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 : IP5-00174595 **Admit Date** : 01-Jun-2026 **Admit Time** : 11:06 AM **UHID** : BAH-00657755

Patient Details :

Patient Name	: Baby Of NIKHATH SHIREEN	**Age**	: 0 D
Guardian	: Mr SYED AHMEDULLAH KHAN	**DOB**	: 01-06-2026 10:27 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: 23-1-99/1 TO 5 ROYAL PLAZA CHOWK MAIDA KHAN Charminar Hyderabad Telangana INDIA 400059	**Phone No**	: 9100492766/ 9701213110
		E-mail	: na123@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SW-414-1 **Ward Name** : 4F-BIRTHING CENTRE

Room No : CRDL-SW-414-1 **Admission Type** : First Visit

Contact Details :

Name : Mr SYED AHMEDULLAH KHAN **Relationship** : Father

Contact Address : 23-1-99/1 TO 5 ROYAL PLAZA CHOWK MAIDA KHAN Charminar Hyderabad Telangana INDIA 400059 **Phone No** : 9100492766

Signature

Doctor Details :

Doctor Name : Dr. NITASHA BAGGA **Specialisation** : NEONATOLOGY

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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01-06-2026 0Y0M0D2H (M)
Dr. NITASHA BAGGA

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NEWBORN MONITORING FORM

Twining.

Date of Birth	: 1/6/26	New Born Screening	: Nikhath Shireen
Time of Birth	: 10:27Am	TFT	:
Mode of Delivery	: LSCS	OAE	:
Birth Weight	: 3.736	Mother's Blood Group	: O+ve
Head Circumference	: 35 cm	Baby's Blood Group	:
Length	: 51 cm	Anomaly Scan	:
Red Reflex	:	Vaccination	: OPV, BCG, Hep-B given Namrata 1/6/26

Date	Weight	Type of Feed	Quantity	Temperature	Signature
1/6/26	3.736	DBF	a—	98°F	Tunne.
1/6/26	3.684	DBF	Good	98.2°F	Yamuna
2/6/26	3.562kgs	DBF	Good	98.4F°	Sneha
3/6/26	3530 kgs	DBF+FF	25ml	97.4'F	Pooja

Date	Time	Investigation	Result	Order No.	Signature
01/6/26	11:20Am	Blood grouping		260555744	Tunni
1/6/26	1st hour 11:30 Am	GRBS	48mg/dl	26055742	Tunni
1/6/26	12:45pm	GRBS	43 mg/dl		Tunni
1/6/26	3rd hour 1:45 pm	GRBS	58mg/dl		Tunni
1/6/26	4:30pm 6th hour	GRBS	63mg/dl	260557744	
1/6/26	10:30pm 12th hour	GRBS	78mg/dl	26055873	Sneha
2/6/26	10:30 Am 24th hour	GRBS	72 mg/d.	26055923	Sayantan
2/6/26.	10 Pm. 36 hr	GRBS	79 mg/d.	26056169	Durga
2/6	10:30am	QRBS	89 mg/dl	26056213	Durga
2/6/26	10AM	SBR		26056207	Durga
2/6/26		DAG		96406824	Durga

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Nikhath Shireen Age : 35 Father's Name : ..... Age : .....

Date of Birth : 01/06/2026 Date of Admission : 01/06/2026 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 : Blo Nikhath Shireen

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 1/6/26 Time of Birth : 10:27 AM

Place of Birth : RCH, Banjara hills

Mother's Blood Group : O positive

Birth Weight (gms) : 3736 gm Length (cms) : 51 cm

OFC (cms) : 35 cm.

Estimated Gesth Age : 39+6 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 35y Ht : 152 Wt : 67.3 kg BMI: ..... Married Life : ..... LMP : 28/8/25 EDD : 1/6/26

Conception : Spontaneous or with Rx. : IVF- conception (4th cycle)

Booked at what GA. : 19+5 wk. AN Steroids Drugs / Doses : .....

Last Scans Details : 11/5/26 - 36+5 wk/ cephali / 2939g h/ AFI - 18.3 cm dopplers - (N) / Placenta - Anterior - high

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 : .....

—

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 : 18.3 cm

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

Controlled or not, recent values, HbA1 values : GDM-C26 on diet

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : TIFFA (N), fetal 2D Echo (N)

H/o Hypothyriodism : when diagnosed ? Medication?

—

Any other Chronic Medical Problems, when detected drugs ? .....

(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 : .....

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PAST OBSTETRIC HISTORY

G : 2 P : ..... A : 1 L : .....

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
G1		6 weeks			Spontaneous miscarriage	

PERINATAL HISTORY

Treating Obstetrician : Dr Kirti reddy Hospital : RUH, BH ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☑ Emergency Indication : failed induction

Specify the reason : .....

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 : ..... Weeks : .....

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

1 Minute	5 Minutes	10 Minutes
1	1	
1	2	
2	2	
1	2	
2	2	
7/10	9/10	

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 :

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History o

Preheated warmer

↓

Delivered male baby through LSCS

cried immediately after birth

↓

Delayed cord clamping done

cord cut

↓

Inj. Vitamin K 1mg IM STAT given

↓

Routine care given

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°c HR : 154/m RR : 49/min NIBP : ..... CFT : <3sec

Color of the extremities : Acrocyanotic → pink

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

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

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

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HEAD TO TOE EXAMINATION

HEAD :
Fontanelles : Af 2cm×2cm
Sutures
Shape / Moulding :
Edema / Bruising : (N)
Size - (H.C.) :

FACIES : (Any Facial Dysmorphism) : No dysmorphism

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

EYES :
Symmetry :
Red Reflex : To be determined
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency :
Palate : (N)
Gums :
Lips :
Tongue :

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

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds : (N)
Umbilical Stump :
Discharge :

GENITILIA :
Labia / Hymen :
Testicles/penis : (N) External male genitalia
Anus :

HERNIAL ORIFICES : Free

TRUNK and SPINE : (N)

SKIN LESIONS : No lesion

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

SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM.

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 49/min SCR / ICR / See - Saw breating :

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

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

Settings :

SpO_2: 98% RA Auscultation: Breath Sounds: Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : 154/min BP :

Femoral Pulses : well felt

Other Peripheral Pulses : palpable

Precordial Activity : (N)

Murmurs : NO

Signs of Cardiac Failure : NO

ABDOMEN:

Shape : (N)

Palpation : soft

Palpable masses : NO

Abdominal girth :

Hernia orifice : free

Anal Patency : patent

Umbilical Cord : 2 Artery, 1 vein

First urine passed : not passed

Meconium passed : stool passed

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) : Alert

State of wakefulness :

Prechtle Score :

Nerves :

MOTOR SYSTEM:

Passive Tone :

Active Tone : (N)

Neonatal Reflexes :

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

Moro's : DTR :

ATNR : Skull and Spine :

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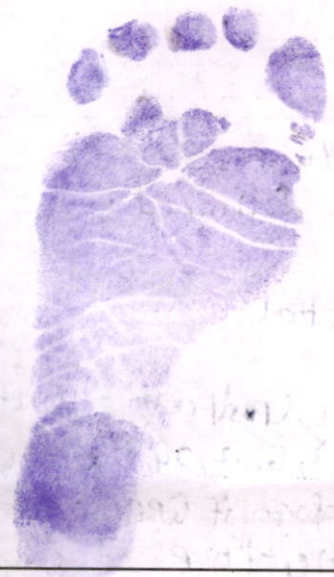
Any Congenital Anomalies : .....

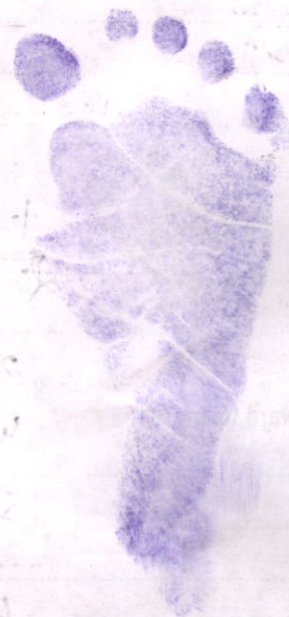
Diagnosis : Term| 39+6| Emergency LSCS| AGA| MCh| CIAB| 3.73kg
maternal GDM on diet

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : .....

Name : Sai

Date & Time : 1/6/26

Consultant :

Signature : .....

Name : .....

Date & Time : .....

DR. NITASHA BAGGA
Registration No: 67409

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.

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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 :

Plan

1. New born care/ warmth care
2. PBf every 2nd hourly followed by Burping
3. NBS, OAE, SBR at 48 Hrs
4. Trace baby blood group
5. GRBS monitoring 1st Hr (prefeed) (first hour of life)
   3, 6, 12, 24, 36, 48 Hrs (Prefeed)
   (Inform if GRBS < 50mg/dL)
6. Vaccination BCG, OPV, Hepatitis B today
7. Vital monitoring 2nd hr (SpO2 2nd hr)
8. W/f hypoglycemia

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

.....

.....

Soni

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: .....

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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				
6	Doctors progress sheets	2+1			
7	Nursing plan of care and handover sheets		4		
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				
18	Consent for ~~MTP~~ Treatment	1			
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam	2			
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)				
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)				
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
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	1			
	Total No. of Pages	24			

Signature and Date : 3/6/26

(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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26	~~CFS/B~~ Seen by Resident Dr. Ayushmaan	
	3HOL / 3,930gm / 39 ~~+~~ wks / El. LSCS / Mother c GDM (CIAB); 43mg/dl ↓	
	GRBS - 58mg/dL	
		Plan
	SpO_2 - 99%.	∘ Give measured feeds 19ml every 2hourly
M/o^+ B		∘ GRBS monitoring to cont at 6, 12, 18, 24, 48hours inform when < 50mg/dl
		∘ Vitals monitoring to cont.
		∘ Trace baby's blood group
		∘ vaccinate - BCG, OPV, HepB
		Ayushmaan
1/6/26 4PM	Afternoon Notes	
	seen by Dr. Nitasha	
		Rew
		① cont measured feeds
		② cont GRBS monitoring
		③ Check the caesium of baby T/M
		④ Trace Baby's blood group.
	DR. NITASHA BAGGA Registration No. 6628 [signature]	⑤ clinical jaundice assessment @24HOL - 11AM.
		Noted by [signature] 6/6/208

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 7.30am	Seen by Resident Dr Aysha	
	2/HDL/ 3730gm/39wks/ Sl. Less / Mother c GDM Conbet /	
M/O trc B/O trc	Bt.wt - 3730 gm Today wt. - 3.562kg ~~Yest. wt~~ - 168gm ↓ (↓4.5%)	
	GRBS 43 - 58 → 63 → 78mg/dl	Plan • Cont measured feed • GRBS monitoring
	Active Pink Cultures sent Peripheral iv/o Vitals stable	• Check Caesium of baby → 25ml measured feeds 2H. • Clinical jaundice assessment to be done at 10.30 am today → Vaccines taken • Vitals monitoring
	Motions passed - 4 time Urine passed - 9 time	
		Noted by Sneha @ 8am 2/6/26.

DR. NITASHA BAGGA
Registration No: 66260

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6 11:30Am	**lactation care plan:**	
	– Term – Well formed breast and nipples. – colostrum seen – Suck good.	
	Advice: – Direct breast feeding. – Aim for deep latch as demonstrated in cradle hold. – Make baby suck for 15–20 min on each side. – Demand feeding not exceeding 2–2½ hours as per early hunger cues.	DBF Review noted by Dr [illegible]
2/6/26 3PM	**Afternoon Notes** AOL 29. Taken DBF well. + measured Active Pink Euthermic PA – sept VPS SV	**Plan** c/b measured ① cont DBF A c/b surgery ② t/m 10AM – NBS – SBR – OAE ③ up to 25ml q2H feeds Noted by Dr Aishwarya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 7.20am	Seen by Resident	
	Ayushman	
	45 HOL | 3730gm | 39 wks | St. Vag |	Mother Gmmondiet
	Bt. wt - 3730gm	
	Yest - 3562gm	
	Today - 3530gm	Plan
M | 0 tm / B | 0 tse	206gm (5.5% ↓) since birth	• Cont DBF f/b means feeds f/b burping 25ml 2hourly feeds
	Urine - 4 times	
	Stools - 3 times	• NBS / SBR / OAE } 10am today
	Active	
	Pink	• q RBS monitoring
	Euthermic	
	Peripheries warm	• Sacrum to be checked
	Vitals stable	• D/C if SBR < 12 F/U → 2days (Friday)
	SBR → 11.1	
	DR. NITASHA BAGGA Registration No: 66260	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		3/6/16
		OAE - Newborn hearing Screening
		Bilateral responses are present
		Bilateral Pass
		3/6/16

Patient Sticker

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Date & Time	Progress Notes	Doctor's Order

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Doc. No. : RCHBH / 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: 1/6/26 Time:	11Am	3pm.	8pm	10pm	12Am	2Am	6Am
Doctor/Nurse/Family Concern?							
Temperature (°F) (104–94)	98°F	98.6°F	98.1	98.2°F	97.5°F	98.4°F	98.1°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) Note: BP does not score in early warning scoring							
Heart Rate (Number)	136 b/m	148 b/m	147	142 b/m	136 b/m	138 b/m	144 b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)							
Resp Rate (Number)	40 b/m	48 b/m	40	38 b/m	[illegible] b/m	38 b/m	40 b/m
Resp Distress Mod/ Severe							
Resp Distress None / Mild							
Receiving O_2 (l/min)							
O_2 Saturations (%)	96%	99	100%	98%	99%	98%	97%
Conscious Level Normal							
Conscious Level Altered							
GCS *	13/15	15/15	(15/15)	(15/15)	(15/15)	(15/15)	(15/15)
TOTAL SCORE Number of shaded boxes	0	0	Crossed out	0	0	0	0
Pain Score	0	0		0	0	0	0
Observer's Initials	Tunn	B		2	e	2	e

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.
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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.

BAH-00657755 IP5-00174595
Baby Of MKHATH SHIREEN
01-06-2026 0 Y 0 M 0 D 2 H (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

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.
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- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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BAH-00657755 IP5-00174595
Baby Of NIKHATH SHIREEN
01-06-2026 0 Y 0 M 0 D 13 H (M)
Dr. NITASHA BAGGA

Doc. No. : RCHBH / FRM / CLINICAL / 124
2/6/26

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

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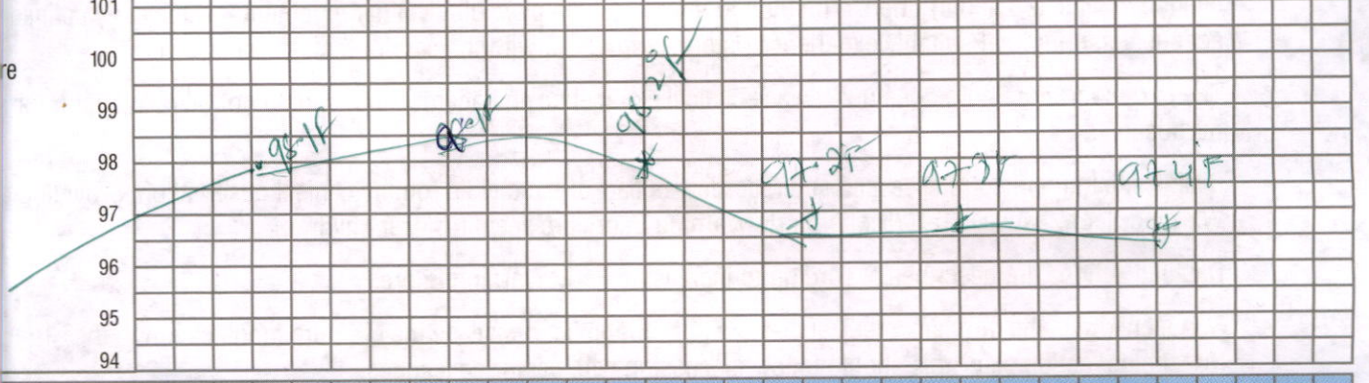
EARLY WARNING SCORE: CHILDREN'S UNIT

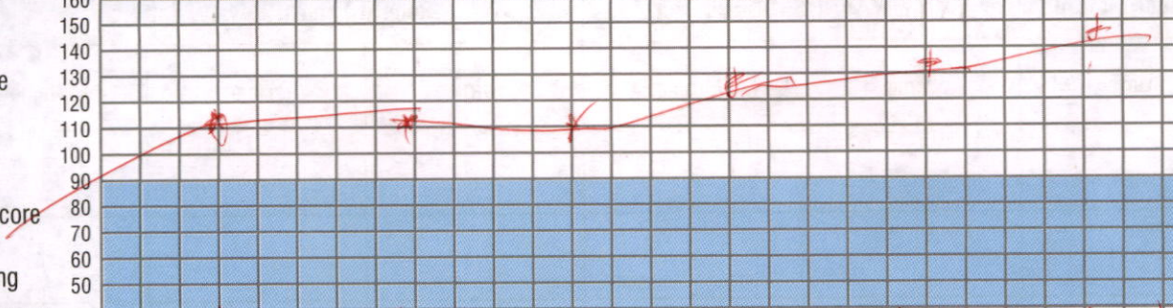
Date: ..... Time:	10AM	2PM	6PM	10PM	2AM	6AM
Doctor/Nurse/Family Concern?						

Temperature (F) — 104 103 102 101 100 99 98 97 96 95 94



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)	128/m	140/m	112/m	126/m	132/m	142/m

Resp. Rate (bpm) (Over 1 Minute) * — 70 60 50 40 30 20 10

Resp Rate (Number)	40/m	32/m	36/m	40/m	39/m	42/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	99% (15L)	99% (15L)	98%	97%	99%	99%
Conscious Level: Normal / Altered						
GCS *	(15/15)	(15/15)	(15/15)	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	BY	BY				

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
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Patient Sticker

Doc. No. : RCHBH / 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) *	190
	180
	170
	160
	150
	140
	130
	120
	110
	100
Note: BP does not score in early warning scoring	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-00657755 IP5-00174595
Baby Of NIKHATH SHIREEN
01-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. NITASHA BAGGA

1/6/26

FLUID CHART

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

Sheet No. : 1

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				NA							
	09:00 am											
	10:00 am									✓		
1/6	11:00 am		DBF				✓				1	Tunny
	12:00 pm		DBF								NO IV	Tunny
	01:00 pm		FF 12ml								1	Tunny
Total Intake : Taken.						Total Output : U – 1 ; M – 1						
	02:00 pm										1	
	03:00 pm											
1/6	04:00 pm		FF 15ml.				✓			✓	NO IV	
	05:00 pm											
	06:00 pm		FF 15ml				✓				1	
	07:00 pm											
Total Intake :						Total Output : U – 2 ; M – 2						
	08:00 pm										1	Sneh
	09:00 pm	DBF + FF	DBF + FF	10ml								Sneh
	10:00 pm						✓			✓	NO IV	Sneh
	11:00 pm											Sneh
	12:00 am		DBF + FF	10ml			.			✓	1	Sneh
	01:00 am											
Total Intake :						Total Output : M – 1 ; U – 2						
	02:00 am										1	Sneh
	03:00 am		DBF + FF	20ml								Sneh
	04:00 am						Np			✓	NO IV	Sneh
	05:00 am		FF	20ml								Sneh
	06:00 am									✓	1	Sneh
	07:00 am		FF	10ml								Sneh
Total Intake :						Total Output : M – 0 ; U – 2						

Total 24 hrs. Intake	Total 102 ml	Total 24 hrs. Output	M – 4 U – 9

BAH-00657755 IP5-00174595
Baby Of NIKHATH SHIREEN
01-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. NITASHA BAGGA

2/6/26

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FLUID CHART

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.

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
2/6											0	Suja
	08:00 am									✓	0	Suja
	09:00 am	DBF +FF	20ml								0	Suja
	10:00 am						✓				0	Suja
	11:00 am									✓	0	Suja
	12:00 pm	DBF +FF	20ml								0	Suja
	01:00 pm						✓				0	Suja
Total Intake :						**Total Output :** V-2					m-2	
	02:00 pm	DBF FF										Durga
	03:00 pm											Durga
	04:00 pm	DBF FF									NO IV cannula	Durga
	05:00 pm											Durga
	06:00 pm	DBF FF					✓			✓		Durga
	07:00 pm											Durga
Total Intake :						**Total Output :** V-1					m-1	
	08:00 pm		DBF FF 30ml.									Poojan
	09:00 pm											Poojan
	10:00 pm						ap			ap	NO IV cannula	Poojan
	11:00 pm		DBF									Poojan
	12:00 am		FF 30ml									Poojan
	01:00 am											Poojan
Total Intake :						**Total Output :** V-					m:	
	02:00 am						little bit			✓		Poojan
	03:00 am		DBF FF 30ml									Poojan
	04:00 am										NO IV cannula	Poojan
	05:00 am											Poojan
	06:00 am		DBF FF 30ml.									Poojan
	07:00 am											Poojan
Total Intake :						**Total Output :** V: 1					m-1	

Total 24 hrs. Intake		Total 24 hrs. Output	V-4, m-3