Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174579 **Admit Date** : 31-May-2026 **Admit Time** : 10:01 PM **UHID** : BAH-00657723

Patient Details :

Patient Name	: Baby Of SNEHALATHA V	**Age**	: 0 D
Guardian	: Mr V SURESH	**DOB**	: 31-05-2026 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: # FLAT NO 401 FALCON ENCLAVE SHAIKPET .. Dargah Hussain Shah Wali Hyderabad Telangana INDIA 500008	**Phone No**	: 7799887737/ 9032194182
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : NICU **Bed No** : NICU 270 **Ward Name** : 2F-NICU 3

Room No : NICU 270 **Admission Type** : First Visit

Contact Details :

Name : Mr V SURESH **Relationship** : Father

Contact Address : # FLAT NO 401 FALCON ENCLAVE SHAIKPET .. Dargah Hussain Shah Wali Hyderabad Telangana INDIA 500008 **Phone No** : 7799887737 / 9032194182

Signature

Doctor Details :

Doctor Name : Dr. NITASHA BAGGA **Specialisation** : NEONATAL INTENSIVE CARE

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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

23 IP5-001. 1579
HAL 'A V
0 M 1 D (M)

Nam _____

UHI _____ Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
7/6/26	RBS	26055546	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/6	Invasive monitor	31/5/26 10PM			Priya

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

H-00657723 IP5-00174579
by Of SNEHALATHA V
-05-2026 0 Y 0 M 1 D (M)
. NITASHA BAGGA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ADMISSION CRITERIA – NICU

Admission / Transfer from:

☐ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: transport from Shree nursery hos

Tick (✓) any of the following criteria requiring admission / transfer to NICU

Prematurity and Low Birth Weight Babies:

- ☐ Respiratory Distress
- ☐ Congenital Heart Disease
- ☐ Suspected or CONFIRMED SEPTICAEMIA
- ☐ Suspected or Diagnosed Meningitis
- ☐ UTI
- ☐ Septic Arthritis or Osteomyelitis
- ☐ Congenital Infections (Varicella, Pneumonia)
- ☐ Acquired Viral Illness
- ☐ Hyperbilirubinemia
- ☐ Severe Dehydration
- ☐ Bleeding Manifestations
- ☐ Neonatal Seizures
- ☐ Birth Asphyxia
- ☐ Surgical Problems
- ☐ Suspected Metabolic Disorders
- ☐ Dysmorphic Features
- ☐ Congenital Serious Cutaneous Disorder

Major Surgical Problems:

- ☐ Congenital Hydrocephalus
- ☐ Neural Tube Defects
- ☐ Choanal Atresia
- ☐ Trachea- Esophageal Fistula
- ☐ Esophageal Atresia
- ☐ Congenital Diaphragmatic Hernias
- ☐ Eventration of Diaphragm
- ☐ Congenital Cystic Adenomatoid Malformation
- ☐ Intestinal Atresias
- ☐ Gastric Volvulus
- ☐ Cleft lip or Cleft Palate
- ☐ Ompalecele / Gastrochiasis
- ☐ Anorectal Malformations
- ☐ Gross Hydrouretero Nephrosis
- ☐ Posterior Urethral Valves
- ☐ Congenital Tumors
- ☐ Cystic Hygromas

Criteria for shifting inborn babies from wards to NICU:

- ☐ Any Baby with Lethargy, Poor Feeding, Gross Weight Loss and Dehydration
- ☐ Any Baby with Severe Jaundice Requiring Exchange Transfusion
- ☐ Any Baby with Blood Sugar Abnormalities (Hypo or Hyperglycaemia)
- ☐ Any Baby with Temperature Instability
- ☐ Any Baby with Signs of Sepsis
- ☐ Any Baby with Seizures
- ☐ Out Born Babies: (Including Walk in Patients to the Emergency Room / Neonatal Transports)

Signature of the Doctor: Akhile

Name of the Doctor: Dr. Akhile

Date & Time: 31/5/2026

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE CRITERIA – NICU

Discharge to:

☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☐ Others: .....

Tick (✓) any of the following criteria requiring discharge / transfer from NICU

- ☐ The clinical status of the patient no longer warrants constant medical and nursing monitoring or specialized services originally required.
- ☐ Preterm baby once attained weight of >1.5kgs and crossing the PMA of >35 weeks of gestation.
- ☐ Preterm babies maintaining normal temperatures (36.5-37.5°c) in room temperature.
- ☐ All preterm, low birth weight babies and babies who had critical course in the NICU

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....

BAH-00657723 IP5-00174579
Baby Of SNEHALATHA V
31-05-2026 0 Y 0 M 1 D (M)
Dr. NITASHA BAGGA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : ..... Age : ..... Father's Name : ..... Age : .....

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

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

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

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

BIRTH INFORMATION

Name : B/o V. Snehalatha

Gender : ☑ M ☐ F Blood Group : O+ve

Date of Birth : 31/5/2026 Time of Birth : 7:38 pm

Place of Birth : Shree Hospital

Mother's Blood Group : O+ve

Birth Weight (gms) : 2715g Length (cms) : 50cm

OFC (cms) : 33cm

Estimated Gesth Age : 36+3 weeks.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 36 Ht : ..... Wt : ..... BMI: ..... Married Life : 10y LMP : 28/9/25 EDD : 28/6/26

Conception : Spontaneous or with Rx. : Spontaneous

Booked at what GA. : ..... AN Steroids Drugs / Doses : .....

Last Scans Details : 26/5 : 35+5d | AFI- 11-12cm | 2794g | N Dopples

TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☑ > 35yrs

Consanguinity : ☐ Yes ☑ No

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

~~**H/o PIH (after 20 weeks) / PE**~~

~~How many Drugs / Doses / Since how long~~ : mother received treatment for oligohydramnios

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

IUGR - when detected : .....

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

AFI : .....

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

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

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication? .....

Any other Chronic Medical Problems, when detected drugs ? none

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

Infection : H/O, Fever

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

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

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

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

Patient Sticker

PAST OBSTETRIC HISTORY

G : 3 P : 1 A : 1 L : 1

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
1	9y	FT	Abg	F	Ch Healthy	
2	~~6y~~	6w			SERPC	
3	pp.					

PERINATAL HISTORY

Treating Obstetrician : Dr. Sharada Hospital : Shree Hospital ☐ Inborn ☑ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : Scar tenderness

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☑ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : 36 Weeks : .....

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink	1	1	2
HEART RATE	Absent	< 100 Minutes	> Minutes	2	2	2
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal	1	1	2
MUSCLE TONE	Limp	Some Flexion	Active Motion	2	2	2
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying	2	2	2
				8/10	8/10	10/10

TOTAL

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

Snapee II Score

				Score
Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)	
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)	
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)	
Multiple Seizures	No (0)	Yes (19)		
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)	
Apgar Score	> = 7 (0)	< 7 (18)		
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)	
SGA	> 3rd percentile (0)	< 3rd (12)		
			Total	

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

equipments arranged & checked
warmer preheated.

At 7:38 pm, baby was delivered
→ via LSCS

↓
cried immediately after birth.

↓
Routine care done
Inj Vitamin K 1mg given IM.

↓
at 5min HR - 178/min, RR - 70/min,
SpO_2 - 89% on RA.

↓
observed for 10 min

↓
RD (+), RR - 75/min, AR - 170/min
mild ICR (+), SpO_2 - 96%

Delivery room CPAP given for 5 mins.

↓

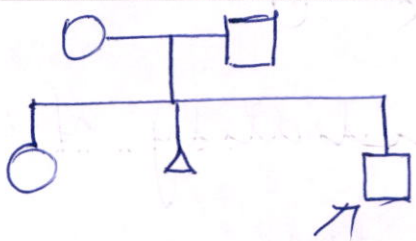
Investigation details in previous Hospital : baby shifted to RCH - Banjara

Feeding History :

Patient Sticker

Past History :

Family History :



Socio Economic History :

upper middle.

GENERAL EXAMINATION ON ADMISSION

General Disposition : C/T/A good

VITALS : Temperature : 36.5°C HR : 148/min RR : 70/min NIBP : ..... CFT : <2s

Color of the extremities : pink. RBS - 82.

Jaundice : ..... Pallor : ..... SpO2 : 98% on RA

ANTHROPOMETRY: Birth Weight : 2.715 kg Length : 50cm HC : 33cm Present Weight : .....

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

BAH-00657723 IP5-00174579
Baby Of SNEHALATHA V
31-05-2026 0 Y 0 M 1 D (M)
Dr. NITASHA BAGGA

HEAD TO TOE EXAMINATION

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

FACIES : (Any Facial Dysmorphism) no dysmorphism

NECK and CLAVICLES :
Range of Motion : (N)
Asymmetry :
Masses :

EYES :
Symmetry :
Red Reflex : to be checked.
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags : (N)
Nasal shape / Patency :
Palate : no cleft.
Gums :
Lips :
Tongue :

THORAX and BREASTS :
Shape of Thorax : (N)
Position of Nipples and Number :

ABDOMEN and UMBILICUS :
Shape :
Organomegaly : (N)
Bowel Sounds : 2A/1V.
Umbilical Stump :
Discharge :

GENITILIA :
Labia / Hymen : (N) external male genitalia
Testicles/penis : B/L descended testes
Anus :

HERNIAL ORIFICES free

TRUNK and SPINE : (N)

SKIN LESIONS : none.

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

Patient Sticker

SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☐ Regular ☑ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 70/min SCR / ICR / See - Saw breating :

Scoring of respiratory distress if present (Silverman or Downe's) : SAS – 2/10

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

Settings : Room air

SpO_2: 98% Auscultation: BAE (+) Breath Sounds: NVBS (+) Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : 148/min BP :

Femoral Pulses : B/L well felt

Other Peripheral Pulses :

Precordial Activity : (N)

Murmurs : none

Signs of Cardiac Failure : (–)

ABDOMEN:

Shape : (N)

Palpation : soft

Palpable masses : none

Abdominal girth :

Hernia orifice : free

Anal Patency : appears patent

Umbilical Cord : 2/A/IV

First urine passed : ✓

Meconium passed : Not yet-

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) :

State of wakefulness : C/T/A (N)

Prechtle Score :

Nerves : NFND

MOTOR SYSTEM:

Passive Tone : good

Active Tone :

Neonatal Reflexes :

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

Moro's : complete / symmetrical. DTR :

ATNR : Skull and Spine : (N)

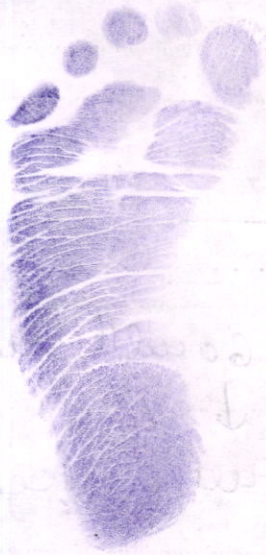
BAH-00657723 IP5-00174579
Baby Of SNEHALATHA V
31-05-2026 0 Y 0 M 1 D (M)
Dr. NITASHA BAGGA

Any Congenital Anomalies : none

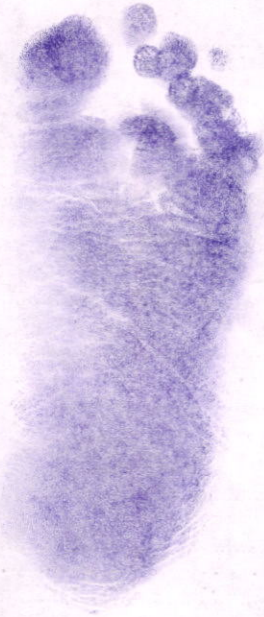
Diagnosis : Late preterm (36w) / AGA - 2.715kg / Em LSC
i/o scar tenderness / CIAB / RD - TTNB.

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : Akhila

Name : Dr. Akhila

Date & Time : 31/5/2026

Consultant :

DR. NITASHA BAGGA
Reg. No: 86260

Signature :

Name : DR. Nitasha Bagga

Date & Time : 31/5/26

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.

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

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

.....

.....

Vital : HR : ..... RR : ..... BP : ..... SPO2 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

.....

.....

.....

.....

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Plan:

- IV - 6 am/pm 1st day
- Full OG feeds
- Low flow SOS.
- RBS 6th hourly.
- CXR SOS if persisting RD > 6 hours.

Avoid

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

Doctor Name: .....

Date & Time: .....

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

Doctor Name: .....

Date & Time: .....

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/11/26	Morning Note	
	HOL - 12 hours | Term / AGA / TTNB	
	- Baby on room air	
	- Accepte full palada fluid	Adv - IV - 60 cc/kg/day 15 ml palada feeds ~~FF/EBM~~ @ BBM.
	- Intermittent tacypnea	
	- HR = 142 SPO2 - 100	- N/F any Resp distress
		- clinical jaundice @ 24 hours.
		- SBR NBS ~~OHC~~ @ 48h.
		Seen by Dr. Nitasha. Rajat.
		- Transfer of care
		- Crib care
		- SBR @ 48hours. NBS
		Rajat

Dr. NITASHA BAGGA Reg. No.

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: .....

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

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

Signature: .....

Date & Time: .....

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

Signature: .....

Date & Time: .....

0065 '23 P5-00174579
Of S HALATHA V
1026 0 Y 0 M 1 D (M)
ASHA AGGA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
1/6/26	@ 5.00pm	82mg/dl	Full feed	A

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

Patient Sticker

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. : 1

TV – 60 cc/kg
BWt – 2.7
TF – 13.5ml

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.

31/5/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	~~N.G~~							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm	DBM			14ml						1	
	11:00 pm										0	
	12:00 am	DBM			14ml						1	
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am	DBM			14ml						1	
	03:00 am											
	04:00 am	DBM			14ml						0	
	05:00 am											
	06:00 am										1	
	07:00 am											
Total Intake :			ml			**Total Output :**					ml	

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

Patient Sticker

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	10	12	2	4	6
Doctor/Nurse/Family Concern?	PM	AM	AM	AM	AM

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

36.1 C 36.3 C 36.5

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

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

Note: BP does not score in early warning scoring

Heart Rate (Number)			138	124	132

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

70 60 50 40 30 20 10

Resp Rate (Number)					
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min) O_2 Saturations (%)			93%	97%	94%
Conscious Level: Normal / Altered			A	A	A
GCS *			C	C	C
TOTAL SCORE Number of shaded boxes			1	1	1
Pain Score			0	0	0
Observer's Initials			P	P	P

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)