



Utthan trust



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Hospital

NEONATAL INTENSIVE CARE UNIT

Baby M. Eash DOB TOD Date 12/11/2015 Day of Life
 GESTIN wks BIRTH WT kg Yesterday's Wt. kg Today's Wt. kg
 DIAGNOSIS

Time	TEMP IN THERMIST	TEMP ON MIDR	SET TEMP	CHANGE IN SET TEMP	O2 SATIN	HR	RR	B.P.		CFT	IV SITES	IC DRESSING	RT FEEDING	RTA	STOOL	URINE
Baby Cared By : <u> </u>										Signature <u> </u>						
8 A																
10 A	98.1	2	2	2	96	120	100									
12	98.1	2	2	2	97	118	104									
2 P	98.6	2	2	2	96	126	100									
4 P	98.4	2	2	2	97	132	100									
6 P	98	2	2	2	96	120	102									

Input IV ml + RT ml - ml Output ml

Baby Cared By : <u> </u>										Signature <u> </u>						
8 P	98.1	2	2	2	98	118	116	2								
10 P	98.4	2	2	2	98	120	109									
12 P	98.9	2	2	2	98	120	109									
2 A	98.2	2	2	2	98	120	106									
4 A	98.1	2	2	2	98	116	110	2								
6 A	98.3	2	2	2	98	112	100	2								
8 A	98.2	2	2	2	98	116	103	2								

Input IV ml + RT ml - ml Output ml

Use blank columns for sign not specified (e.g. bleeding, vomiting, sclerema etc.) as applicable

Golden Rule : Wash Hands Before and after Handling any Baby



DOB TOD Date 13/1/83 Day of Life
wks BIRTH WT kg Yesterday's Wt. kg Today's Wt. kg

TEMP IN	HR	RR	B.P.	CFT	IV SITES	IC DRESSING	RT FEEDING	RTA	STOOL	URINE
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Baby Cared By:

Signature _____

[illegible]

Input IV	mi + RT	mi -	mi	Output	X	Y
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Baby Cared By :

Signature _____

Baby Cared By :											
BP	76.1	2	2	2	85	157	83	2	2	2	2
10P	102	2	2	2	90	136	87	2	2	2	2
12P	97.8	2	2	2	89	140	86	2	2	2	2
2A	98.1	2	2	2	89	134	90	2	2	2	2
4A	91	2	2	2	92	106	100	2	2	2	2
6A	98.3	2	2	2	94	110	98	2	2	2	2
8A	76.1	2	2	2	96	118	99	2	2	2	2

Input IV	ml + RT	ml	ml	Output
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Use blank columns for sign not specified (e.g. bleeding, vomiting, sclerema etc.) as applicable

Golden Rule : Wash Hands Before and after Handling any Baby

U.P.BAB.P/2022/19 Dt. 11-04-2022

Sadbhawna Charitable Blood Centre
(A Unit of Sadbhawna Seva Samiti)
4-A, Chandrakshi Colony, Goverdhan Chauraha, NH-19, Mathura (U.P.)
Ph. 0565-2421198, Mob. 9897529288

Unit No. 346 Date 15/04/23
Name of Pt. A/O Mukesh
Ref. By On duty doctor
Ashok Hospital
Ward No. _____ Bed No. _____
Blood Group & Rh. AB+
Compatible with donors.
1. Tejpal Singh
2. _____
3. _____
4. _____
5. _____
6. _____
Remarks 100% Hb.
Pt. Blood Sample Collected
Out Side Blood Bank by Attendants
Doctor in Charge
(To be retained for Hospital Record)

U.P.BAB.P/2022/19 Dt. 11-04-2022

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Unit No. 346 Date 15/04/23
Name of Pt. A/O Mukesh Age & Sex 30/M
Refd. by On duty doctor
Ward No. _____ Bed No. _____
(To be filled in by the Transfusion Officer)
Unit No. _____ Group _____ Rh _____
Indication of Transfusion _____
Premedication _____
Transfusion Started at _____ Completed at _____

CLINICAL OBSERVATIONS

	Pre Transfusion	During Transfusion	Post Transfusion
General Condition			
Pulse			
Respiration			
Temperature			
Myalgia			
chills			
Rigor			
Vomiting			
Allergic Reaction			
Other Observations			

Date of Transfusion _____ Signature of Transfusion Officer _____
Doctor I/C
Sadbhawna Charitable Blood Centre

Please return this form and equipment immediately after Transfusion is over.

_____ kg

STOOL _____ URINE _____

_____ ml

2A	98.4	2	2	2	84	130	106	2												
4A	98.1	2	2	2	88	126	110	2												
6A	98.3	2	2	2	86	122	100	2												
8A	98.2	2	2	2	89	136	105	2												
Input IV	ml + RT				ml				ml				Output				ml			

Use blank columns for sign not specified (e.g. bleeding, vomiting, sclerema etc.) as applicable

Golden Rule : Wash Hands Before and after Handling any Baby

U.P.BAB.P/2022/19 DL 11-04-2022

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4-A, Chandrak Colony, Govardhan Chauraha,
NH-19, Mathura (U.P.)
Ph. 0565-2421198, Mob. 9897529288

Unit No. 346 Date 15/04/23
Name of Pt. B/o M. Kesh
Ref. by On duty doctor
Ward No. _____ Bed No. _____
Ref. By On duty doctor
Ashok Hospital
Ward No. _____ Bed No. _____
Blood Group & Rh AB+
Compatible with donors.
1. Tajpal Singh
2. _____
3. _____
4. _____
5. _____
6. _____
Remarks 100% Hb.
100% Hb.
Pt. Blood Samples Collected
Out Side Bt. unit by _____
Doctor in charge
(To be retained for Hospital Record)

U.P.BAB.P/2022/19 DL 11-04-2022

Sadbhawna Charitable Blood Centre
(A Unit of Sadbhawna Seva Samiti)
4-A, Chandrak Colony, Govardhan Chauraha, NH-19, Mathura (U.P.)
Ph. 0565-2421198, Mob. 9897529288

Unit No. 346 Date 15/04/23
Name of Pt. B/o M. Kesh Age & Sex 30/M
Ref. by On duty doctor
Ward No. _____ Bed No. _____
(To be filled in by the Transfusion Officer)
Unit No. _____ Group _____ Rh _____
Indication of Transfusion _____
Premedication _____
Transfusion Started at _____ Completed at _____
CLINICAL OBSERVATIONS

	Pre Transfusion	During Transfusion	Post Transfusion
General Condition			
Pulse			
Respiration			
Temperature			
Myalgia			
chills			
Rigor			
Vomiting			
Allergic Reaction			
Other Observation			

Signature of Transfusion Officer _____
Doctor I/C
Sadbhawna Charitable
Blood Centre

Please return this form and equipment
immediately after Transfusion is over.

kg

STOOL

URINE

ml

2A	98.2	2	2	2	84	130	106													
4A	95	2	2	2	88	106	110													
6A	95.3	2	2	2	86	122	100													
8A	98.2	2	2	2	89	136	105													
Input IV	ml + RT				ml				ml				Output				ml			

Use blank columns for sign not specified (e.g. bleeding, vomiting, sclerema etc.) as applicable

Golden Rule : Wash Hands Before and after Handling any Baby

SADBHAWNA CHARITABLE BLOOD CENTRE

(A Unit of Sadbhawna Seva Samiti)
3, Chandralok Colony, Goverdhan Chauraha, NH-2, Mathura
Ph. 0565-2421198, Mob. 9897529288

Lic. No. U.P./B&B/P/2013/08 Dt. 29-11-2013

CROSS MATCH DATA FORM

S.No. _____
Requisition received at 16:40 AM/PM on Date 15/04/2023 Patient's
Identification matched with sample and vial (Yes/No) _____
Requisition Reference No. at Blood Bank 287
Signature of Receptionist _____ Signature of Medical Technologist _____
Blood Group A+B+e

CROSS MATCH RECORD

Cell Grouping					Serum Grouping			Blood Group	
Anti B	Anti A	Anti AB	Anti D	Anti A1	A Cells	B Cells	O Cells	ABO	Rh(D)
✓	✓	✓	✓	✓	✓	✓	✓	AB	+e

CROSS MATCH REPORT

S.No.	Patient ID	Donor Unit ID	Blood Group	Cross Match Done by
1	287	346	A+B+e	_____

Remarks/Notes: 10 ml RBC
Signature of Medical Technologist _____
Date 15/04/2023 Time 9:05 AM/PM

Doctor's Charge

(To be retained for hospital records)

Please return this form and equipment immediately after Transfusion is over

Doctor I/C
Sadbhawna Charitable
Blood Centre

Sl. No.	Transfusion Set	Transfusion Started	Transfusion Completed	Transfusion Time	Transfusion Volume	Transfusion Rate	Transfusion Status
4A	951	2	2	88	136	110	2
6A	983	2	2	86	172	100	2
8A	982	2	2	89	136	100	2
Input IV	ml + RT	ml +	ml	Output	ml		

Use blank columns for sign not specified (e.g. bleeding, vomiting, sclerema etc.) as applicable

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$$\begin{aligned} \text{KNO}_3 + 2\text{C} + 4\text{HCl} &\rightarrow \\ \text{K}_2\text{CO}_3 + 2\text{CO} + 2\text{H}_2\text{O} \end{aligned}$$

DEPOSIT SHEET

niok Hospital

Name: _____

Age/Sex

Date		Figure	Amount Deposited Words	Attendant
01/11/15	2000/-	Three thousand only	श्रीवत्सल	
03/11/15	5000	Five thousand and 00/100	श्रीवत्सल	
10/11/15	8000/-	Eight thousand only	श्रीवत्सल	
15/11/15	8000/-	Eight thousand only	श्रीवत्सल	
Total				

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मुझे मेरे बच्चे की स्थिति के बारे में प्रतिदिन पूरी जानकारी दी जाती है और मैं अपने बच्चे के आगतक के इंजाज से पूरी तरह सतुष्ट हूँ।
इंजाज के दौरान मुझे किसी प्रकार की कोई शिकवत नहीं रही है।
बुट्टी के समय मुझे समझा जाँती की रिपोर्ट्स, एक्स-रे व इंजाज से सम्बन्धित सभी कागजात दे दिये गये हैं।

हस्ताक्षर

महाम

पिता/पति का नाम व पूरा पता

अपने से संबंध

Hospital

SIT SHEET

NEONATAL INTENSIVE CARE UNIT

Baby 141181008 DOB TOD Date 13/11/2017 Day of Life
 GESTIN wks BIRTH WT kg Yesterday's Wt. kg Today's Wt. kg

DIAGNOSIS

Time	TEMP IN RECTOR	SKIN TEMP ON NABLES	SET TEMP	CHANGE IN SET TEMP	O SATIN	HR	RR	B.P.		CFT	IV SITES	C ORING	RTHEING	RTA	STOOL	URINE
Baby Cared By : <u> </u> Signature <u> </u>																
8 A																
10 A	98.1	α	α	α	90	124	110	α		α	-	α	α	α	α	α
12	97.5	α	α	α	94	120	100	α		α	-	α	α	α	α	α
2 P	98.1	α	α	α	92	126	100	α		α	-	α	α	α	α	α
4 P	98.4	α	α	α	91	120	100	α		α	-	α	α	α	α	α
6 P	98	α	α	α	90	120	100	α		α	-	α	α	α	α	α

Input IV ml + RT ml - ml Output ml

Baby Cared By : Signature

8 P	98.1	α	α	α	92	120	100	α		α	-	α	α	α	α	α
10 P																
12 P																
2 A																
4 A																
6 A																
8 A																

Input IV ml + RT ml - ml Output ml

Use blank columns for sign not specified (e.g. bleeding, vomiting, sclerema etc.) as applicable

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10:20 AM - Mero 250 + 4ml NS - 11:40
 Aciloc - 3ml
 Kwin 1mg - 11:40
 Miracin 100 - 4ml
 Sodabimab - 20ml + 10ml NS

11:40 - Sodabimab - 15ml + 10ml NS

1:30 PM - Pienobaseb - 4ml + 5ml NS

6:00 AM - Sbc 10ml + 10ml NS

13/4
 10:00 - Mero 250 + 4ml NS - 11:40

2 - Azonum 250 + 6ml NS - 5

14/4
 6:00 - Aciloc 0.2g
 - Kwin 1mg

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