Rainbow Children's Hospital

BirthRight 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 : IP5-00174585 **Admit Date** : 01-Jun-2026 **Admit Time** : 03:30 AM **UHID** : BAH-00657726

Patient Details :

Patient Name	: Baby Of POORMANI PRATHYUSHA REDDY	**Age**	: 0 D
Guardian	: Dr. CHADRA KIRAN REDDY	**DOB**	: 01-06-2026 02:25 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: C- BLOCK 13G, JAIN BALAJI CASA WATERSIDE, Safilguda Hyderabad Telangana INDIA 500048	**Phone No**	: 8978941526/ 9177314248
		E-mail	: chandrakiran.co25@gamil.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SW-416-1 **Ward Name** : 4F-BIRTHING CENTRE

Room No : CRDL-SW-416-1 **Admission Type** : First Visit

Contact Details :

Name : Dr. CHADRA KIRAN REDDY **Relationship** : Father

Contact Address : C- BLOCK 13G, JAIN BALAJI CASA WATERSIDE, Safilguda Hyderabad Telangana INDIA 500048 **Phone No** : 8978941526 / 9177314248

Signature

Doctor Details :

Doctor Name : Dr. MVB Pratyush **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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01-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. MVB Pratyush

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NEWBORN MONITORING FORM

Date of Birth : 01/06/26
Time of Birth : 2:25 am
Mode of Delivery : Em-LSCS
Birth Weight : 2.534 kgs
Head Circumference : 34 cms
Length : 50 cms
Red Reflex :

New Born Screening : Prathyusha
TFT :
OAE :
Mother's Blood Group : A +ve
Baby's Blood Group :
Anomaly Scan :
Vaccination : BCG, OPV, HepB done on 1/6/26

Date	Weight	Type of Feed	Quantity	Temperature	Signature
01/06/26	2.534 kgs	DBF	Drops of colostrum	98.0°F	Yamuna
01/6/26	2.480 kg	DBF	(wrong entry)		Sowkhanya
02/6/26	2.473 kg	DBF	—	97.2°F	Divya
03/6/26	2.358 kg	DBF+FF	—	98.0°F	Divya

Date	Time	Investigation	Result	Order No.	Signature
01/6/26	3:30am	Blood group.		260JJ429	Yamuna
1/6/26	2:40Am.	ABG		260JJ4G3	Yamuna
1/6/26	3:16pm	CBP. CRP		2605571 7	Seema
2/6/26	8:10Am	SSPT	[illegible]	9638789	Divya
2/6/26	7am	TBR	10.1 mg/dL	2605588 4	Divya
03/6/26	7am	SBR	9.4	2605616	Divya

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Dr. Poormani Prathyusha Age : 29 Father's Name : .... Age : ....

Date of Birth : .... Date of Admission : .... UHID No.: ....

NICU Consultant : as per rada 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 Poormani

Mother's Blood Group : A+ve

Gender : ☑ M ☐ F Blood Group : ....

Birth Weight (gms) : 2.534 Length (cms) : 50 CMs

Date of Birth : 1/6/26 Time of Birth : 2.25 am

OFC (cms) : 34 cms

Place of Birth : RCH Banjara

Estimated Gesth Age : 37+4 6

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 29 Ht : .... Wt : .... BMI: .... Married Life : .... LMP : 30.8.2? EDD : 6.6.26

Conception : Spontaneous or with Rx. : Spont

Booked at what GA. : 7+6 week AN Steroids Drugs / Doses : ....

Last Scans Details : 36+2 - 2' EFW - 2488 gm cephalic, Doppler - (N)

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 : (N)

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 : (N)

H/o Hypothyriodism : when diagnosed ? Medication? Hypothyroid

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 : PROM ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : Not sent

Medication during Pregnancy : 18 hrs Duration : No maternal fever

- FLC 14.95

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PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Annie ..... Hospital : RCH Banjara ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig) E'ong. Seet in Reduced

Second stage (> 2 hours after dilation) Bent to baby

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

Specify the reason : ..... NPOL

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : 7.36/38.6/1.38 1.3/-3.1/20.9

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	2	2
2	2	2
9/10	9/10	2
		TOTAL 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 :

Delivered by LSCS → CIAB →
DCC done @ 30sec → Baby received
under warmer, routine newborn care given.

Inj VIT-K given

Shifted to mother side

Investigation details in previous Hospital :

—

Feeding History :

—

Baby Of POORMANI PRATHYUSHA
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Family History : -

Socio Economic History : -

GENERAL EXAMINATION ON ADMISSION

General Disposition : Alert active

VITALS : Temperature : 36.5 HR : 50 RR : ..... NIBP : ..... CFT : L3sec

Color of the extremities : acrocyanosis — pink

Jaundice : ..... Pallor : ..... SpO2 : 95% Pre ductal

ANTHROPOMETRY: Birth Weight : 2534 Length : ..... HC : ..... Present Weight : .....

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

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HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	N
FACIES : (Any Facial Dysmorphism)		N
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	N
EYES :	Symmetry : N Red Reflex : Needs to be seen Discharge : No	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : No cleft Tongue :	N
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	N
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge : 2A 1V	N
GENITILIA :	Labia / Hymen : Testicles/penis : b/L testis dwell Anus :	N
HERNIAL ORIFICES	free	
TRUNK and SPINE :		N
SKIN LESIONS :		N
EXTREMETIES :	Fingers / Toes : Deformities : Hip Joint Examination : Arms / Legs : Mobility :	N

SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 48 SCR / ICR / See - Saw breating :

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

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

Settings :

SpO_2: ~~96~~ 98% Auscultation: B/L EAE Breath Sounds: NAD Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : 156 BP : /

Femoral Pulses : N

Other Peripheral Pulses :

Precordial Activity : N

Murmurs : No

Signs of Cardiac Failure : No

ABDOMEN:

Shape : N

Palpation :

Palpable masses :

Abdominal girth :

Hernia orifice : free

Anal Patency : Patent

Umbilical Cord : 2A1V

First urine passed : Not yet

Meconium passed :

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) :

State of wakefulness : alert active

Prechtle Score :

Nerves :

MOTOR SYSTEM:

Passive Tone : good tone

Active Tone :

Neonatal Reflexes :

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

Moro's : B/L Complete DTR :

ATNR : Skull and Spine : N

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No grass cong. anomaly

Diagnosis : Term/AGA/Male/CTAB/(Reduced Beat to beat variability in NST) PPROM

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature :

Name : Purnima

Date & Time : 1/6/26.

Consultant :

Signature :

Name :

Date & Time : 1/6/26

Dr. MVB PRATHYUSH
Registration No: TSMC/FMR/30369

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of the referring Hospital : .....
   Address : .....
   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....
   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....

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

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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 : plan

- 2BF fl6 bumping

Medications :

- HOLD ~~on~~ Vaccination till round.
- R/v for ~~CV~~ CBP, CRP @ 12h in PROM 16h → then R/v vaccination.

Plan during ward follow up :

- Clinical jaundice @ 24h of life
- SBE, ODE, NBS | @ 48h of life

Feeding Plan at the time of shifting :

2:42 AM to 2:58 AM

- Warmth & care

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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

Doctor Name: Doctor Name:

Date & Time: Date & Time:

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 9:50 Am	Lactation. Care plan:	
	- Term	
	- Well formed breast and nipples	
	- colostrum richly seen	
	- Suck good.	
	Advice:	
	- Direct breast feeding.	
	- Arm for deep latch has demonstrated.	
	- Make baby suck for 15 - 20 min on each side.	
	- Demand feeding not exceeding 2 - 2½ hours	
		DBF Sreeya.
1/6/26 10 AM	Morning Round Term/AGA/Male/PROM + 16 hrs. HOL 8/2.534	
	Euthermic Pink Not passed stool/urine Taken DBF	Plan ① cont DBF. ② BCG / HepB / OPV T/M. ③ clinical jaundice assessment 12 HOL ④ 12 HOL - CBP - CRP

Dr. Aswin

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 3pm	~~Cbs~~ Seen by Resident (Ajmalkhan)	
	Term/AGA/Male/PROM 4 hrs.	
	BOL - 12/2.534kg	Plan
		• Send: CBP, CRP
	• Euthermic	
	• Warm peripheries	
	• Cont DBF	
	• parsed urine - 2 times	
	Not passed stools yet.	• BCG, OPV, Hep B — Tomorrow
	M/ +ve	
	B/ A_2^+	
		• Clinical jaundice assessment → Tomorrow (6.30am)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 9am	Seen by Resident Dr Ayushma	
	33HOL / Term / AGA Mch / PROM +16hrs / 2.534kg	
	TCBR → 10.1	
	~~clinical jaund~~	Plan
	Bt.wt - 2.534 kg	• Cont. DBF
	Yest.wt - 2.48kg 2.413	~~BCG~~ ~~OPV~~ ~~HepB~~] Today
	Today wt - ~~2.49~~ kg 121gm	
	Since birth → 4.7↓	• SBR OAE NBS] ~~48HOL~~ t/m 7AM
M/B A+/A2+	passed motion - 2 times	
	Urine - 6 times	
		• cont. ~~Start~~ SSPT.
	Euthermic	~~SBR+NBS @48HOL~~
	Pink	
	taking DBF	
	Peripheries warm	(TV-80ml/kg/day → 15ml 2hourly)
	Vitals stable	25ml 3 hourly
	Spine (N)	
	No facial dysmorphism	
	Yesterday CBP + CRP - (N)	
	TcBR - 10.1	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 4pm	U/S/B Resident Dr. Ayushman	
M/B A1 A2	U/S ✓ ✓ Centhermic Vitals stable Peripheries warm taking DBF	• DBF + FF (80ml/kg/day (15ml – 2hrs 35ml – 3hrs) • SBR, OAE, NBS } T/M 7am • SSPT to cont [signature]
3/6/26 9am	Seen by Resident Dr. Ayushman 3DOL / Term / AGA / PROM – 16hrs / 2.534 Mch SBR – 9.4 Bt. wt – 2.534 Yest – 2.413 Today 2.358 176gm (6.9%↓) U/ 7 times S/ 5 times Centhermic Pink Peripheries warm Vitals stable	Plan • DBF + FF to cont • SSPT to stop • Trace NBS. • 1 [signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		3/6/26
		OAE - New born hearing screening
		Bilateral responses are present
		Bilateral Pass
		3/6/26.
		TFBR now
		Discharge.
		Dr. MVB PRATHYUSH
		Registration No: TSMC/FMR/30369

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	1/6/26	3/6				
Time	3pm					
Hb	18.7					
PCV	54					
RBC	5.27L					
WBC	16840					
N/L	61/29					
Platelets	3.58L					
CRP	5.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj		9.4 — 0.1 — 0.3				
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.,) : .....

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 01/06/26

Time:	3am	7am	11am	5pm	10pm	6am
Doctor/Nurse/Family Concern?						
Temperature (F) (scale 94–104)	98.1F	97.9F	98.0F	98.1F	97.5F	97.8F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)						
Heart Rate (Number)	142b/m	138b/m	141b/m	138b/m	130b/m	120b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)						
Resp Rate (Number)	42b/m	38b/m	41b/m	40b/m	40b/m	40b/m
Resp Distress — Mod/ Severe						
Resp Distress — None / Mild	N	N	N			
Receiving O_2 (l/min)						
O_2 Saturations (%)				100%	100%	100%
Conscious Level — Normal	C	C	N			
Conscious Level — Altered						
GCS *	13/15	13/15	15/15	14	15/15	15/15
TOTAL SCORE — Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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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.
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BAH-00657726 IP5-00174585
Baby Of POORMANI PRATHYUSHA
01-06-2026 0 Y 0 M 0 D 22 H (M)
Dr. MVB Pratyush

2/6/26

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

Date: ..... Time:	11AM	5pm	10pm	6AM
Doctor/Nurse/Family Concern?				
Temperature (F)	98.6F	98.4F	98.2F	98.8F
Heart Rate (bpm) and Blood Pressure (mmHg) *				
Note: BP does not score in early warning scoring				
Heart Rate (Number)	132/m	135/m	130/m	120/m
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	40/m	40/m	40/m	40/m
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	98%	99%	100%	100%
Conscious Level: Normal / Altered				
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	2	0	0	0
Pain Score	0	0	0	0
Observer's Initials				

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 3/6/26 Time: 10am

Doctor/Nurse/Family Concern?

Temperature (F)
104 103 102 101 100 99 98 97 96 95 94
* 99.1F

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) 130b/m

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

Resp Rate (Number) 40b/m

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

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
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01-06-2026 0 Y 0 M 0 D 1 H (M)
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FLUID CHART

Sheet No. : 1

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	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 :**						
01/06/26	02:00 am										No IV	
	03:00 am		DBF				NP			1	No IV	
	04:00 am										No IV	
	05:00 am									NP	No IV	Yawn
	06:00 am		DBF								No IV	
	07:00 am										No IV	
Total Intake :		Talam.				**Total Output :**				U-0 M-0.		

Total 24 hrs. Intake	Tabm.	Total 24 hrs. Output	U-0 M-0

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FLUID CHART

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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							
01/6	08:00 am											
	09:00 am		DBF							~		
	10:00 am						NP				NA	Soubhagya
	11:00 am		DBF							~		
	12:00 pm											
	01:00 pm		DBF									
Total Intake :						**Total Output :** M – 0 U-2						
01/6	02:00 pm											
	03:00 pm		DBF									
	04:00 pm									~	NA	Seema
	05:00 pm		DBF				NP					
	06:00 pm											
	07:00 pm		DBF									
Total Intake :						**Total Output :** M-0 U-1						
01/6	08:00 pm						~			~		
	09:00 pm		DBF									
	10:00 pm											
	11:00 pm		DBF							~	NA	Dhivya
	12:00 am						~					
	01:00 am											
Total Intake :						**Total Output :** M – 2 U-2						
2/6	02:00 am		DBF									
	03:00 am											
	04:00 am						NP					
	05:00 am		DBF							~	NA	Dhivya
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :** M-0 U-1						

Total 24 hrs. Intake		**Total 24 hrs. Output**	M – 2, U – 6

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FLUID CHART

Sheet No. : .....

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Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
1/6/26												
	08:00 am											
	09:00 am		DBF							✓		
	10:00 am										NA	Reema
	11:00 am		DBF				✓					
	12:00 pm									✓		
	01:00 pm		DBF									
Total Intake :						**Total Output :** M- U-						
	02:00 pm	DBF										
	03:00 pm									✓		
	04:00 pm	f.f	10ml				✓			—		
	05:00 pm										N/A	Annamma
	06:00 pm	f.f	10ml							✓		
	07:00 pm											
Total Intake :						M- 1 **Total Output :** U-3						
	08:00 pm											
	09:00 pm		DBF									
	10:00 pm						✓					
	11:00 pm		DBF							✓	NA	Divya
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :** m- 1 U- 1						
	02:00 am		DBF				✓					
	03:00 am									✓		
	04:00 am		DBF									
	05:00 am		10ml				.				NA	Divya
	06:00 am	ff	DBF				✓					
	07:00 am	P										
Total Intake :						**Total Output :** m- 2 U- 1						

Total 24 hrs. Intake		Total 24 hrs. Output	m-5 U-7

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FLUID CHART

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Sheet No. : 3/1/26

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		DBF									
	09:00 am											
	10:00 am		DBF									
	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	