

ACTIVITY RECORD FOR BILLING

Name: ----- t-00205654 IP-00060240
by Of PRIYA DHARMI -----
06-2026 0 Y 0 M 0 D 0 H (M) -----
UHID No : ----- SURENDER RAO DUSA -----
Date of Admission : -----
Date of Discharge : ----- Time: -----
Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
local transportation from pavathi hospital				

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Abdul Khalid	6/6/26	3087403	
2.	Dr. Murtaga Kamal	6/6/26	3087472	
3.	Cross check done by Prasanna on 6/6/26			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

ADMISSION SHEET

Registration Details :



Admission No : IP-00060240

Admit Date : 05-Jun-2026

Admit Time : 02:54 PM UHID : VIH-00205654

Patient Details :

Patient Name : Baby Of PRIYA DHARMI

Age : 0 D

Guardian : Mr KAUSHIK RAJ DHARMI

DOB : 05-06-2026 03:17 PM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : 1-3-657,PNO,88/P AND 89/P,SIVA SAI
ENCLAVE,NEAR JANPRIYASLIVER CREST
KAPRA SECUNDERABAD Kapra Hyderabad
Telangana INDIA 500062

Phone No : 8374261142

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : NICU

Bed No : NICU 247

Ward Name : N 2F-NICU I

Room No : NICU 247

Admission Type : First Visit

Contact Details :

Name : Mr KAUSHIK RAJ DHARMI

Relationship : Father

Contact Address : 1-3-657,PNO,88/P AND 89/P,SIVA SAI
ENCLAVE,NEAR JANPRIYASLIVER CREST
KAPRA SECUNDERABAD Kapra Hyderabad
Telangana INDIA 500062

Phone No : 8374261142 / 9182689849

Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA

Specialisation : GENERAL PEDIATRICS

Referral Doctor : PARVATHI HOSPITAL

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 30000.00

Payment Mode : DC/CC Card

Payor Name : SELFPAY



NURSING INITIAL ASSESSMENT FOR NICU

Date of Admission: 5/6/26
 Source of Admission: OPD Ward Labor Ward Other: local transport
 Reason for Admission: preterm
 Admission Diagnosis: PT - 33+2 wks
 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
<u>Nil</u>	<u>Nil</u>	<u>Nil</u>

Significant History
 Family History: Nil

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
 If yes, Fill the reconciliation form _____
 Medicine brought to the hospital? Yes No

Observations:
 Birth Weight: 2.32 kgs Head Circumference: _____ cm Length: _____ cm
 Term Pre-Term Post-Term
Blood Group: Mother: _____ Baby: _____
Feeding: Breast Feeding Formula Both
Maternal Details: Age: 32 years, **PARA:** 3 **Gestation:** 33 Weeks, 2 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: _____



Newborn Assessment:

Temp: 36.5 HR 141/Min RR 49/Min BP 54/37(48) SpO₂: 96%

Pain Score 0 (Follow N Pass and Document)

Fall Risk Intervention Done: Yes

Risk of Pressure Sore: Yes No (Fill Braden Q Sheet)

General Appearance: Posture Well-Fixed Asymmetry

Behavioural Status on Admission :

Sleeping Crying Calm Drowsy

Skin: Pink Meconium Stain Others, Specify.....

Functional Screening: If a patient needs assistance with any of the following inform consultant

Developmental Delay Musculoskeletal Congenital Abnormality No Abnormalities Detected

Inform Consultant for Positive Criteria

Nutritional Screening:

Underweight Overweight Special Feeding Method
 Feeding Problem Special Diet No Abnormalities Detected

Inform Consultant for Positive Criteria

Social History: Lives With

Siblings in household Yes No (if yes How Many?)

All Information Obtained From Patient Mother Father Other Family Member

Orientation has been given regarding the following aspects:

- ID Band in situ
- Bedside safety explained
- NICU Routine: Doctor's rounds/Medication time
- Visiting policy explained

Orientation given to: Family Others

Name of Person Orientation was given to: Mrs. Priya

Orientation not given Reason:

DISCHARGE PLAN

Source of Information: Family Friend

Will patient require transportation arrangements to go home: Yes No

Will Physiotherapy require at home: Yes No

Is home medical equipment anticipated: Yes No

Is home oxygen therapy anticipated: Yes No

Breastfeeding Yes No

Formula Feed Yes No

Are dressing needs at home anticipated: Yes No

Any other needs anticipated: Yes No If Yes Specify



No

Details:

Final Diagnosis: *Preterm*
.....
.....

Nurse Signature: *[Signature]*
Nurse Name: *Sandhya*
Date & Time: *5.6.26 3pm*

Discharge Details: (To be completed by discharging Nurse)

Neonatal Condition at Discharge:

.....
.....

Feeding: 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

Nurse Signature:

Nurse Name:

Date & Time:



IH-00205654 IP-00060240
 aby Of PRIYA DHARMI
 5-06-2026 0 Y 0 M 0 D 0 H (M)
 r. SURENDER RAO DUSA

CONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Priya Age : 32y Father's Name : _____ Age : _____
 Date of Birth : _____ Date of Admission : _____ I.P. No. : _____
 NICU Consultant : Dr. Surenacy S.R Referring Consultant : _____
Transferring Unit : OT Labour Room ER Ward
Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : BIO Priya Mother's Blood Group : B +ve
 Gender : M F Blood Group : _____
 Date of Birth : 5/6/26 Time of Birth : 1:28 PM
 Place of Birth : 5/6/26 Porvli hosp Estimated Gesth Age : 33 + 2 wks

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 32yrs Ht : 5ft Wt : 95kg BMI : _____ Married Life : 4yr LMP : 16/8/25 EDD : 11/7/26
 Conception : Spontaneous or with Rx : Spontaneous
 Booked at what GA : since conception Porvli AN Steroids Drugs / Doses : 1 Dose Betnesol 8 1 dose Ste
 Last Scans Details : (N) TT Immunization and Iron / Folic Acid : YES

MATERNAL RISK FACTORS

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 : _____ _____ <u>NO</u> H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : _____ _____ <u>NO</u> IUGR - when detected : _____ <u>NO</u> Doppler (Increased Resistance / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : _____ <u>NO</u> AFI : _____ <u>NO</u>	H/o GDM/ pre GDM/ on diet or insulin <u>GDM</u> Controlled or not, recent values, HbA1 values : <u>since</u> <u>2 months on 705 mcg formin @ 500y</u> Compliance with Rx : _____ Scans : LGA, TIFFA , Fetal Echo : _____ <u>(N)</u> 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 type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV) UTI : when : _____ <u>NO</u> Any culture : _____ <u>NO</u>
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PPROM : Duration : _____ NO Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results : _____
 Medication during Pregnancy : _____ NO Duration : _____ NO

PAST OBSTETRIC HISTORY

G: 2 P: 1 A: 0 L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G ₁ -	8/3	37 wks	2.7 kg	LSLS		
G ₂ -	PP	SP				

PERINATAL HISTORY

Treating Obstetrician : DV SWOLHI Hospital : Payvohi Inborn Outborn

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

APGAR SCORE

Gestational Age : 33.12w Weeks :

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

	1 Minute	5 Minutes	10 Minutes
TOTAL	<u>7/10</u>	<u>9/10</u>	

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

Comments :

CTAB

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HOP1:

Baby delivered via ces in the presence

↓

CTAB, HR > 100/min

↓

oro nasal suction started

↓

initial cord clamping was done

↓

for 60 sec

cord was clamped and cut under

aseptic conditions 20/1/14

↓

inj' vib-12 given

↓

shift to NICU for further
management

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 142/min RR : 56/min NIBP : 135 CFT : 13500

Color of the extremities : Acrocyanosis

Jaundice : - Pallor : - SpO2 : 96% @ RA

Anthropometry : Birth Weight : 2.32kg Length : HC : Present Weight :

Ponderal Index : AGA : AGA SGA : LGA : LGA

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures : Shape / Moulding : Edema / Bruising : Size - (H.C.) :	} (u)
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Facies : (Any Facial Dysmorphism)	NO facial dysmorphism
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NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	} (u)
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EYES :	Symmetry : Red Reflex : Discharge :	} not checked
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EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	} (u)
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THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	} (u)
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ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	} (u)
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GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	} (u)
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HERNIAL ORIFICES	free
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TRUNK and SPINE :	(u)
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SKIN LESIONS :	NONE
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EXTREMITIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	} (u)
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SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : 56/min SCR / ICR / See - Saw breathing :

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

Mention if baby is on : Hood box CPAP Ventilator

Settings :

Spo2 : 96% @ RA Auscultation : B/L AC ⊕ Breath Sounds : NVBS ⊕ Added Sounds : NO

Cardiovascular System :

HR : 156/min BP : Precordial Activity :

Femoral Pulses : } felt Murmurs : } NO

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Shape : ⊕ Hernia orifice : Free

Palpation : soft Anal Patency : ⊕ W

Palpable masses : None Umbilical Cord : 2A + 1V

Abdominal girth : First urine passed : YES

Meconium passed : NO

Nervous System : Higher intellectual functions (Sensorium) : } CT + 1A - AGA

State of wakefulness :

Prechtle Score :

Nerves :

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

Motor System :

Passive Tone : } ⊕

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

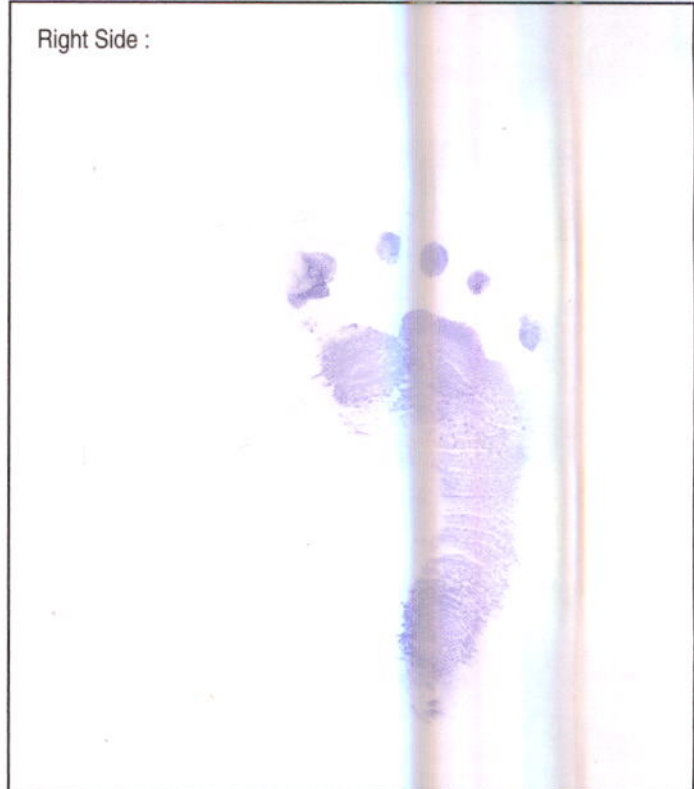
Moro's : B/L symmetrical DTR : ⊕ -

ATNR : Skull and Spine : ⊕

Any Congenital Anomalies : NO OBVIOUS VISIBLE SKELETAL OR SOFT TISSUE ANOMALY

Diagnosis : MPT / 33+2 WKS / 2.32 kg / ACG / 5 CM / M / LSCS (PROM LSCS + PROMEM LABOUR) / CWB

FOOT PRINTS



Resident Doctor :
Signature : *[Signature]*
Name : DR. HANISH
Date & Time : 5/6/21

Consultant :
Signature :
Name :
Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

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

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

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

Any Oxygen requirement :

Systemic :

Medications :

- MAP > 33, SPO₂ - 90-96%
- TV - 40cc/kg/dy, OG feeds - 15ml x 2hrly
- send Blood ScO_2 (APCOV ABC)
- Start Gentamycin
- ABC, CXR, CMP, blood grouping & typing
- NP₁ - TIM
- GRBS - 6th hrly (preferred) TIM us h2

Plan during ward follow up :

Noted by
Dr. Pandey
5/6/26

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

VIH-00205654 IP-00060240
 Baby Of PRIYA DHARMI
 15-06-2026 0 Y 0 M 0 D 0 H (M)
 Dr. SURENDER RAO DUSA



...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5:15 PM	SB resident	
	→ on O ₂ - 0.2L	
	WOB ⊕	
	EM < 3hr	
	nicotine	
	cut s11 ⊕	
	N 202 ⊕	
	PA call	
	EM, wbm	
	plan	
	← w/f & WOB	
	← bank deposits	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 7:20	Day 2 / moderate PT / 33+2wks → 33+3wks PMA / LBW / Baby boy /	2.32 Kg / AAA /
	Issues:- 9 episodes of vomiting (Feed - Mod amount)	
	TWR - 229 kg (230g)	Normothermic
	S/O - 113/75	PR @ RA
	U/O - 1.8 cc/kg/hr	CNS - S/S (A)
	S/O - 4 times	CNS - T/ATR AAA
	CRP - 92 mg/dl	RA - JOP, NT
	<u>Adv</u>	
	Target SPO ₂ >90%	
	Target MAP >33	
	TV - 100ml/kg/day	
	OK feeds - @ 1PM - 19ml x 2hly	
	NPI today @ 1PM	
	2D Echo, NSG today.	
	Trace Blood CS.	
	(B) gentamicin	
	monitor vitals.	
	Inform SQ	
	Dushal	

VIH-00205654 IP-00060240
 Baby Of PRIYA DHARMI
 05-06-2026 0 Y 0 M 0 D 0 H (M)
 Dr. SURENDER RAO DUSA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26		
4:55 PM	Baby seen	
	✓ case	
	No vomiting	
	Lactating feeds.	
	Adv	
	• OAPT	
	• SRR at 1 PM (1/m)	
	• Trace Hct's.	
Sf	 noted by Sr. Harish 06/06 8PM 	

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby Of PRIYA DHARMI Age : 0 Y 0 M 0 D 0 H
IP No: IP-00060240 Sex: Male
Consultant: Dr. SURENDER RAO DUSA Ward/Bed No: N 2F-NICU /NICU 247

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:


Name: Koushik Raj Dharmi

Relationship: Father

Date: 5/6/2026

Time: 2:54 PM

Witness Name:

Witness Signature: 

Patient Address:

1-3-657,PNO,88/P AND 89/P,SIVA SAI
ENCLAVE,NEAR JANPRIYASLIVER
CREST KAPRA SECUNDERABAD Kapra
Hyderabad Telangana INDIA 500062

+00205654 IP-00060240
 by Dr PRIYA DHARMI
 06-2026 OYOMODOH (M)
 SURENDER RAO DUSA



NURSES ASSESSMENT CHART



Date : 5/6/26 Diagnosis : PT - 33+2wks Weight : 2.39kg Chart No. : 1

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7	
COLOUR CODE	200																									
	210								140	142	162	166	141	150	147	151	142	144	142	139	151	137	129	157	132	
RED - PULSE	200																									
BLACK - RESP	105	190																								
GREEN - TEMP	104	180																								
BLUE - NIBP	103	170																								
	102	160																								
	101	150																								
A- ALERT	100	140																								
V-VOICE	99	130																								
P-PAIN	98	120							48.6	48.6	48.6	48.6	48.6	48.6	48.6	48.6	48.6	48.6	48.6	48.6	48.6	48.6	48.6	48.6	48.6	
U-UNRESPONSIVE	97	110							*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	96	100																								
VERBAL	95	90							62	95	60	26	45	40	39	42	37	42	41	44	47	42	47	50	39	
5-ORIENTED	80																									
4-CONFUSED	70																									
3-IN APPROPRIATE WORDS	60																									
2-INCOMPREHENSIBLE SOUND	50																									
1-NONE	40																									
	35																									
MOTOR	30																									
6-OBEYS	28																									
5-LOCALISES PAIN	26																									
4-WITHDRAWS	24																									
3-FLECTION	22																									
2-EXTENSION	20																									
1-NONE	18																									
	16																									
	14																									
	12																									
	10																									
O2										0.1	0.1	0.1	0.1	0.1	0.1	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA
SPO2									93	98	99	99	99	99	100	100	99	99	99	100	99	99	100	99	100	100
RBS									-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUCTION									-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY									-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AVPU									A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse :

Morning Shift :

Evening Shift : *Handy*
5/6/26
8pm

Night Shift : *Sumanjal*
6/6/26
@mam

H-00205654 IP-00060240
 Ref: aby Of PRIYA DHARMI
 3-06-2026 OYOMOD8H (M)
 Patient: r. SURENDER RAO DUSA

NURSES ASSESSMENT CHART



Date: 6/6/26 Diagnosis: 33+2 weeks Weight: 2880g Chart No.: (2)

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7	
COLOUR CODE	200																									
	210																									
RED - PULSE	200	136	123	114	119	167	126	116	147	131	127	133	145	152	141	138	143	147	142	157	160	152	141	143	139	
BLACK - RESP	105	190																								
GREEN - TEMP	104	180																								
BLUE - NIBP	103	170																								
	102	160																								
	101	150																								
A- ALERT	100	140																								
V-VOICE	99	130																								
P-PAIN	98	120	98	6	98	6	98	6	98	6	98	6	98	6	98	6	98	6	98	6	98	6	98	6	98	
U-UNRESPONSIVE	97	110																								
	96	100																								
VERBAL	95	90	58	46	71	41	59	44	58	34	66	32	28	35	28	22	47	38	28	22	36	22	25	39	40	41
5-ORIENTED	80																									
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1-NONE	18																									
	16																									
	14																									
	12																									
	10																									
O2																										
SPO2		99	99	97	100	92	90	97	98	99	97	98	96	99	99	100	98	99	99	100	99	100	99	100	99	
RBS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SUCTION		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
PHYSIOTHERAPY		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	

Signature of the Nurse:

Morning Shift: Bandy
8/6/26
2pm

Evening Shift: Santoshy
06/06/26
@ 8pm

Night Shift: Samanjali
06/06/26
@ 8pm

IP-00060240
 1-00205654
 by Dr PRIYA DHARMI
 06-2026
 SURENDER RAO DUSA
 O Y O M O D O H (M)

FLUID CHART

Sheet No. : ①

5/6/26

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
	02:00 pm											
	03:00 pm	Aptamil			15ml						0	} steady 5/6/26 8pm
	04:00 pm										0	
	05:00 pm	Aptamil			15ml				30ml		0	
	06:00 pm										0	
	07:00 pm	Aptamil			15ml						0	
Total Intake : 45ml					Total Output : 30ml							
	08:00 pm										0	} Sumanyali 5/6/26 12:45m
	09:00 pm	Aptamil			15ml	✓		✓			0	
	10:00 pm								10ml		0	
	11:00 pm	Aptamil			15ml			5ml ✓			0	
	12:00 am				10+10ml	✓		5ml ✓	5ml		0	
	01:00 am				7.6			5ml			0	
Total Intake : 37.6 ml					Total Output : 15ml							
	02:00 am				7.6				10ml		0	} Sumanyali 6/6/26 12:45m
	03:00 am				7.6	✓					0	
	04:00 am				7.6				15ml		0	
	05:00 am				7.6						0	
	06:00 am				7.6				5ml		0	
	07:00 am	Aptamil			10ml	✓					0	
Total Intake : 30.4 ml					Total Output : 30ml							
Total 24 hrs. Intake		113 ⇒ 65.5ml/kg/day				Total 24 hrs. Output		75ml ⇒ 1.8cc/kg/24hr				

GRB - 92 mg/dl
 Stool passed - utim
 Vomiting - 3epis



FLUID CHART

Sheet No. : 2

6/6/26

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			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
6/6/26	08:00 am									0	}	6/6/26
	09:00 am									0		
	10:00 am	Aptamil			19ml					0		
	11:00 am								30ml	0		
	12:00 pm	Aptamil			19ml					0		
	01:00 pm									0		
Total Intake : 38ml					Total Output : 30ml							
	02:00 pm	Aptamil			19ml					0	}	6/6/26
	03:00 pm							30ml	0			
	04:00 pm	Aptamil			19ml					0		
	05:00 pm									0		
	06:00 pm	Aptamil			19ml	✓				0		
	07:00 pm								20ml	0		
Total Intake : 57ml					Total Output : 40ml							
	08:00 pm	Aptamil			19ml					0	}	6/6/26
	09:00 pm							10ml	0			
	10:00 pm	Aptamil			19ml					0		
	11:00 pm								20ml	0		
	12:00 am	GBM			10ml	✓				0		
	01:00 am									0		
Total Intake : 48ml					Total Output : 30ml							
	02:00 am	Aptamil			19ml					0	}	6/6/26
	03:00 am							20ml	0			
	04:00 am	Aptamil			19ml					0		
	05:00 am								10ml	0		
	06:00 am	Aptamil			19ml					0		
	07:00 am								5ml	0		
Total Intake : 48ml					Total Output : 35ml							

→ Input ⇒ 191 ⇒ 86cc/kg/day.
 ⇒ No vomiting

→ output ⇒ 135 ⇒ 2.5cc/kg/day
 ⇒ Stool ⇒ 4 times
 ⇒ URBL - 2mg/dl

J0205654 IP-00060240
 Baby Of PRIYA DHARMI
 05-06-2026 0 Y 0 M 0 D 19 H (M)
 Dr. SURENDER RAO DUSA



FLUID CHART

Sheet No. : 3

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
07/6/26	08:00 am	Aptamf	20ml										
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
	Total Intake :						Total Output :						
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	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



DRUG CHART

Date of Admission: 5/6/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

Signature
VERIFIED BY - Name



REGULAR PRESCRIPTIONS

Weight. 2.3kg Ward. WICU

Dr. Prathyshe

DRUG : INJ. GENTAMICIN				Date Time	5/6																	
Dose	Route	Frequency	Start Date																			
1.5MG	IV	ONCE DAILY	5/6																			
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Prathyshe</i>				<i>U. Prathyshe</i> <i>Prathyshe</i>																		
Additional Instructions: 5MG/KG/DXE																						
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																						

