Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula | 5 | – | – | – | – | – | – | – | – | – | |
| | | | Signature of the Nurse | [signature] | [signature] | [signature] | [signature] | [signature] | [signature] | [signature] | [signature] | [signature] | |

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

Signature of Shift In Charge :

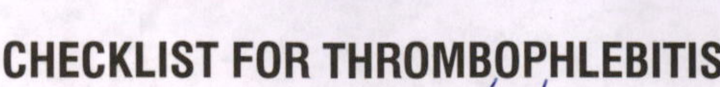
Signature : .......................................... Name : ..........................................

Signature of Ward In Charge :

Signature : .......................................... Name : ..........................................

Docu. No. : RCHBH /FRM / CLINICAL / 137

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 3 D (F)
Dr. NALINIKANTA PANIGRAHY



# CHECKLIST FOR THROMBOPHLEBITIS

8/6/26

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

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

Signature of Shift In Charge :

Signature : .......................................... Name : ..........................................

Signature of Ward In Charge :

Signature : .......................................... Name : ..........................................

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

# BRADEN 'Q' SCALE

| | | | | | Date : 4/6/26 Time : 8PM | Date : 5/6/26 Time : 8PM | Date : 6/6 Time : 8am | Date : 7/6 Time : 6PM |
|---|---|---|---|---|---|---|---|---|
| Mobility | **1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance. | **2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently. | **3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently. | **4. No limitations:** Makes major and frequent changes in position without assistance. | 2 | 2 | 2 | 2 |
| "Activity The degree of physical activity" | **1. Bedfast :** Confined to bed | **2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair." | **3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair. | **4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours. | 1 | 1 | 1 | 1 |
| Sensory Perception | **1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface. | **2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body. | **3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities. | **4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort. | 2 | 3 | 3 | 3 |
| Moisture Degree to which skin is exposed to moisture | **1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned. | **2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours. | **3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours. | **4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours. | 2 | 3 | 3 | 3 |
| **FRICTION-SHEAR** **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another | **1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction. | **2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. | **3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down. | **4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times." | 2 | 3 | 3 | 3 |
| Nutritional Usual food intake pattern | **1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement. | **2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. | **3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered. | **4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation. | 2 | 3 | 3 | 3 |
| Tissue Perfusion & Oxygenation | 1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes. | 2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40. | 3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal. | 4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds. | 4 | 2 | 2 | 2 |
| | | | | **TOTAL SCORE** | 15 | 17 | 17 | 12 |
| | | | | **Evaluator's Name** | [illegible] | [illegible] | [illegible] | [illegible] |

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 1 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCHBH /FRM / CLINICAL / 119

| Risk Score | Category | Action | Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice |
|---|---|---|---|
| 15-18 | At Risk | • Regular Turning Schedule<br>• Enable as much activity as possible<br>• Protect the heels<br>• Use pressure redistribution surfaces<br>• Manage moisture, friction and shear<br>• Advance to a higher level of risk if other major risk factors are present | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |
| 13-14 | Moderate Risk | • Use the Same Protocol as for **"At Risk"** Patients<br>• Position patient at 30 degree lateral incline using foam wedges | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |
| 10-12 | High Risk | • Follow the same protocol as for **"Moderate Risk"** Patients<br>• In addition to regular turning schedule<br>• Make small shifts in their position frequently | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |
| Less than 9 | Severe Risk | • Use same protocol as for **"High Risk"** Patients<br>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors. | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |

BAH-00657503 IP5-00174452
Baby Of K SAI YASASWINI
28-05-2026 0 Y 0 M 10 D (F)
Dr. NALINIKANTA PANIGRAHY

# BRADEN 'Q' SCALE

| | | | | | Date: 7/6/26 Time: 8AM | Date: 8/6/26 Time: 8AM | Date: 8/6/26 Time: 6p | Date: 9/6 Time: 8pm |
|---|---|---|---|---|---|---|---|---|
| Mobility | **1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance. | **2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently. | **3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently. | **4. No limitations:** Makes major and frequent changes in position without assistance. | 2 | 2 | 2 | 2 |
| "Activity The degree of physical activity" | **1. Bedfast :** Confined to bed | **2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair." | **3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair. | **4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours. | 1 | 1 | 1 | 1 |
| Sensory Perception | **1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface. | **2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body. | **3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities. | **4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort. | 3 | 3 | 3 | 3 |
| Moisture Degree to which skin is exposed to moisture | **1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned. | **2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours. | **3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours. | **4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours. | 3 | 3 | 3 | 3 |
| **FRICTION-SHEAR** **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another | **1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction. | **2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. | **3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down. | **4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times." | 3 | 3 | 3 | 3 |
| Nutritional Usual food intake pattern | **1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement. | **2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. | **3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered. | **4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation. | 3 | 3 | 3 | 3 |
| Tissue Perfusion & Oxygenation | 1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes. | 2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40. | 3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal. | 4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds. | 2 | 2 | 2 | 2 |
| | | | | **TOTAL SCORE** | 17 | 17 | 17 | 17 |
| | | | | **Evaluator's Name** | [illegible] | [illegible] | [illegible] | [illegible] |

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCHPL/FRM/CLINICAL/110

| Risk Score | Category | Action | Support Surfaces<br>**(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice |
|---|---|---|---|
| 15-18 | At Risk | • Regular Turning Schedule<br>• Enable as much activity as possible<br>• Protect the heels<br>• Use pressure redistribution surfaces<br>• Manage moisture, friction and shear<br>• Advance to a higher level of risk if other major risk factors are present | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |
| 13-14 | Moderate Risk | • Use the Same Protocol as for **"At Risk"** Patients<br>• Position patient at 30 degree lateral incline using foam wedges | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |
| 10-12 | High Risk | • Follow the same protocol as for **"Moderate Risk"** Patients<br>• In addition to regular turning schedule<br>• Make small shifts in their position frequently | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |
| Less than 9 | Severe Risk | • Use same protocol as for **"High Risk"** Patients<br>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors. | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-08-2026 0 Y 0 M 7 D (F)
Dr. NALINIKANTA PANIGRAHY

# BRADEN 'Q' SCALE

| | | | | Date : | 1/1/ | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Time : | 7 am | | | |
| Mobility | **1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance. | **2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently. | **3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently. | **4. No limitations:** Makes major and frequent changes in position without assistance. | 4 | | | |
| "Activity The degree of physical activity" | **1. Bedfast :** Confined to bed | **2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair." | **3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair. | **4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours. | 4 | | | |
| Sensory Perception | **1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface. | **2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body. | **3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities. | **4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort. | 4 | | | |
| Moisture Degree to which skin is exposed to moisture | **1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned. | **2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours. | **3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours. | **4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours. | 4 | | | |
| **FRICTION-SHEAR** **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another | **1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction. | **2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. | **3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down. | **4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times." | 4 | | | |
| Nutritional Usual food intake pattern | **1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement. | **2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. | **3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered. | **4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation. | 4 | | | |
| Tissue Perfusion & Oxygenation | 1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes. | 2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40. | 3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal. | 4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds. | 4 | | | |
| | | | | **TOTAL SCORE** | 28 | | | |
| | | | | **Evaluator's Name** | Sutr | | | |

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

| Risk Score | Category | Action | Support Surfaces<br>(Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice |
|---|---|---|---|
| 15-18 | At Risk | • Regular Turning Schedule<br>• Enable as much activity as possible<br>• Protect the heels<br>• Use pressure redistribution surfaces<br>• Manage moisture, friction and shear<br>• Advance to a higher level of risk if other major risk factors are present | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |
| 13-14 | Moderate Risk | • Use the Same Protocol as for **"At Risk"** Patients<br>• Position patient at 30 degree lateral incline using foam wedges | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |
| 10-12 | High Risk | • Follow the same protocol as for **"Moderate Risk"** Patients<br>• In addition to regular turning schedule<br>• Make small shifts in their position frequently | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |
| Less than 9 | Severe Risk | • Use same protocol as for **"High Risk"** Patients<br>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors. | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

# THE HUMPTY DUMPTY SCALE

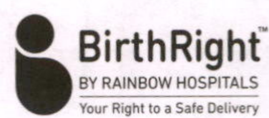
| PARAMETER | CRITERIA | SCORE | DATE 4/6 | DATE 5/6 | DATE 6/6 | DATE 6/6 | DATE 7/6 |
|---|---|---|---|---|---|---|---|
| Age | Less than 3 years old | 4 | 4 | 4 | 4 | 4 | 4 |
| | 3 to less than 7 years old | 3 | | | | | |
| | 7 to less than 13 years old | 2 | | | | | |
| | 13 years old and above | 1 | | | | | |
| Gender | Male | 2 | | | | | |
| | Female | 1 | 1 | 1 | 1 | 1 | 1 |
| Diagnosis | Neurological Diagnosis | 4 | | | | | |
| | Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc. | 3 | | 3 | 3 | 3 | 3 |
| | Psych / Behavioral Disorders | 2 | | | | | |
| | Other Diagnosis | 1 | 1 | | | | |
| Cognitive Impairments | Not Aware of Limitations | 3 | | | | | |
| | Forget Limitations | 2 | 2 | | | | |
| | Oriented to own Ability | 1 | | | | | |
| | History of Falls or Infant - Toddler Placed in Bed | 4 | | 4 | 4 | 4 | 4 |
| Environmental Factors | Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room) | 3 | | | | | |
| | Patient Placed in Bed | 2 | 2 | 2 | 2 | 2 | 2 |
| | Outpatient Area | 1 | | | | | |
| Response to Surgery / Sedation Anesthesia | Within 24 hours | 3 | | | | | |
| | Within 48 hours | 2 | | | | | |
| | More than 48 hours / None | 1 | 1 | 1 | 1 | 1 | 1 |
| Medication Usage | Sedatives (excluding ICU patients sedated and paralyzed) | 3 | | | | | |
| | Hypnotics | 3 | | | | | |
| | Barbiturates | 3 | | | | | |
| | Phenothiazines | 3 | | | | | |
| | Antidepressants | 3 | | | | | |
| | Laxatives / Diuretics | 3 | | | | | |
| | Narcotics | 3 | | | | | |
| | One of the Meds listed above | 2 | | | | | |
| | Other Medications / None | 1 | 1 | 1 | 1 | 1 | 1 |
| | **TOTAL** | | 12 | 16 | 16 | [illegible] | 16 |

**Intervention :** -Fall Risk : Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Bed in low position | | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Call device within reach | | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Wheels Locked | | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Room free of clutter | | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Adequate Lighting | | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Wheel Chair Support | | ✗ | ✗ | ✗ | ✗ | ✗ |
| | Other Intervention(s) Specify | | ✗ | ✗ | ✗ | ✗ | ✗ |
| | **Nurse's Name :** | | [illegible] | Vishnu | Aisha | [illegible] | [illegible] |
| | **Signature :** | | [signature] | [signature] | [signature] | [signature] | [signature] |
| | **Date :** | | 4/6 | 5/6 | 6/6 | [illegible] | 7/6 |
| | **Time :** | | 8AM | 8pm | 6AM | [illegible] | [illegible] |

Docu. No. RCHBH / FRM / CLINICAL / 005

BAH-00657503 IP5-00174452
Baby Of K SAI YASASWINI
28-05-2026 0 Y 0 M 10 D (F)
Dr. NALINIKANTA PANIGRAHY



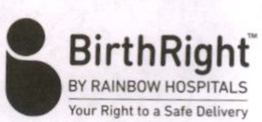

# THE HUMPTY DUMPTY SCALE

| PARAMETER | CRITERIA | SCORE | DATE 7/6 | DATE 8/6 | DATE 8/6 | DATE 9/6 | DATE 9/6 |
|---|---|---|---|---|---|---|---|
| Age | Less than 3 years old | 4 | 4 | 4 | 4 | 4 | 4 |
| | 3 to less than 7 years old | 3 | | | | | |
| | 7 to less than 13 years old | 2 | | | | | |
| | 13 years old and above | 1 | | | | | |
| Gender | Male | 2 | | | | | |
| | Female | 1 | 1 | 1 | 1 | 1 | 1 |
| Diagnosis | Neurological Diagnosis | 4 | | | | | |
| | Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc. | 3 | 3 | 3 | 3 | 3 | 3 |
| | Psych / Behavioral Disorders | 2 | | | | | |
| | Other Diagnosis | 1 | | | | | |
| Cognitive Impairments | Not Aware of Limitations | 3 | | | | | |
| | Forget Limitations | 2 | | | | | |
| | Oriented to own Ability | 1 | | | | | |
| | History of Falls or Infant - Toddler Placed in Bed | 4 | 4 | 4 | 4 | 4 | 4 |
| Environmental Factors | Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room) | 3 | | | | | |
| | Patient Placed in Bed | 2 | 2 | 2 | 2 | 2 | 2 |
| | Outpatient Area | 1 | | | | | |
| Response to Surgery / Sedation Anesthesia | Within 24 hours | 3 | | | | | |
| | Within 48 hours | 2 | | | | | |
| | More than 48 hours / None | 1 | 1 | 1 | 1 | 1 | 1 |
| Medication Usage | Sedatives (excluding ICU patients sedated and paralyzed) | 3 | | | | | |
| | Hypnotics | 3 | | | | | |
| | Barbiturates | 3 | | | | | |
| | Phenothiazines | 3 | | | | | |
| | Antidepressants | 3 | | | | | |
| | Laxatives / Diuretics | 3 | | | | | |
| | Narcotics | 3 | | | | | |
| | One of the Meds listed above | 2 | | | | | |
| | Other Medications / None | 1 | 1 | 1 | 1 | 1 | 1 |
| | TOTAL | | 16 | 16 | 16 | 16 | 16 |

**Intervention :** -Fall Risk : Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Bed in low position | | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Call device within reach | | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Wheels Locked | | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Room free of clutter | | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Adequate Lighting | | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Wheel Chair Support | | ✗ | ✗ | ✗ | ✗ | ✗ |
| | Other Intervention(s) Specify | | ✗ | ✗ | ✗ | ✗ | ✗ |
| | **Nurse's Name :** | | [illegible] | Poornima | megh | Navy | Megha |
| | **Signature :** | | [signature] | [signature] | [signature] | [signature] | [signature] |
| | **Date :** | | 7/6 | 8/6 | 8/6 | 9/6 | 9/6 |
| | **Time :** | | @8Am | @8AM | [illegible] | [illegible] | 8am |

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 1 D (F)
Dr. NALINIKANTA PANIGRAHY




# THE HUMPTY DUMPTY SCALE

| PARAMETER | CRITERIA | SCORE | DATE 10/6 | DATE 10/6 | DATE 11/6 | DATE | DATE |
|---|---|---|---|---|---|---|---|
| Age | Less than 3 years old | 4 | 4 | 4 | 4 | | |
| | 3 to less than 7 years old | 3 | | | | | |
| | 7 to less than 13 years old | 2 | | | | | |
| | 13 years old and above | 1 | | | | | |
| Gender | Male | 2 | | | | | |
| | Female | 1 | 1 | 1 | 1 | | |
| Diagnosis | Neurological Diagnosis | 4 | | | | | |
| | Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc. | 3 | 3 | 3 | 3 | | |
| | Psych / Behavioral Disorders | 2 | | | | | |
| | Other Diagnosis | 1 | | | | | |
| Cognitive Impairments | Not Aware of Limitations | 3 | | | | | |
| | Forget Limitations | 2 | | | | | |
| | Oriented to own Ability | 1 | | | | | |
| Environmental Factors | History of Falls or Infant - Toddler Placed in Bed | 4 | 4 | 4 | 4 | | |
| | Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room) | 3 | | | | | |
| | Patient Placed in Bed | 2 | 2 | 2 | 2 | | |
| | Outpatient Area | 1 | | | | | |
| Response to Surgery / Sedation Anesthesia | Within 24 hours | 3 | | | | | |
| | Within 48 hours | 2 | | | | | |
| | More than 48 hours / None | 1 | 1 | 1 | 1 | | |
| Medication Usage | Sedatives (excluding ICU patients sedated and paralyzed) | 3 | | | | | |
| | Hypnotics | 3 | | | | | |
| | Barbiturates | 3 | | | | | |
| | Phenothiazines | 3 | | | | | |
| | Antidepressants | 3 | | | | | |
| | Laxatives / Diuretics | 3 | | | | | |
| | Narcotics | 3 | | | | | |
| | One of the Meds listed above | 2 | | | | | |
| | Other Medications / None | 1 | 1 | 1 | 1 | | |
| | TOTAL | | 16 | 16 | 16 | | |

**Intervention :** -Fall Risk : Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Bed in low position | | ✓ | ✓ | — | | |
| | Call device within reach | | ✓ | ✓ | — | | |
| | Wheels Locked | | ✓ | ✓ | — | | |
| | Room free of clutter | | ✓ | ✓ | — | | |
| | Adequate Lighting | | ✓ | ✓ | — | | |
| | Wheel Chair Support | | ✗ | ✗ | ✗ | | |
| | Other Intervention(s) Specify | | ✗ | ✗ | ✗ | | |
| | Nurse's Name : | | Poojitha | Agnes | Saty | | |
| | Signature : | | [signature] | [signature] | [signature] | | |
| | Date : | | 10/6 | 10/6 | 11/6 | | |
| | Time : | | 8pm | 8 | 8pm | | |

Docu. No. RCHBH / FRM / CLINICAL / 005

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

# NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

| Assessment Criteria | Sedation | | Normal | Pain / Agitation | | Date 4/6 | Date 5/6 | Date 6/6 | Date 7/6 | Date 7/6 | Date 8/6 | Date 9/6 | Date 10/6 | Date 11/6 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | -2 | -1 | 0 | 1 | 2 | Time 8pm | Time 4pm | Time 6Am | Time 6Pm | Time 8Am | Time 8Am | Time 6Am | Time 6Am | Time |
| | | | | | Procedure ➡ | vsu RBS | Sample | RBS | RBS | RBS | RBS | RBS | RBS | RBS |
| **Crying Irritability** | No Cry with painful stimuli | Moans or cries minimally with painful stimuli | Appropriate crying Not irritable | Irritable or crying at intervals consolable | High-pitched or silent-continuous cry Inconsolable | -1 | +1 | +1 | +1 | +1 | +1 | +1 | +1 | 0 |
| **Behavior State** | No arousal to any stimuli No spontaneous movement | Arouses minimally to stimuli Little spontaneous movement | Appropriate for gestational age | Restless, squirming Awakens frequently | Arching, kicking constantly awake or Arouses minimally / no movement (not sedated) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Facial Expression** | Mouth is lax No expression | Minimal expression with stimuli | Relaxed Appropriate | Any pain expression intermittent | Any pain expression continual | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Extremities Tone** | No grasp reflex Flaccid tone | Weak grasp reflex decreased muscle tone | Relaxed hands and feet Normal Tone | Intermittent clenched toes, fists or finger splay Body is not tense | Continual clenched toes, fists, or finger splay Body is tense | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Vital Signs HR RR, BP, $SaO_2$** | No variability with stimuli Hypoventilation or apnea | Less than 10% variability from baseline with stimuli | Within baseline or normal for gestational age | Increase 10-20% from baseline $SaO_2$ 76-85% with stimulation - quick recovery | Increase greater than 20% from baseline, $SaO_2$ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 0 | 0 |
| | | | | | **Gestational Age / Corrected Age** | +1 | +1 | +1 | +1 | +1 | +1 | +1 | +1 | . |
| | | | | | **Total Pain / Agitation Score** | 1/10 | 2/10 | 2/10 | 2/10 | 2/10 | 2/10 | 2/10 | 2/10 | - |
| | | | | | **Intervention** | oms | OMC | oms | oms | oms | oms | oms | oms | |
| | | | | | **Effectiveness** | good | Good | Good | Good | Good | good | good | good | |
| | | | | | **Signature** | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | |

Forehead: Bulge between brows, vertical furrows
Brows: Lowered, drawn together
Eyes: Tightly closed
Cheeks: Raised
Nose: Broadened Bulging
Nasolabial Fold: Deepened
Mouth: Open, Squarish

**Premature Pain Assessment: Scoring**

+3 if less than 28 weeks gestation age / Corrected Age
+2 if 28 - 31 weeks gestation age / Corrected Age
+1 if 32 - 35 weeks gestation age / Corrected Age

**Intervention**

Deep Sedation: Score = -10 to -5
Light Sedation: Score = -5 to -2
Pain Score less than or equal to 3 – No Intervention
Pain Score greater than 3 – Intervention

(P.T.O)

## NPASS: Neonatal Pain, Agitation & Sedation Scale

| | Sedation | Pain / Agitation |
|---|---|---|
| **How to use** | • Observe the infant for a minute before selecting a score for each behavior.<br>• Stimulate the infant and observe and select a score for each behavior.<br>• Select only one numeric value (Highest) per behavior. | • Observe the infant for a minute before selecting a score for each behavior.<br>• Select only one numeric value per behavior. |
| **Scoring/ Documentation** | • Sedation scores are negative scores only<br>• Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age)<br>• NPASS Sedation total score has a range from 0 to -10 possible.<br>• Document total NPASS Sedation score in the medical record. | • Pain/Agitation scores are positive scores only<br>• Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria.<br>• Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score.<br>• NPASS Pain/Agitation total score has a range from 0 to 13 possible.<br>• Document the total NPASS Pain/Agitation score in the medical record |
| **Interpretation** | • Desired levels of sedation vary according to the situation.<br>• Discuss and determine sedation goal with provider.<br>  • "Deep sedation": goal score of -10 to -5<br>    • Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea<br>  • "Light sedation": goal score of -5 to –2<br>• Reassess patient per frequency in local sedation policy<br>  • A negative score without the administration of opioids/ sedatives may indicate:<br>    • The premature infant's response to prolonged or persistent pain/stress<br>    • Neurologic depression, sepsis, or other pathology | • Does not provide pain intensity rating.<br>• Any score greater than 3 indicates the possibility of the presence of pain in the infant<br>  • Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological).<br>  • Reassess patient per frequency of local pain policy.<br>  • If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention. |

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M7D (F)
Dr. NALINIKANTA PANIGRAHY

# NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

| Assessment Criteria | Sedation | | Normal | Pain / Agitation | | Date | Date | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | -2 | -1 | 0 | 1 | 2 | Time | Time | Time | Time | Time | Time | Time | Time | Time |
| | | | | | Procedure ➡ | | | | | | | | | |
| **Crying Irritability** | No Cry with painful stimuli | Moans or cries minimally with painful stimuli | Appropriate crying Not irritable | Irritable or crying at intervals consolable | High-pitched or silent-continuous cry Inconsolable | | | | | | | | | |
| **Behavior State** | No arousal to any stimuli No spontaneous movement | Arouses minimally to stimuli Little spontaneous movement | Appropriate for gestational age | Restless, squirming Awakens frequently | Arching, kicking constantly awake or Arouses minimally / no movement (not sedated) | | | | | | | | | |
| **Facial Expression** | Mouth is lax No expression | Minimal expression with stimuli | Relaxed Appropriate | Any pain expression intermittent | Any pain expression continual | | | | | | | | | |
| **Extremities Tone** | No grasp reflex Flaccid tone | Weak grasp reflex decreased muscle tone | Relaxed hands and feet Normal Tone | Intermittent clenched toes, fists or finger splay Body is not tense | Continual clenched toes, fists, or finger splay Body is tense | | | | | | | | | |
| **Vital Signs HR RR, BP, $SaO_2$** | No variability with stimuli Hypoventilation or apnea | Less than 10% variability from baseline with stimuli | Within baseline or normal for gestational age | Increase 10-20% from baseline $SaO_2$ 76-85% with stimulation - quick recovery | Increase greater than 20% from baseline, $SaO_2$ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator | | | | | | | | | |

Forehead: Bulge between brows, vertical furrows
Brows: Lowered, drawn together
Eyes: Tightly closed
Cheeks: Raised
Nose: Broadened Bulging
Nasolabial Fold: Deepened
Mouth: Open, Squarish

**Premature Pain Assessment: Scoring**

+3 if less than 28 weeks gestation age / Corrected Age
+2 if 28 - 31 weeks gestation age / Corrected Age
+1 if 32 - 35 weeks gestation age / Corrected Age

**Intervention**

Deep Sedation: Score = -10 to -5
Light Sedation: Score = -5 to -2
Pain Score less than or equal to 3 – No Intervention
Pain Score greater than 3 – Intervention

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Gestational Age / Corrected Age** | | | | | | | | | |
| **Total Pain / Agitation Score** | | | | | | | | | |
| **Intervention** | | | | | | | | | |
| **Effectiveness** | | | | | | | | | |
| **Signature** | | | | | | | | | |

## NPASS: Neonatal Pain, Agitation & Sedation Scale

| | Sedation | Pain / Agitation |
|---|---|---|
| **How to use** | • Observe the infant for a minute before selecting a score for each behavior.<br>• Stimulate the infant and observe and select a score for each behavior.<br>• Select only one numeric value (Highest) per behavior. | • Observe the infant for a minute before selecting a score for each behavior.<br>• Select only one numeric value per behavior. |
| **Scoring/ Documentation** | • Sedation scores are negative scores only<br>• Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age)<br>• NPASS Sedation total score has a range from 0 to -10 possible.<br>• Document total NPASS Sedation score in the medical record. | • Pain/Agitation scores are positive scores only<br>• Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria.<br>• Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score.<br>• NPASS Pain/Agitation total score has a range from 0 to 13 possible.<br>• Document the total NPASS Pain/Agitation score in the medical record |
| **Interpretation** | • Desired levels of sedation vary according to the situation.<br>• Discuss and determine sedation goal with provider.<br>  • "Deep sedation": goal score of -10 to -5<br>    • Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea<br>  • "Light sedation": goal score of -5 to –2<br>• Reassess patient per frequency in local sedation policy<br>  • A negative score without the administration of opioids/ sedatives may indicate:<br>    • The premature infant's response to prolonged or persistent pain/stress<br>    • Neurologic depression, sepsis, or other pathology | • Does not provide pain intensity rating.<br>• Any score greater than 3 indicates the possibility of the presence of pain in the infant<br>  • Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological).<br>  • Reassess patient per frequency of local pain policy.<br>  • If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention. |

# INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. NALINIKANTA PANIGRAHY

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

**Part - I.**

Patient's / Learner Language: Hindi / English Patient / Learner Literacy: ☑ Read ☑ Write ☑ Speak Willingness ... Healthcare Literacy: ☑ Yes ☐ No

**Identified Education Needs:**

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others ......

**Part - II**

| Date | Time | Need Identified | Information Taught | Use codes from the list in part III | | | | | Comments | Designation / Signature |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Person Taught | Learning Barriers | Teaching Tools | Mechanism/s to overcome barrier/s | Understanding | | |
| 08/06/26 | 11 Am | Warmer Care, feeds | → About warmer care → How given feeds, Handhygiene | Mother, father | good | 0/D | nil | good | good | |
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**Part - III: CODES**

**Who was taught:** PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) ......

**Learning Barriers:**
1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify ......

**Teaching Tools Used:** A: Audio D: Demonstration V: Video O: Oral P: Printed

**Mechanism/s to overcome barrier/s:**
1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify ......

**Understanding:** 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

# CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

2

Date: 5/6/26

| | CRITERIA MET / NOT MET ☐ Yes ☐ No | | | Comments by Duty Registrar |
|---|---|---|---|---|
| | Morning | Evening | Night | |
| **CIRCUIT and BUBBLER:** | | | | |
| Blended Air / Oxygen Gas Supply | ✓ | ✓ | | |
| Flow Between 5-7 Litres / Min | ✓ | ✓ | | |
| Humidifier Temperature Correct (36.5-37.5*C) | ✓ | ✓ | | |
| Humidifier Water Level Correct | ✓ | ✓ | | |
| Proper Oxygen Tubing From Blender to Humidifier. | ✓ | ✓ | | |
| Tubing Correctly Placed (Position & Leak) | ✓ | ✓ | | |
| Excess Fainout (Afferent Tubing) Drained | ✓ | ✓ | | |
| Excess Rainout (Efferent Tubing) Drained | ✓ | ✓ | | |
| Temperature Probe away from Heat / Cover with Aluminium Foil | ✓ | ✗ | | |
| Gas Bubbling Continuously | CPAP | CPAP | | |
| Water Level at Desired Level in Bubble Chamber. | CPAP | CPAP | | |
| **INTERFACE:** | | | | |
| Nasal Prong / Mask Correct Size | ✓ | ✓ | | |
| Nasal Prong/ Mask Correctly Placed | ✓ | ✓ | | |
| Hat Fits Snugly | ✓ | ✓ | | |
| Moustache Suitable and Effective | ✓ | ✓ | | |
| Nasal Bridge Intact | ✓ | ✓ | | |
| Septum Intact | ✓ | ✓ | | |
| **POSITION:** | | | | |
| Head Position Correct | ✓ | ✓ | | |
| Head Roll - Correct Size and Position | ✓ | ✓ | | |
| **MONITORING/ SUCTIONING** | | | | |
| $SpO_2$ Probe Monitoring | ✓ | ✓ | | |
| Oro Nasal Suctioning Documentation | ✓ | ✓ | | |
| OG Tube in SITU | ✓ | ✓ | | |
| Baby Comfortable | ✓ | ✓ | | |
| Chest Retractions | ✗ | ✗ | | |
| Name of the Nurse: | Vishnupriya | Vishnupriya | | |
| Signature of the Nurse: | [signature] | [signature] | | |
| Date & Time: | 5/6/26 | 5/6/26 | | |

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

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04-06-2026 0 Y 0 M 3 D (F)
Dr. NALINIKANTA PANIGRAHY

# KANGAROO MOTHER CARE CHART

**Gestational Age:** **Birth Weight:**

| S.No | Date | Time-In | Time-Out | Total Hours | Weight of Baby | Parents Sign | Nurse Sign |
|---|---|---|---|---|---|---|---|
| 1 | 7/6/28 | 9:30pm | 12:30 | 4hr | 2.0kg | | Ro |
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**Total KMC Hours:** .........................

Docu. No. : RCHBH /FRM / CLINICAL / 171

Patient Sticker

# KANGAROO MOTHER CARE CHART

**Gestational Age:** **Birth Weight:**

| S.No | Date | Time-In | Time-Out | Total Hours | Weight of Baby | Parents Sign | Nurse Sign |
|---|---|---|---|---|---|---|---|
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**Total KMC Hours:** .........................

Docu. No. : RCHBH /FRM / CLINICAL / 171

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04-06-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

# RBS CHART

| Date | Time | RBS (mg/dl ) | IVF % | Signature |
|---|---|---|---|---|
| 4/6/26 | 9PM | 64 mg/dl | IVF stop | [illegible] |
| 4/6/26 | 3Am | 72 mg/dl | full feeds | [illegible] |
| 5/6/26 | 7Am | 84 mg/dl | full feeds | [illegible] |
| 5/6/26 | 6pm | 82 mg/dl | full feeds | [illegible] |
| 6/6/26 | 6Am | 91 mg/dl | full feeds | [illegible] |
| 6/6/26 | 6 PM | 85 mg/dl | full fe | [illegible] |
| 7/6/26 | 6pm | 94 mg/dl | full feeds | [illegible] |
| 8/6/26 | 6AM | 102 mg/dl | full feeds | [illegible] |
| 9/6/26 | 6Am | 83 mg/dl | full feeds | [illegible] |
| 10/6/26 | 6Am | 88 mg/dl | full feeds | [illegible] |
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04-06-2026 0 Y 0 M 3 D (F)
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# RBS CHART

| Date | Time | RBS (mg/dl ) | IVF % | Signature |
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# BED SIDE CHECK LIST FOR NURSES

| Date: | 10/6 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Doctor's Orders | ✓ | | | | | | | | |
| Carried out or not | ✓ | | | | | | | | |
| **Bed Side** | | | | | | | | | |
| Structured Handover done | ✓ | | | | | | | | |
| IV Site | ✓ | | | | | | | | |
| Central Lines | ✗ | | | | | | | | |
| Arterial Lines | ✗ | | | | | | | | |
| Feeding Catheter | ✓ | | | | | | | | |
| Urinary Catheter | ✗ | | | | | | | | |
| Skin Care | ✓ | | | | | | | | |
| Eye Care | ✓ | | | | | | | | |
| Mouth Care | ✓ | | | | | | | | |
| Sterillum Bottle, Stethoscope | ✓ | | | | | | | | |
| Suction Bottle (Should be clean & empty) | ✓ | | | | | | | | |
| Intubation Tray | ✗ | | | | | | | | |
| Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline | ✗ | | | | | | | | |
| Ventilator Tubing,(Any Water, Blood) | ✗ | | | | | | | | |
| Humidification | ✗ | | | | | | | | |
| Check all Infusion (Labelling,Correct Preparation) | ✓ | | | | | | | | |
| Chest Physio & Neb | ✓ | | | | | | | | |
| Handed Over By Name : | Poojita | | | | | | | | |

Checked & Handover given by

Name of the Nurse : ..............................................

Signature : ..............................................

Date & Time : ..............................................

Doc. No. : RCHBH/FRM/GENERAL /088

Checked & Handover taken by

Name of the Nurse : ..............................................

Signature : ..............................................

Date & Time : ..............................................

of the Nurse : ......

ure : ........[signature]........

Time : ......11/6/26 @ 8PM......

Date & Time : 5.10.[illegible]

: RCHBH/FRM/GENERAL /088

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# ADMISSION CRITERIA – NICU

**Admission / Transfer from:**

☐ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: ..........................

**Tick (✓) any of the following criteria requiring admission / transfer to NICU**

**Prematurity and Low Birth Weight Babies:**

- ☑ Respiratory Distress
- ☐ Congenital Heart Disease
- ☑ Suspected or CONFIRMED SEPTICAEMIA
- ☐ Suspected or Diagnosed Meningitis
- ☐ UTI
- ☐ Septic Arthritis or Osteomyelitis
- ☐ Congenital Infections (Varicella, Pneumonia)
- ☐ Acquired Viral Illness
- ☐ Hyperbilirubinemia
- ☐ Severe Dehydration
- ☐ Bleeding Manifestations
- ☐ Neonatal Seizures
- ☐ Birth Asphyxia
- ☐ Surgical Problems
- ☐ Suspected Metabolic Disorders
- ☐ Dysmorphic Features
- ☐ Congenital Serious Cutaneous Disorder

PPROM × 2weeks

**Major Surgical Problems:**

- ☐ Congenital Hydrocephalus
- ☐ Neural Tube Defects
- ☐ Choanal Atresia
- ☐ Trachea- Esophageal Fistula
- ☐ Esophageal Atresia
- ☐ Congenital Diaphragmatic Hernias
- ☐ Eventration of Diaphragm
- ☐ Congenital Cystic Adenomatoid Malformation
- ☐ Intestinal Atresias
- ☐ Gastric Volvulus
- ☐ Cleft lip or Cleft Palate
- ☐ Ompalecele / Gastrochiasis
- ☐ Anorectal Malformations
- ☐ Gross Hydrouretero Nephrosis
- ☐ Posterior Urethral Valves
- ☐ Congenital Tumors
- ☐ Cystic Hygromas

**Criteria for shifting inborn babies from wards to NICU:**

- ☐ Any Baby with Lethargy, Poor Feeding, Gross Weight Loss and Dehydration
- ☐ Any Baby with Severe Jaundice Requiring Exchange Transfusion
- ☐ Any Baby with Blood Sugar Abnormalities (Hypo or Hyperglycaemia)
- ☐ Any Baby with Temperature Instability
- ☐ Any Baby with Signs of Sepsis
- ☐ Any Baby with Seizures
- ☐ Out Born Babies: (Including Walk in Patients to the Emergency Room / Neonatal Transports)

Signature of the Doctor: [signature]

Name of the Doctor: Anjali

Date & Time: ..........................................................

Patient Sticker

# DISCHARGE CRITERIA – NICU

**Discharge to:**

☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☐ Others: ................................

**Tick (✓) any of the following criteria requiring discharge / transfer from NICU**

☐ The clinical status of the patient no longer warrants constant medical and nursing monitoring or specialized services originally required.

☐ Preterm baby once attained weight of >1.5kgs and crossing the PMA of >35 weeks of gestation.

☐ Preterm babies maintaining normal temperatures (36.5-37.5°c) in room temperature.

☐ All preterm, low birth weight babies and babies who had critical course in the NICU

Signature of the Doctor: ...............................................................

Name of the Doctor : ....................................................................

Date & Time: ..............................................................................

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# KANGAROO MOTHER CARE CHART

**Gestational Age:** **Birth Weight:**

| S.No | Date | Time-In | Time-Out | Total Hours | Weight of Baby | Parents Sign | Nurse Sign |
|---|---|---|---|---|---|---|---|
| 1) | 6/6/26 | 3pm | 5pm | 2Hrs | 2.1kg | | [signature] |
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**Total KMC Hours:** ..........................

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04-06-2026 0 Y 0 M 3 D (F)
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# KANGAROO MOTHER CARE CHART

Gestational Age:

Birth Weight:

| S.No | Date | Time-In | Time-Out | Total Hours | Weight of Baby | Parents Sign | Nurse Sign |
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Total KMC Hours: .........................

Docu. No. : RCHBH /FRM / CLINICAL / 171

# MILK CHECK LIST

| Date | Time | Milk Type | Quantity | No of Bottles Given | Balance at Shift End | Received by Nurse | Parents Signature | Remarks |
|---|---|---|---|---|---|---|---|---|
| 9/6/26 | 11:00AM | EBM | 50ml | 1 | 50 | Megha | | |
| 10/6/26 | 12PM | EBM | 55ml | 1 | — | Poojitha | | |
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# PATIENT TRANSFER FORM

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Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 1 D (F)
Dr. NALINIKANTA PANIGRAHY

| | Date & Time of Admission | Date & Time of Transfer Order |
|---|---|---|
| | 04/06/26 | @ 10/06/26. @ 5:50 pm |
| **Treating Consultant Name** | **Transfer Ordered by** | **Reason for Transfer** |
| DR. N.K | Dr. NK | Stable |
| **From Unit** | **To Unit** | **Information to Attendant** |
| NICU | | Yes ☑ No ☐ |
| **Number of Sheets in Clinical File** | **Number of Imaging Films** | **Personal belongings including clinical documents. If any handed over to attendant** |
| 35 | 1. | Yes ☑ No ☐<br>If yes, what ? |

**Medications / Consumables / Surgicals / Hand over**

| Sl.No. | Item Name | Quantity |
|---|---|---|
| 1. | Nanpro | 1 |
| 2. | Feeding Bottle (D. water) | 4 ( ) |
| 3. | Daiper (Pack) | 1 |
| 4. | | |
| 5. | | |

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Dr

| Name & Signature of Person who is Transferring | Name of Person Ordered Transfer |
|---|---|
| Shusmitha | Dr. Nalinikanta panigrahy |

Patient & Clinical Records Received by : Revathi

Date & Time of Patient Received : 10/6/26 @ 5:50 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

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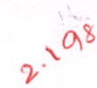

2.198

# INTENSIVE CARE UNIT
## CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: O +ve Baby's Blood Group: O +ve Sheet No: 2

Gest Age: 33 wks. Birth Weight: 2.181 kgs

| Date: 9/6/26 | Date: 10/6/26 | Date: |
|---|---|---|
| DOL D4<br>Weight 2.154 (↓34 gms) | DOL D5<br>Weight 2.168 ↑14 ml | DOL<br>Weight |
| Problems: preterm RDS | Problems: preterm RDS | Problems: |
| Rs. 30–60 bpm<br>Exam Done<br>Vent. Setting R/A<br>ABG } NA<br>CXR | Rs. 30 - 60 bm<br>Exam Done<br>Vent. Setting R/A<br>ABG } NA<br>CXR | Rs.<br>Exam<br>Vent. Setting<br>ABG<br>CXR |
| CVS Normal<br>HR 120–160 bpm<br>BP 72/41 Map (45)<br>Cap Refil <2-3 sec | CVS Normal<br>HR 120 – 60 b/m<br>BP 72/ Map –<br>Cap Refil < 2-3 sec | CVS<br>HR<br>BP Map<br>Cap Refil |
| F / E / N 130 cc/kg/day<br>T. Fluids<br>CC /kg /day<br>I / O / RBS:<br>U Output: (CC/kg/hr)<br>Exam Done<br>T. Bil/D<br>Na Hc03 } NA<br>K BUN<br>Cl Crea<br>Hemat HB:<br>WCC<br>Plats<br>Transfusion | F / E / N 130 cc kg/day<br>T. Fluids<br>CC /kg /day<br>I / O / RBS:<br>U Output: (CC/kg/hr)<br>Exam Done<br>T. Bil/D<br>Na Hc03<br>K BUN<br>Cl Crea<br>Hemat HB: N/A<br>WCC<br>Plats<br>Transfusion | F / E / N<br>T. Fluids<br>CC /kg /day<br>I / O / RBS:<br>U Output: (CC/kg/hr)<br>Exam<br>T. Bil/D<br>Na Hc03<br>K BUN<br>Cl Crea<br>Hemat HB:<br>WCC<br>Plats<br>Transfusion |
| C/s Results<br>CRP<br>Antibiotics Inj piptaz | C/s Results<br>CRP<br>Antibiotics | C/s Results<br>CRP<br>Antibiotics |
| Med<br>Neuro: NA | Med<br>Neuro: NA | Med<br>Neuro: |
| Assessment Done | Assessment Done | Assessment |
| Plan RBS – OD. | Plan RBS – OD | Plan |

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. NALINIKANTA PANIGRAHY

# INTENSIVE CARE UNIT
## CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: O +ve Baby's Blood Group: O +ve Sheet No: 1

Gest Age: 33 wks Birth Weight: 2.181 kg

| Date: 5/6/26 | Date: 6/6/26 | Date: 7/6/26 |
|---|---|---|
| DOL D1<br>Weight 2.181 kg | DOL D2<br>Weight 2.185 ↑(4gms) | DOL D3<br>Weight 2.198 (↑13gms) |
| Problems: AOD preterm/RDS | Problems: preterm/RDS | Problems: preterm/RDS. |
| Rs. 30-60 bpm<br>Exam done<br>Vent. Setting CPAP<br>ABG<br>CXR } done | Rs. 30-60 b/m<br>Exam done<br>Vent. Setting RA ↓↓<br>ABG<br>CXR } done | Rs. 30-60 b/m<br>Exam Done.<br>Vent. Setting R/A<br>ABG<br>CXR } NA |
| CVS normal<br>HR 120-160 bpm<br>BP 60/40 Map (55)<br>Cap Refil < 2-3 sec | CVS normal<br>HR 120-160 b/m<br>BP 60/40 Map (50)<br>Cap Refil < 2-3 sec | CVS Normal<br>HR 120-160 bpm<br>BP 62/35 Map (45).<br>Cap Refil < 2-3 sec. |
| F / E / N 60 cc/kg/day<br>T. Fluids 86.8 ml<br>CC /kg /day 41.3 cc/kg/day<br>I / O / RBS: 84 mg/dl<br>U Output: 87 ml (CC/kg/hr) 1.4 cc/kg/day<br>Exam<br>T. Bil/D<br>Na Hc03<br>K BUN<br>Cl Crea<br>Hemat HB:<br>WCC<br>Plats<br>Transfusion } NA | F / E / N 80 cc/kg/day<br>T. Fluids<br>CC /kg /day<br>I / O / RBS:<br>U Output: (CC/kg/hr)<br>Exam<br>T. Bil/D<br>Na Hc03<br>K BUN<br>Cl Crea<br>Hemat HB:<br>WCC<br>Plats } NA<br>Transfusion | F / E / N 100 cc/kg/day<br>T. Fluids<br>CC /kg /day<br>I / O / RBS: 94 mg/dl.<br>U Output: (CC/kg/hr)<br>Exam Done.<br>T. Bil/D<br>Na Hc03<br>K BUN<br>Cl Crea<br>Hemat HB: } NA<br>WCC<br>Plats<br>Transfusion |
| C/s Results –<br>CRP –<br>Antibiotics Inj. Piptaz | C/s Results<br>CRP<br>Antibiotics inj. piptaz | C/s Results<br>CRP<br>Antibiotics Inj. piptaz. |
| Med –<br>Neuro: – | Med –<br>Neuro: – | Med<br>Neuro: NA |
| Assessment done | Assessment done | Assessment Done. |
| Plan RBS 6th hly, gas - OD | Plan RBS - OD NA / SRB - T/m | Plan RBS - BD. |

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Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

# PROBS AND POSITIONS CHART

| Date | Temp. Probe | SpO₂ Probe | Positioning | Mouth Care | Eye Care | RBS | Nebulization | Feeding | Medication | Nurse sign |
|---|---|---|---|---|---|---|---|---|---|---|
| | 6th Hourly | 6th Hourly | 3rd Hourly | 3rd Hourly | 3rd Hourly | | | | | |
| 4/6/26 10pm | Rt Abd | Rt hand | Supine | given | given | 6thly | NA | given | given | [signature] |
| 5/6/26 6Am | Lt Abdomen | Lt hand | supine | given | given | 6thly | NA | given | given | [signature] |
| 5/6/26 @ 12pm | Rt abdomen | Rt hand | Supine | Given | Given | 6th hrly | Given | Given | Given | [signature] |
| 5/6/26 @ 6pm | Rt abdomen | Lt hand | Supine | Given | Given | BD | Given | Given | Given | [signature] |
| 6/6/26 10pm | Rt Abdm | Rt leg | Supine | given | given | BD | given | given | given | [signature] |
| 6/6/26 6pm | Rt Abdm | Rt leg | Supine | given | given | BD | given | given | [signature] | [signature] |

Docu. No. : RCHBH / FRM / CLINICAL / 174

# PROBS AND POSITIONS CHART

| Date | Temp. Probe | SpO$_2$ Probe | Positioning | Mouth Care | Eye Care | RBS | Nebulization | Feeding | Medication | Nurse sign |
|---|---|---|---|---|---|---|---|---|---|---|
| | 6th Hourly | 6th Hourly | 3rd Hourly | 3rd Hourly | 3rd Hourly | | | | | |
| 7/6/26 @12AM | Rt Abd. | Lt Leg | Supine | given | given | BD | NA | given | given | |
| 7/6/26 @6AM | Lt Abd | Rt hand | Supine | given | given | BD. | NA | given | given | |
| 7/6/26 @12pm | Lt Abd | Rt hand | Supine | Given | Given | BD | NA | Given | Given | |
| 7/6/26 @6pm | Lt Abd | Lt hand | Supine | Given | Given | BD | NA | Given | Given | |
| 7/6/26 @7PM | Lt Abdmi | Lt hand | Supine | give | given | BD | NA | given | given | |
| 8/6/26 @12pm | R/t Abdmi | R/t hand | Suping | given | given | BD | NA | Given | given | |

Docu. No. : RCHBH / FRM / CLINICAL / 174

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M5D (F)
Dr. NALINIKANTA PANIGRAHY

# PROBS AND POSITIONS CHART

| Date | Temp. Probe | SpO$_2$ Probe | Positioning | Mouth Care | Eye Care | RBS | Nebulization | Feeding | Medication | Nurse sign |
|---|---|---|---|---|---|---|---|---|---|---|
| | 6th Hourly | 6th Hourly | 3rd Hourly | 3rd Hourly | 3rd Hourly | | | | | |
| 8/6/26 @6pm | R/t Abdo | L/t leg | Suping | given | given | BD | NA | given | given | [illegible] |
| 9/6/26 @12Am | L/t Abd | Rt hand | Supine | given | given | OD | NA | given | given | [illegible] |
| 9/6/26 @6Am | Rt Abd | Lt leg | Supine | given | given | OD | NA | given | given | [illegible] |
| 9/6/26 @12pm | R/t Abd | R/t hand | Suplm | given | given | OD | NA | given | gin | [illegible] |
| 9/6/26 @6pm | | R/t hand | Suping | given | given | OD | NA | given | given | [illegible] |
| 10/6/26 @9Am | [illegible] care | Rt [illegible] | supine | given | given | OD | NA | given | given | [illegible] |

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Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 1 D (F)
Dr. NALINIKANTA PANIGRAHY

# PROBS AND POSITIONS CHART

| Date | Temp. Probe | $SpO_2$ Probe | Positioning | Mouth Care | Eye Care | RBS | Nebulization | Feeding | Medication | Nurse sign |
|---|---|---|---|---|---|---|---|---|---|---|
| | 6th Hourly | 6th Hourly | 3rd Hourly | 3rd Hourly | 3rd Hourly | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

# NURSE HAND OFF COMMUNICATION - ICU

**SITUATION & BACKGROUND**

DOA : 4/6/26 | Diagnosis : Ac/Ar RDS | Surgery / Procedures: —

Allergies : — | Post OP Day : —

| | | | | | | |
|---|---|---|---|---|---|---|
| Date : | 4/6/26 | 5/6/26 | 5/6/26 | 6/6/26 | 7/6/26 | 7/6/26 |
| Area / Shift Time | N2 8pm-8am | N2 8am-8pm | N2 8pm-8am | N2 8am-8pm | N2 8pm-8am | N4 8am-8pm |
| Diet : | DBM | DBM | DBM | DBM | DBM | DBM |
| Ventilation (RA, NP, NIV, VENTI) | CPAP | CPAP | L1S | RA | RA | R/A |
| **INVASIVE LINES** 1. | | | | | | |
| 2. | IV-① | IV-① | IV-① | IV-① | IV-① | IV-① |
| 3. | OG-① | OG-① | OG-① | OG-① | OG-① | OG-① |
| 4. | | | | | | |
| **ASSESSMENT** Infusions / Transfusions | 10% Dextrose | 10%xD | NA | NA | NA | NA |
| PU Prophylaxis | NA | NA | NA | NA | NA | NA |
| DVT Prophylaxis | NA | NA | NA | | NA | NA |
| Vitals BP | 60/40(51) | 58/31(39) | 54/35(42) | 56/35/42 | 62/35(45) | 61/33(42) |
| PR | 146b/m | 145b/m | 152b/m | 153b/m | 140b/m | 136b/m |
| RR | 35b/m | 35b/m | 45b/m | 35b/m | 49b/m | 38b/m |
| $SpO_2$ | 99% | 97% | 98% | 98% | 98% | 98% |
| Temp | 36.5°C | 36.6°C | 36.6°C | 36.5°C | 36.6°C | 36.6°C |
| Pain Score | 1/10 | 1/10 | 1/10 | 2/10 | 2/10 | 2/10 |
| LOC (Alert, Conscious, Confusion, Unconscious) | Alert | Alert | Alert | Alert | Alert | Alert |
| Skin Integrity (Intact / Bedsore / Any other condition) | Intact | Intact | Intact | Intact | Intact | Intact |
| Restraints If any — Physical | NA | NA | NA | NA | NA | NA |
| Restraints If any — Chemical | NA | | | | | |
| Fall Risk (Vulnerable (Y/N) if yes score | Yes | Yes | Yes | Yes | Yes | Yes |
| (Ambulation, walking, moving with assistance, bed ridden) | Moving | Moving | Moving | Moving | Moving | Moving |
| ADL (Dependent / Non-Dependent) | Dependent | Dependent | Dependent | Dependent | Dependent | Dependent |
| Critical Lab Test / Values (if any) | NA | NA | NA | NA | NA | NA |

Note : RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

| RECOMMENDATIONS | | | | | | | |
|---|---|---|---|---|---|---|---|
| Investigations Procedures | Date : | 5/6/26 | 5/6/26 | 6/6/26 | 6/6/26 | 7/6/26 | 7/6/26 |
| | Area / Shift Time | N2 8pm-8am | N2 8am-8pm | N2 8pm-8am | N2 8am-8pm | N2 8pm-8am | N1 8am-8pm |
| | Ordered / Planned | gas, RBS | RBS, Gas OD | RBS BD, GAS-SOS, NPL-TID | RBS-BD, Gas SOS | RBS-BD | RBS-BD |
| | Due | Blood c/s | NA | NA | NA | NA | NA |
| | Reports Pending | Blood c/s | Blood-c/s | Blood c/s | Blood c/s | Blood c/s | |
| | Referrals (If any) | NA | NA | NA | NA | NA | |
| Remarks (Special Interventions like, Drainage Tube flushing etc.) | | NA | NA | NA | NA | NA | NA |
| Handed Over By Name : | | [illegible] | Vishnupriya | Aiswarya | Koushik | Nancy | Vibha |
| Signature : | | [signature] | [signature] | [signature] | [signature] | [signature] | Vibha |
| Date : | | 5/6/26 | 5/6/26 | 6/6/26 | 6/6/26 | 7/6/26 | 7/6/26 |
| Time : | | 8AM | @8pm | @8AM | 8pm | @8pm | @8pm |
| Taken Over By Name : | | Vishnupriya | Aiswarya | Koushik | Nancy | Sona | Poojitha |
| Signature : | | [signature] | [signature] | [signature] | [signature] | [signature] | [signature] |
| Date : | | 5/5/26 | 5/6/26 | 6/6/26 | 6/6/26 | 7/6/21 | 8/6/26 |
| Time : | | @8AM | @8pm | 8AM | @8pm | @8pm | @8PM |

# NURSE HAND OFF COMMUNICATION - ICU

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| SITUATION & BACKGROUND | DOA : | Diagnosis : | | | Surgery / Procedures : | | |
| | Allergies : | | | | Post OP Day : | | |
| | Date : | 8/6/26 | 8/6/26 | 9/6/26 | 9/6/26 | 10/6/26 | |
| | Area / Shift Time | N2 8PM-8AM | N2 8A-8P | N2 8PM-8AM | N2 8A-8P | N2 8PM-8AM | |
| | Diet : | DBM | DBM | EBM+DBM | EBM | EBM-DBM | |
| | Ventilation (RA, NP, NIV, VENTI) | R/A | R/A | R/A | R/A | R/A | |
| INVASIVE LINES | 1. | | | | | | |
| | 2. | IV ① | IV - ① | IV - ① | Removed | | |
| | 3. | OG ① | OG ① | OG - ① | | | |
| | 4. | | | | | | |
| ASSESSMENT | Infusions / Transfusions | NA | NA | NA | NA | NA | |
| | PU Prophylaxis | NA | NA | NA | NA | NA | |
| | DVT Prophylaxis | | | | | | |
| | Vitals BP | 60/40 (47) | 54/31 (38) | 72/41 (55) | - | - | |
| | PR | 138 b/m | 138 b/m | 132 b/m | 133 b/m | 132 b/m | |
| | RR | 49 b/m | 53 b/m | 60 b/m | | | |
| | $SpO_2$ | 99% | 99% | 98% | 99% | 99% | |
| | Temp | 36.6c | 36.6°C | 36.8°C | 98.6°C | 36.6c | |
| | Pain Score | 2/10 | 2/10 | 2/10 | 2/10 | 2/10 | |
| | LOC (Alert, Conscious, Confusion, Unconscious) | Alert | Alert | Alert | Alert | Alert | |
| | Skin Integrity (Intact / Bedsore / Any other condition) | Intact | Intact | Intact | Intact | Intact | |
| | Restraints If any Physical / Chemical | NA | NA | NA | NA | NA | |
| | Fall Risk (Vulnerable (Y/N) if yes score | yes | yes | yes | yes | yes | |
| | (Ambulation, walking, moving with assistance, bed ridden) | moving | moving | moving | moving | moving | |
| | ADL (Dependent / Non-Dependent) | Dependent | Dependent | Dependent | Dependent | Dependent | |
| | Critical Lab Test / Values (if any) | NA | NA | NA | NA | NA | |

Note : RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

| RECOMMENDATIONS | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Investigations Procedures | Date : | 8/6 | 8/6/26 | 9/6/26 | 9/6/26 | 9/6/26 | 10/6/26 |
| | Area / Shift Time | N2 8Am 8Pm | N2 8A-8p. | N2 8pm 8Am | N2 8am | N2 8Pm | N2 8Am 6 |
| | Ordered / Planned | RBS-BD | RBS -BD | RBS OP. | RBS -OD | RBS OP | RBS CON [illegible] |
| | Due | NA | NA | NA | NA | NA | NA |
| | Reports Pending | NA | NA | NA | NA | NA | NA |
| | Referrals (If any) | NA | NA | NA | NA | NA | NA |
| Remarks (Special Interventions like, Drainage Tube flushing etc.) | | NA | NA | NA | NA | NA | NA |

| | | | | | | |
|---|---|---|---|---|---|---|
| Handed Over By Name : | Poojitha | Megha | [illegible] | megha | Poojitha | [illegible] |
| Signature : | [signature] | [signature] | [signature] | [signature] | [signature] | [signature] |
| Date : | 8/6/26 | 8/6/26 | 9/6/26 | 9/6/20 | 10/6/20 | 10/6/26 |
| Time : | @8AM | @8Am | @8Am | 8 Pm | @8Am | 6pm |
| Taken Over By Name : | Megha | 8/6/26 | Megha | Poojitha | [illegible] | [illegible] |
| Signature : | [signature] | [signature] | [signature] | [signature] | [signature] | [signature] |
| Date : | 8/6/26 | 9/6/26 | 9/6/26 | 9/6/26 | 10/ | 10/6/26 |
| Time : | @8Am | @8pm. | 8AM | @8pm | 10/6/20 [illegible] | @ 6pm |

BAH-00658148 IP5-00174749
Baby Of MAHIMA KOMARABATHINI
04-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. NALINIKANTA PANIGRAHY

# NURSING INITIAL ASSESSMENT FOR NICU

Date of Admission: 4/6/26

Source of Admission: ☐ OPD ☐ Ward ☑ Labor Ward ☐ Other: ..........

Reason for Admission: RDS

Admission Diagnosis: ANTA, PDR

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name: ..........

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Other Specify ..........

Do you require an interpreter? ☐ Yes ☑ No

**Allergies:** ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: ..........

If yes, identify ..........

Source of Information : ☐ Family ☐ Others, Specify ..........

| Past Medical History | Past Surgical History | Last Hospital Admission |
|---|---|---|
| NSA | nil | nil |

| **Significant History** | Family History: — |
|---|---|

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☐ No

If yes please list, ..........

Was the child's birth normal? ☐ Yes ☑ No If No, please describe problems: ..........

Are the child's immunization up to date? ☐ Yes ☑ No

| **Current Medications** | Taking Medications? ☐ Yes ☑ No<br>If yes, Fill the reconciliation form<br>Medicine brought to the hospital? ☐ Yes ☑ No |
|---|---|

**Observations:**

Birth Weight: 2.1 kgs Head Circumference: .......... cm Length: .......... cm

☑ Term ☐ Pre-Term ☐ Post-Term

**Blood Group:** Mother: O+ve Baby: ..........

**Feeding:** ☐ Breast Feeding ☑ Formula ☐ Both

**Maternal Details:** Age: .......... years, **PARA:** .......... **Gestation:** .......... Weeks, .......... Days

**Risk Factors:** ☐ PROM ☐ Fetal Distress ☐ Diabetes Mellitus / Gestational Diabetes

☐ PH / Pre Eclampsia ☐ Others, Specify: ..........

**Mode of Delivery:** ☐ Normal ☑ LSCS - Emergency / Elective ☐ Instrumental ☐ AVD

**Indication:** ..........

# CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

Name: B/O Mahima Age: 1h Gender: Male ☐ Female ☑

UHID.No : 00658148 Date: 4/6/26

I J. Noel Isaac S/o, D/o, W/o ............ hereby declare that our patient Mr. / Ms B/O Mahima who is related to me as Daughter is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 04/06/2026

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

..........

..........

..........

The doctors have clearly explained to me that my patient B/o Mahima during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter 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 Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit 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 B/o : Mahima. in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

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

**Patient Attendant :**

Signature : [signature]

Name : J. Noel Isaac

Relationship with Patient: father

Date & Time : 4/6/26

**Witness :**

Signature : [signature]

Name : Shurvy

Date & Time : 4/6/26

**Doctor (who is taking the consent) :**

Signature : [signature]

Name : Ranjit

Date & Time : 4/6/26

Docu. No. : RCHBH /FRM / CLINICAL / 012

# CONSENT FOR DONOR BREAST MILK

Patient Name : B/O Mawma Age : ............ Gender : ☐ Male ☑ Female

UHID No: 658148 Department : NICU Date : 04/06/2026

I Mr / Mrs. : J. NOBL ISAAC aged : ............ years, hereby declare that I have

admitted my ☐ son / ☑ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on

4/6/2026. I hereby give consent for Donor Breast Milk for my child. Doctors have explained me

about the Donor Breast Milk feeding benefits, risks, alternatives in the language I best understand.

**Patient Attendant :**

Signature : [signature]

Name : J. Noel Isaac

Relationship with Patient : Father

Date & Time : 4/6/26

**Witness :**

Signature : [signature]

Name : Shasha

Date & Time : 4/6/26

**Doctor (who is taking the consent) :**

Signature : Rupajit

Name : ............

Date & Time : 4/6/26

# CONSENT FOR FORMULA FEEDS

Patient Name : MAHESMA KOMARABATHENI Age : N/B Gender : ☐ Male ☑ Female

UHID No : 00658148 Reg. No. : 474749 Department : NICU Date : 04/6/2026

I Mr / Mrs. : JILLAPECU NOEL aged .................... years, hereby declare that I have admitted my ☐ son / ☑ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on 04/06/2026 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 : ..............................

Name : J-NOEL ISAAC

Relationship with Patient: FATHER

Date & Time : 04/06/2026.

**Witness :**

Signature : Agasti

Name : A

Date & Time : ......

**Doctor (who is taking the consent) :**

Signature : Sneha.

Name : A

Date & Time : 04/06/26

Doc. No. : RCHBH/ FRM / CLINICAL / 016

# 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 రెయిన్బో 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 అర్ధమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము ....................................

పేరు ............................................

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము ....................................

పేరు ............................................

సాక్షి

సంతకము ................................................

పేరు ..........................................................

తేదీ మరియు సమయము ............................

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