AH-00661561 IP5-00176653
Baby Of VIJAYA DURGA
3-07-2026 0 Y 0 M 7 D (M)
Dr. VIJAYANAND JAMALPURI

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

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Your Right to a Safe Delivery

NEWBORN MONITORING FORM

Date of Birth : 13/7/26
Time of Birth : .....
Mode of Delivery : NVD
Birth Weight : 3.417kgs
Head Circumference : .....
Length : .....
Red Reflex : .....

New Born Screening : .....
TFT : .....
OAE : .....
Mother's Blood Group : A+ve
Baby's Blood Group : A+ve
Anomaly Scan : .....
Vaccination : .....

Date	Weight	Type of Feed	Quantity	Temperature	Signature
	W.W				
20/7/26	2.992	DBF	-	98.0°F	Durga
21/7/26	3.007kgs	DBF+FF	10ml	98.2°F	Yamuna

Date	Time	Investigation	Result	Order No.	Signature

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 : IP5-00176653 **Admit Date** : 20-Jul-2026 **Admit Time** : 02:25 PM **UHID** : BAH-00661561

Patient Details :

Patient Name	: Baby Of VIJAYA DURGA PRABHAKARAN	**Age**	: 0 Y 0 M 7 D
Guardian	: Mr RAJASAGI AMAR VARMA	**DOB**	: 13-07-2026 04:17 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO 1503, BLOCK ASPEN, BRIGADE CITADEL APARTMENTS, Moti Nagar Hyderabad Telangana INDIA 500018	**Phone No**	: 8374004945/ 9629567885
		E-mail	: AMARPUNK@GMAIL.COM

Admission Details :

Bed Type : DELUXE ROOM **Bed No** : DLX 310 **Ward Name** : 3F-ZONE A

Room No : DLX 310 **Admission Type** : First Visit

Contact Details :

Name : Mr RAJASAGI AMAR VARMA **Relationship** : Father

Contact Address : FLAT NO 1503, BLOCK ASPEN, BRIGADE CITADEL APARTMENTS, Moti Nagar Hyderabad Telangana INDIA 500018 **Phone No** : 8374004945 / 9629567885

Signature

Doctor Details :

Doctor Name : Dr. VIJAYANAND JAMALPURI **Specialisation** : NEONATOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : BAH-00661561 IP5-00176653
Baby Of VIJAYA DURGA
13-07-2026 0 Y 0 M 7 D (M)
Dr. VIJAYANAND JAMALPURI
_____ Dept : _____

Date of Admission: _____ harge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/26	3:00Pm	ER	ward(310)	ICU

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

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2017	DSPT	5pm	9/12/886.		Durga

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00661561 IP5-00176653
Baby Of VIJAYA DURGA
13-07-2026 0 Y 0 M 7 D (M)
Dr. VIJAYANAND JAMALPURI

Patient Name: _____ R/o vijaya Durga prabhakaran

UHID ID: _____

Department: _____

Consultant: _____

BAH-00661561 IP5-00176653
Baby Of VIJAYA DURGA
13-07-2026 0 Y 0 M 7 D (M)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Information given by: ______ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

c/o yellowish discolouration of eyes & skin | since 1 day

History of present illness :

c/o yellowish discoloration of skin + sclera since 1 day

Baby BG | A positive
Mother BG | A + positive

SBR → 16.1 — 0.1 / 16

Birth wt – 3.417 kgs
Today wt – 3.08 kg

BAH-00661561 IP5-00178653
Baby Of VIJAYA DURGA
13-07-2026 0 Y 0 M 7 D (M)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Past History : (Including details of any previous investigation or treatment)

Birth & Neonatal History:

Term / NVD / CIAB / BW - 3. 4kg

Birth & Socio Economic History:

About Father :

About Mother : middle class

Any additional Information :

Developmental History :

Immunization History :

Birth vaccine - given on 14/7/20

(P.T.O.)

BAH-00661561 IP5-00176653
Baby Of VIJAYA DURGA
13-07-2026 0 Y 0 M 7 D (M)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____(Centile _____) Height (cms): _____(Centile)_____)

Weight (kgs)) 3.08kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate :_____ B.P. _____ SPO2 _____

Resp.rate and type of breathing : _____

Rash_____

Lymphadenopathy_____

Oedema :_____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : BAE(+)

Air entry & breath sounds : _____

Any addes sounds : _____

Relevant data from outside (Chest X-Ray, ABG,etc.,) _____

Cardiovascular System :

Inspection of procordium : S1S2(+)

Heart Sounds :_____

Any murmur :_____

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection_____ Soft

Palpation :_____

Ausculation :_____

Spine :_____ External Genitelia : _____

Relevant data from outside (CT, USG etc.,) _____

BAH-00661561 IP5-00176653
Baby Of VIJAYA DURGA
13-07-2026 0 Y 0 M 7 D (M)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes : N

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Neonatal jaundice

(P.T.O.)

BAH-00661561 IP5-00176653
Baby Of VIJAYA DURGA (M)
13-07-2026 0 Y 0 M 7 D
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Kernicterus

Desired goals of the treatment : Resolution of Symptoms

Planned Labs:

~~CAT~~

Planned Management

(1) DSPT ē eyes and genitals covered
(2) continue DBF Q2-3hourly f/b burping
(3) monitor vitals
(4) temp. monitoring under light.

NIB
Kemula
20/7/26

Signature of the Doctor: ....

Name of the Doctor: Dr. Balaji

Date & Time: 20/7/26, 2:00pm

Signature of the Consultant: ....

Dr. VIJAYANAND JAMALPURI
Reg. No: 40526

Name of the Consultant: ....

Date & Time: ....

BAH-00661561 IP5-00176653
Baby Of VIJAYA DURGA
3-07-2026 0 Y 0 M 7 D (M)
Dr. VIJAYANAND JAMALPURI

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet				
2	Discharge Summary				
3	Nursing Initial assessment				
4	Patient Transfer form				
5	In-patient Medical record				
6	Doctors progress sheets				
7	Nursing plan of care and handover sheets				
8	Consultation sheet				
9	General consent for treatment				
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation				
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart				
30	Intake and Out take chart (fluid chart)				
31	Drug chart (Regular Prescription)				
32	Investigation Values (result sheet)				
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Total No. of Pages				

Signature and Date :

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00661561 IP5-00176653
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 4:00pm	C/S/B Resident	
	ΔNeonatal Jaundice	
	Term/NVD/ CIAB / B wt → 3417g/ NNJ /DOL-7	
	M/B A+/A+ ; U/M ✓/✓	plan. SBR → 16.1 { 0.1 / 16.0 } OP
		① DSPT with eyes & genitals covered.
	B wt → 3417g.	
	T wt → 3080g (9.8%↓)	
	Yellowish discolouration of skin and eyes.	② DBF 45ml Q2H, 60ml Q3H. Alb bumping
	hemodynamically stable	
	Cry, Tone, activity } good	③ SBR after rounds
	Euthermic	④ Monitor vitals, feeds & U/O
	Euglycemic	
		Noted by Durgam Sohale

Patient

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/4/26 8:00am	C/S/B Resident S/B VJ sir	
	D: NNJ	Plan: Lactation Review
	M | A+ / B | A+ ; U | ✓ / M | ✓	① SBR, CBP, Retic count, DCT — 12pm
	Twt → 3007g Bwt → 3417g (10% ↓)	
	Hemodynamically stable Euthermic Euglycemic CCG Tone Activity } good.	② DSPT with eyes & genitals covered ③ feeding assessment ④ DBF 45ml Q2H 60ml Q3H ⑤ Monitor Vitals, feed c/o
		Sd/-

Dr. VIJAYANAND JAMALPURI
Reg. No: 40526

BAH-00661581 IP5-00176653
Baby Of VIJAYA DURGA
13-07-2026 0 Y 0 M 7 D (M)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00661561 IP5-00176653
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Dr. VIJAYANAND JAMALPURI

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RESULT SHEET

Date	20/9/26					
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj	16.0 < 0.1 / 16.1					
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.,) : .....

Patie

BAH-00661561 IP5-00176653
Baby Of VIJAYA DURGA
13-07-2026 0 Y 0 M 7 D (M)
Dr. VIJAYANAND JAMALPURI

B/

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
	Vit. D3 drops	1 drop	PO	OD	20/7/26	☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : 20/7/26 : 2:10 pm

Nurse Name & Signature: Renuka

Date & Time : 20/7/26 @ 2:20 pm

BAH-00661561 IPS-00176653
Baby Of VIJAYA DURGA
13-07-2026 0 Y 0 M 7 D (M)
Dr. VIJAYANAND JAMALPURI

Patien

B/o

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DRUG CHART

Date of Admission: 20/7/26 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 .... Signature ....

ANAND JAMALPURI

REGULAR PRESCRIPTIONS

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

DRUG : Drops. VIT-D

Dose	Route	Frequency	Start Date
0.5ml	PO	OD	20/3/28

Date ▸ 20/4
Time ▾ 10pm

Name & Signature of the Doctor Starting the Drugs:
Dr. Balaji

Additional Instructions:
1ml = 800IU

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Date ▸
Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Date ▸
Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Date ▸
Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a 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.	

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

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

I.V. FLUIDS CHART

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

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

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

BAH-00661561 IP5-00176653
Baby Of VIJAYA DURGA
13-07-2026 0 Y 0 M 7 D (M)
Dr. VIJAYANAND JAMALPURI

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

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

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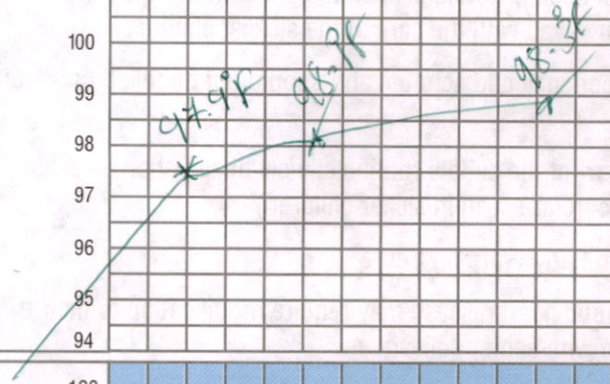
EARLY WARNING SCORE: CHILDREN'S UNIT

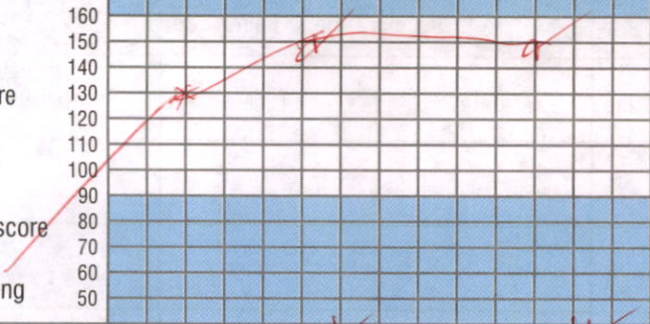
Date: 20/7/26 Time:	3pm	10pm	6am
Doctor/Nurse/Family Concern?			

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



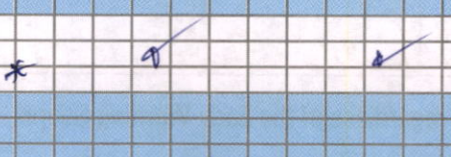
Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring



Heart Rate (Number)	138bpm	147bpm	145bpm

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



Resp Rate (Number)	38bpm	40bpm	40bpm
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)	99%	100%	100%
Conscious Level: Normal / Altered			
GCS *	(15/15)	(15/15)	(14/15)
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	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

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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-00661561 IP5-00176653
Baby Of VIJAYA DURGA (M)
13-07-2026 0 Y 0 M 7 D
Dr. VIJAYANAND JAMALPURI

21/7/26

H / 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
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: .... Time:		10Am
Doctor/Nurse/Family Concern?		
Temperature (F)	104	
	103	
	102	
	101	
	100	
	99	
	98	
	97	
	96	
	95	
	94	
Heart Rate (bpm) and Blood Pressure (mmHg) *	190	Refused (written down the column)
	180	
	170	
	160	
	150	
	140	
	130	
	120	
	110	
	100	
Note: BP does not score in early warning scoring	90	
	80	
	70	
	60	
	50	
Heart Rate (Number)		
Resp. Rate (bpm) (Over 1 Minute) *	70	
	60	
	50	
	40	
	30	
	20	
	10	
Resp Rate (Number)		
Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2(l/min)		
O_2Saturations (%)		
Conscious Level	Normal	
	Altered	
GCS *		
TOTAL SCORE Number of shaded boxes		
Pain Score		
Observer's Initials		

ACTIONS	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
NB: Scores 3 should be recorded overleaf	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

Pratiksha Rainbow Children's Hospital
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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-00661561	IP5-00176653
Baby Of VIJAYA DURGA	
13-07-2026	0 Y 0 M 7 D (M)
Dr. VIJAYANAND JAMALPURI	

Patient Sticker

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FLUID CHART

Sheet No. : ① 20/7/26

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	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
	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									Durga
	04:00 pm									✓	No IV cannula	Durga
	05:00 pm		DBF									Durga
	06:00 pm											Durga
	07:00 pm		DBF				✓					Durga
Total Intake :						**Total Output :** U-1 M-1						
	08:00 pm											Yamu
	09:00 pm		Ff Wap									Yamu
	10:00 pm						✓			✓	No IV cannula	Yamu
	11:00 pm		Ff Wap							✓		Yamu
	12:00 am									✓		Yamu
	01:00 am		EBM							✓		Yamu
Total Intake :						**Total Output :** U-3 M-1						
	02:00 am									✓		Yamu
	03:00 am		FF Wap				✓			✓	No IV cannula	Yamu
	04:00 am											Yamu
	05:00 am		FF Wap				✓			✓		Yamu
	06:00 am									✓		Yamu
	07:00 am		EBM									Yamu
Total Intake :						**Total Output :** U-4 M-2						

Total 24 hrs. Intake	DBF	Total 24 hrs. Output	U-8 M-4

Docu. No. : RCHBH /FRM / CLINICAL / 092

BAH-00661581 IP5-00176653
Baby Of VIJAYA DURGA
13-07-2026 0 Y 0 M 7 D (M)
Dr. VIJAYANAND JAMALPURI

FLUID CHART

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : (2) 21/7/26.

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							
	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	