Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits. Govt General Hospital Kda ,Vishakhapatnam ,Andhra Pradesh, INDIA ,530040.
TEL NO :891-3501601
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP22-00023450 **Admit Date** : 01-Jul-2026 **Admit Time** : 06:02 AM **UHID** : HCV-00041220

Patient Details :

Patient Name	: Baby B/O NANDHINI	**Age**	: 0 D
Guardian	: Mr SEERAPU RAMBABU	**DOB**	: 01-07-2026 05:23 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Gayatri Engg college Visakhapatnam Andhra Pradesh INDIA 530048	**Phone No**	: 9502018851/
		E-mail	: 9502018851@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-GW -320-1 **Ward Name** : 3F-THIRD FLOOR

Room No : CRDL-GW -320-1 **Admission Type** : First Visit

Contact Details :

Name : Mr SEERAPU RAMBABU **Relationship** : Father

Contact Address : Gayatri Engg college Visakhapatnam Andhra Pradesh INDIA 530048 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. TIRUMALASETTY PARAMESH **Specialisation** : NEONATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : AP POLICE AROGYA BHADRATHA

OPV, Rod Reflex,
Hep-B, BCG done by Dr Balaji
01/7/26

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

HCV-00041220 IP22-00023450
Baby B/O NANDHINI
Name:---------- 01-07-2026 0Y0M0D0H (M) ----------
Dr. TIRUMALASETTY PARAMESH

UHID No :.....

...Consultant :.....Dept.:.....

Date of Admissio.. ..... Time:.....Date of Discharge:.....Time:.....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
1/7/26	7:50 Am	MICU	3rd floor [320]	Isha

Cross Consultation Visit

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

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

INVESTIGATIONS

Date	Investigations	Order No.	Signature
01/07/26	BGT, TSH, T4, Hb%, DCT	26014015	Usha
	Reticulocyte Count, TSB		
2/7	TCB - 8.5mg/dl	4088	Moumitha.

cross checked by moumitha

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date: 2/7/16 Time: 6AM Prepared By: Monalisa

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Monalisa	3rd floor		

HCV-00041220 IP22-00023450
Baby B/O NANDHINI
01-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. TIRUMALASETTY PARAMESH

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Nandhini Mother's Name: Mrs. Nandhini

Date of Birth: 1/7/26 Time of Birth: 5:23 Am Gender: ☑ Male ☐ Female

Birth Weight: 2.922 Kgs HC: ..... cm Lenght: ..... cm

Meconium in Liquor: ☐ Yes ☑ No Cried at Birth: ☑ Yes ☐ No

Term / Pre-term / Post-term: Term

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: O-Ve Baby: .....

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: at: 6 Am

HCV-00036207 IP22-00023446
NANDHINI
-11-2001 24 Y 7 M 15 D (F)
CHUPPANA RAGA SUDHA

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

Indication: .....

Physical Assessment of New Born:

Temp: 36 °C HR: 150 b /Min RR: 50 b /Min BP: — SpO_2: 100 %

Pain Score: ..... (Follow N Pass)

Fall Risk Assessment: ☑ **Yes** ☐ **No** **Score:** 11 (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: Usha Signature: Usha Date &Time: 01/7/26 at: 5:30 Am

Docu. No. : RCH /FRM / CLINICAL / 144

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 : Nandhini Age 24 Y Father's Name : Saravana Kumar Age :

Date of Birth : 16/11/2001 Date of Admission : 1/7/26 I.P. 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 Nandhini

Gender : ☑ M ☐ F Blood Group : A +ve

Date of Birth : 1/7/26 Time of Birth : 5:23 AM

Place of Birth : RCH MY

Mother's Blood Group : O -ve.

Birth Weight (gms) : 2.922 kg Lenght (cms) :

OFC (cms) :

Estimated Gesth Age : 38 weeks + 6 days

Current Obstetric History : (Booked / Unbooked Case) 5/10/25. 9/7/26

Maternal Age : 24 Y Ht : Wt : BMI : Married Life : 1 yr. LMP : EDD :

Conception : Spontaneous or with Rx. :

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

Last Scans Details : Cephalic, Pl - Anterior, AFI - 12.3, sfw - 25.26, doppler - N
Rt Renal doppler - UTDA-1
Rt Renal pelvis - (N)

TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs (RT) Renal pelvis 7.1 mm.

Consanguinity : ☐ Yes ☑ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long :

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) :

IUGR - when detected : —

Doppler (Increased Resistance / ADEF / RDDF / Redistribution in MCA) / Ductus Venosus :

AFI :

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

Controlled or not, recent values, HbA1 values :

Compliance with Rx :

Scans : LGA, TIFFA, Fetal Echo : —

H/o Hypothyroidism : when diagnosed ? Medication?

Any other Chronic Medical Problems, when detected drugs ? RCH-ve. Anti D 300U IM given @ 30+4 weeks ANC

(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 :

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr Raga Sudha Hospital : KCH Wgl. ☒Inborn ☐Outborn

Duration of Labour NVD

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitation : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESUSCITATION DETAILS

APGAR SCORE

Gestational Age : ..... Weeks : .....

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	<100 / Minute	> 100 / Minute
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		
2		
2		
2		
2		
9 (c)	9/10	9/10

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HOPI :

Baby cried Immediately after birth

↓

Dcc done after 60 secs

↓

Fly with mother given

↓

Baby shifted to mother side

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Description :

cry / Tone / Activity - Normal

VITALS : Temperature : ..... HR : 150/min RR : 30/min NIBP : ..... CFT : <2sec

Colour of the extremities : Acrocyanosis

Jaundice : - Pallor : - SpO2 : 95% @ RA

Anthropometry : Birth Weight : 2.922 Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) -

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

EYES :
Symmetry : (N)
Red Reflex : To be done
Discharge :

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

THORAX and BREASTS :
Shape of Thorax :
Position of Nipples and Number : (N)

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds : (N)
Umbilical Stump :
Discharge :

GENITILIA :
Labia / Hymen :
Testicles/penis : (N) Small external genitalia
Anus : B/L testis descended

HERNIAL ORIFICES -

TRUNK and SPINE : (N)

SKIN LESIONS : -

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 35/mn ..... SCR / ICR / See - Saw breating : .....

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

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

Settings : .....

Spo2 : 99 % @ RA ..... Auscultation : B/L AE ..... Breath Sounds : NVBS ..... Added Sounds : .....

Cardiovascular System :

HR : 150/mn ..... BP : ..... Precordial Activity : .....

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

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

Abdomen :

Hernial orifice : .....

Shape : N ..... Anal Patency : patent .....

Palpation : Soft ..... Umbilical Cord : 2A + 1V .....

Palpable masses : ..... First urine passed : ....

Abdominal girth : ..... Meconium passed : ....

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

State of wakefulness : .....

Prechtle Score : N .....

Cranial Nerves :

N .....

.....

.....

.....

Motor System :

Passive Tone : N .....

Active Tone : .....

Neonatal Reflexes : - .....

Grasp : ☑ Palmar ☐ ~~Plantar~~ ☐ ~~Sucking~~ ☐ ~~Rooting~~ ☐ ~~Crossed adductor~~ : .....

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

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

Any Congenital Anomalies : .....

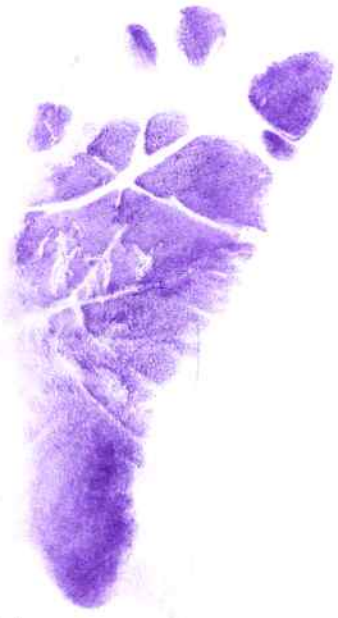
.....

.....

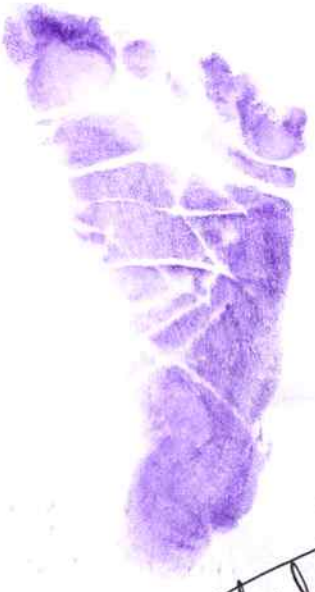
Diagnosis : Term (38w+6d) / / MCH / Rh^{-ve} pregnancy / UTDA-1

FOOT PRINTS

Left Side :



Right Side :



Noted by self

Resident Doctor :

Signature : .....

Name : .....

Date & Time : 1/7/26 6am

Consultant :

Signature : Paramed

Name : T. Paramel

Date & Time : 1/7/26.

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of the referring Hospital : .....

   Address : .....

   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....

   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....

   ..... on whose name the patients is being referred.

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

Vital : ☐ HR : ..... ☐ RR : ..... ☐ BP : ..... ☐ SP02 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

.....

1) DBT @ 2nd h plawood by bluspay.....

2) Cord blood - BG, T4, TSH.....

3) Birth Vaccine, read safer within 24 hours.....

4) CCHD @ 24 hours.....

5) TSB, NBS after 48 hours.....

Feeding Plan at the time of shifting : 6) To Do - Hb, TSB, Retic count, DCT.

.....

.....

Screenings done during NICU Stay : Noted by Ck

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Pulse Oxymetry Screen : .....

New Born Screening : .....

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		Cl8 VB Dr Parameesh / Dr. Balaji
	1/7/26	
	8AM	DSIU: TERM | AGA | MACH | Rh-ve pregnancy
	3hr of life	(38wk+6day)
	Birth wt + 2.922kg	
	~~weight~~	. Cry / tone / activity + good
		. Urine / Stool } passed
		. Feeding + DBF
	TSB + 2.3	
	TSA + 7.21	
	DCT + negative	Advice:
	Baby + 'A' +ve	. DBF every 2nd hrly
	Mother + 'O' -ve.	Flb burping
		. CCHD screening @ 24hrs/w
		. Birth vaccination, Red reflex → To be
		. TCB → @ 6AM done
		. USG KUB → On follow up Flm
		Balaji
		N.B Santhoshi

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CL/LB Dr. Aishwarya / Dr Balaji

1/7/26

5pm

DSS: TERM | AGA | MCH | Rh-Ve pregnancy (38wk+6day)

. Cry/tone/ activity + good

. urine / stool } passed

. Feeding → EBF

Advice:

. Adlib feeds.

. CCHD screening @ 24hr or 48hr

. Bi TCB + @6Am, 1Pm

. USG KUB on follow up

Balaji

noted by MAMC

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. N... F.HM/DON/INPP/15
HCV-00041220 IP22-00023450
Patient N Baby B/O NANDHINI
01-07-2026 0Y0M0D0H (M)
Dr. TIRUMALASETTY PARAMESH
Age : ....
I.P. No. : .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
2/7/26 8AM		c/s/LB Dr. paramesh / Dr. Balaji
	27 hr age	DOS: TERM / AGA / Male / Rh-ve pregnancy C38 wk+6 day
		Birth wt → 2.922kg, c. wt → 2.740kg, cry / tone / activity + goo d. wt loss 6.2% ; urine / stool passed
		Mother → O -ve, Baby → A +ve, Feeding - DBF
		TCB → 8.5
		Reticulocyte count → 8
		TSH → 7.2
		Advice: • Ad lib feeds. • CCHD screening now • USG KUB on follow up • Mantle + TO day Balaji

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

HCV-00041220 IP22-00023450
Baby B/O NANDHINI
Patient Name 01-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. TIRUMALASETTY PARAMESH
Age : ..... G
I.D. No. : .....

Date	1/7/26					
Time	.					
Hb	14.7					
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj TSB	2.3 < 0.1 / 2.2					
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						
Doctor's Signature						

Date	1/7/26					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
BGT	A+ Positive					
T4	10.5					
TSH	7.21					
DCT	Negative					
Reticulocyte count	8					
Doctor's Signature						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HCV-00041220 IP22-00023450
Baby B/O NANDHINI
01-07-2026 0Y0M0D0H (M)
Dr. TIRUMALASETTY PARAMESH

1/7/26

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

1 / FRM / CLINICAL / 124

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter	Recorded
Date: .... Time:	5:30
Doctor/Nurse/Family Concern?	
Temperature (°F) (scale 94–104)	98.7
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	✓ (plotted at ~148)
Note: BP does not score in early warning scoring	
Heart Rate (Number)	148
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	✓ (plotted at ~50)
Resp Rate (Number)	50
Resp Distress — Mod/ Severe	
Resp Distress — None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	100%
Conscious Level — Normal	
Conscious Level — Altered	
GCS *	
TOTAL SCORE Number of shaded boxes	14
Pain Score	
Observer's Initials	[signature]

ACTIONS

NB: Scores 3 should be recorded overleaf

Score	Action
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.

HCV-00041220 IP22-00023450
Baby B/O NANDHINI
01-07-2026 0Y0M0D7H (M)
Dr. TIRUMALASETTY PARAMESH

: RCH / FRM / CLINICAL / 124

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 1/7/26 ..... Time: 8pm 12pm 4PM 8PM 12am 4am

Doctor/Nurse/Family Concern?

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

98.1F 97.8F 98.6F 98.4F 98.6F 97.2F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

145 144 142

110/70 116/66

Heart Rate (Number) 132bpm 120bpm 122bpm 124bpm

Resp. Rate (bpm) (Over 1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number) 38pm 36bpm 40bpm 42bpm 43bpm 44bpm

Resp Distress	Mod/ Severe / None / Mild				
Receiving O_2 (l/min) O_2 Saturations (%)	98%	98%	98%	99%	100%	98%
Conscious Level	Normal / Altered				
GCS *	15	15	N	N	N	N
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	SD	D	C	C		

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.

2/7/26

Patient Sticker

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time: 8AM

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

97.8

Heart Rate (bpm) and **Blood Pressure (mmHg) ***

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

144

Note: BP does not score in early warning scoring

Heart Rate (Number)

Resp. Rate (bpm) (Over 1 Minute) *

70 60 50 40 30 20 10

42

Resp Rate (Number)

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min) O_2 Saturations (%)	RA 99%
Conscious Level	Normal / Altered
GCS *	15
TOTAL SCORE Number of shaded boxes	
Pain Score	
Observer's Initials	

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.