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 : IP5-00174389 **Admit Date** : 27-May-2026 **Admit Time** : 01:59 PM **UHID** : BAH-00657400

Patient Details :

Patient Name	: Baby Of TEKUMALLA SINDHUJA	**Age**	: 0 D
Guardian	: Dr. T SRI HARSHA VARDHAN SURYA	**DOB**	: 27-05-2026 01:17 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: PLOT-50 PHASE-2 ,MADHURA NAGAR , NIZAMPET Quthbullapur Hyderabad Telangana INDIA 500090	**Phone No**	: 8897056554/ 9700060095
		E-mail	: tshvsurya@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 : Dr. T SRI HARSHA VARDHAN SURYA **Relationship** : Father

Contact Address : PLOT-50 PHASE-2 ,MADHURA NAGAR ,NIZAMPET Quthbullapur Hyderabad Telangana INDIA 500090 **Phone No** : 8897056554 / 9700060095

Signature

Doctor Details :

Doctor Name : Dr. VIJAYANAND JAMALPURI **Specialisation** : NEONATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

BAH-00657400 IP5-00174389
Baby Of TEKUMALLA SINDHUJA
27-05-2026 0Y0M0D1H (F
Dr. VIJAY ANAND JAMALPURI

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NEWBORN MONITORING FORM

Date of Birth : 27/5/26.
Time of Birth : 1:17pm.
Mode of Delivery : NVD.
Birth Weight : 2.63g.
Head Circumference : 34cm
Length : 50cm
Red Reflex : .....

New Born Screening : .....
TFT : .....
OAE : .....
Mother's Blood Group : A+ve.
Baby's Blood Group : A+ve.
Anomaly Scan : .....
Vaccination : OPV, BCG, Hep-B
Given on 27/5/26 SIS-Yadagiri 27/5/26

Date	Weight	Type of Feed	Quantity	Temperature	Signature
27/5/26	2.625kgs	DBF	–	98.1f	Sruj
27/5/26	wrd wt 2.581kg	DBF	–	98.0f°	Sruj
28/5/26	2.543kg	DBF	–	97.9f°	Sruj

Date	Time	Investigation	Result	Order No.	Signature
27/5/26	3pm	Blood group.		26053919	
27/5/26	4pm	RBS ~~6mg/dl~~	62 mg/dl	26053952	
27/5/26	(6hrs) 7:17Pm	GRBS	88 mg/dl	26054288	
27/5/26	(9hrs) 10:20PM	GRBS	80 mg/dl	26054037	
28/5/26	3:20AM	GRBS	75 mg/dl	26054038	
28/5/26	7:30pm	GRBS	69 mg/dl	26054286	

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Dr. Sindhuja Age : ..... 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 Sindhuja.

Gender : ☐M ☐F Blood Group : .....

Date of Birth : 27/5/26 Time of Birth : 1.17 p.m

Place of Birth : RCH - Banjara.

Mother's Blood Group : A +ve

Birth Weight (gms) : 2638g Length (cms) : 50cm

OFC (cms) : 34cm

Estimated Gesth Age : 39 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 34y Ht : ..... Wt : ..... BMI: ..... Married Life : ..... LMP 26/8/25 EDD : 2/6/26

Conception : Spontaneous or with Rx. : Spontaneous

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

Last Scans Details : 17/4/26 → 33+3 wks, 2kg, AFI - 14.2cm, Dopplers (N)

..... 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 : .....

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PAST OBSTETRIC HISTORY

G : 3 P : 1 A : 1 L : 1

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
1	4y	Term	2.9kg	Male	A x 1	
2.	Blighted	ovum.				
3.	PP					

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) NVD

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

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
8	10	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 :

s:

Equipment check done.
↓
Baby delivered via NVD.
↓
Baby CIAB.
↓
Dried & secretions cleared,
↓
Cord clamped & cut - 20A, 10V (T)
↓
Inj. vit K img IM given.
↓
Uneventful transition.
↓
Shifted to mother's side

Investigation details in previous Hospital :

—

Feeding History :

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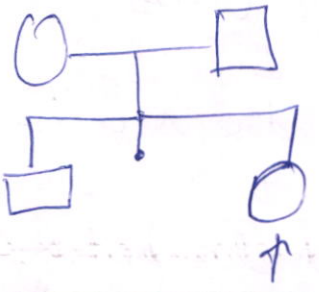
Baby Of TEKUMALLA SINDHUJA
27-05-2026 0Y0M0D1H (F
Dr. VIJAYANAND JAMALPURI

Family History :



Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Active.

VITALS : Temperature : 36.5 HR : 150 RR : 49 NIBP : CFT : <2 sec

Color of the extremities : acrocyanosis → pink

Jaundice : Pallor : SpO2 : 97%

ANTHROPOMETRY: Birth Weight : 2638g Length : HC : Present Weight :

Ponderal Index : AGA : ✓ SGA : LGA :

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27-05-2026 0 Y 0 M 0 D 1 H (F
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HEAD TO TOE EXAMINATION

	...elles :	
	Sutures	
	Shape / Moulding :	Caput (A)
	Edema / Bruising :	
	Size - (H.C.) :	
FACIES : (Any Facial Dysmorphism)		(N)
NECK and CLAVICLES :	Range of Motion :	
	Asymmetry :	(N)
	Masses :	
EYES :	Symmetry :	
	Red Reflex :	To be checked
	Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape :	
	Periauricular Pits / Tags :	
	Nasal shape / Patency :	(N)
	Palate :	
	Gums :	No cleft -
	Lips :	
	Tongue :	
THORAX and BREASTS :	Shape of Thorax :	
	Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape :	
	Organomegaly :	
	Bowel Sounds :	
	Umbilical Stump :	2VA, 1UV (A)
	Discharge :	
GENITILIA :	Labia / Hymen :	(N) female genitalia.
	Testicles/penis :	
	Anus :	
HERNIAL ORIFICES		free
TRUNK and SPINE :		(N)
SKIN LESIONS :		No
EXTREMETIES :	Fingers / Toes :	Arms / Legs :
	Deformities :	(N) Mobility :
	Hip Joint Examination :	

SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☐ Regular ☑ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 49 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: 97% Auscultation: BAE(+) Breath Sounds: Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : 150 BP :

Femoral Pulses : B/L equally felt

Other Peripheral Pulses : (+)

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 : 2UA, 1UV(+)

First urine passed : Yes

Meconium passed : NO

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score : C/T/A - good.

Nerves :

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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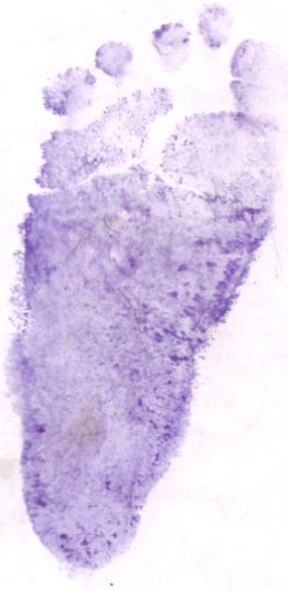
Baby Of TEKUMALLA SINDHUJA
27-05-2026 0 Y 0 M 0 D 1 H (F
Dr. VIJAYANAND JAMALPURI

No.

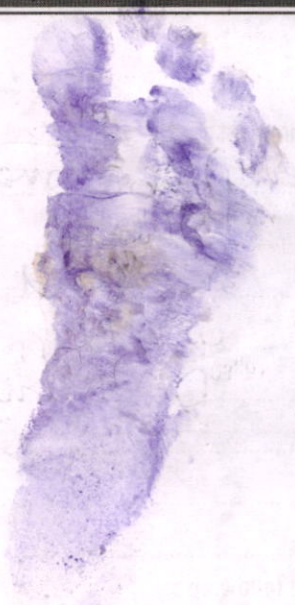
Diagnosis : DOL - 1 / Term / AGA / Female / CHB

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : D

Name : Dr. Pooja Tre

Date & Time : 27/5/26 1:30pm

Consultant :

Signature : Dep. J

Name : DR. VIJAYANAND JAMALPURI Registration No. [illegible]

Date & Time : 27/5/26 [illegible]

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 TEKUMALLA SINDHUJA
27-05-2026 0 Y 0 M 0 D 1 H (F
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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 : Plan

Systemic : 1) DBF and hrly Hb bmping

2) Keep baby warm

Medications : 3) Send cord blood for BGT

4) BCG, OPV, Hep B today.

5) Monitor vitals

.....

.....

.....

Plan during ward follow up :

.....

.....

.....

.....

.....

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

first feeding time.

2:00pm - 2:30pm

.....

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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Baby Of TEKUMALLA SINDHUJA
27-05-2026 0Y0M0D1H (F)
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. Vijayanand	
3:30 PM	2 HOL / 39 weeks / Term / 2638 gms / NVD / AGA / CIAB / Fch	
	Bt. wt - 2638 grams	Plan:-
m / Af		- Continue Direct breast feeding
B /		followed by burping every
	Urine passed	2 to 3 hourly
	meconium - not passed.	- Warmth Care
		- OPV, BCG ✓ Today
		Hep-B ✓
		- Clinical assessment of Jaundice
		at 24 HOL
		- Trace baby blood group.
		- Watch for feeding difficulties
		dull activity.
		- Monitor vitals and Inform
		SOS.
		Bharath
		Plan:-
		- GRBS monitoring
		3, 6, 9, 12, 24, 36, 48. HOL.
		- Regular feeding
		- Feeding assessment
		- Monitor vitals and
		Inform SOS
	Noted by Nurses	DR. VIJAYANAND JAMALPURI Registration No. 40526
		01/28/26

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Baby Of TEKUMALLA SINDHUJA
27-05-2026 0 Y 0 M 0 D 12 H (F)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 7pm		
	Temp – 96.5°F. peripheries – cold. ↓ Rpt Temp. 97.5°F	→ Start KMC → Temp-monitoring 4th hrly Inform if <97.7°F d/w NB hdy 7.40pm Dr Poojitha

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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)	
7:50 AM	19 HOL | 39 weeks | 2638 gms | NVD | CIAB | Fch	
		Plan:-
	Bt. wt - 2638 gms (2581 gm) (ww)	- Continue Direct breast feeding
	Today wt - 2543 gms	followed by burping every
	95 gm (3.6%)	2 to 3 hourly
M | A+		- Warmth care
B		- Clinical assessment of
	urine - 4 times	Jaundice @ 24 HOL (1:15 PM)
	Stools - 3 times	- Trace baby blood group.
		- Watch for hypothermia,
		dull activity, feeding difficulties
		- Monitor vitals 4th hrly
		and Inform SOS
		- Temp. - monitoring 4th hrly.
		Inform if <97.7°F.
		Noted by Dr/pa @ 8 AM
28/5/26	Seen by Dr. Vijayanand	Bharath
8:35 AM		
		Regular feeding
		Feeding assessment
		- Trace Baby blood group
		- clinical assessment of Jaundice
		@ 24 HOL (1:30 PM)
		Noted by Dr/pa @ 8:50 AM

DR. VIJAYANAND JAMALPURI Registration No. 40[illegible]

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Baby Of TEKUMALLA SINDHUJA
27-05-2026 0 Y 0 M 0 D 1 H (F)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26. 11 AM	Lactation notes.	
	Lactation Counselling done position shown practically Colostrum as seen baby is latching well. feed ondemand with deep latch more than 20-25 min each side. (Dr) Dost Nalini (Nalini)	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Baby Of TEKUMALLA SINDHUJA (F)
27-05-2026 0Y0M0D1H
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.
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 27/5/26

Time	3pm	5pm	6:30 Pm	7:30pm	8 PM	8:30 PM	9:30 PM	11 PM	2 AM
Doctor/Nurse/Family Concern?									
Temperature (F)	* (98)	* (98)	97.1°F	96.1°F (KMC kept)	97.6°F (Continue KMC)	96.4°F (Double KMC wrapping)	97.0°F (Triple wrapping)	97.8°F	97.9°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	*	*		*			*		*
Heart Rate (Number)	144	143	138 b/m	140 b/m			138 b/M		132 b/M
Resp. Rate (bpm) (Over 1 Minute) *	*	*					*		*
Resp Rate (Number)	44	44	38 b/m	40			34 b/M		36 b/M
Resp Distress: Mod/ Severe / None / Mild							RA		RA
Receiving O_2 (l/min) / O_2 Saturations (%)			99%	100%			99%		99%
Conscious Level: Normal / Altered							N		N
GCS *	15/15	15/15	15/15	15/15			15/15		15/15
TOTAL SCORE Number of shaded boxes	1	1		1			0		0
Pain Score	0	0		0			0		0
Observer's Initials	[signature]	[signature]		0			[signature]		0

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.

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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.
- 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)

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Dr. VIJAYANAND JAMALPURI

28/5

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	6	10	2
Doctor/Nurse Family Concern?	AM	AM	PM
Temperature (F)	98.6°F	98.4°F	97.9°F
Heart Rate (bpm) and Blood Pressure (mmHg) *			
Note: BP does not score in early warning scoring			
Heart Rate (Number)	132/M	142/M	145/M
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	32/M	38/M	40/M
Resp Distress: Mod/ Severe / None / Mild	RA		
Receiving O_2 (l/min) O_2 Saturations (%)	99%	100%	99%
Conscious Level: Normal / Altered	N	N	N
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	1	1
Pain Score	0	0	0
Observer's Initials	S	S	S

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

Rainbow® Children's Hospital
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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.
- 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)

Patient Sticker

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: ..... 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)																															
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	None / Mild																														
Receiving O_2(l/min)																															
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Conscious Level	Normal																														
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GCS *																															
TOTAL SCORE Number of shaded boxes																															
Pain Score																															
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Patient Sticker

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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-00657400 IP5-00174389
Baby Of TEKUMALLA SINDHUJA
27-05-2026 0 Y 0 M 0 D 1 H (F)
Dr. VIJAYANAND JAMALPURI

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

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.

27/5/26.		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		DBM								NO	Renu
	03:00 pm		DBM								IV	Renu
	04:00 pm									✓	Cannula	Renu
	05:00 pm											Renu
	06:00 pm		DBM									
	07:00 pm		DBF				✓			✓		
Total Intake :								**Total Output :**			U-1 M-0	
	08:00 pm											
	09:00 pm		DBF				✓			✓	1	Renu
	10:00 pm										NO	Renu
	11:00 pm										IV	
	12:00 am		DBF								1	Renu
	01:00 am		DBF									
Total Intake :								**Total Output :**			M-1 U-1	
	02:00 am		DBF								1	Renu
	03:00 am											
	04:00 am		DBF								NO	Renu
	05:00 am										IV	
	06:00 am		DBF				✓			✓	1	Renu
	07:00 am											
Total Intake :								**Total Output :**			M-1 U-1	

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	M-3 U-4

BAH-00657400 IP5-00174389
Baby Of TEKUMALLA SINDHUJA
27-05-2026 0 Y 0 M 0 D 12 H (F)
Dr. VIJAYANAND JAMALPURI

FLUID CHART

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Sheet No. : 28/5/26

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							
28/5/26	08:00 am		DBF							✓		
	09:00 am										No	
	10:00 am		DBF									
	11:00 am									✓	IV	
	12:00 pm		DBF									
	01:00 pm											
Total Intake :		Taken				**Total Output :** U- 2					M	
28/5/26	02:00 pm		DBF									
	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	