PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016057 IP26-00006610 Baby Of P. SHIRISHA 19-06-2026 0 Y 0 M 1 D (M) Dr. SPANDANA PASUPULETI	19/6/26 @4:56 pm	21/6/26 @ 11:AM
	Transfer Ordered by Dr. Spandana	Reason for Transfer ~~Adm~~ IV
From Unit NICU	To Unit 3rd floor (306)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
pooja	Dr. Sreeghana

Patient & Clinical Records Received by : @21/6/26 @ 11:40pm

Date & Time of Patient Received :

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

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006610 **Admit Date** : 19-Jun-2026 **Admit Time** : 04:56 PM **UHID** : HNH-00016057

Patient Details :

Patient Name	: Baby Of P. SHIRISHA	**Age**	: 0 D
Guardian	: Mr RUPESH	**DOB**	: 19-06-2026 03:56 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 9-68/B/5 EAST HANUMAN NAGAR Boduppal Hyderabad Telangana INDIA 500092	**Phone No**	: 9121828064/ 9959994454
		E-mail	: siripulipalunula241998@gmail.com

Admission Details :

Bed Type : NICU **Bed No** : NICU1-401 **Ward Name** : 4F -NICU 1

Room No : NICU1-401 **Admission Type** : First Visit

Contact Details :

Name : Mr RUPESH **Relationship** : Father

Contact Address : 9-68/B/5 EAST HANUMAN NAGAR Boduppal Hyderabad Telangana INDIA 500092 **Phone No** : 9121828064

19-06-26

Signature

Doctor Details :

Doctor Name : Dr. SPANDANA PASUPULETI **Specialisation** : NEONATOLOGY

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 50000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

306 D.C

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE AT REQUEST SUMMARY

Name	Baby Of P. SHIRISHA	**UHID**	HNH-00016057
Father/Guardian	Mr RUPESH	**Age/Gender**	0 Y 0 M 0 D 19 H/ Male
Address	9-68/B/5 EAST HANUMAN NAGAR, Boduppal, Hyderabad, Telangana, INDIA, 500092		
IP No	IP26-00006610	**Admission Date**	19-06-2026
Ref Doctor	Self.		
Discharge Date	21.06.2026		

DR. S. TEJASWI REDDY MBBS, MD (Paed) DM Neonatology CONSULTANT PEDIATRICIAN AND INTENSIVIST APMC/FMR/94068	**DR. SPANDANA PASUPULETI** MBBS, MRCPCH CONSULTANT PEDIATRICIAN AND INTENSIVIST Reg No: 30925

Diagnosis: TERM 37 WEEKS 6 DAYS/ NVD/ MALE/ 3.14KG/ AGA/ DELAYED TRANSITION/ TTNB/ IDM

History : Baby Of P. SHIRISHA is a term (37 weeks 6 days) / AGA / baby boy of birth weight 3.140 kgs, born to primi mother delivered by spontaneous vaginal delivery on 19.06.2026 at 3:56 pm. Baby cried immediately after stimulation. Apgar scores and resuscitation details were 4/10 at 1 min, 7/10 at 5 min, & 9/10 at 10 min. Baby developed respiratory distress after birth for which baby was shifted to NICU for further management.

Name	Baby Of P. SHIRISHA	UHID	HNH-00016057
IP No	IP26-00006610	Admission Date	19-06-2026

Maternal History : Mrs. P. SHIRISHA is a 28 years old primi mother. Non consanguinous marriage.
G1 : Present pregnancy, spontaneous conception. She had regular antenatal checkups and antenatal scans were normal. History of : GDM on OHA, There was no history of UTI/ Abortions/ Hydramnios/ PROM/ Hypothyroidism/ Hypertension/ Cardiac/ Renal abnormalities/ PIH/ APH/ Oligohydramnios/ Polyhydramnios / Fever. She received calcium, iron supplementation and TT prophylaxis.
Mother's Blood group is B positive. Baby's blood group is O positive.

Examination: At the time of admission baby was not maintaining saturations at room air. His heart rate was 155 /min, respiratory rate was 64/min. Respiratory distress present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were appropriate. There were no obvious external congenital anomalies.

Weight on Admission : 3.140 kgs
Weight on Discharge : 2.94 kgs
Head circumference : 33 cms
Length : 48 cms.

Investigations: Enclosed reports.

ABG showed pH of 7.32, pCO2 of 38.1 mmHg, pO2 of 28 mmHg, HCO3 of 19.6 mmol/L and BE of -6.5 mmol/L.

Initial hemogram showed Hemoglobin of 18.1 gm%, White Blood Cell count of 1026 cells/cumm, platelet count of 2.38 lakhs/cumm and C-Reactive Protein of

Name	Baby Of P. SHIRISHA	UHID	HNH-00016057
IP No	IP26-00006610	Admission Date	19-06-2026

5.0 mg/l. Blood culture was 24 sterile.

Chest X-ray was normal.

Management:

RDS/ TTNB - Non Invasive Ventilation: Baby was nursed in thermoneutral environment and continued on non invasive ventilation support-CPAP (PEEP-6.5cm, FiO2-21%). Initial chest X - ray showed TTNB like picture. Blood gases were monitored for respiratory acidosis. Baby required non invasive ventilation support for 1 day and later stopped. Now baby is maintaining saturation at room air without any respiratory distress.

Culture Negative Sepsis: Baby was nursed in thermoneutral environment. Baby was screened for sepsis and started on IV fluids and IV antibiotics after sending blood culture. Baby's blood sugars were frequently monitored which remained stable. Baby initial hemogram and CRP were normal. Blood culture sent at the time of admission was sterile and IV antibiotics were stopped after 2 days.

Feeding: Initially baby was kept NPO for 8 hours, once distress improved. OG tube feeds were initiated. As baby tolerated feeds well, spoon feeds were introduced which baby accepted well. Later direct breast feeds were allowed.

Vaccination: Baby was given following vaccination:

Name	Baby Of P. SHIRISHA	**UHID**	HNH-00016057
IP No	IP26-00006610	**Admission Date**	19-06-2026

Vaccine Name	Status	Date
BCG	Given	21.06.2026
OPV	Given	21.06.2026
HEPATITIS B	Given	21.06.2026

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: Not done

Newborn screening advanced / Newborn sreening-4 / Thyroids Function Test : Not done.

SPO2 : 98% at room air
Red Reflex: Present & Symmetrical
Hip Examination was normal.

Baby tolerating feeds well, hemodynamically stable, passed urine and meconium, hence being discharged with the following advice.

Parents are counselled about the nature severity of illness and possible prognosis of the baby's condition. They were also counselled about the need for further hospital stay. How ever parents were unwilling for further management on personal grounds and requested the baby's to be discharged. Hence child is being **Discharge on Request.**

Condition at discharge: Baby is pink, warm, active and on direct breast feeds + measured feeds.

Advice:

Name	Baby Of P. SHIRISHA	UHID	HNH-00016057
IP No	IP26-00006610	Admission Date	19-06-2026

Keep the baby clean & warm
Regular breast feeding
Continue direct breast feeds + measured feeds as advised.
Monitor urine output
Immunization as per schedule
Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Plan:

1. **Newborn screening advanced / Newborn screening-4/ Thyroid function test to be done on followup.**
2. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**
3. **Serum Bilirubin to be done on followup**

Review consultation with Dr. SPANDANA PASUPULETI on Monday (22.06.2026) at Himayatnagar with prior appointment with Serum Bilirubin report **(Review consultation will be charged).**

Review back to Hospital: If baby is not feeding continuously for > 6 hours, If breathing fast, Fever or poor activity or lethargy, Bluish discolouration of lips, Increase in jaundice, Abnormal movements occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Name	Baby Of P. SHIRISHA	**UHID**	HNH-00016057
IP No	IP26-00006610	**Admission Date**	19-06-2026

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar** / **Banjara Hills** / Rainbow Clinic **Madhapur** / **Kukatpally** / **Vikrampuri** / **LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

DR. SPANDANA PASUPULETI
MBBS, MRCPCH
CONSULTANT PEDIATRICIAN AND INTENSIVIST
Reg No: 30925

DR. S. TEJASWI REDDY
MBBS, MD (Paed) DM Neonatology
CONSULTANT PEDIATRICIAN AND INTENSIVIST
APMC/FMR/94068

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

Name: ----- ----------

UHID No : - --------- Consultant : ---------- Dept : ----------

Date of Admission : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/6/26.	4:40pm	LDR	NICU	
21/6/26	@11:Am	NICU	3rd floor (306)	

Cross Consultation Visit

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

DNS

Date	Investigations	Order No.	Sign
19/6/26	CBP, CRP	10025	Dhn.
19/6/26	Blood grouping		
19/6/26	Blood culture		
19/6/26	Chest x-ray	7360	Dhn
19/6/26	ABG, RBS (101 mg/dl)	10034	Dhn
19/6/26	RBS [96 mg/dl]		
20/6/26	ABG, RBS (125 mg/dl)	10049	normal
2d 6/26	ABG		
	Cross checked by Nirmala RS 20/6/26 at 7:51 Am		
20/6/26	RBS 76 mg/dl	10096	
21/6/26	RBS [74 mg/dl]	10103	
	Cross checked done by supriya		

UIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/6/26	Invasive monitor		21/6/26 @11:AM	7439	Dhn
19/6/26	C-PAP	19/6/26 4:56pm	20/6/26 @ 8AM		
19/6/26	Oxygen		20/6/26 @ 8 AM		
19/6/26	Syringe pump		20/6/26 @ 3pm		
	Orders checked by Nirmala sis on 20/6/26 at 7:50 Pm				
			Cross checked done.		

NH-00016057 IP26-00006610
aby Of P. SHIRISHA
-06-2026 0 Y 0 M 0 D 5 H (M)
. SPANDANA PASUPULETI

Date	Proceedure	Quantity	Order No.	Signature
19/6/26	RU placement	(1).	7444	Dhen
	cross checked by s/s Nirmala 20/6/26 at 7:50 Am			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
19/6/26 (1)	6pm	101 mg/dl	Recieved	
19/6/26 (2)	9pm	96 mg/dl	Fluids	Shf
20/6/26 (3)	3 Am	125 mg/dl	"	SH
20/6/26	12pm	76 mg/dl	"	~~SH~~
21/6/26	6 Am	74 mg/dl	feeds	SH

CONSENT FOR FORMULA FEEDS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0 Y 0 M 1 D (M)
Dr. SPANDANA PASUPULETI

Patient Name : B/o P. Shirisha Age : 1d Gender : ☑ Male ☐ Female

UHID No : ..... Department : ..... Date : 20/6

I Mr / Mrs. : ..... 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 : 20-06-26.

Name : Prabhakar.

Relationship with Patient: FATHER.

Date & Time : 20-06-26.

Witness :

Signature : Pooja

Name : Pooja

Date & Time : 20/6/2026

Doctor (who is taking the consent) :

Signature : GP

Name : PRANAV

Date & Time : 20/6/2026

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0Y0M0D1H (M)
Dr. SPANDANA PASUPULETI

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

Name: B/o SHIRISHA Age: 0D Gender: Male ☑ Female ☐

UHID No : HNH-00016057 Date: 19/6/26

I Rupesh S/o, D/o, W/o Shirisha. hereby declare that our patient Mr. / Ms ..... who is related to me as Son is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 19/6/26

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

TTNB.
IDM.
Cried after stimulation

The doctors have clearly explained to me that my patient B/o Shirisha. during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child B/o : Shirisha ..... in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

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

Patient Attendant :
Signature : 19.06.26.
Name : Rupesh.
Relationship with Patient: FATHER.
Date & Time : 19-06-26.

Witness :
Signature :
Name : Dhayanithi.
Date & Time : 19/6/26 @ 5:15pm

Doctor (who is taking the consent) :
Signature :
Name : Dr. Prashanthi.
Date & Time : 19/6/26 5.15pm.

HNH-00016057 IP26-00006510
Baby Of P. SHIRISHA
19-06-2026 0Y0M0D1H (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o SHIRISHA. Gender: ☑ Male ☐ Female

UHID No : GHNH-00016057 Department : NICU Date : 19/6/26

I Rupesh S/D/W/O Shirisha

Here by give consent for procedure of : NIV

For my patient, Named :

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

Pneumothorax.
Nasal septum injury

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

Alveolar recruitment

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- Tejaswi

Patient Attendant :
Signature : 19-06-26
Name : Rupesh.
Relationship with Patient: Husband (FATHER)
Date & Time : 19-06-26.

Witness :
Signature : Dhanu
Name : P. Dhanunjay
Date & Time : 19/6/26

Doctor (who is taking the consent) :
Signature :
Name : Dr Prabhath
Date & Time : 19/6/26 5pm.

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-05-2026 0Y0M0D5H (M)
Dr. SPANDANA PASUPULETI

DATE : 19/6/26

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	N.		
2	Pre natal teeth	None		
3	Anal opening	Paired Meconi		
4	Genitalia	O/E/C descended testis		
5	Spine	N		
6	Red reflex	To be checked		
7	4 limb saturation (before discharge)	To be checked		

Ped.Registrar signature

Ped.Consultant signature

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. P Shirisha Age : 28yr 2M. Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : 19/6/26 UHID No.: .....

NICU Consultant : ..... Referring Consultant : .....

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

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

BIRTH INFORMATION

Name : B/o Mrs P Shirisha

Gender : ☑ M ☐ F Blood Group : B+

Date of Birth : 19/6/26 Time of Birth : 3:56 pm

Place of Birth : RCH: Himayatnagar.

Mother's Blood Group : B+

Birth Weight (gms) : 3140 Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37^{+5} wk

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 28yrs Ht : 158 cm Wt : 76kg BMI : ..... Married Life : ..... LMP : 23/9/25 EDD : 4/07/26

Conception : Spontaneous or with Rx. : .....

Booked at what GA. : ..... AN Steroids Drugs / Doses : .....

Last Scans Details : 4/6/26 SLUP, 36+5 wk Cephalic AFI 19.5 cm. AC 33cm, Doppler (N) Pl- fundo-post., EPhw 2915g

TT Immunization and Iron / Folic Acid : ✓

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 Resistence / ADEF / REDF / Redistribution in MCA) / Ductus Venosus : .....

AFI : 19.5 cm.

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

Controlled or not, recent values, HbA1 values : .....

on Tab. Glycomet 500 mg

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : .....

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : ..... Any culture : .....

PPROM : Duration : ..... ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

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

MNH-0001603
Baby Of P. SHIRISHA
19-06-2026 0Y0M0D2H (M)
Dr. SPANDANA PASUPULETI

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details

PERINATAL HISTORY

Treating Obstetrician : Dr swapna Samudrala Hospital : RCH- Himayatnagar ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) NVD

LSCS : ☐ Elective ☐ Emergency Indication : .....

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : 37+5 wk. Weeks : .....

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

1 Minute	5 Minutes	10 Minutes
1	1	1
2	2	2
0	2	2
0	1	2
1	1	2
TOTAL 4	7	9

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

Comments :

DR-CPAP for 20 min
40% FiO2, PEEP 6
PIP 16
for 10 min

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Present Illness:

Baby born after
30s of Stimulation

↓

Distress + SCR/ICR +

↓

Colour - Pale

↓

DR-CPAP started, Vit K given, Head to toe (N)
21-1. FiO_2 → 40-1. FiO_2
PEEP 6, PIP 16

↓

Shifted to NICU for further Mgmt

Investigation details in previous Hospital :

—

Feeding History :

—

Past History .

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Baby — Pale
SCR+, ICR+
Cried after 30 s.

VITALS : Temperature : ..... HR : 171/m RR : 80/m NIBP : ..... CFT : <2 s

Color of the extremities : .....

Jaundice : ..... Pallor : ..... SpO2 : 89-1. on DR-CPAP at 10 m

Anthropometry : Birth Weight : 3160g ..... Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... SGA : ..... LGA : .....

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. SPANDANA PASUPULETI

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	N. To be checked
Facies : (Any Facial Dysmorphism)	N	
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	N
EYES :	Symmetry : Red Reflex : To be checked Discharge :	N
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Patent Gums : Lips : Tongue :	N
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	N
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : 2A / 1V Discharge : N	N
GENITILIA :	Labia / Hymen : Testicles/penis : Anus patent	♂ (N) ext genitalia B/L descended testis
HERNIAL ORIFICES	N	
TRUNK and SPINE :	N	
SKIN LESIONS :	N	
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	N

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : 40 / 1 - Fio2 PEEP 6 PIP 16

Spo2 : 90% Auscultation : BAE+ Breath Sounds : (N) Added Sounds : .....

Cardiovascular System : S1S2+

HR : 171/m BP : ..... Precordial Activity : .....

Femoral Pulses : felt. Murmurs : .....

Other Peripheral Pulses : ..... Signs of Cardiac Failure : .....

Abdomen : (N) Soft.

Shape : ..... Hernia orifice : .....

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

Palpable masses : ..... Umbilical Cord : .....

Abdominal girth : ..... First urine passed : .....

Meconium passed : .....

Nervous System : Higher intellectual 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 : .....

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. SPANDANA PASUPULETI

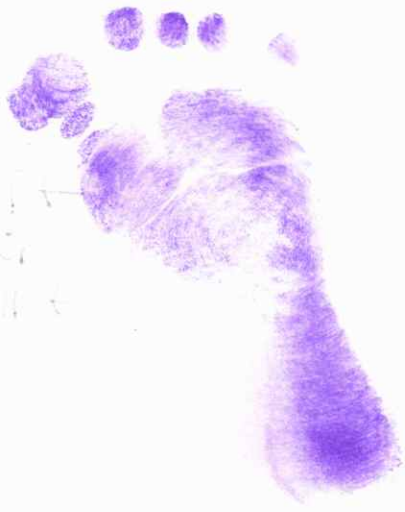
Any Congenital Anomalies : None

Diagnosis : 37+5wk | TTNB | ↓NIV | ♂ | 3.440 kg | PDM

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : .....

Name : Dr. Prakhath.

Date & Time : 19/6/26 4.30 p.m.

Consultant :

Signature : .....

Name : .....

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te 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 : 37+5 wk | IDM | TTNB | ↓NIV | ♂ | 3.140 kg | Cried after Stimulation

Present Issues :

Vital : ☐ HR : 171/min ☐ RR : 60/min ☐ BP : ☐ SPO2 : Weight : 3140g

Any Oxygen requirement : ↓ N.I.V.

Systemic :

Medications :

→ Inj ~~Piptaz~~ Ampicillin
Gentamycin
→ IVF 10 D @ 60ml/kg/day

Plan during ward follow up :

→ GRBS Monitoring 1HOL, 3HOL, 6HOL, 12Hr Daily
→ CBP, CRP, CBG, Blood c/s, Cx & Blood group
→ Vaccination ~~after Baby~~ if healthy

Feeding Plan at the time of shifting : → S.B.F, OAE, NBS at 48 HOL

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0Y0M0D1H (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 4:30 PM	S/B Dr. Tejaswi Δ Term/NVD/Male/CIAB/RDS-NIV 3.14 kg/Infant of Diabetic mother	Plan
	Baby Euthermic HR-138/min SpO_2-98% on NIV BP-	- IVF Dextrose 10% @ 7.3 ml/hr + 15% calcium gluconate 5ml 24hr - Inj. AMPICILLIN 160mg IV TID GENTAMICIN 16mg IV OD
	CVS- S1,S2(+) CRT<3sec RS-BLE-AE(+)	- NIV ventilation PEEP-6.5 Rate-60 FiO_2-25%
	P/A-Soft CNS:- Spont movements (+) Cry (+)	- OG Insitu - Chest X-ray - Send CBP, CRP Blood C/S, Blood group VBG
Noted by Laxmi 19/6/26 4:30pm		- GRBS monitoring @3, 6, 12, 18, 24, 48 Hrs. - CBG 12 AM.

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0Y0M0D2H (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6 9:00pm.	C/S/B Dr. Naipunya | T/AGA/CIAB |	Dr. sushanth | TTNB / NVD / IDM
	On NIV. PEEP - 6.5 FiO_2 - 21% PIP - 18 RR - 60	Plan → - Cont NIV support
	Vitals - HR - 129 - RR - 60 cpm - SpO_2 - 97	- CBG @ 12:00 AM
	R/S - B/L AE (+). SCR (+).	- GRBS monitoring as advised.
	P/A - Soft, NT	- Cont Ampicillin Gentamycin
		- Monitor vitals
		- Trace reports Def.
		Noted by Nirmala 19/6/26 9pm

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

B/o Sirisha.

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/2026 4:20 PM	Counselling Note - Baby has respiratory distress - Baby on NIV ventilation Stable now - Baby to be started on IV fluids & IV Antibiotics - Respiratory support to be tapered gradually - OG feed to be started initially EBM Spoon feeds later - Requires NICU stay minimum. for 2-3 days - If baby has high FiO2 requirement might require Invasive ventilatory support. - If FiO2 requirement is more might require surfactant administration Dr Tejas 19.06.26	

(P.T.O)

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0Y0M0D2H (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	d/w Dr. Suchantha / D. Nagasurya	
20/06/26 8AM	Term (37w+5d) / AGA / CS / B.wt: 3.140gm / IDM	
	Baby on NIV	T.wt: 3kg (↓140gm)
	PEEP-6.5 / PIP-18 / FiO2:-21%	
	RR-60	
	O/E:- vitals HR-130/min	
	SpO2: 99% @ NIV	
	TSP:- 78/53(62)	
	RR. 60/min	
		Adv
		- Contd. NIV
		- Contd Ampicillin
		Gentamycin
		- IV fluids
		- Monitor vitals and
		Inform SOS
		Suchanth
		Noted by Nirmala 20/6/26 8AM

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

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. SPANDANA PASUPULETI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

(8)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6 9:30pm	c/s/o Dr. Tejaswi	
	FT / 37+5 wk / AGA / Male / 3.14 kg / IDM / TTNB	
	Trial off CPAP	
	RD - ↓	Plan
	NPO → start feed	1) Review NIV - CPAP
	No Vomiting	2) cont Inj Ampicillin Inj Gentamycin
	Vitals	3) Start Feed - 5ml/Q4
	HR - 102/m	Inc 3ml/Alt feed if tolerating
	SpO2 - 100%	TV - 80 ml/kg/day
	RR - 26/m	Target feed - 21 ml/Q4
	BP - 65/50 (53) mm	
		4) Monitor Vitals
	R-S - B/L AE®	Inform SOS
	P/A - Soft	
	Passed Urine & Stool	Plan

Noted by
Pooja 20/6/26 @ 9:30pm

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6 2:30pm	c/s/B Dr. Pranav	
	FT / 37+5 wk / NVD / CIAB – RD – TTNB / Boy / AGA / 3.14 kg IDM	
	Baby SV on RA · No RD	Plan
	Tolerated 10ml (OG feed) No Vomiting	1) Feed – 10ml / Q2h Target – 21ml / Q2h
	Vitals	
	HR – 112/min	2) Try DBF f/b burping Q2h
	SpO_2 – 97% RR – 50	
	BP – 69/41 (51)	3) Ct. Inj Ampicillin, Inj Gentamycin } Till c/s report
	c/T/A – Good	4) Trace Blood c/s
	R-S – B/L AE ⊕	5) Monitor Vitals
	P/A – Soft ·	Inform SOS
		6) T/m – Vaccination, SBR/NBS } after room shift
	Passed Urine & Stool ·	
		Pranav
		Noted by Laxmi 20/6/26 @ 2:30pm

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0 Y 0 M 1 D (M)
Dr. SPANDANA PASUPULETI

Counselling

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/2026 12:15pm	B/o Sirisha.	
	Baby is off Oxygen.	
	Started feeding	(EM/2nd baby).
	Infective markers are Negative.	
	Blood c/s → pending	
	Activity → good.	Stop the antibiotics.
	CPAP → remove	
	↳ observe for 24 hrs	
	build up the feeds	again reg. CPAP.
	Dr Tejan	

Dr. S. TEJASWI REDDY
Registration No: 94068

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

HNH-00018057 IP26-00006610
Baby Of P. SHIRISHA
19-08-2026 0Y0M1D (M)
Dr. SPANDANA PASUPULETI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0 Y 0 M 1 D (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 6.40pm.	Dr. Spandana.	
	CPAP - off	
	CVIA	
	Feeding - tolerating Direct Breast feeding	
	CRP - normal	
	Abx - started	
	BC - culture negative	
	Tomorrow morning shifting to room side	
	Vaccination tomorrow morning	
	48 hours of age - SRR - we will do we will do discharge at 48hours after SRR.	
	If mean baby develops clinically treated will start Rx tomorrow & after doing ward round.	

20.06.26.

Dr. Spandana Pasupuleti
Consultant Neonatologist and Pediatrician
Reg. No: 30925

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0 Y 0 M 1 D (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 8 Am	c/s/by · Ds Anush / Dr Srighan	
	T/37.5/NVD/	CIAB - TTNIB / Boy / 3.14 kg / IDM / D2
	Baby on RA	T.wt = 2.940
	vital HR = 121/min	6.3%
	SpO2 - 98%.	
	RR - 48/min	
	BP = 69/45 (53) mmHg.	- ct feeds Orly 1/6 bulb (20-25 ml)
	Accepts feeds well.	- DBF trny. (sucking good)
	s/e	
	RS - BIL AE-(T)	
	NVBS.	- ct Antibiotic till B/c/p
	CVS - S1 S2 No murmur.	
		- shift plan.
	Cannul site - (N)	- vaccinate NBS, OAE, SBR after shift
		- Monitor vital
		Noted by Neonatology 21/6/26 8 Am

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0Y0M0D5H (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6 9am	C/B/B Dr Tejasvi mam –	Shifting notes
	FT / 37+6 wk / NVD / cried after stimuli	– TTNB / Bay / 3.14 kg / D15
	T.Wt – 2.94 kg (6.34 wt loss) (↓ 200g)	
	SV on RA	Plan
	Tolerating feed	1) Shift out
	Vitals stable	2) Stop Abx
	Passing Urine & Stool	3) Vaccination today (BCG, OPV, Hep B)
	R.S – B/L AE ⊕	
	P/A – soft	4) D/C at request
		5) SBR, NBS/TFT, OAE } on f/up T/m
21/06/26 11:32 Am	BCG, OPV, Hep B – Given	Banu
		Noted by surpriya 21/6/26 7Am

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

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0Y0M0D5H (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016057 IP26-00008610
Baby Of P. SHIRISHA
19-06-2026 0Y0M0D5H (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-05-2026 0Y0M0D5H (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016057 IP26-00006610
Baby Of P. SHRISHA
19-06-2026 | 0Y0M0D5H (M)
Dr. SPANDANA PASUPULETI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: ..... Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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:				

Sig. Dre .....

VERIFIED BY : Name .....

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0Y0M0D1H (M)
Dr. SPANDANA PASUPULETI

REGULAR PRESCRIPTIONS Weight. 3.140 kg Ward. .....

DRUG : INJ AMPICILLIN

Dose	Route	Frequency	Start Date
150mg	IV	TID	19/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Prabhath

Additional Instructions:
Add 4.7mL DW to 500mg vial to make 100mg/mL - Double dilute to make 50mg/mL ≅ NS (3mL = 150mg) IV over 5-10 min

Daily Doctor's Endorsement by a Sign

Date/Time: 19/6 20/6 21/6 ... Stop

DRUG : INJ GENTAMYCIN.

Dose	Route	Frequency	Start Date
15mg	IV	OD	19/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Prabhath

Additional Instructions:
5mg/kg = 15mg
Prepare 10mg/mL by adding 8mL NS to 2mL, IV over 10min

Daily Doctor's Endorsement by a Sign

Date/Time: 19/6 20/6 ... Stop

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

HNH-00016057 IP26-00006610
Baby Of P. SHRISHA
19-06-2026 0Y0M0D5H (M)
Dr. SPANDANA PASUPULETI

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

	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

Signature .....

VERIFIED BY : N

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

HNH-00016057
Baby Of P. SHIRISHA
19-06-2026 0Y0M0D1H (M)
Dr. SPANDANA PASUPULETI

I.V. FLUIDS CHART

Weight. 3.140 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
19/6/26	4:30pm	IVF 10:1. D @ (60ml/kg/day) + 15ml Calcium Gluconate.	IV	7.7			20/6/26 @4pm		

VERIFIED BY : Name ..... Signature .....

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0Y0M0D1H (M)
Dr. SPANDANA PASUPULETI

BY RAINBOW HO
Your Right ...a Sa

INTENSIVE CARE UNIT
RESENTATION FORMAT FOR NURSES AND DOCTORS

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

Gest Age: 37+5 WK Birth Weight: 3.140 kg

Date: 20/6/26	Date: 21/6/26	Date:
DOL D1 Weight 3.00kg ↓140gm	DOL D2 Weight 2.940gm ↓60gm	DOL Weight
Problems: TTNB	Problems: TTNB	Problems:
Rs. 30-60bpm Exam Done Vent. Setting-NIV ABG } SOS CXR }	Rs. 30-60bpm Exam Done Vent. Setting } SOS ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS Normal HR 140-160bpm BP 69/44 Map (52) Cap Refil <2sec	CVS Normal HR 140-160bpm BP 72/46 Map (56) Cap Refil <2sec	CVS HR BP Map Cap Refil
F/E/N T. Fluids 115.5ml CC /kg /day 36.7cc/kg/day I/O/RBS: 126mg/dl U Output: 130 (CC/kg/hr) 1.7cc Exam - Done T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC /kg /day I/O/RBS: 74mg/dl U Output: (CC/kg/hr) Exam - Done T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC /kg /day I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics Inj. Ampicillin	C/s Results CRP Antibiotics Inj. Ampicillin	C/s Results CRP Antibiotics
Med Inj. Gentamycin Neuro:	Med Inj. Gentamycin Neuro:	Med Neuro:
Assessment Done	Assessment - Done	Assessment
Plan GRBS-	Plan GRBS	Plan

INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group:..... Baby's Blood Group: ..... Sheet No: ....

Gest Age:..... Birth Weight: .....

Date:	Date:	Date:
DOL Weight	DOL Weight	DOL Weight
Problems:	Problems:	Problems:
Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment	Assessment	Assessment
Plan	Plan	Plan

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	19/6/26					
Time	4:56pm					
Hb	18.1					
PCV	50.7					
RBC	4.96					
WBC	10.26					
N/L	45.4/46.6					
Platelets	238					
CRP	5.0					
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						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

Patient Sticker

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA (M)
19-06-2026 0 Y 0 M 1 D
Dr. SPANDANA PASUPULETI

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

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

...RLY WARNING SCORE: CHILDREN'S UNIT

Date: .... Time:	8		9		10
Doctor/Nurse/Family Concern?					
Temperature (ºF) (104 – 94)	36.7°c		36.6°c		36.5°c
Heart Rate (bpm) and Blood Pressure (mmHg) * (190 – 50)					
Heart Rate (Number)	120		130		110
Resp. Rate (bpm) (Over 1 Minute) * (70 – 10)					
Resp Rate (Number)	30		40		50
Resp Distress — Mod/ Severe					
Resp Distress — None / Mild					
Receiving O_2(l/min)					
O_2Saturations (%)	100		99		99
Conscious Level — Normal					
Conscious Level — Altered					
GCS *					
TOTAL SCORE Number of shaded boxes					
Pain Score	0	0	0		0
Observer's Initials	[illegible]		[illegible]		[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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)

Patie

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0 Y 0 M 1 D (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
21/6/26	08:00 am	EBM	2ml								1	
	09:00 am											
	10:00 am	EBM	DBF/FF				✓			20ml	1	
	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**	

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0 Y 0 M 1 D (M)
Dr. SPANDANA PASUPULETI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 21/6/26

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 to 2pm	* Assess the Baby general condition * Monitor the vital signs * maintain I/O chart	8AM to 2pm	* Assessed the Baby general condition * Monitoring the	Baby is stable	Rechecked vitals	[signature]
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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							

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA 0 Y 0 M 0 D 1 H (M)
19-06-2026
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: TTNB

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND

Area / Shift Time	19/6/26 G2	19/6/26 N1	20/6/26 M5	20/6/26 N1	21/6/26 M6	
Medical Condition (Any special condition to be noted):	RD.	TTNB	TTNB	TTNB	TTNB	

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
Vital Signs: Temp:	36.6°C	36.5°C	36.6°C	36.5°C	36.5°C	
Res:	40	36 bpm	40 b/m	42 bpm	45 bpm	
SpO_2:	100	100%	100 b/m	100%	100 %	
Pulse:	140 bpm	118 bpm	170	119 bpm	125 bpm	
BP:	69/44	69/44(52)	78/53(62)	72/46(58)	—	
Fall Risk Score:	—	—	—	—	—	
Pain Score:	—	—	—	—	—	

Recommendations

Safety Needs:	—	—	—	—	—	
Physiotherapy	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
Others Specify:	—	—	—	—	—	
Special Diet:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
Other Special Orders / Medications:	—	—	—	—	—	
Post Operative Procedure Special Orders:	—	—	—	—	—	
Handed Over By Name :	Dhanu	Nirmala	Pooja	Nirmala	Sanjay	
Signature :						
Date:	19/6	20/6/26	20/6/26	21/6/26	21/6/26	
Time:	8pm	8 AM	8pm	8 AM	2pm	
Taken Over By Name :	Nirmala	Pooja	Nirmala	Pooja		
Signature :						
Date:	19/6/26	19/6/26	20/6/26	21/6/26		
Time:	8pm	8pm	8 AM	8 AM		

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

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

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0Y0M0D5H (M)
Dr. SPANDANA PASUPULETI

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 19/6	20/6	20/6	20/6
					Time : 6 2	N1	M5	N1
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	27	27
				Evaluator's Name				

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

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

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

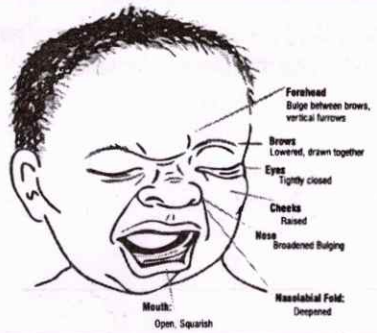
HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
18-06-2026 0Y0M0D5H (M)
Dr. SPANDANA PASUPULETI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						17/6	20/6	20/6	21/6					
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						01	06	01	06					
					Procedure ➡	—	—	—	—					
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA	NA	NA	NA					
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	NA	NA	NA	NA					
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA	NA					
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA	NA	NA	NA					
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	NA	NA	NA	NA					
Gestational Age / Corrected Age						37+5 wks	37+6 wks	37+5 wks	32 wks					
Total Pain / Agitation Score						—	—	—	-					
Intervention						—	—	—	-					
Effectiveness						—	—	—	-					
Signature														



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age

+2 if 28 - 31 weeks gestation age / Corrected Age

+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5

Light Sedation: Score = -5 to -2

Pain Score less than or equal to 3 – No Intervention

Pain Score greater than 3 – Intervention

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	• Observe the infant for a minute before selecting a score for each behavior. • Stimulate the infant and observe and select a score for each behavior. • Select only one numeric value (Highest) per behavior.	• Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
Scoring/ Documentation	• Sedation scores are negative scores only • Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) • NPASS Sedation total score has a range from 0 to -10 possible. • Document total NPASS Sedation score in the medical record.	• Pain/Agitation scores are positive scores only • Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. • Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. • NPASS Pain/Agitation total score has a range from 0 to 13 possible. • Document the total NPASS Pain/Agitation score in the medical record

Interpretation	• Desired levels of sedation vary according to the situation.
	• Discuss and determine sedation goal with provider.
	  • "Deep sedation": goal score of -10 to -5
	  • Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea
	  • "Light sedation": goal score of -5 to –2
	• Reassess patient per frequency in local sedation policy
	  • A negative score without the administration of opioids/ sedatives may indicate:
	  • The premature infant's response to prolonged or persistent pain/stress
	  • Neurologic depression, sepsis, or other pathology
		• Does not provide pain intensity rating.
		• Any score greater than 3 indicates the possibility of the presence of pain in the infant
		  • Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological).
		  • Reassess patient per frequency of local pain policy.
		  • If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 19/6			DAY-2 20/6/26			DAY-3 21/6/26			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		Alp	0	0	0	0	0			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		Alp	0	0	0	0	0			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		Alp	0	0	0	0	0			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		Alp	0	0	0	0	0			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		Alp	0	0	0	0	0			
		Signature of the Nurse				0							

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

Signature of Shift In Charge :

Signature : Nimala Name : Nimala

Signature of Ward In Charge :

Signature : Bharani Name : Bharani

HNH-00016057 IP26-00006610
Baby Of P. SHIRISHA
19-06-2026 0 Y 0 M 0 2 H (M)
Dr. SPANDANA PASUPULET

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 19/6/26

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply		✓	✓	
Flow Between 5-7 Litres / Min		✓	✓	
Humidifier Temperature Correct (36.5-37.5*C)		✓	✓	
Humidifier Water Level Correct		✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.		✓	✓	
Tubing Correctly Placed (Position & Leak)		✓	✓	
Excess Fainout (Afferent Tubing) Drained		✗	✗	
Excess Rainout (Efferent Tubing) Drained		✗	✗	
Temperature Probe away from Heat / Cover with Aluminium Foil		✓	✓	
Gas Bubbling Continuously		✗	✗	
Water Level at Desired Level in Bubble Chamber.		✗	✓	
INTERFACE:				
Nasal Prong / Mask Correct Size		✓	✓	
Nasal Prong/ Mask Correctly Placed		✓	✓	
Hat Fits Snugly		✓	✓	
Moustache Suitable and Effective		✓	✓	
Nasal Bridge Intact		✓	✓	
Septum Intact		✓	✓	
POSITION:				
Head Position Correct		✓	✓	
Head Roll - Correct Size and Position		✓	✓	
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring		✓	✓	
Oro Nasal Suctioning Documentation		✓	✓	
OG Tube in SITU		✓	✓	
Baby Comfortable		✓	✓	
Chest Retractions		✓	✓	
Name of the Nurse:		Dhn	Nirmala	
Signature of the Nurse:				
Date & Time:		19/6/26	19/6/26	

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: .....

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

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