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 : IP5-00174395 **Admit Date** : 27-May-2026 **Admit Time** : 05:03 PM **UHID** : BAH-00656979

Patient Details :

Patient Name	: Baby Of PRASANTHI BADDAM	**Age**	: 0 Y 0 M 5 D
Guardian	: Mr HEMANTH SANNAREDDY	**DOB**	: 22-05-2026 09:28 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO 403, H NO 1-98/5/5/15/JE/VP,, VAISHNAVI' S PREMIDIS ,JUBILEE ENCLAVE Madhapur Hyderabad Telangana INDIA 500081	**Phone No**	: 9985494229
		E-mail	: hemdada@gmail.com

Admission Details :

Bed Type : DELUXE ROOM **Bed No** : DLX 325 **Ward Name** : 3F-ZONE C

Room No : DLX 325 **Admission Type** : First Visit

Contact Details :

Name : Mr HEMANTH SANNAREDDY **Relationship** : Father

Contact Address : FLAT NO 403, H NO 1-98/5/5/15/JE/VP,,VAISHNAVI' S PREMIDIS ,JUBILEE ENCLAVE Madhapur Hyderabad Telangana INDIA 500081 **Phone No** : 9985494229

Signature

Doctor Details :

Doctor Name : Dr. VIJAYANAND JAMALPURI **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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Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ BAH-00656979 IP5-00174395
Baby Of PRASANTHI BADDAM
22-05-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

onsultant: _____ Dept : _____

Date of Admission: ___

ate of Discharge : _____ Time: _____

Room / Bed No : _____Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/5/26	5:20 pm	ER	Ward	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
28/5/24	SBR.	2605U314	Pathima

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/5/26	SSPT	6:50pm		9629944	Smile

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00656979 IP5-00174395
Baby Of PRASANTHI BADDAM
22-05-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

Baddam

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr: VJ Date : 22/5/26

Type of Admission: ☑ OPD ☐ ER ☐ Referral (if referral, Doctor's Name: .....

Start Time of Assessment: ..... Weight: 2.54Kg

Allergic History: .....

Chief Complaints:
Yellowish discoloration of eyes / skin x 1 day
D6 OL / Term / LSCS / 2.7 Kg

Pediatric Assessment Triangle

A Appearance - TICLS ICters

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

Any urgent interventions needed: ☐ Yes ☐ No
If Yes .....

Significant Past History: 1.37 wt GD / LSCS / CIAB / 2.74Kg
Medication History: .....
Relevant Investigations: SBR - on D6 - of L - 15.9.

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Breathing
Rate: 30 /min SpO_2 on FiO_2 90 %
Rhythm: .....
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: Clear
Palpation Findings (If necessary) .....

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Circulation

HR: 120/min CFT [Central <3sec / Peripheral .....]

Any urgent interventions needed: ☐ Yes ☒ No

If Yes .....

BP: ..... mmHg

Pulse Volume: [Central good / Peripheral .....]

If in Shock: [Compensated ..... / Hypotensive .....]

Muffled Heart Sound: ☐ Yes ☒ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☐ No

Disability

GCS: ..... AVPU: .....

Any urgent interventions needed: ☐ Yes ☒ No

If Yes .....

Pupils: [Responsive ☐ Non-Responsive ☐ / Size [Right 2mm / Left 2mm]]

Active Seizures: ☐ Yes ☒ No Sugars: —

Signs of Neurological compromise —

.....

Exposure

Temp.: 98°F

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Final Physiological Status:

☐ Respiratory Distress ☐ Respiratory Failure ☒ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☒ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: .....

.....

.....

Labs Planned:

SBR-TM after rounds

Treatment Planned:

OSPT

Monitor temp

Need for Oxygen: ☐ Yes ☒ No if yes Low Flow ☐ High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): .....

Assessment done by

Name of the Doctor: Pawani V

Signature: Pawan

Date & Time: 27/1/26

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: .....

Signature: .....

Date & Time: .....

BAH-00156979 IP5-00174395
Baby Of PRASANTHI BADDAM
22-05-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

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NEWBORN MONITORING FORM

Date of Birth : .....
Time of Birth : .....
Mode of Delivery : .....
Birth Weight : .....
Head Circumference : .....
Length : .....
Red Reflex : .....

New Born Screening : .....
TFT : .....
OAE : .....
Mother's Blood Group : .....
Baby's Blood Group : .....
Anomaly Scan : .....
Vaccination : .....

Date	Weight	Type of Feed	Quantity	Temperature	Signature
27/5/26	wd wt 2.490kgs	DBF	–	97.9°F	Swetha
28/5/26	2.528 KG	DBF+FF	30 ml	98.0°F	Swetha.

Date	Time	Investigation	Result	Order No.	Signature

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Hospital

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: B/o- Prashanthi Baddam

UHID ID: BAH-00656979 IP5-00174395
Baby Of PRASANTHI BADDAM
22-05-2026 0 Y 0 M 6 D (F)
Dr. VIJAYANAND JAMALPURI

Department:

Consultant:

BAH-00656979 IP5-00174395
Baby Of PRASANTHI BADDAM
22-05-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Name : B/O Prasanthi Baddam Age/Sex D5

Information given by: Father Relationship

Chief Presenting Complaints & Duration (Chronologically)

D6OL / c̄ yellowish discoloration of eyes / skin

History of present illness :

D6OL / 37+6D / ELSCS / 2.74 Kg

- c̄ yellowish discoloration of eye.

B. wt - 2.74Kg
D. wgt - 2.58 Kg
T. wgt - 2.54Kg

M/A-ve
B/A-ve

wgt. loss - 7%

SBR - 15.9

- One natal tooth removed

BCG / OPV / Hep B - received
OAE - B/L - ND / ~~TFT~~ NBS - (N)

- feeds - mother feed / formula
Urine - N
Bowel - (N)

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Baby Of PRASANTHI BADDAM
22-05-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Past History : (Including details of any previous investigation or treatment)

Birth & Neonatal History:

Term/LSCS/2.74kg/
TTNB/NNJ

B-O

Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information : / upper

Developmental History :

—

Immunization History :

received birth dose

(P.T.O.)

BAH-00656979 IP5-00174395
Baby Of PRASANTHI BADDAM
22-05-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____(Centile _____) Height (cms):_____(Centile)_____)

Weight (kgs))__2.54kg__(Centile _____)

On Examination :

Temperature : 98°F. Pulse Rate : 120/min B.P. _____ SPO2 98% c RA

Resp.rate and type of breathing : 30/min

Rash —

Lymphadenopathy — Icterus (+)

Oedema : —

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds :

Any addes sounds :

Relevant data from outside (Chest X-Ray, ABG,etc.,) Clear.

Cardiovascular System :

Inspection of procordium :

Heart Sounds :

Any murmur : S1S2 (+)

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) :

Per Abdomen :

Inspection

Palpation :

Ausculation : Soft NT

Spine : External Genitelia :

Relevant data from outside (CT, USG etc.,)

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Baby Of PRASANTHI BADDAM
22-05-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : alert

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System : N

Bladder / Bowel :

Clinical Summary & Diagnostic:

Neonatal Jaundice.

(P.T.O.)

BAH-00656979 IP5-00174395
Baby Of PRASANTHI BADDAM
22-05-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Prenatal Kernectory

Desired goals of the treatment : H. Stability

Planned Labs:

SBR - T/m after
c rounds
N/B
Temp

Planned Management

SSPT c eyes & genitalia cover
- Monitor urine output
Temp

Signature of the Doctor: Pavani
Name of the Doctor: Pavani J.
Date & Time: 22/5/26 @ 6:10pm

Signature of the Consultant: V 22.8.5
Name of the Consultant:
Date & Time:

DR. VIJAYANAND JAMALPURI
Registration No: 40526

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Baby Of PRASANTHI BADDAM
22-05-2026 0 Y 0 M 6 D (F)
Dr. VIJAYANAND JAMALPURI

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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 + Plan	1+1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	2			
7	Nursing plan of care and handover sheets	3			
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	1			
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	2			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)				
32	Investigation Values (result sheet)	1			
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			
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds Others	8			
41	Gastro monitoring chart				
42	Rch ED doctors note Billing	1			
43	BP Monitoring chart				
44	RBS monitoring chart				
	Total No. of Pages	27			

Signature and Date : 28/5/26

(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

BAH-00556979 IP5-00174395
Baby Of PRASANTHI BADDAM
22-05-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 6:05pm	Seen by Dr. Bharath (Resident)	
	Δ sish Unconjugated Hyperbilirubinemia	
	DOL-6 / Term / LSCS / 2.7 kg	
		Plan:-
	Bt wt - 2.74 kg	- SSPT ō eyes and genitalia covered.
	Today. wt - 2.54 kg	
		- R/v SBR T/m after rounds
		- Monitor vitals and Inform SOS
	SBR - 15.9	
		- Continue DBF + SOS FF f/b burping every 2-3 hrly.
		- TV - 160 ml/kg/day 35-40 ml Q 2 hrly (or) 50-55 ml Q 3 hrly.
		Noted by @ Swetha 27/5/26 6:10pm
		Bharath
28/5/26 7:50Am	Seen by Dr. Bharath (Resident)	
	Δ sish Unconjugated Hyperbilirubinemia	
	DOL-6 / Term / LSCS / 2.7 kg	
	Bt. wt - 2.74 kg	Plan:-
	Yest. wt - 2.54 kg (2.490 kg)	- Continue SSPT ō eyes and genitalia covered
	Today. wt - 2.528 kg (↓7.5%) ↑38 gm	- Continue DBF + SOS FF f/b burping every 2-3 hourly
	Urine, stools } Passed	- R/v SBR in Rounds
		- Monitor vitals and SOS inform
		Bharath

BAH-00656979 IP5-00174395
Baby Of PRASANTHI BADDAM
22-05-2026 0 Y 0 M 6 D (F)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 8:30 AM	Seen by Dr. Vijayanand	Plan:-
		- Regular feeding
		- SBR - 4PM
		- Continue SSPT
		- Feeding assessment
		Noted by Sthe @28/5/26 8:40am
		[signature]
		DR. [illegible] JAMALPURI Registration No. 40525
28/5/26 11:30am	Lactation Notes	
	Lactation Counselling done position shown practically cotwith as seen Baby is latching well, feeds on demand with deep latch more than 20-25 min each side. Adv; DBF + EBM with spoon no Bottle.	
	Nalini	

Nalini

BAH-00656979 IP5-00174395
Baby Of PRASANTHI BADDAM
22-05-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5 4:10pm	CS/B Resident A: D7/ 37+6/ 2.74 kg/ LSCS / CIAB / NNJ ↳ SSPT/ Tolerating well feeds - accepting well. O/E: CT/A good warm peripheries CRT < 2s AF @ level.	Adw. 1.) SBR now. 2.) Plan (D) & F/up based on SBR report. 3.) Measured feeds as advised Akhila Noted by Geetha 28/5/26 @4:20pm

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00656979 IP5-00174395
Baby Of PRASANTHI BADDAM
22-05-2026 0 Y 0 M 5 D (F)
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RESULT SHEET

Date	27/5/26	28/5/26				
Time	5pm (OP)	4:16pm				
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bil/Conj	$15.9 < {}^{0.1}_{15.8}$	$11.4 < {}^{0.1}_{11.3}$				
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

BAH-00656979 IP5-00174395
Baby Of PRASANTHI BADDAM
22-05-2026 0 Y 0 M 5 D (F)
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Baddam.

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER. Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Vitamin D3	0.5ml	PO	OD	22/5	☐C. ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Pavani

Date & Time : 22/5/26 @5:15pm

Nurse Name & Signature: T. Santhi

Date & Time : 22/5/26 @5:15pm

BAH-00656979 IP5-00174395
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Baddam

IP5-00174395

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DRUG CHART

Date of Admission: 27/05/26 Drug Allergies: — ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name ..... Sign .....

Baby ...
22-05-2026
Dr. VIJAYANAND JAMALPURI

REGULAR PRESCRIPTIONS

Weight: 2.54kg Ward: 3rd floor

DRUG : VITAMIN-D3				Date / Time: 23/5
Dose	Route	Frequency	Start Date	
0.5ml	PO	OD	22/5	
Name & Signature of the Doctor Starting the Drugs: Pavan				11am [signature]
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

BAH-00656979 IP5-00174395
Baby Of PRASANTHI BADDAM
22-05-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

Weight. 2.54kg. Ward. 3rd floor

Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature

VERIFIED BY : Name

Baby Of PRASANTHI BADDAM
22-05-2026 0 Y 0 M 6 D (F)
Dr. VIJAYANAND JAMALPURI

I.V. FLUIDS CHART

Weight. ..... Ward. .....

Date	Time	sition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

Signature .....

VERIFIED BY : Name .....

BAH-00656979 IP5-00174395
Baby Of PRASANTHI BADDAM
22-05-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

27/5/26

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

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

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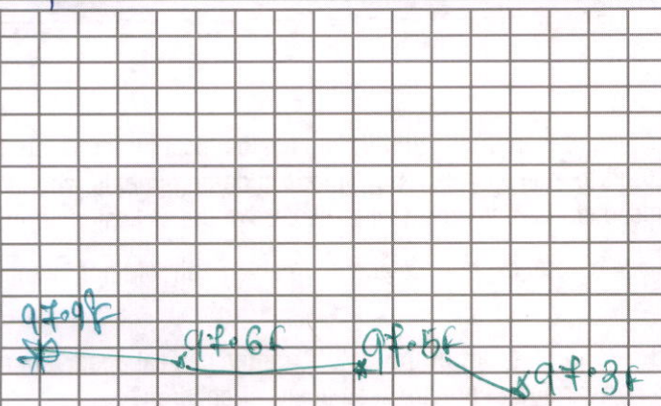
EARLY WARNING SCORE: CHILDREN'S UNIT

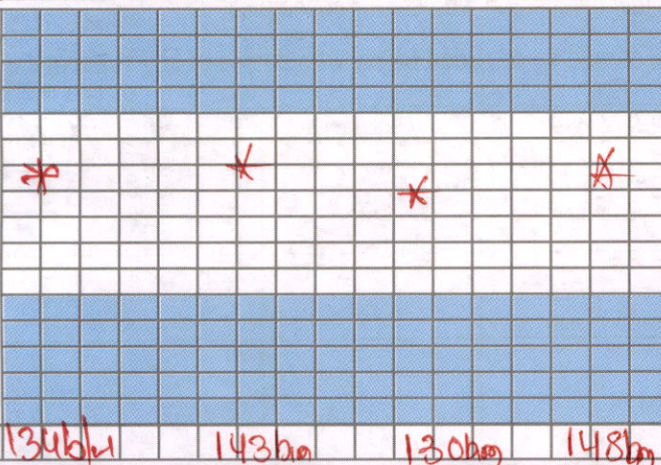
Date: ..... Time:	6:10 pm	10PM	2AM	6AM
Doctor/Nurse/Family Concern?				

Temperature (F)



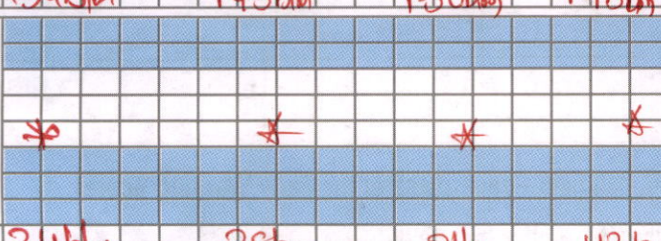
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	134bpm	143bpm	130bpm	148bpm

Resp. Rate (bpm over 1 Minute) *



Resp Rate (Number)	34bpm	38bpm	31bpm	43bpm
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99%	98%	99%	98%
Conscious Level: Normal / Altered	N	N	N	N
GCS *	15/15	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	[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-00656979 IP5-00174395
Baby Of PRASANTHI BADDAM
22-05-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/5/25

Time:	10 am	2 pm	6 pm
Doctor/Nurse/Family Concern?			
Temperature (°F) (scale 94–104)	97.9°F	98.2°F	97.9°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	144	136	140
Heart Rate (Number)	144 b/m	136 b/m	140 b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	34	32	34
Resp Rate (Number)	34 b/m	32 b/m	34 b/m
Resp Distress – Mod/ Severe			
Resp Distress – None / Mild	N	N	N
Receiving O_2 (l/min)			
O_2 Saturations (%)	99%	100%	98%
Conscious Level – Normal	N	N	N
Conscious Level – Altered			
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

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

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

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FLUID CHART

Sheet No. : (1)

27/5/26

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							
	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											
27/5/26	05:00 pm											
	06:00 pm		DBF				✓			✓	—	Lk
	07:00 pm										—	Lk
Total Intake :		Taken				**Total Output :**	M-1			U-1		
	08:00 pm										1	
	09:00 pm		DBM				✓					
	10:00 pm									✓	NO	mantle
27/5/26	11:00 pm		EBM 15ml								IV	
	12:00 am						✓			✓		mantle
	01:00 am		DBF								1	
Total Intake :						**Total Output :**	M-			U-		
	02:00 am	FF - 30ml										
28/5/26	03:00 am						✓			✓	NO	mantle
	04:00 am		DBF								IV	
5.30	05:00 am		DBF									mantle
	06:00 am						✓					
	07:00 am											mantle
Total Intake :						**Total Output :**	M-2			U-1		

Total 24 hrs. Intake	Taken 45ml	Total 24 hrs. Output	M5 U-4

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FLUID CHART

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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.
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							
28/5/26	08:00 am	F.F	30ml								1	Asha
	09:00 am	20ml	DBF				✓			✓		
	10:00 am	F.F	10ml								NO	Asha
	11:00 am		DBF 20ml							✓	IV	
	12:00 pm						✓			✓	1	
	01:00 pm		DBF									
Total Intake : Taken						**Total Output :** M-2 U-3						
28/5/26	02:00 pm	F.BM 40ml								✓	1	Asha
	03:00 pm		DBF									
	04:00 pm						✓			✓	NO	
	05:00 pm		DBF							✓	IV	Asha
	06:00 pm											
	07:00 pm										1	
Total Intake : Taken						**Total Output :** M- U-						
	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	