

BAH-00657796 IP5-00174804
 Baby Of SABAHATH
 29-05-2026 0 Y 0 M 3 D (M)
 Dr. DINESH KUMAR CHIRLA



ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP 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
1/6/26	2:30 p	ER	NIU	Anub

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. purna chandra	1/6/26	9638051	
2				
3				
4				
5				
6				
7				
8				
9				
10				

**CONSENT FOR
LEFT AGAINST MEDICAL ADVICE
(If patient attendee refusing the ambulance service)**

IAH-00657796 IP5-00174604
Baby Of SABAHATH
9-05-2026 0 Y 0 M 3 D (M)
Dr. DINESH KUMAR CHIRLA

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery



Patient Name : B/o Saba Hath Age : Dy Gender : Male Female

UHID NO : 657790 Department : NICU Date : 1/06/26

I Mohammed Atiq S/D/W/O here

by give declare that my son is diagnosed of

Term / AGIA / Suspected epidermolysis bullosa (EB) / Acute
Dysrhythmic Sepsis / Leucopenia / Hypocalcaemia / Hypernatraemic
dehydration & Acute kidney injury

The doctor has explained me the nature of illness and need of..... care. After extensive discussion with

the family members about the risk and alternatives I have decided not to continue treatment in this hospital and I want to take my son to another health care facility. The hospital staff have advised to take my son in an ambulance with appropriate medical care facilities and a healthcare worker.

I do not wish to use the ambulance and I am taking my son through my own transport arrangements and fully understand the consequences of the same. I don't have any complaints against the doctors and hospitals staff.

Patient Attendant :
Signature : Mohammed Atiq
Name : Mohammed Atiq
Relationship with Patient : Father
Date & Time : 1/6/26 @ 7.30 PM

Witness :
Signature : Narainy
Name : Narainy
Date & Time : 1/6/26 @ 7.30 PM

Doctor :
Signature : [Signature]
Name : Dr. Poopithe
Date & Time : 1/6/26 @ 7.30 PM

వైద్య సలహాకు వ్యతిరేకంగా వదిలి వెళ్తున్నందుకు సమ్మతి
(రోగి సహాయకుడు అంబులెన్స్ సౌకర్యాన్ని తిరస్కరించినచో)



రోగి పేరు : వయస్సు లింగం పు స్త్రీ
 యు.హెచ్.ఐ.డి. విభాగము

తేదీ
 నేను కుమారుడు / కుమార్తె / భార్య

అను రోగనిర్ధారణ చేయబడినది.

డాక్టర్ నాకు అనారోగ్యం యొక్క స్వభావాన్ని మరియు
 అవసరాన్ని పాటించవలసిన జాగ్రత్తలు వివరించారు.

ప్రమాదం మరియు ప్రత్యామ్నాయాల గురించి కుటుంబ సభ్యులతో చర్చలు అనంతరం నేను ఈ ఆసుపత్రిలో చికిత్స
 కొనసాగించకూడదని నిర్ణయించుకున్నాను. నేను నా ను మరొక ఆరోగ్య సంరక్షణ కేంద్రానికి
 తరలించాలి అని నిర్ణయించుకున్నాను. ఆసుపత్రి సిబ్బంది నాకు తగు అంబులెన్సు లో ఆరోగ్య సంరక్షణ కార్యకర్తను పర్యవేక్షణలో
 తరలించవలసినదిగా సూచించారు.

నేను అంబులెన్స్‌ని ఉపయోగించాలనుకోలేదు మరియు నేను నా స్వంత రవాణా లో తరలించాలి అని నిర్ణయించుకున్నాను అటువంటి
 రవాణా వల్ల అనేక పరిణామాలకు తలెత్తుతాయని తెలుసుకున్నాను దీని కారణంగా అతని / ఆమె అనారోగ్యం పర్యవసానాలకు
 వైద్యులు మరియు ఆసుపత్రి సిబ్బంది పై నాకు ఎటువంటి ఫిర్యాదులు లేవు.

సహాయకుడు (అటెండెంట్)

సంతకము
 పేరు
 తేదీ మరియు సమయము

సాక్షి

సంతకము
 పేరు
 తేదీ మరియు సమయము

వైద్యుల

సంతకము
 పేరు
 తేదీ మరియు సమయము

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174604 Admit Date : 01-Jun-2026 Admit Time : 01:40 PM UHID : BAH-00657796

Patient Details :

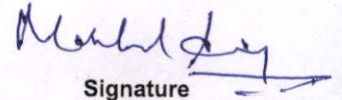
Patient Name : Baby Of SABAHATH Age : 0 Y 0 M 3 D
Guardian : Mr MOHAMMAD ATIQ DOB : 29-05-2026 01:00 AM
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H NO 1-11-2N0022, NEAR FATHIMA MASJID, Phone No : 6302087848/ 7207504202
2ND RAILWAY GATE DHARURMETTU Gadwal E-mail : ATIQMD100@GMAIL.COM
Telangana INDIA 509125

Admission Details :

Bed Type : NICU Bed No : NICU 282 Ward Name : 2F-NICU 4
Room No : NICU 282 Admission Type : First Visit

Contact Details :

Name : Mr MOHAMMAD ATIQ Relationship : Father
Contact Address : H NO 1-11-2N0022, NEAR FATHIMA MASJID, Phone No : 6302087848
2ND RAILWAY GATE DHARURMETTU Gadwal
Telangana INDIA 509125


Signature

Doctor Details :

Doctor Name : Dr. DINESH KUMAR CHIRLA Specialisation : NEONATAL INTENSIVE CARE
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY

BAH-00657796 IP5-00174604
 Baby Of SABAHATH O Y O M 3 D (M)
 29-05-2026
 Dr. DINESH KUMAR CHIRLA



ADMISSION CRITERIA – NICU

Admission / Transfer from:

- Emergency
 Outpatient (OPD)
 Ward
 Operation Theater
 Others:

Tick (✓) any of the following criteria requiring admission / transfer to NICU

Prematurity and Low Birth Weight Babies:

- Respiratory Distress
- Congenital Heart Disease
- Suspected or CONFIRMED SEPTICAEMIA
- Suspected or Diagnosed Meningitis
- UTI
- Septic Arthritis or Osteomyelitis
- Congenital Infections (Varicella, Pneumonia)
- Acquired Viral Illness
- Hyperbilirubinemia
- Severe Dehydration
- Bleeding Manifestations
- Neonatal Seizures
- Birth Asphyxia
- Surgical Problems
- Suspected Metabolic Disorders
- Dysmorphic Features
- Congenital Serious Cutaneous Disorder

Major Surgical Problems:

- Congenital Hydrocephalus
- Neural Tube Defects
- Choanal Atresia
- Trachea- Esophageal Fistula
- Esophageal Atresia
- Congenital Diaphragmatic Hernias
- Eventration of Diaphragm
- Congenital Cystic Adenomatoid Malformation
- Intestinal Atresias
- Gastric Volvulus
- Cleft lip or Cleft Palate
- Omphalocele / Gastrochiasis
- Anorectal Malformations
- Gross Hydrouretero Nephrosis
- Posterior Urethral Valves
- Congenital Tumors
- Cystic Hygromas

Criteria for shifting inborn babies from wards to NICU:

- Any Baby with Lethargy, Poor Feeding, Gross Weight Loss and Dehydration
- Any Baby with Severe Jaundice Requiring Exchange Transfusion
- Any Baby with Blood Sugar Abnormalities (Hypo or Hyperglycaemia)
- Any Baby with Temperature Instability
- Any Baby with Signs of Sepsis
- Any Baby with Seizures
- Out Born Babies: (Including Walk in Patients to the Emergency Room / Neonatal Transports)

Signature of the Doctor: *[Signature]*
 Name of the Doctor: *Dr. Dinesh Kumar Chirala*
 Date & Time: *1/6/26 ; 2pm*

Patient Sticker



DISCHARGE CRITERIA – NICU

Discharge to:

- HDU / Step down ICU Ward Outside Facility Others:

Tick (✓) any of the following criteria requiring discharge / transfer from NICU

- The clinical status of the patient no longer warrants constant medical and nursing monitoring or specialized services originally required.
- Preterm baby once attained weight of > 1.5kgs and crossing the PMA of >35 weeks of gestation.
- Preterm babies maintaining normal temperatures (36.5-37.5°C) in room temperature.
- All preterm, low birth weight babies and babies who had critical course in the NICU

Signature of the Doctor:

Name of the Doctor :

Date & Time:

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Sabirah S Age : 24 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 Sabirah S Mother's Blood Group : A + ve
 Gender : M F Blood Group : Birth Weight (gms) : 3.2kg Length (cms) :
 Date of Birth : 29/05/26 Time of Birth : 9:40AM OFC (cms) :
 Place of Birth : local hospital Estimated Gesth Age : 38 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 24 Ht : Wt : BMI : Married Life : LMP : EDD :
 Conception : Spontaneous or with Rx :
 Booked at what GA : AN Steroids Drugs / Doses :
 Last Scans Details :
 TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs Consanguinity : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, degree of consanguinity : <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 H/o PIH (after 20 weeks) / PE How many Drugs / Doses / Since how long : H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : IUGR - when detected : Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus : AFI :</p>	<p>H/o GDM/ pre GDM/ on diet or insulin Controlled or not, recent values, HbA1 values : <u>COM. @ 7 wks</u> Compliance with Rx : <u>-on metformin</u> Scans : LGA, TIFFA , Fetal Echo : H/o Hypothyroidism : when diagnosed ? Medication? Any other Chronic Medical Problems, when detected drugs ? (Anemia, SLE, Jaundice, CHD, Heart Disease) Infection : H/O, Fever (<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV) UTI : when : Any culture :</p>
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PPROM: Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :

Patient Sticker

PAST OBSTETRIC HISTORY

G : P : A : L :

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

PERINATAL HISTORY

Treating Obstetrician : Hospital : Inborn Outborn

<p>Duration of Labour</p> <p>First stage (> 18 hours sig)</p> <p>Second stage (> 2 hours after dilation)</p> <p>LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication :</p> <p>Specify the reason :</p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL :</p> <p>Resuscitation : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG :</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :</p>
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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

TOTAL

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

Snaape II Score

Score

Parameter	> 30 (0)	20-29 (9)	< 20 (19)	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)		
Birth Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)	
SGA	> 3rd percentile (0)	< 3rd (12)		
Total				

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints : Term / mch / 38 wks GA P, L1 / Ele. LSCS.
 on - 29/05/26 - @ 9:40 pm.
 -> Bleeters - over B/L-LL -> skin peeling
 referred for further management

History of Present Illness:

outborn
 D404 Term Mch | EL. LSCS (Greech) on 29/5/26 | C1111B |
 3.2 kg:
 - blisters formation over BIL - lower limbs
 ↓
 Skin peeling.
 gradually increased &
 → involved groin, back, fingers & oral cavity
 Child was admitted in KIMS Cuddles - on - 29/05
 - Cuticel dressing & hydrocort gel
 Mupirocin oint / Tricameton paste orally
 → Skin peeling ⊕
 - Genetic analysis for epidermolysis bullosa.
 sent - report awaited ⊕

Investigation details in previous Hospital :

Feeding History : enteral feed
 30ml - 3rd hrs

Past History :

Handwritten notes in the Past History section, including dates and medical details.

Family History :

Handwritten notes in the Family History section, detailing family medical background.

Socio Economic History :

Handwritten notes in the Socio Economic History section, covering patient's social and economic context.

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Blank area for General Disposition notes.

VITALS : Temperature : 36.4°C HR : 170/min RR : NIBP : CFT : 2 sec
Color of the extremities : pink
Jaundice : Pallor : SpO2 : 99% CPA

ANTHROPOMETRY: Birth Weight 3.2kg Length : HC : Present Weight : 2.87kg
Ponderal Index : AGA : ✓ SGA : LGA :

HEAD TO TOE EXAMINATION

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

FACIES :
 (Any Facial
 Dysmorphism)

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

EYES :
 Symmetry :
 Red Reflex :
 Discharge :

**EARS, NOSE
 MOUTH and
 THROAT :**
 Ear set / Shape :
 Periauricular Pits / Tags :
 Nasal shape / Patency :
 Palate :
 Gums :
 Lips :
 Tongue :
... erosion over lips / tongue / buccal mucosa / palate
Scarring over helix of ears

**THORAX and
 BREASTS :**
 Shape of Thorax :
 Position of Nipples and Number :

**ABDOMEN and
 UMBILICUS :**
 Shape :
 Organomegaly :
 Bowel Sounds :
 Umbilical Stump :
 Discharge :

GENITALIA :
 Labia / Hymen :
 Testicles/penis :
 Anus :
erosion over genital area

HERNIAL ORIFICES

TRUNK and SPINE :
- blisters over lower back

SKIN LESIONS :
multiple erosion (+) over face / trunk / abdomen / ears / lower back / distal end of UL / LL / lips / tongue / blisters (+) over lower back / buccal mucosa / genital area

EXTREMITIES :
 Fingers / Toes :
 Deformities :
 Hip Joint Examination :
 Arms / Legs :
 Mobility :
- erosion
- erosion (+)

SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : Regular Periodic Shallow Gasping

Mention if baby has Respiratory distress: RR: SCR / ICR / See - Saw breathing :

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

Mention if baby is on : Hood box CPAP Ventilator Room air

Settings : room air

SpO₂: 99% CPAP Auscultation: Breath Sounds: Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : 120/min BP : Precordial Activity :

Femoral Pulses : Murmurs :

Other Peripheral Pulses : Signs of Cardiac Failure :

ABDOMEN:

Shape : Hernia orifice :

Palpation : Anal Patency :

Palpable masses : Umbilical Cord :

Abdominal girth : First urine passed :

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) :

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 :

Any Congenital Anomalies :

Diagnosis : *Epidemiolysis Bullosa*

FOOT PRINTS

Left Side :

*Blk Heels
Skin peeled
off.*

Right Side :

Resident Doctor :

Signature : *Pawani*

Name : *Pawani V*

Date & Time : *01/6/26*

Consultant :

Signature :

Name : *DR. DINESH KUMAR CHILAKA*

Date & Time : *1/6/26*
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.

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 :

Feeding Plan at the time of shifting :

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:



natly

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		OG
		→ full part ada feed 40ml/3hours (ERM/DBM)
		→ send NP1 + bloods blood grouping
		→ dermatology consultation
		→ critical dressing / T-BAET slowly
		→ Incubator care o humidity 50-1
		→ PIPTAZ to start
1/6/26 5:10pm	Cats reviewed neutropenic ↑ Na ↑ Wbc ↓ Ca.	
		Plan - TV - 150cc/kg/day 75ml/kg ↓ 1/2 DNS ↓ + 100 75ml/kg ↓ 20ml/2nd half ↓ partaday feed (FF)
		→ Repeat Na ⁺ at 11pm. e/N peripheral arterial line
		→ Give a-CSF
		→ Change to - Neopenam Vancomycin

Prophylaxis

CROSS CONSULTATION FORM

Doctor Name : DR. B. PURVA CHANDRA Date : 1-6-26 Time : 2:30 PM

Diagnosis : EPIDERMOLYSIS BULLOSA DYSTROPHICA

Hospital : Beir

Type of Referral :

Emergency

Urgent

Non-Urgent

Referred for : Opinion Co-Management Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____

Findings and Recommendations :

Case seen by Dermatologist Dr. Pune
 thanks for referral.
 O/E multiple erosions (+) over the face, trunk, abdomen,
 LL few showing atrophy.
 few intact flaccid blisters (+)
 erosions (+) over the tips of the fingers, toes.
 hypoplastic nail plates (+)
 [diminutive]
 erosions (+) over the lips, tongue, buccal mucosa,
 palate
 scarring (+) over the helices of ears.
 Hair (+) erosions (+) over the genital area.
Impression - DYSTROPHIC EPIDERMOLYSIS
BULLOSA generalised
P.T.O. type

Consultant :

Name : PURVA CHANDRA Signature : Pune Date & Time : _____

R

1. BARRIER NURSING CARE

2. PALLIATIVE breast draining

① frequent change of position

② Avoid trauma.

③ Soft nipples for feeding

④ Anesthetize gel for oral

application if any pain during feeding.

⑤ PALLIATIVE breast draining

around each finger & toes to avoid fixation of

scar areas and Pseudoepitheliomatous hyperplasia.

⑥ Care of the teeth while growing and dental consultations

⑦ typical antibiotics if any evidence of infection.

Wardle

IAH-00657796 IP5-00174604
 Baby Of SABAHATH
 9-05-2026 0 Y 0 M 3 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

RESULT SHEET

Date	1/6				
Time					
Hb	15.9				
PCV	48.4				
RBC	4.6				
WBC	1370				
N/L	40/40				
Platelets	1.2 Lakh				
CRP	229				
ESR					
PCT					
RBS					
Na	159				
K	5.6				
Cl	127				
Ca/Mg	7.7				
Phosphate					
Urea	97				
Creatinine	1.1				
ALP					
SGPT					
SGOT					
T.Bill/Conj	4.2/1.2				
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					



DRUG CHART

Date of Admission: 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 **I** 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	Date Time																
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

DRUG :				Date Time																	
Dose	Route	Frequency	Start Date	Date Time																	
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

DRUG :				Date Time																	
Dose	Route	Frequency	Start Date	Date Time																	
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. Ward.

DRUG : INJ. PIPERAZILIN TAZOBACTAM				Date	
				Time	
Dose	Route	Frequency	Start Date		
130mg	SLU	BD	2/6		
Name & Signature of the Doctor Starting the Drugs:					
<i>[Signature]</i>					
Additional Instructions:					
40mg/kg/dose					
Daily Doctor's Endorsement by a Sign					
DRUG : Inj. MEROPENAM.				Date	1/6
				Time	
Dose	Route	Frequency	Start Date		
128mg	IV	Q8H	1/6/26		
Name & Signature of the Doctor Starting the Drugs:					
<i>Dr. Poopthe</i>					
Additional Instructions:					
40mg/kg/dose					
Daily Doctor's Endorsement by a Sign					
DRUG : Inj. VANCOMYCIN.				Date	1/6
				Time	
Dose	Route	Frequency	Start Date		
48mg	IV	Q8H	1/6/26		
Name & Signature of the Doctor Starting the Drugs:					
<i>Dr. Poopthe</i>					
Additional Instructions:					
15mg/kg/dose					
Daily Doctor's Endorsement by a Sign					
DRUG :				Date	
				Time	
Dose	Route	Frequency	Start Date		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

3AH-00657796 IPS-00174604

Baby Of SABAHATH
19-05-2026 0 Y 0 M 3 D (M)
Dr. DINESH KUMAR CHIRLA



c. 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: 11pm 8pm

Doctor/Nurse/Family Concern? _____

Temperature (F)	104		
	103		
	102		
	101	<u>100.8</u>	<u>100.5</u>
	100		
	99		
	98		
	97		
	96		
	94		

Heart Rate (bpm)	190		
	180		
and	170		
	160		
Blood Pressure (mmHg) *	150		
	140		
Note: BP does not score in early warning scoring	130		
	120		
	110		
	100		
	90		
	80		
	70		
	60		
	50		

Heart Rate (Number) 146 148

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

Resp Rate (Number) 46 48

Resp Mod/ Severe Distress None / Mild

Receiving O₂(l/min) O₂Saturations (%) 100 100

Conscious Level Normal / Altered

GCS * 1 1

TOTAL SCORE		
Number of shaded boxes	<u>1</u>	<u>1</u>
Pain Score	<u>0</u>	<u>0</u>
Observer's Initials	<u>L</u>	<u>L</u>

- 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: Scores 3 should be recorded overleaf

* 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.

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)



FLUID CHART



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					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
	08:00 am			1/2 PMS									
	09:00 am			3ml 1/4									
	10:00 am			CS									
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm	FF	10ml						10ml				
	05:00 pm			10ml									
	06:00 pm			10ml									
	07:00 pm			10ml									
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

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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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