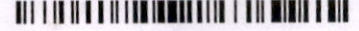


**Rainbow Children's Hospital - Banjara Hills**

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 : IP5-00174441 Admit Date : 28-May-2026 Admit Time : 11:23 AM UHID : BAH-00657479

Patient Details :

Patient Name	: Baby Of SATYASIRI ATLURI	Age	: 0 D
Guardian	: Mrs AMARAJYOTHI	DOB	: 28-05-2026 10:19 AM
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: Flat No.102, Rohini Apartments, Srinagar Colony, Hyderabad Srinagar Colony Hyderabad Telangana INDIA 500073	Phone No	: 9121008120/ 9121008120
		E-mail	: atluri.siri149@gmail.com

Admission Details :

Bed Type : BASINET Bed No : CRDL-SUITE 1 (311)-1 Ward Name : 3F-ZONE A
Room No : CRDL-SUITE 1 (311)-1 Admission Type : First Visit

Contact Details :

Name : Mrs AMARAJYOTHI Relationship : Father
Contact Address : Phone No : / 9121008120

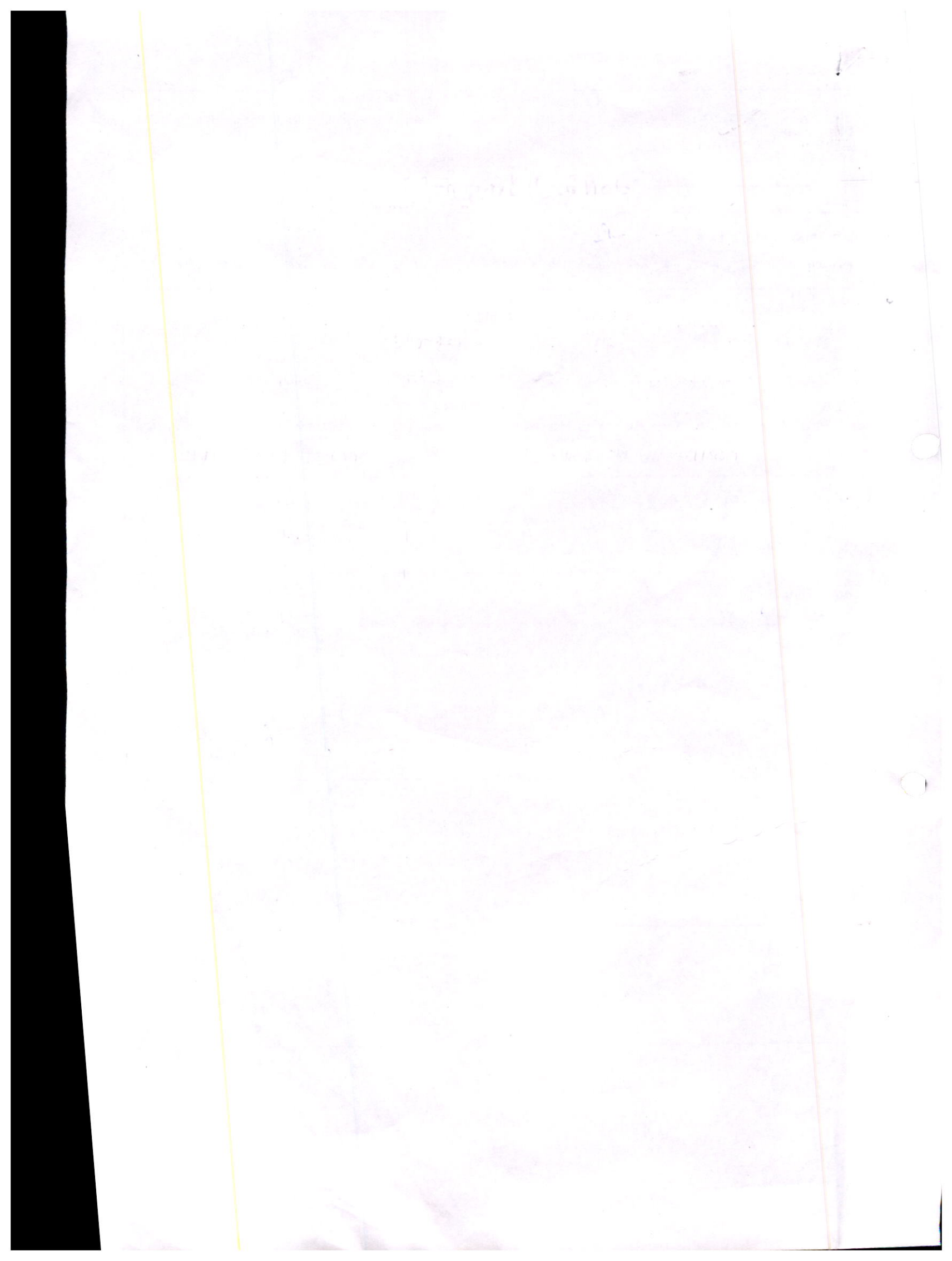

Signature

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



BAH-00657479 IP5-00174441
 Baby Of SATYASIRI ATLURI
 28-05-2026 0 Y 0 M 0 D 1 H (F)
 Dr. VIJAYANAND JAMALPURI



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Satyasiri Age : 35 Father's Name : Age :
 Date of Birth : Date of Admission : UHID No. :
 NCU 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 Satyasiri Mother's Blood Group : A+ve
 Gender : M F Blood Group : Birth Weight (gms) : 3239g Length (cms) : 50cm
 Date of Birth : 28/5/26 Time of Birth : 10:19:27AM OFC (cms) : 32cm
 Place of Birth : RCH-B Estimated Gesth Age : 38+6

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 35 Ht : 161 Wt : 87.2 BMI : Married Life : LMP : 4/9/25 EDD : 11/6/26
 Conception : Spontaneous or with Rx :
 Booked at what GA : 33+2 AN Steroids Drugs / Doses :
 Last Scans Details : 11/4/26 - 31+2, transverse, 1.771 (EFW), 2.8cm (AFI)
 TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> <18 yrs <input checked="" type="checkbox"/> > 35yrs</p> <p>Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p>H/o PIH (after 20 weeks) / PE</p> <p>How many Drugs / Doses / Since how long :</p> <p>H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) :</p> <p>IUGR - when detected :</p> <p>Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus :</p> <p>AFI :</p>	<p>H/o GDM/ pre GDM/ on diet or insulin</p> <p>Controlled or not, recent values, HbA1 values :</p> <p>Compliance with Rx :</p> <p>Scans : LGA, TIFFA , Fetal Echo :</p> <p>H/o Hypothyroidism : when diagnosed ? Medication?</p> <p>Any other Chronic Medical Problems, when detected drugs ?</p> <p>(Anemia, SLE, Jaundice, CHD, Heart Disease)</p> <p>Infection : H/O, Fever</p> <p>(<input type="checkbox"/> Malaria <input checked="" type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV)</p> <p>UTI : when : Any culture :</p>
--	---

PPROM: Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :



PAST OBSTETRIC HISTORY

P: 2 A: 0 L: 1

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
G ₁	2020	FT	2.9	F	LSCS - polyhydramnios - amniocentesis	
G ₂	PP					

PERINATAL HISTORY

Treating Obstetrician : Dr. Shreutni Hospital : RCH Inborn Outborn

Duration of Labour First stage (> 18 hours sig) Second stage (> 2 hours after dilation) LSCS : <input checked="" type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication : Specify the reason : <u>prev LSCS</u> Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal	CTG : <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological MSL : _____ Resuscitation : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	2	
2	2	
2	2	
2	2	
2	2	
9	10	

TOTAL

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

Snapee II Score

	> 30 (0)	20-29 (9)	< 20 (19)		
Mean BP (mmHg)	> 96 (0)	96-95 (8)	< 95 (15)		
Lowest Temp (oF)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)	
Pao2 / Fio2 (mmHg%)	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)		
Lowest Serum PH	No (0)	Yes (19)			
U. Output (ml / kg / hr)	> = 7 (0)	< 7 (18)			
Appgar Score	> = 1kg (0)	750 - 999 (10)	< 750 (17)		
Brith Weight	> 3rd percentile (0)	< 3rd (12)			
SGA	Total				

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :



HEAD TO TOE EXAMINATION

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

②

FACIES :
(Any Facial
Dysmorphism)

②

**NECK and
CLAVICLES :**

Range of Motion :
Asymmetry :
Masses :

②

EYES :

Symmetry :
Red Reflex :
Discharge :

→ to be checked

**EARS, NOSE
MOUTH and
THROAT :**

Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency :
Palate :
Gums :
Lips :
Tongue :

②

**THORAX and
BREASTS :**

Shape of Thorax :
Position of Nipples and Number :

②

**ABDOMEN and
UMBILICUS :**

Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump :
Discharge :

2A + 2V

GENITILIA :

Labia / Hymen :
Testicles / penis :
Anus :

external female genitalia

HERNIAL ORIFICES

TRUNK and SPINE :

②

SKIN LESIONS :

EXTREMITIES :

Fingers / Toes :
Deformities :
Hip Joint Examination :

Arms / Legs :
Mobility :



SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress: RR: 40 SCR / ICR / See - Saw breathing :

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

Mention if baby is on : Hood box CPAP Ventilator

Settings : room air

SpO₂ : 98% Auscultation: Breath Sounds: Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : 140 BP :

Precordial Activity :

Femoral Pulses : (+)

Murmurs : (-)

Other Peripheral Pulses :

Signs of Cardiac Failure :

ABDOMEN:

Shape : (o)

Hernia orifice :

Palpation : (+)

Anal Patency : (+)

Palpable masses : (-)

Umbilical Cord : 2A + 2W

Abdominal girth :

First urine passed : 1x

Meconium passed :

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves : very tone (activity) - good

MOTOR SYSTEM:

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : DTR :

ATNR : Skull and Spine :

Patient Sticker

Dr. VIJAYANAND JAMALPURI
28-05-2026 0Y0M0D3H (F)

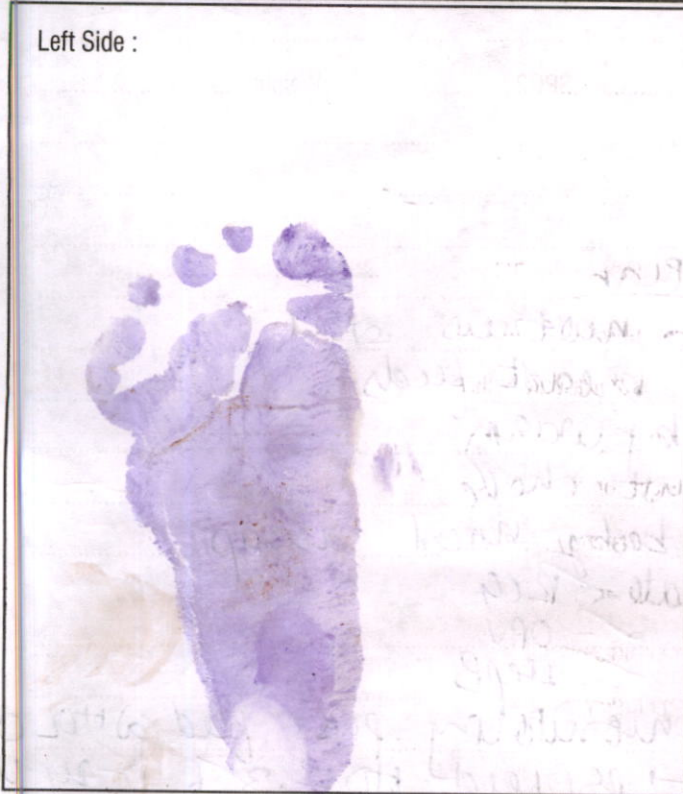


Any Congenital Anomalies :

Diagnosis : Term / Female / ACLA / ER LES (PREV LES) / G₂L /
CDM on insulin.

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

Name :

Date & Time :

Consultant :

Signature : *[Signature]*

Name :

Date & Time :

Dr. VIJAYANAND JAMALPURI
Reg. No. 40526

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.



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 Shift to mothers side
- ② Initiate breast feeds
- ③ Keep baby warm
- ④ Daily wt check
- ⑤ trace baby blood group
- ⑥ vaccinate → BCG

Plan during ward follow up :

- OPV
- HepB
- ⑦ CRBS monitoring post feed at 0, 2, 4, 6, 8, 12, 24, 48 hrs → pre feed
- ⑧ 24 HR clinical jaundice assessment
- ⑨ 48 HR - NBS

Feeding Plan at the time of shifting :

- SBR
- OAE

11:30 to 12:20
- ATN - PTA

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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

Doctor Name: Dr. Anurag Doctor Name:

Date & Time: 28/5/26 Date & Time:

BAH-00657479 IP5-00174441
 Baby Of SATYASIRI ATLURI
 28-05-2026 0 Y 0 M 0 D 3 H (F)
 Dr. VIJAYANAND JAMALPURI

SS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/05/26		
4:30	6 Hours / Feed	Plan
	Materel GOM	
		①. Regular feeds
	• Feeding - Mother feeds	②. BCG, OPV 7 Hepr ✓
	• URINE ✓	
	• Stools ✓	③. Feeding Assessment
	GRBS - Glucose	④. GRBS monitor as planned
		⑤. Monitor vitals.
	Noted by <i>[Signature]</i>	
	<i>[Signature]</i>	
	Dr. VIJAYANAND JAMALPURI Reg. No: 40526	

BAH-00657479 IP5-00174441
 Baby Of SATYASIRI ATLURI
 28-05-2026 0Y0M0D3H (F)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	Seen by Dr. Vijayananda	
8:20AM	22/102/38+6/40m (IDM)	
		Planr
	Bt.wt - 3.239 kg	- Regular Feeding
	Today.wt - 2.956 kg	- Feeding assessment
	283gm (8.7%)	- Clinical assessment of
		Jaundice @ 24/102 (10:30AM)
		- Recheck wt in evening
		- Sugar monitoring as planned
		24, 36, 48 Hrs.
		noted by monita
		29/5/26 @ 9AM

Dr. VIJAYANAND JAMALPURI
 Reg. No. 40526

[Signature]

BAH-00657479 IP5-00174441
 Baby Of SATYASIRI ATLURI
 28-05-2026 0 Y 0 M 0 D 3 H (F)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	Seen by Dr. Bhalath (Resident)	
2:30 PM	28 HOL 38+6 nom (IDM) 3.239 kg E1. LSLC	
		Plan:-
M/A+ B/B+	wt. loss (8.7%)	- Continue Breast feeding Flapping @ 2-3 hrsly
		- Ewasmth care - SBR NBS @ 48 HOL (Tm) ONE
	GRBS - 106, 103, 100	- Sugar monitoring as planned 36, 48 HOL
		- Recheck weight in evening - Monitor vitals and Inform SOS
29/5/26	Seen by Dr. vijayanand	Bhalath
3:10 PM		Plan:-
		- Regular feeding - Sugar monitoring
		<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;"> Dr. VIJAYANAND JAMALPURI Res. No. 10526 </div>
		noted by meemita 29/5/26 @ 4 PM



PROGRESS NOTES AND DOCTOR'S ORDER

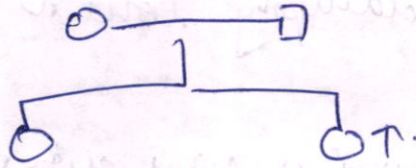
Date & Time	Progress Notes	Doctor's Order
29/5/26	<u>Lactation notes.</u>	
3-30g	Lactation Counseling done	
	position shown particularly	
	Coblem as seen baby	
	is latching well feed	
	adequate milk sleep	
	Latch well from 20-25ml	
	each side. (DR) DSR	
	vitality	
30/5/26	Seen by Dr. Bharath (Resident)	
7:34 AM	45 HOL / 38+6 / 60m (IOM)	3.239kg / E1.2S1S
		Plan:-
M: A+	Bt. wt - 3.239 kg	- Continue Direct breast
B: B+	Yest. wt - 2.956 kg	Feeding & burping
	Today. wt - 2.846 kg	every 2-3 hourly
	↓ 110gm (12%)	- Warmth care
	Urine - 6 times	- SBR Today 10:30 AM
	motion - 7 times	- NBS & GRBS
		- OAE Today
		- Monitor vitals and Inform SOS.
		Noted by <u>Dr. Bharath</u>

Past History :



[Faint handwritten notes in the Past History section]

Family History :



Socio Economic History :

[Faint handwritten notes in the Socio Economic History section]

GENERAL EXAMINATION ON ADMISSION

General Disposition :

[Faint handwritten notes in the General Disposition section]

VITALS : Temperature : 36.5 HR : 140 RR : 40 NIBP : — CFT : *2ml*

Color of the extremities : pink

Jaundice : — Pallor : — SpO2 : 98.1

ANTHROPOMETRY: Birth Weight : 3.239 Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :



H. Address:

Equipment check done.



Baby cried, immediately
delayed cold clampy down ~ to see



Routine newborn care done
try vit k 0.5ml IM given



Reached target saturation of 90%



Shifted to mother side

Investigation details in previous Hospital :

Feeding History :

BAH-00657479 IPS-00174441
 Baby Of SATYASIRI ATLURI
 28-05-2026 0 Y 0 M 0 D 9 H (F)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 10:20 AM	Seen by Dr. Vijayanand	Plan:-
		- Regular feeding
		- Feeding assessment
		- Labs as planned
		30/5/26
		DAE-Newborn hearing Screening
		Bilateral responses are present
		Bilateral Pass
		<i>[Signature]</i> 30/5/26
30/5/26 1 PM	Seen by Dr. Bharath	
	Discussed with Dr. Vijayanand	
		Plan:-
	SBR -11-1	- Start SSPT & eyes and genitalia covered.
		- Continue DBF
		- R/V SBR after rounds
		Noted by <i>[Signature]</i> Bharath



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 2:45 PM	Seen by Dr. Vijayanand	
		Plan:- - Continue SSPT - Regular feeding - SBR 1/m after rounds - TV - 100ml/Kg/day 25-30ml regularly 2hrly 40ml regularly 3hrly (on)
		Noted by <i>[Signature]</i> Dr. VIJAYANAND JAMALPURI Registration No: 405
31/5/26 9:50 AM	Seen by Dr. Bharath (Resident) 72 HO2 / 38 to / adm (IOM) / 3.239 kg / E1. LSCS	
		Plan:- - Continue SSPT eyes and genitalia covered - Continue DBF flb breast 2-3hrly - R/USBR after rounds - Monitor vitals and inform SOS
	Bt. wt - 3.239 kg Yest. wt - 2.846 kg Today. wt - 2.741 kg <u>105 gm (↓15%)</u>	
M A+ B B+	Urine - 6 times Motion - 6 times	
		Noted by <i>[Signature]</i> Dr. Bharath

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26 7 AM	Seen by Dr. Nitesh	<p>Plan -</p> <ul style="list-style-type: none"> - Stop SSPT - IV - 100ml/kg/day measured feeds - 25ml @ 2hrly (7 AM) - RLU SBR 7M - If not seeing 25ml/90m supplement extra 100cc - Jaundice assessment after - Rounds 11M. - Dress the baby. <p>Noted by <u>Chamund</u> @ 6:06 AM</p>
1/6/26 M A ↑ B B ↑	<p>Seen by Dr. Ajinkya (Resident)</p> <p>94 HOL / 38 + 6 / G 1M (70M) / 3.239 / EL-LSCS.</p> <p>Bst. wt - 3.23 kg</p> <p>Yest wt - 2.85 kg</p> <p>Today wt - 2.85 kg 3.23 kg</p> <p>73 gm (↑ 2.6%)</p> <p>Urine - 9 times</p> <p>Motion - 11 times</p>	<p>Plan</p> <ul style="list-style-type: none"> - IV - 100ml/kg/day measured feeds 25ml @ 2hrly 8 AM - Dress the baby - Monitor vitals. - Dress the baby <p>Ajinkya</p>

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/26 9:30am	Seen by Dr. Vijaynand	
		◦ SBR; S.WAT
		◦ Regular feeding &
		assessment
		◦ Then R/V discharge
		◦ R/V on wednesday
		(if discharged today)
		<u>Dr. Vishwanath</u>

DR. VIJAYANAND JAMALPURI
Registration No: 40526

~~Signature~~

BAH-00657479 IP5-00174441
 Baby Of SATYASIRI ATLURI
 28-05-2026 0 Y 0 M 0 D 3 H (F)
 Dr. VIJAYANAND JAMALPURI



RESULT SHEET

Date	30/5/26	N/S			
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj	11.1	10.4			
T.Protein	7.0				
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					



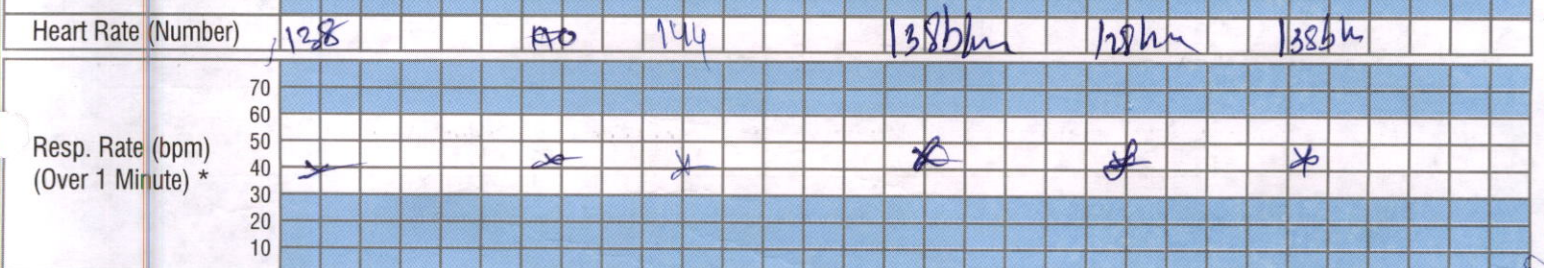
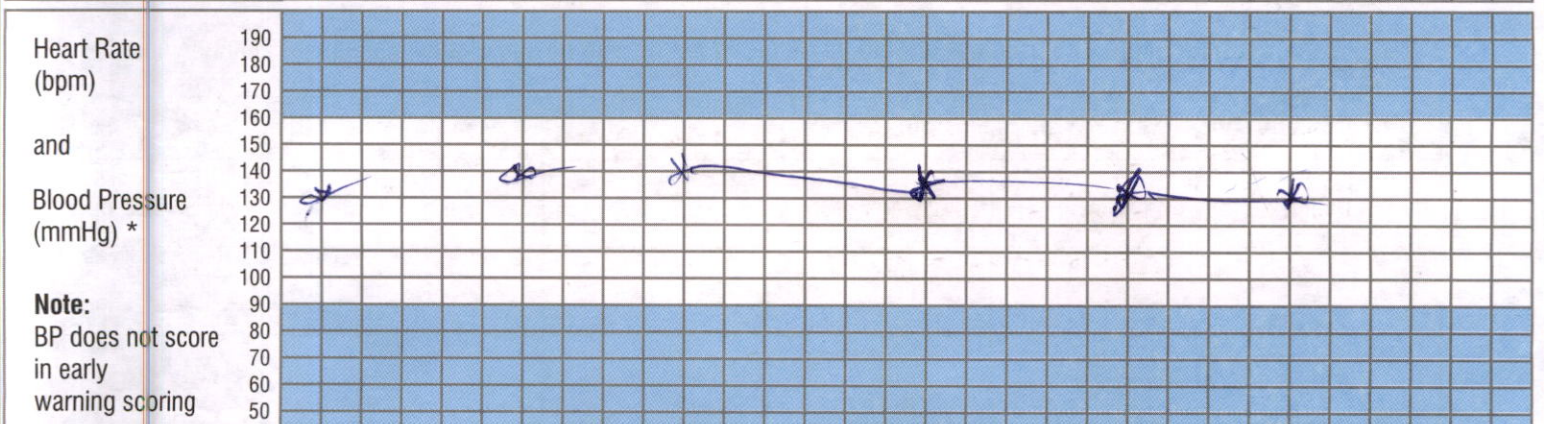
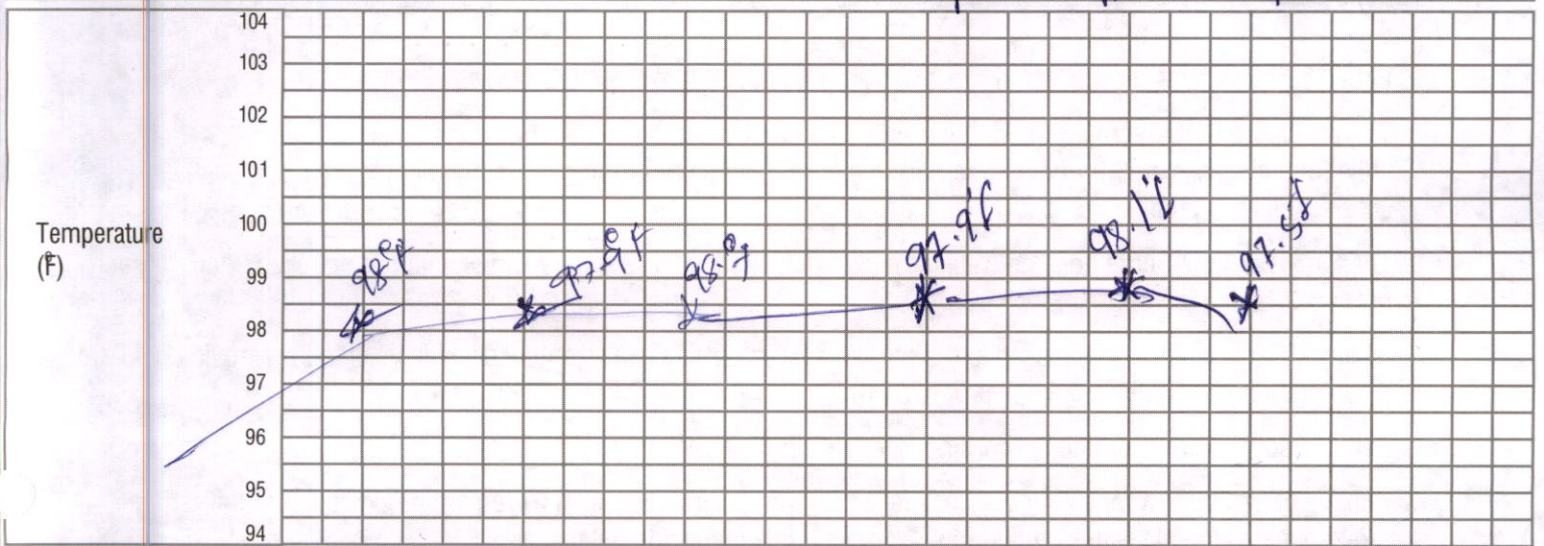
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



Patient Sticker

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/5/25 Time: 10:30 AM 12:30 PM 3 pm 10 pm 2 Am 6 Am
 Doctor/Nurse/Family Concern? _____



Heart Rate (Number) 128 140 144 138 138 138

Resp Rate (Number) 40 38 44 38 38 38

Resp Mod/ Severe Distress None / Mild - - - - - -

Receiving O₂ (l/min) O₂ Saturations (%) 99 99 98 99 98 99

Conscious Level Normal Altered - - - - - -

GCS * 14/15 14/15 14/15 14/15 14/15 14/15

TOTAL SCORE

Number of shaded boxes 0 0 0 0 0 0

Pain Score 0 0 0 0 0 0

Observer's initials [Signature] [Signature] [Signature] [Signature] [Signature] [Signature]

- 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
 - Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed
- 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.

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)

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 Baby Of SATYASIRI ATLURI
 28-05-2026 0 Y 0 M 0 D 3 H (F)
 Dr. VIJAYANAND JAMALPURI

29/5/26

0. : RCHBH / FRM / CLINICAL / 124

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

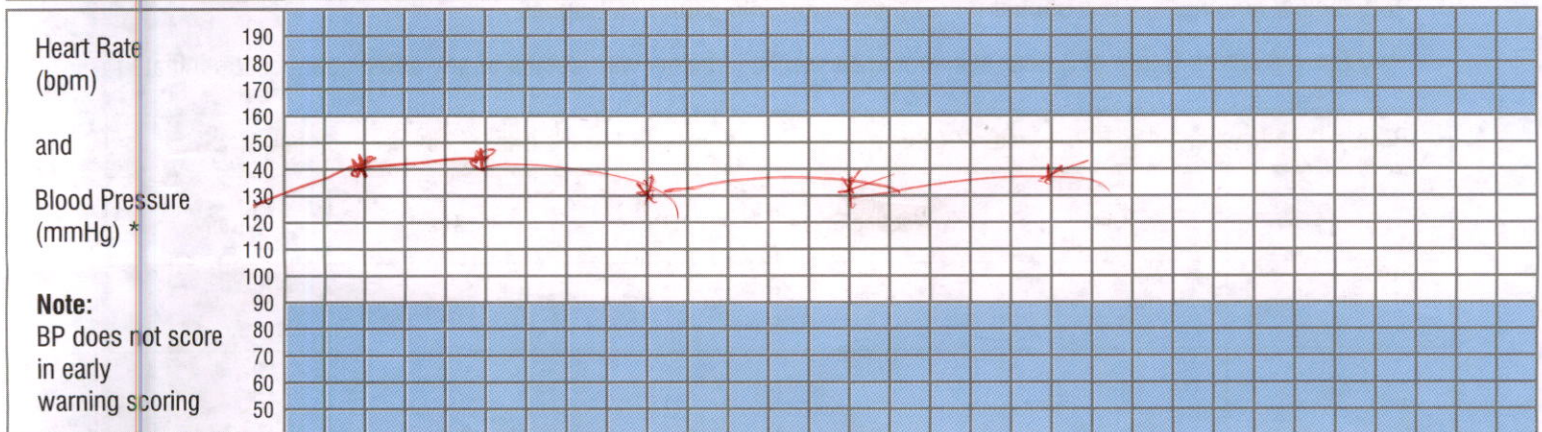
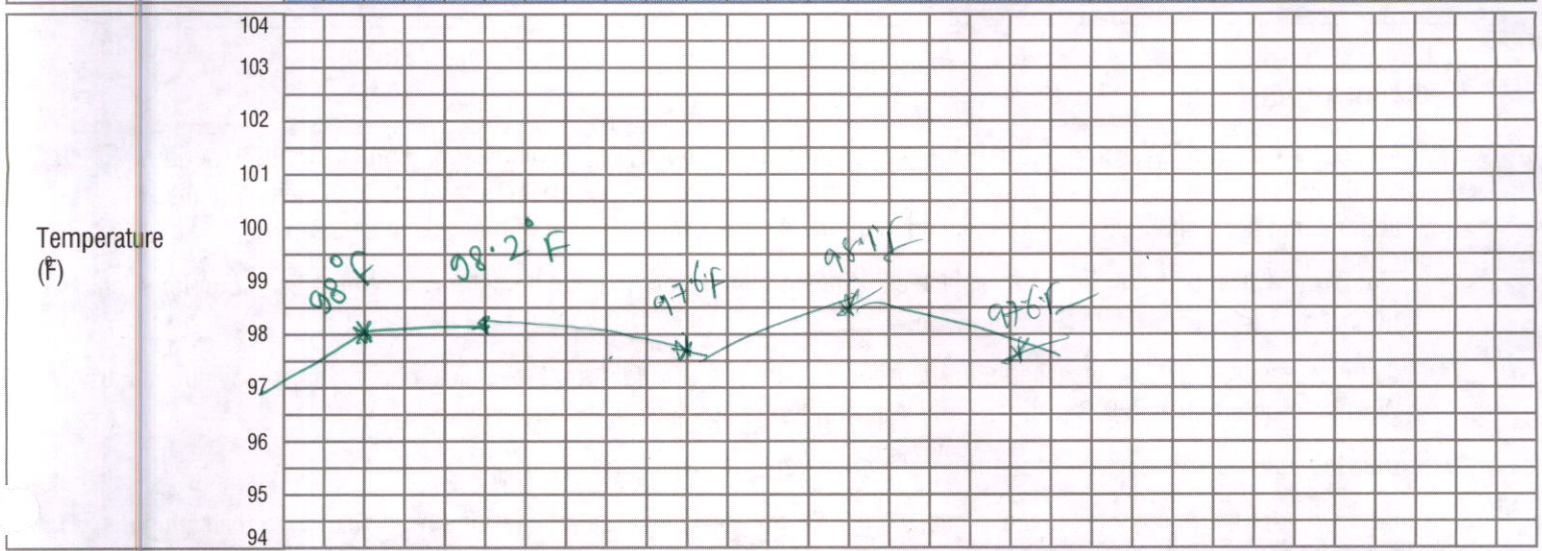
Pratiksha
Rainbow Children's Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

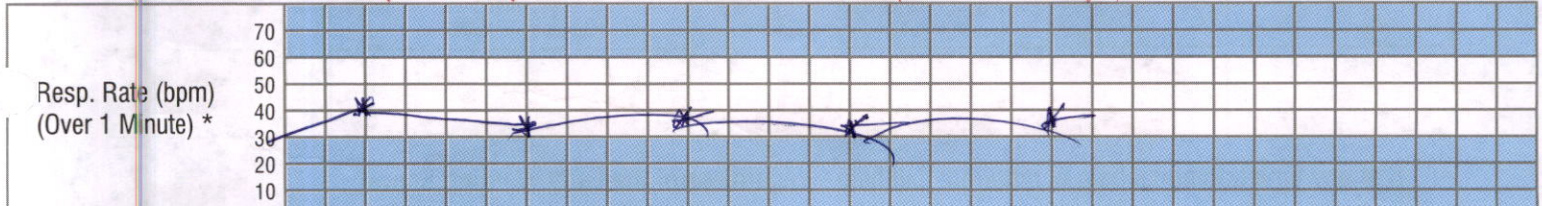
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 10Am 5Pm 10pm 2Am 6Am

Doctor/Nurse/Family Concern?



Heart Rate (Number) 140b/m 142b/m 130b/m 132b/m 140b/m



Resp Rate (Number) 40b/m 38b/m 40b/m 38b/m 41b/m

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 100% 99% 99% 99%

Conscious Level Normal Altered

GCS *

TOTAL SCORE Number of shaded boxes 0 0 0 0 0

Pain Score 0 0 0 0 0

Observer's Initials M M B B B

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
	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.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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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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-00657479 IP5-00174441
 Baby Of SATYASIRI ATLURI
 28-05-2026 0 Y 0 M 0 D 3 H (F)
 Dr. VIJAYANAND JAMALPURI

30/5/26

No. : RCHBH / FRM / CLINICAL / 124

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

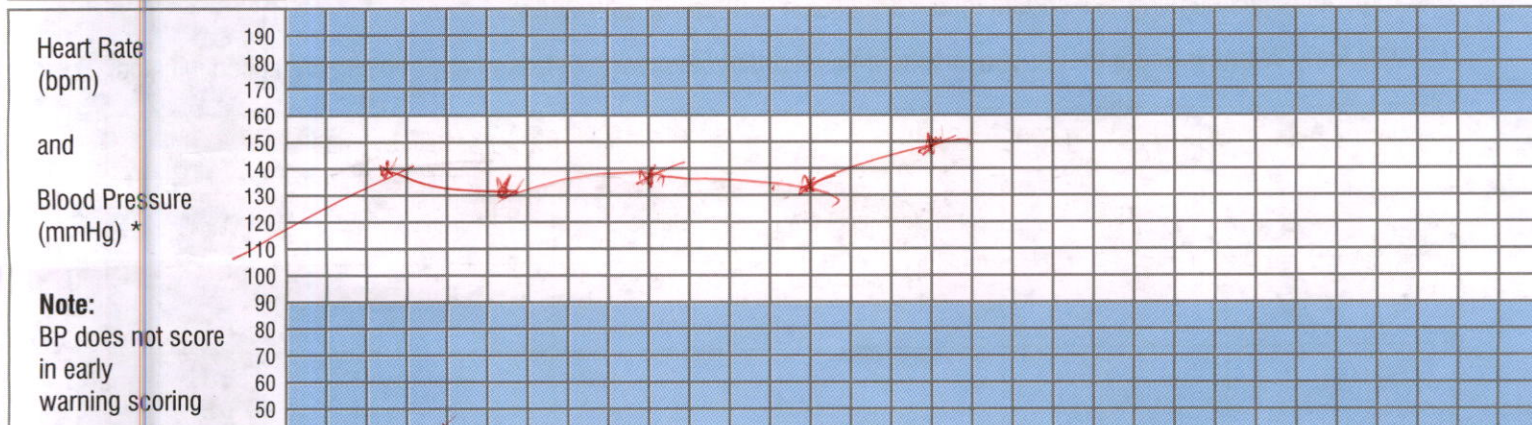
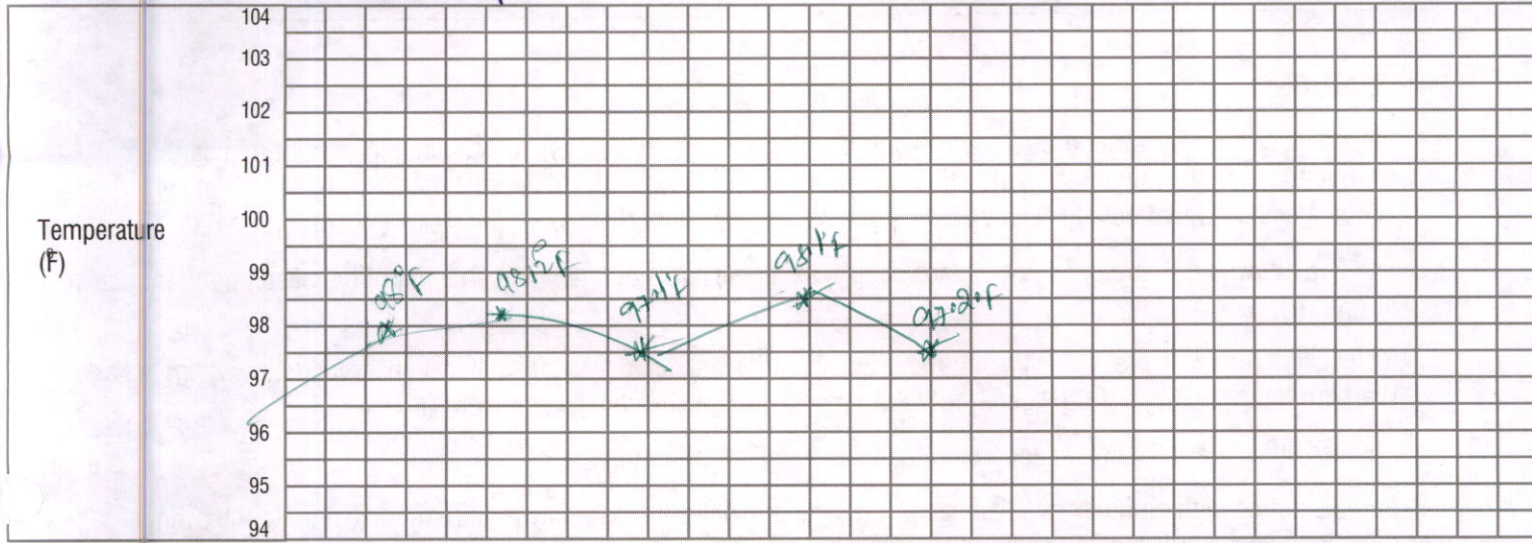
Pratiksha
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 Your Right to a Safe Delivery

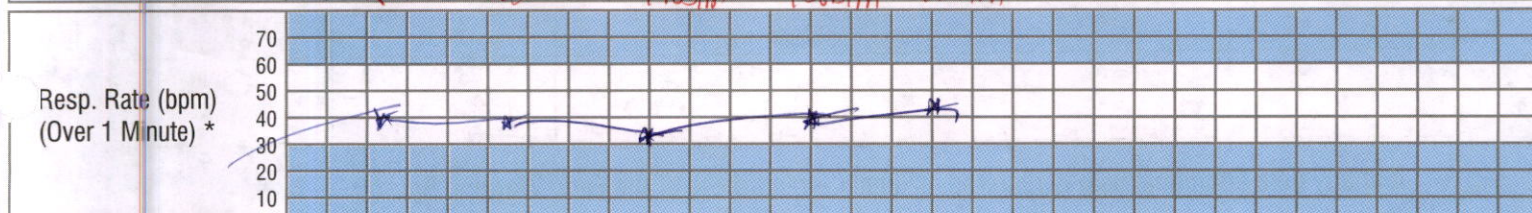
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 11 AM 5 PM 10pm 2Am 6Am

Doctor/Nurse/Family Concern? 11 AM 5 PM 10pm 2Am 6Am



Heart Rate (Number) 140bpm 135bpm 140bpm 135bpm 145bpm



Resp Rate (Number) 40bpm 40bpm 38bpm 40bpm 43bpm

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 100% 100% 99% 100% 99%

Conscious Level Normal Altered

GCS *

TOTAL SCORE					
Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	<u>21</u>	<u>21</u>	<u>21</u>	<u>21</u>	<u>21</u>

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

Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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-00657479 IP5-00174441
 Baby Of SATYASIRI ATLURI
 28-05-2026 0 Y 0 M 0 D 9 H (F)
 Dr. VIJAYANAND JAMALPURI



No. : RCHBH / FRM / CLINICAL / 124

31/8/26

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

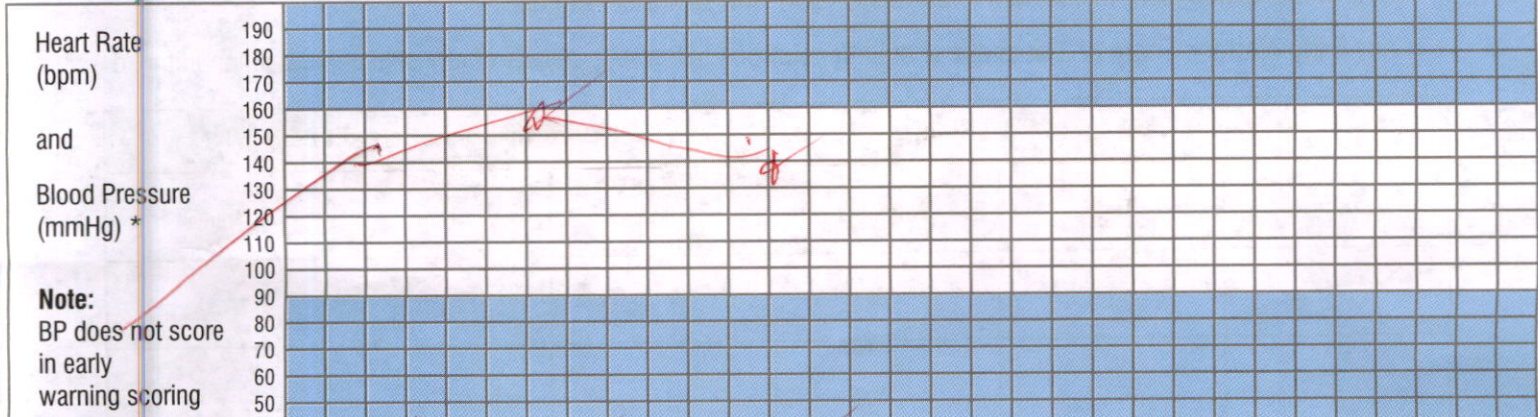
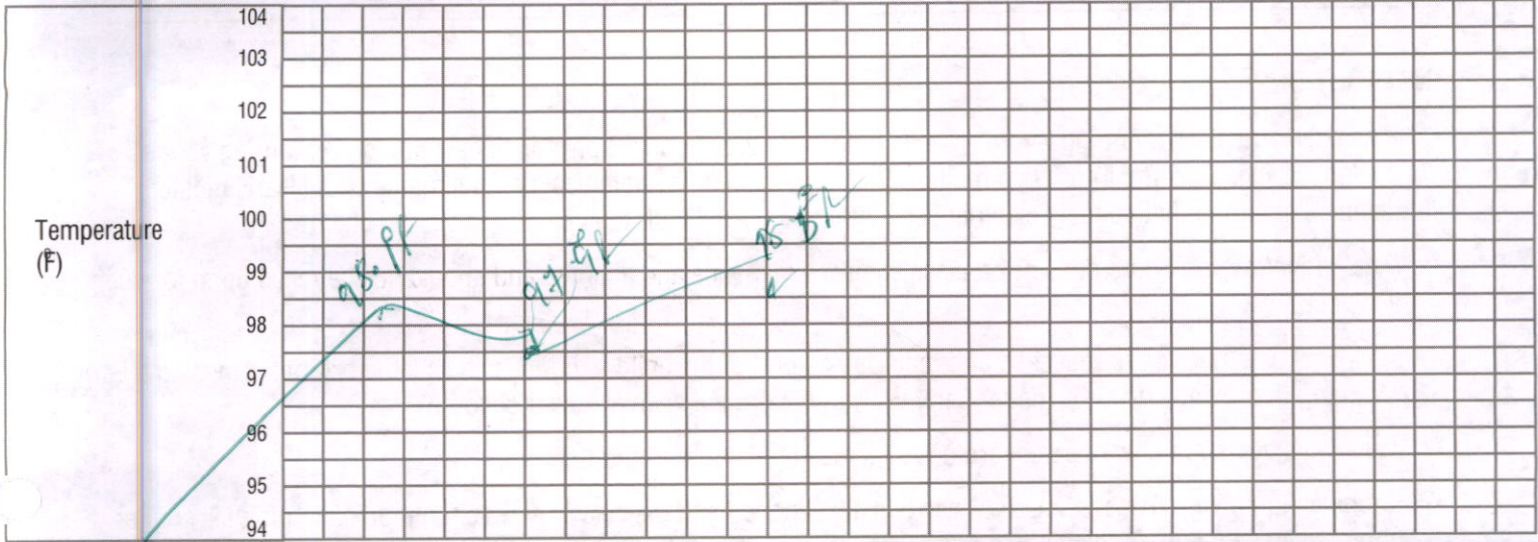
Pratiksha
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 It takes a lot to treat the little.

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 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 10 AM 2 PM 6 PM

Doctor/Nurse/Family Concern? [] [] []



Heart Rate (Number) 148bpm 152bpm 138bpm



Resp Rate (Number) 40bpm 40bpm 40bpm

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 10L 10L 10L

Conscious Level Normal Altered

GCS * (10/16) (10/16) (10/16)

TOTAL SCORE
 Number of shaded boxes 0 0 0
 Pain Score 0 0 0
 Observer's Initials [Signature] [Signature] [Signature]

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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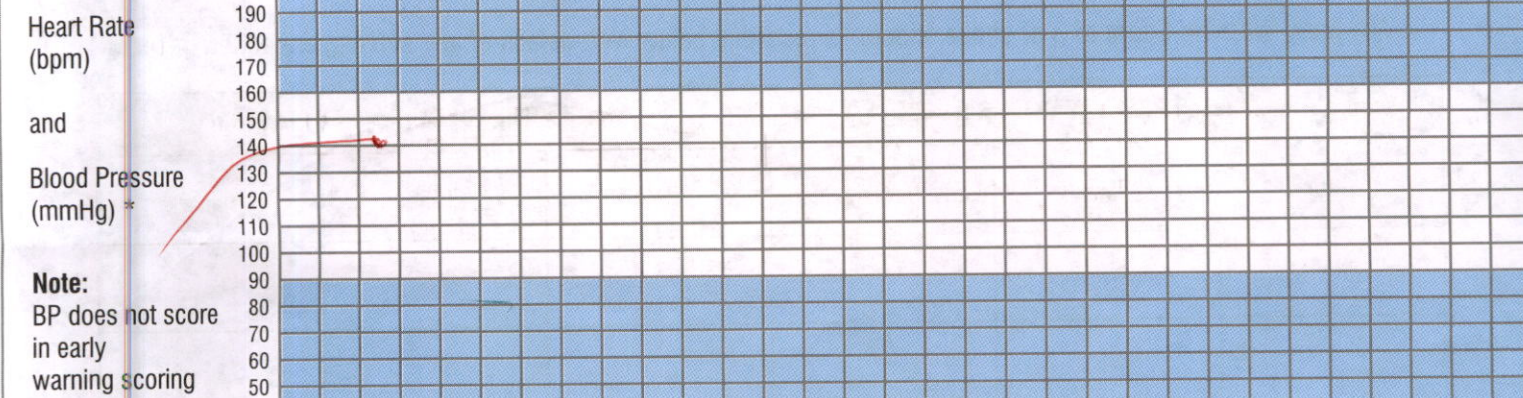
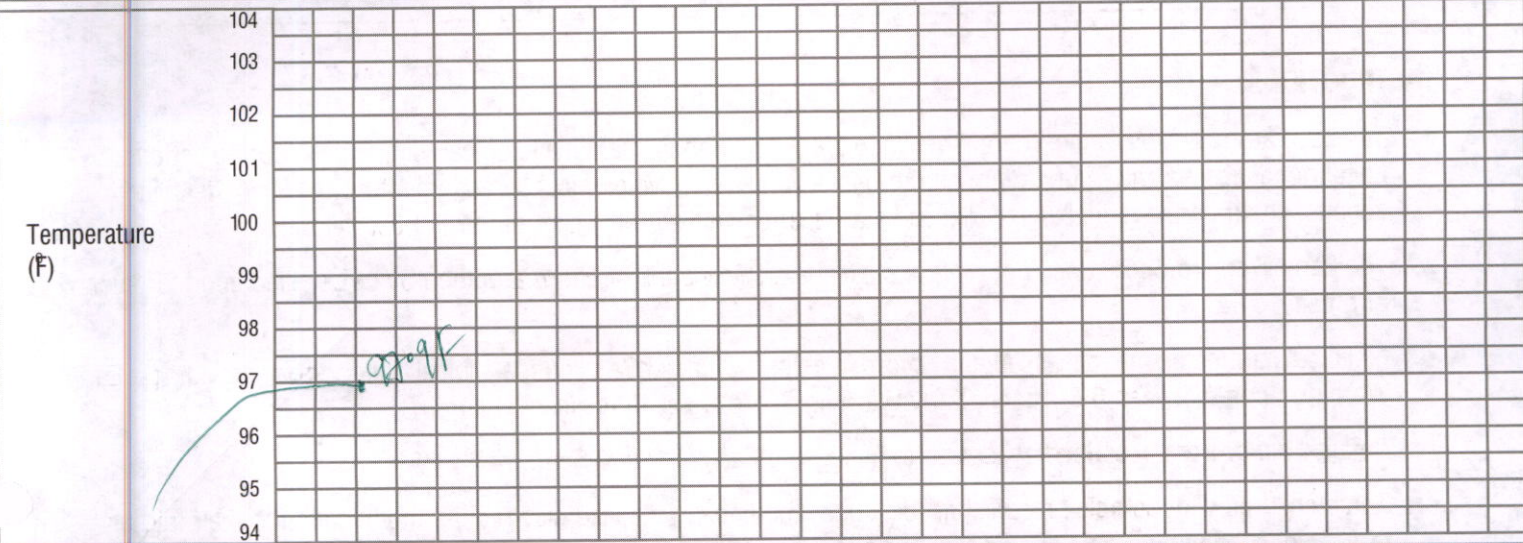


INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

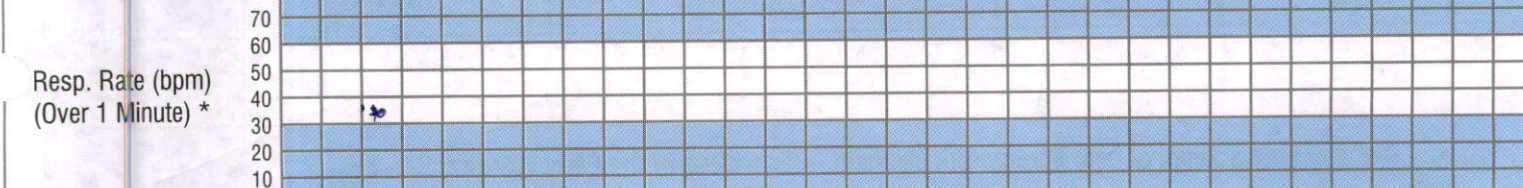
Date: Time: 8:30

Doctor/Nurse/Family Concern?



Note:
 BP does not score in early warning scoring

Heart Rate (Number) 140 bpm



Resp Rate (Number) 42 bpm

Resp Distress Mod/ Severe None / Mild

Receiving O₂(l/min) O₂Saturations (%) 99.1

Conscious Level Normal Altered

GCS * (15/5)

TOTAL SCORE Number of shaded boxes 0

Pain Score 0

Observer's Initials SY

ACTIONS	Score 1	: Continue normal observation by staff nurse
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BAH-00657479 IP5-00174441
 Baby Of SATYASIRI ATLURI
 28-05-2026 0 Y 0 M 0 D 3 H (F)
 Dr. VIJAYANAND JAMALPURI



FLUID CHART

Sheet No. : 0

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output			IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am	DBF					✓		✓		1	Suard	
	12:00 pm										0	Suard	
	01:00 pm	DBF									1	Suard	
Total Intake : taken						Total Output : U-1 m-1 passed							
	02:00 pm										NO	By	
	03:00 pm	DBM							✓		1	By	
	04:00 pm	Somewhat taken					✓				cannot	By	
	05:00 pm	DBF					✓		✓		1	By	
	06:00 pm											By alt	
	07:00 pm											By alt	
Total Intake :						Total Output : U-2 m-2							
	08:00 pm											Always	
	09:00 pm	DBF										Always	
	10:00 pm						✓		✓			Always	
	11:00 pm											Always	
	12:00 am	DBF					✓		✓			Always	
	01:00 am											Always	
Total Intake :						Total Output : m-2 U-2							
	02:00 am											Always	
	03:00 am	DBF										Always	
	04:00 am											Always	
	05:00 am											Always	
	06:00 am	DBF					✓		✓			Always	
	07:00 am											Always	
Total Intake :						Total Output : m-1 U-1							

Total 24 hrs. Intake taken

Total 24 hrs. Output m-6 U-6



FLUID CHART



Sheet No. : 29/5/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am	DBF					✓				✓		meu
	09:00 am											NO	meu
	10:00 am	DBF+										SVP	meu
	11:00 am	DBF					✓				✓	Cannula	meu
	12:00 pm												meu
	01:00 pm												meu
Total Intake :						Total Output : U-2 M-2							
	02:00 pm	DBF					✓						meu
	03:00 pm												meu
	04:00 pm											NO IV	meu
	05:00 pm	DBF					✓				✓	Cannula	meu
	06:00 pm												meu
	07:00 pm												meu
Total Intake :						Total Output : U-1 M-2							
	08:00 pm	RBF											meu
	09:00 pm												meu
	10:00 pm												meu
	11:00 pm	RBF											meu
	12:00 am												meu
	01:00 am												meu
Total Intake :						Total Output : U-2 M-2							
	02:00 am	RBF											meu
	03:00 am												meu
	04:00 am												meu
	05:00 am	RBF											meu
	06:00 am												meu
	07:00 am												meu
Total Intake :						Total Output : U-3 M-3							

Total 24 hrs. Intake

Total 24 hrs. Output U:6 M:7



30/5/26

FLUID CHART

Sheet No : (3)

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am	DBF											Julli
	10:00 am	DBF											Julli
	11:00 am												Julli
	12:00 pm	DBF											Julli
	01:00 pm												Julli
Total Intake :						Total Output : U-2 M-2							
	02:00 pm												Julli
	03:00 pm	DBF											Julli
	04:00 pm												Julli
	05:00 pm	EBM(20ml)											Julli
	06:00 pm												Julli
	07:00 pm	DBF											Julli
Total Intake :						Total Output : U-2 M-2							
	08:00 pm												likhi
	09:00 pm	DBF											likhi
	10:00 pm												likhi
	11:00 pm	DBF EBM											likhi
	12:00 am												likhi
	01:00 am												likhi
Total Intake :						Total Output : U:1 M:1							
	02:00 am	DBF											likhi
	03:00 am												likhi
	04:00 am	DBF EBM											likhi
	05:00 am												likhi
	06:00 am	DBF											likhi
	07:00 am												likhi
Total Intake :						Total Output : U:1 M:1							
Total 24 hrs. Intake						Total 24 hrs. Output			U:6 M:6				



FLUID CHART

Sheet No. : (A)

3/5/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am	EBM 25ml					✓			✓		to TV	Yann
	10:00 am											family	Yann
	11:00 am	EBM 25ml					✓			✓		↑	Yann
	12:00 pm												Yann
	01:00 pm	EBM 25ml											Yann
Total Intake :						Total Output : 0 2 m 2							
	02:00 pm												Yann
	03:00 pm	EBM 25ml					✓			✓		no to	Yann
	04:00 pm											to	Yann
	05:00 pm	DBF + EBM 25ml					✓			✓		family	Yann
	06:00 pm									✓		↑	Yann
	07:00 pm												Yann
Total Intake :						Total Output : 0 3 m 2							
	08:00 pm	DBF 25ml											Ally
	09:00 pm	EBM 30ml					✓			✓			Ally
	10:00 pm												Ally
	11:00 pm	DBF + EBM 30ml					✓			✓			Ally
	12:00 am						✓						Ally
	01:00 am												Ally
Total Intake :						Total Output : m - 3 0 2							
	02:00 am	DBF 25ml											Ally
	03:00 am						✓			✓			Ally
	04:00 am									✓			Ally
	05:00 am	DBF + EBM 30ml					✓						Ally
	06:00 am						✓			✓			Ally
	07:00 am						✓			✓			Ally
Total Intake :						Total Output : m - 4 0 2							

Total 24 hrs. Intake

Total 24 hrs. Output m - 11 0 - 9

3AH-00657479 IP5-00174441
 Baby Of SATYASIRI ATLURI
 28-05-2023 0 Y 0 M 2 D (F)
 Dr. VIJAYANAND JAMALPURI



1/5/26

FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
1/5/26	08:00 am	EBM					✓				✓		Sargee
	09:00 am	DEF 50ml					✓						Sargee
	10:00 am	EBM									NO		Sargee
	11:00 am	DEF 50ml									PR		Sargee
	12:00 pm										Candy		Sargee
	01:00 pm												Sargee
	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



Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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