

ACTIVITY RECORD FOR BILLING

VIH-00206207 IP-00060460
Baby Of SRINIJA
24-06-2026 0 Y 0 M 0 D 12 H (M)
Dr. SURENDER RAO DUSA



----- Consultant : ----- Dept : -----
D. ----- Time : ----- Date of Discharge : ----- Time: -----
Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/6/26	2pm	ER	NICU - I	Sanjay


Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Mastaza Kamal	25/06/26	3094531	[Signature]
2.	Cross check done by Masia 24/6/26 IDAM			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
24/6/26	CBP, Blood grouping, Blood cfs CXR	26021384 26010101	[Signature]
	VBG, RBS	26021385	
24/6/2	ABG.	26021388	
24/6/26	RBS	26021389	
24/6	X-Ray	26010119	[Signature]
24/6	ABG RBS	26021430	[Signature]
25/6	ABG RBS	26021447	[Signature]
	CXR	26010122	[Signature]
25/6	CBP CRP cat urea		[Signature]
4	SBR S.C creatine	26021464	[Signature]
4	ABG RBS	26021501	[Signature]
25/6	2DECHO	26-010169	[Signature]
26/6	ABG RBS	26021527	[Signature]
	CXR	2601080	[Signature]
26/6	RBS, ABG	26021554	[Signature]
27/6	RBS	26021662	[Signature]
27/6	SBR	26021677	[Signature]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
29/6/26	sv placement	1	3094008	
24/6/26	Atrial line.	①	3094095	
Cross checking done by Maris 27/06/26				

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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Patient Name : H-00206207
 aby of SRINJA IP-00060460
 1-06-2026 0 Y 0 M 0 D 14 H (M)
 Registration No.: SURENDER RAO DUSA



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
24/6	00.00	RBS 2pm - 87 mg/dl	Mam	26021389
25/6	1.00	RBS 12AM - 121 mg/dl	Prati	26021430
	2.00	RBS 6AM 85 mg/dl	Prati	26021447
25/6	3.00	RBS 5PM 112 mg/dl	Uma	26021511
26/6	4.00	RBS 1AM 80 mg/dl	Prati	26021527
26/6	5.00	RBS 9AM 75 mg/dl	J	26021554
27/6	6.00	RBS 6AM - 110 mg/dl	Mam	26021667
	7.00	CROSS CHECKED BY Sr. Jenu 24/6/22		
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Lab Reports Acknowledgement Receipt.

I have admitted my Son/Daughter by name Master/Baby.
_____ In Rai _____ on _____ Vide
IP No _____ under _____ .As we are
getting discharge today ie _____ nowledge that I have
received my Inpatient Investigations Reports & Discharge Summary in
(Original/Photo copy) .

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Baby of SRINJA
1-06-2026 0 Y 0 M 3 D (M)
SURENDER RAO DUSA



	All Blood and Urine Investigation Reports .
	All Radiology Investigation Reports.
	All Films. (If any)

K. Gopal

Signature of Patient Attendee
Name & Address: *K. Gopal ; kodabandla (V): (R) Gajwe*
Contact No *9000406834*

Note: For all Credit /Insurance Cases only Photocopies of Investigations will be given, X-Ray films , CT/MRI Films to be handed over in IP Billing Dept. for claiming from the respective Insurance/Credit organizations .

ADMISSION SHEET

Registration Details :



Admission No : IP-00060460

Admit Date : 24-Jun-2026

Admit Time : 01:40 PM UHID : VIH-00206207

Patient Details :

Patient Name : Baby Of SRINIJA

Age : 0 D

Guardian : Mr K.GOPAL

DOB : 24-06-2026 01:00 AM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : kodakandla village,gajwel Kodakandla Medak
Telangana INDIA 502312

Phone No : 9000406834

E-mail : na@gmail.com

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 101

Ward Name : N 0 GF-EMERGENCY

Room No : ER 101

Admission Type : First Visit

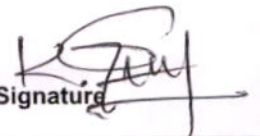
Contact Details :

Name : Mr K.GOPAL

Relationship : Father

Contact Address : kodakandla village,gajwel Kodakandla Medak
Telangana INDIA 502312

Phone No : 9000406834

Signature 

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Dr E SURESH

Phone No : 9440135636

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

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 baby Of SRINJA
 06-2026 0 Y 0 M 0 D 14 H (M)
 r. SURENDER RAO DUSA



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Dr. Srinija Age : 23yr Father's Name : Age :
 Date of Birth : Date of Admission : UHID No. :
 NICU Consultant : Dr. P. Rao Referring Consultant : Dr. E. Suresh
 Transferring Unit : OT Labour Room ER Ward
 Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/o Srinija Mother's Blood Group : A Positive
 Gender : M F Blood Group : Birth Weight (gms) : 3.1kg Length (cms) :
 Date of Birth : 21/11/26 Time of Birth : 10:10 Am OFC (cms) :
 Place of Birth : Sri Vani Hospital Gajwel. Estimated Gesth Age : 37+5 Based on LMP.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : Ht : Wt : BMI : Married Life : LMP : 31/10/25 EDD : 10/7/26.
 Conception : Spontaneous or with Rx. : Spontaneous
 Booked at what GA : AN Steroids Drugs / Doses : NO
 Last Scans Details : Report not available ? Permeability on Per Results
 TT Immunization and Iron / Folic Acid : Taken

MATERNAL RISK FACTORS

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



B/o Srinja
↓
MCH-CAS.
↓

APGAR 8/10 9/10 S1
"

Developed RD after Birth
RR-70 / BAED ⊕ c Gmit / SCR ⊕
↓
ICR
↓
Referred on low flow
to NICU RCH.

2ug vit K
received.

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

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 0 Y 0 M 0 D 14 H (M)
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GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : HR : 170 RR : 65/min NIBP : CFT :
 Color of the extremities : Pale
 Jaundice : Pallor : SpO2 : 88-90 RA

Anthropometry : Birth Weight : 3.1kg Length : HC : Present Weight :
 Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dymorphism) (N)

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

EYES : Symmetry :
 Red Reflex : (not checked)
 Discharge :

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

THOR/
BREAS



Location of nipples and Number :

2 in ⊕ at both

ABDOMEN and
UMBILICUS :

Shape :
 Organomegaly :
 Bowel Sounds :
 Umbilical Stump : 2A1V ⊕
 Discharge :

GENITALIA :

Labia / Hymen :
 Testicles/penis : Bilateral palpable
 Anus :

HERNIAL ORIFICES

Free

TRUNK and SPINE :

- ⊕

SKIN LESIONS :

-

EXTREMITIES :

Fingers / Toes :
 Deformities : Feet
 Hip Joint Examination :
 Arms / Legs :
 Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : 60 ... SCR/ICR See - Saw breathing : Chest ⊕

Scoring of respiratory distress if present (Silverman or Downe's) : 5/10

Mention if baby is on : Hood box CPAP Ventilator

Settings : CPAP - PEEP 5

SpO₂ : 96 Auscultation : Bilateral ⊕ Breath Sounds : Chest ⊕ Added Sounds :

Cardiovascular System :

HR : 160/min BP : Precordial Activity : ⊕

Femoral Pulses : ⊕ ⊕ Murmurs : -

Other Peripheral Pulses : ⊕ Signs of Cardiac Failure :

Abdomen :

Shape : Hernia orifice : Free

Palpation : Soft Anal Patency : ⊕

Palpable masses : Umbilical Cord : 2A1V ⊕

Abdominal girth : First urine passed :
 Meconium passed :



ual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : DTR :

ATNR : Skull and Spine :

Any Congenital Anomalies :

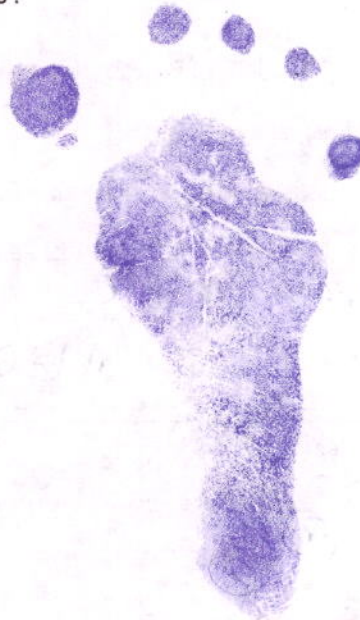
Diagnosis : Term / Ciabimay Aca 13: 11y1 Rpt.

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : [Signature]

Name : Dr. Shukla

Date & Time : 24/5/2026 3pm

Consultant :

Signature :

Name : Dr. Surendera

Date & Time : 24/5/2026 5pm



Friend

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

Will Physiotherapy require at home: Yes No NA

Is home medical equipment anticipated: Yes No NA

Is home oxygen therapy anticipated: Yes No NA

Breastfeeding Yes No NA

Formula Feed Yes No NA

Are dressing needs at home anticipated: Yes No NA

Any other needs anticipated: Yes No If Yes Specify

Feeding Plan at the time of shifting :

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Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Discharge Details:

Neonatal Condition at Discharge:

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Breastfeeding Exclusively Breastfeeding and Formula Feeding Formula Feeding

Vitamin K given: Yes No

Vaccinations given BCG Hepatitis B Others:

Neonatal Screen Taken: Yes No, parents advised to have Neonatal Screen at National screening

program center on:/...../.....

Hearing Test: Yes No

Jaundice: NIL Slight Moderate

Passed Urine: Yes No

Passed Meconium: Yes No

Weight at discharge:

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

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

Discharge to Home Other:

Against Medical Advice: Yes No

Referred to another hospital: Yes No

Discharge Medications: Yes No

Details:

Final Diagnosis:

- CPAP
- ABG
- CXR
- IV fluids
- FFP-60ml/Kg/day
- CBC, Bg

Noted by
Mani
2/16
@ 2pm

Doctor Signature:

Dr. Suresh

Doctor Name:

Date & Time:

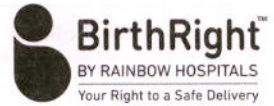
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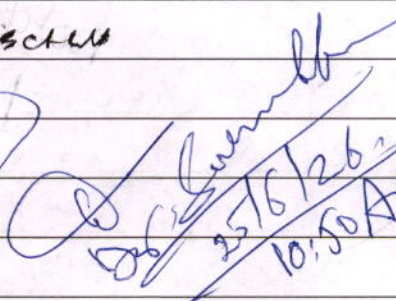
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26	ABG done - mixed acidosis	
5PM	APBS 6hrly.	
	ABG Repeat after 4hr = 7PM.	
	CXR Repeat after 6hr = 9PM.	
		Adv
		- plan to start feeds after next ABG
		- Plan Antibiotics after Informing
		Reports CBC
		- w/ a grant, RD.
		D. Vishal
24/6/26		
	=> 2D Echo 7AM	
	=> Atrial line insert	
	=> start feed 3ml x 3hrly constant.	
	Noted by	
	Maina	
	24/6/26	
	6:30pm	
		Dr. [Signature]
		24/6/26
		6:30pm

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 r. SURENDER RAO DUSA
 IP-00060460
 OYOMOD14H (M)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6 8 AM	DOL - 1 / FT / 37 wv / 3.1 kg / AGA / ENT M / LSCS / CBS RDS - CPAP	
	ISSUES: Intermittent distress increases	
	Twt	Normothermic
	TLO - 135/132	on CPAP - FiO ₂ - 25%
	UO - 2.3 cc/kg/hr	PEEP - 6
	SLO - 1 L/min	CVS - S, SL ⊕
	Cura 85 mg IV	PIA - soft
		RS - BILAC ⊕
ADN		arterial line - D2
	Target SpO ₂ 90-95%, MAP > 37	
	- CPAP - FiO ₂ - 25%, PEEP - 6	
	- CRBS - BID	
	- ABG - Q8H, CXR - QD	
	- 210 chrbg vitals monitoring	2D ECHO
	- Feeds - 3ml x 3hrly (constant 13ml xalt feed)	ABG BID
	- TFF - successfully from 10 AM	Nurse prone.
	- NPI @ 10 AM	
chem	- plan to increase feeds if distress settles	
	- 2D ECHO today	
		 25/6/26 10:50 AM
	noted by	
	uma	
	20/6/26	
	Hau	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6		
5PM		
	<ul style="list-style-type: none"> - no Acute Leuk 	
	<ul style="list-style-type: none"> - Cx c 3hr 	
	<ul style="list-style-type: none"> - O2 feeds received good - tolerating well 	
	<ul style="list-style-type: none"> - intermittent Dihs, ⊕ 	
	<ul style="list-style-type: none"> - Gactymex ⊕ 	
	<ul style="list-style-type: none"> - play 	
	<ul style="list-style-type: none"> - w/f ↑ wOB, AD 	
	<ul style="list-style-type: none"> - ASK AD. 	
	<ul style="list-style-type: none"> - Acrehitan 	

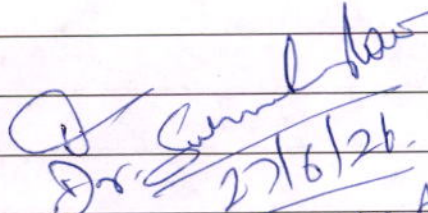
noted by
 umf
 25/6/26
 5PM



PROGRESS NOTES AND DOCTOR'S ORDER

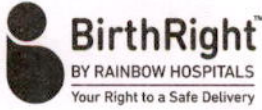
Date & Time	Progress Notes	Doctor's Order	
26/6/26 6 AM	DOL-3 / PT / 37wks / 3.1kg / AGA / male / CSC / ^{RD.} ROS-CRPP.		
	Issues:- Intermittent tachypnoea		
	T-Wt 2.92 kg (↓ 80g)	Normothermic,	
	S/O - 240/60	On CPAP - FIO ₂ - 21	
	U/O - 2.2ml/19/h	Peep - 5	
	S/O - Passed 2 times	CVS - 4.5 (P)	
	UPRS. 80 mg/dl	P/A - soft, BS ⊕	
		P/S - PACE ⊕	
	<u>Advice:-</u>		
	Target SPO ₂ - 90-95%, MAP > 27		
	CPAP - try off CPAP.		
	CPR: BD.		
	ABG & ^{BD.} CXR DD.		
	S/O charting, vitals monitoring		
	feeds = 15ml x 2/hly (39ml x 3 rd hly T.F) → 15ml		
	IV - 100ml/kg/day.	if comfortable - oral feeds.	
	monitor vitals.		
	SVC - 50s		
<p>Dr. Suresh</p>	<p>Noted by Ishareddy 26/6/24</p>	<p>Dr. Suresh 26/6/26 (1A00)</p>	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26	DOB - 4/11/23 / 37 wks / 3.1 yrs / ARIA / male / CCL / RD-CAP -TTNK.	
SPTU	Issues - Intermittent tachypnea.	
	wt - 2.85 (↓ 70 g)	Normothermic
	Hb - 318/165	RA
	C/o - 2.2	Chest - BAE ⊕
	S/O - 4 times	CNS - TIA/R ARIA
	C/RS - 110 my/dL	C/RS - C/S, ⊕
		P/A - soft, BS ⊕
	Advs -	
	Target SpO ₂ > 90%, MAP > 37	
	w @ 120 mL/h/day	
	Dry oral demand feeds	
	G/RS - OD	
	Remove cannula Involve parents	
	Remove cannula.	
	Send SBR, RR.	
	D/C today	
	M. Bhanu located by Dr. Bhanu 10:30 AM	<div style="text-align: right;">  Dr. Suresh Babu 27/6/26 10:30 AM </div>

CONSULTATION FORM

26/6/2016



Doctor Name : Dr. MUNAZZA RAHMAN
(Ped. Cardiologist)
Date : Hour :

Hospital : SD SPINATA
Referred for : Opinion Co-Management
 Transfer of care

Type of Referral : Emergency (within one hr.)
 Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)
Date : 26/6/2016 Time : 10 AM By :

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

Signature: _____ M.D.

Report of Findings and Recommendations :

7/20
Cardiac evaluation
o/c
SBG. mo. Good peripheral pulses
ECHO
SS / L ventricle
PAO is diastolic
Anterior shelf present in arch,
no significant. dilatation
aorta (Good 23mm)
(R) Good conduction of

Consultant : CBYF
Name : Signature : [Signature] Date & Time : [Signature]

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

Handwritten signature

*Spun after sweetener for in
peaks comes off*

Handwritten initials

CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Srinith Gender: Male Female

UHID No : 106107 Department : Neonatal ward Date :

I Kamsani Gopal S/D/W/O K. Shankaniah

Here by give consent for procedure of : Arterial line Insertion.

For my patient, Named : B/o Srinith

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

Bleeding, Infection,

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

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

Name of the Doctor performing the procedure: Dr. Harish

Patient Attendant :

Signature : [Signature]

Name : K. Gopal

Relationship with Patient: Father

Date & Time : 24/06/2016; 2:30PM

Witness :

Signature : [Signature]

Name : Har

Date & Time : 24/6/16 2:30pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Harish

Date & Time : 24/6/16 2:30pm

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

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

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

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

స్టాఫ్

సంతకము

పేరు

తేదీ మరియు సమయము

Aptamil gold



CONSENT FOR FORMULA FEEDS

Patient Name : Pyo Srinija Age : 1 Gender : Male Female

UHID No : 206207 Reg. No. : 60460 Department : NICU Date : 24/6/24

I Mr / Mrs. : K. Gopal aged years, hereby declare that I have

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

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

Patient Attendant :

Signature : K. Gopal

Name : K. Gopal

Relationship with Patient : father

Date & Time : 24/06/26 ; 2:31PM

Witness :

Signature : Uma

Name : uma

Date & Time : 25/6/26 10am

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Srinivas

Date & Time : 24/6/26 2:30pm



డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

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

తేదీ

నేను శ్రీ / శ్రీమతి వయస్సు సంవత్సరాలు

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

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

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

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

IP-00060460
 0206207
 aby Of SRINJA
 1-06-2026
 0 Y 0 M 1 D (M)
 r. SURENDER RAO DUSA

NURSING CARE RECORD



Date:

Goals

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

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

NURSING CARE RECORD

Date: 26/6/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	→ Assessment	8AM	→ Assess the Baby condition	→ Baby is active	→ Ilochart maintained	Ishara 26/6/26 2PM
	2PM	→ feeds → vitals	2PM			→ vitals monitored & recorded	
Afternoon	2PM	Assessment	2PM	Assessed the Baby condition	Baby is active	Baby is stable	UMG 26/6/26 @ 8PM
	4PM	Feeds	4PM	OG feeds 3rd hourly	vitals are checked & Recorded	vitals are Normal	
	7PM	vitals signs	7PM	monitored vitals signs			
Night	10 PM	→ Assess the Baby condition → vitals checked & Recorded → OG Feed 3rd hourly		→ Assessed the baby condition → vitals checked & Recorded → OG Feed 3rd hourly	→ Assessed the Baby condition → vitals checked & Recorded → OG Feed 3rd hourly	→ Assessed the Baby condition → vitals are stable. → OG Feed 3rd hourly	Maheshwari 27/6/26 @ 8PM

H-00206207 IP-00060460
 aby Of SRINJA
 I-06-2026 0 Y 0 M 0 D 14 H (M)
 r. SURENDER RAO DUSA



NURSING CARE RECORD



Date: 24/6/28

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm 4pm 8pm	assessment vital signs I/o charting	2pm 4pm 8pm	assessed baby condition monitored & reconnected monitored & reconnected	baby is stable	watch for desaturation	<i>[Signature]</i> 24/6/28 8pm
Night	8pm 9pm	* Assess the baby condition * provide comfort & take position	8pm 9pm	* Assessed the baby condition * Provided comfort & take position	* Baby is on CPAP FiO2 25% peep-6	* I/o chart maintained 6th hourly	<i>[Signature]</i> 25/6 @8AM

H-00206207 IP-00060460
 Baby Of SRINJA
 1-06-2026 0 Y 0 M 0 D 14 H (M)
 P.r. SURENDER RAO DUSA



NURSING CARE RECORD



Date: 25/6/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	9pm	* Assess the baby condition	9pm	* Assessed the baby condition	* Baby is on CPAP	* HO chart maintained @ hourly	Ryeshu 26/6 @SAM
	9pm	vitals signs	9pm	vitals monitored and recorded			



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	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.	

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	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
24/6	3pm	INS NS BOLUS	10 ml/kg over 30 mins	I.V	A	<i>[Handwritten signatures]</i>

Signature

VERIFIED BY :



REGULAR PRESCRIPTIONS

Weight. 3kg..... Ward. N114.....

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