BAH-00660357 IP5-00175812
Baby Of SARVA SUCHITRA (F)
01-07-2026 0 Y 0 M 0 D 6 H
Dr. KAPIL BHAGWATRAO SACHANE

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NEWBORN MONITORING FORM

Date of Birth : 1/7/26
Time of Birth : 9:31 Am
Mode of Delivery : LSCS
Birth Weight : 2.802
Head Circumference : 34 cm
Length : 49 cm
Red Reflex :

New Born Screening :
TFT :
OAE :
Mother's Blood Group : B+ve
Baby's Blood Group : B+ve
Anomaly Scan :
Vaccination : OPV, BCG, HEP-B Given on 1/7/26 SIS. Yadamma 1/7/26.

Date	Weight	Type of Feed	Quantity	Temperature	Signature
1/7/26	2.802	DBF	—	98°F	Tunni
			—	98.3F	Swapna
2/7/26	2.696	DBF			Bhavalli
			-	98.6F	Rima
3/7/26	2.599	DBF	-	98.2°F	pooja
4/7/26	2.620 kg	DBF	—	98.0°F	
5/7/26	2.618 kg	DBF			

(P.T.O.)

Docu. No. : RCHBH /FRM / CLINICAL / 132

Date	Time	Investigation	Result	Order No.	Signature
1/7/26	11Am.	Blood grouping	B+ve	26065780	Tunne.
1/7/26	10Am	ABG	Done	26065997	Tunne
1/7/26	6pm	GRBS	60 mg/dl	26065996	Swapna
1/7/2026	9:30pm	GRBS	83 mg/dl	26065995	Swapna
2/7/2026	10:30Am	GRBS	71 mg/dl	26066286	Kavya
2/7/26	1pm	TCBR	7.5 mg/dl	26066287	Kavya
3/7/26	9:40Am	GRBS	69 mg/dl	26066527	Tunne
3/7/26	10:00 Am	SBR, NBS	10.1	26066497	Tunne
4/7/26	~~SBR~~ 12pm	SBR	14.3 → 14.2	26066942	Akshaya
4/7/26	1pm	SSPT	—	26068036	Akshaya
5/7/26	10:30AM	SBR	14.2.	26066997	Suman

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 : IP5-00175812 **Admit Date** : 01-Jul-2026 **Admit Time** : 10:57 AM **UHID** : BAH-00660357

Patient Details :

Patient Name	: Baby Of SARVA SUCHITRA	**Age**	: 0 D
Guardian	: Mr YENDURI MANIKANTA	**DOB**	: 01-07-2026 09:31 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: falt -107 sai anusha apartments Road no 12, Paparayudu Nagar Kukatpally Hyderabad Telangana INDIA 500072	**Phone No**	: 8790832842/ 8186945441
		E-mail	: mani.yenduru@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-BC-DC-419-1 **Ward Name** : 4F-BIRTHING CENTRE

Room No : CRDL-BC-DC-419-1 **Admission Type** : First Visit

Contact Details :

Name : Mr YENDURI MANIKANTA **Relationship** : Father

Contact Address : **Phone No** : 8790832842 / 8186945441

a Y. Manikanta

Signature

Doctor Details :

Doctor Name : Dr. KAPIL BHAGWATRAO SACHANE **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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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Sarva Suchitra. Age : 30yrs 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 : BD Sarva Suchitra.

Gender : ☐ M ☑ F Blood Group : B+

Date of Birth : 1/7/26. Time of Birth : 9:31am

Place of Birth : RCH:BH.

Mother's Blood Group : B POSITIVE

Birth Weight (gms) : 2.802 kg Length (cms) : 49cm

OFC (cms) : 34cm

Estimated Gesth Age : 36+3.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 30 Ht : 152cm Wt : 89.7kg BMI : 39.5 Married Life : 1year LMP : 9/10/25 EDD : 26/7/26.

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

Booked at what GA. : 10wks. AN Steroids Drugs / Doses : .....

Last Scans Details : 20/6: SLIUF/cephalic/250g/AC:37+/AFI:15.4cm/(N) Dopplers

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 : .....

T. Labetalol 200mg / T. Nicardia: 20mg

E. Hydralazine — 25mg

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....

Fetal Echo: (N) at 24wks. at RCH.

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : .....

AFI : ..... AdIA profile: -ve.

H/o GDM/ pre GDM/ on diet or insulin maternal 2D Echo: Concentric Global hineria EF: 49%

Controlled or not, recent values, HbA1 values : .....

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : .....

H/o Hypothyriodism : when diagnosed ? Medication? hypothyroidism.

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 : .....

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PAST OBSTETRIC HISTORY

G : 1 P : ..... A : ..... L : .....

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Annie Pramuthi Hospital : PCH-RH. ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : maternal cardiomyopathy (chronic HTN)

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : 7.32 / 58.2 / 31.5 / 26.1 / 4.0 lac 1.3

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	1
2	2	2
2	2	2
2	2	2
1	1	2
TOTAL 8	8	9/10

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

History of P

ent check done

↓

Baby received in prewarmed linen

↓

Baby cleaned and suctioned.

↓

Setulations were not time appropriate

↓ Supplemental O_2 @ 5 mins.

with mild SCR

↓ Tachypnea → Settled

↓

cord ← cleaned / clamped / cut

↓

vitamin K given i.m 0.5ml

↓

Shifted to mother side

Investigation details in previous Hospital :

Feeding History :

Past History : -

Family History : -

Socio Economic History : Upper middle

-

GENERAL EXAMINATION ON ADMISSION

General Disposition : Euthermic Acrocyanotic

c/c/a: good

VITALS : Temperature : Euthermic HR : 141/m RR : 28/- NIBP : - CFT : <3 s

Color of the extremities : Acrocyanosis

Jaundice : - Pallor : - SpO2 : 96% RA

Anthropometry : Birth Weight : 2802 Length : HC : Present Weight :

Ponderal Index : AGA : ✓ SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles :	AF : open.
	Sutures	
	Shape / Moulding :	No caput
	Edema / Bruising :	
	Size - (H.C.) :	PF : open
Facies : (Any Facial Dysmorphism)		—
NECK and CLAVICLES :	Range of Motion :	
	Asymmetry :	Nl
	Masses :	
EYES :	Symmetry :	
	Red Reflex :	to be checked
	Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape :	
	Periauricular Pits / Tags :	
	Nasal shape / Patency :	
	Palate :	No cleft lip/palate
	Gums :	
	Lips :	
	Tongue :	
THORAX and BREASTS :	Shape of Thorax :	
	Position of Nipples and Number :	— N —
ABDOMEN and UMBILICUS :	Shape :	(N)
	Organomegaly :	
	Bowel Sounds :	
	Umbilical Stump :	2A + IV.
	Discharge :	
GENITILIA :	Labia / Hymen :	
	Testicles/penis :	— Nl —
	Anus :	
HERNIAL ORIFICES		— N —
TRUNK and SPINE :		— Normal.
SKIN LESIONS :		— Nil
EXTREMETIES :	Fingers / Toes :	
	Arms / Legs :	
	Deformities :	
	Mobility :	
	Hip Joint Examination :	

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 34/~ 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 : .....

Spo2 : 96/- Auscultation : RAE (+) Breath Sounds : NVBS + Added Sounds : .....

Cardiovascular System :

HR : 134/n BP : .....

Femoral Pulses : B/L well felt

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : Nil

Signs of Cardiac Failure : .....

Abdomen :

Shape : .....

Palpation : .....

Palpable masses : N

Abdominal girth : .....

Hernia orifice : —

Anal Patency : looks patent

Umbilical Cord : 2A + 1V

First urine passed : ✓ —

Meconium passed : —

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

State of wakefulness : N

Prechtle Score : .....

Nerves :

.....

.....

N

.....

Motor System :

Passive Tone : .....

Active Tone : ✓ Flexor

Neonatal Reflexes : .....

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

Moro's : B/L equal Symmetric DTR : .....

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

Pa

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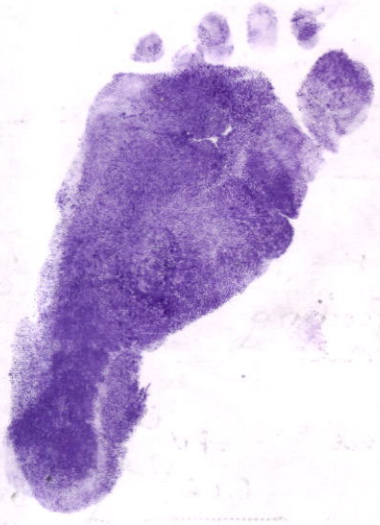
Any Congeni .....

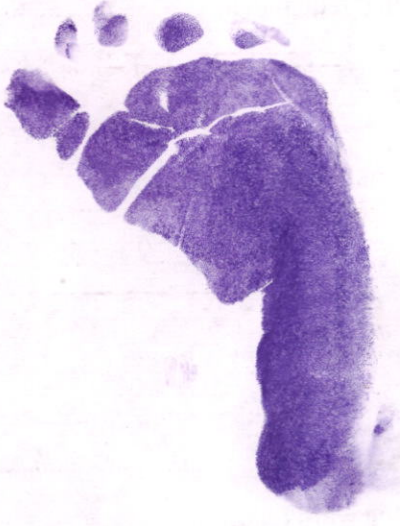
Diagnosis : 36 FB | Late PT | Asymi | mat · cardiomyopathy | chr. HTN | hypothyroid | c/AB | 2802 | LSCS

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : .....

Name : Dr. Smrithi

Date & Time : 1/7/26

Consultant :

Signature : .....

Name : .....

Date & Time : .....

DR. KAPIL BHAGWATRAO SACHANE
Registration No. : 2002/08/31356

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te 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 : .....

Present Issues : .....

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

Any Oxygen requirement : .....

Systemic : Nil

Medications :

1. DBF/2H f/by Burping Breastfeeding
2. Warm care
3. Vaccine - OPV, BCG, Hep-B today
   Give on 1/7/26 sis. Yadawad
4. SBR/NBS/DAE @ 48 HRS.
5. Send Cord Blood for Blood grouping
6) Watch for- feeding, Distress actively inform SOS

Plan during ward follow up :

Feeding Plan at the time of shifting : first feeding time 9:55am - 10:10am

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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DEFICIENCY CHECK LIST OF CASE SHEET

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

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

Signature and Date :

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/1 4:30	d/w RESIDENT.	
	36+3 / Primi / mat. cardiomyopathy / chronic HTN / hypothyroid / CLAB / 2802.	
		Plan
	BT	1. DBF / 2H.
	BT	2. warm care
	Anthemic / Pink	3. W/F resp. distress.
	CT / 4: good	4. Inform EOS
	warm peripheries	5. RBS monitoring
	Good perfusion.	3, 6, 12, 24, 48, 72 hrs
		Prefeed
		Inform if <50 mg/dl

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Registration No.: 2022/03/1356

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26	c/s/B RESIDENT	
3:30 PM	30+1 c/s/ 36+3 wks/ P1M1/ maternal hypertension/ hypothyroid/ CIAB/ 2802.	cardiomyopathy/ chronic
	U V / BT / BT	Plan
	Icterus till Face	1. DBF/2H.
	c/c/A: good	2. Warm care
	Euthermic/ Pink	
	Warm peripheries.	3. CE RBS monitoring
		4. SBR/NBS/OAE – Bm @ discharge
		Advise
		NB Sr Kanna (OP581) @ 8pm.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7 9:00 AM	d/c/B RESIDENT	
	HGATOL | 36+3 | Posmi | maternal cardiomyopathy / chronic hypertension / hypothyroid | AAB | 2802	
	Y ✓ BT	Plan
	M B-T	1. DBF/24.
	Icterus:	
	Cr | As good	2. warm care
	Euthermic | pink	
	warm peripheries	3. CBG/NBS - 9:30am
	T. WET 2.599 | 7.2 ↓	4. OAE today - TM
		5. lactation consult
		[signature]
		NB [signature]
		DR. KAPIL BHAGWATH RAO SACHANE Registration No: 2002/03/1358 [signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 2:45pm	CS/B Resident	
	54 HOL | 36+3 | Primi | maternal cardiomyopathy / chronic hypertension | hypothyroid / 2.80kg.	
	U/M ✓ ✓ ; M/B B+ B+	Plan
		① DBF 2hrly
	Euthermic - Pink	② warm care
	Euglycemic - 69 mg/dl @ 9:40am	③ OAE - T/M
		④ GRBS - now - 70mg/dl
	warm peripheries	⑤ Lactation consultation
		Sohil
		Noted By Pune 03/7/26

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 9.10am	C/S/B Resident.	
	72 HOL | 36+3 | primi | mat. cardiomyopathy | Chr HTN | ~~post~~ hypothyroid | 2.802 kg | RL LSCS	Plan : SBR - 10.9
	M | B+ / B | B+ ; U | ✓ / M | ✓	① DBF 2 hrly
		② warm care.
	Euthermic - Pink	③ Lactation review
	Euglycemic - 69 mg/dl.	④ SSPT ∈ eye & genitals covered
	Sucking good.	OAE today.
	Baby active	
	Tone, cry, activity } good	Bwt - 2.802 kg T wt - 2.620 kg 6.4% ↓
	Limbs flexed.	Soluble
	CRT < 2 sec.	
	NO RD.	
		4/7/26 OAE - Newborn hearing screen Bilateral responses are present Bilateral Pass 14/7/26.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
Al 7 10 Am	Lactation care plan: - Perni - cohesion good - suck good Advice - Direct breast feeding - aim for deep latch as demonstrated - Make baby suck for 15-20 mins on each side	[signature]
4/7/26 4:00pm	C/S/B Resident 79 HOL / 36+3 / Primi / mat cardio myopathy / chr HTN) 2802g / FCh V/✓ M/✓ → Euthermic - Pink, Euglycemic Feed & Latching well Tone, cry, activity } good peripheries warm	Plan ① DBF 2hrly ② warm care ③ SSPT to continue c̄ eyes and genitals covered Noted by Akshay 606820 Sohel

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 8:00am	C/S/B Resident	
	94 HOL / 36+3 / Primi / Mat Cardiomyopathy / Chr HTN / S/L LSCS 2802g.	
	M B+ / B B+ ; U/M ✓	Plan:
		① DBF 2nd hrly
	Euthermic - Pink - mild icteric.	② warm care
	Euglycemic ; wt → 2.618 kg 6.5% ↓.	③ SSPT c̄ eyes & genitals covered.
	feed & latching well	
	Tone, Cry, activity } good	④ ~~R/v SBR after rounds~~
	Peripheries warm	~~STBR now~~
	CRT <2sec	→ ~~F/u~~ ~~Hm~~ Tuesday Sobuh[?]
		D/C today
		[signature]

DR. KAPIL BHAGWATH RAO SACHANE Registration No: 2002/03/1...

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/8	Counseling note	
1:00 PM	38+5/7 term/ Neonatal hyperbilirubinemia :	
	B+ / B+ 4 Y / M	
	SBR : 14.1	
	Parents were explained that the serum bilirubin levels were below the treatment range but significant enough for phototherapy. Parents were explained regarding consequences and need for follow-up, & risk of increase in rebound hyperbilirubinemia were explained.	
	Dr. Ishita	

BAH-00660357 IP5-00175812
Baby Of SARVA SUCHITRA
01-07-2026 0 Y 0 M 2 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BREASTFEEDING HISTORY FORM

Mother's Name: Saeva Suchitra Baby's Name: B/o Saeva Suchitra Date of Birth: .....

Reason for consultation: lactation counselling for mother

1. Baby's feeding now (ask all these points)	Breastfeeds Yes	Day	Night
	How often 2 - 2½ hours		
	Length of breastfeeds		
	Longest time between feeds (time mother away from baby) 2 - 3 hours		
	One breast or both breasts both		
	Complements (and water)	Pacifier (Yes / NO) no	
	What given		
	When started no		
	How much		
	How is it given		
2. Baby's health and behaviour (ask all these urine output (more/less than points))	Birth weight 2.80 kg	Weight now	Growth
	Premature	Twin	
	Urine output (more/less than 6 times per day)		
	Stools (soft and yellow/brown; or hard or green; frequency)		
	Feeding behaviour		
	Illnesses	Abnormalities	
3. Pregnancy, birth, early feeds	Antenatal care (attended/~~not~~)	Breastfeeding discussed? ~~Yes~~ / No	
	Delivery: Normal / C – section	Early contact (First – 1 hour) ~~Yes~~ / No	
	Rooming – in Yes / No	Time first breast feed (if not within 1st hour)	
	Prelacteal feeds Yes / No (If Yes,)		
	What given	How given	
	Formula samples given to the mother Yes / No		
	Postnatal help available for breastfeeding Yes / No		
4. Mother's condition and family planning	Age	Breast condition	
		Motivation to breastfeed	
	Family planning method	Alcohol, smoking, coffee, other drugs Yes / no	
5. Previous infant feeding experience	Number of previous babies 1	Experience good or bad	
	How many breastfeed	Reasons	
	Any bottles used		
6. Family and social situation	Working / Home maker	Literacy status Educated	
	Father's attitude towards breastfeeding positive	counselled about	
	Other family members attitude towards breastfeeding		
	Help with child care		
	What others say about breastfeeding		

Lactation Consultant:

Signature: ..... Name: Soumya Date & Time: 4/7/ 9.30 Am

LACTATION ASSESSMENT FORM

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Mother's details: .....

Baby details: .....

Delivery: Vaginal ☐ Cesarean ☐ Vaccum ☐ Forceps ☐ Gravida ☐ GA ☐

Reason for Visit: BF rounds ☐ Doctor Reference ☐ Patient Request ☐

BF previous baby: ..... Previous BF difficulty: .....

Present Lactation:

Colostrum: Yes ☐ No ☐ **Breast:** Normal ☐ Engorged ☐ Soft ☐ Tender ☐

Nipples: Flat ☐ Inverted ☐ Everted ☐ **Direct BF:** Yes ☐ No ☐

Expressed / Pallada feeding: Yes ☐ No ☐

LATCH Assessment:

	0	1	2	SCORE					
				D-1	D-2	D-3	D-4	D-5	D-6
LATCH	Too sleepy not sustained LATCH / suck	Repeated attempts for suck / latchHold nipple in mouth	Grasps breast tongue downlips flanged Rythmical sucking	2					
AUDIBLE SWALLOWING	None	A few with stimulation	Spontaneous & Intermittent	2					
TYPE OF NIPPLE	Inverted	Flat	Everted (After stimulation)	2					
COMFORT	Engorged cracked Bleeding large Blisters bruises	Filling reddened small blisters / bruises	Soft Non tender	2					
HOLD	Full Assist	Minimal assist	No assist	1					
			Total Score	9					

BABY WEIGHT CHART							FIRST FEED	
Date							Breast Feed	Top Feed
Weight								

Teaching Instructions: .....

.....

Discharge Instructions: .....

Feed Frequency Duration: .....

Feeding techniques: .....

Assessment of output: .....

Sources of BF assistance at home: .....

Next Follow up: .....

Lactation Consultant: Name: ..... Signature: ..... Date & Time: 4/7. 9:30 AM

BAH-00660357 IPS-00175812
Baby Of SARVA SUCHITRA
01-07-2026 0 Y 0 M 2 D (F)
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BREASTFEEDING OBSERVATION CHART

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Your Right to a Safe Delivery

Please tick ☑ for Yes, ☒ for No and leave ☐ blank for Not Applicable:

Observation Parameters																									
	Date & Time	4/7																							
	No. of Feeds	3																							
Body Position	• **Mother relaxed and comfortable**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Shoulders tense, leans over baby	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby's head and body in straight line**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby's head and body is not straight line	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby's body close to mother's**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby's body not close to mother's	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby's back**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Only shoulder or head supported	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Breast well supported** (optional)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Breast supported in scissor hold or nipple being pushed in baby's mouth	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Supine**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Sitting	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Responses	• **Baby roots for breast**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• No rooting observed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby explores breast with tongue**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby not interested in breast	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby calm and alert at breast**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby restless or crying	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby stays attached to breast**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby slips off breast	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Signs of milk ejection, (leaking, after - pain)**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• No signs of milk ejection	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Emotional Bonding	• **Secure, confident hold**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Nervous or limp hold	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Face-to-face attention from mother**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• No mother/baby eye contact	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Much touching by mother**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Little touching or Shaking or poking baby	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Anatomy	• **Breasts soft after feed**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Breasts engorged	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Nipples average size**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Nipples large / flat/ inverted	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **No lump in breast**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Lump in breast	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Suckling	• **Mouth wide open**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Mouth not wide open, points forward	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Chin touching the breast and nose close to breast**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Chin and nose away from the breast	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Lower lip turned outwards**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Lower lip turned in	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Cheeks round**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Cheeks tense or pulled in	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Slow deep sucks, bursts with pauses**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Rapid sucks only	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Baby Suckled for (in Minutes)	Left:	15ml																								
	Right:	15ml																								
EBM (in ML)		30 m																								
Formula Feeds																										
Birth Weight																										
Present Weight																										
Weight Loss																										
Nurse Signature:																										
Nurse Name:																										

BAH-00660357 IP5-00175812
Baby Of SARVA SUCHITRA
01-07-2026 0 Y 0 M 0 D 6 H (F)
Dr. KAPIL BHAGWATRAO SACHANE

/ 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: 1/7/26 Time:	11AM	3pm	8pm	12AM	4AM	6AM	
Doctor/Nurse/Family Concern?							

Temperature (F)

104	103	102	101	100	99	98	97	96	95	94
						98F	98.4F	97.8F	97.8F	98.7F	97.8F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

190	180	170	160	150	140	130	120	110	100	90	80	70	60	50

Heart Rate (Number)	136bpm	140	142	138bpm	140	142

Resp. Rate (bpm) (Over 1 Minute) *

70	60	50	40	30	20	10

Resp Rate (Number)	42bpm	40	40	40	42	40

Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min)						
O_2Saturations (%)	98%	99%	98%	99%	98%	98%
Conscious Level: Normal / Altered						
GCS *	13/15	13/15	14/15	12/15	14/15	13/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	Sunny	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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

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

Patient Sticker

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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-00660357 IP5-00175812
Baby Of SARVA SUCHITRA
01-07-2026 0 Y 0 M 0 D 6 H (F)
Dr. KAPIL BHAGWATRAO SACHANE

CH / FRM / CLINICAL / 124

2/7/26

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

RLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	9pm	2pm	3pm	8pm	1:20pm	4pm
Doctor/Nurse/Family Concern?						

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

97.7F | 97.2F | 98.1 | 98.6F | 98.2F | 98.6F

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)	130	140	160bpm	141	148	139

Resp. Rate (bpm) (Over 1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number)	40bpm	32bpm.	40bpm	41bpm	38bpm	47bpm
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min)	0					
O_2Saturations (%)		98%	99%	99%	99%	99%
Conscious Level: Normal / Altered		15/15				
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	K	K		R	R	

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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

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I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

AH-00660357 IPS-0017S812
Baby Of SARVA SUCHITRA
01-07-2026 0 Y 0 M 2 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

3/7/26

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

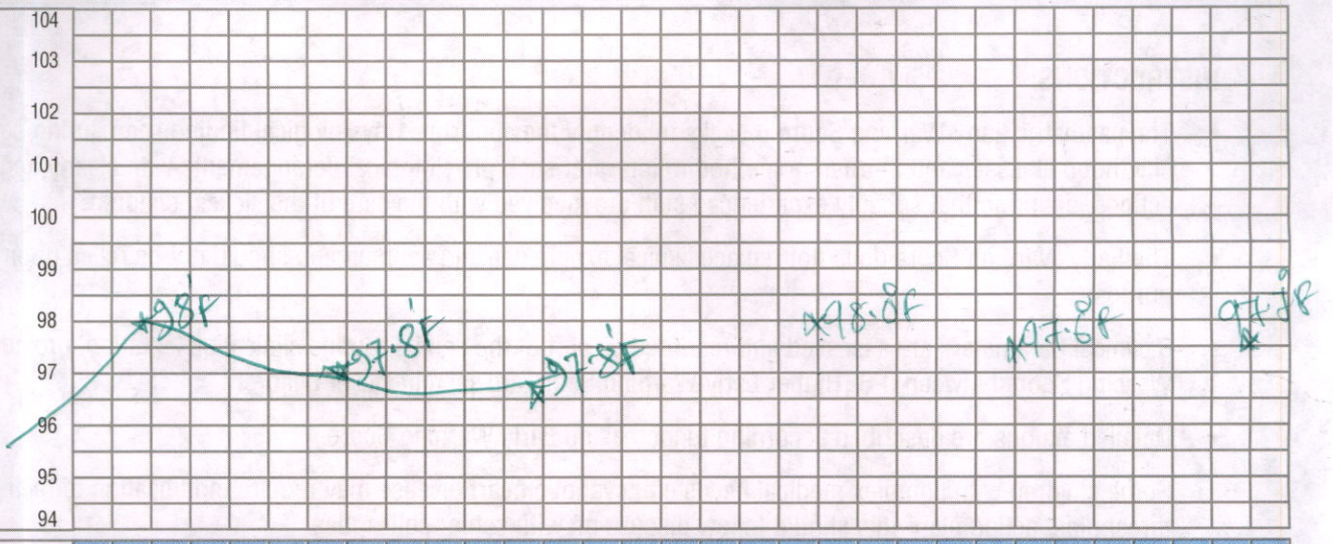
Pratiksha Rainbow Children's Hospital
It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

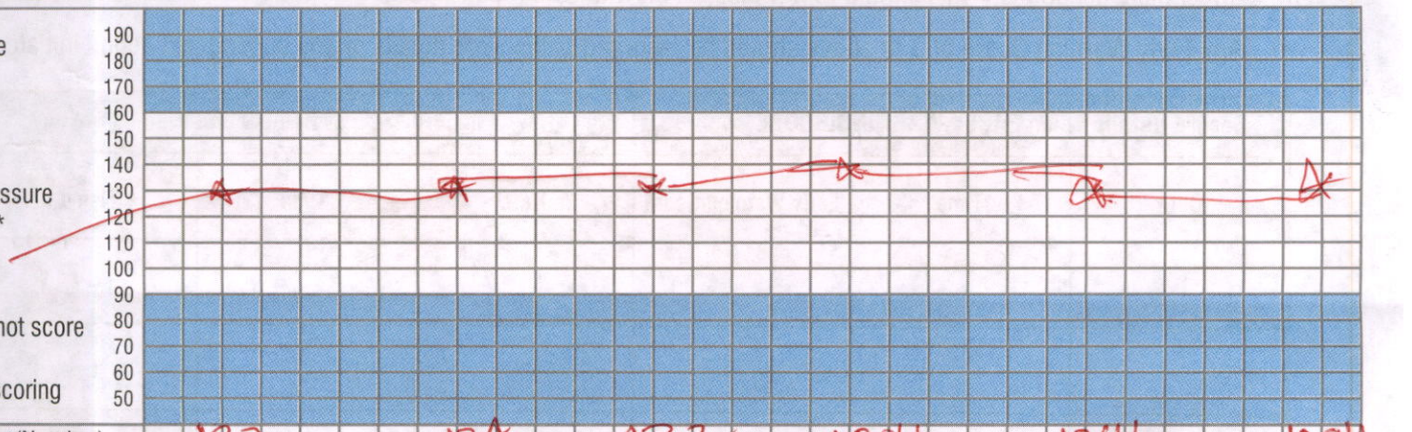
Date: ..... Time:	10AM	3PM	6PM	10Pm	2Am	6Am
Doctor/Nurse/Family Concern?						

Temperature (F)



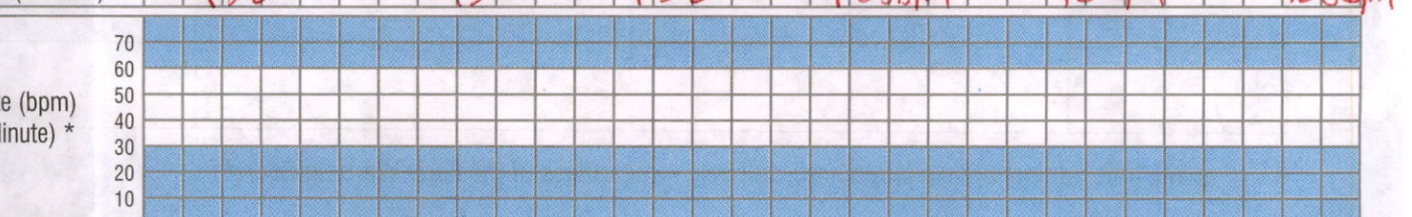
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	132	134	132	138b/m	136b/m	138b/m

Resp. Rate (bpm) (Over 1 Minute) *



Resp Rate (Number)	36	34	32	40b/m	36b/m	38b/m

Resp Distress	Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)		99%	99%	99%	98%	99%	98%
Conscious Level	Normal / Altered	—	—	—			
GCS *		(14/15)	(13/15)	(14/15)	(15/15)	(15/15)	(15/15)
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	0	0	0
Observer's Initials		✓	✓	✓	RW	RW	RW

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.

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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-00660357 IP5-00175812
Baby Of SARVA SUCHITRA
01-07-2026 0 Y 0 M 3 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

4/7/26

I / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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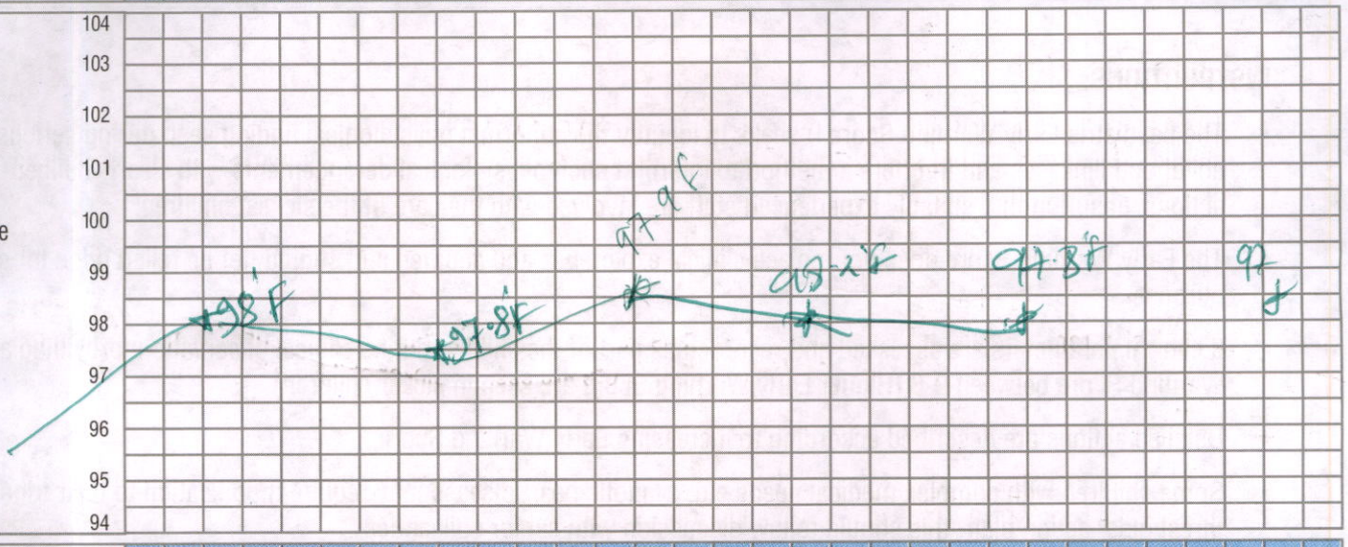
Your Right to a Safe Delivery

LY WARNING SCORE: CHILDREN'S UNIT

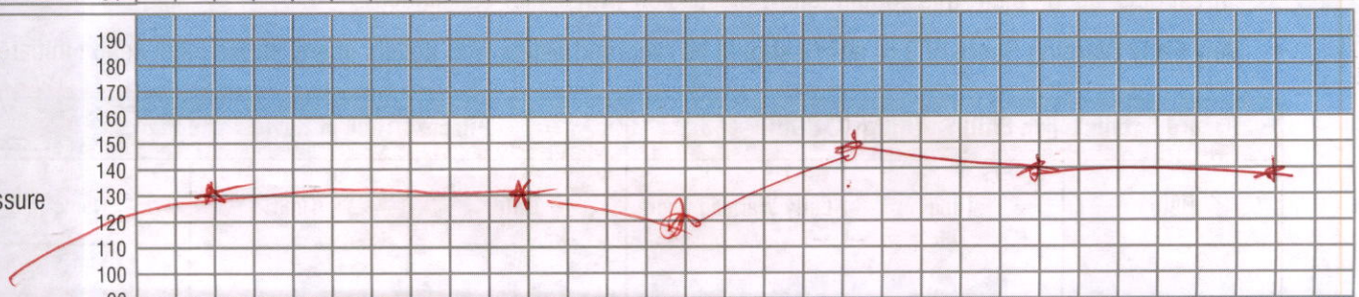
Date: ..... Time:	10AM	3PM	6PM	10pm	2AM	6am
Doctor/Nurse/Family Concern?						

Temperature (F)



Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	132	134	NWBN	152/m	139/m	132/m

Resp. Rate (bpm over 1 Minute) *

Resp Rate (Number)	36	34	3wbn	40b/m	39b/m	38b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	98%	97%	99%	98%
Conscious Level: Normal / Altered	—	—				
GCS *	(15/15)	(15/15)		15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials				A	A	

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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Patient Sticker

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BAH-00660357 IP5-00175812
Baby Of SARVA SUCHITRA
01-07-2026 0 Y 0 M 3 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

5/7/26

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

Date: ..... Time: 10AM

Doctor/Nurse/Family Concern?

Temperature (F) 104 103 102 101 100 99 98 97 96 95 94 — 97.8F

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) 136

Resp. Rate (bpm) (Over 1 Minute) * 70 60 50 40 30 20 10 — 34

Resp Rate (Number)

Resp Distress	Mod/ Severe / None / Mild	
Receiving O_2(l/min) O_2Saturations (%)		99%
Conscious Level	Normal / Altered	—
GCS *		(14/15)
TOTAL SCORE Number of shaded boxes		0
Pain Score		0
Observer's Initials		

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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Patient Sticker

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BAH-00660357 IP5-00175812
Baby Of SARVA SUCHITRA
01-07-2026 0 Y 0 M 0 D 6 H (F)
Dr. KAPIL BHAGWATRAO SACHANE

FLUID CHART

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

1/7		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											
	09:00 am											
	10:00 am		DBF								NO	Tunny
	11:00 am						NP			NP	IV	
	12:00 pm											
	01:00 pm		DBF									
Total Intake : Taken						Total Output : U-0 IM-0						
	02:00 pm											
	03:00 pm		DBF									
1/7	04:00 pm						NP				NO	Stay
	05:00 pm										PO	
	06:00 pm		DBF							✓		
	07:00 pm											
Total Intake :						Total Output : U-1.						
	08:00 pm											
	09:00 pm		DBF							✓		
	10:00 pm						NP				0	Sy.
	11:00 am											
2/7	12:00 am		DBF									
	01:00 am											
Total Intake : Taken						Total Output : U-1 M-0.						
	02:00 am										0	
	03:00 am						✓					
	04:00 am		DBF								NO	Swapin
	05:00 am										PO	
2/7	06:00 am											
	07:00 am		DBF				✓			✓	1	
Total Intake : Taken						Total Output :						

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

BAH-00660357 IP5-00175812
Baby Of SARVA SUCHITRA
01-07-2026 0 Y 0 M 1 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

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

FLUID CHART

Sheet No. : 2 2/7/26.

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											
	09:00 am		DBM				NP	NO		NP		
	10:00 am		DBM						NO			Kanna
2/7	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :		Taken.				**Total Output :**				G.T - 1AM - 0		
	02:00 pm											
	03:00 pm		DBF									
	04:00 pm						NP				NO	Kanna
2/7	05:00 pm											
	06:00 pm		DBF									
	07:00 pm		DBF									
Total Intake :						**Total Output :**						
	08:00 pm		DBM									
	09:00 pm											
	10:00 pm										NO	Shaj
2/7	11:00 pm		DBM				✓			✓	IV	
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am		DBM									
	03:00 am											
	04:00 am										NO	Shaj
3/7	05:00 am		DBM + FF 15ml.							✓	IV	
	06:00 am											
	07:00 am											
Total Intake :		Taken				**Total Output :**				passed		

Total 24 hrs. Intake		Total 24 hrs. Output	M=01, V=5

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

BAH-00660357 IP5-00175812
Baby Of SARVA SUCHITRA
01-07-2026 0 Y 0 M 2 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

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

FLUID CHART

Sheet No. : 3

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.

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							
3/1	08:00 am										1	
	09:00 am		DBF									
	10:00 am						NP				NO IV	Rima
	11:00 am									✓		
	12:00 pm		DBF				1				1	
	01:00 pm											
Total Intake :		Taken				**Total Output :** U - 1 M - 0						
3/1	02:00 pm						1				NO IV	Rima
	03:00 pm		DBF				NO					
	04:00 pm									NO		
	05:00 pm		DBF				1			1		
	06:00 pm											
	07:00 pm		DBF									
tal Intake :						**Total Output :** U - 0 M - 0						
3/1	08:00 pm						1				No IV	Rima
	09:00 pm		DBF									
	10:00 pm											
	11:00 pm		DBF				NP			✓	Cannula	Rima
	12:00 am											
	01:00 am		DBF				1				1	
Total Intake :						**Total Output :** m - 0 U - 1						
4/1	02:00 am										No IV	Rima
	03:00 am		DBF									
	04:00 am						✓			✓		
	05:00 am		DBF								Cannula	Rima
	06:00 am											
	07:00 am		DBF							✓	1	
Total Intake :						**Total Output :** m - 1 U - 2						

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	m - 1 U - 4

Patient

IP5-00175812
BAH-00660357
Baby Of SARVA SUCHITRA (F)
01-07-2026 0 Y 0 M 3 D
Dr. KAPIL BHAGWATRAO SACHANE

Sl .....

FLUID CHART

9/7/26

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Your Right to a Safe Delivery

1. All measurements in ml.
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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						1	
	08:00 am											
	09:00 am		DBF							✓	NO	
	10:00 am										IV	
	11:00 am		DBF				✓				colly	
	12:00 pm									✓	1	
	01:00 pm		DBF									
Total Intake :								**Total Output :** U – 2 M – 2				
	02:00 pm										1	
	03:00 pm		DBF								NO	
	04:00 pm						✓				IV	
	05:00 pm		DBF							✓	colly	
	06:00 pm											
	07:00 pm										1	
Total Intake :								**Total Output :** U – 1 M – 1				
	08:00 pm										NA	Pooja
	09:00 pm		DBF							✓	NA	Pooja
	10:00 pm						✓				NA	Pooja
	11:00 pm		DBF								NA	Pooja
	12:00 am										NA	Pooja
	01:00 am		DBF								NO	Pooja
Total Intake :								**Total Output :** U – 1 M – 1				
	02:00 am						✓			✓	NA	Pooja
	03:00 am		DBF								NA	Pooja
	04:00 am										NA	Pooja
	05:00 am		DBF								NA	Pooja
	06:00 am						✓			✓	NA	Pooja
	07:00 am		DBF								NO	Pooja
Total Intake :								**Total Output :** U – 2 M – 2				

Total 24 hrs. Intake		Total 24 hrs. Output	U – 5 M – 5

BAH-00660357 IP5-00175812
Baby Of SARVA SUCHITRA
01-07-2026 0 Y 0 M 3 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

FLUID CHART

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Your Right to a Safe Delivery

Sheet No. : .....

1/7/26

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		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										1	suma
	09:00 am		DBF								No	suma
	10:00 am						✓			✓	IV	suma
	11:00 am		DBF								Cannula	suma
	12:00 pm											suma
	01:00 pm		DBF								1	suma
Total Intake :						**Total Output :** U- M-						
	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

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		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**	

BAH-00660357 IP5-00175812
Baby Of SARVA SUCHITRA
01-07-2026 0Y0M0D6H (F)
Dr. KAPIL BHAGWATRAO SACHANE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 1/7/26

Assessment: New born baby

Goals

- ☐ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☑ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
10Am	=> Assess the baby	11Am.	=> Assessed the baby	Baby is fine.
11Am	=> provide warm care	12pm	=> Baby well rapped	
12pm	=> provide Safety	1pm	=> Crib Care provided.	
1pm	=> DBF + Burping	1:30 pm	=> DBF + Burping given	
1:30 pm	=> V/O monitoring	2pm	=> V/O monitoring done	

Re-Assessment: Taking feed well.

Special Notes: vaccination Today

Nurse Signature: TM Nurse Name: Tuny Date & Time: 1/7/26 @ 2pm

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 1/7/26

Assessment: new born Baby Care

Goals
- ☐ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify.....
- ☑ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ assess the Baby condition	8:30pm	→ assessed the Baby conditi	→ Baby stable
10pm	→ monitor vital	10:30pm	→ monitor vital	
12Am	→ ensure Safety	12:30Am	→ Provided crib Care	
2Am	→ I/O chart monitoring	2:20Am	→ I/O Chart monitored	
4Am	→ warm Care	4:30Am	→ warm Care Provided	
6Am	→ DBF & Burping.	7Am	→ DBF given	
7Am	→ RBS monitoring	8Am	→ RBS monitored	

Re-Assessment: done Baby stable

Special Notes: SBR. NBS OAE @ 48HOL RBS 6th hourly

Nurse Signature: Sa Nurse Name: Swapna Date & Time: 2/7/26 @ 8Am