GUC-00094093 IP18-00036648
Master D.DAKSHAN RAJ
29-11-2019 6 Y 7 M 29 D (M)
Dr. NANDHINI G

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		29-11-19 9AM					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00094173 IP18-00036636
Baby B/O HEPZIBAH RUBELLA D
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

Name: .....

UHID 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
27/7/26.	1.30pm	OPD.	H12	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
22/11/24	Cbil;	4147	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/7-	SSPT	20 3.P.m.	8Am 28/7/26	33825	nislo

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 28/7/26 Time: 9AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
OUTLINE.			

GUC-00094173 IP18-00036636
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DISCHARGE TRACKING SHEET

DATE : 22/7/26.

Name of Consultant : Floor : UHID :

S.NO	Activity	TIME		Name & Signature	Remarks
		IN TIME	OUT TIME		
1	Dr. Announce Time				
2	Arrangement of File by Nurses		9AM	MO 0470	
3	Pharmacy Clearance				
4	Provisional Billing				
5	Audit Check				
6	Final Bill Prepared				
7	Sent to Insurance & Approval Received				
8	Handing Over & Bill Clearance				
9	Discharge Summary				
10	Physical Check Out				
11	Activity Sheet updated by Nursing				
12	Activity Sheet updated by Pharmacy				

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,600015.
TEL NO :044-40122444
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036636 **Admit Date** : 27-Jul-2026 **Admit Time** : 12:47 PM **UHID** : GUC-00094173

Patient Details :

Patient Name	: Baby B/O HEPZIBAH RUBELLA D	**Age**	: 0 Y 0 M 5 D
Guardian	: Mr SATHISH BABU	**DOB**	: 22-07-2026 12:22 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: D503, RADIANCE THE PRIDE, PAMMAL MAIN ROAD, PALLAVARAM Pammal Chennai Tamil Nadu INDIA 600075	**Phone No**	: 9600009396/ 8807492970
		E-mail	: no@gmail.com

Admission Details :

Bed Type : NICU FAMILY CENTRIC ROOM **Bed No** : NICU-FCR 336 **Ward Name** : 3F-NICU 4

Room No : NICU-FCR 336 **Admission Type** : First Visit

Contact Details :

Name : Mr SATHISH BABU **Relationship** : Father

Contact Address : D503, RADIANCE THE PRIDE, PAMMAL MAIN ROAD, PALLAVARAM Pammal Chennai Tamil Nadu INDIA 600075 **Phone No** : 9600009396

Signature

Doctor Details :

Doctor Name : Dr. GIRIDHAR S **Specialisation** : NEONATOLOGY

Referral Doctor : Dr. Mathangi Rajagopalan **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O HEPZIBAH RUBELLA D**	**Age :**	**0 Y 0 M 5 D**
IP No:	**IP18-00036636**	**Sex:**	**Female**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**3F-NICU 4/NICU-FCR 336**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 I[illegible]uide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Sathish Baby

Relationship: Father

Date: 27/07/2026 Time: 12:44 PM

Witness Name: Pavithra

Witness Signature:

Patient Address:

D503, RADIANCE THE PRIDE, PAMMAL MAIN ROAD, PALLAVARAM Pammal Chennai Tamil Nadu INDIA 600075

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BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card/ Debit Card/ NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA / Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't 9eapplicable.
- If the Surgery/ Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
- No Duplicate/ Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount arid amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

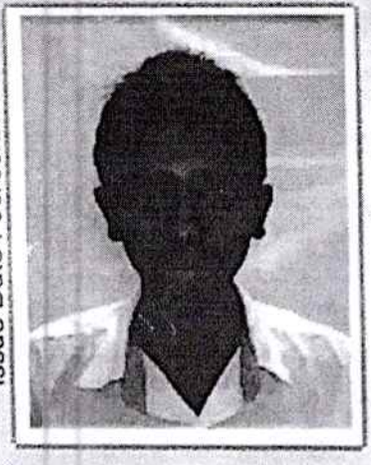
DECLARATION

I have attended the Financial Counselling desk & understood the expected costs & other conditions applicable. In this case, the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : B/o Hephzibah Rutella. D	UHID Number : GUC-00094173
Self/Attendant Name : 1 P. SATHISH BABU	Relation : Father
Self/ Attendant Signature : Phone Number : 8074929470.	Name & Signature of Financial Counselor

भारत सरकार
Government of India

आधार



சதீஷ் பாபு
Sathish Babu
பிறந்த நாள் / DOB : 29/12/1995
ஆண் / Male

9396 3664 9712

Issue Date : 06/05/2014

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

9396 3664 9712

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

முகவரி: ச. சித்ரகலா, ட-ரூ0ஈ,
ரேடேயன்ஸ் தி பீரைய்ட், பம்மல்
முதன்மை சாலை, , பல்லாவரம்,
பம்மல், காஞ்சிபுரம், தமிழ் நாடு, 600075

Address: S. Chithrakala, D-503,
Radiance The Pride, , Pammal Main
Road, Pallavaram, Pammal,
Kancheepuram, Tamil Nadu, 600075

Print Date : 27/05/2023

9396 3664 9712

1947 help@uidai.gov.in www.uidai.gov.in

GUC-00094173 IP18-00036636
Baby B/O HEPZIBAH RUBELLA D
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Hepzibah Rubella Age : ..... Father's Name : ..... Age : .....

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

NICU Consultant : Dr. Giridhar Referring Consultant : Dr. Mattangi

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

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

BIRTH INFORMATION

Name : B/O Hepzibah Rubella

Gender : ☐ M ☒ F Blood Group : O - Positive

Date of Birth : 22/7/26 Time of Birth : .....

Place of Birth : RCH Guindy

Mother's Blood Group : A1 positive

Birth Weight (gms) : 2.330 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37+5

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 32 Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....

Conception : Spontaneous or with Rx. : Spont.

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

Last Scans Details : .....

..... 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 : .....

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 ? .....

(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: mini P: ..... A: ..... L: .....

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

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : ..... ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

Ptacenta : (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
8/10	9/10	

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

Serum bilirubin done on day 5 of life

Values - elevated

SBR - 18.4

PT cut off - 20.1

BW - 2.330.

TW - 2.140

8.1% loss

M | A1 +ve

B | O +ve

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : ..... HR : ..... RR : ..... NIBP : ..... CFT : .....

Color of the extremities : .....

Jaundice : ..... Pallor : ..... SpO2 : .....

Anthropometry : Birth Weight : 2.320 Length : ..... HC : ..... Present Weight : 2.140

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

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	N
Facies : (Any Facial Dysmorphism)		
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	
EYES :	Symmetry : Red Reflex : Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	N
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	soft N
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	
HERNIAL ORIFICES		
TRUNK and SPINE :		
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	Tetra till thigh

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 48/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 : .....

Spo2 : 96% Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 136/min BP : .....

Femoral Pulses : .....

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen :

Shape : NAD

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : .....

Umbilical Cord : .....

First urine passed : .....

Meconium passed : .....

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : Cry tone activity (N)

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : ..... DTR : .....

ATNR : ..... Skull and Spine : .....

Patient Sticker

Any Congenital Anomalies : .....

Diagnosis : Day 5 of life / Term / 37+5 / SGA / 2.380 kg / NHLB / girl

FOOT PRINTS

Left Side :	Right Side :

Resident Doctor :

Signature : .....

Name : .....

Date & Time : .....

Consultant : for Dr. Chandra

Signature : .....

Name : .....

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te 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 : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up : ① DBF q2h/ warmth

② To start SAPT

③ To do serum bilirubin on 28/7/26.

gram

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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NURSES NOTES

☐ No Known Drug Allergies
☐ Drug Allergies .....

NP1

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Continue nots.	
27/7	7.30 pm	The child details handing over given to night duty staff.	MS/ORSO
		Night duty Notes on 27/7/26	
	7.30 pm	The child details handover taken from the evening duty staffs The child is consions and active	Ajitha 01/5/26
	8 pm	vitals are checked and recorded temp is normal PP ++ CP ++ CRT <2s	
	10 pm	The child taken feed DBF + EBM 30ml q 2 hrly SSPT on flow. The child passed urine & motion	Ajw 01/5/26
	12 am	vitals are checked and recorded temp is normal PP ++ CP ++ CRT <2s	
	2 am	H/O chart is maintained No any other complaints	
	4 am	vitals are checked and recorded temp is normal PP ++ CP ++ CRT <2s	
	6 am	morning care given weight checked	Ajw 01/5/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ..... Nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26	1.30 pm	Received notes :- Baby received from OPD. to 4th floor. Baby consious & oriented. Baby activity are good. ID band (+). S.Bil - 13.4 come for phototherapy. Vital Signs checked & Recorded vitals are stable now CP ++ | PP ++ | CRT 2s Handing over given to evening duty S/N ← 27/7/26 ON Evening Duty →	Jay Q.O.G.S.
27/7.	1.30pm	The Baby Details. handing over. taken from morning Duty to Evening Duty. The Baby is active and alive. Baby on DBF. orally e tolerating Well.	NS/Q.N.S.O.I.
	3pm	SSPT start. Baby co-operated well.	
	4pm	Vital Signs are checked and recorded. vital are stable UP ++ | PP ++ | UPI LSSG	NS/O.N.S.O.I
	0pm	Baby is active and alive. Baby cry, voice activity are good. Baby taking RBH DBF. orally e tolerating Well. Urine passed. Plo Chart was maintaining	NS/O.N.S.O.I.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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22-07-2026 0 Y 0 M 5 D (F)
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FLUID CHART

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.

21/7/21		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	→ on admission				Of D to 4th floor						
Total Intake :						**Total Output :**						
	02:00 pm	DBF					motion				NIL	
	03:00 pm	DBF.								2		
	04:00 pm										IV	
	05:00 pm						motion					
	06:00 pm	DBF.								✓	line.	
	07:00 pm											
Total Intake :		3 times DBF.				**Total Output :**				2 time Urine.		
	08:00 pm	EBM 30ml					motion					
	09:00 pm										NO	
	10:00 pm						motion				IV	
	11:00 pm	EBM 30ml										
	12:00 am						motion				line	
	01:00 am	EBM 30ml										
Total Intake :		90ml				**Total Output :**				3 times urine Passed		
	02:00 am											
	03:00 am	EBM 30ml					motion				NO	
	04:00 am											
	05:00 am	EBM 30ml									IV	
	06:00 am						motion				line	
	07:00 am											
Total Intake :		60ml				**Total Output :**				3 times urine Passed		

Total 24 hrs. Intake	150ml + 3 times DBF	Total 24 hrs. Output	7 times urine Passed

Patient Sticker

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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)

GUC-00094173 IP18-00036636
Baby B/O HEPZIBAH RUBELLA D
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

RM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 27-7-26 Time:	1:30pm	5pm	8pm	12Am	4Am
Doctor/Nurse/Family Concern?					
Temperature (°F)	98.8	98.6°F	98F	98F	97.8F
Heart Rate (bpm) and Blood Pressure (mmHg) *					
Heart Rate (Number)	132b/m	130b/m	140b/m	138b/m	142b/m
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	40b/m	40b/m	40b/m	40b/m	40b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA				
O_2 Saturations (%)	99%	98%	99%	98%	99%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓
GCS *	Alert	Alert	Alert	Alert	Alert
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials					

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.

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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22-07-2026 0 Y 0 M 5 D (F)
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RESULT SHEET

Date	27/7	28/7				
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj	$18.4 < {}^{0.3}_{18.1}$	$12.5 < {}^{0.1}_{11.7}$				
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						