BAH-00660579 IP5-00175918
Baby Of DISHA WADHWA
03-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. VENKATA LAKSHMI A

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

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NEWBORN MONITORING FORM

Date of Birth : 3/7/26
Time of Birth : 11:31 AM
Mode of Delivery : EL-LSCS
Birth Weight : 3.094 kg
Head Circumference : 34 cm
Length : 50 cm
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 3/7/26 Nil

Date	Weight	Type of Feed	Quantity	Temperature	Signature
3/7/26	3.094	DBF	Good	98.2°F	Shobha
3/7/26	W.WT 3.036	DBF	Good	98.2°F	Soumita
4/7/26	2.948 kgs	DBF	-	98°F	Pooja
5/7/26	2.868 kgs	DBF	Good	98.2°F	Pooja

Date	Time	Investigation	Result	Order No.	Signature
3/7/26		Blood group		26066558	[signature]
4/7/26	9:15am	GRBS	74mg/dl		[signature]

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 : IP5-00175918 **Admit Date** : 03-Jul-2026 **Admit Time** : 12:16 PM **UHID** : BAH-00660579

Patient Details :

Patient Name	: Baby Of DISHA WADHWA	**Age**	: 0 D
Guardian	: Mr JAIESH SUNIL PAHLAJANI	**DOB**	: 03-07-2026 11:31 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO 1201, BLOCK D, ADITYA EMPRESS TOWERS, SHAIKPET Tolichowki Hyderabad Telangana INDIA 500008	**Phone No**	: 9962405220/ 9966664025
		E-mail	: NOMAIL@GMAIL.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 : Mr JAIESH SUNIL PAHLAJANI **Relationship** : Father

Contact Address : FLAT NO 1201, BLOCK D, ADITYA EMPRESS TOWERS, SHAIKPET Tolichowki Hyderabad Telangana INDIA 500008 **Phone No** : 9962405220

Jaiesh

Signature

Doctor Details :

Doctor Name : Dr. VENKATA LAKSHMI A **Specialisation** : NEONATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Disha wadwa. Age : 28 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 Disha.

Gender : ☑M ☐F Blood Group : O+ve.

Date of Birth : 3/7/2026 Time of Birth : 11:31 Am

Place of Birth : RCH IRH.

Mother's Blood Group : O positive

Birth Weight (gms) : 3.094 kg Length (cms) : 50cm

OFC (cms) : 34cm

Estimated Gesth Age : 38+2

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 28 Ht : ..... Wt : ..... BMI: ..... Married Life : ..... LMP : 7/10/25 EDD : 14/7/26

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

Booked at what GA. : 28+1. AN Steroids Drugs / Doses : .....

Last Scans Details : 16/6; SLIUF — 36WKS | 2-3kg (46th centile) | AFI: 9-10 | Dopplers: (N) .....TT Immunization and Iron / Folic Acid : .....

MATERIAL 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 : .....

obstetric cholestasis - on T-udiliv

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

Gestational hypothyroid .....

Any other Chronic Medical Problems, when detected drugs ? T. Thyronorm 50mcg .....

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Himabindu Hospital : RCH : BPL ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☒ Elective ☑ Emergency Indication : .....

Specify the reason : NPOL

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

1 Minute	5 Minutes	10 Minutes
1	1	
2	2	
2	2	
2	2	
2	2	
9	9	

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 :

Present illness:

Equipment check done

↓

Baby received in Prewarmed linen

↓

Dried / stimulated / warmed

↓

Cord cleaned / clamped / cut

↓

Inj. Vitamin K 0.5mg IM. given

↓

vitals checked

↓

Shifted to mother side

Investigation details in previous Hospital :

Feeding History :

-

Family History :

-

Socio Economic History :

L

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Euthermic Pink
alert: good

VITALS : Temperature : Euthermic HR : 131/m RR : 48/m NIBP : ..... CFT : <3

Color of the extremities : Acrocyanotic

Jaundice : ..... Pallor : ..... SpO2 : 98%

ANTHROPOMETRY: Birth Weight : 3094 Length : ..... HC : ..... Present Weight : .....

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

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HEAD TO TOE EXAMINATION

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

FACIES : (Any Facial Dysmorphism) — N —

NECK and CLAVICLES :
Range of Motion :
Asymmetry : — N —
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 :
Organomegaly :
Bowel Sounds : 2+ +ve
Umbilical Stump :
Discharge :

GENITILIA :
Labia / Hymen :
Testicles/penis :
Anus :

HERNIAL ORIFICES

TRUNK and SPINE : N

SKIN LESIONS :

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

SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 48/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: 97% Auscultation: BAE (+) Breath Sounds: NVBS (+) Added Sounds: .....

CARDIOVASCULAR SYSTEM :

HR : 137/min BP : .....

Femoral Pulses : B/L well Felt

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : nil

Signs of Cardiac Failure : .....

ABDOMEN:

Shape : .....

Palpation : .....

Palpable masses : nil

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : Both's patent

Umbilical Cord : 2A+1V

First urine passed : -

Meconium passed : .....

NERVOUS SYSTEM:

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : nil

.....

MOTOR SYSTEM:

Passive Tone : .....

Active Tone : c/w/a gestational

Neonatal Reflexes :

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

Moro's : B/L Symmetrical DTR : .....

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

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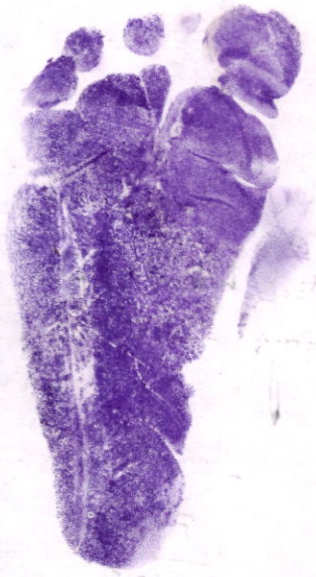
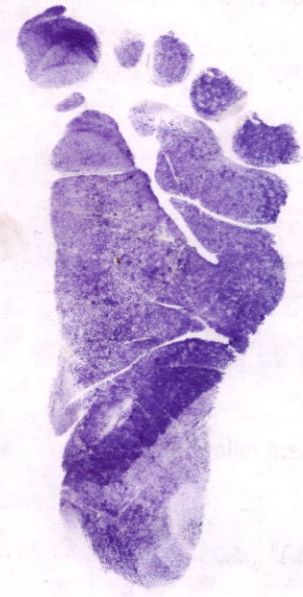
Diagnosis : Primi/38+3/EM-LSCS-NPOL/CIAB/SOFH/obstetric cholestasis/
CIAB.

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : .....

Name : Dr. Ishita

Date & Time : 7/7/26

Consultant :

Signature : .....

Name : .....

Date & Time : .....

Dr. VENKATALAKSHMI A
Reg. No. 50115

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 during ward follow up :

.....

.....

.....

.....

.....

Feeding Plan at the time of shifting :

11:50 Am to 12pm

.....

.....

Plan

1. Send Cord blood for blood grouping

2. Vaccines — OPV ✓
RCH ✓
Hep-B ✓

3. DBF/ 2nd hourly

4. Warm care

5. R SBR/NBS/ OAE @ 48hrs

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Doctor Signature (Handover Given): .....

Doctor Name: .....

Date & Time: .....

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

Doctor Name: .....

Date & Time: .....

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	4			
3	Nursing Initial assessment				
4	Patient Transfer form	1			
5	In-patient Medical record				
6	Doctors progress sheets	2 4			
7	Nursing plan of care and handover sheets				
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation				
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	3 2			
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	1 1			
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				
		1			
	Total No. of Pages	22			

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
3/7 4PM	d/s/b RESIDENT.	
	Primi | 38+3 | Emergency LSCS - NPOL | CIAB | BOAH | obstetric cholestasis.	
	O+ ... ?/m	Plan
		1. Vaccines - OPV | BCG | Hep-B today
	Erythromicl pink.	2. trace Blood group
	c/t/A: good	3. SBR | NBS | OAE @ 48hrs.
	hemodynamics are stable	4. DBF | 2H.
		noted by Pooja

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
4/7/26 8:30am	C/S/B Resident.	
	21 HOL / Primi / 38+3 / Emergency LSCS - NPOL / C / AB / 3094 / obstetric cholestasis	
	Gestational hypothyroid / MCh	
	M/O+ B/O+ U/✓ M/✓	Plan ① DBF @ 2hly
	Bwt - 3.094 kg Twt - 2.948 kg 4.7% ↓	② ~~TCBR @ 11:30am~~
	Euthermic - Pink Euglycemic GRBS - 74 mg/dl	③ Lactation review ④ OAE, SBR, NBS } T/m 11:30 am
	Tone, activity, cry } good CRT < 3 sec. peripheries - warm	⑤ GRBS ~~[illegible]~~ (SOS) ⑥ Vaccination done. Soheb
		✓

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 4:05pm	CS/B Resident	
	29 HOL | Primi | 38+3 | Em LSCS | CIAB | 3094 | obstr. cholelithiasis	
	Baby on room air	Plan
	V/✓ M/✓	
	Euthermic - Pink	① DBF @ 2hrly
	Euglycemic.	② warm care.
	feed & latching well	③ OAE, SBR, NBS } T/m 11:30 am
	Tone, activity, cry } good	
	CRT < 3sec	Sohile
		noted by [illegible]

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
5/7/26 8:00am	US/B Resident	
	44HOL | Primi | 38+3 | Em LSCS | 3094 | Obstr. cholelithiasis	
	Baby on room air	Plan discharge
	M/U ✓/✓ M/B O+/O+	① DBF 2nd hrly
	Euthermic - pink	② Warm care
	Euglycemic - 74mg/dl	③ Parents reassured
	Taking proper oral feeds	about rash
	Red rashes over chest, arm (+)	
	O/E	④ OAE, SBR, NBS } on ~~11am~~ f/u
	Baby active TWt: 2.868	
	Tone, cry } good 7.3↓ %	
	Peripheries warm	
	CRT <3sec	

Dr. VENKATALAKSHMI A
Reg. No: 50115

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time: 1pm 4pm 10 pm 2am 6am

Doctor/Nurse/Family Concern?

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

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) 159 146 142bpm 128bpm 142bpm

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

Resp Rate (Number) 52 50 48bpm 40bpm 39bpm

Resp Distress	Mod/ Severe				
	None / Mild	✓	✓		
Receiving O_2(l/min)					
O_2Saturations (%)		98%	99%	99%	98%
Conscious Level	Normal	✓			
	Altered				
GCS *		15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	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)
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-00660579 IP5-00175918
Baby Of DISHA WADHWA
03-07-2026 0 Y 0 M 0 D 11 H (M)
Dr. VENKATA LAKSHMI A

4/7/26

. 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:	11 Am	4pm	10pm	2Am	6Am
Doctor/Nurse/Family Concern?					
Temperature (F)	98.1 F	97.6 F	98.2 F	98 F	97.6 F
Heart Rate (bpm) and Blood Pressure (mmHg) *					
Heart Rate (Number)	130 b/m	120 b/m	140 b/m	132 b/m	126 b/m
Resp. Rate (bpm) (over 1 Minute) *					
Resp Rate (Number)	30 b/m	38 b/m	40 b/m	38 b/m	40 b/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	97%	98%	99%
Conscious Level: Normal / Altered					
GCS *	(N)	(N)	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	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.

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!
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BAH-00660579 IP5-00175918
Baby Of DISHA WADHWA
03-07-2026 0 Y 0 M 0 D 11 H (M)
Dr. VENKATA LAKSHMI A

5/7/26

. 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

Parameter	Scale	Reading 1
Date: .... Time:		10AM
Doctor/Nurse/Family Concern?		
Temperature (°F)	104	
	103	
	102	
	101	
	100	
	99	
	98	98F
	97	
	96	
	95	
	94	
Heart Rate (bpm) and Blood Pressure (mmHg) *	190	
	180	
	170	
	160	
	150	
	140	
	130	*
	120	
	110	
	100	
Note: BP does not score in early warning scoring	90	
	80	
	70	
	60	
	50	
Heart Rate (Number)		136
Resp. Rate (bpm) (Over 1 Minute) *	70	
	60	
	50	
	40	
	30	
	20	
	10	
Resp Rate (Number)		
Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2(l/min)		
O_2Saturations (%)		
Conscious Level	Normal	
	Altered	
GCS *		
TOTAL SCORE Number of shaded boxes		
Pain Score		
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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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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BAH-00660579 IP5-00175918
Baby Of DISHA WADHWA
03-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. VENKATA LAKSHMI A

FLUID CHART

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

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Your Right to a Safe Delivery

Sheet No. : 01 3/7/26.

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am										1	
	09:00 am											
	10:00 am										NO IV	
	11:00 am											
	12:00 pm		DBF									
	01:00 pm										1	
Total Intake : Failed.						Total Output : V— M —						
	02:00 pm											
	03:00 pm		DBM		—		—	—				mou
	04:00 pm						✓			✓	NO	
	05:00 pm										IV cannula	mou
	06:00 pm		DBM									
	07:00 pm										1	mou
Total Intake :						Total Output : V — 1 M — 1						
	08:00 pm										1	Pooja
	09:00 pm											Pooja
	10:00 pm		DBM				•				NO IV cannula	Pooja
	11:00 pm						✓			✓		Pooja
	12:00 am											Pooja
	01:00 am		DBM									Pooja
Total Intake :						Total Output : V — 1 M — 1						
	02:00 am											Pooja
	03:00 am		DBF									Pooja
	04:00 am										NO IV cannula	Pooja
	05:00 am						✓					Pooja
	06:00 am		DBF							✓		Pooja
	07:00 am											Pooja
Total Intake :						Total Output : V — 1 M — 1						

Total 24 hrs. Intake		Total 24 hrs. Output	V- 3 M—3

BAH-00660579 IP5-00175918
Baby Of DISHA WADHWA
03-07-2026 0 Y 0 M 0 D 11 H (M)
Dr. VENKATA LAKSHMI A

u/7/26

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (2)

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							
											NA	
	08:00 am		DBF								NA	
	09:00 am									✓	NA	
	10:00 am		DBF				✓				NA	
	11:00 am										NA	
	12:00 pm		DBF								NA	
	01:00 pm										NA	
Total Intake :								**Total Output :** U - 1				m - 1
	02:00 pm		DBF								NA	
	03:00 pm									✓	NA	
	04:00 pm		DBF				✓				NA	
	05:00 pm										NA	
	06:00 pm		DBF								NA	
	07:00 pm										NA	
Total Intake :								**Total Output :** U - 1				m - 1
	08:00 pm										NA	
	09:00 pm		DBF							✓	NA	
	10:00 pm						✓				NA	
	11:00 am		DBF								NA	
	12:00 am										NA	
	01:00 am		DBF								NA	
Total Intake :								**Total Output :** U - 1				m - 1
	02:00 am						✓			✓	NA	
	03:00 am		DBF								NA	
	04:00 am										NA	
	05:00 am		DBF								NA	
	06:00 am									✓	NA	
	07:00 am		DBF								NA	
Total Intake :								**Total Output :** U - 2				m - 1

Total 24 hrs. Intake		Total 24 hrs. Output	U - 5 m - 4

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

BAH-00660579 IP5-00175918
Baby Of DISHA WADHWA
03-07-2026 0 Y 0 M 0 D 11 H (M)
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FLUID CHART

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

Sheet No. : 3

5/7/26

1. All measurements in ml.
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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	Sumaiya
	09:00 am		DBF								NO	Sumaiya
	10:00 am										IV	Sumaiya
	11:00 am										cannula	Sumaiya
	12:00 pm										1	Sumaiya
	01:00 pm											Sumaiya
Total Intake :						**Total Output :** V – M –						
	02:00 pm											Sumaiya
	03:00 pm										1	Sumaiya
	04:00 pm										No	Sumaiya
	05:00 pm										IV	Sumaiya
	06:00 pm										cannula	Sumaiya
	07:00 pm										1	Sumaiya
Total Intake :						**Total Output :** V – M –						
	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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FLUID CHART

Sheet No. : .....

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	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**	

Patient Sticker

FLUID CHART

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	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
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	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**	

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Total Intake :						**Total Output :**						
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	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
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	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											
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Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	