BAH-00657816 IP5-00174607
Baby Of SONAL PATHANGE
01-06-2026 0Y0M0D1H (M)
Dr. NITASHA BAGGA

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NEWBORN MONITORING FORM

Date of Birth : 1/6/26
Time of Birth : 2:19pm
Mode of Delivery : Normal
Birth Weight : 3.461
Head Circumference : 35
Length : SD
Red Reflex : .....

New Born Screening : .....
TFT : .....
OAE : .....
Mother's Blood Group : O+ve
Baby's Blood Group : O+ve
Anomaly Scan : .....
Vaccination OPV, BCG, HEP-B given, Namrata 01/06/26

Date	Weight	Type of Feed	Quantity	Temperature	Signature
1/6/26	3.461	DBF	-	96.1°F	Gayathri.
2/6/26	3.347 kg	DBF	-	97.1°F	Uma
3/6/26	3.206 kg.	DBF	-	98°F	Jumana.

Date	Time	Investigation	Result	Order No.	Signature
1/6/26		Bloodgroup	O+ve.	26055729	[illegible]

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 : IP5-00174607 **Admit Date** : 01-Jun-2026 **Admit Time** : 03:11 PM **UHID** : BAH-00657816

Patient Details :

Patient Name	: Baby Of SONAL PATHANGE	**Age**	: 0 D
Guardian	: Mr PRASHANTH PATHANGE	**DOB**	: 01-06-2026 02:19 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: HNO:13-6-436/A/27,PLOT NO;27,LAXMI NAGAR COLONY LANGAROSE GOLCONDA Mehdipatnam Hyderabad Telangana INDIA 500028	**Phone No**	: 9000003604/ 8500003604
		E-mail	: SONALMALATHKAL201@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name	: Mr PRASHANTH PATHANGE	**Relationship**	: Father
Contact Address	: HNO:13-6-436/A/27,PLOT NO;27,LAXMI NAGAR COLONY LANGAROSE GOLCONDA Mehdipatnam Hyderabad Telangana INDIA 500028	**Phone No**	: 9000003604 / 8500003604

Signature

Doctor Details :

Doctor Name	: Dr. NITASHA BAGGA	**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 : ..... Age : ..... Father's Name : ..... Age : .....

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

NICU Consultant : ..... Referring Consultant : .....

Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/o sonal pathange

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 1/6/26 Time of Birth : 2:19pm

Place of Birth : RCH, BH

Mother's Blood Group : O positive

Birth Weight (gms) : 3461 gm. Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38^{+3} week

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 30 yrs Ht : 154 cm Wt : 78.6kg BMI: ..... Married Life : 6 years LMP : 2/9/25 EDD : 9/6/26

Conception : Spontaneous or with Rx. : Spontaneous

Booked at what GA. : 7^{+6} weeks AN Steroids Drugs / Doses : .....

Last Scans Details : 22/5/26 → 37^{+1} week; 3213 gm, efw ; AFI 18.8cm. Doppler shows Cerebral Redistribution, (N) umbilical artery

TT Immunization and Iron / Folic Acid : taken

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☑ No

If yes, degree of consanguinity : ☐1 ☐2 ☐3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : .....

.....

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

.....

IUGR - when detected : .....

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

AFI : .....

H/o GDM/ pre GDM/ on diet or insulin

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

.....

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : TIFFA: (N)

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : ..... Any culture : .....

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

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

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PAST OBSTETRIC HISTORY

: 3 P : 1 A : 1 L : 1

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
C1	4year	FT	3.2kg	male	NVD	Active & healthy
C2	-	Sweety			Top	

PERINATAL HISTORY

Treating Obstetrician : Dr. Shruthi reddy Hospital : RCH, BH ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) SVD

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : ..... Weeks : .....

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink	1	1	2
HEART RATE	Absent	< 100 Minutes	> Minutes	2	2	2
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal	2	2	2
MUSCLE TONE	Limp	Some Flexion	Active Motion	2	2	2
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying	2	2	2
				9/10	9/10	10/10

TOTAL

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 :

Pre heated warmer

↓

Delivered male baby through vaginal delivery
Cried immediately after birth

↓

Delayed cord clamping

Cord cut

↓

Inj. Vitamin K 1mg IV STAT given

↓

Routine care given

↓

Shift to mother side

Investigation details in previous Hospital :

Feeding History :

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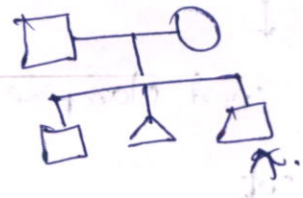
Dr. NITASHA BAGGA

Past History :

Family History :



Socio Economic History :

Upper middle class

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 144/min RR : 56/min NIBP : CFT : < 3sec

Color of the extremities : Pink

Jaundice : — Pallor : — SpO2 : 99% on RA

ANTHROPOMETRY: Birth Weight : 3.46l Length : HC : Present Weight :

Ponderal Index : AGA : ✓ SGA : LGA :

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HEAD TO TOE EXAMINATION

H	Fontanelles :	Af 2cm x 2cm
	Sutures	
	Shape / Moulding :	No moulding
	Edema / Bruising :	
	Size - (H.C.) :	(N)
FACIES : (Any Facial Dysmorphism)		No Dysmorphism
NECK and CLAVICLES :	Range of Motion :	(N)
	Asymmetry :	
	Masses :	
EYES :	Symmetry :	To be determined
	Red Reflex :	
	Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape :	(N)
	Periauricular Pits / Tags :	
	Nasal shape / Patency :	
	Palate :	
	Gums :	
	Lips :	
	Tongue :	
THORAX and BREASTS :	Shape of Thorax :	(N)
	Position of Nipples and Number :	
ABDOMEN and UMBILICUS :	Shape :	(N)
	Organomegaly :	
	Bowel Sounds :	
	Umbilical Stump :	
	Discharge :	
GENITILIA :	Labia / Hymen :	(N) External male genitalia; BL ~~descende~~ Testes Palpable
	Testicles/penis :	
	Anus :	
HERNIAL ORIFICES		free
TRUNK and SPINE :		(N)
SKIN LESIONS :		No lesions
EXTREMETIES :	Fingers / Toes :	(N)
	Deformities :	
	Hip Joint Examination :	
	Arms / Legs :	
	Mobility :	

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SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 56/min SCR / ICR / See - Saw breating :

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

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

Settings :

SpO_2: 99% on ERA Auscultation: BAE, Clear Breath Sounds: Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : 144/min BP : Precordial Activity : (N)

Femoral Pulses : well felt Murmurs : No

Other Peripheral Pulses : palpable Signs of Cardiac Failure : No

ABDOMEN:

Shape : (N) Hernia orifice : free

Palpation : Soft Anal Patency : patent

Palpable masses : No Umbilical Cord : 2 Artery, 1 vein

Abdominal girth : First urine passed : Not passed

Meconium passed :

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) : Alert

State of wakefulness :

Prechtle Score :

Nerves :

MOTOR SYSTEM:

Passive Tone :

Active Tone : (N)

Neonatal Reflexes :

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

Moro's : complete DTR :

ATNR : Skull and Spine :

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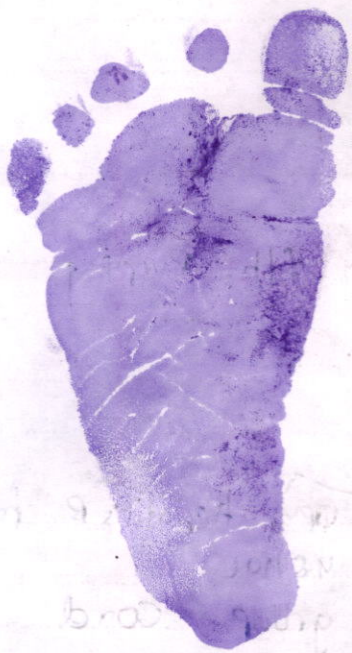
Dr. NITASHA BAGGA

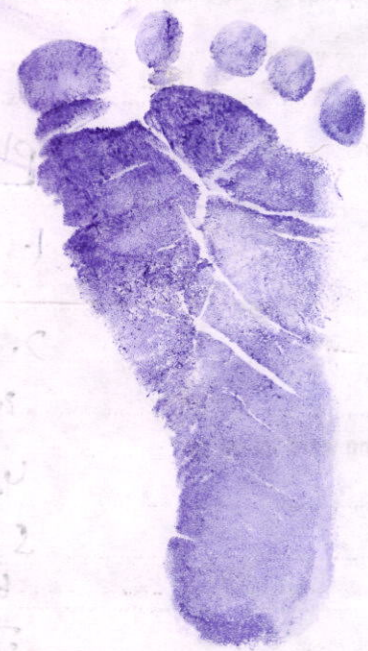
Diagnosis : Term | 38+3 week | SVD | BMch | CIAB | 2.46kg

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : .....

Name : Sai

Date & Time : 2 1/6/26

Consultant : DR. NITASHA BAGGA Registration No: 66260

Signature : .....

Name : .....

Date & Time : .....

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 : .....

.....

Medications : .....

plan

1. PBf every 3rd hly f/b Burping

2. newborn care

3. warmth care

Plan during ward follow up :

4. vaccination → BCG, opv, Hepatitis B today

5. NBS, SBR, OAE at 48 HOL

6. Trace baby blood group - cord

7. W/f urine and meconium passage

8. vital monitoring 3rd hly

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

2:45 pm to 2:55 pm.

Dr. Sai

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 4PM	Afternoon Notes	
	seen by Dr. Nitasha	
	38+3 / Male / AGA / $G_3A_1$4 / SVD / No mat. risk factor.	
	bt wt = 3.4kgs	
	Active	
	Pink	Plan
	Euthermic	① cont DBF c/b
	vitally stable	
	latching well	② BCG, OPV, HepV2 } taken
	taking DBF	
	U 4 / X, S 5 / X	
		③ NBS, OAE, SBR } @48hrs
	O/E - spine (N)	
	AF open @ level	④ w/f Urine & meconium passage
	No ~~congenital~~ dysmorphism	
		⑤ 3 hourly vital monitoring
		⑥ clinical jaundice assessment @ 24 HOL - 2:20PM
		[signature] DR. NITASHA BAGGA Registration No: 6625

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 7.15am	Y/B Resident Dr. Ayushman	
	17HOL/ 38+3/ Male/ AGA/ G2A1L1/ NVD/ No risk factor	
		Plan
	Bt. wt - 3.4kg	
	Today's wt - 3.347	
M/ 0+ve B/ 0+ve	~~0.05gm~~ 53gms (↓1.5%)	Plan
		• DBF to cont
	Passed urine - 4 times	
	Passed stools - 2 times	• BCG, OPV, HepB } Taken
	Issues of multiple e/o vomiting	
	Active	
	Euthermic	• NBS, OAE, SBR } 48HOL
	Pink	
	Peripheries warm	
	Vitals stable	
		• Clinical Assessment of Jaundice at 24 hours to be done → 2pm today
	O/E - Spine (N)	
	No dysmorphism	
	AF - open	• Vitals monitoring
	DR. NITASHA BAGGA Registration No: 6626	Ayushman — noted by Jyothi C010532

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6 10:30 Am	Lactation care plan:	
	- Well formed breast and nipples	
	- Colostrum good	
	- Had feeding issue c preemie baby.	
	- Latch good.	
	Advice:	
	- Direct breast feeding.	
	- Aim for deep latch as demonstrated in cradle or cross cradle hold.	
	- Make baby latch for 15-20min on each side.	
	- Demand feeding not exceeding 2-2½ hours.	Supriya
2/6/26 2pm	Seen by Resident (Dr. Ayushman)	
	24HOL/38+3/Male/AGA/G2A4/4/NVD	Plan
	Bt. wt - 3.4kg	• NBS, OAE, SBR 48HO2
M/B O+		
U/S ✓		• DBF to cont. • Vitals monitoring
	Active Euthermic Pink Warm peripheries 2 e/o vomiting since morning	Ayushma

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NITASHA BAGGA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 3PM	Seen by Dr. Nitasha	
		Plan
	2-3 c/o vomiting since morning	① stomach wash stat
	PA - soft.	② Monitor for further vomiting
		③ cont DBF
		④ 48HOL (2PM 4/m) SBR NBS OAE
	Dr Abhyu	noted by JYOTI
3/6/26 7.30am	Seen by Dr Ayushman	
	41HOL / 38+? / male / AGA / G2A1L1 / NVD (Vomiting fed)	
	Bt wt - 3.461	
	Yest wt - 3.347	
	Today wt - 3.206	
M / 0+ B / 0+	255 gm (7% wt loss) since birth	Plan
	Stools passed - 4 time	• DBF to cont
	Urine passed - 7 time	• SBR OAE NBS] 4pm today
	No further c/o vomiting!	
	Active Pink Euthermic	• D/C if SBR < 12 F/U 2 days
	warm periph	

DR. NITASHA BAGGA
Registration No: 66260

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		3/6/26 OAE-Newborn hearing screening Bilateral responses see present Bilateral Pass 3/6/26.

Patient Sticker

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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: 1/6/26

Time:	2:30pm	3pm	5pm	10pm	2am	6am
Doctor/Nurse/Family Concern?						
Temperature (F) (scale 94–104)	36.6	37.2	37.1	98.4°F	97.6°F	98.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	144	145	142			
Heart Rate (Number)				125 b/m	135 b/m	132 b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	56	54	55			
Resp Rate (Number)				40 b/m	51 b/m	42 b/m
Resp Distress — Mod/ Severe						
Resp Distress — None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)				99%	99%	99%
Conscious Level — Normal						
Conscious Level — Altered						
GCS *				(N)	(N)	(N)
TOTAL SCORE Number of shaded boxes				0	0	0
Pain Score				0	0	0
Observer's Initials				B	B	B

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.

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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-00657816 IP5-00174607
Baby Of SONAL PATHANGE
01-06-2026 0Y0M0D7H (M)
Dr. NITASHA BAGGA

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:	10 AM	2 PM	6 PM	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?				PM	AM	AM
Temperature (F)	98.1 F	98.1 F	98.2 F	99.1 F	98 F	99.5 F
Heart Rate (bpm) and Blood Pressure (mmHg) *	120 bpm	125 bpm	130 bpm	140 bpm	138 bpm	140 bpm
Resp. Rate (bpm) (Over 1 Minute) *	38	40	38	WNL	WNL	WNL
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	99%	100%	99%	100%	99%	100%
Conscious Level: Normal / Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	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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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)
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H-00657816 IPS-00174607
by Of SONAL PATHANGE
06-2026 0Y0M0D7H (M)
NITASHA BAGGA

3/5/26

RCHBH / FRM / CLINICAL / 124

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

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 — *98F

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) 134

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

Resp Rate (Number) 36

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2 (l/min)		
O_2 Saturations (%)		99%
Conscious Level	Normal	—
	Altered	
GCS *		(14/15)
TOTAL SCORE		0
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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	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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BAH-00657816 IPS-00174607
Baby Of SONAL PATHANGE
01-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. NITASHA BAGGA

1/6/26

Rainbow® Children's Hospital
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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
	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		DBF								0	Gayathri
	03:00 pm										0	Gayathri
	04:00 pm		DBF								0	Gayathri
	05:00 pm									✓	0	Gayathri
	06:00 pm										0	Gayathri
	07:00 pm		DBF								0	Gayathri
Total Intake :						**Total Output :** U: 1						M: 0
	08:00 pm		DBF							✓		Sandhya
	09:00 pm											Licut
	10:00 pm		DBF				NP				WOLV	Licut
	11:00 pm										Cuff	Licut
	12:00 am		DBF							✓		Licut
	01:00 am											Licut
Total Intake :						**Total Output :** U: 2						M: 0
	02:00 am		DBF									Licut
	03:00 am											Licut
	04:00 am		DBF								WOLV	Licut
	05:00 am										Cuff	Licut
	06:00 am		DBF									Licut
	07:00 am											Licut
Total Intake :						**Total Output :** U: 1						M: 1

Total 24 hrs. Intake		Total 24 hrs. Output	U: 4 M: 1

BAH-00657816 IP5-00174607
Baby Of SONAL PATHANGE
01-06-2026 0Y0M0D7H (M)
Dr. NITASHA BAGGA

FLUID CHART

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

Sheet No. : (2) 2/6/26.

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.

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
	08:00 am	DBF									1	Jyothi
	09:00 am									—		Jyothi
	10:00 am	DBF					/				WO IV cannula	Jyothi
	11:00 am											Jyothi
	12:00 pm	DBF										Jyothi
	01:00 pm									—		Jyothi
Total Intake :						Total Output : U – 2 m – 1						
	02:00 pm	DBF										Jyothi
	03:00 pm											Jyothi
	04:00 pm	DBF					/				WO IV cannula	Jyothi
	05:00 pm									/		Jyothi
	06:00 pm	DBF										Jyothi
	07:00 pm											Jyothi
Total Intake :						Total Output : U – 1 m – 2						
	08:00 pm											Jyothi
	09:00 pm		DBF							/	WO IV cannula	Jyothi
	10:00 pm						/					Jyothi
	11:00 pm		DBF									Jyothi
	12:00 am									/		Jyothi
	01:00 am		DBF									Jyothi
Total Intake :						Total Output : U – 2 m – 1						
	02:00 am											Jyothi
	03:00 am		DBF							/	WO IV cannula	Jyothi
	04:00 am						/					Jyothi
	05:00 am		DBF									Jyothi
	06:00 am									/		Jyothi
	07:00 am		DBF									Jyothi
Total Intake :						Total Output : U – 2 m – 1						

Total 24 hrs. Intake		Total 24 hrs. Output	U – 7 m – 4

BAH-00657816 IP5-00174607
Baby Of SONAL PATHANGE
01-06-2026 0 Y 0 M 2 D (M)
Dr. NITASHA BAGGA

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : ..... 3/6/26.

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						1	
	08:00 am											SUM
	09:00 am		DBF								NO	SUM
	10:00 am										IV	SUMAN
	11:00 am		DBF								correct	SU
	12:00 pm											
	01:00 pm										1	
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

FLUID CHART

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Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
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	08:00 am											
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	02:00 pm											
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Total Intake :						**Total Output :**						
	08:00 pm											
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	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**	