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 : IP5-00176608 **Admit Date** : 19-Jul-2026 **Admit Time** : 04:07 PM **UHID** : BAH-00662133

Patient Details :

Patient Name	: Baby Of KAVYA JAMPALLY	**Age**	: 0 D
Guardian	: Mr SRIKANTH JAMPALLY	**DOB**	: 19-07-2026 03:03 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: VIKAS NAGER Hanamkonda Warangal Telangana INDIA 506001	**Phone No**	: 6301857272
		E-mail	: jampallysrikanth@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SW-417-1 **Ward Name** : 4F-BIRTHING CENTRE

Room No : CRDL-SW-417-1 **Admission Type** : First Visit

Contact Details :

Name : Mr SRIKANTH JAMPALLY **Relationship** : Father

Contact Address : VIKAS NAGER Hanamkonda Warangal Telangana INDIA 506001 **Phone No** : 6301857272

Signature

Doctor Details :

Doctor Name : Dr. DINESH KUMAR CHIRLA **Specialisation** : NEONATOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

BAH-00662133 IP5-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0Y0M0D3H (M)
Dr. DINESH KUMAR CHIRLA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEWBORN MONITORING FORM

Date of Birth : 19/7/26
Time of Birth : 3:03pm
Mode of Delivery : Emg - LSCS
Birth Weight : 3.342kgs
Head Circumference : 34 cm
Length : 49 cm
Red Reflex : .....

New Born Screening : .....
TFT : .....
OAE : .....
Mother's Blood Group : A+ve
Baby's Blood Group : .....
Anomaly Scan : .....
Vaccination OPV, BCG, Hep-B given on 19/7/26

Date	Weight	Type of Feed	Quantity	Temperature	Signature
19/7/26	T. wt 3.342kgs	DBF	-	98.1°F	By
19/7/26	wd. wt 3.344kgs	DBF	-	98.2F	
20/7/26	3.290kgs	DBF	—	98.3F	
21/7/26	3,093kgs	DBF	—	98.1°F	Lalita
21/7/26.	(9am) 3.087 kgs.	DBF	—	98.2F	Sunil.

Date	Time	Investigation	Result	Order No.	Signature
19/7/24	4:30pm	Blood group		260724	[illegible]

Cross checked by
Poulabi

BAH-00662133 IP5-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0Y0M0D3H (M)
Dr. DINESH KUMAR CHIRLA

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 : ..... 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 - Kavya Jampally

Gender : ☐M ☐F Blood Group : .....

Date of Birth : 19/7/26 Time of Birth : 3:03pm

Place of Birth : RCH, BH

Mother's Blood Group : A+ve

Birth Weight (gms) : 3342 g Length (cms) : 49cm

OFC (cms) : 34cm

Estimated Gesth Age : 37+6 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 24 Ht : 163 Wt : 73Kg BMI: ..... Married Life : ..... LMP : 26/10/25 EDD : 2/8/26

Conception : Spontaneous or with Rx. : .....

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

Last Scans Details : 37+1 wks - cephalic / AFI - 12.4 cm, AC - 80%, EFW - 3.252Kg, TIFFA N, ATS - 100 mm, NT - 1.5 mm

TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐<18 yrs ☐ > 35yrs

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 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 : ..... Any culture : .....

PPROM: Duration : ..... ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

Medication during Pregnancy : ..... Duration : .....

BAH-00662133 IP5-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. DINESH KUMAR CHIRLA

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr. M. Prathyusha Reddy Hospital : Reddy Rest, BTI ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : (NPOL)

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
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

1 Minute	5 Minutes	10 Minutes
1	1	
2	2	
2	2	
2	2	
2	2	
TOTAL 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 :

History of Present Illness:

Pre-heated warmer
Equipment check done
↓
Male baby delivered
via - elective section
↓
Baby CIAB
↓
routine care given
delayed cord clamping
@ 60 sec.
1/3 vitamin K given
↓
- ↳ DR CPAP - was given
for 15 min - 1/1/10 - RD - Tachypnea, SCR, INF
↓
distress settled
↓
shifted to
mothers side.

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 140/min RR : ..... NIBP : ..... CFT : <2 Secs

Color of the extremities : acrocyanosis

Jaundice : ..... Pallor : ..... SpO2 : 92%

ANTHROPOMETRY: Birth Weight : 3324g Length : ..... HC : ..... Present Weight : .....

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

BAH-00662133 IP5-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. DINESH KUMAR CHIRLA

HEAD TO TOE EXAMINATION

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

FACIES : (Any Facial Dysmorphism)

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

EYES :
Symmetry :
Red Reflex :
Discharge :
to be checked

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 :
Discharge :
(N)

GENITILIA :
Labia / Hymen :
Testicles/penis :
Anus :
(N) Male genitalia
B/L Testes - descended

HERNIAL ORIFICES

TRUNK and SPINE :
(N)

SKIN LESIONS :
(N)

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

SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 60/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 : room air

SpO_2: 92% Auscultation: ..... Breath Sounds: ..... Added Sounds: .....

CARDIOVASCULAR SYSTEM :

HR : 130/min BP : .....

Femoral Pulses : .....

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : NAD

Signs of Cardiac Failure : .....

ABDOMEN:

Shape : .....

Palpation : .....

Palpable masses : N

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : +

Umbilical Cord : 2A, 1V

First urine passed : passed

Meconium passed : not passed

NERVOUS SYSTEM:

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

State of wakefulness : .....

Prechtle Score : CTNA good

Nerves : .....

.....

MOTOR SYSTEM:

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

Baby Of KAVYA JAMPALLY
19-07-2026 0Y0M0D3H (M)
Dr. DINESH KUMAR CHIRLA

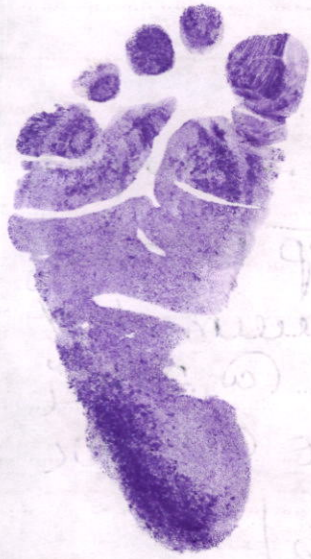
Any Congenital Anomalies : .....

.....

Diagnosis : Term I BS 37+6 wk / EL-LSCS / 3.342 kg.
male ch / CHAB

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : Pawan

Name : Pawan

Date & Time : 19/7/26

Consultant :

Signature : .....

Name : .....

Date & Time : .....

DINESH KUMAR CHIRLA
Reg. No: 66227

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.

BAH-00662133 IP5-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. DINESH KUMAR CHIRLA

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 :

.....

.....

.....

.....

.....

Plan

- Warm Care.
- DBF - 2nd baby → burping
- → BCG | OPV | Hep B today
- → clinical assessment of jaundice @ 24 HRS.
- → SBR | NBS | OAE @ 48 HRS.
- → Monitor SpO_2 | WIF - RD - i

Feeding Plan at the time of shifting : .....

first feeding time 2:30pm & 3:30pm

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Doctor Signature (Handover Given): Pawan

Doctor Name: Pawan

Date & Time: 19/7/26

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

Doctor Name: .....

Date & Time: .....

BAH-00662133 IP5-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0Y0M0D3H (M)
Dr. DINESH KUMAR CHIRLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record				
6	Doctors progress sheets	3			
7	Nursing plan of care and handover sheets	4			
8	Consultation sheet				
9	General consent for treatment	1			
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	1			
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	3			
30	Intake and Out take chart (fluid chart)	2			
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	2			
38	Braden Q Scale	2			
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				
		1			
		2			
	Total No. of Pages	32			

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date : 21/8/26

27

(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-00662133 IP5-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0Y0M0D3H (M)
Dr. DINESH KUMAR CHIRLA

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
19/7/26 6:30pm	CLS/B - Review	
	3HOL / 37+6 wks / Em LGS / 3.342kg / CNAOL	
		Plan
M/B A+ve	Baby on room air hemodynamically Stable - warm care CIT/A - good Passed - urine → ✓	- DBF - 2nd/hrly → burping → SBR/NBS/10AE @ 48HOL → monitor vitals/8th hrly - Inform SOS
	Vaccinat 2 SpO_2 - 95% NO signs of RD. Chest - Clear P/A - Soft. Mother's Nipple (+)	Paracap
19/7/26 7pm	CLS/B - Dr. Nilesh.	
		Plan
		→ check SpO_2 / Temp & Inform.
	Noted by priya	Pavan Rao

BAH-00662133 IP5-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0Y0M0D3H (M)
Dr. DINESH KUMAR CHIRLA

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
20/7/26 8:20am	C/S/B Resident	
	1THOL/ 37+6 / Emlscs/ 3342g. / Mch / 8mm (NOPL)	
	Baby on room air	
	M/ A↑ / B/ A↑	V/ ✓(B) / M/ ✓(2)
		Plan
		(1) DBF + Hb keeping
	Twt → 3290g (2%↓)	
	Euthermic	(2) warm care
	Euglycemic	
	cry / tone / activity } good.	(3) clinical Jaundice
		(4) 24HOL 3 PM
		(5) SBR / NBS / OAE } 7m 3pm
		(6) Monitor vitals
		Sohela
20/7/26 9:30am	S/B Dr. Dinesh Sir	
		Plan
		(1) clinical Jaundice assessment (2) 3pm
		(2) SBR / NBS / OAE } 7th

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7 10:00 Hr	lactation notes :	
	- Peeni	
	- well formed breast and nipples	
	- colostrum seen	
	- suck good but taking very long pause sleeping at the breast after 2 -> sucks.	
	Advice :	
	- Direct breast feeding	
	- demo for deep latch as demonstrated	
	- Make baby suck for 15 - 20 min on each side.	
	- Demand feeding not exceeding 2-2½ hours	
	- If baby is not sucking even after feeding for 15-20 min on each side, give help mother with hand expression and give it as top feed.	Sd/ Surgeon

BAH-00662133 IP5-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0Y0M0D3H (M)
Dr. DINESH KUMAR CHIRLA

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
20/7/26 4:30pm	C/S/B Resident:	
	25 HOL | 37+6 | Em LSCS | 33 | 2.9g | Primi | Mch	
	M | AT / B | At ; M | L / V | L	Plan
	Twt → 3290g	① DBF and hly fbs dumping
	Euthermic Euglycemic Cry Tone reactivity } good	② warm care
		③ SBR, NBS, OAE T/m 5pm @ 48HOL
		④ Monitor feeds, vitals c/o.
		Sohela
20/7/26 5:30pm	Seen by Dr. Vineela	
		→ NBS, SBR, OAE T/m 3pm
		Noted by Lathika

BAH-00662133 IPS-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. DINESH KUMAR CHIRLA

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
21/7/26 8:30am	GS/B Resident	
	41HOL/3+6/Em LSCS/3342g/Primi/MCH	
	M/A+ B/A+	M/✓(7) U/✓(6)
	Baby on room air	Plan
	Twt ↑ 3093g (7.4% ↓) (200g ↓)	① DBF Q2H Hb bupng
		② ~~dry tone~~ warm care
	Euthermic	③ SBR, NBS } 3pm
	~~Eugycemic~~	OAE — today
	cry, tone, activity } good	④ monitor vitals U/O, feeds
	CRT <3sec	Sohelu ✓
	Peripheries warm	
	U/7 S/6	Recheck weight now
→		↓ 3087g. (↓ 206g) 7.5%.
→		Lactation assessment ~~done~~ done. ↓ output good.

BAH-00662133 IP5-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. DINESH KUMAR CHIRLA

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
21/7 10 dm	Lactation notes :	
	- Suck better than yesterday - taking long pause but better - colostrum seen	
	Advice :	
	- Direct breast feeding - Aim for deep latch as demonstrated - Make baby suck for 15-20 min on each side	
		21/7/26 OAE - Newborn hearing Screen Bilateral responses are present Bilateral Pass

BAH-00662133 IP5-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0Y0M0D3H (M)
Dr. DINESH KUMAR CHIRLA

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Part - I.

Patient's / Learner Language: Telugu Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: ☐ Yes ☐ No Healthcare Literacy: ☐ Yes ☐ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others .....

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
19-7-26	6pm	7	Infection control measures	pt	4	D	1	1	NA	

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C Caregiver O: Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

BAH-00662133 IP5-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0Y0M0D3H (M)
Dr. DINESH KUMAR CHIRLA

MULTI-DISCIPLINARY PLAN OF CARE FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Nursing ☐ Others:
19/7/26 @ 4pm	☐ Medical ☑ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	→ DBF	→ Burping	→ To, provide warm care	By	☑ Medical ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

BAH-00662133 IP5-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. DINESH KUMAR CHIRLA

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: ..... Mother's Name: Kavya Jampally

Date of Birth: 19/7/26 Time of Birth: ..... Gender: ☑ Male ☐ Female

Birth Weight: 3.342 Kgs HC: 34 cm Lenght: 49 cm

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

Term / Pre-term / Post-term: .....

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: O+ve Baby: .....

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 2:30pm to 8:40pm

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 98.6 °C HR: 147 /Min RR: 42 /Min BP: — SpO2: 100%,

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☑ **No** **Score:** 17 (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: Suntha Signature: ..... Date &Time: 19/7/26 @ 4pm

BAH-00662133 IP5-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. DINESH KUMAR CHIRLA

Doc. No. : RCH / 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: 19/7/26

Parameter						
Time	4pm	6pm	7pm	11 pm	3 Am	7 am
Doctor/Nurse/Family Concern?						
Temperature (F)	99°F	98°F	98.2°F	97.3°F	98.2°F	97.9°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	*		*	*	*	*
Heart Rate (Number)	147		148b/m	145b/m	144b/m	140b/m
Resp. Rate (bpm) (Over 1 Minute) *	42		*	*	*	*
Resp Rate (Number)	42		42b/m	40b/m	40b/m	38b/m
Resp Distress (Mod/ Severe; None / Mild)				—	N	N
Receiving O_2 (l/min)						
O_2 Saturations (%)	100%		99%	100%	99%	100%
Conscious Level (Normal; Altered)				—	N	N
GCS *	N		N	—	15/15	15/15
TOTAL SCORE Number of shaded boxes			0	0	1	1
Pain Score	0		0	0	0	0
Observer's Initials	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]

Scale values printed: Temperature 104–94; Heart Rate 190–50; Resp. Rate 70–10.

Note: BP does not score in early warning scoring

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.

Patient Sticker

Pratiksha 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-00662133 IP5-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. DINESH KUMAR CHIRLA

20/7/26

Doc. No. : RCH / 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: 20/7/26 Time:	10 AM	2PM	8pm	10pm	2am	6 am
Doctor/Nurse/Family Concern?						
Temperature (F)	98.0°F	97.9°F	98.0°F	98.4°F	98.1°F	98.3°F
Heart Rate (bpm) and Blood Pressure (mmHg) *						
Heart Rate (Number)	130b/m	129b/m	131b/m	136b/m	143b/m	147b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	40b/m	32b/m	31b/m	38b/m	40b/m	42b/m
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	100 %	99%	99%	100%	99%	100%
Conscious Level: Normal / Altered	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	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials				DY	DY	DY

NB: Scores 3 should be recorded overleaf

ACTIONS

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

Pratiksha 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-00662133 IP5-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0 Y 0 M 1 D (M)
Dr. DINESH KUMAR CHIRLA

No. : RCH / 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

21/7/26.

Date: ..... Time:		10 am	1 pm.
Doctor/Nurse/Family Concern?			
Temperature (F)	104		
	103		
	102		
	101		
	100		
	99	98.1F	98F.
	98		
	97		
	96		
	95		
	94		
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190		
	180		
	170		
	160		
	150		
	140		
	130	x	x
	120		
	110		
	100		
	90		
	80		
	70		
	60		
	50		
Heart Rate (Number)		134 b/m	140 b/m
Resp. Rate (bpm) over 1 Minute) *	70		
	60		
	50		
	40		
	30	x	x
	20		
	10		
Resp Rate (Number)		32 b/m	34 b/m
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2 (l/min) O_2 Saturations (%)		97%	97%
Conscious Level: Normal / Altered		– / –	– / –
GCS *		15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0
Pain Score		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

Pratiksha 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-00662133 IP5-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0Y0M0D3H (M)
Dr. DINESH KUMAR CHIRLA

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)

19/7/26

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	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am					NA						
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm (4)		DBF				NP			✓		Swathi
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:30 pm		DBF									
Total Intake : Taken						Total Output : passed U-1 M-0 passed						
19/7	08:00 pm		DBF								NO IV	Sony
	09:00 pm		DBF									Sony
	10:00 pm (30)						✓			✓		Sony
	11:00 pm (3)		DBF									Sony
	12:00 am (3)		DBF									Sony
	01:00 am											Sony
Total Intake : Taken						Total Output : passed						
	02:00 am										NO IV	[illegible]
	03:00 am		DBF									
	04:00 am											
	05:00 am											
	06:00 am		DBF				✓			✓		
	07:00 am											
Total Intake : Taken						Total Output : M-1, U-1						

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	M-2 U-3

BAH-00662133 IP5-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. DINESH KUMAR CHIRLA

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. : 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.
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							
20/7/26	08:00 am									✓	1	
	09:00 am		DBF				✓				NO	
	10:00 am										IV	
	11:00 am		DBF							✓		
	12:00 pm						✓					
	01:00 pm		DBF							✓		
Total Intake : Taken.						Total Output V-3 m-2						
20/7	02:00 pm											
	03:00 pm		DBF				✓					
	04:00 pm									✓		
	05:00 pm		DBF				✓				NO IV	
	06:00 pm											
	07:00 pm		DBF									
Total Intake : Taken						Total Output : U-1 m-3						
20/7	08:00 pm									✓	1	
	09:00 pm		DBF				✓					
	10:00 pm										NO	
	11:00 pm		DBF								IV	
	12:00 am											
	01:00 am		DBF							✓		
Total Intake : Taken						Total Output : U-2 m-1						
20/7	02:00 am										1	
	03:00 am		DBF									
	04:00 am						✓				NO	
	05:00 am		DBF								IV	
	06:00 am									✓		
	07:00 am											
Total Intake : Taken						Total Output : U-1 m-1						

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	U-7 m-6

BAH-00662133 IP5-00176608
Baby Of KAVYA JAMPALLY
19-07-2026 0 Y 0 M 1 D (M)
Dr. DINESH KUMAR CHIRLA

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. : 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.

		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		DBF							~		Sushanthi
	09:00 am											
	10:00 am		DBF + 60ml				NP				nil	
	11:00 am											
	12:00 pm		DBF.									Sushanthi
	01:00 pm											
Total Intake : Taken.						Total Output : m - Np. u - 1						
	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	

Patient Sticker

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**	