

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174980 Admit Date : 10-Jun-2026 Admit Time : 01:44 PM UHID : BAH-00658048

Patient Details :

Patient Name : Baby Of A PRAGNA SREE Age : 0 Y 0 M 7 D
Guardian : Mr RAJESHWAR PASUPULA DOB : 03-06-2026 04:15 PM
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : F.NO-43077, 3RD FLOOR .4 TH BLOCK,,2ND Phone No : 9985818045/ 9703122604
PHASE JANAPRIYA ATTAPUR Hyderguda E-mail : pragnyashree.9@gmail.com
Hyderabad Telangana INDIA 500048

Admission Details :

Bed Type : SEMI PRIVATE Bed No : SPVT 336 Ward Name : 3F-ZONE C
Room No : SPVT 336 Admission Type : First Visit

Contact Details :

Name : Mr RAJESHWAR PASUPULA Relationship : Father
Contact Address : F.NO-43077, 3RD FLOOR .4 TH BLOCK,,2ND Phone No : 9985818045 / 9703122604
PHASE JANAPRIYA ATTAPUR Hyderguda
Hyderabad Telangana INDIA 500048


Signature

Doctor Details :

Doctor Name : Dr. NITASHA BAGGA Specialisation : NEONATOLOGY
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No : _____ Dept : _____

Date of Admission: _____ Tin _____ Dr. NITASHA BAGGA (F) _____ Time: _____

Room / Bed No : _____ Ward : _____ billable bed type : _____

BAH-00658048 IP5-00174980
Baby Of A PRAGNA SREE
03-06-2026 0 Y 0 M 7 D (F)
Dr. NITASHA BAGGA



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/5/26	2:30pm	ER	336	[Signature]

Cross Consultation Visit

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



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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

BAH-00658048 IP5-00174980
Baby Of A PRAGNA SREE
03-06-2025 0 Y 0 M 7 D (F)
Dr. NITASHA BAGGA



Patient Name: Baby of Pragna Sree

UHID ID: _____

Department: _____

Consultant: _____

BAH-00658048 IP5-00174980
Baby Of A PRAGNA SREE
03-06-2026 0 Y 0 M 7 D (F)
Dr. NITASHA BAGGA



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Yellowish discoloration of skin & sclera since 1-2 days

History of present illness :

Baby born on 3/6/26 @ 4:15pm

MBA - 0 (true)

BBA - 0 (true)

BWT = 3.326kg

Mother → 37yrs, G4 P3 L1 A2

10/6/26 12:35pm SBR = 16.7 / 0.1 / 16.6

Pat

BAH-00658048 IP5-00174980
Baby Of A PRAGNA SREE
03-06-2026 0 Y 0 M 7 D (F)
Dr. NITASHA BAGGA

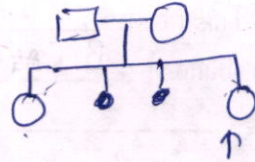


Pediatric Multiorgan History & Physical Examination

Past History : (Including details of any previous investigation or treatment)

Birth & Neonatal History:

39+5 / Female / 3.326 kg / LSCS / no previous LSCS /
CLAB / NNH - SSPT / grain



Birth & Socio Economic History:

About Father : _____ } Upper
About Mother : _____ } Middle class
Any additional information : _____

Developmental History :

(N) development

Immunization History :

Birth vaccine grain

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Baby Of A PRAGNA SREE
03-06-2026 0 Y 0 M 7 D (F)
Dr. NITASHA BAGGA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____)

Weight (kgs)) 3.2kg (Centile _____)

On Examination :

Temperature : 97.8° F Pulse Rate : 132/min B.P. _____ SPO2 99% on RA

Resp. rate and type of breathing : RR = 32/min

Rash _____

Lymphadenopathy _____

Oedema : Nil

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/LAET

Any addes sounds : _____

Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S1S2

Any murmur : _____

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection _____

Palpation : Soft, NT.

Ausculation : _____

Spine : _____ External Genitelia : _____

Relevant data from outside (CT, USG etc.,) _____

Pz

BAH-00658048 IP5-00174980
Baby Of A PRAGNA SREE
03-06-2026 0 Y 0 M 7 D (F)
Dr. NITASHA BAGGA



Pediatric History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

}
(N)

Motor System:

Nutrition : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

}
(N)

Reflexes :

DTR

Superficials:

Plantars _____

}
(N)

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Neonatal Hypobilirubinemia for DSPT

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Baby Of A PRAGNA SREE
03-06-2026 0 Y 0 M 7 D (F)
Dr. NITASHA BAGGA



Pedia - ...anorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

SBR - TIM

Planned Management

- DSP1 with eyes & genitals
Covered
- vit D3 drops
- Feeds (Exclusive breast feeding)

NLB
Ranya
10/6/26

Signature of the Doctor: Ranya

Name of the Doctor: Dr. Ranya

Date & Time: 10/6/26; 1:50pm

Signature of the Consultant: [Signature]

Name of the Consultant: _____

Date & Time: _____

Dr. NITASHA BAGGA
Reg. No: 66260

BAH-00658048 IP5-00174980
 Baby Of A PRAGNA SREE
 03-06-2026 0 Y 0 M 7 D (F)
 Dr. NITASHA BAGGA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 11pm	<p>Seen by <u>Resident</u></p> <p><u>DOL-7</u></p> <p>Baby on Room air</p> <p>MBG 0 positive BBG B positive</p> <p>Birth weight → 3.326 kg Today weight → 3.2 kg Wt loss → (3.2.1.) passed urine & stool</p> <p>Cry } Tone } normal Activity }</p> <p>Vitals: stable</p>	<p><u>Plan</u></p> <ol style="list-style-type: none"> 1. DSPT with eye and genital care 2. DBF FF every 2nd hourly followed by Burping 35-40ml Q2H 3. Temperature monitoring 3rd hourly 4. (Riv) SBR tomorrow 12pm 5. Drop vitamin D3 0.5ml OD
	<p>SBR → 16.7 < 0.1 16.6</p>	<p>Noted by <u>Atte</u> @ 10/6/26 11:2pm</p>
		<p><u>Sai</u></p>

BAH-00658048 IP5-00174980
 Baby Of A PRAGNA SREE (F)
 03-06-2026 0 Y 0 M 7 D
 Dr. NITASHA BAGGA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 9am		
	C/S/B-Resident	
	D90C / Term. / A9 / Ach 39 ⁺	Plan
M / O B / B	SBR on D90C - 16.7. C12:30PM Baby & DSP 7	- Continue DSP - measured feed
T. wgt - 3.16 kg	euthermic	
B. wgt - 3.32 kg	hemodynamically	- SBR @ 10am
w/laes -	peripherus	10am
4.8%	- warm	13 - discharge 7B - continue photos
	- passing urine / stool	
		Noted by Sushanthi
	<u>Mita</u>	
	Dr. NITASHA BAGGA Reg. No: 66260	

BAH-00658048 IP5-00174980
 Baby Of A PRAGNA SREE
 03-08-2026 0 Y 0 M 7 D (F)
 Dr. NITASHA BAGGA



RESULT SHEET

Date	11/06/				
Time	10 AM				
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj	10.8	0.1			
T.Protein	10.2				
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					

B/O Pragna sree

BAH-00658048 IP5-00174980
Baby Of A PRAGNA SREE
03-06-2026 0 Y 0 M 7 D (F)
Dr. NITASHA BAGGA



ADMISSION RECONCILIATION FORM

Drug Allergies:

Not known any Drug Allergies

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

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

Shifting From: ER

Shifted to: Ward

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

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. RAMYA

Date & Time : 19/6/26 1:40pm

Nurse Name & Signature: Penup

Date & Time : 19/6/26 1:50pm

BAH-00658048 IP5-00174980
 Baby Of A PRAGNA SREE
 03-06-2026 0 Y 0 M 7 D (F)
 Dr. NITASHA BAGGA



DRUG CHART

Date of Admission: 10/5/24 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 3.2kg Ward.

DRUG : VITAMIN D3 drops				Date Time	10/6/26																		
Dose	Route	Frequency	Start Date																				
0.5ml	PO	OD	10/6/26																				
Name & Signature of the Doctor Starting the Drugs: Dr Ramya				10 AM Give at home																			
Additional Instructions: (1ml = 800 IU)																							
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																							

BAH-00658048 IP5-00174980
 Baby Of A PRAGNA SREE
 03-08-2026 0 Y 0 M 7 D (F)
 Dr. NITASHA BAGGA

10/6/26

Doc. No. : RCHBH / FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	Time:	2:40pm	6pm	10am	2am	6am	
Doctor / Nurse / Family Concern?				Am	Am	Am	
Temperature (F)	104						
	103						
	102						
	101						
	100						
	99			98.3F	98.0F	98.4F	
	98	98.2F	98.5F	*	*	*	
	97						
	96						
	95						
	94						
Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
	170						
	160						
	150						
	140			*	*	*	
	130						
	120	*	*		*	*	
	110						
	100						
	90						
80							
70							
60							
50							
Heart Rate (Number)		140b/m	138b/m	143b/m	132b/m	129b/m	
Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30	*	*	*	*	*	
	20						
	10						
	Resp Rate (Number)		38b/m	38b/m	34b/m	32b/m	30b/m
	Resp Distress	Mod/ Severe None / Mild	N	N	N	N	N
	Receiving O ₂ (l/min) O ₂ Saturations (%)		0ppm	99.1	98.1	98.1	99.1
	Conscious Level	Normal / Altered	N	N	N	N	N
GCS *		15/18	15/18	15/18	15/18	15/18	
TOTAL SCORE							
Number of shaded boxes		0	0	1	1	1	
Pain Score		0	0	0	0	0	
Observer's Initials		A	A	A	A	A	

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT : I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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FLUID CHART

Sheet No. : ①

10/6/2026.

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	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												

Total Intake : _____ **Total Output :** _____

10/6/26	02:00 pm												
	03:00 pm	DBF								✓			
	04:00 pm												
	05:00 pm	DBF								✓			
	06:00 pm												
	07:00 pm	DBF								✓			

Total Intake : _____ **Total Output :** U-3 M-1

10/6	08:00 pm												
	09:00 pm	DBF								✓			
	10:00 pm												
	11:00 pm	DBF								✓			
	12:00 am												
	01:00 am	f.f 40ml								✓			

Total Intake : Taken **Total Output :** M-2 U-3

11/6	02:00 am												
	03:00 am	f.f DBF 60ml								✓			
	04:00 am												
	05:00 am												
	06:00 am	f.f 60ml								✓			
	07:00 am									✓			

Total Intake : Taken **Total Output :** M-1 U-3

Total 24 hrs. Intake Taken

Total 24 hrs. Output M-4 U-9



FLUID CHART

Sheet No. : ②

11/6/2026.

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
11/6/2026	08:00 am		DBF								NO IV	
	09:00 am											
	10:00 am		DBF.									
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output : m- u-							
11/6/26.	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :					Total Output : m- u-							
11/6/26.	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :					Total Output :							
11/6/26.	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 : _____