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 : IP5-00176672 **Admit Date** : 20-Jul-2026 **Admit Time** : 06:27 PM **UHID** : BAH-00662268

Patient Details :

Patient Name	: Baby Of NAGAM DURGA BAI	**Age**	: 0 D
Guardian	: Mr NALLA KONDILLA RAJA KUMAR	**DOB**	: 20-07-2026 05:16 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 2-50, LAXMIPUR, PEDDAMPET Odela Karimnagar Telangana INDIA 505152	**Phone No**	: 8790245456/ 9390489002
		E-mail	: n.durgabai547@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 NALLA KONDILLA RAJA KUMAR **Relationship** : Father

Contact Address : H NO 2-50, LAXMIPUR, PEDDAMPET Odela Karimnagar Telangana INDIA 505152 **Phone No** : 8790245456 / 9390489002

Signature

Doctor Details :

Doctor Name : Dr. NALINIKANTA PANIGRAHY **Specialisation** : NEONATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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Baby Of NAGAM DURGA BAI
20-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. NALINIKANTA PANIGRAHY

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NEWBORN MONITORING FORM

Date of Birth	: 20/7/26	New Born Screening	:
Time of Birth	: 5:16pm	TFT	:
Mode of Delivery	: NORMAL	OAE	:
Birth Weight	: 3.384kg	Mother's Blood Group	: O+ve
Head Circumference	: 35cm	Baby's Blood Group	: B+ve
Length	: 49cm	Anomaly Scan	:
Red Reflex	:	Vaccination	: BCG, OPV, HepB

Dose on 21/7/26

Date	Weight	Type of Feed	Quantity	Temperature	Signature
20/7/26	3.384kg	DBF		98.6F	Sunitha
21/07/26	3.306kg	DBF	-	98.3F	Puja
22/7	3.143kgs	DBF	—	97.9°F	Latha

Date	Time	Investigation	Result	Order No.	Signature
20/7/26	7pm	Bloodgroup		26072901	Sunitha
21/7/26	4:30pm	SSPT		9714755	Jyothy
21/7/26		TCBR	12.3	26073224	Jyothy
22/7/26.	10:10am.	SBR, DCT.	SBR 10.6 (0.1, 10.5) mg/dl.		sush.

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Nagam Durga Bai Age : 28. Father's Name : Raja Kumar 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 Bh Durga Bai

Gender : ☐M ☐F Blood Group : B+ve

Date of Birth : 20/07/26. Time of Birth : 5:16pm

Place of Birth : RCH:BH

Mother's Blood Group : O+ve

Birth Weight (gms) : 3384. Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 39+5

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 28. Ht : ..... Wt : ..... BMI: ..... Married Life : ..... LMP : 4/10/25 EDD : 22/7/26.

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

Booked at what GA. : 6+3 AN Steroids Drugs / Doses : .....

Last Scans Details : 6/6: 23+3 | Cephalic | 2296 (58+) | AC: 5cm | AFI: 15-7 cm | Plt: (N) | Doppler: (N)

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

MATERNAL RISK FACTORS

Age : ☐<18 yrs ☐ > 35yrs FTS: low risk

Consanguinity : ☐ Yes ☐ No NT: 1.8mm

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

..1.. P : ..... A : ..... L : .....

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Prathyusha Reddy Hospital : RCH:RH ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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
1	1	
2	2	
2	2	
2	2	
1	2	
8	9.	

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 :

History of Present Illness:

Equipment check done

↓

Baby Received in a prewarmed linen

↓

Cord cleaned / clamped / cute

↓

Inj. vitamin K given 0.5ml I.M.

↓

Vitals checked

↓

Oro-nasal Suctioning done

↓

Baby Shifted to mother side

Investigation details in previous Hospital :

—

Feeding History :

—

Past History :

—

Family History :

—

Socio Economic History :

—

GENERAL EXAMINATION ON ADMISSION

General Disposition : Euthermic/ Acrocyanotic

c/c/A : good

VITALS : Temperature : Euthermic HR : 165/min RR : 49/min NIBP : ..... CFT : <3

Color of the extremities : Acrocyanosis

Jaundice : ..... Pallor : ..... SpO2 : 99-/.

ANTHROPOMETRY: Birth Weight : 3.384 Length : ..... HC : ..... Present Weight : .....

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

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HEAD TO TOE EXAMINATION

HEAD :
Fontanelles :
Sutures
Shape / Moulding : Caput (+)
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 assessed
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency : Broad based nose (+)
Palate : no cleft lip/palate
Gums :
Lips :
Tongue :

THORAX and BREASTS :
Shape of Thorax :
Position of Nipples and Number : N

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump : 2A + IV
Discharge :

GENITILIA :
Labia / Hymen :
Testicles/penis : N
Anus :

HERNIAL ORIFICES

TRUNK and SPINE : mongolian spot +

SKIN LESIONS : N

EXTREMETIES :
Fingers / Toes :
Deformities : N
Hip Joint Examination :
Arms / Legs :
Mobility :

SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 42/min. SCR / ICR / See - Saw breating : .....

Scoring of respiratory distress if present (Silverman or Downe's) : .....

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : .....

SpO_2: 99% Auscultation: BAE (+) Breath Sounds: NVBS (+) Added Sounds: .....

CARDIOVASCULAR SYSTEM :

HR : 165/min BP : .....

Femoral Pulses : B/L well Felt

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : Nil

Signs of Cardiac Failure : .....

ABDOMEN:

Shape : .....

Palpation : .....

Palpable masses : N

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : looks patent

Umbilical Cord : 24 +IV

First urine passed : —

Meconium passed : —

NERVOUS SYSTEM:

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

State of wakefulness : .....

Prechtle Score : N

Nerves : .....

.....

MOTOR SYSTEM:

Passive Tone : .....

Active Tone : d/t/A: good

Neonatal Reflexes : .....

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

Moro's : B/L Symmetric DTR : .....

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

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Any Congenital Anomalies : .....

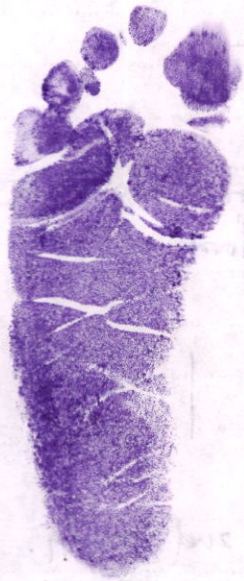
.....

Diagnosis : Primi/ 39+5/ NVD/ CIAB/ 3385g/

.....

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : .....

Name : .....

Date & Time : .....

20/7/2026

None

Consultant :

Signature : .....

Name : .....

Date & Time : .....

Dr nalinikanta

21/7/26

DR. NALINIKANTA PANIGRAHY
Registration No.: TSMC/MRU/03605

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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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 : ..... Plan

.....

Medications : ..... 1. Send cord blood for blood grouping.

.....

.....

.....

.....

Plan during ward follow up :

.....

.....

.....

.....

.....

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

5:50pm to 6:00pm.

.....

.....

2. OPV / BCG / Hep-B | today.

3. DBF | 2nd hourly.

4. SBR | NBS | DAE @ 48HTL.

5. Warm care

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 NAGAM DURGA BAI (F)
20-07-2026 0 Y 0 M 2 D
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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary +Plan	1+1			
3	Nursing Initial assessment				
4	Patient Transfer form	1 1			
5	In-patient Medical record				
6	Doctors progress sheets	2			
7	Nursing plan of care and handover sheets	1			
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	2 3			
30	Intake and Out take chart (fluid chart)				
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	2			
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds Billing	1			
41	Gastro monitoring chart				
42	Rch ED doctors note Others	10			
43	BP Monitoring chart				
44	RBS monitoring chart				
		32			
	Total No. of Pages				

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

Signature and Date : 22/7/26

(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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 8:30am	CRS/B Resident	
	15 HOL / FOR / 33 5/4 g / Primi / NVD / 39+5 / CIAB	
	M/O+ B/Trace U/R M/UL	Plan
	Twt → 3306 g. (2% ↓) 78 gm ↓	① DBF → establish O_2 H
	Euthermic - Pink	
	Euglycemic.	② Vaccination today
	cry, tone, activity } good.	BCG ✓
		OPV ✓
		Hep B ✓
	Establish feeds	
	Femoral Pulses (+)	③ Warm care
	Peripheries warm	④ clinical Jaundice assessment @ 24 HOL 5:00 pm
	CRT <3 sec.	⑤ Monitor Vitals, Feed, U/O
		⑥ Trace baby bld group
		Soheb
M/O+ B/B+	Stable on RA	Plan
	Urine not passed.	→ Vaccination today.
21/7/26		→ TCBR - 3pm
	DR. NALINIKANTA PANIGRAHY Registration No: TSMC/FMR/03605	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7 10 AM	lactation notes:	
	- colostrum very lately seen.	
	- Suck good bet taking time to latch.	
	- Premi	
	- Well formed breast and nipple	
	Advice:	
	- ~~colostrum seen~~	
	- Direct breast feeding	
	- demo for deep latch	
	- to feed in sitting position only	
	- demo for deep latch as demonstrated in cross cradle hold or cradle hold	
		Dr Supriya
		→ If TCB → <8 fu Thursday
		↓
		SSPT with eye and genital care
		↓
		✓ SBR (Thu) 10 Am DC NRS OAE on (fu)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 3PM	Afternoon rounds Baby on Room air Jeterus (+) 22 HOL Accepting feeds well Passed urine & stool Euthermic Vitals: stable CRT < 3sec Peripheries: warm Clinical assessment → 11.1	Seen by Dr. Nalinikanta plan 1. SSPT with eye and genital care 2. DBF 2nd hourly f/b Burping 3. SBR (TIm) 10 Am 4. Vital monitory 3rd hrly 5. W/f urine & stool passage Noted by Latha
22/7 6AM	lactation notes. - colostrum seen (better than y'day). - Suck good. Advice: - Aim for deep latch - To feed in sitting position only with deep latch. - Make baby suck for 15-20 min on each side	Dr. Sailaja Signature

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7 9:00 am	c/s/B RESIDENT.	
	39+5 / 40H02 / Primi / CIAB / SVD / AGA	1. Ab sepsi with eyes and genitalia Covered.
	B.wt: 3384	
	T.wt: 3143 (7-1-7) (3306 → 3143g)	2. SBR/RT at 10 pm
	O+ / R+ ↓ sspt. 160g ↓	3. R/v D/C as per SBK
	Euthermic/ Pink c/c/A/ grunt Peripheries warm Good perfusion.	3. DBF/ 2nd monthly + FF 2 ml Q2H (top up till SSPT)
	NBS: Not done	Noted by Sushanta.
	OAE: Not done.	Friday R/V with SBR report
	DCT - Negative	
22/7/26 01:45pm	c/s/B Dr. Sohila (Resident).	
	c/o Jaundice on examination baby is doing well 7% wt loss 160g ↓	

323-A

BAH-00662268 IP5-00176672
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20-07-2026 0 Y 0 M 2 D (F)
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CONSENT FOR FORMULA FEEDS

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Patient Name : B/O Nagam Durga Bai Age : (2days) Gender : ☐ Male ☑ Female

UHID No : 662268 Reg. No. : Department : 3rd Floor Date : 22/7/26.

I Mr / Mrs. : ..... aged ..... years, hereby declare that I have admitted my ☐ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on ..... I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant :

Signature : N. Durga Bai

Name : Mr. Durga Bai

Relationship with Patient: mother

Date & Time : 22/7/26 @ 10:10am.

Witness :

Signature : Sushanthi

Name : Sushanthi

Date & Time : 22/7/26 @ 10am.

Doctor (who is taking the consent) :

Signature : Soluka

Name : Dr. Soluka

Date & Time : 10.a.m 22/7/26

BAH-00662268 IP5-00176672
Baby Of NAGAM DURGA BAI
20-07-2026 0 Y 0 M 0 D 16 H (F)
Dr. NALINIKANTA PANIGRAHY

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BREASTFEEDING HISTORY FORM

Mother's Name: Mrs. Durga Bai Baby's Name: B/o Durga Bai Date of Birth: .....

Reason for consultation: Counselling from mother

1. Baby's feeding now (ask all these points)	Breastfeeds Yes How often 2-2½ Hrs Length of breastfeeds 15-20 mins Longest time between feeds (time mother away from baby) 2-2½ Hrs One breast or both breasts Both	Day	Night
	Complements (and water) What given When started How much How is it given } No	Pacifier (Yes / NO)	
2. Baby's health and behaviour (ask all these urine output (more/less than points))	Birth weight 3384 Premature Urine output (more/less than 6 times per day) Stools (soft and yellow/brown; or hard or green; frequency) Feeding behaviour Illnesses	Weight now 3.143 kgs. Growth Twin Abnormalities	
3. Pregnancy, birth, early feeds	Antenatal care (attended/not) Delivery: Normal / C – section Rooming – in Yes / No Prelacteal feeds Yes / No (If Yes,) What given Formula samples given to the mother Yes / No Postnatal help available for breastfeeding Yes / No	Breastfeeding discussed? Yes / No Early contact (First – 1 hour) Yes / No Time first breast feed (if not within 1st hour) Yes How given	
4. Mother's condition and family planning	Age Family planning method	Breast condition Normal Motivation to breastfeed Yes Alcohol, smoking, coffee, other drugs Yes / No	
5. Previous infant feeding experience	Number of previous babies How many breastfeed Any bottles used } Primi	Experience good or bad Good Reasons	
6. Family and social situation	Working / Home maker Father's attitude towards breastfeeding Other family members attitude towards breastfeeding Help with child care What others say about breastfeeding } Positive	Literacy status - Educative Counselled about DBF	

Lactation Consultant:

Signature: ..... Name: ..... Date & Time: 21/7
10 dc

LACTATION ASSESSMENT FORM

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Mother's details: mrs. Durga Bai

Baby details: B/o Durga Bai

Delivery: Vaginal ☐ Cesarean ☐ Vaccum ☐ Forceps ☐ Gravida ☐ GA ☐

Reason for Visit: BF rounds ☑ Doctor Reference ☐ Patient Request ☐

BF previous baby: Teeni Previous BF difficulty: .....

Present Lactation:

Colostrum: Yes ☑ No ☐ **Breast:** Normal ☑ Engorged ☐ Soft ☐ Tender ☐

Nipples: Flat ☐ Inverted ☐ Everted ☑ **Direct BF:** Yes ☑ No ☐

Expressed / Pallada feeding: Yes ☐ No ☐

LATCH Assessment:

	0	1	2	SCORE					
				D-1	D-2	D-3	D-4	D-5	D-6
LATCH	Too sleepy not sustained LATCH / suck	Repeated attempts for suck / latchHold nipple in mouth	Grasps breast tongue downlips flanged Rythmical sucking	1	2				
AUDIBLE SWALLOWING	None	A few with stimulation	Spontaneous & Intermittent	2	2				
TYPE OF NIPPLE	Inverted	Flat	Everted (After stimulation)	2	2				
COMFORT	Engorged cracked Bleeding large Blisters bruises	Filling reddened small blisters / bruises	Soft Non tender	2	2				
HOLD	Full Assist	Minimal assist	No assist	1	1				
			Total Score	8	9				

BABY WEIGHT CHART							FIRST FEED	
Date	21/7/26	22/7					Breast Feed	Top Feed
Weight	3.384	3.143					✓	

Teaching Instructions: Deep latch

.....

Discharge Instructions: urine out put and weight monitoring

Feed Frequency Duration: 2-2½ hrs

Feeding techniques: Cradle Hold

Assessment of output: Good

Sources of BF assistance at home: Handouts

Next Follow up: After 1 week

Lactation Consultant: Name: Sreeja Signature: ..... Date & Time: 21/7

Docu. No: RCHBH/ FRM/ CLINICAL/ 282

10 am

BAH-00662268 IP5-00176672
Baby Of NAGAM DURGA BAI
20-07-2026 0 Y 0 M 0 D 16 H (F)
Dr. NALINIKANTA PANIGRAHY

323

BREASTFEEDING OBSERVATION CHART

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Your Right to a Safe Delivery

Please tick ☑ for Yes, ☒ for No and leave ☐ blank for Not Applicable:

Observation Parameters	Date & Time	21/7/26	22/7	22/7	22/7																				
	No. of Feeds	1	1	2	3																				
Body Position	• **Mother relaxed and comfortable**	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Shoulders tense, leans over baby	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby's head and body in straight line**	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby's head and body is not straight line	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby's body close to mother's**	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby's body not close to mother's	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby's back**	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Only shoulder or head supported	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Breast well supported** (optional)	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Breast supported in scissor hold or nipple being pushed in baby's mouth	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Supine**	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Sitting	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Responses	• **Baby roots for breast**	☐	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• No rooting observed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby explores breast with tongue**	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby not interested in breast	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby calm and alert at breast**	☐	☑	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby restless or crying	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby stays attached to breast**	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby slips off breast	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Signs of milk ejection, (leaking, after - pain)**	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• No signs of milk ejection	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

(P.T.O)

Emotional Bonding	• **Secure, confident hold**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Nervous or limp hold	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Face-to-face attention from mother**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• No mother/baby eye contact	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Much touching by mother**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Little touching or Shaking or poking baby	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Anatomy	• **Breasts soft after feed**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Breasts engorged	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Nipples average size**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Nipples large / flat/ inverted	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **No lump in breast**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Lump in breast	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Suckling	• **Mouth wide open**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Mouth not wide open, points forward	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Chin touching the breast and nose close to breast**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Chin and nose away from the breast	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Lower lip turned outwards**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Lower lip turned in	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Cheeks round**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Cheeks tense or pulled in	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Slow deep sucks, bursts with pauses**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Rapid sucks only	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Baby Suckled for ~~(in Minutes)~~	Left:																									
	Right:																									
EBM (in ML)																										
Formula Feeds																										
Birth Weight																										
Present Weight																										
Weight Loss																										
Nurse Signature:																										
Nurse Name:																										

BAH-00662268 IP5-00176672
Baby Of NAGAM DURGA BAI
20-07-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Part - I:

Patient's / Learner Language: ..... 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 / Therapy (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 Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
20/7	6pm	7	Infection control measures	P.T.	1	O	1	1	—	Sruthi

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 Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
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

BAH-00662268 IP5-00176672
Baby Of NAGAM DURGA BAI
20-07-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

MULTI-DISCIPLINARY PLAN OF CARE FORM

Rainbow® Children's Hospital
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Diagnosis: _____

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:
20/7/26	☐ Medical ☑ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	provided DBF and Burping	provided warm care	plan for Safety	Smith	☐ 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:

BAH-00662268 IP5-00176672
Baby Of NAGAM DURGA BAI
20-07-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Nagam Durga Bai Mother's Name: Mrs. Nagam Durga Bai

Date of Birth: 20/7/2026 Time of Birth: 5:16pm Gender: ☐ Male ☑ Female

Birth Weight: 3.38Kg Kgs HC: 34cm cm Lenght: 50.cm 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: .....

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 98.6F °C HR: 165bpm /Min RR: 44bpm /Min BP: — SpO2: 99%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☐ **No** **Score:** 6 (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: Smitha Signature: Date &Time: 20/7/26@6pm

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

BAH-00662268 IPS-00176672
Baby Of NAGAM DURGA BAI
20-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. NALINIKANTA PANIGRAHY

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

20/07/2026

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

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	6pm	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?				
Temperature (F)	98.6F	98.0F	97.9F	98.2F
Heart Rate (bpm) and Blood Pressure (mmHg) *				
Note: BP does not score in early warning scoring				
Heart Rate (Number)	136/m	140/m	138/m	140/m
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	42/m	40/m	42/m	40/m
Resp Distress: Mod/ Severe / None / Mild		N	N	N
Receiving O_2(l/min) O_2Saturations (%)	98%	99%	100%	99%
Conscious Level: Normal / Altered		N	N	N
GCS *	14/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials				

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

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

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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)

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21-7-26

Doc. No. : RCH / 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
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21-7-26 Time:	10		2		6		10pm		2am		6am		
Doctor/Nurse/Family Concern?	AM		PM		pm								
Temperature (F)	97.9°F		98.4°F		98.6°F		98.1°F		97.9°F		98.1°F		
Heart Rate (bpm) and Blood Pressure (mmHg) *	*		*		*		*		*		*		
Heart Rate (Number)	130b/m		134b/m		132b/m		118b/m		138b/m		110b/m		
Resp. Rate (bpm) (Over 1 Minute) *	*		*		*								
Resp Rate (Number)	32b/m		30b/m		32b/m		40b/m		36b/m		42b/m		
Resp Distress (Mod/ Severe / None / Mild)	N		N		N		N		N		N		
Receiving O_2(l/min) O_2Saturations (%)	99%		99%		99%		100%		99%		100%		
Conscious Level (Normal / Altered)	N		N		N		N		N		N		
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		
Pain Score	0		0		0		0		0		0		
Observer's Initials													

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

Pratiksha 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 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)

22/7/26

BAH-00662268 IP5-00176672
Baby Of NAGAM DURGA BAI
20-07-2026 0 Y 0 M 1 D (F)
Dr. NALINIKANTA PANIGRAHY

Doc. No. : RCH / 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

Da			
Doctor/Nurse/Family Concern?		10am	1pm
Temperature (F)	104		
	103		
	102		
	101		
	100		
	99	98.2F	97.9F
	98		
	97		
	96		
	95		
	94		
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190		
	180		
	170		
	160		
	150		
	140		
	130		
	120	x	x
	110		
	100		
	90		
	80		
	70		
	60		
	50		
Heart Rate (Number)		126/m	132/m
Resp. Rate (bpm) (Over 1 Minute) *	70		
	60		
	50		
	40	x	x
	30		
	20		
	10		
Resp Rate (Number)		32b/m	30b/m
Resp Distress: Mod/ Severe		–	–
Resp Distress: None / Mild		–	–
Receiving O_2(l/min)		–	–
O_2Saturations (%)		100%	99%
Conscious Level: Normal		✓	–
Conscious Level: Altered		–	–
GCS *		15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0
Pain Score		0	0
Observer's Initials		dr	dr

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
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Patient Sticker

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BAH-00662268 IP5-00176672
Baby Of NAGAM DURGA BAI
20-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. NALINIKANTA PANIGRAHY

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1 20/07/2026

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	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am					NA						
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm						N					
	05:00 pm						P				NO IV	
	06:00 pm		DBF									Sunita
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											Priya
	09:00 pm		DBF								NO IV	Priya
	10:00 pm						nil			nil		Priya
	11:00 pm		DBF								Canula	Priya
	12:00 am											Priya
	01:00 am											
Total Intake : Taken						**Total Output :** U= 0 m= 0						
	02:00 am		DBF								NO IV Canula	Priya
	03:00 am											Priya
	04:00 am		DBF									Priya
	05:00 am									nil		Priya
	06:00 am											Priya
	07:00 am		DBF				✓					Priya
Total Intake : Taken						**Total Output :** U= 0 m= 1						

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	U= 0 m= 1

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Baby Of NAGAM DURGA BAI
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FLUID CHART

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 2 21/7/26

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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
21/7	08:00 am											
	09:00 am		DBF				✓				1	Dey
	10:00 am										NO IV	
	11:00 am		DBF				✓			✓		
	12:00 pm										1	Dey
	01:00 pm		DBF									
Total Intake :							Total Output : M-2 U-1					
21/7	02:00 pm										1	
	03:00 pm		DBF				✓			✓		Dey
	04:00 pm										NO IV	
	05:00 pm		DBF									Dey
	06:00 pm										1	
	07:00 pm		PBF									Dey
Total Intake : taken							Total Output : M-1 U-1					
21/7	08:00 pm										1	Lalita
	09:00 pm		DBF				1					
	10:00 pm									✓	NO IV	
	11:00 pm		DBF				NP					Lalita
	12:00 am						1				1	
	01:00 am		DBF							✓		Lalita
Total Intake :							Total Output : U→M→0					
22/7	02:00 am						1				1	Lalita
	03:00 am		DBF									
	04:00 am						NP				NO IV	Lalita
	05:00 am		DBF									
	06:00 am						1				1	Lalita
	07:00 am		DBF							✓		
Total Intake :							Total Output : U-1 M-0					

Total 24 hrs. Intake	taken	Total 24 hrs. Output	U-5 M-2

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

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FLUID CHART

Sheet No. : 3

22/7/26

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.

		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					✓	1	Sukhanti
	08:00 am						1				1	
	09:00 am		DBF.							✓	NO	
	10:00 am										IV	
	11:00 am		DBF.				NP					Sukhanti
	12:00 pm									✓		
	01:00 pm		DBF+FF 30ml									
Total Intake : Taken.						**Total Output :** m – NP, u – 3						
	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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FLUID CHART

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Sheet No. : .....

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		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**	