Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174542 **Admit Date** : 30-May-2026 **Admit Time** : 03:54 PM **UHID** : BAH-00657681

Patient Details :

Patient Name	: Baby Of PEDDI MEGHANA	**Age**	: 0 D
Guardian	: Mr KOTAPATI SAINATH CHOWDARY	**DOB**	: 30-05-2026 02:41 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO: 3A, LAKSHMI HEIGHTS, GOPAL NAGAR, HAFEEZPET Hyderabad Telangana INDIA 500049	**Phone No**	: 8500085978/ 9966557887
		E-mail	: dummy@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SW-418-1 **Ward Name** : 4F-BIRTHING CENTRE

Room No : CRDL-SW-418-1 **Admission Type** : First Visit

Contact Details :

Name : Mr KOTAPATI SAINATH CHOWDARY **Relationship** : Father

Contact Address : FLAT NO: 3A, LAKSHMI HEIGHTS, GOPAL NAGAR, HAFEEZPET Hyderabad Telangana INDIA 500049 **Phone No** : / 8500085978

Signature

Doctor Details :

Doctor Name : Dr. MVB Pratyush **Specialisation** : NEONATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :__ BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0 Y 0 M 0 D 1 H (F)
Dr. MVB Pratyush

UHID No. : _____ Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/5/26	9:30 pm	OR	326	Swapna

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
31/5/26	CBP, CRP, Electrolytes, calcium,	26055339	
	Creatinine, urea, SBR (NPi)		
1/6/26	SBR, NBS	26055678 26055737	
2/6	CBP, SBR, CRP		Lutty

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
31/5	SSPT	10:45AM	01/06/26 3:30pm	963612	Soumya
1/6	DSPT	3:30pm		963859	Ashwini

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/5	IV Cannulation	1	9635323	Swaroopa

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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NEWBORN MONITORING FORM

Date of Birth : 30/5/2026
Time of Birth : 2:44 P.M
Mode of Delivery : EL-LSCS
Birth Weight : 3.391 Kgs.
Head Circumference : 34 cm
Length : 50 cm
Red Reflex :

New Born Screening : (willing) Declined
TFT :
OAE :
Mother's Blood Group : O+ve
Baby's Blood Group : B+ve
Anomaly Scan :
Vaccination : OPV, BCG, Hep-B Given on 4/6/26 SIS. Yadagiri

Date	Weight	Type of Feed	Quantity	Temperature	Signature
30/5/2026	3.391 kg	DBF	–	98.1 f	Ashwitha
30/5/26	3.380 kgs	DBF	–	–	Lakshmi
31/5/26	3.258 kgs	DBF	–	–	Lakshmi
01/6/26	3.175 kg	DBF	–	97.9°F	Jyothy
02/06/26	3.093 kgs	DBF	–	98.0 f	Priya
3/6/26	3.111 kg	DBF	–	98.2 f	Sathe
4/6/26	3.076 kgs	DBF	–	98.1 f°	Renuka

4/6/26

Date	Time	Investigation	Result	Order No.	Signature
30/5/26	4pm	Blood group	B+ve	26055092	Ashwitha
30/5/26	3:40pm	(8th) GRBS	80mg/dL	26055135	Ashwitha
30/5/26	5:30pm	(10th) GRBS	87mg/dL	26055134	Ashwitha
30/5/26	6pm	Blood C&S		26055093	Ashwitha
30/5/2026	6pm	CBP		26055092	Ashwitha
30/5/2026	8:40pm	(6th) RBS	83mg/dL	2655138.	Swapna
31/5/26	2:40AM	(12th) GRBS	111mg/dL		Latha
31/5/26	9:30AM	(18th) GRBS	80mg/dL	26055284	Suraj
31/5/26	3pm	(24th) GRBS	85mg/dL	26058346	Suraj
01/6/26	3AM	(36hrs) GRBS	74mg/dL		Jyothy.
1/6/26	2.41pm	(45hrs) GRBS	81 mg/dl	26055743	Rahul
2/6/26	3pm	GRBS	88 mg/dl		Latha

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Peddi meghana. Age : .... Father's Name : .... Age : ....

Date of Birth : .... Date of Admission : .... 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 Peddi Meghana.

Gender : ☐M ☑F Blood Group : B+ve

Date of Birth : 30/05/26 Time of Birth : 2:41pm.

Place of Birth : RCH, Banjara.

Mother's Blood Group : ~~B+ve~~ O positive

Birth Weight (gms) : 3391 Length (cms) : 50cm

OFC (cms) : 34cm

Estimated Gesth Age : 37+6 weeks.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 29 Ht : .... Wt : .... BMI: .... Married Life : .... LMP : 3/9/25 EDD : 10/6/25

Conception : (Spontaneous) or with Rx. : ....

Booked at what GA. : 7+5 weeks AN Steroids Drugs / Doses : ....

Last Scans Details : 16/5/26. 35+5, Cephalic. AFI- 23cm, EFW - 3025 (75%)

AC~94%, Doppler-Ⓝ TT Immunization and Iron / Folic Acid : TIFFA - Ⓝ.

MATERNAL RISK FACTORS

Age : ☐<18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

DJ stenting @ 20 weeks. Y/o ureteric calculus causing upstream hydronephrosis

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 / Redistrbution 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 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 : 25/5/26. Any culture : Gram negative bacilli Citrobacter koseri on nitrofurantoin

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
					primi	

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) El. LSCS

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 : .... Weeks : ....

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink	1	1	2
HEART RATE	Absent	< 100 Minutes	> Minutes	2	2	2
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal	2	2	2
MUSCLE TONE	Limp	Some Flexion	Active Motion	2	2	2
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying	2	2	2
TOTAL				9/10	9/10	10/10

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

Snapee II Score

					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)			
				Total	

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

primi | 37+6 | k/c/o Ureteric calculus ? DJ stenting

His

Equipment check done

↓

Baby delivered by Dr. HLG

↓

cried Immediately after birth

↓

Received into preheated radiant warmer

↓

Delayed cord Clamping done

Inj. vit-K 2mg IM Given

Baby Stable

shifting to Mother side.

Investigation details in previous Hospital :

Feeding History :

Breastfeeding given within 30 mins of birth

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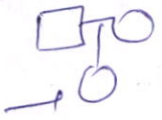
Baby Of PEDDI MEGHANA
30-05-2026 0 Y 0 M 0 D 1 H (F)
Dr. MVB Pratyush

Family History :



Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition : CHTA-good

VITALS : Temperature : 36.4°F HR : ..... RR : ..... NIBP : ..... CFT : .....

Color of the extremities : Acrocyanosis → pink

Jaundice : ..... Pallor : ..... SpO2 : .....

ANTHROPOMETRY: Birth Weight : 3391 gm Length : ..... HC : ..... Present Weight : .....

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

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Baby Of PEDDI MEGHANA
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HEAD TO TOE EXAMINATION

HEAD :
Fontanelles :
Sutures
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :
AF = N, at level

FACIES : (Any Facial Dysmorphism)
— No facial dysmorphism

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

EYES :
Symmetry :
Red Reflex : — To be checked
Discharge :

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 :
Position of Nipples and Number :
N

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump : — 2UA + 1UV ⊕
Discharge :

GENITILIA :
Labia / Hymen :
Testicles/penis :
Anus : — patent
N female external genitalia present
Hymenal tag ⊕

HERNIAL ORIFICES — Nil

TRUNK and SPINE :
N

SKIN LESIONS : —

EXTREMETIES :
Fingers / Toes : 5 fingers ⊕
Deformities :
Hip Joint Examination : 5 toes ⊕
Arms / Legs :
Mobility :

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Baby Of PEDDI MEGHANA (F)
0 Y 0 M 0 D 1 H
30-05-2026
Dr. MVB Pratyush

SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 48/min 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 : ....

SpO_2: 98% ĉ RA Auscultation: S1S2 Heard Breath Sounds: B/l clear Added Sounds: ....

CARDIOVASCULAR SYSTEM :

HR : .... BP : ....

Precordial Activity : (N)

Femoral Pulses : B/L felt

Murmurs : —

Other Peripheral Pulses : ....

Signs of Cardiac Failure : —

ABDOMEN:

Shape : (N)

Palpation :

Palpable masses :

Abdominal girth :

Hernia orifice : free

Anal Patency : Patent

Umbilical Cord : 2VA+1UV (P)

First urine passed : not passed

Meconium passed : Meconium staining (P)

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) : Unable to assess

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 : ....

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Baby Of PEDDI MEGHANA
30-05-2026 0 Y 0 M 0 D 1 H (F)
Dr. MVB Pratyush

Any Congen .....

.....

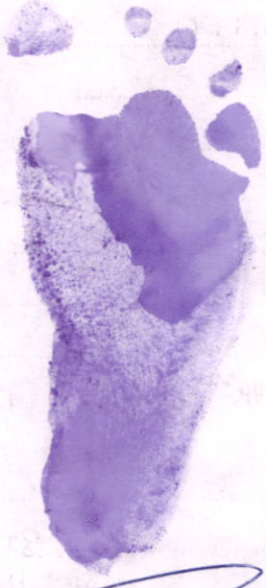
Diagnosis : Term / Elics / AGA / Suspected sepsis.

.....

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor : N. Dr

Signature : .....

Name : Dr. Sarat for M. Pratyush

Date & Time : 30/5/26, 3 pm

Consultant :

Signature : .....

Name : Dr. MVB PRATHYUSH

Registration No. TSMC/FMR/30369

Date & Time : .....

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 patient is being referred.

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Baby Of PEDDI MEGHANA
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AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : ...

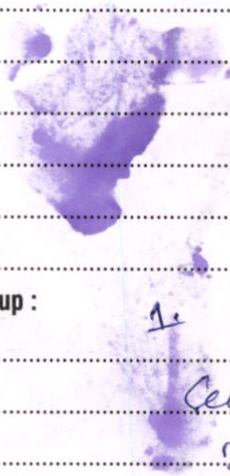
Neonatal condition at the time of Transfer: ...

Vital : HR : ... RR : ... BP : ... SPO2 : ... Weight : ...

Any Oxygen requirement : ...

Systemic : ...

Medications : ...



Plan during ward follow up :

1. DBF 2-3 hourly for burping for 30 mins
Send cord blood for blood grouping & typing.
Blood culture, CBP to send now.
2. Inj. Piptaz to start.
3. NP1 at 24 HOL
4. GRBS monitoring at 1, 3, 6, 12, 18, 24, 48 HOL (prefeed) (3.6) ; inform if < 50 mg/dl.
5. clinical assessment of jaundice at 24 HOL.
6. w/f dullactivity, irritability, feeding difficulties, hypoglycemia.
7. Hold vaccination.
8. OAE after 48 HOL.
9. NBS on follow up.

Feeding Plan at the time of shifting : First feeding time 3:00 pm to 3:15 pm

Screenings done during NICU Stay :

NSG : ...

Hearing Screen : ...

ROP : ...

TFT : ...

NP2 : ...

Doctor Signature (Handover Given): ... Doctor Signature (Handover Taken): ...

Doctor Name: ... Doctor Name: ...

Date & Time: ... Date & Time: ...

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30-05-2026 0Y0M0D1H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/05/26	Seen by Dr. Bhareth (Resident)	
4:10pm	1HOL / 37+6wk / 3.391kg / El.LSCS / Suspected sepsis	
	Fch.	
	Mat. UTI (+) → Gram negative bacilli	
	(Citrobacter koseri on IV Antibiotics	
	DJ stenting @20wks → i/v/o ureteric calculus	Plan:-
M/B O+	Bt.wt - 3.391kg	- Continue DBF f/b burping @ 2to3 hourly
		- Cord blood for grouping, typing,
		- Blood culture, CBP, RBS & cannula
		- INJ. PIPTAZ 340mg 12th hrly
		- NP, at 24 HOL (T/m 3PM)
		- GRBS monitoring as advised 3, 6, 12, 18, 24, 36, 48 HOL
		inform if <50 mg/dl
		- Clinical assessment of Jaundice at 24 HOL
		- w/f feeding difficulty, dull activity,
		- *Hold vaccination
		- NBS on follow up
		- OAE after 48 HOL
		- Monitor vitals and Inform SOS.
		- IV cannulation now.
		- Trace baby blood group Bhareth
		noted by Swapna

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26 7:30am	17 HOL 37+6 | UTI-culture positive in mother | El. LSCS | suspected sepsis 3.391 kg ↓ 3.258 kg (133gm wt loss)	Plan
O+		- NP1 today at 3PM
	on Inj. Piptaz (D1) IV Cannula - D1	- Trace Blood c/s, Blood grouping - Continue Regular feeding Noted by Latha
31/5/26 8:25AM	Seen by Dr. Prathyush maternal UTI culture positive on Piptaz (D1)	Plan:- Plan:- - NP1 today at 3PM - Trace Blood c/s, Baby blood group - Feeding assessment - Jaundice assessment now
M O+ve / B B+		

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NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26 9:05AM	Seen by Dr. Bharath (Resident)	
	TCBR - B	Plan:- - Start SSPT & eyes and genitalia covered - Continue DBF - / NP1 today at 3pm - If SBR > 12 in NP1 convert to DSPT - Monitor vitals & Inform SOS. noted by Ramya Bharath
31/5/26 6:00pm	SBR - 11.6 mg/dl	Plan:- - Continue SSPT & eyes & genitalia covered. - Trace blood cls. - To give DBF 2nd hourly noted by Ramya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6 9:15Am	lactation care plan:	
	- Preemi - Well formed breast and nipples - colustrum seen - Suck good. - Shallow latch was observed as mother was not holding the baby comfortably. Advice: - Direct breast feeding. - Aim for deep latch as demonstrated in cradle / hold or cross cradle hold - Demand feeding not exceeding 2-2½ hours as per early hunger cues - make baby suck for 15-20 mins in each side	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6 10.30am	~~S/o B~~ Seen by Dr. Ayushman (Resident)	
	40 HOL / 37+6wk / 3.391 kg / El. LSCS / Suspected sepsis	
	FCL	
		NNJ.
	Yesterday wt – 3.258kg	
	Today's wt – 3.175kg	
M/B O+ B+	83gm ↑ (↓6.3%)	
	Taking DBF well	
	Urine passed – 7 times	Plan
	Motion passed – 2 times	
	PA - soft	• SSPT to be continued c̄
	SBR - 11.6 → SSPT started	eyes & genitalia covered
	CRP - 5	• Blood c/s to be traced
	D2 Piptaz	
	cannula D2.	• DBF 2 hrly
	24 hrs blood c/s - NG.	
	~~taken~~	~~If SBR >[illegible] [illegible] → [illegible] to DSPT~~
		OAE to be done → 48 hours
		- 48 HOL - NBS + SBR - 2PM
		Ayushman Dr.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 12PM		Dr. Priy [illegible]
		Teneal SBR / NBS
		→ e2pm
		[signature]
	Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369	
1/6/26 3PM	Afternoon Rounds	
	euthermic	Plan
	Pink	① Trace NBS
	vitally stable	~~SBR~~
	I/O ✓	② DBF Q2H
	S ✓	③ OAE to be done.
	@ PA - soft.	~~④ cont SSRI~~
		④ start DSP7
	SBR → 16.2	
	Dr. [illegible]	[illegible] Nandini [illegible]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6. 6:30 Am	Lactation care plan:	
	- continue c direct breast feeding with deep latch as demonstrated.	
	- to give expressed milk as top feed if baby is sleeping for long hours only after direct breast feeding.	
	- counselled about position and latch.	
		Sreeja
2/6/26 10am	Seen by Resident (Ayushman)	
	DOL-3 / 37+6wk / 3.391kg Fch / El. LSCS / Suspected sepsis / ...	
	Yest wt - 3.175kg Today wt - 3.093kg - 82 gms (yesterday) - 2.4% (since birth)	Plan
M/B O+/B+		• D_3 TSB 9.2 • Trace NBS • OAE → on F/U • DSPT to cont • SBR → 3pm today • DBF → 2hourly • Blood c/s to be (48h) traced.
	S ✓ U ✓ Taking DBF. Euthermic Pink Vitals stable P/A - soft.	

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

(P.T.O)

BAH-0065?881 IP5-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0 Y 0 M 2 D (F)
Dr. MVB Prathyush

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
2/6/26 12PM	seen by Dr. Prathyush	Plan
		→ SBR, CBP, CRP @ 2PM
		ē GRBS
		→ OAE today
		Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369
2/6/26 4pm	c/s/b Residents Dr. Ayushma	
	SBR - 16.1	Plan
	CBP, CRP → (N)	
M/B O/B/-	S/U ✓ ✓	◦ DSPT to cont
		◦ OAE → on F/U
		◦ DBF to cont.
	Euthermic	◦ DCT to be sent in samples
	Vitals stable	
	Peripheries warm	
	P/A soft	

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

BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0Y0M4D (F)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 9.35am	Seen by Resident	Dr. Ayushman
	DOL-4/ 37+6 wks/ 3.391 kg Fch/	el. LSCS/ Suspected sepsis/ NNJ
	Bt wt - 3.391	
	Yest wt - ~~3.093~~ 3.093 kg	
	Today wt - 3.111	
M/DT	28 gms	
B/BT	(8.29.%)	
	S/ 9 times	Plan
	U/ 9 times	◦ OAE on f/u
	Euthermic	◦ DBF to cont
	Vital stable	
	Peripheries warm	◦ ~~cont. DBF~~ Vital monitoring
	P/A soft	
	DCT — -ve	
		(signature)
		◦ DSPT to cont till evening 4pm
		◦ Send CBR 4pm
		◦ Track CBR
		>14 → Cont DSPT
		<14 → SSPT
		◦ OAE to be done.

BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA (F)
30-05-2026 0 Y 0 M 0 D 6 H
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		3/6/26
		OAE Newborn hearing screening
		Bilateral responses are present
		Bilateral Pass
		[signature] 3/6/26
3/6/26 2pm	Seen by Resident Dr. Ayushman	
M/B O↑/BT	S/V ✓ ✓	Plan
		o DSPT to cont ~~[illegible]~~
	Vitals stable	o SBR → 4pm
	Euthermic	o Vitals monitoring
	Peripheries warm	o DBF to cont.
	P/A soft.	Noted by Jyothy
	Peripheral smear → (N),	
	hemoconc. (+)	[signature]
	SBR → 14.7 (4pm)	

BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0Y0M0D6H (F)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26	OAE - (N) NBS - (N) 11.6 → 16.2 → 16.1 → 14.7.	Ch. 3 Pay To give meal feeds 40ml 2 4. Give vaccinatn - To do SBR 12pm. If < 14, dicyc R/w on satrey Trace NBS
4/6/26 11AM	Seen by Dr. Aishwarya OAE (N) NBS (N)	Plan ① measured feeds 40ml Q2H ② SBR @12PM if <14 → (D) ③ vaccinate - BCG ✓ - OPV ✓ - HepB ✓ Noted by Latha [illegible]
	Dr. Aishwarya	

Dr. MVB PRATHYUSH
Registration No. TSMC/FMR/08869

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

BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0 Y 0 M 0 D 6 H (F)
Dr. MVB Pratyush

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Your Right to a Safe Delivery

ESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
04/6/26	~~Seen by Resident~~ ~~Dr. Ayushman~~	
4/6/26	Seen by Resident Dr. Ayushman	
	SBR – 14.4	Plan • Can be D/C • F/V on Saturday

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

BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0 Y 0 M 0 D 6 H (F)
Dr. MVB Pratyush

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RESULT SHEET

Date	30/5/26	31/5/26	1/6/26	2/6/26	3/6/26	
Time	6:24PM	6-18pm	2pm			
Hb	17.8	15.2		17		
PCV	51.8	46.0		51		
RBC	4.64	4.12		4.55L		
WBC	15.40	18.16		7540		
N/L	53.4/29.8	53.6/30.6		55/35.		
Platelets	312	300		2.49L		
CRP		5.0		5		
ESR						
PCT						
RBS						
Na		143				
K		5.4				
Cl		110				
Ca/Mg		8.8				
Phosphate						
Urea		34				
Creatinine		0.9				
ALP						
SGPT						
SGOT						
T.Bill/Conj		11.6<0.1 / 11.5	16.2 — 0.1 / 16.1	16.1 < 0.1 / 16.	14.9<0.2 / 14.7	
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.,) : .....

BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0Y0M0D1H (F)
Dr. MVB Pratyush

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DRUG CHART

Date of Admission: 30/5/26 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 / 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:				

VERIFIED BY : Name .... Sign ....

[redacted]

BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0 Y 0 M 0 D 1 H (F)
Dr. MVB Pratyush

REGULAR PRESCRIPTIONS

Weight. 3-391 Ward. ....

DRUG : INJ. PIPERACILLIN TAZOBACTAM

Dose	Route	Frequency	Start Date
340mg	IV	12th hrly	30/5

Date ▸ / Time ▾	30/5	31/5	1/6	2/6
10 AM	✗	[illegible]	[illegible]	[illegible]
10 PM	[illegible]	Prathi	Prathi	
Daily Doctor's Endorsement by a Sign	N.D	N.D	[illegible]	

STOP 2/6

Name & Signature of the Doctor Starting the Drugs: Bharath

Additional Instructions: [100mg/kg/dose]

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0 Y 0 M 0 D 1 H (F)
Dr. MVB Pratyush

Weight. 3.3kg Ward. OBS

	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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature .....

VERIFIED BY : Name .....

BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0 Y 0 M 0 D 1 H (F)
Dr. MVB Pratyush

I.V. FLUIDS CHART

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

		nposition of I.V. Fluid , mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0Y0M0D1H (F)
Dr. MVB Pratyush

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

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

Pratiksha 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:	3pm	8pm	10pm	2am	6am
Doctor/Nurse/Family Concern?					
Temperature (F) (scale 94–104)	98°F	98.2°F	98.1°F	98.4°F	98.1°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	140	140b/m	*	*	*
Heart Rate (Number)	140b/m	142b/m	138b/m	140b/m	153b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)			*	*	*
Resp Rate (Number)	40b/m	42b/m	40b/m	35b/m	40b/m
Resp Distress — Mod/ Severe					
Resp Distress — None / Mild			N	N	N
Receiving O_2(l/min)					
O_2Saturations (%)	100%	99%	100%	99%	98%
Conscious Level — Normal			N	N	N
Conscious Level — Altered					
GCS *			15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	A	A	Dy	Dy	Dy

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)

BAH-00657581 IP5-00174542
Baby Of PEDDI MEGHANA (F)
30-05-2023 0Y0M0D6H
Dr. MVB Pratyush

c. No. : RCHBH / FRM / CLINICAL / 124 3/15

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

Pratiksha 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:	10	2	6	10	2	6
Doctor/Nurse/Family Concern?	AM	PM	PM	PM	AM	AM
Temperature (F)	97.9F	97.8F	98.5F	98.3F	97.9F	98.2F
Heart Rate (bpm) and Blood Pressure (mmHg) *	*	*	*	*	*	*
Heart Rate (Number)	138b/m	132b/m	134b/m	142b/m	156b/m	138b/m
Resp. Rate (bpm) (Over 1 Minute) *	*	*	*	*	*	*
Resp Rate (Number)	34b/m	32b/m	34b/m	38b/m	38b/m	41b/m
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	99%	99%	99%	99%
Conscious Level: Normal / Altered	N	N	N	N	N	N
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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

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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.
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- 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

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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)

BAH-00657681 IPS-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0 Y 0 M 1 D (F)
Dr. MVB Pratyush

01/6/2026

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Pratiksha 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:	10AM	2PM	6PM	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?						
Temperature (°F)	*98.0°F	*98.2°F	*98.0°F	98.1°F *	97.9°F *	98.2°F *
Heart Rate (bpm) and Blood Pressure (mmHg) *	*	*	*	*	*	*
Note: BP does not score in early warning scoring						
Heart Rate (Number)	130b/m	140b/m	138b/m	135b/m	130b/m	142b/m
Resp. Rate (bpm) (Over 1 Minute) *	*	*	*	*	*	*
Resp Rate (Number)	40b/m	39b/m	38b/m	36b/m	40b/m	38b/m
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	99%	100%	99%	99%
Conscious Level: Normal / Altered	N	N	N	N	N	N
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1	0	0	0
Pain Score	0	0	0	0	0	0
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.
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* 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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0 Y 0 M 2 D (F)
Dr. MVB Pratyush

02/6/26

No. : RCHBH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	10am	2pm	6pm	10 pm	2 am	6 am
Doctor/Nurse/Family Concern?						

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

	98.8F	97.7F	98.1F	98.2F	97.8F	98.3F

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50

Note: BP does not score in early warning scoring

Heart Rate (Number)	137b/m	143b/m	140b/m	142b/m	143b/m	136b/m

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

Resp Rate (Number)	40b/m	38b/m	42b/m	38b/m	34b/m	32b/m

Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	99%	100%	99%	98%
Conscious Level: Normal / Altered	N	N	N	N	N	N
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	1	1
Pain Score	0	0	0	0	0	0
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.

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)
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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)

BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0 Y 0 M 4 D (F)
Dr. MVB Pratyush

3/6

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

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

Pratiksha Rainbow Children's Hospital
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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	10AM	2pm	6pm	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?						

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

Temperature (F)	97.8F	98.6F	98.2F	97.9F	97.8F	97.9F

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50

Note: BP does not score in early warning scoring

Heart Rate (Number)	142	136bpm	141bpm	138b/m	136b/m	132b/m

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

Resp Rate (Number)	39	40b/m	39bpm	36b/m	35b/m	36b/m
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	99%	99%	99%	99%
Conscious Level (Normal / Altered)	N	N	N	N	N	N
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	A	A	A	A	A	A

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.
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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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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)

BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA (F)
30-05-2026 0Y0M0D6H
Dr. MVB Pratyush

4/6/26

...: RCHBH / FRM / CLINICAL / 124

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

Pratiksha 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:	10AM
Doctor/Nurse/Family Concern?	
Temperature (F) (104–94)	97.7°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) Note: BP does not score in early warning scoring	* (≈147)
Heart Rate (Number)	147b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)	* (≈38)
Resp Rate (Number)	38b/m
Resp Distress: Mod/ Severe	
Resp Distress: None / Mild	N
Receiving O_2 (l/min)	
O_2 Saturations (%)	100%
Conscious Level: Normal	N
Conscious Level: Altered	
GCS *	15/15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	Ru

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
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Patient Sticker

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BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0 Y 0 M 0 D 1 H (F)
Dr. MVB Pratyush

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)

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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm		DBF				1			✓		
	04:00 pm											
	05:00 pm										0	Ashaitha
	06:00 pm		DBF				NP			NP	0	Ashaitha
	07:00 pm						1				0	Ashaitha
Total Intake :	Taken					**Total Output :**	Passed				U-1 m-0	
	08:00 pm										0	Swapna
	09:00 pm		DBF							✓	0	Swapna
	10:00 pm										0	Lalitha
	11:00 pm		DBF				✓				0	
	12:00 am	70ml								✓	0	Lalitha
	01:00 am										0	
Total Intake :		Taken				**Total Output :**					U-2 m-1	
	02:00 am		DBF								0	Lalitha
	03:00 am						1				0	
	04:00 am		DBF							✓	0	Lalitha
	05:00 am						NP				0	
	06:00 am		DBF				1			✓	0	Lalitha
	07:00 am										0	
Total Intake :						**Total Output :**					U-2 m-0	

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	U-5 m-1

BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0 Y 0 M 0 D 6 H (F)
Dr. MVB Pratyush

FLUID CHART

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Sheet No. : 31/5

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.
3. 24 hrs. total to be entered in the kardex in RED.

		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							
31/5	08:00 am		DBF								0	
	09:00 am										0	
	10:00 am		DBF				✓			✓	0	
	11:00 am										0	
	12:00 pm		DBF							✓	0	
	01:00 pm										0	
Total Intake : Taken						Total Output : M – 1 U – 2						
31/5	02:00 pm		DBF								0	
	03:00 pm										0	
	04:00 pm		DBF				NOP				0	
	05:00 pm									✓	0	
	06:00 pm		DBF								0	
	07:00 pm		+DBF								0	
Total Intake : Taken						Total Output : M – 0 U – 1						
31/5	08:00 pm										0	
	09:00 pm		~~DBF~~				✓			✓	0	
	10:00 pm		DBF								0	
	11:00 am										0	
	12:00 am		DBF							✓	0	
	01:00 am										0	
Total Intake :						Total Output : M-1 U-2						
1/6	02:00 am										0	
	03:00 am		DBF							✓	0	
	04:00 am										0	
	05:00 am		DBF				NP			✓	0	
	06:00 am										0	
	07:00 am		DBF								0	
Total Intake :						Total Output : U – 2 M-0						

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	U – 7 M – 2.

BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0 Y 0 M 1 D (F)
Dr. MVB Pratyush

01/6/26

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1/6/26

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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
1/6/26											0	
	08:00 am										0	Ashwini
	09:00 am		DBF				✓			✓	0	
	10:00 am										0	Ashwini
	11:00 am		DBF							✓	0	
	12:00 pm						✓				0	Ashwini
	01:00 pm		DBF							✓	0	
Total Intake :						**Total Output :** V – 3 m – 2						
1/6/26	02:00 pm										0	
	03:00 pm		DBF							✓	0	Ashwini
	04:00 pm										0	
	05:00 pm		DBF				✓			✓	0	Ashwini
	06:00 pm										0	
	07:00 pm		DBF							✓	0	Ashwini
Total Intake :						**Total Output :** V – 3 m – 1						
1/6/26	08:00 pm										0	Priya
	09:00 pm		DBF				✓			✓	0	
	10:00 pm										0	Priya
	11:00 pm		DBF				✓				0	Priya
	12:00 am									✓	0	
	01:00 am		DBF								0	Priya
Total Intake :						**Total Output :** V = 2 m = 2						
2/6/26	02:00 am						✓				0	Priya
	03:00 am		DBF							✓	0	
	04:00 am										0	Priya
	05:00 am		DBF				✓				0	Priya
	06:00 am									✓	0	
	07:00 am		DBF				✓				0	Priya
Total Intake :						**Total Output :** V = 2 m = 3						

Total 24 hrs. Intake		Total 24 hrs. Output	V = 10 m = 8

BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0 Y 0 M 2 D (F)
Dr. MVB Pratyush

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 2/6/26

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.
3. 24 hrs. total to be entered in the kardex in RED.

		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							
											0	Lakshmi
	08:00 am						✓			✓	0	Lakshmi
	09:00 am		DBF								0	Lakshmi
	10:00 am										0	Lakshmi
	11:00 am		DBF				✓			✓	0	Lak
	12:00 pm						✓				0	Lakshmi
	01:00 pm		DBF				✓				0	Lakshmi
Total Intake :							**Total Output :**				U-2m-3	
	02:00 pm										0	Lakshmi
	03:00 pm		DBF				✓			✓	0	Lakshmi
	04:00 pm										0	Lakshmi
	05:00 pm		DBF				✓			✓	0	Lakshmi
	06:00 pm						✓			✓	0	Lakshmi
	07:00 pm		DBF								0	Lakshmi
Total Intake :							**Total Output :**				U-2m-2	
	08:00 pm										0	Lakshmi
	09:00 pm		DBF				✓			✓	NO IV	Lakshmi
	10:00 pm											
	11:00 pm		DBF									
	12:00 am						✓			✓	1	Lakshmi
	01:00 am		DBF							✓		
Total Intake :	Taken						**Total Output :**				M-2 U-3	
	02:00 am										1	Lakshmi
	03:00 am		DBF				✓			✓		
	04:00 am										NO IV	
	05:00 am		DBF									
	06:00 am						✓			✓	1	Lakshmi
	07:00 am		DBF									
Total Intake :	Taken						**Total Output :**				M-2 U-2	

Total 24 hrs. Intake	Taken

Total 24 hrs. Output	M-9 U-9

BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0 Y 0 M 4 D (F)
Dr. MVB Pratyush

3/6/26

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

1. All measurements in ml.
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Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
3/6/26												
	08:00 am						✓			✓		
	09:00 am		DBF				✓					
	10:00 am										NO IV	
	11:00 am		DBF				✓			✓		
	12:00 pm											
	01:00 pm						✓					
Total Intake : Taken						**Total Output :** U-2				M-4		
3/6/26	02:00 pm		DBF									
	03:00 pm						✓			✓		
	04:00 pm		DBF								NO IV	
	05:00 pm						✓					
	06:00 pm		DBF				✓			✓		
	07:00 pm											
Total Intake : Taken						**Total Output :** U-2				M-3		
	08:00 pm		DBF									
	09:00 pm						✓			✓		
	10:00 pm		DBF								NO IV	
	11:00 pm						✓			✓		
	12:00 am		DBF									
	01:00 am						✓			✓		
Total Intake : Taken						**Total Output :** M-3				U-3		
	02:00 am		DBF									
	03:00 am						✓			✓		
	04:00 am		DBF								NO IV	
	05:00 am						✓			✓		
	06:00 am		DBF									
	07:00 am						✓			✓		
Total Intake : Taken						**Total Output :** M-3 U-3						

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	M-13 U-10

BAH-00657681 IP5-00174542
Baby Of PEDDI MEGHANA
30-05-2026 0 Y 0 M 0 D 6 H (F)
Dr. MVB Pratyush

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.
3. 24 hrs. total to be entered in the kardex in RED.

		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							
	08:00 am											
	09:00 am											
	10:00 am											
	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**	