

**ACTIVITY RECORD FOR BILLING**

IH-00205787 IP-00060301

Baby B/O T SAANVI REDDY

0-06-2026 0 Y 0 M 0 D 2 H (F)

Name: Jr. KODICHERLA VISHNU VARDHAN

UHID No



----- Consultant : ----- Dept : -----

Date of Admission : 10/6/20 Time : 12:08 PM Date of Discharge : ----- Time: -----

Room / Bed No : 227-1 Ward : MICU Suggested Billable bed type : -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
10/6/20	6 pm	MICU	Room (208)	<i>[Signature]</i>

**Cross Consultation Visit**

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







**ADMISSION SHEET**

**Registration Details :**



**Admission No** : IP-00060301      **Admit Date** : 10-Jun-2026      **Admit Time** : 12:08 PM      **UHID** : VIH-00205787

**Patient Details :**

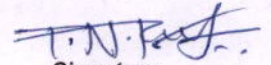
<b>Patient Name</b> : Baby B/O T SAANVI REDDY	<b>Age</b> : 0 D
<b>Guardian</b> : Mr T NAVEEN REDDY	<b>DOB</b> : 10-06-2026 11:23 AM
<b>Gender</b> : Female	<b>Religion</b> :
<b>Occupation</b> :	<b>Martial Status</b> :
<b>Address (H)</b> : maithri vanam Siddipet Bus Stand Medak Telangana INDIA 502103	<b>Phone No</b> : 7032243430/ <b>E-mail</b> : na@gmail.com

**Admission Details :**

**Bed Type** : BASINET      **Bed No** : CRDL-MICU-227-1      **Ward Name** : N 2F-MICU  
**Room No** : CRDL-MICU-227-1      **Admission Type** : First Visit

**Contact Details :**

**Name** : Mr T NAVEEN REDDY      **Relationship** : Father  
**Contact Address** : maithri vanam Siddipet Bus Stand Medak  
Telangana INDIA 502103      **Phone No** : 7032243430 / 9492029404

  
**Signature**

**Doctor Details :**

**Doctor Name** : Dr. KODICHERLA VISHNU VARDHAN REDDY      **Specialisation** : NEONATOLOGY  
**Referral Doctor** : Self      **Phone No** :  
**Co-Consultant** :

**Payment Details :**

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

# PATIENT TRANSFER FORM

I/H-00205787 IP-00060301

Baby B/O T SAANVI REDDY  
 0-06-2026 0 Y 0 M 0 D 2 H (F)  
 Jr. KODICHERLA VISHNU VARDHAN



Date & Time of Admission <i>10/6/26 @ 12:08 PM</i>		Date & Time of Transfer Order <i>10/6/26 @ 6:00 PM</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. Vishnu</i>	Reason for Transfer <i>Observation</i>
From Unit <i>MICU</i>	To Unit <i>Room (208)</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>28</i>	Number of Imaging Films <i>-</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>Small patches</i>	<i>1</i>
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes  No

Name & Signature of Person who is Transferring <i>[Signature]</i>	Name of Person Ordered Transfer <i>Dr. Vishnu</i>
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Patient & Clinical Records Received by :

*[Signature]*

Date & Time of Patient Received :

*10/6/26 @ 6:20 PM*

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

IP-00060301  
 AH-00205787  
 Baby B/O T SAANVI REDDY  
 0-06-2026 0 Y 0 M 0 D 2 H (F)  
 Jr. KODICHERLA VISHNU VARDHAN



## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O - T. saanvi Reddy Mother's Name: Mrs. T. saanvi Reddy  
 Date of Birth: 10/6/26 Time of Birth: 11:23 Am Gender:  Male  Female  
 Birth Weight: 2.540 Kgs HC: ..... cm Length: ..... 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: 12:00pm

IH-00198316 IP-00060285  
 Mrs T SAANVI REDDY  
 3-11-2000 25 Y (F)  
 r. BHAVANA K

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

**Physical Assessment of New Born:**

Temp: 98.0°C HR: 160b/min RR: 48b/min BP: ..... SpO<sub>2</sub>: 99%  
 Pain Score: 0 (Follow N Pass)

Fall Risk Assessment:  Yes  No Score: 15 (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: Abhinal Signature: [Signature] Date & Time: 10/6/26 12 PM



## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : Mrs Saanvi. Age : 25y Father's Name : ..... Age : .....  
 Date of Birth : 13/11/2000. Date of Admission : 8/6/26. UHID No. : .....  
 NICU Consultant : Dr. Akhela M. Vishnu is 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 Saanvi. Mother's Blood Group : O Positive  
 Gender :  M  F Blood Group : ..... Birth Weight (gms) : 2.540kg Length (cms) : .....  
 Date of Birth : 10/6/26 Time of Birth : 11.23-25Am OFC (cms) : .....  
 Place of Birth : PCH VPF. Estimated Gesth Age : 37weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 25y. Ht : 154. Wt : 75. BMI : ..... Married Life : 5/4y. LMP : 23/9/25 EDD : 30/6/26  
 Conception : Spontaneous or with Rx : Spn.  
 Booked at what GA : 52wks AN Steroids Drugs / Doses : .....  
 Last Scans Details : 2/6/26 = 36w 1 Cephalic - PL, APT, Placental lakes noted  
 TT Immunization and Iron / Folic Acid : .....

### MATERNAL RISK FACTORS

Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> >35yrs Consanguinity : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <b>H/o PIH (after 20 weeks) / PE</b> How many Drugs / Doses / Since how long : ..... H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : ..... IUGR - when detected : ..... Doppler ( Increased Resistance / ADEF / REDF / Redistribution in MCA ) / Ductus Venosus : ..... AFI : 12.1cm	<b>H/o GDM/ pre GDM/ on diet or insulin</b> Controlled or not, recent values, HbA1 values : 10. Compliance with Rx : ..... Scans : LGA, TIFFA , Fetal Echo : ..... <b>H/o Hypothyroidism : when diagnosed ? Medication?</b> Any other Chronic Medical Problems, when detected drugs ? fungal infection at 30th weeks. ( Anemia, SLE, Jaundice, CHD, Heart Disease ) Infection : H/O, Fever <input type="checkbox"/> Malaria <input checked="" type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV UTI : when : 09/5/26 Any culture : Klebsiella (29/5/26)
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PPROM : Duration : .....  Uterine Tenderness  Foul Smelling Liquor  HVS (if taken) - Results : .....  
 Medication during Pregnancy : ..... Duration : .....



**PAST OBSTETRIC HISTORY**

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

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

**PERINATAL HISTORY**

Treating Obstetrician : ..... Hospital : .....  Inborn  Outborn

<b>Duration of Labour</b> First stage (> 18 hours sig) Second stage (> 2 hours after dilation) LSCS : <input type="checkbox"/> Elective <input checked="" type="checkbox"/> Emergency Indication : ..... Specify the reason : <u>Recurrent UTI, SGA, INPOL</u> Augmentation of Labour : <input checked="" type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal	CTG : <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological MSL : ..... Resuscitaion : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cord ABG : <u>PV 7.23, Pao2 = 12 Hco2 = 22 BE = -8.</u> Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....
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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
TOTAL	7/10	9/10	10/10

Resuscitation			
Minutes	1	5	10
Oxygen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

**Snapee II Score**

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

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints :



History of Present Illness:

Baby was delivered via Emergency LSC in Vertex presentation.

F9 / 32w / 2.540kg / A GA / 1m / Female / LSCS / CIAAD  
NPO2

Baby cried immediately after birth.

DIC done for 1 min.

HR > 100, Baby was pink

Investigation details in previous Hospital :

Vitally stable

umbilical cord clamped & cut under  
aseptic conditions.

Feeding History :

dyg vit K given.

Past History :

Family History :

Socio Economic History :



**GENERAL EXAMINATION ON ADMISSION**

General Disposition :  
  
*C/T/A (N)*

VITALS : Temperature : *Subnormal* HR : *160/min* RR : *48/no* NIBP : *—* CFT : *23ml*  
Color of the extremities : *pink*  
Jaundice : *—* Pallor : *—* SpO2 : *96% RR*

Anthropometry : Birth Weight : *2.540kg* Length : ..... HC : ..... Present Weight : *2.540kg*  
Ponderal Index : ..... AGA :  SGA : ..... LGA : .....

**HEAD TO TOE EXAMINATION**

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

Facies : (Any Facial Dysmorphism) .....  
*| (N)*

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

EYES : Symmetry : .....  
Red Reflex : .....  
Discharge : .....  
*→ not done*

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



**THORAX and BREASTS :** Shape of Thorax : / ②  
 Position of Nipples and Number :

**ABDOMEN and UMBILICUS :** Shape :  
 Organomegaly :  
 Bowel Sounds :  
 Umbilical Stump : → 2A, 1V  
 Discharge :

**GENITALIA :** Labia / Hymen :  
 Testicles/penis : → female  
 Anus :

**HERNIAL ORIFICES**

**TRUNK and SPINE :**

**SKIN LESIONS :**

**EXTREMITIES :** Fingers / Toes :  
 Deformities :  
 Hip Joint Examination :  
 Arms / Legs :  
 Mobility :

**SYSTEMIC EXAMINATION**

**Respiratory System :**  
**Breathing Pattern :**  Regular  Periodic  Shallow  Gasping  
 Mention If baby has Respiratory distress : RR : 50/min SCR / ICR / See - Saw breathing :  
 Scoring of respiratory distress if present (Silverman or Downe's) :  
 Mention if baby is on :  Hood box  CPAP  Ventilator  
 Settings :  
 SpO<sub>2</sub> : 96% RA Auscultation : BAE ① Breath Sounds : chest clear Added Sounds :

**Cardiovascular System :**  
 HR : 160/min BP :  
 Femoral Pulses : well felt  
 Other Peripheral Pulses :  
 Precordial Activity :  
 Murmurs : ①  
 Signs of Cardiac Failure :

**Abdomen :**  
 Shape :  
 Palpation : / NAD  
 Palpable masses :  
 Abdominal girth :  
 Hernia orifice : ①  
 Anal Patency : ①  
 Umbilical Cord : 2A, 1V  
 First urine passed :  
 Meconium passed :



**Nervous System** : Higher intellectual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves : .....

CTIA @

**Motor System :**

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : B/L Symmetrical complete DTR : .....

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

Any Congenital Anomalies : NO visible longitudinal anomalies

Diagnosis : PT/37/2.5408/ACIA/1m/Female/LSL/CVAR

**FOOT PRINTS**

Left Side :



Right Side :



Taken by  
Dr. Vardhan  
@ 11:35 AM

Resident Doctor :

Signature : [Signature]

Name : D. Vishal

Date & Time : 10/6/26

Consultant :

Signature : [Signature]

Name : [Signature]

Date & Time : [Signature]



**DISCHARGE PLAN**

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 :  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**Screenings done during NICU Stay :**

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

**Discharge Details:**

**Neonatal Condition at Discharge:**

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



**Feeding:**  Breastfeeding Exclusively  Breastfeeding and Formula Feeding  Formula Feeding

Vitamin K given:  Yes  No

Vaccinations given  BCG  Hepatitis B  Others: .....

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

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

Hearing Test:  Yes  No

Jaundice:  NIL  Slight  Moderate

Passed Urine:  Yes  No

Passed Meconium:  Yes  No

Weight at discharge: .....

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

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

Discharge to  Home  Other: .....

Against Medical Advice:  Yes  No

Referred to another hospital:  Yes  No

**Discharge Medications:**  Yes  No

Details: .....

Final Diagnosis: .....

*DBF Hb bp x 3<sup>rd</sup> hly,  
Warm Care, Cord Care  
Immunizations as per schedule  
OAE, NBI, SBR. before discharge  
Monitor Vitals.*

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....

1H-00205787

IP-00060301

Baby B/O T SAANVI REDDY

0-06-2026

0 Y 0 M 0 D 2 H (F)

Jr. KODICHERLA VISHNU VARDHAN



### ESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 8:30 AM	<u>Ch/B Resident</u>	TOB - 10/6/26 11:23 AM
	Term / 37 weeks / LSCG / CIAB / 2.570 kg / AGA / Female / Primi	
	M.BG - O positive	
	B.BG - O positive	on mother's feed.
	T.Wt - 2.47 kg (170 gm) (2.7%)	<u>Plan</u>
	OE - Baby warm C/T/A good CRT < 3 sec CUS - SIS2 (N) P - B/L (N) PA - SSJ Vity stable (P)	- BF for burpy 2ndly - Vaccinate as per schedule - Warm covered cord care - DAB/SBR/NBS b/f discharge
	Red Reflex - (N)	
 DShivam	noted by Dr. Agni 11/6/26 2:10 PM	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26	<p><u>Lactation notes</u> (Mrs. Ranjitha)</p>	
<p>11:40am</p>	<ul style="list-style-type: none"> <li>• Mother is well</li> <li>to see the Mother later today</li> </ul>	
11/6/26	<p>→ 1st time Mother</p>	
	<ul style="list-style-type: none"> <li>• flat nipples both sides</li> <li>• drops of milk seen</li> <li>• Helped the Mother to handexpress the milk &amp; feed the baby in parallel</li> <li>• Demonstrated the usage of nipple shield</li> <li>• Baby latching &amp; sucking well</li> <li>• Advised to invest in good quality pump for the</li> </ul>	<p>→ To help the mother to feed using nipple shield</p>
<p>1:15 PM</p>		



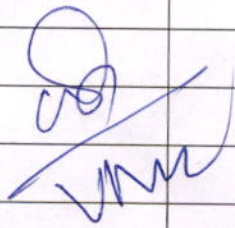
2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26	C/S/B Resided	
4 PM	<u>Newborn</u>	
	O/R C/T/A good	Pls
	WS - S/S 0	
	R - BLAD 0	- DBF flb burpy story
	PA - S/L	
	W stable	- Continue same
	Noted by	
	paehna	
	11/6/26	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/2026 9:10 AM	37 / ♀	2-50 kg / ↓ Primi Em-LCS
		(34.1) 2.45 kg <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">HOL-45.</span>
		C/T/A-Cord CRT = 3 ser AF (N) more E Cord
M/B) +ve.		Plan - DB ffburping Q1H - warm h/e cord cue - vitals q1h - Inform So)
	SBR @ 45 hrs - 13.3 within (2 gop)	
	Red matter - <input checked="" type="checkbox"/> (12.0) OAE - <input checked="" type="checkbox"/>	d. L... -> NBS follow up]
		



## NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: FT / 37 / 2.540kg / AGA / 2M Female LSCS CIAB.						Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....	
Surgery / Procedure:						Post OP Day: _____		
BACKGROUND	Date	10/6/26 M	10/6/26 E	10/6/26 E	10/6/26 N	11/6/26 M	11/6/26 E	
	Medical Condition (Any special condition to be noted):		-	-	-	Nil	MI	Nil
Diet:		DBF	DBF	DBF	DBF	DBF	DBF	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):	RA						RA
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:	Temp:	98.1f	98.0f	97.9f	98.7f	98.6f	98.3f
		Res:	49b/m	46b/m	41b/m	38b/m	38b/m	40b/m
		SpO <sub>2</sub> :	99%	99%	99%	98%	99%	99%
		Pulse:	160b/m	162b/m	151b/m	149b/m	146b/m	149b/m
		BP:	-	-	-	-	-	-
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious	
	Fall Risk Score:	15						15
Pain Score:	0						0	
Skin Integrity	Intact						Intact	
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Physiotherapy:	-						Nil
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Special Diet:	DBF						DBF
	Critical Lab Test / Values:	-						Nil
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ADL (Dependent / Non Dependent):	Dependent						dependent	
Post Operative Procedure Special Orders:	2nd hourly DBF						nil	
Handed Over By Name :	Kanah	Kanah	Padma	Raj	Nagman	Padma		
Signature / ID :	020573	020573	606329	606329	606329	606329		
Date:	10/6/26	10/6/26	10/6/26	10/6/26	11/6/26	11/6/26		
Time:	@ 2pm	@ 6pm	8pm	@ 8pm	@ 2pm	@ 8pm		
Taken Over By Name :	Kanah	Padma	Raj	Nagman	padma	Deepika		
Signature / ID :	020573	606329	606329	606329	606329	606329		
Date:	10/6/26	10/6/26	10/6/26	11/6/26	11/6/26	11/6/26		
Time:	@ 2:00pm	6pm	@ 8pm	C.8A	@ 2pm	@ 8pm		



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <b>PT/37 / 2.540kg / AGIA / 1m / Female</b> <b>LSCS C/AB</b>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....				
	Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date	<b>11/6/26</b>	<b>12/6/26</b>				
	Shift	<b>N</b>	<b>M</b>				
	Medical Condition (Any special condition to be noted):	<b>Nil</b>	<b>Nil</b>				
	Diet:	<b>DBF</b>	<b>DBF</b>				
ASSESSMENT	Allergy:	<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	
	Ventilation (RA, NP, NIV, VENTI):	<b>RA</b>	<b>RA</b>				
	Tubes/Drains/Catheter:	<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	
	Vital Signs:	Temp:	<b>98.3°F</b>	<b>98.0°F</b>			
		Res:	<b>40b/m</b>	<b>39b/m</b>			
		SpO <sub>2</sub> :	<b>99%</b>	<b>99%</b>			
		Pulse:	<b>150b/m</b>	<b>146b/m</b>			
		BP:	<b>-</b>	<b>-</b>			
		LOC:	<b>conscious</b>	<b>conscious</b>			
		Fall Risk Score:	<b>75</b>	<b>15</b>			
	Pain Score:	<b>0</b>	<b>0</b>				
	Skin Integrity	<b>Intact</b>	<b>Intact</b>				
Recommendations	Safety Needs:	<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:	<b>Nil</b>	<b>Nil</b>				
	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<b>DBF</b>	<b>DBF</b>				
	Critical Lab Test / Values:	<b>nil</b>	<b>Nil</b>				
	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 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 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 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):	<b>Dependent</b>	<b>dependent</b>					
Post Operative Procedure Special Orders:		<b>SBR/NRS</b> <b>at 6dlc</b>					
Handed Over By Name :		<b>Dupika</b>	<b>Padma</b>				
Signature / ID :		<b>607469</b>	<b>606329</b>				
Date:		<b>12/6/26</b>	<b>12/6/26</b>				
Time:		<b>@8AM</b>	<b>@12pm</b>				
Taken Over By Name :		<b>Padma</b>	<b>Jend to H</b>				
Signature / ID :		<b>606329</b>	<b>Jend to H</b>				
Date:		<b>12/6/26</b>	<b>fill Billing</b>				
Time:		<b>@3AM</b>					



# NURSING CARE RECORD

Date: 10/16/26

**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: DBF

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				Nil			
Afternoon	1 Pm	Ensure safety * maintain personal hygiene.	1 Pm	To provide side coiled - provided warm cover.	To prevent fall - DBF 2 <sup>nd</sup> hourly given.	Baby is good - vitals 4 <sup>th</sup> hourly check'd	<del>Radma</del> 10/16/26 @ 4PM  Radma 10/16/26 8PM
Night	7pm	maintain good nutritional status	9:30 PM	to every 2nd hourly Feeding & Burping is a give	to prevent dehydration	re-assessment was done every 4th hourly vital monitor	Raja 10/16/26 8PM

I/H-00205787 IP-00060301  
 Baby B/O T SAANVI REDDY  
 0-06-2026 0 Y 0 M 0 D 2 H (F)  
 Dr. KODICHERLA VISHNU VARDHAN



# NURSING CARE RECORD

Date: 11/6/26

**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	9Am	Ensure Safety	9Am	Baby kept in crib	Prevent from falls	Baby is active & no fresh complaints	11/6/26 Naef
	11Am	feeding	11Am	feeding given every second hourly.	To maintain hydration.		
Afternoon	3pm	* maintain fluid Balance.  - Ensure safety.		* maintained the fluid Balanced. Nutritional status.  * provided the warm and. card. care.	* prevent to the dehydration.  * provided the warm care.	* Re-assessment. Done. - every 2nd hourly feeding.	Padma 11/6/26 @ 3pm
Night	8pm	Ensure Safety	11pm	To provide side rails	To prevent risk of falls	Re-Assessment was done Baby is safe.	Dupika 11/6/26 @ 8Am
	12Am	Maintain Good Nutritional status	8Am	To give feed & burp 2nd hourly	To prevent dehydration		



## 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!
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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.

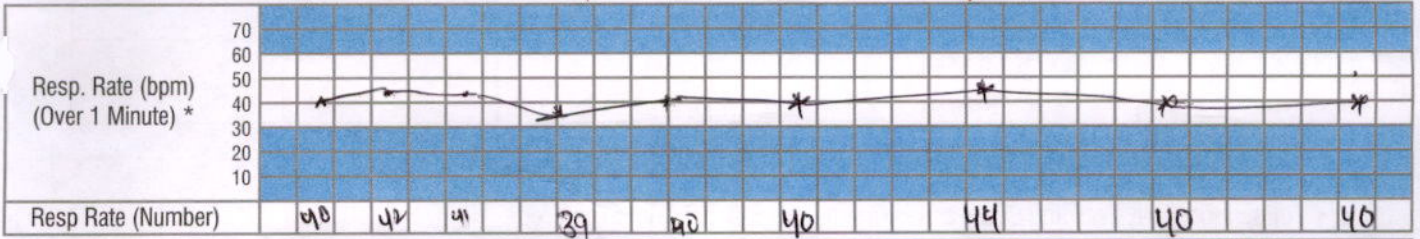
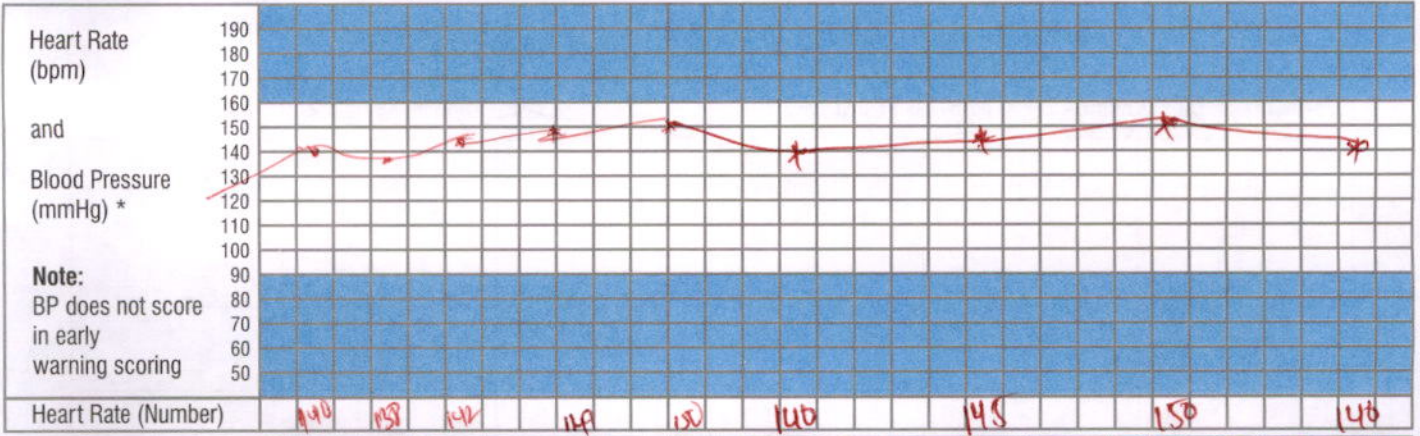
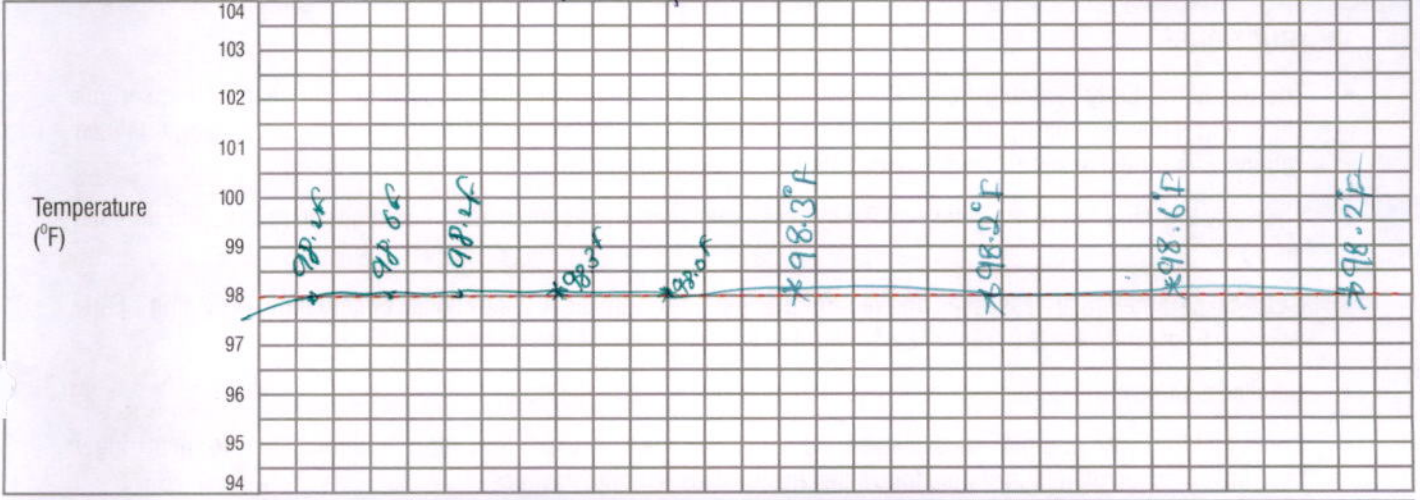
<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
<b>B</b>	<b>BACK GROUND :</b> Child (X) was admitted on (XX 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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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



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

Date: ...11/6/26 Time:	9	11	1	5	8	9	12	5	#
Doctor/Nurse/Family Concern?	A	A	P	pm	pm	pm	AM	AM	AM



Heart Rate (Number)	140	138	142	149	150	140	145	150	140
Resp Rate (Number)	40	42	41	39	40	40	44	40	40
Resp Mod/ Severe Distress									
Receiving O <sub>2</sub> (l/min)									
O <sub>2</sub> Saturations (%)	98	99	98	99	99	99	99	98	99
Conscious Level	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	14	14
<b>TOTAL SCORE</b>									
Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	A	P	P	P	P	D	D	D	D

<b>ACTIONS</b>	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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VIH-00205787 IP-00060301  
 Baby B/O T SAANVI REDDY  
 10-06-2026 0 Y 0 M 1 D (F)  
 Dr. KODICHERLA VISHNU VARDHAN

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

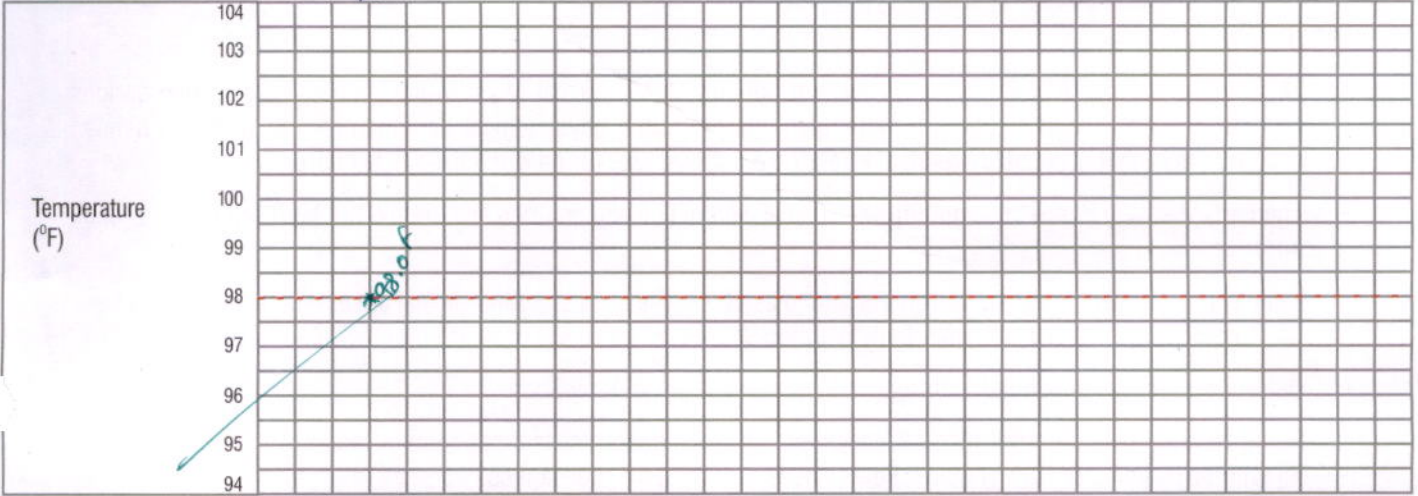
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**EARLY WARNING SCORE: CHILDREN'S UNIT**

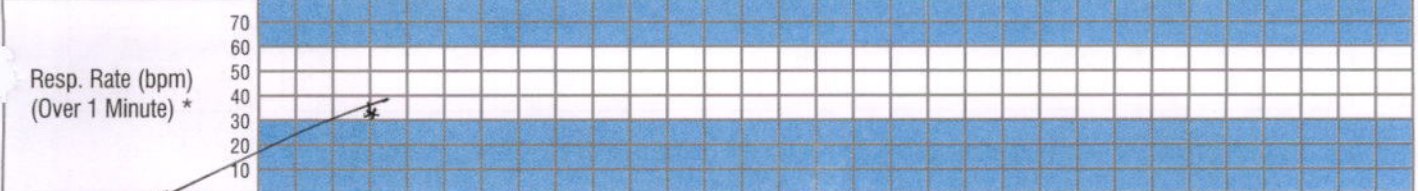
Date: 12/6/26 Time: 10

Doctor/Nurse/Family Concern? Am



Heart Rate (bpm)	190
and	150
Blood Pressure (mmHg) *	
<b>Note:</b> BP does not score in early warning scoring	

Heart Rate (Number) 150



Resp Rate (Number) 35

Resp Distress: Mod/ Severe / None / Mild

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

Conscious Level: Normal / Altered +

GCS \* 8

**TOTAL SCORE**  
Number of shaded boxes 0

Pain Score 0  
Observer's Initials Am

<b>ACTIONS</b> NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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IH-00205787 IP-00060301  
 Baby B/O T SAANVI REDDY  
 0-06-2026 0 Y 0 M 0 D 2 H (F)  
 Jr. KODICHERLA VISHNU VARDHAN



# FLUID CHART

Sheet No. : .....  
1

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			
10/6	08:00 am					Nil							
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm	DBF									✓		
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
10/6	02:00 pm	DBF								✓			
	03:00 pm												
	04:00 pm	DBF											
	05:00 pm												
	06:00 pm	DBF											
	07:00 pm						✓			✓			
<b>Total Intake :</b>						<b>Total Output :</b>							
11/6/26	08:00 pm												
	09:00 pm	DBF											
	10:00 pm												
	11:00 pm	DBF						✓					
	12:00 am												
	01:00 am	DBF								✓			
<b>Total Intake :</b>						<b>Total Output :</b>							
11/6/26	02:00 am												
	03:00 am	DBF											
	04:00 am							✓					
	05:00 am	DBF											
	06:00 am												
	07:00 am	DBF								✓			
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							

# FLUID CHART

Sheet No. : .....

11/6/26

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Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
11/6/26	08:00 am						✓			✓	1	D. Dupilega 11/6/26 @ 8pm	
	09:00 am	DBF									0		
	10:00 am												
	11:00 am	DBF							✓		1		
	12:00 pm												
	01:00 pm	DBF											
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11/6/26	02:00 pm											D. Dupilega 11/6/26 @ 8pm	
	03:00 pm	DBF											
	04:00 pm					✓				✓			
	05:00 pm	DBF											
	06:00 pm									✓			
	07:00 pm	DBF					✓						
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	09:00 pm	DBF											
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	11:00 pm	DBF											
	12:00 am									✓			
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12/6/26	02:00 am											D. Dupilega 11/6/26 @ 8pm	
	03:00 am	DBF					✓						
	04:00 am												
	05:00 am	DBF								✓			
	06:00 am												
	07:00 am	DBF											
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

VIH-00205787 IP-00060301  
 Baby B/O T SAANVI REDDY  
 10-06-2026 0 Y 0 M 1 D (F)  
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Sheet No. : .....

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