

**ACTIVITY**

VIH-00205973 IP-00060364  
Baby B/O MARATI NIKHITHA  
18-06-2026 0 Y 0 M 0 D 2 H (F)  
Dr. ATLURI KUNDANA PRIYA

G

Name: ---



UHID No: ---

Consultant: ---

Dept: ---

Date of Admission: 16/6/26

Time: 11:00pm

Date of Discharge: 17/6/26

Time: 9:30am

Room / Bed No: 222-1

Ward: HW

Suggested Billable bed type: ---

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
17/6/26	09:00pm	HW	Room (207)	[Signature]

**Cross Consultation Visit**

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







# DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00205973 IP-00080364  
 Baby B/O MARATI NIKHITHA  
 16-06-2026 0 Y 0 M 0 D 6 H (F)  
 Dr. ATLURI KUNDANA PRIYA



IP.No:

DOA: 16/6/26

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	-	-	
2	Discharge Summary	02	-	-	
3	Nursing Initial assessment form				
4	Patient Trasfer Forms	01	-	-	
5	In-patient Medical Record	04	-	-	
6	Doctors Progress Sheets	01	-	-	
7	Nurses Progress notes	02	-	-	
8	Consultation Sheets				
9	General Consent for Treatment	01	-	-	
	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	02	-	-	
26	Intake and Output chart (fluid Chart)	02	-	-	
	Drug Chart (Regular prescription)				
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	-	-	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Stat / Once only drugs	01	-	-	
	Humphry Supply	01	-	-	
	N-Pan	01	-	-	
	Braden-g	02	-	-	
	Others	5	-	-	
	<b>Total No. of Pages</b>	<b>27</b>			

Signature and Date : Nagmani 16/6/26

# ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

## ADMISSION SHEET

### Registration Details :



Admission No : IP-00060364

Admit Date : 16-Jun-2026

Admit Time : 11:09 PM UHID : VIH-00205973

### Patient Details :

Patient Name : Baby B/O MARATI NIKHITHA

Age : 0 D

Guardian : Mr D. RAGHUNATH

DOB : 16-06-2026 10:16 PM

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : H.NO-1-508, JYOTHI COLONY, BALAJI NAGAR,  
SECUNDERABAD Yaprak Hyderabad  
Telangana INDIA 500087

Phone No : 9700515871

E-mail : raghunath.kapil@gmail.com

### Admission Details :

Bed Type : BASINET

Bed No : CRDL-LW-222-1

Ward Name : N 2F-LABOUR WARD

Room No : CRDL-LW-222-1

Admission Type : First Visit

### Contact Details :

Name : Mr D. RAGHUNATH

Relationship : Father

Contact Address : H.NO-1-508, JYOTHI COLONY, BALAJI  
NAGAR,SECUNDERABAD Yaprak Hyderabad  
Telangana INDIA 500087

Phone No : 9700515871 / 9515052800

  
Signature

### Doctor Details :

Doctor Name : Dr. ATLURI KUNDANA PRIYA

Specialisation : GENERAL PEDIATRICS

Referral Doctor : SELF

Phone No :

Co-Consultant :

### Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

VIH-00205973 IP-00060364  
Baby B/O MARATI NIKHITHA  
16-06-2026 0 Y 0 M 0 D 2 H (F)  
Dr. ATLURI KUNDANA PRIYA



## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

(Select and 'tick mark' [✓] the boxes as applicable)

Baby's Name: B/O marati Nikitha Mother's Name: marati Nikitha  
Date of Birth: 16/6/26 Time of Birth: 10:16pm Gender:  Male  Female  
Birth Weight: 3.091 Kgs HC: 36 cm Length: 47 cm  
Meconium in Liquor:  Yes  No Cried at Birth:  Yes  No  
Term / Pre-term / Post-term: TERM  
Resuscitated:  Yes  No Blood Group: Mother: O positive Baby: -  
Feeding:  Breast Feeding  Formula  Both First Feed Time: 10:45pm

VIH-00114941 IP-00060352  
Mrs MARATI NIKHITHA  
09-09-1997 28 Y 9 M 8 D (F)  
Dr. BHAVANA K

Mode of Delivery:  Normal  LSCS - Emergency/ Elective  Instrumental  AVD  
Indication: Normal

### Physical Assessment of New Born:

Temp: 36.3 °C HR: 145b/min RR: 46b/min BP: - SpO<sub>2</sub>: 96.1

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment:  Yes  No Score: 16 (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore:  Yes  No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission:  Sleeping  Crying  Calm  Drowsy

### Findings:

General Appearance: Posture:  Well-Flexed  Asymmetry

Skin:  Pink  Meconium Stain  Others, Specify: \_\_\_\_\_

Nursing Management: (Please strike through if not applicable e.g. Yes / ~~No~~)

Vitamin K 1 mg I.M Administered: ~~Yes~~ / No

Routine Care Provided: ~~Yes~~ / No

Capillary Blood Glucose Monitoring Done: ~~Yes~~ / No

Neonatal Screening Done: ~~Yes~~ / No

1. Nutritional Screening: Feeding Problem Yes / ~~No~~

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / ~~No~~

3. Socio History: Siblings ~~Yes~~ / No

All information obtained from  Mother  Father  Other Family Member

Newborn Screening Discussed: ~~Yes~~ / No

Nurse Name: Prathysa

Signature: \_\_\_\_\_

Date & Time: 16/6/26 @ 11:30pm

# PATIENT TRANSFER FORM

VIH-00205973 IP-00060364

Baby B/O MARATI NIKHITHA  
16-06-2026 0 Y 0 M 0 D 2 H (F)  
Dr. ATLURI KUNDANA PRIYA



	Date & Time of Admission 16/6/26 @ 11:9pm	Date & Time of Transfer Order 17/6/26 @ 4am
Treating Consultant Name	Transfer Ordered by Dr. Prathyusha	Reason for Transfer for observation
From Unit L/w	To Unit Room (207)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 15	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Small - koochi's - (1)	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes  No

Dr. Prathyusha

Name & Signature of Person who is Transferring S. Prathyusha	Name of Person Ordered Transfer Dr. Prathyusha
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Patient & Clinical Records Received by :

Sr. Nagmani

Date & Time of Patient Received : 17/6/26 @ 4Am

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



## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : Marati Nikhitha Age : 28yrs Father's Name : ..... Age : .....  
 Date of Birth : ..... Date of Admission : ..... UHID No. : .....  
 NICU Consultant : Dr. Kundana Referring Consultant : Dr. Shawane  
**Transferring Unit :**  OT  Labour Room  ER  Ward  
**Transported ?**  Yes  No - If yes :  Long (> 30 kms)  Short (< 30 kms)

### BIRTH INFORMATION

Name : B/O M. Nikhitha Mother's Blood Group : O positive  
 Gender :  M  F Blood Group : ..... Birth Weight (gms) : 3.091kg Length (cms) : .....  
 Date of Birth : 16/6/26 Time of Birth : 10:16 PM OFC (cms) : .....  
 Place of Birth : VRCU Estimated Gesth Age : 37+6 wks.

Current Obstetric History : (Booked / Unbooked Case) booked to see 3 previous ANC at Dr Srinath  
 Maternal Age : 28yrs Ht : ..... Wt : ..... BMI : ..... Married Life : 2yrs LMP : 20/9/25 EDD : 07/6/26  
 Conception : Spontaneous or with Rx : spontaneous  
 Booked at what GA : at 35 + weeks AN Steroids Drugs / Doses : betamethasone - doses given at 34+3 wks  
 Last Scans Details : 27/5/26 - 35+1wks, RUFA, cephalic, EFW - 2527gms, AFI - 16.5cm, Doppler - ↑ed uterine artery resistance TT Immunization and Iron / Folic Acid : given

### MATERNAL RISK FACTORS

Age :  <18 yrs  > 35yrs  
 Consanguinity :  Yes  No  
 If yes, degree of consanguinity :  1  2  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 : (N)  
 AFI : 16.5 cm

**H/o GDM/ pre GDM/ on diet or insulin**  
 Controlled or not, recent values, HbA1 values : .....  
 Compliance with Rx : .....  
 Scans : LGA, (TIFFA), Fetal Echo : (N)  
**H/o Hypothyroidism** : when diagnosed ? Medication ?  
hypothyroidism on Thyroxine drug  
 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 : 36+2 Any culture : .....

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



**PAST OBSTETRIC HISTORY**

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

Sl. No.	Age	un wks	B. W	Gender	Significant	Details
G <sub>1</sub>	6 yrs	term	3.5 kg	male	NVD	
G <sub>2</sub>	6 yrs	Mixed	Misc carriage			
G <sub>3</sub>	P.P.					

**PERINATAL HISTORY**

Treating Obstetrician : Dr. Bhavane Hospital : VREN  Inborn  Outborn

<p><b>Duration of Labour</b></p> <p>First stage (&gt; 18 hours sig)</p> <p>Second stage (&gt; 2 hours after dilation)</p> <p>LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication : .....</p> <p>Specify the reason : .....</p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p><i>Normal vaginal delivery cephalic presentation</i></p> <p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL : <u>(+)</u></p> <p>Resuscitation : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG : .....</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....</p>
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**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
	4	1	
	2	2	
	1	2	
	2	2	
	2	2	
<b>TOTAL</b>	8/10	9/10	

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

**Snapee II Score**

	> 30 (0)	20-29 (9)	< 20 (19)	
Mean BP (mmHg)	> 96 (0)	96-95 (8)	< 95 (15)	
Lowest Temp (oF)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)
Pao2 / Fio2 (mmHg%)	> 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)	
Lowest Serum PH	No (0)	Yes (19)		
Multiple Seizures	> = 1 (0)	0.1-0.9 (5)	< 0.1 (18)	
U. Output (ml / kg / hr)	> = 7 (0)	< 7 (18)		
Apgar Score	> = 1 kg (0)	750 - 999 (10)	< 750 (17)	
Birth Weight	> 3rd percentile (0)	< 3rd (12)		
SGA				

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints :



term baby Girl | 3.09 kg | AUA | MCL | hypothyroid mother  
↓  
Baby delivered through NVD - cephalic frag.  
↓  
Baby cried immediately after birth  
↓  
Secretions cleared & dried  
↓  
Delayed cord clamped & cut (CA + IV ⊕)  
↓  
Cord clamped & cut (CA + IV ⊕)  
↓  
inf vit-K Inj in glutes

Investigation details in previous Hospital :

Shift to mother side - HR-164/min  
SpO<sub>2</sub>-100% @ RA

Feeding History :

Past History :

Family History :

Socio Economic History :



**GENERAL EXAMINATION ON ADMISSION**

General Disposition :

**VITALS** : Temperature : *36.5°C* HR : *165/min* RR : *45/min* NIBP : *-* CFT : *<3sec*  
 Color of the extremities : *acrocyanosis*  
 Jaundice : *-* Pallor : *-* SpO2 : *100% @ RA*

**Anthropometry** : Birth Weight : *3.091 kg* Length : ..... HC : ..... Present Weight : .....  
 Ponderal Index : ..... AGA :  SGA : ..... LGA : .....

**HEAD TO TOE EXAMINATION**

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

**Facies :** } *no facial dysmorphism*  
 (Any Facial Dysmorphism)

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

**EYES :** Symmetry : } *Not checked*  
 Red Reflex : }  
 Discharge : }

**EARS, NOSE MOUTH and THROAT :** Ear set / Shape : } *(N)*  
 Periauricular Pits / Tags : } *on nose - tip - black mark (A)*  
 Nasal shape / Patency : }  
 Palate : *no cleft*  
 Gums : }  
 Lips : }  
 Tongue : }



BREASTS : Position of Nipples and Number : (N)

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

GENITALIA :  
 Labia / Hymen : } Baby Girl  
 Testicles/penis : }  
 Anus : (+)

HERNIAL ORIFICES : } free

TRUNK and SPINE : } (N)

SKIN LESIONS : } Nil

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

**SYSTEMIC EXAMINATION**

Respiratory System :  
 Breathing Pattern :  Regular  Periodic  Shallow  Gasping  
 Mention If baby has Respiratory distress : RR : ..... 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 : .....  
 SpO<sub>2</sub> : 100% @ RA Auscultation : RAE (+) Breath Sounds : NVRL (+) Added Sounds : (-)

Cardiovascular System :  
 HR : 165/min BP : ..... Precordial Activity : .....  
 Femoral Pulses : } free Murmurs : -  
 Other Peripheral Pulses : } Signs of Cardiac Failure : .....

Abdomen :  
 Shape : (N) Hernia orifice : free  
 Palpation : soft Anal Patency : Interec (+)  
 Palpable masses : ..... Umbilical Cord : 2A+IV (+)  
 Abdominal girth : ..... First urine passed : } not passed  
 Meconium passed : } passed



Ictual functions (Sensorium) : .....

State of wakefulness : CTHA - Good

Prechtle Score : .....

Nerves : .....

**Motor System :**

Passive Tone : 1 (N)

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : ..... DTR : .....

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

Any Congenital Anomalies : NO obvious external congenital anomalies

Diagnosis : term baby girl / 3.0910g / AGA / NVD / CLAS / MEL / hypothyroid  
mother

**FOOT PRINTS**

Left Side :



Right Side :



Taken by  
Prathyusha  
16/6/26

**Resident Doctor :**

Signature : [Signature]

Name : Dr. Prathyusha

Date & Time : 16/6/26

**Consultant :**

Signature : [Signature]

Name : Dr. Kundana Priya

Date & Time : 17/6/26 10Am

Dr. Kundana Priya  
Reg. No. APMC/FMR/97354



DI

- Information given by:  Family  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 : .....

- warmth care, cord care
- DSA - 2nd only flb nursing
- Immunisation as per schedule
- NRS, OAE, SSR - b/f dis charge
- w/f dis bees - tachypnea, retractions, cyanosis.

noted  
by  
prathiba

Screenings done during NICU Stay :

- NSG : ..... 2 *infected*
- Hearing Screen : .....
- ROP : .....
- TFT : .....
- NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



clusively  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: .....

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

Doctor Signature: .....

Doctor Name: .....

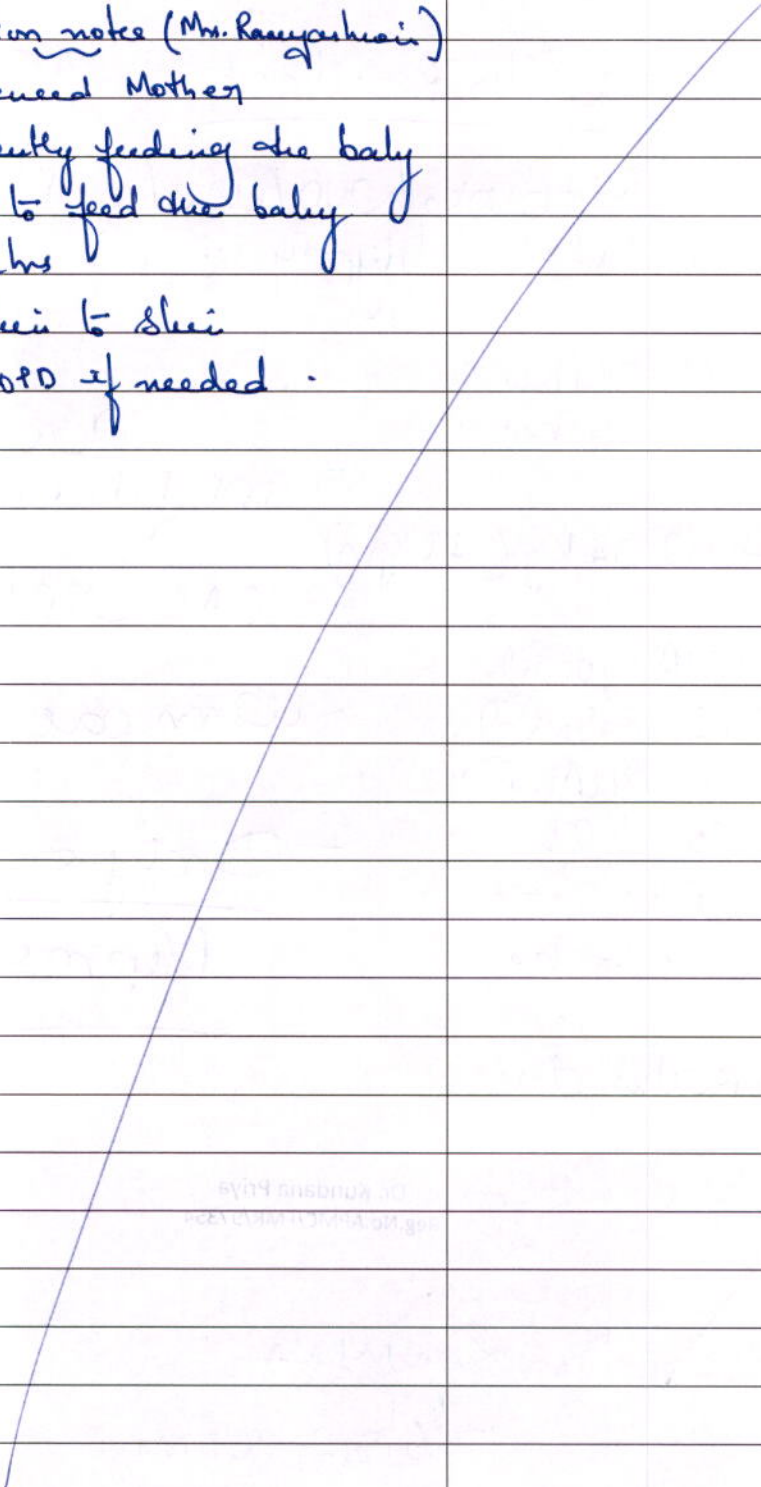
Date & Time: .....



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26 8:30 AM	<u>CL&amp;B Readent</u>	TOB 16/6/26 10:16pm
	Term/37+6wks/NVD/UA5/epir/3.09kg/ ACIA/MSL/Hypothyroid	
	M.BG - Opositu B.BG - Opositu	<u>Don</u> - DBF flb purp early
	T.Wt - 3.04kg (↓5gm)	- OAB/SBR/NBS b/f dady
	O/E C/I/A good CVS - S/S2 ⊙ R - BLAS ⊙	- warm care & cord care
	PA - S/L CRIC/SJee VITJ S/S2b4	- <u>Dadye</u> <u>flp msahala</u>
	Vaccination done	
<p>noted by Sushila 17/6/26 at 9:30 AM</p>	<p>Dr. Kundana Priya                  Reg.No.APMC/FMR/97354                  Dr. Kundana                  17/6/26. 10 AM.                  flo Afu 3days</p>	<p>Ⓢ Bashwan</p>

## PROGRESS NOTES AND DOCTOR'S ORDER

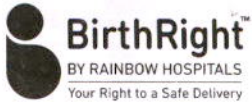
Date & Time	Progress Notes	Doctor's Order
17/6/20	<p><u>Lactation notes (Mrs. Ranjeshwari)</u></p> <ul style="list-style-type: none"> <li>• Experienced Mother</li> <li>• Confidently feeding the baby</li> <li>• Advised to feed the baby every 2 hrs</li> <li>• More skin to skin</li> <li>• flu in OPD if needed.</li> </ul> <p><i>[Signature]</i> 10:25am</p>	



**NUKUNING SHIFT HAND OVER FORM**

SITUATION	Diagnosis: <i>well seberg / female 3.09.11y</i> <i>ACA RVD - CR3 / misc / hypotone</i>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	<i>16/6</i>	<i>16/6/26</i>	<i>17/6/26</i>				
	Shift	<i>N</i>	<i>N</i>	<i>M</i>				
	Medical Condition (Any special condition to be noted):			<i>nil</i>				
	Diet:	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>				
ASSESSMENT	Allergy:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):		<i>RA</i>	<i>RA</i>				
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<i>36.4</i>	<i>98.6</i>	<i>98.6</i>			
		Res:	<i>18</i>	<i>20</i>	<i>16</i>			
		SpO <sub>2</sub> :	<i>99%</i>	<i>99%</i>	<i>98%</i>			
		Pulse:	<i>140</i>	<i>142</i>	<i>142</i>			
		BP:						
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>			
	Fall Risk Score:	<i>0</i>	<i>0</i>	<i>15</i>				
	Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>				
	Skin Integrity:	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>				
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:		<i>nil</i>	<i>nil</i>				
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>				
	Critical Lab Test / Values:	<i>nil</i>	<i>nil</i>	<i>nil</i>				
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<i>dependent</i>	<i>Dependent</i>	<i>dependent</i>					
Post Operative Procedure Special Orders:			<i>nil</i>	<i>nil</i>				
Handed Over By Name :		<i>Pooja</i>	<i>Nagmani</i>	<i>Sushila</i>				
Signature / ID :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>				
Date:		<i>17/6/26</i>	<i>17/6/26</i>	<i>17/6/26</i>				
Time:		<i>2:40am</i>	<i>8AM</i>	<i>10AM</i>				
Taken Over By Name :		<i>Nagmani</i>	<i>Sushila</i>					
Signature / ID :		<i>[Signature]</i>	<i>[Signature]</i>					
Date:		<i>17/6/26</i>	<i>17/6/26</i>					
Time:		<i>9AM</i>	<i>8AM</i>					

Patient Sticker



### NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure:	Post OP Day:						
<b>BACKGROUND</b>	Date							
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO <sub>2</sub> :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
Pain Score:								
Skin Integrity								
<b>Recommendations</b>	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):								
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								



# NURSING CARE RECORD

Date: .....

**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	12:00 AM	Ensure safety	1:00 PM	provide care	to prevent falls	Baby is good	Jyotsna 17/6/20 11:15 AM
	5:00 AM	maintain fluid balance	5:00 AM	2nd hourly DBT	to prevent hypoglycemia	Baby is good	

VIH-00205973 IP-00060364  
 Baby B/O MARATI NIKHITHA  
 16-06-2026 0 Y 0 M 0 D 2 H (F)  
 Dr. ATLURI KUNDANA PRIYA



# NURSING CARE RECORD



Date: 17/6/2026

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: nil

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 AM	prevent infection	9:10 AM	To maintain Hand Hygiene	To prevented infection	patient is stable	Sushil 17/6 at 10 AM
Afternoon	discharge note doctor advised for discharge						
Night	note by sushil 17/6/2026 at 10 AM						

**GENERAL CONSENT FOR TREATMENT**

<b>Patient Name:</b>	<b>Baby B/O MARATI NIKHITHA</b>	<b>Age :</b>	<b>0 Y 0 M 0 D 0 H</b>
<b>IP No:</b>	<b>IP-00060364</b>	<b>Sex:</b>	<b>Female</b>
<b>Consultant:</b>	<b>Dr. ATLURI KUNDANA PRIYA</b>	<b>Ward/Bed No:</b>	<b>N 2F-LABOUR WARD/CRDL-LW-222-1</b>

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 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:..... *D. Raghunath*

- 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: *D. Raghunath*

Name: *D. Raghunath*

Relationship: *Father*

Date: *16-06-2026*

Time:

Wittness Name: *[Signature]*

Wittness Signature: *[Signature]*

Patient Address:

H.NO-1-508, JYOTHI COLONY, BALAJI NAGAR, SECUNDERABAD YAPRAL Hyderabad Telangana INDIA 500087



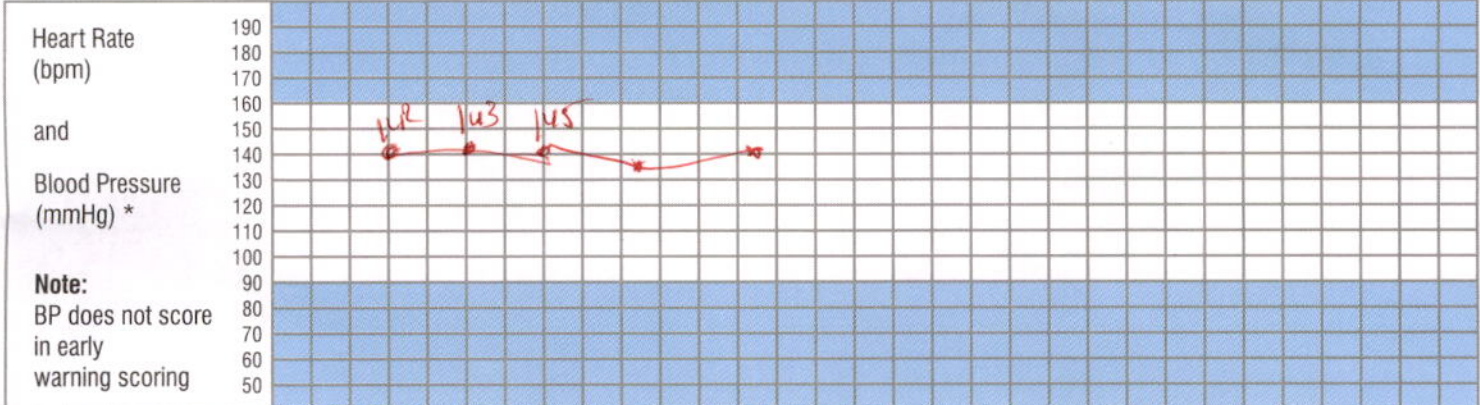
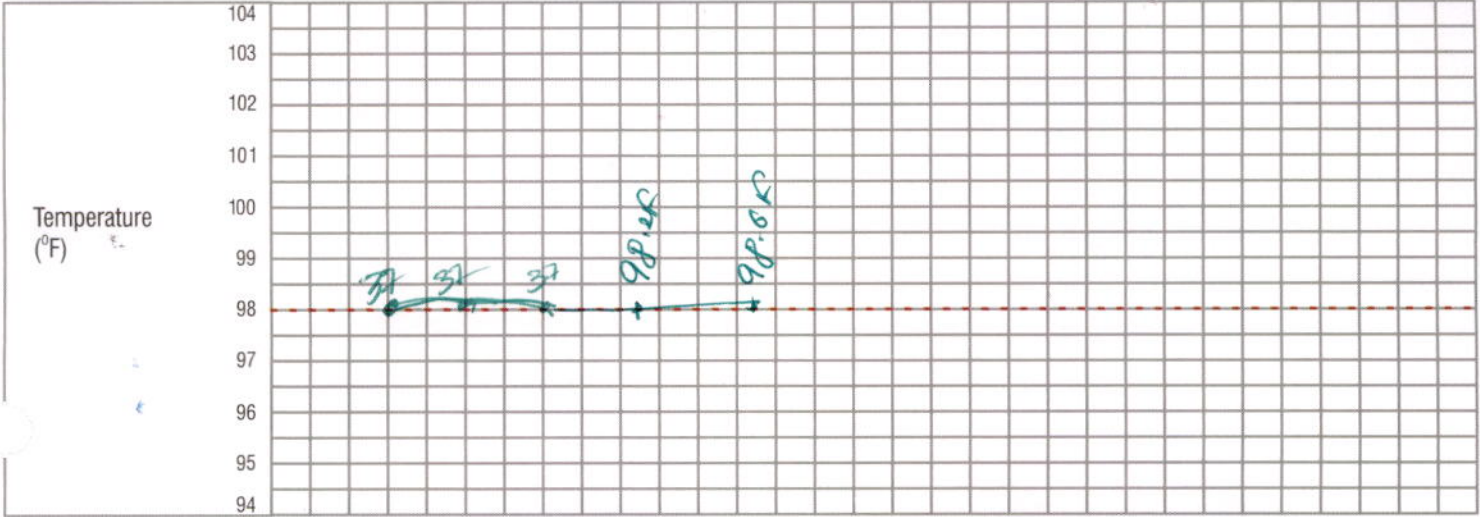
**INFANT (<1 year)**  
 Children's Observation &  
 Early Warning Scoring Chart



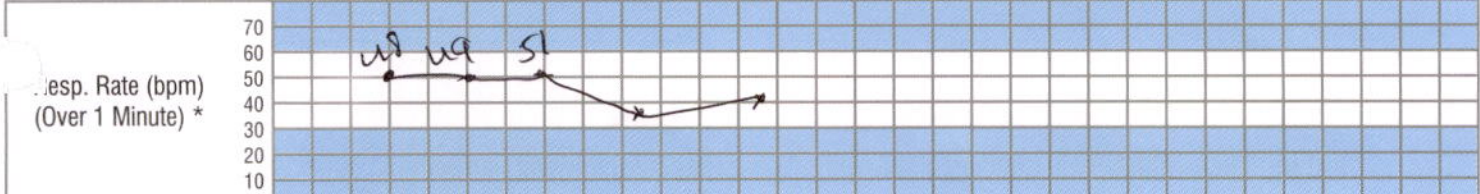
**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 18/6/26 Time: 10 PM 11 PM 3 AM 5 AM 7 AM

Doctor/Nurse/Family Concern? AN AN



Heart Rate (Number) 138 140



Resp Rate (Number) 35 40

Resp Distress: Mod/ Severe / None / Mild

Receiving O<sub>2</sub> (l/min) / O<sub>2</sub> Saturations (%) 98 99

Conscious Level: Normal / Altered N N

GCS \* 15 15

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

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

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



# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

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

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

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

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

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)



Patient

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

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



## EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 17/6/26 Time: 9 AM

Doctor/Nurse/Family Concern? AM

Temperature (°F)	104	
	103	
	102	
	101	
	100	99.5 F
	99	
	98	
	97	
	96	
	95	
	94	

Heart Rate (bpm)  and Blood Pressure (mmHg) *	190	
	180	
	170	
	160	
	150	
	140	
	130	
	120	
	110	
	100	
	90	

Heart Rate (Number) 122

Resp. Rate (bpm) (Over 1 Minute) *	70	
	60	
	50	
	40	
	30	
	20	
	10	

Resp Rate (Number) 29

Resp Distress Mod/ Severe None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 96

Conscious Level Normal Altered N

GCS \* 5

**TOTAL SCORE**

Number of shaded boxes 0

Pain Score 0

Observer's Initials GL

*noted by  
Sukh  
17/6/26  
at 10 AM*

<b>ACTIONS</b>  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.



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I	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
S	<b>SITUATION :</b> 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	<b>BACK GROUND :</b> 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	<b>ASSESSMENT :</b> 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	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00205973 IP-00060364  
 Baby B/O MARATI NIKHITHA  
 18-06-2026 0 Y 0 M 0 D 2 H (F)  
 Dr. ATLURI KUNDANA PRIYA



# FLUID CHART

Sheet No. : .....

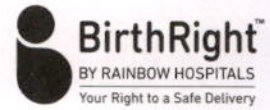
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	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													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
RGL6	08:00 pm													
	09:00 pm													
	10:00 pm	DBF							✓	1	2 ml/hr nag JSA			
	11:00 pm									0				
	12:00 am	DBF								1				
	01:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
AHL6	02:00 am	DBF							✓	1		2 ml/hr nag JSA		
	03:00 am									0				
	04:00 am	DBF												
	05:00 am													
	06:00 am	DBF							✓	1				
	07:00 am						✓							
<b>Total Intake :</b>						<b>Total Output :</b>								

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

VIH-00205973 IP-00080384  
 Baby B/O MARATI NIKHITHA  
 18-06-2026 0 Y 0 M 0 D 6 H (F)  
 Dr. ATLURI KUNDANA PRIYA



# FLUID CHART

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
17/6/26	08:00 am										✓	88 ml 176 ml @ 10 AM	
	09:00 am		DAF										
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							



VIH-00205973 IP-00060364  
Baby B/O MARATI NIKHITHA  
18-06-2026 0 Y 0 M 0 D 2 H (F)  
Dr. ATLURI KUNDANA PRIYA



# RESULT SHEET

Date					
Time					
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					
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					



