

Rainbow  
Children's  
Hospital

BirthRight  
BY RAINBOW HOSPITALS

### DISCHARGE TRACKING SHEET

ANC-00015900

IP28-00004486

Baby Of GITANJALI N R

29-05-2026

0 Y 0 M 0 D 1 H (M)

Dr. EZHILARABI

IR:

CONSULTANT NAME: DR.



ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	30/5/26 at 10.35 am	Nacy		
Activity Sheet updated by Pharmacy		11:43 Am	JTP	

# ACTIVITY RECORD FOR BILLING



ANC-00015900 IP28-00004486  
 Name: Baby Of GITANJALI N R  
 29-05-2028 0 Y 0 M 0 D 3 H (M)  
 Dr. EZHILARASI

UHID No 

Consultant: Dr. B. Chidambaram Dept: Neonatology

Date of Admission: 29/5/26 Time: ..... Date of Discharge: ..... Time: .....

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

## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>29/5/26</u>	<u>1 PM</u>	<u>LOR-I</u>	<u>3rd floor</u>	<u>[Signature]</u>

## CROSS CONSULTATION VISIT

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











ANC-00015900 IP28-00004486  
 Baby Of GITANJALI N R  
 28-05-2026 0Y0M0D3H (M)  
 Dr. EZHILARASI



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	S/B D. Ezhilarasi	
11:15am	Cry & activity good Pink Cvs. S.S. Lungs. All are entry good Abdom. soft AI -> Tone (w)	

To Report CBC @ 8PM





## PROGRESS NOTES AND DOCTOR'S ORDER

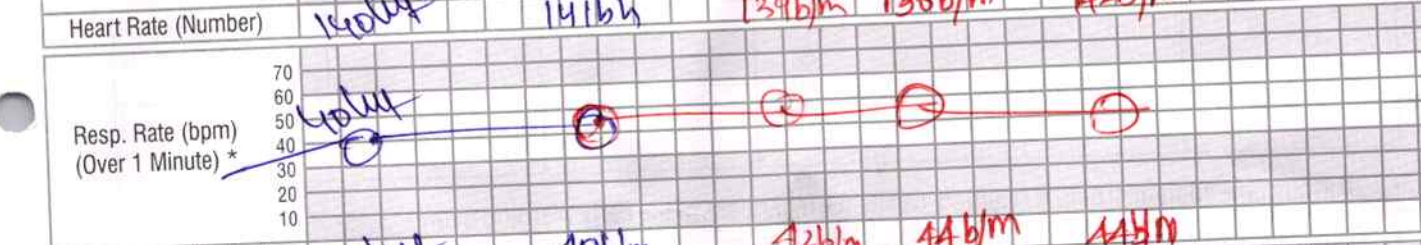
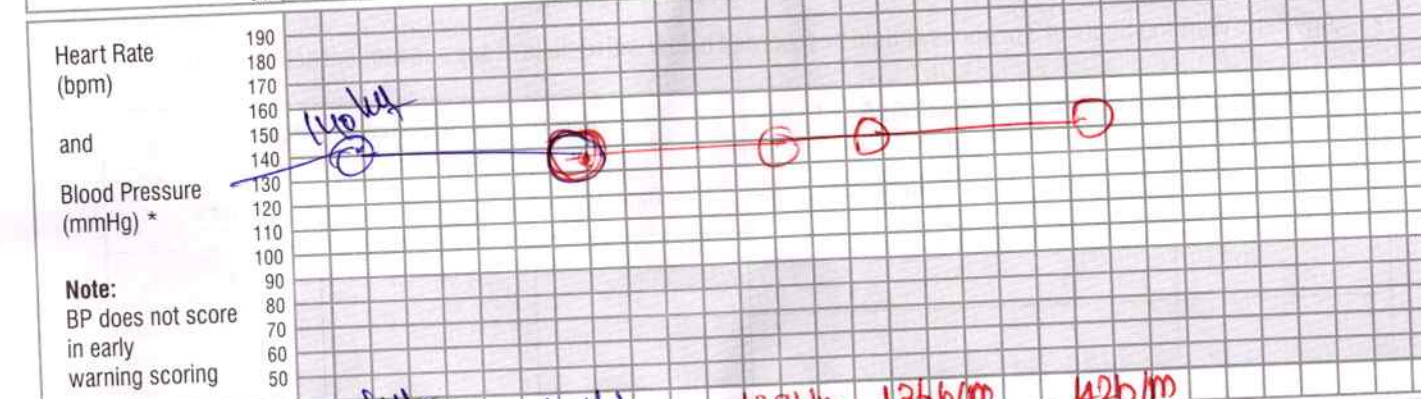
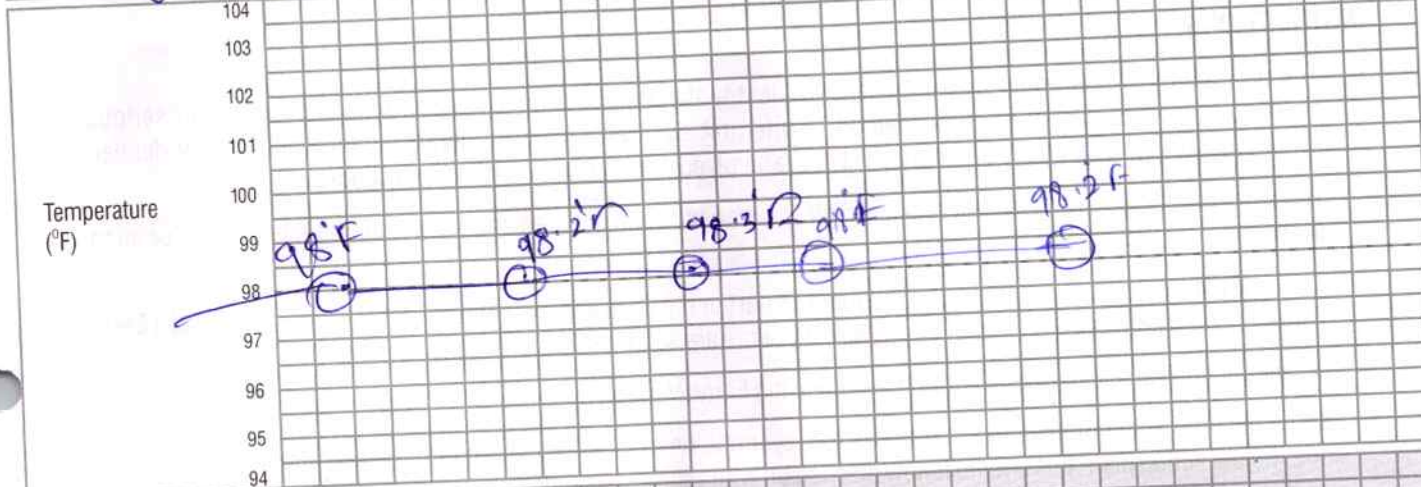
Date & Time	Progress Notes	Doctor's Order
<del>30/8/2028</del> 9 AM	C/S/B Di-Suener	Risk factor - hypothy
	Term / AGA / male / NVD	
	day of life - 26 hours of life	NBS - ABK SBI - Atr
		B wt = 3.14 kg T wt = 3.04 kg (3.1%)
	Baby renewed pink, calm con lactating 7/10 vital stable	passed urine - 2hr passed mecon - 2hr
	S/E	Adv
	C/S / NAD RS	- BFB - Vaccinate, DAE, red reflex and
	P/A - M	- NBS, SBI, FT, TSH after 48hrs of life

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26		
10:00am	<p>Dr. Schilarosi</p>	
	Cry & activity good	
	Sucking & latchy well	
	Secretion (F) for mom	
	Passed urine once, meconium twice	
	Pink	
	Hydration fair	
	Cos: 8/8	
	lungs: Bil air entg good	
	Abd: soft	
	AF →	
	Tone (N)	
		Monitor urine output
		Vaccination / Red reflex
		OAE

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 29/5 Time: 10am 3pm 6pm 9pm 11pm  
 Doctor/Nurse/Family Concern?



Resp Distress	Mod/ Severe / None / Mild	-	-	-	-	-
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	100%	99%	100%	99%	98%
Conscious Level	Normal / Altered	✓	✓	✓	✓	✓
GCS *		15/15	15/15	15/15	15/15	15/15
<b>TOTAL SCORE</b>		01	01	01	01	01
Number of shaded boxes		0/10	0/10	0/10	0/10	0/10
Pain Score		0/10	0/10	0/10	0/10	0/10
Observer's Initials		Dr. [Signature]	[Signature]	[Signature]	[Signature]	[Signature]

**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 in charge 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.

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

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

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



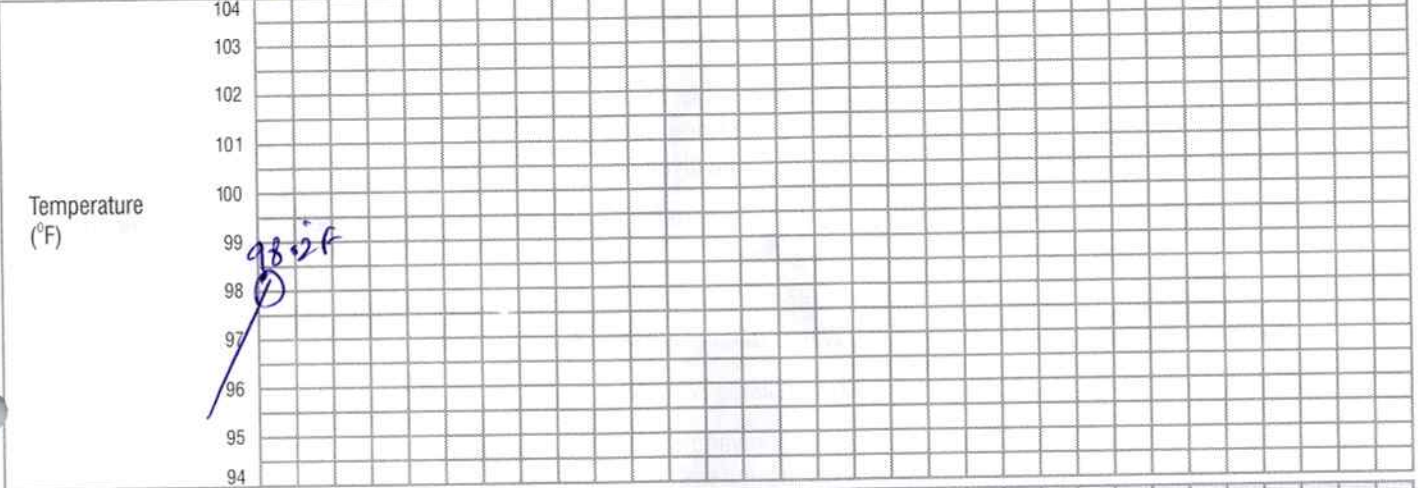
**INFANT (<1 year)**  
**Children's Observation & Early Warning Scoring Chart**



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 29/5/26 Time: 7 AM

Doctor/Nurse/Family Concern?



Heart Rate (bpm) and Blood Pressure (mmHg) \*  
 Note: BP does not score in early warning scoring  
 Handwritten: 130b/m

Heart Rate (Number) 130b/m

Resp. Rate (bpm) (Over 1 Minute) \*  
 Handwritten: 44b/m

Resp Rate (Number) 44b/m

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 99.1

Conscious Level Normal / Altered

GCS \* 15/15

**TOTAL SCORE** Number of shaded boxes 01

Pain Score 0/10

Observer's Initials SS

- ACTIONS**
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 Baby Of GITANJALI NR  
 29-05-2026 0Y0M0D3H (M)  
 Dr. EZHILARASI



# FLUID CHART

Sheet No. : ..... 1 .....

29/5/26

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V								N.G
	08:00 am											
	09:00 am	DBF										
	10:00 am											
	11:00 am	DBF										
	12:00 pm											
	01:00 pm											
Total Intake : 2 times					Total Output :							
	02:00 pm	DMF	✓									} 01800
	03:00 pm											
	04:00 pm	DMF	✓									
	05:00 pm											
	06:00 pm	DMF	✓									
	07:00 pm											
Total Intake : DMF 3 times					M-1 Total Output : U-1							
	08:00 pm											} 01900
	09:00 pm	DBF	✓									
	10:00 pm											
	11:00 pm	DBF	✓									
	12:00 am											
	01:00 am	DBF	✓									
Total Intake : DBF → 3 times					M-1 Total Output : U-0							
	02:00 am											} 02000
	03:00 am	DBF	✓									
	04:00 am											
	05:00 am											
	06:00 am	DBF	✓									
	07:00 am											
Total Intake : DBF → 2 times					M-0 Total Output : U-1 times							
Total 24 hrs. Intake		DBF → 10 times			Total 24 hrs. Output					U → 2 times M → 2 times		

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NO 13

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