Rainbow Children's Hospital

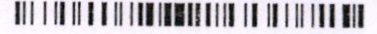
BirthRight Rainbow

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 : IP5-00174295 **Admit Date** : 25-May-2026 **Admit Time** : 01:55 PM **UHID** : BAH-00657241

Patient Details :

Patient Name	: Baby Of RAJAMAHENDRAVARAPU PRIYANKA	**Age**	: 0 D
Guardian	: Mr VIJAYA RAJU KALAPALA	**DOB**	: 25-05-2026 12:05 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: B BLOCK, FLAT NO 303, MATHRU KRUPA APARTMENT, ANAND NAGAR COLONY Khairatabad Hyderabad Telangana INDIA 500004	**Phone No**	: 9989434511/ 9030960280
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SW-418-1 **Ward Name** : 4F-BIRTHING CENTRE

Room No : CRDL-SW-418-1 **Admission Type** : First Visit

Contact Details :

Name	: Mr VIJAYA RAJU KALAPALA	**Relationship**	: Father
Contact Address	: B BLOCK, FLAT NO 303, MATHRU KRUPA APARTMENT, ANAND NAGAR COLONY Khairatabad Hyderabad Telangana INDIA 500004	**Phone No**	: 9989434511 /

Signature

Doctor Details :

Doctor Name	: Dr. VIJAYANAND JAMALPURI	**Specialisation**	: NEONATOLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: SELFPAY

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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
25/5/26	7:35pm	OBG	304	Swapana

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
27/5	SBR	26053805	Swapna
27/5	NBS	26053931	Swapna

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/5	SSPT	3:30pm	12pm	9627857	Swapne
27/5	DSPT	12.pm		9629779	Swapne

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

....

....

....

....

....

....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0Y0M0D5H (M)
Dr. VIJAYANAND JAMALPURI

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NEWBORN MONITORING FORM

Date of Birth : 25/5/2026
Time of Birth : 12:05Pm
Mode of Delivery : EL-LSCS
Birth Weight : 3.713 kg
Head Circumference : 34 cm
Length : 50cm
Red Reflex :

New Born Screening : mother (willing)
TFT :
OAE :
Mother's Blood Group : O+ve
Baby's Blood Group : B+VE
Anomaly Scan :
Vaccination OPV, BCG, Hep-B given Nameeta 25/5/26

Date	Weight	Type of Feed	Quantity	Temperature	Signature
25/5/26	3.713 kgs	DBF	—	98.1F	Swapna
25/5/26	wd. wt 3.724 kgs	DBF	—	98.2°F	Jessie
26/5/26	3.633 kgs	DBF	—	98.1F	Jyothi
27/5/26	3.479 Kg	DBF	—	98.4F°	Sneha
28/5/26	3.348 kg	DBF	—	98.2°F	Sneha
29/5/26	3.434 kg	DBF + FF	—	98.0°F	Durga

Date	Time	Investigation	Result	Order No.	Signature
25/5/26	2pm	Blood group		26053253	Swapna
25/5/26	2pm	RBS	69 mg/dl	26053324	Swapna
25/5/26	8pm	RBS	79 mg/dl	26053323	Swapna
25/5/26	6pm	RBS	68 mg/dl	26053340	Swapna
26/5/26	12Am	RBS	72 mg/dL		Jyothi
26/5/26.	12:45pm	RBS	83 mg/dl		Pooja
26/5/26	3:30 pm	SSPT		9627857	Pooja
26/5/26	1pm	TCBR	9.5 mg/dl	26053607	Pooja
27/5/26	10:20AM	AC	—	9629018	[illegible]
~~28/5/26~~	~~12:30Am~~	~~RBS~~	~~81 mg/dl~~	~~26054032~~	~~[illegible]~~
28/5/26.	12pm	SBR, CBP, Retic count, DCT, Sodium		26054222	Pooja

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Priyanka Age : 31. Father's Name : .... Age : ....

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

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

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

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

BIRTH INFORMATION

Name : B/o Priyanka

Gender : ☐M ☐F Blood Group : ....

Date of Birth : 28/5/26 Time of Birth : 12:05pm

Place of Birth : RCH

Mother's Blood Group : O +ve.

Birth Weight (gms) : 3.713 Length (cms) : 50 cm

OFC (cms) : 34 cm

Estimated Gesth Age : 39+2.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 31 Ht : .... Wt : .... BMI: .... Married Life : .... LMP : 27/8/25 EDD : 30/5/26

Conception : Spontaneous or with Rx. : ....

Booked at what GA. : 36+6. AN Steroids Drugs / Doses : ....

Last Scans Details : 16/5 - 38wks, cephalic, AFI - 15.1cm, EFW - 3.7kgs

.... 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 : ....

GDM on OHA x 34 weeks

Compliance with Rx : ....

Scans : LGA, TIFFA, Fetal Echo : 3.7kgs

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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Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0 Y 0 M 0 D 5 H (M)
Dr. VIJAYANAND JAMALPURI

PAST OBSTETRIC HISTORY

G : 1 P : 0 A : 0 L 0

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Annie Hospital : RCH ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : LCA.

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 : 39+2 Weeks : ....

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink	1	2	
HEART RATE	Absent	< 100 Minutes	> Minutes	2	2	
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal	2	2	
MUSCLE TONE	Limp	Some Flexion	Active Motion	2	2	
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying	2	2	
TOTAL				9	10	

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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Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0 Y 0 M 0 D 5 H (M)
Dr. VIJAYANAND JAMALPURI

Equipment check done

Baby cried immediately
Delayed cord clamping done ~60sec

Routine newborn care done
Vit K Inj 0.5ml

Shifted to mothers side

Investigation details in previous Hospital :

—

Feeding History :

—

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25-05-2026 0 Y 0 M 0 D 5 H (M)
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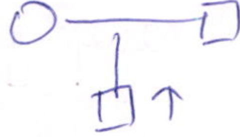
Family History :



Socio Economic History :

—

GENERAL EXAMINATION ON ADMISSION

General Disposition :

—

VITALS : Temperature : 36.4 HR : 150 RR : 50 NIBP : — CFT : <3sec

Color of the extremities : pink

Jaundice : — Pallor : — SpO2 : 99%

ANTHROPOMETRY: Birth Weight : 3.713 Length : .... HC : .... Present Weight : ....

Ponderal Index : .... AGA : .... SGA : .... LGA : .... (LGA circled)

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25-05-2026 0 Y 0 M 0 D 5 H (M)
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HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N)
FACIES : (Any Facial Dysmorphism)		(N)
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : → to be checked 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 :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : → 2A + 1V Discharge :	
GENITILIA :	Labia / Hymen : Testicles/penis : → B/L descended Anus :	
HERNIAL ORIFICES		(N)
TRUNK and SPINE :		
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Deformities : Hip Joint Examination :	Arms / Legs : Mobility :

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25-05-2026 0 Y 0 M 0 D 5 H (M)
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SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 50. 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 : room air

SpO_2: 99% Auscultation: .... Breath Sounds: .... Added Sounds: ....

CARDIOVASCULAR SYSTEM :

HR : 150 BP : ....

Femoral Pulses : (+)

Other Peripheral Pulses : (+)

Precordial Activity : ....

Murmurs : (-)

Signs of Cardiac Failure : ....

ABDOMEN:

Shape : (N)

Palpation : (N)

Palpable masses : (-)

Abdominal girth : ....

Hernia orifice : ....

Anal Patency : (+)

Umbilical Cord : 2A + 1V

First urine passed : 1x

Meconium passed : 1x

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) : ....

State of wakefulness : ....

Prechtle Score : ....

Nerves : ....

cry/tone/activity - good

MOTOR SYSTEM:

Passive Tone : ....

Active Tone : ....

Neonatal Reflexes : ....

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

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

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

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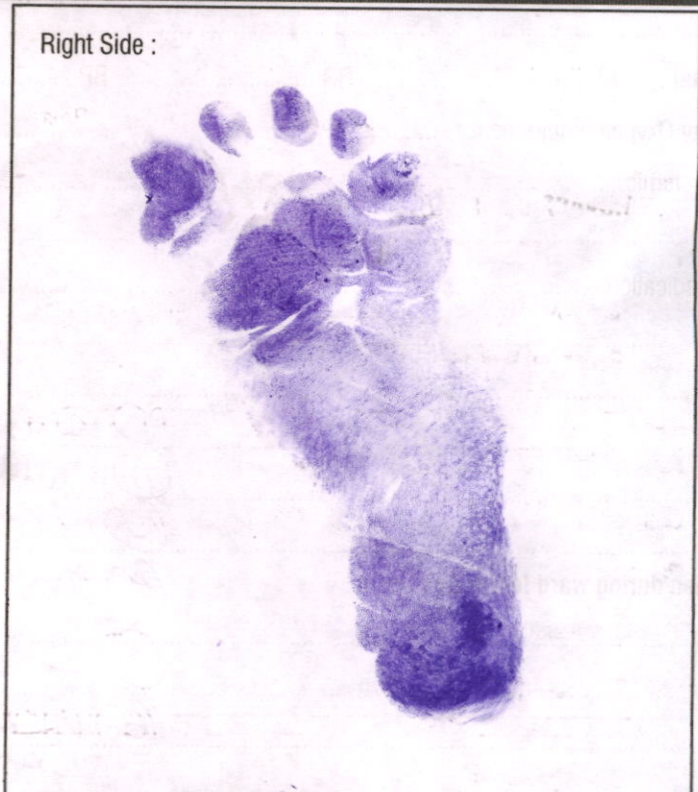
Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0 Y 0 M 0 D 5 H (M)
Dr. VIJAYANAND JAMALPURI

Diagnosis : Term / Male / LGA / El - LSCS (LGA) / Primi mother - GDM on OHA.

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : Dr Aishwarya

Name :

Date & Time : 25/5/26 at 12.30PM

Consultant :

Signature :

Name : Dr. Vijayanand Jamalpuri

Date & Time : 25/5/26 at 12.30PM

(DR. VIJAYANAND JAMALPURI Reg. No. 40526)

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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Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0 Y 0 M 0 D 5 H (M)
Dr. VIJAYANAND JAMALPURI

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
1. Shift to mothers side
2. Initiate breastfeeds
3. keep baby warm
4. Trace baby blood group
5. Daily wt check
6. GRBS monitoring - HOL 0 - postfeed
   HOL 3, 6, 12, 24, 48 pre feed
   Inform if <60.
7. vaccinate in room - BCG ✓ - OPV ✓ - HepB ✓
8. Clinical jaundice assessment @ 24 HOL
9. 48 HOL - SBR + NBS - OAE
10. w/f distress

Plan during ward follow up :

Feeding Plan at the time of shifting : 12:20pm - 12:43pm

Screenings done during NICU Stay :

NSG : ....

Hearing Screen : ....

ROP : ....

TFT : ....

NP2 : ....

Doctor Signature (Handover Given): [signature]
Doctor Name: Dr Aishwarya
Date & Time: 25/5/26

Doctor Signature (Handover Taken): ....
Doctor Name: ....
Date & Time: ....

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...ICIENCY 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	4			
7	Nursing plan of care and handover sheets	5			
8	Consultation sheet				
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	1			
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	4			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)				
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	1			
38	Braden Q Scale	2			
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	28			

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date : 29/5/26

(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-00657241 IP5-00174295
Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0 Y 0 M 0 D 5 H (M)
Dr. VIJAYANAND JAMALPURI

B/o Priyanka

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 3:30pm	3Hol (mother GDM on OHA) FHA	
		Plan
ot.	on Roomair	
	on DBF	— Continue Regular feeding
GRBS 69 (1Hol)		
79 (3Hol)		— Clinical assessment of Jaundice at 24Hol
vaccinated		
		— Trace baby blood grouping
		— GRBS as advised [signature]
		Noted by Jessie (Dr. R. Preethika W.B.)
	20Hol	
26/5/26 8AM ot 3+	B.wt - 3.713 kg.	Plan. Dr. VIJAYANAND JAMALPURI Reg. No: 40526
	Today wt - 3.633 kg	
	80gm wt loss.	
vaccinated.		1. Regular feeding
	On DBF.	
		2. clinical assessment of Jaundice at 24Hol
	GRBS - 79 - 68 - 72	
	Urine, Stool) passed.	3. GRBS monitoring as planned.
		4. vitals monitoring
		[signature]

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25-05-2026 0 Y 0 M 0 D 5 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26. 11 AM	Lactation notes	
	Lactation Counseling done position shown practically Colostrum is seen Baby is latching well, feed on demand with deep latch more than 20-25 min each side. (Adv) DBF	
	Nalini (Nalini)	
		Seen by Dr. Vijayanand sir
26/5/26 3pm	25 HOL	Plan
O+ / B+	Letters ⓑ	1. Regular feeding
	TLBR @ 24 HOL - 9.5	
	[illegible]	2. SSPT ĉ covering of eyes / genitalia
		3. GRBS monitoring as planned
		4. Monitor vitals
	Dr. VIJAYANAND JAMALPURI Reg. No: 40526	(Dr. N. Keerthana)
		Noted by Pooja

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Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0 Y 0 M 1 D (M)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	Seen by	Dr. Bharath (Resident)
7:15AM	43 HOL / 39+2 / 3.713 kg /	GDM (IDM) / El. LSCS / Primi
		Plan:-
M/O+	Bt. wt - 3713 gm	- Continue DBF f/b burping
B / B+	Today. wt - 3479 gm	every 2-3 hrly.
	↓ 234 gm (↓ 6.3%)	- Continue SSPT c̄ eyes and
		genitals covered.
	↓ SSPT : 3:30 PM Yest	- GRBS monitoring as advised
	urine - 5 times	@ 48 HOL
	motion - 3 times.	- SBR } @ ~~48 HOL~~ ~~(12 PM)~~
		NBS } now
		- OAE after 48 HOL
		- Monitor vitals and
		Inform SOS.
		- Feeding assessment
		SR Bharath
		Dr. VIJAYANAND JAMALPURI Reg. No: 40526
		27/5/26
		OAE - New born hearing screening
		Bilateral responses are present
		Bilateral Pass
		[signature] 27/5/26
		Noted by Swapna
		017692

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Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0Y0M1D (M)
Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 11 AM	Seen by Dr. Bharath (Resident)	
		Plan:-
	↓ SSPT since 3:30 pm Yest	- Start DSPT c̄ eyes and genitalia covered
	SBR @ 45 HOL - 15.2	- Measured feeds (EBM+FF) TV - 100 ml/kg/day. 30 ml every 2hrly (or) 45-50 ml every 3hrly.
		- Monitor vitals and Inform SOS.
		- Watch for dull activity, feeding difficulties
		- R/V SBR after evening rounds
		Noted by Swapna 017692 Bharath
27/5/26 3PM	Seen by Dr. Vijayanand 50 HOL	
		Plan:-
	SBR - 15.2 @ 45 HOL	- Continue DSPT
		- Regular feeding
		- R/V SBR Tm after rounds
	Dr. VIJAYANAND JAMALPURI Reg. No: 40028	Bharath 27/5/26 3PM Noted by Swapna 017692

Docu. No. : RCHBH /FRM / CLINICAL / 088 (P.T.O)

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Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0 Y 0 M 2 D (M)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	Seen by Dr.Bharath (Resident)	
9:15 AM	67 HOL / 39+2 / 3.713kg / GDM(IOM) / El: LSCS / Primi	
		Plan:-
	Bt-wt - 3713gm	- Continue DSPT c eyes and
M/O+ B/B+	Today wt - 3348gm	genitalia covered
	365gm (↓9.8%)	- Measured feeds (EBM+FF)
		TV-100ml/kg/day
	urine - 8 times	30 ml every 2hourly (or)
	stools - 5 times	45-50ml every 3hourly.
		- + R/V SBR in rounds
	SBR @ 45HOL - 15.2	- watch for dull activity
		- Monitor vitals and
		Inform SOS
		Bharath
28/5/26	Seen by Dr.Vijayanand	
8:10 AM		SBR, S. Sodium } 11AM
	Dr. VIJAYANAND JAMALPURI Reg. No: 40526	DCT, Retic, CBP
		- Regular feeding
		- Feeding assessment
		Noted by Pooja

BAH-00657241 IP5-00174295
Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0 Y 0 M 2 D (M)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	Seen by Dr. Bharath (Resident)	
1:50pm	74 HOL / 39+2 / 3.713 kg / GDM (IDM) / El. LSCS / Primi	
		Plan:-
		- Continue DSPT
M/B O+ / B+		* Measured feeds
		TV - 120ml/kg/day
		35-40ml Q 2hrly (or)
		50-55ml Q 3hrly.
	SBR - 14.2 @ 71 HOL	- Watch for dull activity,
	S. Na+ - 151	feeding difficulties
		- Trace pending reports
		- Monitor vitals and Inform SOS
		- R/V SBR
		Bharath
		Noted by Pooja
28/5/26	Seen by Dr. Vijayanand	
5 pm		Plan:-
	Retic - 2.7	- Regular feeding
		55ml every 3 hrly
		- Continue DSPT
		- Monitor vitals
	Dr. VIJAYANAND JAMALPURI Reg. No: 40526	- Labs T/m after rounds
	[signature]	Noted by Pooja

BAH-00657241 IP5-00174295
Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0Y0M3D (M)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 7:35AM	Seen by Resident (Dr. Bharath)	
	92 HOL / 39+2 / 3.713 Kg / GDM (IDM) / El.LSCS / Primi	
M O+ / B B+	Bt.wt - 3.713 kg Yest.wt - 3.348 Today wt - 3.434 ↑ 86 gms (↓7.5%)	Plan:- - Continue DSPT c̄ eyes and genitalia covered. - Measured feeds [EBM + FF] 35-40ml Q 2hrly (or) 50-55ml Q 3hrly. - Watch for feeding difficulties, dull activity. - Monitor vitals & Inform SOS. - R/V Labs after Rounds
	Urine - 5 times Motion - 2 times	
	DCT - Negative Retic - 2.7	
		- SBR, S.Na+ } @ 10AM Bharath - R/v discharge (if Discharged - F/u T/m)
		Dr. VIJAYANAND JAMALPURI Reg. No: 40520

BAH-00657241 IP5-00174295
Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0 Y 0 M 3 D (M)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00657241 IP5-00174295
Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0 Y 0 M 2 D (M)
Dr. VIJAYANAND JAMALPURI

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RESULT SHEET

Date	28/5/26.					
Time	.					
Hb	18.3					
PCV	53.4					
RBC	5.52					
WBC	12.91					
N/L	49.8/32.3					
Platelets	401					
CRP						
ESR						
PCT						
RBS						
Na	151					
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj	14.2 < 0.1 / 14.1					
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.,) : ....

Patient Sticker

BAH-00657241 IP5-00174295
Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0 Y 0 M 0 D 5 H (M)
Dr. VIJAYANAND JAMALPURI

MULTI-DISCIPLINARY PLAN OF CARE FORM

new born Baby Care

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Nursing ☐ Others:
25/5 3pm	☐ Medical ☑ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	→ warm Care	→ Provided warm Care to Baby	→ procedure Hyperthermia	[illegible]	☑ Medical ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

Docu. No. : RCHBH /FRM / CLINICAL / 040

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I,

Patient's / Learner Language : Telugu/English Patient / Learner Literacy : ☑ Read ☑ Write ☐ Speak Willingness to Learn : ☑ Yes ☐ No Healthcare Literacy : ☐ Yes ☑ No

Identified Education Needs :

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Terapy (safety, effects/side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others...

Part - II

Date	Time	Need Indentified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barries	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
25/5	9AM	2	Treatment and care plan	M	1	O	1	1	NA	Pooja
25/5	3pm	7	Infection control measures	Pt's	1	O	O	O, 1	O	[illegible]

Part - III : CODES

Who was taught : PT : Patient F : Father M : Mother S : Spouse Sn : Son D : Daughter C : Caregiver O : Other (Specify)..............................

Learning Barriers :
1. No Learning Barries
2. Physical Impairment
3. Emotional Barries
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process / Cognitive limitations
8. Responsibilities at Home
9. Cultural Difference
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision / or Hearing
13. Cultural / Religion Practice
14. Others (Specify) ....

Teaching Tools Used : A : Audio D : Demonstration V : Video O : Oral P : Printed

Mechanism/s to overcome barrier/s :
1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify..............................

Understanding : 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

Doc No. RCHBH / FRM / CLINICAL / 187

BAH-00657241 IP5-00174295
Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0 Y 0 M 0 D 5 H (M)
Dr. VIJAYANAND JAMALPURI

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

(Select and 'tick mark'[✓] the boxes as applicable)

Baby's Name: B/o priyanka Mother's Name: mrs. Priyanka

Date of Birth: 25/5/2026 Time of Birth: 12:5 Pm Gender: ☑ Male ☐ Female

Birth Weight: 3.712 Kgs HC: 34 cm Lenght: 50 cm

Meconium in Liquor: ☐ Yes ☑ No Cried at Birth: ☑ Yes ☐ No

Term / Pre-term / Post-term: ....

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: O +ve Baby: ....

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 12:20 to 12:48 Pm

AFFIX MOTHER'S IDENTIFICATION LABEL

Mode of Delivery: ☐ Normal ☐ LSCS - Emergency/ Elective ✓ ☐ Instrumental ☐ AVD

Indication: ....

Physical Assessment of New Born:

Temp: 98°F °C HR: 140 /Min RR: .... /Min BP: .... SpO_2: 99%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☐ **No** **Score:** 16 (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore : ☐ Yes ☐ No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: ☐ Sleeping ☑ Crying ☐ Calm ☐ Drowsy

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

Skin: ☑ Pink ☐ Meconium Stain ☐ Others, Specify: ....

Nursing Management: (Please strike through If not applicable e.g. Yes / ~~No~~)

Vitamin K 1 mg I.M Administered: Yes ✓ / No

Routine Care Provided: Yes ✓ / No

Capillary Blood Glucose Monitoring Done: Yes ✓ / No

Neonatal Screening Done: Yes / No ✓

1. Nutritional Screening: Feeding Problem Yes / No ✓
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No ✓
3. Socio History: Siblings Yes / No ✓

All information obtained from ☑ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: Yes ✓ / No

Nurse Name: Swapna Signature: [signature] Date &Time: 25/6/2026 3pm

Docu. No. : RCHBH /FRM / CLINICAL / 144

BAH-00657241 IP5-00174295
Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0Y0M0D5H (M)
Dr. VIJAYANAND JAMALPURI

BH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

Date: 25/5/26

Time:	1pm	5pm	11pm	6AM
Doctor/Nurse/Family Concern?				
Temperature (F) (104–94)	98.1F	98.2F	98.1F	98.1F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	•	•	•	•
Heart Rate (Number)	140 b/m	142	130 b/m	120 b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)	•	•	•	•
Resp Rate (Number)	40 b/m	42	40 b/m	38 b/m
Resp Distress – Mod/ Severe				
Resp Distress – None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)			97%	96%
Conscious Level – Normal	40	40		
Conscious Level – Altered				
GCS *	13/15	14/15	14/15	14/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score	Action
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.

parents' are not willing to give for Bathing.

Patient Sticker

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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-00657241 IP5-00174295
Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0Y0M0D5H (M)
Dr. VIJAYANAND JAMALPURI

26/5/26

CHBH / 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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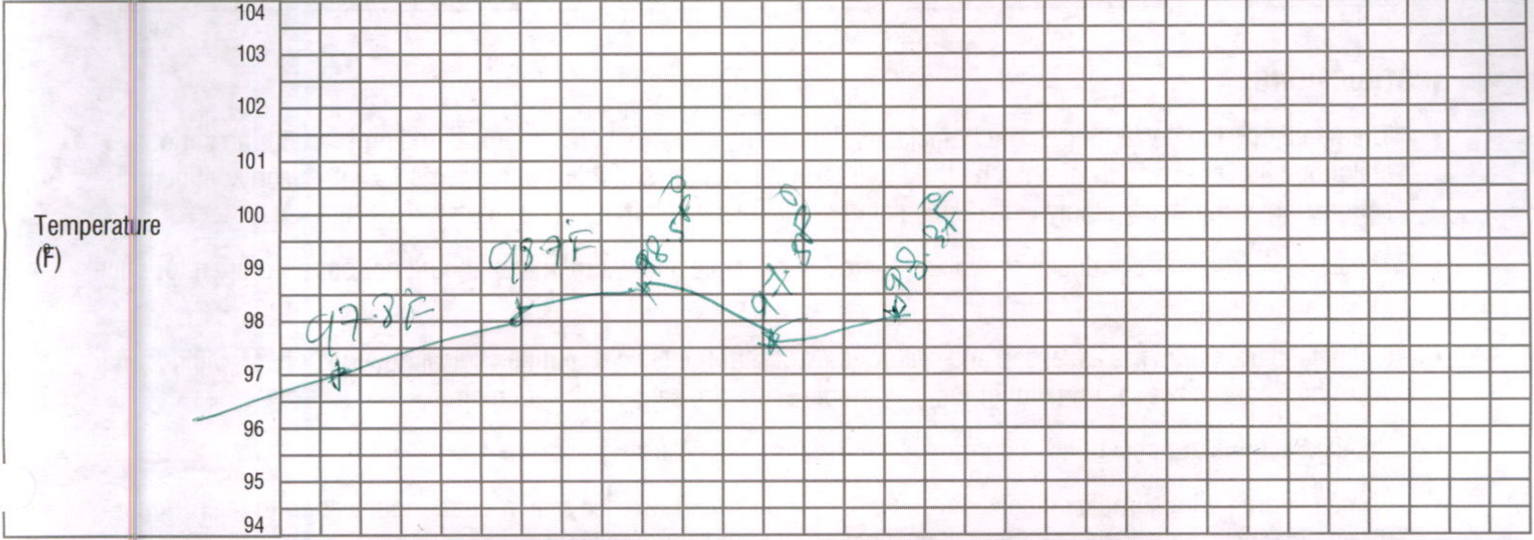
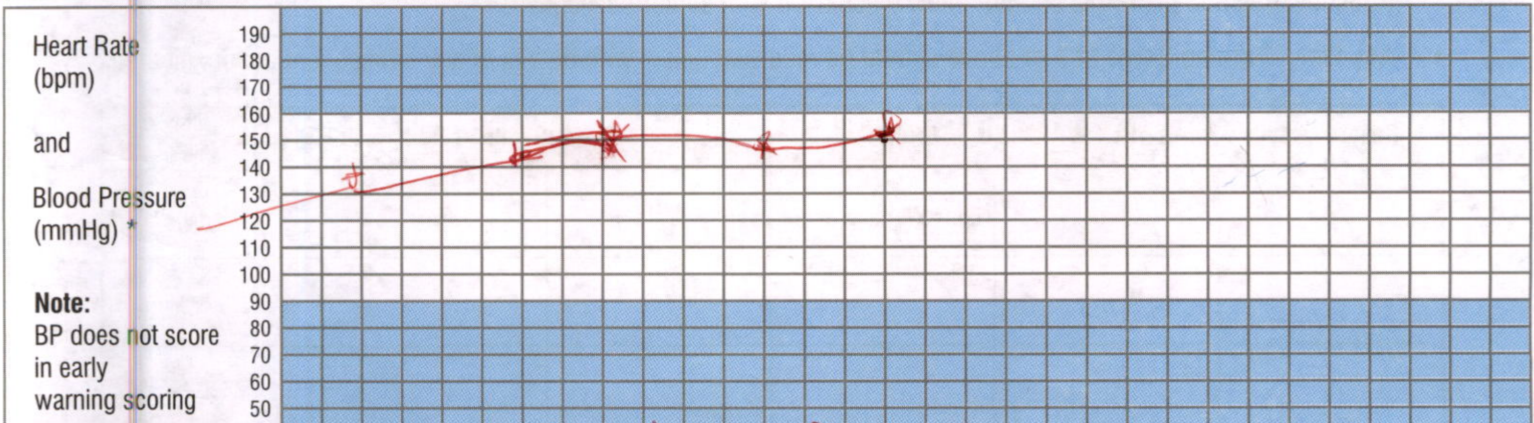
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: .... Time:	10AM	5PM	9:30 pm	12am	6AM
Doctor/Nurse/Family Concern?					



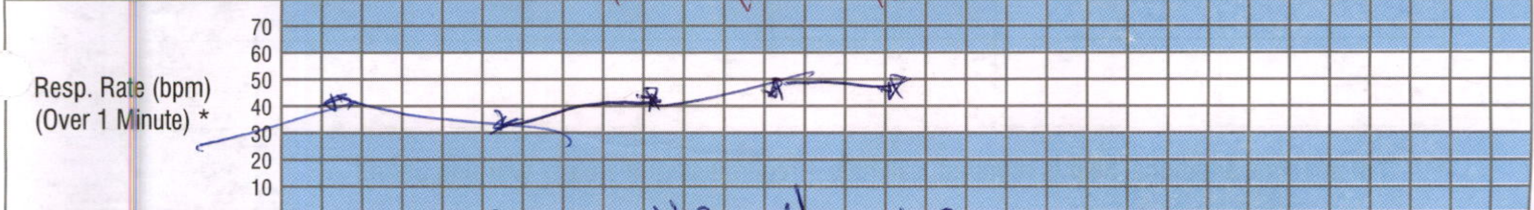
Temperature (F)	97.3F	98.7F	98.5F	97.8F	98.3F



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

Note: BP does not score in early warning scoring

Heart Rate (Number)	137b/m	142b/m	144b/m	146b/m	154b/m



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

Resp Rate (Number)	40b/m	38b/m	40b/m	38b/m	36b/m
Resp Distress — Mod/ Severe					
Resp Distress — None / Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)	99%	97%	98%	99%	99%
Conscious Level — Normal					
Conscious Level — Altered					
GCS *	15/15	(15/15)	(15/15)	(15/15)	(15/15)
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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

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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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- 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

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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-00557241 IP5-00174295
Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0 Y 0 M 1 D (M)
Dr. VIJAYANAND JAMALPURI

27/5/26

No. : RCHBH / FRM / CLINICAL / 124

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

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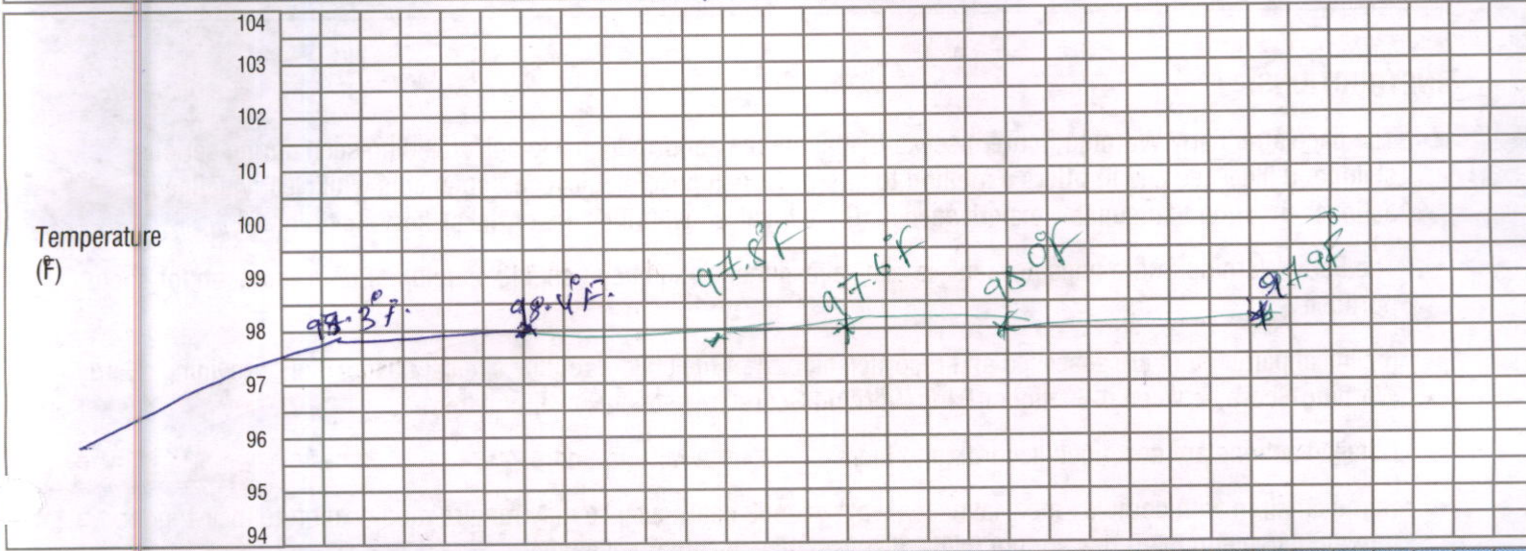
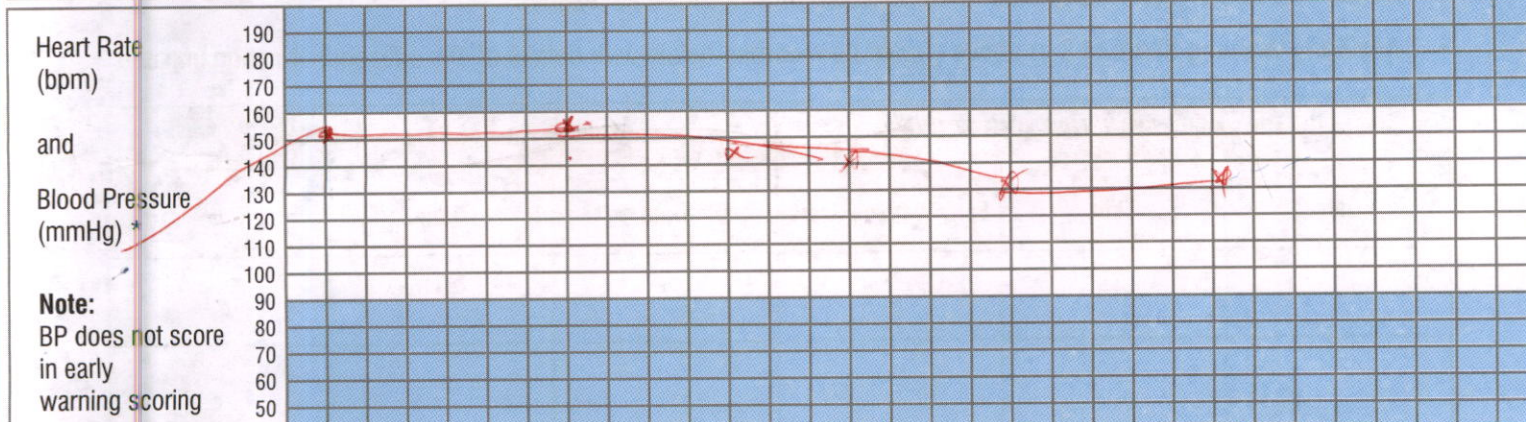
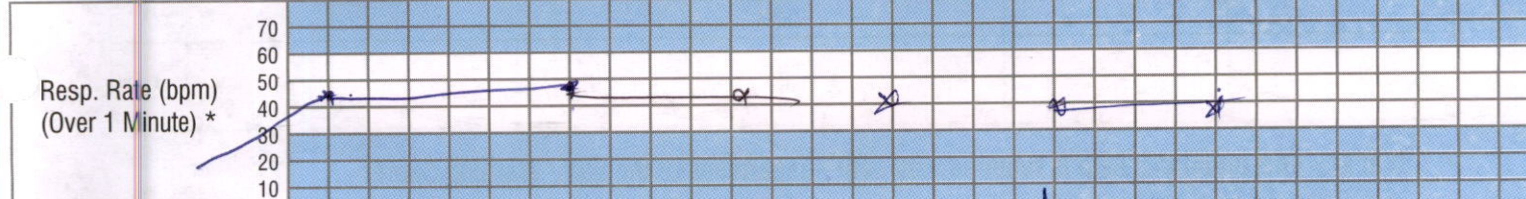
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 27/05/26 Time:	10AM	2PM	5PM	10PM	2AM	6AM
Doctor/Nurse/Family Concern?						
Temperature (°F)	97.3°F	98.4°F	97.8°F	97.6°F	98°F	97.9°F
Heart Rate (Number)	151bmt	154bmt	148bmt	121bpm	125bpm	144bpm
Resp Rate (Number)	41bmt	44bmt	42bmt	38b/m	40b/m	36b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)	99%	98%	99%	99%	98%	99%
Conscious Level: Normal / Altered						
GCS *	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						







ACTIONS

NB: Scores 3 should be recorded overleaf

Score		Action
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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* 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

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- 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

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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-00657241 IP5-00174295
Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0 Y 0 M 2 D (M)
Dr. VIJAYANAND JAMALPURI

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

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

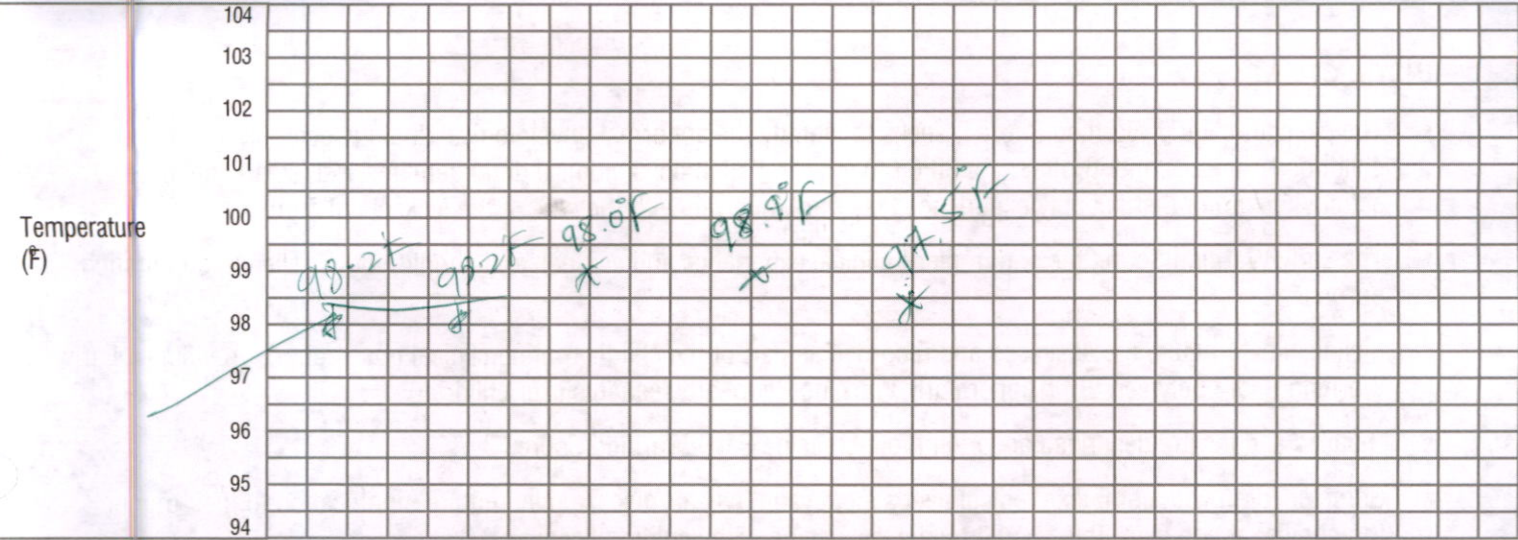
Pratiksha Rainbow Children's Hospital — It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

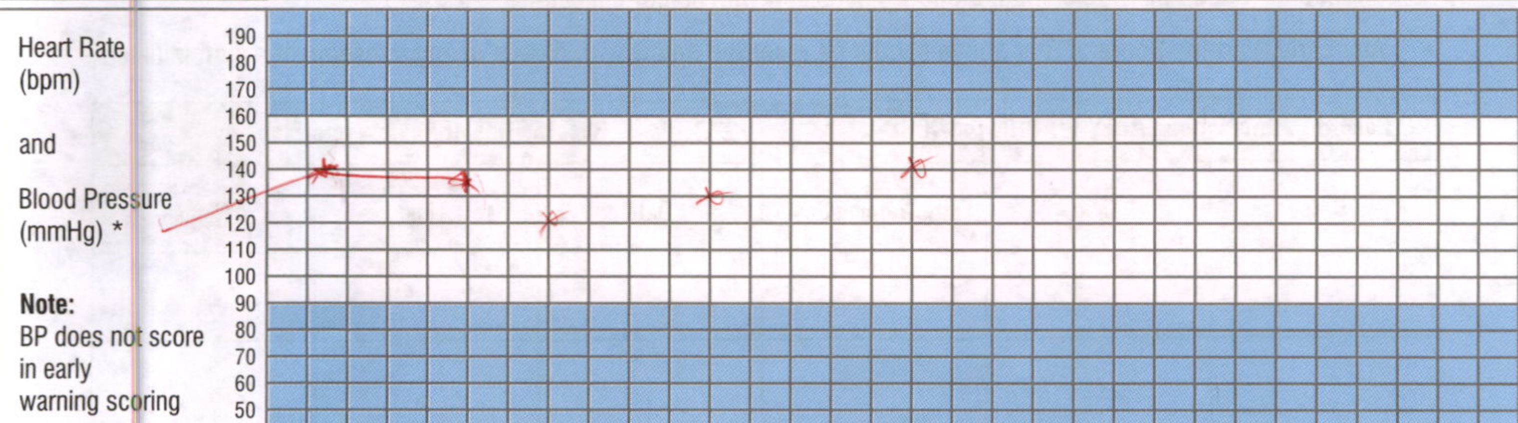
Date: 28/5/26 Time:	11AM	5PM	10PM	2AM	6AM
Doctor/Nurse/Family Concern?					
Temperature (F)	98.2F	98.2F	98.0F	98.9F	97.5F
Heart Rate (Number)	136 b/m	140 b/m	120 bPm	136 bPm	129 bPm
Resp Rate (Number)	36 b/m	40 b/m	38 b/m	40 b/m	38 bPm
Resp Distress Mod/Severe / None/Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)	98%	97%	98%	98%	99%
Conscious Level Normal / Altered					
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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

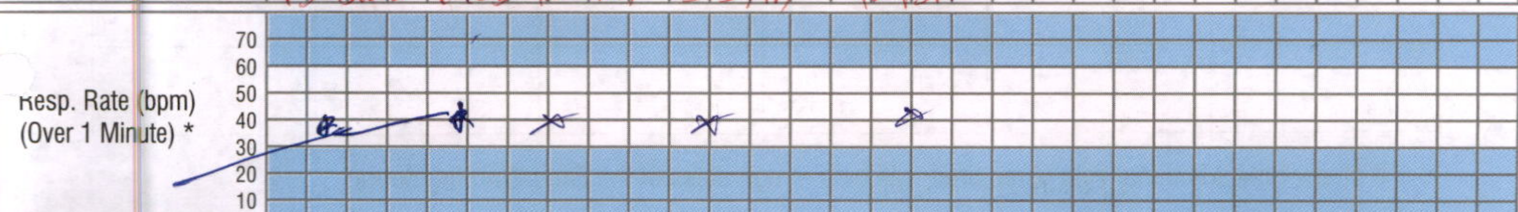


Heart Rate (bpm) and Blood Pressure (mmHg) *: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring



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



ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given 02/ 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-00657241 IP5-00174295
Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0 Y 0 M 0 D 5 H (M)
Dr. VIJAYANAND JAMALPURI

25/5/20-

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.

Date	Time	Nature of Fluid	Intake Route: Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
25/5/26	08:00 am		NA									
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm		DBF				-NP-			-NP-	NO IV	Swapna
Total Intake :			Taken			**Total Output :**				Not	Passed	
	02:00 pm										|	Swapna
	03:00 pm		DBF				|				|	Swapna
	04:00 pm						N			✓	NO	Swapna
	05:00 pm						P				IV	Swapna
	06:00 pm		DBF				|				cannula	Swapna
	07:00 pm									✓	|	Swapna
Total Intake :			Taken			**Total Output :**				Passed	U-2. M-0	
	08:00 pm						|			ϕ	Jyothi
	09:00 pm		DBF				|				Jyothi
	10:00 pm										NO IV	Jyothi
	11:00 pm		DBF				NP			✓	cannula	Jyothi
	12:00 am						|				Jyothi
	01:00 am		DBF								|	Jyothi
Total Intake :						**Total Output :**				U-1		M-0
	02:00 am						|		|	|	Jyothi
	03:00 am											Jyothi
	04:00 am		DBF								NO IV	Jyothi
	05:00 am						~~NP~~			NP	cannula	Jyothi
	06:00 am						|				Jyothi
	07:00 am		DBF							|	|	Jyothi
Total Intake :						**Total Output :**				U-ϕ		M-ϕ

Total 24 hrs. Intake	taken

Total 24 hrs. Output	U-4 M-ϕ

BAH-00657241 IP5-00174295
Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0Y0M0D5H (M)
Dr. VIJAYANAND JAMALPURI

26/5/26

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am		DBF								NA	Pooja
	09:00 am										NA	Pooja
	10:00 am						NO			NO	NA	Pooja
	11:00 am		DBF								NA	Pooja
	12:00 pm										NA	Pooja
	01:00 pm										NA	Pooja
Total Intake :						Total Output : U-0					M-0	
	02:00 pm		DBF				✓			✓	NA	Pooja
	03:00 pm										NA	Pooja
	04:00 pm		DBF								NA	Pooja
	05:00 pm										NA	Pooja
	06:00 pm		DBF								NA	Pooja
	07:00 pm										NA	Pooja
Total Intake :						Total Output : U-1					M-1	
	08:00 pm										No Cannula	Sneha
	09:00 pm		DBF									Sneha
	10:00 pm									✓		Sneha
	11:00 pm		DBF				✓					Sneha
	12:00 am									✓		Sneha
	01:00 am		DBF									Sneha
Total Intake :						Total Output : M-1 U-2						
	02:00 am										No Cannula	Sneha
	03:00 am		DBF									Sneha
	04:00 am									✓		Sneha
	05:00 am		DBF				✓					Sneha
	06:00 am									✓		Sneha
	07:00 am		DBF									Sneha
Total Intake :						Total Output : M-1 U-2						

Total 24 hrs. Intake	taken		Total 24 hrs. Output	M-3 U-5

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BAH-00657241 IP5-00174295
Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0Y0M1D (M)
Dr. VIJAYANAND JAMALPURI

27/5/26

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake: Route – Mouth	Route – I.V	Route – N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am										0	Swapna
	09:00 am		DBF				✓			✓	0	Swapna
	10:00 am		DBF								0	Swapna
	11:00 am		F.F	25ml							0	Swapna
	12:00 pm						✓			✓	0	Swapna
	01:00 pm	DBF+F.F		30ml							0	Swapna
Total Intake :						**Total Output :** M—2, U—2						
	02:00 pm										0	Swapna
	03:00 pm	DBF+FF		15ml			✓			✓	No IV cannula	Swapna
	04:00 pm											Swapna
	05:00 pm	DBF+FF		20ml						✓		Swapna
	06:00 pm						✓					Swapna
	07:00 pm											Swapna
Total Intake :						**Total Output :** U—2, M—2						
	08:00 pm		DBF									Sneha
	09:00 pm									✓		Sneha
	10:00 pm		DBF				✓				No IV cannula	Sneha
	11:00 pm									✓		Sneha
	12:00 am		DBF									Sneha
	01:00 am											Sneha
Total Intake :						**Total Output :** U-2, M-1						
	02:00 am		DBF									Sneha
	03:00 am									✓		Sneha
	04:00 am		DBF				NP				No IV cannula	Sneha
	05:00 am									✓		Sneha
	06:00 am		DBF									Sneha
	07:00 am											Sneha
Total Intake :						**Total Output :** U-2, M-0						

Total 24 hrs. Intake		Total 24 hrs. Output	U-8 M-5

BAH-00657241 IP5-00174295
Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0 Y 0 M 2 D (M)
Dr. VIJAYANAND JAMALPURI

27/5/26

FLUID CHART

Sheet No. : 4

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	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am										NA	Pooja
	09:00 am		DBF								NA	Pooja
	10:00 am						M			M	NA	Pooja
	11:00 am										NA	Pooja
	12:00 pm		FF 30ml (40)								NA	Pooja
	01:00 pm									✓	NA	Pooja
Total Intake :								**Total Output :**	U-		M-	
	02:00 pm		DBF								NA	Pooja
	03:00 pm										NA	Pooja
	04:00 pm		DBF								NA	Pooja
	05:00 pm						M			✓	NA	Pooja
	06:00 pm		DBF							✓	NA	Pooja
	07:00 pm										NA	Pooja
Total Intake :								**Total Output :**	U – 2		M – 0	
	08:00 pm		DBF + FF	35ml								Durga
	09:00 pm											Durga
	10:00 pm		DBF + FF	35ml			✓			✓	NO IV	Durga
	11:00 pm										cannula	Durga
	12:00 am		DBF + FF	30ml								Durga
	01:00 am											Durga
Total Intake :								**Total Output :**	U – 1		M – 1	
	02:00 am		DBF FF	30ml								Durga
	03:00 am						✓			✓		Durga
	04:00 am		DBF FF	35ml							NO IV	Durga
	05:00 am										cannula	Durga
	06:00 am		DBF							✓		Durga
	07:00 am											Durga
Total Intake :								**Total Output :**	U – 2		M – 1	

Total 24 hrs. Intake	

Total 24 hrs. Output	U – 5 M – 2

BAH-00657241 IP5-00174295
Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0 Y 0 M 3 D (M)
Dr. VIJAYANAND JAMALPURI

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.
3. 24 hrs. total to be entered in the kardex in RED.

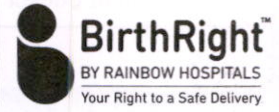
		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :	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

Docu. No. : RCHBH/FRM/CLINICAL/092

BAH-00657241 IP5-00174295
Baby Of RAJAMAHENDRAVARAPU
25-05-2026 0 Y 0 M 3 D (M)
Dr. VIJAYANAND JAMALPURI



FLUID CHART

Sheet No. : ....

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

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

Total 24 hrs. Intake			Total 24 hrs. Output	

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