



B1 Rainham



**BirthRight™**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

|                      |         |               |
|----------------------|---------|---------------|
| New Born Screening   | : Spina | Willing       |
| TFT                  | :       |               |
| OAE                  | :       |               |
| Mother's Blood Group | :       | A +ve         |
| Baby's Blood Group   | :       | A +ve         |
| Anomaly Scan         | :       |               |
| Vaccination          | :       | OPV, BCG, Hep |

|                              |             |           |
|------------------------------|-------------|-----------|
| Vaccination Given on 23/7/26 |             |           |
| Quantity                     | Temperature | Signature |
|                              |             | 23/7/26   |

[illegible]

[illegible]



BAH-00662273 IP5-00176677  
 Baby Of YELAMPALLI SUPRIYA  
 20-07-2026 0 Y 0 M 0 D 1 H (F)  
 Dr. DINESH KUMAR CHIRLA

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

**BirthRight™**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## ACTIVITY RECORD FOR BILLING

Name : B/o Supriya  
 UHID No. : 662213 IP No. : 176677 Consultant: Dr. DK Dept : NICU  
 Date of Admission: 20/7/26 Time : \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time : \_\_\_\_\_  
 Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

## WARD TRANSFERS

| Date | Time | From | To  | Signature of Nurse |
|------|------|------|-----|--------------------|
| 22/7 | 7pm  | NICU | 320 | Kalyani            |
|      |      |      |     |                    |
|      |      |      |     |                    |
|      |      |      |     |                    |
|      |      |      |     |                    |

## Cross Consultation Visit

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

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[illegible]



## PROCEDURE

| Date | Procedure    | Quantity | Order No. | Signature                                                                           |
|------|--------------|----------|-----------|-------------------------------------------------------------------------------------|
| 2014 | IV placement | ①        | 9313472   |  |
|      |              |          |           |                                                                                     |
|      |              |          |           |                                                                                     |
|      |              |          |           |                                                                                     |
|      |              |          |           |                                                                                     |
|      |              |          |           |                                                                                     |
|      |              |          |           |                                                                                     |
|      |              |          |           |                                                                                     |
|      |              |          |           |                                                                                     |
|      |              |          |           |                                                                                     |
|      |              |          |           |                                                                                     |
|      |              |          |           |                                                                                     |
|      |              |          |           |                                                                                     |
|      |              |          |           |                                                                                     |

## ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

|             |              |                   |                    |
|-------------|--------------|-------------------|--------------------|
| Staff Nurse | Shift / Ward | Billing Assistant | Billing Supervisor |
|             |              |                   |                    |



## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : Y. Supriya Age : ..... Father's Name : Theraj Reddy 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 : 8/0 Supriya Mother's Blood Group : A+  
Gender : ☐ M ☒ F Blood Group : A+ve Birth Weight (gms) : 2369 Length (cms) : .....  
Date of Birth : 20/07/2026 Time of Birth : 6:21 pm OFC (cms) : .....  
Place of Birth : RCH:R+H Estimated Gesth Age : 38wks  
Current Obstetric History : (Booked / Unbooked Case) not mention in summary  
Maternal Age : 35 Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 26/10/25 EDD : 2/8/26  
Conception : Spontaneous or with Rx : IVF conception (Donor egg) / DCDA → singleton  
Booked at what GA : 12+4 AN Steroids Drugs / Doses : .....  
Last Scans Details : 7/7/26: 36+2 Cephalic 2344 (84) / ACA 1-1 / API 11.9 cm / PIES A&H  
Dopler: mca cerebral redistribution & umbilical PDV doppler  
Immunization and Iron / Folic Acid : .....

### MATERNAL RISK FACTORS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Age : <input type="checkbox"/> &lt;18 yrs <input type="checkbox"/> &gt; 35yrs<br/>Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Screen +ve</u><br/>If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <u>Fix</u><br/>H/o PIH (after 20 weeks) / PE <u>PE</u><br/>How many Drugs / Doses / Since how long : <u>on Ecogirin (15mg)</u><br/>H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....<br/><u>IUGR</u> when detected : <u>36+2 late onset FGR</u><br/>Doppler ( Increased Resistance / ADEF / REDF /<br/>Redistrbution in MCA ) / Ductus Venosus : .....<br/>AFI : .....</p> | <p>H/o GDM/ pre GDM/ on diet or insulin <u>fasted echo N</u><br/>Controlled or not, recent values, HbA1 values : <u>TIFFA: N</u><br/>Compliance with Rx : .....<br/>Scans : LGA, TIFFA, Fetal Echo : .....<br/>H/o Hypothyroidism : when diagnosed ? Medication? <u>15mcg</u><br/>Any other Chronic Medical Problems, when detected drugs ? .....<br/>( Anemia, SLE, Jaundice, CHD, Heart Disease )<br/>Infection : H/O, Fever<br/>( <input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV )<br/>UTI : when : ..... Any culture : .....</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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



PAST OBSTETRIC HISTORY

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

| Sl. No. | Age | GA wks | B.W | Gender | Significant | Details |
|---------|-----|--------|-----|--------|-------------|---------|
|         |     |        |     |        |             |         |
|         |     |        |     |        |             |         |
|         |     |        |     |        |             |         |

PERINATAL HISTORY

Treating Obstetrician : Dr. Shanthi Reddy Hospital : RCHSRH ☒ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : NPDL

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : 7.2 / 8.8 / 10 / 14.3

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

| 1 Minute | 5 Minutes | 10 Minutes |
|----------|-----------|------------|
| <u>1</u> | <u>1</u>  | <u>1</u>   |
| <u>2</u> | <u>2</u>  | <u>2</u>   |
| <u>1</u> | <u>2</u>  | <u>2</u>   |
| <u>1</u> | <u>1</u>  | <u>2</u>   |
| <u>0</u> | <u>2</u>  | <u>2</u>   |
| <u>4</u> |           |            |
| <u>5</u> | <u>8</u>  | <u>9</u>   |

TOTAL

Snapee II Score

Score

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

| 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 :





Equipment check done.

↓  
Baby received in a prewarmed linen.

↓  
Baby born limp / blue / no cry

↓  
Positive pressure ventilation given x 2 minutes

↓  
Baby cried at 1:30 minutes - Acrocyanotic

↓  
oro-nasal Suctioning done

↓  
DE-CAPAP given. and continued

↓  
cord cleaned / clamped / cut

↓  
v. vitamin K given 0.5ml i.m.

↓  
Baby shifted to ICU for further care

Investigation details in previous Hospital :

Feeding History :





Family History :

Socio Economic History :

### GENERAL EXAMINATION ON ADMISSION

General Disposition :

at normal

Subnormal Acrocyanotic

Cl/A's good.

VITALS : Temperature : Subnormal HR : 151/min RR : 49/min NIBP : ..... CFT : 23 sec

Color of the extremities : Acrocyanosis

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

ANTHROPOMETRY: Birth Weight : 236g Length : ..... HC : ..... Present Weight : .....

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





## HEAD TO TOE EXAMINATION

S :

Sutures

Shape / Moulding : *— N —*

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 assessed*

Discharge :

### EARS, NOSE MOUTH and THROAT :

Ear set / Shape :

Periauricular Pits / Tags :

Nasal shape / Patency :

Palate :

Gums :

Lips :

Tongue :

*no cleft up / palate*

### THORAX and BREASTS :

Shape of Thorax :

Position of Nipples and Number :

*— N —*

### ABDOMEN and UMBILICUS :

Shape :

Organomegaly :

Bowel Sounds :

Umbilical Stump : *24 + 11*

Discharge :

### GENITALIA :

Labia / Hymen :

Testicles/penis :

Anus :

*N* *(N) vaginal discharge noted*

### HERNIAL ORIFICES

### TRUNK and SPINE :

*N*

### SKIN LESIONS :

### EXTREMITIES :

Fingers / Toes :

Deformities :

Hip Joint Examination :

Arms / Legs :

Mobility :

*N*





## SYSTEMIC EXAMINATION

### RESPIRATORY SYSTEM:

Breathing Pattern : ☒ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 44/min SCR / ICR / See - Saw breathing : .....

Scoring of respiratory distress if present (Silverman or Downe's) : 2

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

Settings : .....

SpO<sub>2</sub> : 98% Auscultation: BAE ⊕ Breath Sounds: NUBS ⊕ Added Sounds: .....

### CARDIOVASCULAR SYSTEM :

HR : 152/min BP : .....

Femoral Pulses : 2/2 well felt

Other Peripheral Pulses : .....

Precordial Activity : 1/2

Murmurs : 1/2

Signs of Cardiac Failure : .....

### ABDOMEN:

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : looks Patent

Umbilical Cord : 2A + 1V

First urine passed : 1

Meconium passed : 1

### NERVOUS SYSTEM:

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : .....

### MOTOR SYSTEM:

Passive Tone : all as good

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : all symmetric DTR : .....

ATNR : .....

Skull and Spine : .....

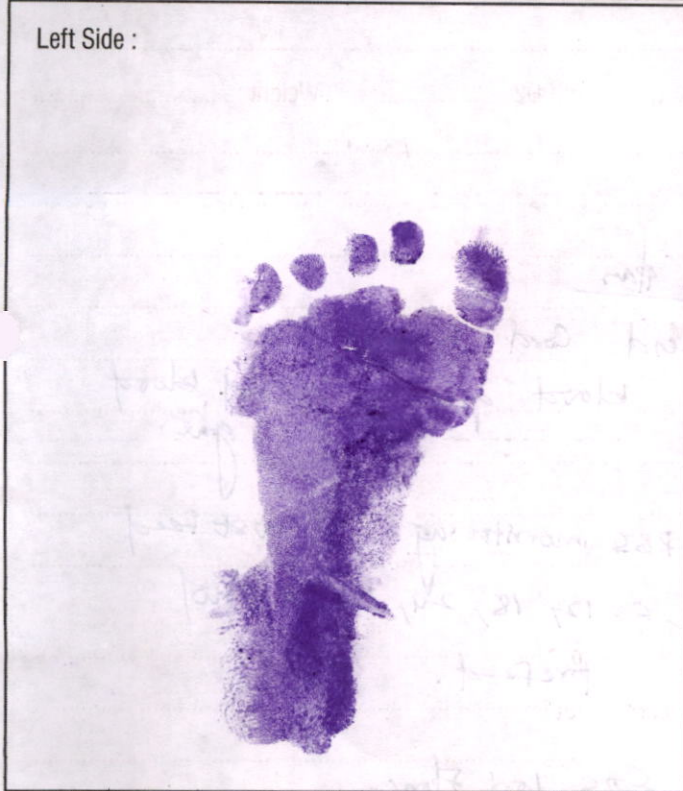




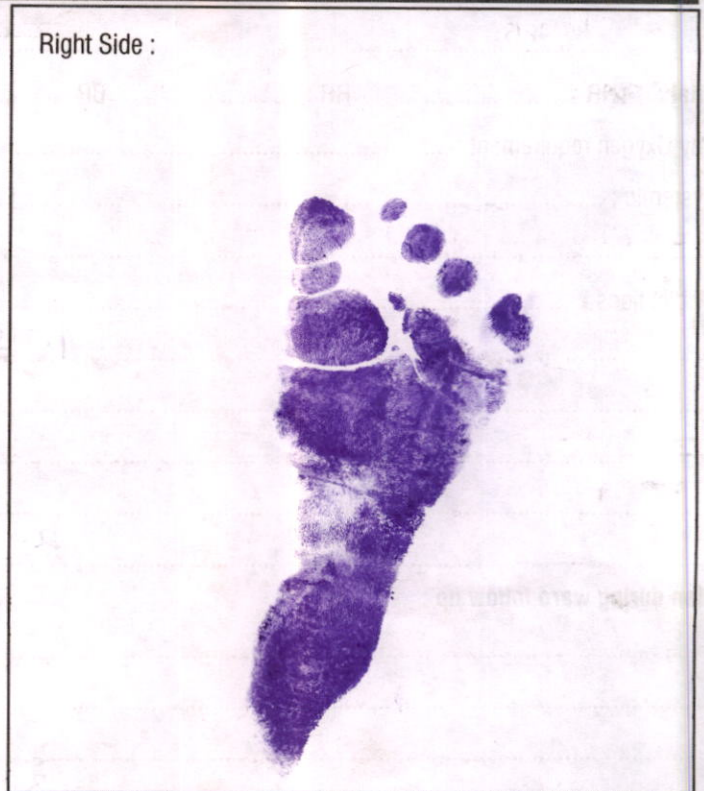
Diagnosis : 38wks | IVF conception | late onset FGR | 2369 grams | CLAB |  
Gest - Hypothyroid | Pre-eclampsia | COW.

### FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

Name : Dr. Lakshmi

Date & Time : 20/7/26

Consultant :

Signature :   
Dr. DINESH KUMAR CHIRLA

Name : Dr. Dinesh Kumar Chirala

Date & Time : 20/7/26

### 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.





## THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Neonatal condition at the time of Transfer: .....

Vital : HR : ..... RR : ..... BP : ..... SP02 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan  
1. Send Cord Blood for  
blood grouping / Cord blood  
gas.

Plan during ward follow up :

2. PBS monitoring 1hr post feed  
3, 6, 12, 18, 24, 36, 48 hrs  
post feed.

3. S.O.S Cord Flow.

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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

Doctor Name: ..... Doctor Name: .....

Date & Time: ..... Date & Time: .....



BAH-00662273 IP5-00176677  
 Baby Of YELAMPALLI SUPRIYA  
 20-07-2026 0Y0M0D1H (F)  
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(1)

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## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time          | Progress Notes                                                                                                                                            | Doctor's Order                                                                                                           |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 20/7/26<br>@ 1:30 pm | Case Received in<br>NICU at 6:47 pm<br>↓<br>Term / 2.369 kg / Gest-Hypothyroidism.<br>38 wks Late onset FGR.<br>Em-LSCS i/v/o NPO<br>Difficult transition |                                                                                                                          |
|                      | ① cord gas<br>T. 28/38.1 / 22.3 / 14.5 / 10.7<br>lac = 5.9.                                                                                               | Plan<br>1) T = 60 mb/kg/day<br>12 mb 2nd h-ly<br>Paladay feed                                                            |
|                      | Vitals - HR = 148/min<br>SpO <sub>2</sub> - 100%<br>Peli - Pink<br>No Resp distress<br>No mucus.                                                          | 2) Repeat CBG at<br>8:30 pm.<br>↓<br>if Normal parameters<br>↓ Vitals (N)                                                |
|                      | GIRBS - 134 mg/dl                                                                                                                                         | Plan to Shift to mother                                                                                                  |
|                      | Noted<br>by<br>Pam<br>Jocoss<br>at 1:30 pm                                                                                                                | 3) monitor vitals                                                                                                        |
|                      |                                                                                                                                                           | 5) GIRBS at 3HOL (9:30 pm)<br>6HOL, 12HOL,<br>24HOL, 36HOL, 48HOL.<br>↓ Prefeed<br>if GIRBS < 50 mg/dl - Inform<br>Sneha |





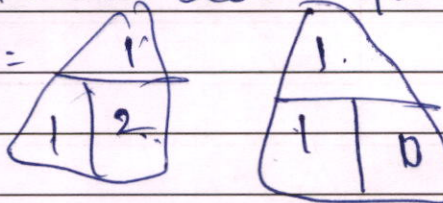
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## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time          | Progress Notes                                                                                                                                                                                                   | Doctor's Order                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 20/7/26<br>10pm      | seen by Dr Nitasha                                                                                                                                                                                               | Plan                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                      |                                                                                                                                                                                                                  | ① on feeds                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                      |                                                                                                                                                                                                                  | ② TV = 60 ml/kg/day                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      |                                                                                                                                                                                                                  | <div style="display: flex; justify-content: space-around;"> <div> <math>\frac{1}{2}</math> feed<br/>                     3ml/kg<br/>                     10% Dextrose                 </div> <div> <math>\frac{1}{2}</math> fluid<br/>                     6ml/kg                 </div> </div>                                                                                                                                                 |
|                      |                                                                                                                                                                                                                  | ③ Repeat gas in the morning.                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                      |                                                                                                                                                                                                                  | ④ RBS q6h                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                      | added by<br>Dr Nitasha<br>at 10pm.                                                                                                                                                                               | Plan                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 20/7/26<br>@ 11:15pm | Baby Hemodynamically Stable<br>Tachypnea (+)<br>RR = 85/min<br>minimal SCR (+)<br>Downe Score - 3/10<br>B/L Airway (+) clear.<br>HR = 140/min, RR =<br>varying 66-85/m<br>SpO <sub>2</sub> - 100% BP = 67/44(46) | ① Start low flow O <sub>2</sub> @ 0.5L/min<br>if RD ↑ / doesn't settle<br>Blood gas, Chest X-ray<br>starting CPAP<br>TV = 60ml/kg/day<br><div style="display: flex; justify-content: space-around;"> <div> <math>\frac{1}{2}</math> feed<br/>                     30ml/kg 10% D                 </div> <div> <math>\frac{1}{2}</math> fluid<br/>                     6ml 2nd ml<br/>                     on feeds                 </div> </div> |



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time           | Progress Notes                                                                                                                                                                                     | Doctor's Order                                |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 20/7/26<br>@ 12:30 PM |                                                                                                                                                                                                    | Plan                                          |
|                       | Baby ↑ Resp. distress<br>Tachypnea RR-85/min<br>Subcostal retractions (+)<br>Downe Score = 4/10<br>LUS = <br>5-6 | 1) Start CPAP<br>PEEP-6<br>with Rams Cannula. |
|                       | Chest X-ray - TTNB<br>Picture                                                                                                                                                                      | 2) C/Lg vitals<br>RD                          |
|                       | Informed Father                                                                                                                                                                                    | 3) CBL & morning barn                         |
|                       |                                                                                                                                                                                                    | 4) Cont. half feeds, half fluids              |
|                       |                                                                                                                                                                                                    | Incha                                         |



u







# ADMIT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 15 H 01 PMA: .....

Term ☐ Preterm ☐ Gestation : 38 wks Corrected Gestational Age: 2.3

| OVERVIEW | Problems : |                      |                |
|----------|------------|----------------------|----------------|
|          | S.No.      | Current              | Past Problems  |
|          | 1.         | Term / SGA / female. | late onset FGR |
|          | 2.         | Difficult transition |                |
|          | 3.         | High lactate         |                |
|          | 4.         | RD - CPAP - TTNB     |                |
|          | 5.         |                      |                |
|          | 6.         |                      |                |

Today's Weight : 2.3 kg

|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RESPIRATORY SYSTEM                                                                                                                                                        | Ventilatory Support : <input type="checkbox"/> Yes <input type="checkbox"/> No - Day # of Vent : .....                                                                                                                                                                                      |
|                                                                                                                                                                           | Mode of Ventilation : HFNC <input type="checkbox"/> CPAP <input type="checkbox"/> Conventional Ventilation : SIMV <input type="checkbox"/> A/C <input type="checkbox"/> VG <input type="checkbox"/> HFOV <input type="checkbox"/> INO <input type="checkbox"/> PPM <input type="checkbox"/> |
|                                                                                                                                                                           | Ventilator Settings : PIP..... PEEP..... VG..... Rate..... Flo..... Oxygen..... L/min                                                                                                                                                                                                       |
|                                                                                                                                                                           | Last CXR : ..... Spo <sub>2</sub> .....                                                                                                                                                                                                                                                     |
|                                                                                                                                                                           | ET Secretions : Clear <input type="checkbox"/> Thick <input type="checkbox"/> Yellow <input type="checkbox"/> Last ABG: .....                                                                                                                                                               |
| Change over the Last 24 Hours: <u>Baby on low flow</u><br><u>T distress</u><br><u>Started on CPAP PEEP 6.7.5</u><br><u>↓</u><br><u>changing to low flow O<sub>2</sub></u> |                                                                                                                                                                                                                                                                                             |

|                        |                                                                                                     |
|------------------------|-----------------------------------------------------------------------------------------------------|
| CARDIO VASCULAR SYSTEM | Plan of Care :                                                                                      |
|                        | <u>HR = 144/min</u><br><u>RR = 53/min</u><br><u>SpO<sub>2</sub> = 97%</u><br><u>BP = 61/30 (ui)</u> |

|     |                                                                  |
|-----|------------------------------------------------------------------|
| CNS | Neurological Examination : .....                                 |
|     | Sedation.....<br>Last Neurosonogram : <u>8</u> Any Seizures..... |



# FLUIDS STATUS NUTRITION

Head circumference: \_\_\_\_\_ Wt Gain: \_\_\_\_\_  
 Output: \_\_\_\_\_ ml/kg/hr Stools: \_\_\_\_\_  
 IV Fluids: type of IVF \_\_\_\_\_  
 Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume \_\_\_\_\_  
 TPN ☐ Yes ☐ No - If yes, details \_\_\_\_\_  
 Abdominal Examination: \_\_\_\_\_  
 Urine stool - passed

Other Systems: Haematology / Nephrology / Metabolic / Endo / NNU - PT / OPTH / RICKETS

Risk of Sepsis / Suspected Sepsis / Proven Sepsis: \_\_\_\_\_  
 Sepsis screen: \_\_\_\_\_  
 Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF: \_\_\_\_\_

| INFECTION  |        |
|------------|--------|
| Antibiotic | SI.No. |
| 1.         |        |
| 2.         |        |
| 3.         |        |
| Drugs      | Days   |
|            |        |

## Plan of Treatment:

- 1) Trial off CPAP to low flow O<sub>2</sub> @ 0.5 l/min  
Target SpO<sub>2</sub> 90-95%.
  - 2) IV: 60mg/kg/day ambs (TF=12)  
Rest 10% D
  - 3) GRBS - 6hly
  - 4) Flocharting
  - 5) wlg - RD  
debatation
- Respiration  
vitals

Doctor's Name (Handover given): Y. Gaeka  
 Signature: Y. Gaeka  
 Date & Time: 21/7/26

Doctor's Name (Handover taken): Dr. Alekh  
 Signature: Dr. Alekh  
 Date & Time: 21/7/26



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



## 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-00662273 IP5-00176677  
 Baby Of YELAMPALLI SUPRIYA  
 20-07-2026 0Y0M0D1H (F)  
 Dr. DINESH KUMAR CHIRLA



5

## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time         | Progress Notes                          | Doctor's Order                                                                                     |
|---------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------|
| 21/7/26<br>10:15 AM |                                         | Seen by Dr. Pratyush                                                                               |
|                     |                                         | 1) Clean $g\bar{g}$ $O_2$ as tolerated                                                             |
|                     |                                         | 2) <del>HR</del> of 24 HON                                                                         |
|                     |                                         | 3) ↑ feeds 3 ml every <del>2</del> alternate feeds till 12 ml 2nd $g\bar{g}$ on feed. to continue. |
| 21/7/26<br>@ 10:52  |                                         | Seen by Dr. Dinesh                                                                                 |
|                     |                                         | <del>1) taper down flow <math>O_2</math></del>                                                     |
|                     |                                         | <del>2) Send CBP, CRP.</del>                                                                       |
| 21/7/26<br>1 PM     | CBP<br>CRP (N)<br>$g\bar{g}$ $O_2$ now. | Seen by Dr. Pratyush                                                                               |
|                     |                                         | <del>1) w/f ↑ wOB, tachypnea, Retractions/dyspnea</del>                                            |

Notes  
 by Pratyush  
 @ 11 PM

(P.T.O)







7 890123456789

BAH-00662273

BAH-00662273  
BABY OF YELAMPALLI SUPRIYA

0Y0M0D13H (F)

Dr. DINESH KUMAR CHIRLA



| Date & Time        | Progress Notes                                                                                                                                                                                                                                         | Doctor's Order                                                                                                                                                                                                               |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 22/7/2026.<br>12pm | <p>Hol-30</p> <p>Baby on RA</p> <p>Get some (+) upb lugs</p> <p>TCBR - 12-4. sp</p> <p>Intermittent tachypnea (+)</p> <p>Vitals - HR - 142</p> <p>RR - 48/min</p> <p>SpO<sub>2</sub> 96% RA.</p> <p>Urine / stool - passed.</p> <p>O/E - RA - soft</p> | <p>Seen by Dr. Vinu</p> <p>→ To start SSPI with eyes &amp; genitals covered</p> <p>→ 7ml - 60cc/kg/day</p> <p>12ml / 2nd hourly</p> <p>→ Repeat SBR after 24 hrs.</p> <p>→ Monitor Vitals.</p> <p>Noted by Abhi 22/7/26.</p> |



Patient Sticker

### PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



## DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: 110 Hrs. PMA: 3

Term ☒ Preterm ☐ Gestation: 38 weeks Corrected Gestational Age: ..... Today's Weight: 2.389 Kg

| Problems |                           |               |
|----------|---------------------------|---------------|
| S.No.    | Current                   | Past Problems |
| 1.       | Term / 36A female         | High lactate  |
| 2.       | difficult transition      |               |
| 3.       | RD - CPAP - low flow - RD |               |
| 4.       | NINS                      |               |
| 5.       |                           |               |
| 6.       |                           |               |

| Clinical Assessment                                                                        |
|--------------------------------------------------------------------------------------------|
| - Baby on Room air.<br>- Ongoing SSPT.<br>Intermittent tachypnea<br>Hemodynamically stable |

| Medications Used |
|------------------|
|                  |

| Plan of Care:                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|
| 1) GV = 80ml/kg/day - 1bmb 2nd hrly<br>2) Rlv to try paladay<br>3) Cont SSPT for 24 hrs<br>4) Ilochaeting 6th hrly<br>5) W/f - RD |

Doctor's Name (Hand over given): Y. Snelu

Signature: [Signature]

Date & Time: 22/7/26

Docu. No.: RCHBH / FRM / CLINICAL / 290

Doctor's Name (Hand over taken): .....

Signature: .....

Date & Time: .....



Patient Sticker

## DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: ..... PMA: .....

Term ☐ Preterm ☐ Gestation: ..... Corrected Gestational Age: ..... Today's Weight: .....

|                     | Problems |         |               |
|---------------------|----------|---------|---------------|
|                     | S.No.    | Current | Past Problems |
| Overview            | 1.       |         |               |
|                     | 2.       |         |               |
|                     | 3.       |         |               |
|                     | 4.       |         |               |
|                     | 5.       |         |               |
|                     | 6.       |         |               |
| Clinical Assessment |          |         |               |
| Medications Used    |          |         |               |
| Plan of Care:       |          |         |               |

Doctor's Name (Hand over given): .....

Signature: .....

Date & Time: .....

Docu. No.: RCHBH / FRM / CLINICAL / 290

Doctor's Name (Hand over taken): .....

Signature: .....

Date & Time: .....





## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time       | Progress Notes                                                                     | Doctor's Order                                                                                                                                                   |
|-------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 22/7/26<br>@ 9am  |                                                                                    | <p>Seen by Dr. Dinesh</p> <p>1) Start paladay feeds</p> <p>2) Repeat the SBR Now</p> <p>3) Shift to Room</p> <p><u>Sneha</u></p> <p>Note by Buma<br/>09am</p>    |
|                   | <u>Shifting Notes</u>                                                              |                                                                                                                                                                  |
| 22/7/26<br>8:00pm |                                                                                    |                                                                                                                                                                  |
|                   | <p>- Hemodynamically stable on room air,</p> <p>- accepting paladay feeds well</p> | <p><u>Plan:</u></p> <p>- paladay feeds<br/>↓<br/>20ml 2nd hely<br/>t/b keeping.</p> <p>- <del>crib care</del></p> <p>- Temperature monitoring<br/>4th hourly</p> |





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





## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time        | Progress Notes                                                                                          | Doctor's Order                                                         |
|--------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 23/7<br>8:20<br>am | cl/B Dr. Shrits (Resident)                                                                              |                                                                        |
|                    | 62Wk / 38Wks / Prim / M/F - conception / late onset WAR / Pre-eclampsia /<br>Gest. Hypertension / 2369. | Plan                                                                   |
|                    | Trwt: 2216 (15.4) wt loss                                                                               | 1. DBF / 2nd month.                                                    |
|                    | A+ $\frac{4}{m} \checkmark$                                                                             | Paladai - 20ml / 2nd month.                                            |
|                    | A+ $\frac{4}{m} \checkmark$                                                                             | 2. R/V D/c today.                                                      |
|                    | Extraoral pink                                                                                          | 3. Vaccines - OPV $\checkmark$ / BCG $\checkmark$ / Hep-B $\checkmark$ |
|                    | c/UA: good                                                                                              | Given on today 23/7/26                                                 |
|                    | Good pulsus                                                                                             | Yadav                                                                  |
|                    | R/L Femorals ⊕                                                                                          | 4. AABR today.                                                         |
|                    |                                                                                                         | 5. NBS / on follow up.                                                 |
|                    |                                                                                                         | Dr. Shrits                                                             |
|                    | SIB Dr. Dinesh sir.                                                                                     | Plan                                                                   |
|                    |                                                                                                         | ① TCBR today                                                           |
|                    |                                                                                                         | ② Discharge today                                                      |
|                    |                                                                                                         | ③ R/V Saturday.                                                        |
|                    |                                                                                                         | ④ SBR, NBS, → now                                                      |
|                    |                                                                                                         | AABR - today                                                           |
|                    |                                                                                                         | Vaccines today                                                         |
|                    |                                                                                                         | N.B Southam                                                            |







[illegible]



#### Patient Sticker

## PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



PRINESH KUMAR CHIRLA

IP5-00176677

Baby Of YELAMPALLI SUPRIYA  
20-07-2026

20-07-2026

0Y0M0D1H

(F)



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Docu. No. : RCHBH /FRM / CLINICAL / 185



#### Patient Sticker

## RBS CHART

[illegible]



BAH-00662273 IP5-00176677  
 Baby Of YELAMPALLI SUPRIYA  
 20-07-2026 0 Y 0 M 0 D 1 H (F)  
 Dr. DINESH KUMAR CHIRLA



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## RESULT SHEET

|                     |           |                  |                    |  |  |  |
|---------------------|-----------|------------------|--------------------|--|--|--|
| Date                | 21/7      | 22/7/26          | 23/7               |  |  |  |
| Time                | 11.15 AM  | 10:29 AM         | 10:30 AM           |  |  |  |
| Hb                  | 18        |                  |                    |  |  |  |
| PCV                 | 53.8      |                  |                    |  |  |  |
| RBC                 | 5.03      |                  |                    |  |  |  |
| WBC                 | 14.25     |                  |                    |  |  |  |
| N/L                 | 60.8/24.8 |                  |                    |  |  |  |
| Platelets           | 235       |                  |                    |  |  |  |
| CRP                 | G         |                  |                    |  |  |  |
| ESR                 |           |                  |                    |  |  |  |
| PCT                 |           |                  |                    |  |  |  |
| RBS                 |           |                  |                    |  |  |  |
| Na                  |           |                  |                    |  |  |  |
| K                   |           |                  |                    |  |  |  |
| Cl                  |           |                  |                    |  |  |  |
| Ca/Mg               |           |                  |                    |  |  |  |
| Phosphate           |           |                  |                    |  |  |  |
| Urea                |           |                  |                    |  |  |  |
| Creatinine          |           |                  |                    |  |  |  |
| ALP                 |           |                  |                    |  |  |  |
| SGPT                |           |                  |                    |  |  |  |
| SGOT                |           |                  |                    |  |  |  |
| T.Bill/Conj         |           | 9.9 < 0.3<br>9.6 | 11.7 < 0.3<br>11.4 |  |  |  |
| 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                 |           |                  |                    |  |  |  |









## INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

### Part - I.

Patient's / Learner Language: telugu Patient / Learner Literacy: ☒ Read ☒ Write ☒ Speak Willingness to Learn: ☒ Yes ☐ No Healthcare Literacy: ☒ Yes ☐ No

### Identified Education Needs:

- |                            |                                                                      |                                                                |                                                             |
|----------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------|
| 1. Diagnosis               | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet                                            | 13. Risk / Safety                                           |
| 2. Treatment and Care Plan | 6. Discharge Medication                                              | 10. Fall Risk Education                                        | 14. Activity / Exercise                                     |
| 3. Pain Management         | 7. Infection Control Measures                                        | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs                           |
| 4. Informed Consent        | 8. Diagnostic Test / Procedures                                      | 12. Patient's / Family Rights                                  | 16. Special Discharge / Follow-up Education / Coping Skills |
|                            |                                                                      |                                                                | 17. Others .....                                            |

### Part - II

| Date    | Time | Need Identified | Information Taught                      | Use codes from the list in part III |                   |                |                                   |               | Comments | Designation / Signature |
|---------|------|-----------------|-----------------------------------------|-------------------------------------|-------------------|----------------|-----------------------------------|---------------|----------|-------------------------|
|         |      |                 |                                         | Person Taught                       | Learning Barriers | Teaching Tools | Mechanism/s to overcome barrier/s | Understanding |          |                         |
| 20/7/26 | 8pm  | 9.              | nutrition diet, regarding formula feed. | F                                   | 1                 | 0              | 1                                 | 1             | -        | shall not agree         |
|         |      |                 |                                         |                                     |                   |                |                                   |               |          |                         |
|         |      |                 |                                         |                                     |                   |                |                                   |               |          |                         |
|         |      |                 |                                         |                                     |                   |                |                                   |               |          |                         |
|         |      |                 |                                         |                                     |                   |                |                                   |               |          |                         |

### Part - III: CODES

|                                                                                                                     |                               |                                                   |                                 |                                |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------|---------------------------------|--------------------------------|--|--|--|--|--|
| Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) ..... |                               |                                                   |                                 |                                |  |  |  |  |  |
| Learning Barriers:                                                                                                  |                               |                                                   |                                 |                                |  |  |  |  |  |
| 1. No Learning Barriers                                                                                             | 4. Language Barrier           | 7. Impaired Thought Process/Cognitive limitations | 10. Financial Difficulties      | 13. Cultural/Religion Practice |  |  |  |  |  |
| 2. Physical Impairment                                                                                              | 5. Educational Level          | 8. Responsibilities at Home                       | 11. Beliefs and Values          | 14. Others (Specify) .....     |  |  |  |  |  |
| 3. Emotional Barriers                                                                                               | 6. Desire / Motivate to Learn | 9. Cultural Differences                           | 12. Impaired Vision/ or Hearing |                                |  |  |  |  |  |
| Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed                                          |                               |                                                   |                                 |                                |  |  |  |  |  |
| Mechanism/s to overcome barrier/s:                                                                                  |                               |                                                   |                                 |                                |  |  |  |  |  |
| 1. None                                                                                                             | 3. Reassurance & Support      | 5. Respect values & beliefs                       | 7. Other, Specify .....         |                                |  |  |  |  |  |
| 2. Obtain translator                                                                                                | 4. Teach Family / Others      | 6. Respect Cultural / Religion Preference         |                                 |                                |  |  |  |  |  |
| Understanding:                                                                                                      |                               |                                                   |                                 |                                |  |  |  |  |  |
| 1. Verbalizes Understanding                                                                                         | 2. Demonstrates Understanding | 3. Needs Review                                   |                                 |                                |  |  |  |  |  |





## MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis: \_\_\_\_\_

| Date Time   | Discipline                                                                                                          | Type                                                                                                                                                    | Patient Needs / Problem List | Goal                      | Plan / Intervention                            | Signature          | Team Verification                                                                                        |
|-------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------|
| 20th<br>8pm | <input type="checkbox"/> Medical<br><input checked="" type="checkbox"/> Nursing<br><input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op | maintain fluid balance       | to maintain fluid balance | to provide it to maintain baby's fluid balance | <i>[Signature]</i> | <input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:                                     |
|             | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:            | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op            |                              |                           |                                                |                    | <input type="checkbox"/> Medical<br><input type="checkbox"/> Others:                                     |
|             | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:            | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op            |                              |                           |                                                |                    | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: |
|             | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:            | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op            |                              |                           |                                                |                    | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: |
|             | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:            | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op            |                              |                           |                                                |                    | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: |





20/7/26

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

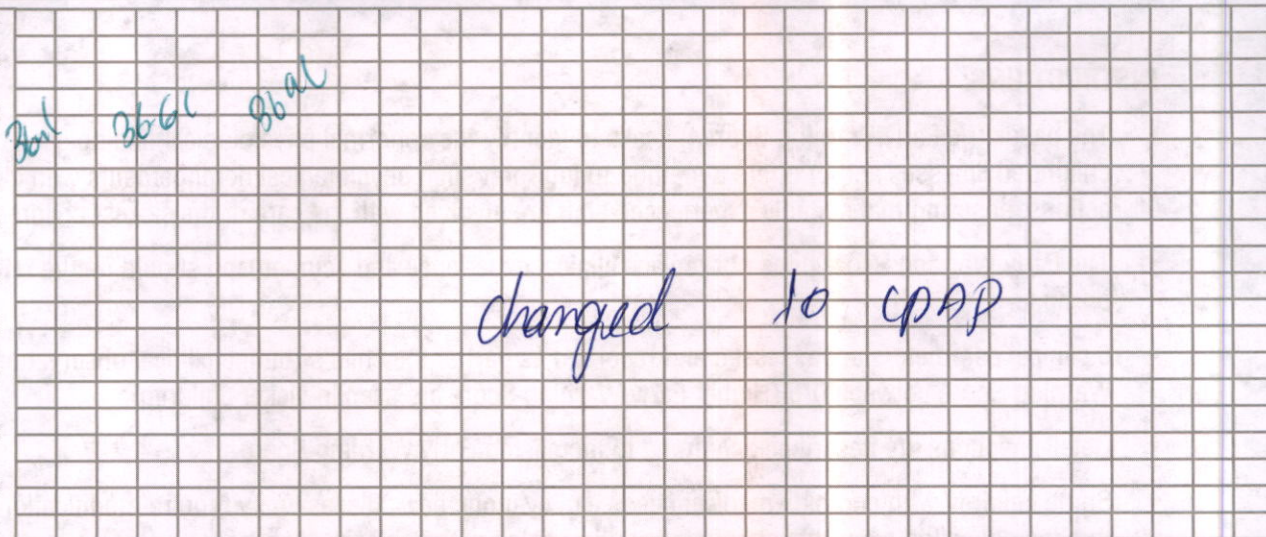
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time: 8PM 10PM 2PM

Doctor/Nurse/Family Concern?

Temperature  
(F)

104  
103  
102  
101  
100  
99  
98  
97  
96  
95  
94

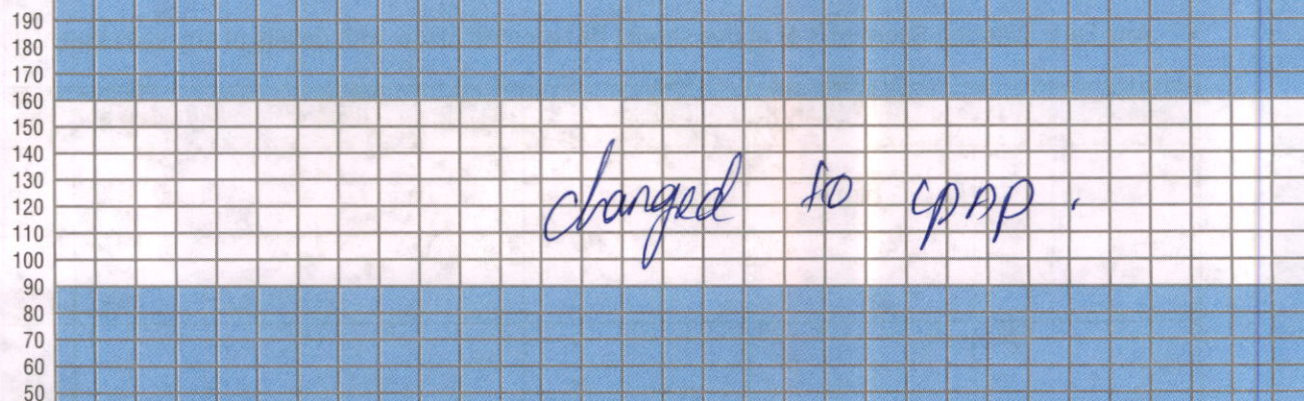


Heart Rate  
(bpm)

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

and

Blood Pressure  
(mmHg) \*



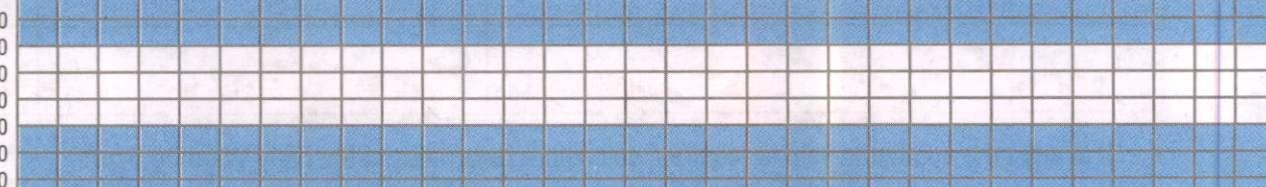
Note:  
BP does not score  
in early  
warning scoring

Heart Rate (Number)

140 142 152

Resp. Rate (bpm)  
ver 1 Minute) \*

70  
60  
50  
40  
30  
20  
10



Resp Rate (Number)

Resp Mod/ Severe  
Distress None / Mild

N N N

Receiving O<sub>2</sub> (l/min)  
O<sub>2</sub> Saturations (%)

100% 98% 100% 0.8L

Conscious Level  
Normal Altered

N N N

GCS \*

C C C

TOTAL SCORE

Number of shaded boxes

0 0 0

Pain Score

1 2 1

Observer's Initials

Dr. D. Chirala

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



# 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 <b>EARLY WARNING SCORE &gt; 3</b> |      |                     | 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.

|          |                                                                                                                                                                                                                                                                                                                                      |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I</b> | <b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)                                                                                                                                                                                                                                                      |
| <b>S</b> | <b>SITUATION :</b> 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>B</b> | <b>BACK GROUND :</b> 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) |
| <b>A</b> | <b>ASSESSMENT :</b> 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.                                                                                         |
| <b>R</b> | <b>RECOMMENDATION :</b> 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-00662273 IP5-00176677  
Baby Of YELAMPALLI SUPRIYA  
20-07-2026 0 Y 0 M 0 D 13 H (F)  
Dr. DINESH KUMAR CHIRLA



Doc. 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

22/7/26

|                                                                    |                                                                                                                   |       |       |       |       |       |       |       |       |       |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Date: .....                                                        | Time: 8                                                                                                           | 10    | 12    | 2     | 4     | 6     | 8     | 10pm  | 12am  | 6am   |
| Doctor/Nurse/Family Concern?                                       | Am                                                                                                                | Am    | Am    | Am    |       |       |       |       |       |       |
| Temperature (F)                                                    | 36.9                                                                                                              | 36.2  | 36.7  | 36.2  | 36.4  | 36.6  | 36.7  | 36.8  | 36.8  | 36.8  |
| Heart Rate (bpm)                                                   | 56                                                                                                                | 52    | 54    | 59    | 59    | 65    | 61    |       |       |       |
| Blood Pressure (mmHg) *                                            | 31/40                                                                                                             | 35/41 | 29/38 | 37/44 | 38/49 | 49/52 | 57/46 |       |       |       |
| Note:<br>BP does not score<br>in early<br>warning scoring          |                                                                                                                   |       |       |       |       |       |       |       |       |       |
| Heart Rate (Number)                                                | 134                                                                                                               | 122   | 120   | 125   | 121   | 112   | 137   | 140/m | 128/m | 130/m |
| Resp. Rate (bpm)<br>(Over 1 Minute) *                              |                                                                                                                   |       |       |       |       |       |       |       |       |       |
| Resp Rate (Number)                                                 | 42                                                                                                                | 39    | 33    | 46    | 36    | 35    | 32    | 42/m  | 40/m  | 40/m  |
| Resp Mod/ Severe<br>Distress None / Mild                           |                                                                                                                   |       |       |       |       |       |       |       |       |       |
| Receiving O <sub>2</sub> (l/min)<br>O <sub>2</sub> Saturations (%) | 94%                                                                                                               | 95%   | 93%   | 100%  | 98%   | 100%  | 75%   | 100%  | 100%  | 100%  |
| Conscious Level<br>Normal Altered                                  | N                                                                                                                 | N     | N     | N     | N     | N     | N     |       |       |       |
| GCS *                                                              | 2                                                                                                                 | 1     | 1     | 1     | 1     | 1     | 1     | 15/m  | 15/m  | 15/m  |
| TOTAL SCORE                                                        | 1                                                                                                                 | 1     | 1     | 1     | 1     | 1     |       | 0     | 0     | 0     |
| Number of shaded boxes                                             |                                                                                                                   |       |       |       |       |       |       |       |       |       |
| Pain Score                                                         | 0                                                                                                                 | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     |
| Observer's Initials                                                | S                                                                                                                 | S     | S     | S     | S     | S     | S     | S     | S     | S     |
| 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<br>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.

|          |                                                                                                                                                                                                                                                                                                                                      |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I</b> | <b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)                                                                                                                                                                                                                                                      |
| <b>S</b> | <b>SITUATION :</b> 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>B</b> | <b>BACK GROUND :</b> 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) |
| <b>A</b> | <b>ASSESSMENT :</b> 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.                                                                                          |
| <b>R</b> | <b>RECOMMENDATION :</b> 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)                                                                                                                                                |



Date: ..... Time: 11:10

Doctor/Nurse/Family Concern?

| Temperature<br>(°F) |  |
|---------------------|--|
| 104                 |  |
| 103                 |  |
| 102                 |  |
| 101                 |  |
| 100                 |  |
| 99                  |  |
| 98                  |  |
| 97                  |  |
| 96                  |  |
| 95                  |  |
| 94                  |  |

Heart Rate  
(bpm)

and

Blood Pressure  
(mmHg) \*

**Note:**

BP does not score in early warning scoring

Heart Rate (Number)

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

Resp Rate (Number)

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

| Receiving O <sub>2</sub> (l/min) | O <sub>2</sub> Saturations (%) |
|----------------------------------|--------------------------------|
| 0                                | 95.0                           |
| 1                                | 95.0                           |
| 2                                | 95.0                           |
| 3                                | 95.0                           |
| 4                                | 95.0                           |
| 5                                | 95.0                           |
| 6                                | 95.0                           |
| 7                                | 95.0                           |
| 8                                | 95.0                           |
| 9                                | 95.0                           |
| 10                               | 95.0                           |
| 11                               | 95.0                           |
| 12                               | 95.0                           |
| 13                               | 95.0                           |
| 14                               | 95.0                           |
| 15                               | 95.0                           |
| 16                               | 95.0                           |
| 17                               | 95.0                           |
| 18                               | 95.0                           |
| 19                               | 95.0                           |
| 20                               | 95.0                           |
| 21                               | 95.0                           |
| 22                               | 95.0                           |
| 23                               | 95.0                           |
| 24                               | 95.0                           |
| 25                               | 95.0                           |
| 26                               | 95.0                           |
| 27                               | 95.0                           |
| 28                               | 95.0                           |
| 29                               | 95.0                           |
| 30                               | 95.0                           |
| 31                               | 95.0                           |
| 32                               | 95.0                           |
| 33                               | 95.0                           |
| 34                               | 95.0                           |
| 35                               | 95.0                           |
| 36                               | 95.0                           |
| 37                               | 95.0                           |
| 38                               | 95.0                           |
| 39                               | 95.0                           |
| 40                               | 95.0                           |
| 41                               | 95.0                           |
| 42                               | 95.0                           |
| 43                               | 95.0                           |
| 44                               | 95.0                           |
| 45                               | 95.0                           |
| 46                               | 95.0                           |
| 47                               | 95.0                           |
| 48                               | 95.0                           |
| 49                               | 95.0                           |
| 50                               | 95.0                           |
| 51                               | 95.0                           |
| 52                               | 95.0                           |
| 53                               | 95.0                           |
| 54                               | 95.0                           |
| 55                               | 95.0                           |
| 56                               | 95.0                           |
| 57                               | 95.0                           |
| 58                               | 95.0                           |
| 59                               | 95.0                           |
| 60                               | 95.0                           |
| 61                               | 95.0                           |
| 62                               | 95.0                           |
| 63                               | 95.0                           |
| 64                               | 95.0                           |
| 65                               | 95.0                           |
| 66                               | 95.0                           |
| 67                               | 95.0                           |
| 68                               | 95.0                           |
| 69                               | 95.0                           |
| 70                               | 95.0                           |
| 71                               | 95.0                           |
| 72                               | 95.0                           |
| 73                               | 95.0                           |
| 74                               | 95.0                           |
| 75                               | 95.0                           |
| 76                               | 95.0                           |
| 77                               | 95.0                           |
| 78                               | 95.0                           |
| 79                               | 95.0                           |
| 80                               | 95.0                           |
| 81                               | 95.0                           |
| 82                               | 95.0                           |
| 83                               | 95.0                           |
| 84                               | 95.0                           |
| 85                               | 95.0                           |
| 86                               | 95.0                           |
| 87                               | 95.0                           |
| 88                               | 95.0                           |
| 89                               | 95.0                           |
| 90                               | 95.0                           |
| 91                               | 95.0                           |
| 92                               | 95.0                           |
| 93                               | 95.0                           |
| 94                               | 95.0                           |
| 95                               | 95.0                           |
| 96                               | 95.0                           |
| 97                               | 95.0                           |
| 98                               | 95.0                           |
| 99                               | 95.0                           |
| 100                              | 95.0                           |

|                 |                   |
|-----------------|-------------------|
| Conscious Level | Normal<br>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

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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|---------------------------------------------|------|---------------------|--------------------------------|------|------|
| Date                                        | Time | Early Warning Score | Date                           | Time | Name |
|                                             |      |                     |                                |      |      |
|                                             |      |                     |                                |      |      |
|                                             |      |                     |                                |      |      |
|                                             |      |                     |                                |      |      |

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|          |                                                                                                                                                                                                                                                                                                                                      |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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BAH-00662273 IP5-00176677  
Baby Of YELAMPALLI SUPRIYA  
20-07-2026 0 Y 0 M 0 D 1 H (F)  
Dr. DINESH KUMAR CHIRLA



20/7/26

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

**BirthRight™**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## FLUID CHART

1st = 60cc/kg/day  
But - 2.1kg  
1L = 10ml

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.

|                              |          | Intake          |        |       |     | Output                |       |          |       |     | IV Site Thrombo-phlebitis Score | Sign. Nurse |  |
|------------------------------|----------|-----------------|--------|-------|-----|-----------------------|-------|----------|-------|-----|---------------------------------|-------------|--|
| Date                         | Time     | Nature of Fluid | Route  |       | NG  | Diarrhoea             | Vomit | Drainage | Urine |     |                                 |             |  |
|                              |          |                 | Mouth  | I.V   | N.G |                       |       |          |       |     |                                 |             |  |
|                              | 08:00 am |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
|                              | 09:00 am |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
|                              | 10:00 am |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
|                              | 11:00 am |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
|                              | 12:00 pm |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
|                              | 01:00 pm |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
| <b>Total Intake :</b>        |          |                 |        |       |     | <b>Total Output :</b> |       |          |       |     |                                 |             |  |
|                              | 02:00 pm |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
|                              | 03:00 pm |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
|                              | 04:00 pm |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
|                              | 05:00 pm |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
|                              | 06:00 pm |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
|                              | 07:00 pm |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
| <b>Total Intake :</b>        |          |                 |        |       |     | <b>Total Output :</b> |       |          |       |     |                                 |             |  |
|                              | 08:00 pm | FL              | (18ml) |       |     |                       | -     |          |       | -   | 0                               | 29          |  |
|                              | 09:00 pm |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
|                              | 10:00 pm | FL              | 6ml    | 8.8ml |     |                       | -     |          |       | 6ml | 0                               | 29          |  |
|                              | 11:00 pm |                 |        | 8.8ml |     |                       |       |          |       |     |                                 |             |  |
|                              | 12:00 am | FL              | 6ml    | 8.8ml |     |                       |       |          |       |     |                                 |             |  |
|                              | 01:00 am |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
| <b>Total Intake :</b>        |          |                 |        |       |     | <b>Total Output :</b> |       |          |       |     |                                 |             |  |
| charged to ventilator chart. |          |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
|                              | 02:00 am |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
|                              | 03:00 am |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
|                              | 04:00 am |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
|                              | 05:00 am |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
|                              | 06:00 am |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
|                              | 07:00 am |                 |        |       |     |                       |       |          |       |     |                                 |             |  |
| <b>Total Intake :</b>        |          |                 |        |       |     | <b>Total Output :</b> |       |          |       |     |                                 |             |  |

Total 24 hrs. Intake

Total 24 hrs. Output



BAH-00662273 IP5-00176677

Baby Of YELAMPALLI SUPRIYA

20-07-2026 0 Y 0 M 2 D (F)

Dr. DINESH KUMAR CHIRLA



# FLUID CHART

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

**BirthRight™**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

Sheet No. : .....

22/7/26 TV =  
Bwt =  
TF =

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               |           |               |          |       | IV Site<br>Thrombo-<br>phlebitis<br>Score | Sign.<br>Nurse |       |  |
|----------------------|----------|----------------------|-------|-----|----------------------|-----------|---------------|----------|-------|-------------------------------------------|----------------|-------|--|
| Date                 | Time     | Nature<br>of Fluid   | Route |     | NG                   | Diarrhoea | Vomit         | Drainage | Urine |                                           |                |       |  |
|                      |          |                      | Mouth | I.V | O.G                  |           |               |          |       |                                           |                |       |  |
|                      | 08:00 am |                      |       |     |                      |           |               |          |       |                                           | 1              |       |  |
|                      | 09:00 am | nan<br>pro           |       |     | 12ml                 |           | passed        | Nil      |       | 10ml                                      | 0              |       |  |
|                      | 10:00 am |                      |       |     |                      |           |               |          |       |                                           |                |       |  |
|                      | 11:00 am | EBM<br>+ 20ml<br>pro | 110ml |     |                      |           | Not<br>passed | Nil      |       | 12ml                                      | 1              |       |  |
|                      | 12:00 pm |                      |       |     |                      |           |               |          |       |                                           |                |       |  |
|                      | 01:00 pm | nan<br>pro           | 16ml  |     |                      |           | passed        | Nil      |       | 2ml                                       |                |       |  |
| Total Intake :       |          |                      |       |     | Total Output :       |           |               |          |       |                                           |                |       |  |
|                      | 02:00 pm |                      |       |     |                      |           |               |          |       |                                           |                |       |  |
|                      | 03:00 pm | nan<br>pro           | 16ml  |     |                      |           | passed        | Nil      |       | 8ml                                       | 1              |       |  |
|                      | 04:00 pm |                      |       |     |                      |           |               |          |       |                                           |                |       |  |
|                      | 05:00 pm | nan<br>pro           | 16ml  |     |                      |           | Not<br>passed | Nil      |       | 12ml                                      | 0              |       |  |
|                      | 06:00 pm |                      |       |     |                      |           |               |          |       |                                           |                |       |  |
|                      | 07:00 pm | nan<br>pro           | 16ml  |     |                      |           | passed        | Nil      |       | 10ml                                      | 1              |       |  |
| Total Intake :       |          |                      |       |     | Total Output :       |           |               |          |       |                                           |                |       |  |
|                      | 08:00 pm |                      |       |     |                      |           |               |          |       |                                           |                |       |  |
|                      | 09:00 pm |                      |       |     |                      |           |               |          |       |                                           |                |       |  |
| 22/7                 | 10:00 pm | FF                   | 25ml  |     |                      |           | ✓             |          |       | ✓                                         | NA             | Madhu |  |
|                      | 11:00 pm |                      |       |     |                      |           |               |          |       |                                           |                |       |  |
|                      | 12:00 am |                      |       |     |                      |           |               |          |       |                                           |                |       |  |
|                      | 01:00 am | FF                   | 25ml  |     |                      |           |               |          |       |                                           |                |       |  |
| Total Intake :       |          |                      |       |     | Total Output :       |           |               |          |       |                                           |                |       |  |
|                      | 02:00 am |                      |       |     |                      |           | ✓             |          |       | ✓                                         |                |       |  |
|                      | 03:00 am | FF                   | 30ml  |     |                      |           |               |          |       |                                           |                |       |  |
|                      | 04:00 am |                      |       |     |                      |           |               |          |       |                                           |                |       |  |
|                      | 05:00 am |                      |       |     |                      |           |               |          |       |                                           |                |       |  |
|                      | 06:00 am | FF                   | 25ml  |     |                      |           | ✓             |          |       | ✓                                         |                |       |  |
|                      | 07:00 am |                      |       |     |                      |           |               |          |       |                                           |                |       |  |
| Total Intake :       |          |                      |       |     | Total Output :       |           |               |          |       |                                           |                |       |  |
| Total 24 hrs. Intake |          |                      |       |     | Total 24 hrs. Output |           |               |          |       | M=3, U=3                                  |                |       |  |





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



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Your Right to a Safe Delivery

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.

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



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.

|                             |                       | Intake             |       |     |     | Output                      |                       |       |          |       | IV Site<br>Thrombo-<br>phlebitis<br>Score | Sign.<br>Nurse |  |
|-----------------------------|-----------------------|--------------------|-------|-----|-----|-----------------------------|-----------------------|-------|----------|-------|-------------------------------------------|----------------|--|
| Date                        | Time                  | Nature<br>of Fluid | Route |     |     | NG                          | Diarrhoea             | Vomit | Drainage | Urine |                                           |                |  |
|                             |                       |                    | Mouth | I.V | N.G |                             |                       |       |          |       |                                           |                |  |
|                             | 08:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 09:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 10:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 11:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 12:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 01:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | <b>Total Intake :</b> |                    |       |     |     |                             | <b>Total Output :</b> |       |          |       |                                           |                |  |
|                             | 02:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 03:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 04:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 05:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 06:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 07:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
| <b>Total Intake :</b>       |                       |                    |       |     |     | <b>Total Output :</b>       |                       |       |          |       |                                           |                |  |
|                             | 08:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 09:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 10:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 11:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 12:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 01:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
| <b>Total Intake :</b>       |                       |                    |       |     |     | <b>Total Output :</b>       |                       |       |          |       |                                           |                |  |
|                             | 02:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 03:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 04:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 05:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 06:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
|                             | 07:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |  |
| <b>Total Intake :</b>       |                       |                    |       |     |     | <b>Total Output :</b>       |                       |       |          |       |                                           |                |  |
| <b>Total 24 hrs. Intake</b> |                       |                    |       |     |     | <b>Total 24 hrs. Output</b> |                       |       |          |       |                                           |                |  |