BAH-00661697 IP5-00176678
Baby Of SRIJA REDDY VEDERE
15-07-2026 0 Y 0 M 6 D (F)
Dr. VENKATA LAKSHMI A

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

BirthRight™ BY RAINBOW HOSPITALS
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NEWBORN MONITORING FORM

Date of Birth : .....
Time of Birth : .....
Mode of Delivery : .....
Birth Weight : 2.725 kg
Head Circumference : .....
Length : .....
Red Reflex : .....

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

Date	Weight	Type of Feed	Quantity	Temperature	Signature
20/7	W-W 2.468	EBM+FF	35 ml	97.7F	Surya
21/7	2.469 kg	EBM+FF	35ml	97.F.	Sangeetha
21/7/26	F-W 2.433 kg	EBM+FF	35ml	98.1F	Deepika
22/7/26	2.406kg	EBM+FF	35 ml	97.5°F	Dinu

Docu. No. : RCHBH /FRM / CLINICAL / 132

(P.T.O)

Date	Time	Investigation	Result	Order No.	Signature
22/7/26	7Am	SBR		26678(3)	Rim

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 : IP5-00176678 **Admit Date** : 20-Jul-2026 **Admit Time** : 08:47 PM **UHID** : BAH-00661697

Patient Details :

Patient Name	: Baby Of SRIJA REDDY VEDERE	**Age**	: 0 Y 0 M 5 D
Guardian	: MR ANIRUDH THOTA	**DOB**	: 15-07-2026 09:55 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO: 254, ROAD NO 10C, MP & MLA COLONY Hyderabad Jubilee HO Hyderabad Telangana INDIA 500033	**Phone No**	: 9440555333/ 9000393992
		E-mail	: SRIJAREDDY@GMAIL.COM

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT 317 **Ward Name** : 3F-ZONE B

Room No : PVT 317 **Admission Type** : First Visit

Contact Details :

Name : MR ANIRUDH THOTA **Relationship** : Father

Contact Address : H NO: 254, ROAD NO 10C, MP & MLA COLONY Hyderabad Jubilee HO Hyderabad Telangana INDIA 500033 **Phone No** : 9440555333

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.01

Payment Mode : Cash **Payor Name** : STAR HEALTH AND ALLIED INSURANCE CO LTD

BAH-00661697 IP5-00176678
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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : _____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
20/7/26	9:30p	ER	317	

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
2017/7/26	SBR, Sr. E	72920	Vinod.

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7	DSPT	10:00pm	6:00pm	9713378	Sangeetha.
21/7	SSPG	6:00pm		9714906	Likhitha

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Rainbow®
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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00661697 IP5-00176678
Baby Of SRIJA REDDY VEDERE
15-07-2026 0 Y 0 M 5 D (F)
Dr. VENKATA LAKSHMI A

Patient Name: D/O Srija.

UHID ID: _____

Department: _____

Consultant: _____

BAH-00661697 IP5-00176678
Baby Of SRIJA REDDY VEDERE
15-07-2026 0 Y 0 M 5 D (F)
Dr. VENKATA LAKSHMI A

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Yellowish discolouration of skin & eyes : 1 day.

History of present illness :

yellowish discolouration of skin & eyes : 1 day

BT. wt - 2.725 kg M / O+

DOL wt - 2.584 kg B / O+

current wt - 2.38 kg % loss : birth - 12.6%

TSB on 5th DOL - 16.8/16.9.

BAH-00661697 IP5-00176678
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15-07-2026 0 Y 0 M 6 D (F)
Dr. VENKATA LAKSHMI A

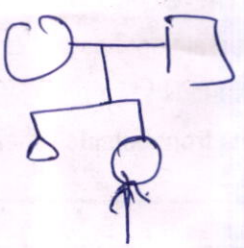
Pediatric Multiorgan History & Physical Examination

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

-

Birth & Neonatal History:

Late PT (36+5) / AGA/F



Birth & Socio Economic History:

About Father : -

About Mother : -

Any additional Information : -

Developmental History :

As per age.

Immunization History :

BCG, OPV, Hep B given.

(P.T.O.)

BAH-00661697 IP5-00176678
Baby Of SRIJA REDDY VEDERE
15-07-2026 0 Y 0 M 5 D
Dr. VENKATA LAKSHMI A (F)

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 2.38 kg (Centile ______)

On Examination :

Temperature : Afebrile Pulse Rate : 130/m B.P. ______ SPO2 100%

Resp.rate and type of breathing : 30/min

Rash______ Icterus till

Lymphadenopathy______ ↳ deep yellow till legs

Oedema :______ ↳ lemon yellow till palms & soles.

Allergies (if any):______

Respiratory System :

Inspection (any s/o distress) :______

Air entry & breath sounds : BAE(+)

Any addes sounds :______

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

Cardiovascular System :

Inspection of procordium :______

Heart Sounds : S_1S_2(+)

Any murmur :______

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

Per Abdomen :

Inspection______

Palpation : soft

Ausculation :______

Spine :______ External Genitelia :______

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

BAH-00661697 IP5-00176678
Baby Of SRIJA REDDY VEDERE
15-07-2026 0 Y 0 M 5 D (F)
Dr. VENKATA LAKSHMI A

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

_____

_____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials:**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

_____

_____

_____

_____

(P.T.O.)

BAH-00661697 IP5-00176678
Baby Of SRIJA REDDY VEDERE
15-07-2026 0 Y 0 M 5 D (F)
Dr. VENKATA LAKSHMI A

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: ABE.

Desired goals of the treatment : H. stability.

CSB NICU team

Planned Labs:

SBR, SE now.

~~(R) (N) SBR 1/hr 5pm.~~

JB Shravani 20/7/26

Planned Management

DSPT c eyes & genitalia covered.

measured feeds @ 35 ml 2nd hrly or 50 ml 3rd hrly.

monitor temp Q 2nd of hrly if <97.5°F, inform.

(R) trace SBR, S/E] inform NICU

Signature of the Doctor: Dhanalakshmi

Name of the Doctor: Dhanalakshmi

Date & Time: 20/7/26

Signature of the Consultant: ...

Name of the Consultant: ...

Date & Time: ...

Dr. VENKATALAKSHMI A
Reg. No: 50115

BAH-00661697 IP5-00176678
Baby Of SRIJA REDDY VEDERE
15-07-2026 0 Y 0 M 6 D (F)
Dr. VENKATA LAKSHMI A

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DEFICIENCY CHECK LIST OF CASE SHEET

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

Signature and Date : 22-7-26

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00651697 IP5-00176678
Baby Of SRIJA REDDY VEDERE (F)
15-07-2026 0 Y 0 M 5 D
Dr. VENKATA LAKSHMI A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 11:30PM	seen by NICU Fellow	
	Icteric till calves	
	SBR - 18.3	Plan
	PT cut off - 17.3	1) cont DSPT
	ET cut off - 22.3	2) Decide SBR after rounds.
	taking feeds well.	3) measured feeds
	mucosa moist	35ml Q2H /
	passed urine 7 times since morning	50ml Q3H
	12% weight loss since birth.	EBM / FF.
	Na - 137.	4) temp monitoring Q2H.
	K - 5.2 (? lysed).	
	Dr Abhinaya.	Noted by Sangeetha @ 607208

BAH-00661697 IPS-00176678
Baby Of SRIJA REDDY VEDERE
15-07-2026 0 Y 0 M 5 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26	Seen by Resident (Dr Sai Jey)	
9Am	Late PT/ 36+5/ AGA/ NNJ / 2725	
		dan
	Baby on Room air	
m/ot / B/ot	ongoing DIPT (10pm)	1. measured feed 50ml Q3H / 35ml Q3H
	Accepting feeds well	
	T.wt: 2.469 kg (-71 gm) (9% ↓)	2. DIPT with eye & genital care
	Euthermic	
	Euglycemic	3. (RW) SBR
	Passed urine & stool	
	CRT<3sec	4. Temperature monitoring 3rd hourly
U/2 / J/2		
		~~dey~~ sai
		Seen by Dr. Venkata Lakshmi
		→ SBR at ~~6pm~~ 10am TBm
		Trace NBs
		- check wt @ 4pm
		- TCBR 6pm,
		- Lactation review
		- Tab Lactare TD mother

BAH-00661697 IP5-00176678
Baby Of SRIJA REDDY VEDERE
15-07-2026 0Y0M6D (F)
Dr. VENKATA LAKSHMI A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Venkat lakshmi mam	
		① TCBR @ 6pm
		② wt check @ 4pm
		③ Lactation Review
		④ SBR T/m 10a.m
		⑤ Trace NBS
		Sohith
	Seen by Resident	
	Baby on Roomair	Plan
	2.433 kg ↓ 36 gram since mommy	1. DSPT with eye and genital care
	On DSPT	2. Clinical assessment @ 6pm
	Accepting feed well	3. SBR T/m 7Am
	Cry, Tone, Activity — Good	4. DBF 2nd hourly 35ml Q2H / 50ml Q3H
	Euthermic	5. Vital monitoring
	CRT < 3sec	
	peripheries: warm	
	NBS: Ⓝ TSH → 7.5	Saiteja
		noted by [signature]

Docu. No. : RCHBH /FRM / CLINICAL / 088

(P.T.O)

BAH-00661697 IP5-00176678
Baby Of SRIJA REDDY VEDERE
15-07-2026 0 Y 0 M 6 D (F)
Dr. VENKATA LAKSHMI A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 8:30am	C/S/B Dr. Soheela (Resident)	
	DOL-7 | 2725 | 36+5 | Late preterm	
	D: NNJ	Plan SBR → 7.9 < 0.1 7.8 (22/7)
	M/B O+ O+ TWt → 2406g	① SSPT with eyes & genitals covered.
	U/M ✓ ✓ 2433g → 2406g (27g ↓) (1.1% ↓)	
	DSPT → SSPT (6pm)	② DBF 2nd hrly + FF 40ml Q2H 55ml Q3H.
	Baby on room air	
	on phototherapy.	③ monitor vitals feed, U/O
	cry, Tone, activity } good.	④ R/V Discharge.
	hemodynamically stable	⑤ F/U Saturday Soheela
	vitals - stable	measured feeds 60ml Q3H
	S/B Dr. VL mam	① Measured feed. Q3H 60ml.
	SBR - 7.9.	② Plan d/c today
	Dr. VENKATALAKSHMI A Reg. No: 50115	③ F/U Saturday
		V

Docu. No. : RCHBH /FRM / CLINICAL / 088

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Baby Of SRIJA REDDY VEDERE
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RESULT SHEET

Date	20/7/26					
Time	9:09pm					
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na	137					
K	5.2					
Cl	107					
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj	18.3 < 10.1 / 18.2					
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER Shifted to: Ward

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ramya

Date & Time : 20/7/26 ; 7:40 pm

Nurse Name & Signature: Bhavani

Date & Time : 20/7/26 8 pm

BAH-00661697 IP5-00176678
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DRUG CHART

Date of Admission: 20/7/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name ..... Signature .....

Baby Of SRIJA REDDY VEDERE
15-07-2026 0Y0M5D (F)
Dr. VENKATA LAKSHMI A

REGULAR PRESCRIPTIONS

Weight. 2.38kg Ward. ....

DRUG : VITAMIN D3 DROPS				Date ▸ / Time ▾	20/7	21/7
Dose	Route	Frequency	Start Date			
0.5ML	PO	OD	20/7			
Name & Signature of the Doctor Starting the Drugs:				10 AM		
Additional Instructions: 1ml = 800 IU						
Daily Doctor's Endorsement by a Sign						

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

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

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

Dr. VENKATA LAKSHMI A

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature .....

VERIFIED BY : Name .....

I.V. FLUIDS CHART

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

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

VERIFIED BY : Name ..... Signature .....

BAH-00661697 IP5-00176678
Baby Of SRIJA REDDY VEDERE
15-07-2026 0 Y 0 M 6 D (F)
Dr. VENKATA LAKSHMI A

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.

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	10PM	2AM	6AM
Doctor/Nurse/Family Concern?			
Temperature (F)	98.0F	98.2F	97.7F
Heart Rate (bpm) and Blood Pressure (mmHg) *	132/64	122/64	130/64
Resp. Rate (bpm) (per 1 Minute) *	30/64	32/64	30/64
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)	RA 99%	RA 99%	RA 99%
Conscious Level: Normal / Altered			
GCS *	(14/15)	(14/15)	(14/15)
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	BG	BG	BG

Note: BP does not score in early warning scoring

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

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

Patient Sticker

Pratiksha 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)

BAH-00661697 IP5-00176678
Baby Of SRIJA REDDY VEDERE
15-07-2026 0 Y 0 M 6 D (F)
Dr. VENKATA LAKSHMI A

21 hr

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

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

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	11 AM	2pm	4pm	10 pm	2 Am	6 Am
Doctor/Nurse/Family Concern?						
Temperature (F)	97.6°F	98°F	97.6°F	97.6°F	97.7°F	98.1°F
Heart Rate (bpm) and Blood Pressure (mmHg) *						
Note: BP does not score in early warning scoring						
Heart Rate (Number)	125b/m	150b/m	135b/m	135b/m	140b/m	138b/m
Resp. Rate (bpm) (over 1 Minute) *						
Resp Rate (Number)	30b/m	28b/m	30b/m	30b/m	30b/m	30b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	99%	100%	100%	100%
Conscious Level: Normal / Altered						
GCS *	(N)	(N)	(N)	(N)	(N)	(N)
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	B	B	B	RH	RPM	RH

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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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)
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BAH-00661697 IP5-00176678
Baby Of SRIJA REDDY VEDERE
15-07-2026 0 Y 0 M 6 D (F)
Dr. VENKATA LAKSHMI A

22/7/26

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

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

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: .... Time:	
Doctor/Nurse/Family Concern?	
Temperature (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	190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50
Heart Rate (Number)	
Resp. Rate (bpm) (Over 1 Minute) *	70, 60, 50, 40, 30, 20, 10
Resp Rate (Number)	
Resp Distress	Mod/ Severe
	None / Mild
Receiving O_2(l/min)	
O_2Saturations (%)	
Conscious Level	Normal
	Altered
GCS *	
TOTAL SCORE Number of shaded boxes	
Pain Score	
Observer's Initials	

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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BAH-00661697 IP5-00176678
Baby Of SRIJA REDDY VEDERE
15-07-2026 0 Y 0 M 5 D (F)
Dr. VENKATA LAKSHMI A

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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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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										0	Sangee
	09:00 pm	EBM+FF 35ml									0	Sangee
	10:00 pm						✓			✓	0	Sangee
14/7	11:00 pm	EBM+FF 35ml									0	Sangee
	12:00 am										0	Sangee
	01:00 am	EBM+FF 35ml									0	Sangee
Total Intake :						**Total Output :**				U-1	m-1	
	02:00 am										0	Sangee
	03:00 am	EBM+FF 35ml									0	Sangee
21/7	04:00 am						✓				0	Sangee
	05:00 am	EBM+FF 35ml								✓	0	Sangee
	06:00 am										0	Sangee
	07:00 am	EBM+FF 35ml									0	Sangee
Total Intake :						**Total Output :**				U-1	m-1	

Total 24 hrs. Intake		Total 24 hrs. Output	U-2 m-2

BAH-00661697 IP5-00176678
Baby Of SRIJA REDDY VEDERE
15-07-2026 0 Y 0 M 6 D (F)
Dr. VENKATA LAKSHMI A

21/7/26

FLUID CHART

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

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am		EBM+FF									
	09:00 am											
	10:00 am		EBM+FF								NOLO	
	11:00 am										cannula	
	12:00 pm		EBM+FF									
	01:00 pm											
Total Intake :							Total Output : U: 2					M: 2
	02:00 pm		EBM+FF									
	03:00 pm											
	04:00 pm		EBM+FF								NOLO	
	05:00 pm										cannula	
	06:00 pm		EBM+FF									
	07:00 pm											
Total Intake :							Total Output : U: 3					M: 2
	08:00 pm		EBM+FF									
	09:00 pm											
	10:00 pm		EBM+FF								NO	
	11:00 pm										cannula	
	12:00 am		EBM+FF				MP					
	01:00 am											
Total Intake :							Total Output : U - 3					M - 0
	02:00 am		EBM+FF									
	03:00 am											
	04:00 am		EBM+FF								NO	
	05:00 am						MP				cannula	
	06:00 am		EBM+FF									
	07:00 am											
Total Intake :							Total Output : U - 2					M - 0

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00661697 IP5-00176678
Baby Of SRIJA REDDY VEDERE
15-07-2026 0 Y 0 M 6 D (F)
Dr. VENKATA LAKSHMI A

22/7/26

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FLUID CHART

Sheet No. : 3

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

FLUID CHART

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Sheet No. : .....

1. All measurements in ml.
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3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	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**	