ACTIVIT[IES] G

IH-00205333 IP-00060140
aby B/O SNEHA VAS
7-05-2026 0Y0M0D3H (M)
r. AKHEEL SYED RIZWAN

Name: ---

UHID No : -------------- IP No : ------------------ Consultant : ------------------------ Dept : ----------------

Date of Admission : 27/5/26 Time : 11.54am Date of Discharge : ---------------- Time: ----------

Room / Bed No : 227 - (1) Ward : Lw Suggested Billable bed type : ------------------------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/5/2026	3pm	Lw	Room (107)	Jyothi

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
27/5/2026	Blood group	V126018500	[illegible]
27/5/2026	RBS col at 9am → 80mg/dl	V126018510	[illegible]
	cross checked by [illegible] 27/05/2026 at 10PM		
27/5	GRBS 4pm – 73 mg/dl	26018705	
	GRBS 11:30PM - 82 mg/dl	26018706	
28/5/26	GRBS 7am - 93 mg/dl	26018707	[illegible]
28/5/26	GRBS - 5pm - 64 mg/dl	26018708	
29/5/26	GRBS - 1am - 71 mg/dl	26018764	Ggr
29/5/26	GRBS - 6:30AM 56 mg/dl	26018763	Ggr

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

DEFICIENCY CHECK LIST [label covers] ICAL CASE SHEET

VIH-00205333 IP-00060140
Baby B/O SNEHA VAS
27-05-2026 0 Y 0 M 2 D (M)
Dr. JARJAPU KIREETI

Patient Name: IP.No:

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	—	—	
2	Discharge Summary	2	—	—	
3	Nursing Initial assessment form	2	—	—	
4	Patient Trasfer Forms	1	—	—	
5	In-patient Medical Record	13	—	—	
6	Doctors Progress Sheets	2	—	—	
7	Nurses Progress notes				
8	Consultation Sheets				
9	General Consent for Treatment	1	—	—	
10	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	2	—	—	
26	Intake and Output chart (fluid Chart)	2	—	—	
27	Drug Chart (Regular prescription)	1	—	—	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	—	—	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	—	—	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	others	4			Noted by Bavanika 29/5 @ 12pm
	Total No. of Pages	24			

Signature and Date :

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

VIH-00205333 IP-00060140
Baby B/O SNEHA VAS
27-05-2026 0Y0M0D6H (M)
Dr. JARJAPU KIREETI

NEW BORN DETAILS

B/O Sneha vas

DOB: 27-05-2026 Sex: Male Maternal Blood Group: 'O' positive

Time: 8:54 AM Birth Weight: 2.267kg Baby Blood Group: 'O' positive

SVD / LSCS:

Indication:

Diagnosis:

Any Maternal Complications:

Spo2 Pre ductal Right Upper Limb: 97%

Spo2 Post ductal Left Lower Limb: 100%

Inference : if the value <92 or difference between preductal and post ductal is >3 esclate the situation

Any Specific Remarks: Thyroid Screening: : NBS:

Hearing Test (OAE): Red Reflex:

Head Circumference: 32 cms Length: 39 cms

Vaccination: OPV, BCG, Hep-B vaccine given 28/5/26 @ 10:30 Am

Date	Day of life	Weight	Weight Loss (> 10% Escalate)	Urine	Stool	DBM/FF	TCB/SBR
28/5/26	1 day	2.221 ↓	2.02% 46 grms	✓	✓		
29/5/26	2 day	2.201 ↓ 20 grms		✓	✓		SBR @ 9:00 Am 8.5 – 0.1 8.4

Rainbow Children's Hospital

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060140 **Admit Date** : 27-May-2026 **Admit Time** : 11:54 AM **UHID** : VIH-00205333

Patient Details :

Patient Name	: Baby B/O SNEHA VAS TADAKAMADLA	**Age**	: 0 D
Guardian	: Mr SRIRAM MANIKANTA	**DOB**	: 27-05-2026 08:54 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: VISWATEJA JR COLLEGE,H.NO-7-58 GAJWEL I. M.colony Hyderabad Telangana INDIA 500082	**Phone No**	: 9553695633/ 9293946737
		E-mail	: sri.snehava541@gmail.com

Admission Details :

Bed Type	: BASINET	**Bed No**	: CRDL-MICU-227-2	**Ward Name**	: N 2F-MICU
Room No	: CRDL-MICU-227-2	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr SRIRAM MANIKANTA	**Relationship**	: Father
Contact Address	: VISWATEJA JR COLLEGE,H.NO-7-58 GAJWEL I.M.colony Hyderabad Telangana INDIA 500082	**Phone No**	: 9553695633 / 9293946737

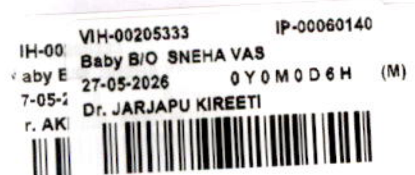
Signature

Doctor Details :

Doctor Name	: Dr. JARJAPU KIREETI	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: DC/CC Card	**Deposit Amount**	: 20000.00
		Payor Name	: SELFPAY



NURSING DEPARTMENT

NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Sneha vas Mother's Name: Mrs. Sneha Das.

Date of Birth: 27/5/2026 Time of Birth: 8-54 Am Gender: ☑ Male ☐ Female

Birth Weight: 2.267 kgs Kgs HC: 32 cm Lenght: 44 cm

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

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

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

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 9.15 am.

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: Mender LSS,

Physical Assessment of New Born:

Temp: 98°F °C HR: 144 /Min RR: 28 /Min BP: — SpO₂: 100%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☑ **Yes** ☐ **No** **Score:** 15. (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 (Yes ticked)

Routine Care Provided: Yes / No (Yes ticked)

Capillary Blood Glucose Monitoring Done: Yes / No (Yes ticked)

Neonatal Screening Done: Yes / No (No ticked)

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

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

Newborn Screening Discussed: Yes / No (No ticked)

Nurse Name: Bhadelay Signature: [signature] Date &Time: 27/5/2026. at 9.00am

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

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o Sneha vas Mother's Name: ....

Date of Birth: 27/5/26 Time of Birth: 8:54 Am Gender: ☑ Male ☐ Female

Birth Weight: 2.267 Kgs HC: .... cm Lenght: .... cm

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

Term / Pre-term / Post-term: Term

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

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: ....

MAH-00291972 IP-00060135
Mrs SNEHA VAS TADAKAMADLA
26-08-1992 33 Y 9 M 1 D (F)
Dr. BHAVANA K

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

Indication: ....

Physical Assessment of New Born:

Temp: 37° °C HR: 140 b /Min RR: 40 b /Min BP: — SpO$_2$: 98%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☑ **Yes** ☐ **No** **Score:** 15 (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: Beronika Signature: [signature] Date &Time: 27/5 @ 4:30pm

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

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
IH-00205333 IP-00060140 aby B/O SNEHA VAS 7-05-2026 0 Y 0 M 0 D 3 H (M) r. AKHEEL SYED RIZWAN	27/05/2026 at 11.54 Am	27/5/2026 at 4pm
	Transfer Ordered by	**Reason for Transfer**
	Dr. vishal	Room (107)
From Unit	**To Unit**	**Information to Attendant**
NICU	Room	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
14	Nil	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Koochessmul	1
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Dr. Vishal

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature] [signature] 27/5/2026	Dr. vishal

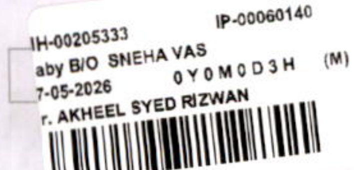
Patient & Clinical Records Received by : at Sr. Beronika

Date & Time of Patient Received : 27/5/26 @ 4pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Docu. No. : RCH /FRM / CLINICAL / 102



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs Sneha Age : 33 yrs. Father's Name : .... Age : ....

Date of Birth : 26/8/92 Date of Admission : 26/5/26 UHID No.: ....

NICU Consultant : Dr. Akheel Sir 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 Sneha

Gender : ☑ M ☐ F Blood Group : ....

Date of Birth : 27/5/26 Time of Birth : 8:54 Am

Place of Birth : RCH, VKP.

Mother's Blood Group : O Positive.

Birth Weight (gms) : 2.267 kg Length (cms) : ....

OFC (cms) : ....

Estimated Gesth Age : 37+3wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 33yrs Ht : 157 Wt : 74.4 BMI : .... Married Life : 6 yrs. LMP : 7/9/25 EDD : 14/6/26.

Conception : Spontaneous or with Rx. : Spn.

Booked at what GA. : 5+4wks. AN Steroids Drugs / Doses : NO

Last Scans Details : 19/5/26 = SLIUF, Cephalic. Pl - P/H.

.... TT Immunization and Iron / Folic Acid : given.

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☑ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3 NO.

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : .... (Θ)

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 : 11.9cm.

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

Controlled or not, recent values, HbA1 values : 28 weeks Diet

Compliance with Rx : ....

Scans : LGA, TIFFA , Fetal Echo : ....

H/o Hypothyriodism : when diagnosed ? Medication?
Hypothyroid - thyronorm - 100mg x 4yrs.

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 : ....

IH-00205333 IP-00060140
aby B/O SNEHA VAS
7-05-2026 0 Y 0 M 0 D 3 H (M)
r. AKHEEL SYED RIZWAN

PAST OBSTETRIC HISTORY

G : .... P : .... A : .... L : ....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
I	Male / 4 yrs / FT LSCS / AGA / 2.75 K / NICU -					
II	PP / Sp Concep					

PERINATAL HISTORY

Treating Obstetrician : Dr Bhavana .... Hospital : RUHS VCP .... ☑ Inborn ☐ Outborn

Duration of Labour	
First stage (> 18 hours sig)	CTG : ☑ Normal ☐ Suspicious ☐ Pathological
Second stage (> 2 hours after dilation)	MSL : —
LSCS : ☑ Elective ☐ Emergency Indication :	Resuscitaion : ☐ Yes ☑ No
Specify the reason : Prev CS	Cord ABG : —
Augmentation of Labour : ☑ Induced ☐ Assisted Vaginal	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
TOTAL	7/10	9/10	

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

Snapee II 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)		

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

—

IH-00205333 IP-00060140
aby B/O SNEHA VAS
7-05-2026 0Y0M0D3H (M)
r. AKHEEL SYED RIZWAN

Baby was delivered via Elective LSCS in vertex presentation

FT/37+3wks/2.267/BWA/1cm/Male/LSCS/CIAS.

DCC done for 1 min

Child oro nasal suction done.

umbilical cord clamped & cut

under aseptic conditions.

Investigation details in previous Hospital :

—

Feeding History :

—

Past History :

—

Family History :

—

Socio Economic History :

IH-00205333 IP-00060140
aby B/O SNEHA VAS
7-05-2026 0 Y 0 M 0 D 3 H (M)
r. AKHEEL SYED RIZWAN

GENERAL EXAMINATION ON ADMISSION

General Disposition : —

VITALS : Temperature : Euthermic HR : 160/min RR : 48/min NIBP : — CFT : <3sec

Color of the extremities : Pink

Jaundice : − Pallor : — SpO2 : 98%-RA

Anthropometry : Birth Weight : 2.267kg Length : — HC : — Present Weight : 2.267kg

Ponderal Index : - AGA : — SGA : ✓ LGA : —

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 :
Discharge :
→ Normal

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

IH-00205333 IP-00060140
Baby B/O SNEHA VAS
7-05-2026 0 Y 0 M 0 D 3 H (M)
Dr. AKHEEL SYED RIZWAN

BREASTS :	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 testis palpable Anus :
HERNIAL ORIFICES	
TRUNK and SPINE :	
SKIN LESIONS :	(N)
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 50/m 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 : 96% RA Auscultation : BAE (+) Breath Sounds : Clear + clear Added Sounds :

Cardiovascular System :

HR : 160/m BP :

Femoral Pulses : well felt

Other Peripheral Pulses :

Precordial Activity : (N)

Murmurs :

Signs of Cardiac Failure :

Abdomen :

Shape :

Palpation :

Palpable masses : WNL

Abdominal girth :

Hernia orifice : – (N)

Anal Patency : – (+)

Umbilical Cord : – 2A,1V

First urine passed : – Passed

Meconium passed : – NP

IH-00205333 IP-00060140
aby B/O SNEHA VAS
7-05-2026 0Y0M0D3H (M)
r. AKHEEL SYED RIZWAN

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

State of wakefulness :

Prechtle Score :

Nerves :

C/1/A

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

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

Moro's : DTR :

ATNR : Skull and Spine :

Any Congenital Anomalies : No visible congenital anomalies

Diagnosis : PT/37+3wks) 2.267kg/SGA/LSCS/male/ ... /C1AR

FOOT PRINTS

Left Side :

Right Side :

taken by prasanna 27-05-26

Resident Doctor :

Signature :

Name : Dr Vishal

Date & Time : 27/5/26

Consultant :

Signature : J.Keerth

Name : KEERTHI

Date & Time : 27/5/26

IH-00205333 IP-00060140
aby B/O SNEHA VAS
7-05-2026 0 Y 0 M 0 D 3 H (M)
r. AKHEEL SYED RIZWAN

DISCHARGE PLAN

Information given by: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No ☐ NA

Will Physiotherapy require at home: ☐ Yes ☐ No ☐ NA

Is home medical equipment anticipated: ☐ Yes ☐ No ☐ NA

Is home oxygen therapy anticipated: ☐ Yes ☐ No ☐ NA

Breastfeeding ☐ Yes ☐ No ☐ NA

Formula Feed ☐ Yes ☐ No ☐ NA

Are dressing needs at home anticipated: ☐ Yes ☐ No ☐ NA

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify ....

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

....

....

....

....

....

Screenings done during NICU Stay :

NSG : ....

Hearing Screen : ....

ROP : ....

TFT : ....

NP2 : ....

Discharge Details:

Neonatal Condition at Discharge:

....

....

....

....

....

....

....

....

....

SNEHA VAS IP-00060140
-05-2026 0 Y 0 M 0 D 3 H (M)
r. AKHEEL SYED RIZWAN

Feeding: ☐ Breastfeeding Exclusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

Vaccinations given ☐ BCG ☐ Hepatitis B ☐ Others: ....

Neonatal Screen Taken: ☐ Yes ☐ No, parents advised to have Neonatal Screen at National screening program center on: ..../........../..........

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge: ....

Appointment was given for follow-up at OPD: ☐ Yes ☐ No

Date of Discharge: ..../........../..........

Discharge to ☐ Home ☐ Other: ....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐

GRBS - 80mg/dl @9am

Discharge Medications: ☐Yes ☐No

Details: ... F/6 bp x 3rd daily

Final Diagnosis: ... BS 6th daily Prefeed

... arm care, cord care

... munization as per schedule

... E, NBS, SBR before discharge

... culate PL.

... onitor vitals

Doctor Signature: ....

Doctor Name: ....

Date & Time: ....

VIH-00205333 IP-00060140
Baby B/O SNEHA VAS
27-05-2026 0Y0M0D6H (M)
Dr. JARJAPU KIREETI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 5:00pm	C/S/B Resident	
	FT / 37+1 wks / 2.267 kg / SGA / Im / Male / LSCS / CIAB.	
	HOL: 10 hrs.	
	O/E	
	Child is warm	
	CTA - Good	
	CRT < 3 sec	Plan
	CVS: S1S2 (+)	- DBF f/b burping 3rd hrly.
	RS: BLAE (+)	
Dr. Prashanthi	P/A: soft	- GRBS 6th hrly - prefeed.
	CNS: NAD	
		- warmth + cord care
		- Immunisation as per schedule.
		- OAE - NBS, SBR B/F d/c.
		- Monitor vitals.
		Noted by Benarike 27/5 @ 8pm

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

(P.T.O)

VIH-00205333 IP-00060140
Baby B/O SNEHA VAS
27-05-2026 0Y0M0D6H (M)
Dr. JARJAPU KIREETI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 10:00Am	c/s B Resident	
	FT / 37+5 wk / 2.267 kgs / SGA / Im / male / LSCS (CTAD)	
HOL: [illegible]	O/E	
	Child is warm	
MB4, BB4] O positive	CTA - Good	
	CRT < 3 sec	
	CVS: S1S2 (+)	Plan
	RS: B/L AE (+)	
	P/A: Soft	- DBF + Hb burping and belly
Immunization - done.	CNS: NAD	- ARBS 6thly - prefeed.
Dr. prashanthi		- Warmth cord care
		- OAE, NBS, SBR B/7 dl/c.
	→ SBR, NBS } 8Am T/M	- Monitor vitals
	→ OAE today	- Inform (SOS)
		[signature] KIREETI 28/5/26

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

VIH-00205333 IP-00060140
Baby B/O SNEHA VAS
27-05-2026 0Y0M0D6H (M)
Dr. JARJAPU KIREETI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 4:00pm	C/s/B Resident	
	O/E	Plan
	Child is warm	
	CTA - Good	- SBR, NBS T/m
	CRT <3sec	@ 8:00Am.
	CVS	- OAE - T/m.
	RS	
Red Reflex - checked.	P/A } (N)	
	CNS	- GRBS 6thly prefeed till 48hrs.
Dr - Prashanthi		- Monitor vitals.
		- Inform (SOS).
		Noted by Beronika 28/5 @ 8pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/20 10:00 am	C/S/B Resident	
HoL: 48hrs.	FT/37+5 wks/2.267 kg/SGA/Em/male/LSCS CIAB.	
TLW: 2.201 kgs. (↓20gms)	O/E Child is Alert/warm. CTA - Good CRT < 3 sec. CVS: S1S2 (+) RS: B/L AE (+) P/A: Soft CNS: NAD.	Plan - Trace SBR report. - OAE - today - monitor temp. - Informed
Dr. prateek.		
Referred NBS. ↓ only TFT - done.		
	→ D/c today → F/u monday - Tobramycin eyedrops.	
	Noted by Bouriyka @	T. Kiran KOBEG 29/5/20

IH-00205333 IP-00060140
aby B/O SNEHA VAS
7-05-2026 0Y0M0D3H (M)
r. AKHEEL SYED RIZWAN

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Newborn.			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	27/5/26 M	27/5 E	27/5 N	28/5/26 M	28/5 E	28/5 N
	Medical Condition (Any special condition to be noted):		Nil	Nill	Nil	Nil	Nill
	Diet:	DBM	DBM	DBM	DBM	DBM	DBM
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.2°F	98.6°F	98.8F	98.6°F	98.6°F	98.6°F
	Res:	24b/m	35b/m	34b/mt	30b/m	35b/m	35b/m
	SpO_2:	100%	99%.	95%	99%.	98%.	98%.
	Pulse:	144b/m	135b/m	139	140b/m	135b/m	135b/m
	BP:	–	–	–	–	–	–
	LOC:	–	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	15	15	15	15	15	15
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact.	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	–	Nil	Nill	Nil	Nil	Nill
	Others Specify:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	DBM	DBM	DBM	DBM	Nil	Nill
	Critical Lab Test / Values:	–	Nil	Nill	Nil	Nil	Nill
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	–	dependent	dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:		–	Nil	Nill	Nil	Nil	Nill
Handed Over By Name :		Dhanel	Beronika	Shubham	Beronika	Beronika	[illegible]
Signature / ID :		02467	B018727	[illegible]	B018727	B018727	017444
Date:		27/5/26	27/5	28/5	28/5	28/5/26	29/5/26
Time:		4pm	@ 8pm	8AM	@ 2pm	8pm	8AM
Taken Over By Name :		Beronika	Shubham	Beronika	Beronika	[illegible]	Beronika
Signature / ID :		B018727	[illegible]	B018727	B018727	017444	018727
Date:		27/5	27/5	28/5/26	28/5/26	28/5/26	29/5
Time:		@ 4pm	8pm	@ 8am	@ 2pm	8pm	@8am

IH-00205333 IP-00060140
aby B/O SNEHA VAS
7-05-2026 0 Y 0 M 0 D 3 H (M)
r. AKHEEL SYED RIZWAN

NURSING SHIFT HAND OVER FORM

SITUATION							
Diagnosis: Newborn				Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: —			
Surgery / Procedure: —				Post OP Day: —			

Section	Item						
BACKGROUND	Date / Shift	29/5/26 M					
	Medical Condition (Any special condition to be noted):	Nil					
	Diet:	DBM					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.4 F					
	Res:	39 b/m					
	SpO2:	98 %					
	Pulse:	134 b/m					
	BP:	—					
	LOC:	Conscious					
	Fall Risk Score:	15					
	Pain Score:	0					
	Skin Integrity	Intact					
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil					
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	DBM					
	Critical Lab Test / Values:	Nil					
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent					
Post Operative Procedure Special Orders:		Nil					
Handed Over By Name :		Bernika					
Signature / ID :		RO18727					
Date:		29/5/26					
Time:		@12pm					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Noted by Bernika 29/5 @ 12pm

IH-00205333 IP-00060140
aby B/O SNEHA VAS
7-05-2026 0Y0M0D3H (M)
r. AKHEEL SYED RIZWAN

NURSING CARE RECORD

Date: 27/05/2026

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify...
- ☑ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9Am	→ Maintain fluid Balance	9.15 Am	→ Given DBM	* DBM given 2nd hour	Baby is active	[signature]
	9.30 Am	→ Ensure Safety	9.45 Am	Crib	* provided crib in baby	* Baby is active	[signature]
Afternoon	6pm	→ Feeding		→ feed DBM given every 2nd hrly	→ feeding well	Baby is stable	Benarilaa 27/5 @ 8pm
Night	9 pm	⇒ vitals	9pm	⇒ vitals checked & Recorded	⇒ vitals stable	⇒ Baby clinically stable	
		⇒ feeding		⇒ given DBM Every 2nd hrly	⇒ feeding well		Shubhay 28/5 @ 8AM

IH-00205333 IP-00060140
aby B/O SNEHA VAS
7-05-2026 0 Y 0 M 0 D 3 H (M)
r. AKHEEL SYED RIZWAN

NURSING CARE RECORD

Date: 29/5/26

Goals

☐ Maintain Airway and Oxygenation ☐ Relieve Pain & Discomfort ☐ Maintain Fluid Balance ☐ Improve Activity Tolerance ☐ Maintain Good Nutritional Status ☐ Maintain Skin Integrity
☐ Maintain Personal Hygiene ☐ Prevent Infection ☐ Meet Elimination Needs ☐ Ensure Safety ☐ Early Ambulation Reduce Anxiety ☐ Patient & Family Education
☐ Identify Potential Complications ☐ Any Others. Specify.........

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				Discharge Note Doctor came for rounds and advice for discharge.			
Afternoon					Noted by Beronika 29/5/26 @ 12pm		
Night							

IH-00205333 IP-00060140
aby B/O SNEHA VAS
7-05-2026 0 Y 0 M 0 D 3 H (M)
r. AKHEEL SYED RIZWAN

THE HUMPTY DUMPTY SCALE 9am.

PARAMETER	CRITERIA	SCORE	DATE 27/5	DATE 27/5	DATE 28/5	DATE 29/5	DATE 29/5
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3	3	3
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		15	15	15	15	15

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Intervention						
Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair sup[illegible]		✓	✗	✗	✗	✗
Other Intervention(s) Specify		—	✓	✓	✗	
Nurse's Name:		[illegible]	Bri[illegible]	Cubban	Beseeika	Br[illegible]
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		27/5/26	27/5	28/5	29/5	29/5
Time:		10Am	8pm	9Am	9Am	12pm

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O SNEHA VAS TADAKAMADLA**	**Age :**	**0 Y 0 M 0 D 3 H**
IP No:	**IP-00060140**	**Sex:**	**Male**
Consultant:	**Dr. JARJAPU KIREETI**	**Ward/Bed No:**	**N 2F-MICU/CRDL-MICU-227-2**

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.................) Mai Kiran
3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: Mai Kiran

Name: Sriram Mai Kiran
Relationship: Father
Date: 27-5-2026
Time:
Wittness Name:
Wittness Signature:

Patient Address:
VISWATEJA JR COLLEGE,H.NO-7-58
GAJWEL I.M.colony Hyderabad
Telangana INDIA 500082

RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 27/5/26. Time:	10am	12pm	2pm	4 Pm	6 Pm	8 Pm	10 PM	12 AM	2 AM	5 AM	7 AM
Doctor/Nurse/Family Concern?											
Temperature (°F)	98.[illegible]	98.[illegible]	98.[illegible]	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F
Heart Rate (Number)	144, 146	146	152	140	142	145	139	133	124	140	131
Resp Rate (Number)	34, 36	36	32	45	40	35		40		34	
Resp Distress: None / Mild	–	–	–								
O_2 Saturations (%)	100	100	99.	98	97	99	96	97	96	97	94
Conscious Level: Normal	✓	✓	✓	N	N	N	N	N	N	N	N
GCS *				15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	NA	NA	NA	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	MP	MP	MM	B	B	B	SK	SK	SK	SK	SK

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

Heart Rate (bpm) and Blood Pressure (mmHg) * scale: 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) * scale: 70, 60, 50, 40, 30, 20, 10

Resp Distress: Mod/ Severe; None / Mild

Receiving O_2 (l/min)

Conscious Level: Normal; Altered

ACTIONS		
	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
NB: Scores 3 should be recorded overleaf	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

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)

VIH-00205333 IP-00060140
Baby B/O SNEHA VAS
27-05-2026 0Y0M0D6H (M)
Dr. JARJAPU KIREETI

RCH/ FRM / CLINICAL / 124

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/5 Time:	9 am	11 am	1 pm	3 pm	5 pm	7 pm	9 pm	11 pm	1 am	3 am	5 am	7 am
Doctor/Nurse/Family Concern?												
Temperature (°F) (scale 94–104)	98.6F	98.3F	98.6F	98.3F	98.6F	98.3F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	97.8°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)												
Heart Rate (Number)	135	140	132	135	140	145	147	146	148	132	136	137
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)												
Resp Rate (Number)	30	34	33	34	30	35	37	38	30	37	34	37
Resp Distress: Mod/ Severe												
Resp Distress: None / Mild												
Receiving O_2 (l/min)												
O_2 Saturations (%)	98	97	99	98	97	97	98	100	99	97	98	97
Conscious Level: Normal	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	N	N	N	N	N	N
Conscious Level: Altered												
GCS *	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE: Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Heart Rate and Blood Pressure 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.

Patient Sticker

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

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

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- 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)

VIH-00205333 IP-00060140
Baby B/O SNEHA VAS (M)
27-05-2026 0Y0M1D
Dr. JARJAPU KIREETI

: RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

9/5/26

Date: .... Time:	9	11
Doctor/Nurse/Family Concern?	AM	AM
Temperature (°F)	98.6°F	98.6°F
Heart Rate (Number)	140	135
Resp Rate (Number)	40	35
Resp Distress (Mod/ Severe; None / Mild)	N	N
Receiving O_2 (l/min)		
O_2 Saturations (%)	98	99
Conscious Level (Normal; Altered)	N	N
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	B	B

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate (bpm) and Blood Pressure (mmHg) * scale: 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) * scale: 70, 60, 50, 40, 30, 20, 10

Noted by Banu 9/5 @12pm

ACTIONS		
ACTIONS	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
NB: Scores 3 should be recorded overleaf	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

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.

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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)

FLUID CHART

Sheet No. : (1)

(1)

27/5

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							
27/5/26	08:00 am											
	09:00 am	DBM								✓		
	10:00 am											
	11:00 am	DBM										
	12:00 pm											
	01:00 pm											[signature]
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm									✓		
	04:00 pm		DBM									Beronila
	05:00 pm										0	
	06:00 pm		DBM									27/5
	07:00 pm									✓		@ 7pm
Total Intake :						**Total Output :**						
	08:00 pm		DBM									
	09:00 pm											
	10:00 pm		DBF								0	
	11:00 pm									✓		
	12:00 am		DBF									
	01:00 am											Subham
Total Intake :						**Total Output :**						28/5
28/5	02:00 am											@ 7AM
	03:00 am		DBF									
	04:00 am											
	05:00 am		DBF								0	
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00205333 IP-00060140
Baby B/O SNEHA VAS
27-05-2026 0Y0M0D6H (M)
Dr. JARJAPU KIREETI

FLUID CHART

Sheet No. : 2   (2)   28/5

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
28/5	08:00 am									✓		
	09:00 am		DBF								0	
	10:00 am		+						✓			
	11:00 am		DBF							✓		
	12:00 pm		+									
	01:00 pm		DBF									
Total Intake :						Total Output :						
28/5	02:00 pm											
	03:00 pm		DBF							✓		
	04:00 pm		+								0	
	05:00 pm		DBF									
	06:00 pm		+						✓	✓		
	07:00 pm		DBF									
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm		DBF							✓		
	10:00 pm		+									
	11:00 pm		DBF								0	
	12:00 am		+				✓			✓		
	01:00 am		DBF									
Total Intake :						Total Output :						
	02:00 am		+									
	03:00 am		DBF							✓		
	04:00 am		+									
	05:00 am		DBF						✓		0	
	06:00 am		+									
	07:00 am		DBF				✓			✓		
Total Intake :						Total Output :						

Sign. Nurse (margin): 2nd day @8pm 28/5/26; (signature) 29/5 @7am

Total 24 hrs. Intake		Total 24 hrs. Output	8 times

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

FLUID CHART

Sheet No. : .... 29/5/26.

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.

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						✓					
	09:00 am		DBM									
	10:00 am											Brij
	11:00 am		DBM								0	29/5
	12:00 pm											@12pm
	01:00 pm		DBM									
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 :						

Noted by Beroni 29/5 @12pm

Total 24 hrs. Intake		Total 24 hrs. Output	

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

IH-00205333 IP-00060140
aby B/O SNEHA VAS
7-05-2026 0Y0M0D3H (M)
r. AKHEEL SYED RIZWAN

STAT / ONCE ONLY DRUGS

Name: B/o. Sneha.

Weight: 2.267 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
27/5	8:56 Am	Inj Vit K	0.5 ml	IM			

H-00205333 IP-00060140
aby B/O SNEHA VAS
'-05-2026 0Y0M0D3H (M)
r. AKHEEL SYED RIZWAN

RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj	8.5 < 0.1 / 8.4					
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						
Blood group:	'O'	positive				

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

Others (ECG, Contrast Studies etc.,) : ....