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 : IP5-00176049 **Admit Date** : 06-Jul-2026 **Admit Time** : 05:06 PM **UHID** : BAH-00660441

Patient Details :

Patient Name	: Baby Of SANDHYA REDDY MALLADI TWIN 1	**Age**	: 0 Y 0 M 5 D
Guardian	: Mr SURESH REDDY MALLADI	**DOB**	: 01-07-2026 06:20 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 3-182/1, PARIMALA COLONY Hanamkonda Warangal Telangana INDIA 506001	**Phone No**	: 9849680111/ 7337070207
		E-mail	: SURESH.REDDY78@YAHOO.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 335 **Ward Name** : 3F-ZONE C

Room No : SPVT 335 **Admission Type** : First Visit

Contact Details :

Name : Mr SURESH REDDY MALLADI **Relationship** : Father

Contact Address : H NO 3-182/1, PARIMALA COLONY Hanamkonda Warangal Telangana INDIA 506001 **Phone No** : 9849680111 /

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :_____ BAH-00660441 IP5-00176049 Baby Of SANDHYA REDDY MALLADI 01-07-2026 0 Y 0 M 5 D (F) Dr. VIJAYANAND JAMALPURI _____

UHID No. : _____ Consultant: _____ Dept : _____

Date of Admission: _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
06/07/26	5:40pm	ER	335	Keerthi

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7/26	DSPT	5:50pm		9690640	Lyodny

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

.....

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.....

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.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00660441 IP5-00176049
Baby Of SANDHYA REDDY MALLADI
01-07-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

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NEWBORN MONITORING FORM

Date of Birth : 01/07/2026
Time of Birth : 6:20 pm
Mode of Delivery : LSCS
Birth Weight : 2.804 kg.
Head Circumference : -
Length : -
Red Reflex : -

New Born Screening : .....
TFT : .....
OAE : .....
Mother's Blood Group : O +ve
Baby's Blood Group : O +ve
Anomaly Scan : .....
Vaccination : Birth vaccine Given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
6/7/26	WD wt 2.819kg	DBF	-	98.1 °F	Jyothy.
7/7/26	2.550kg	DBF	-	98.9 1	Rao

Date	Time	Investigation	Result	Order No.	Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ BAH-00660441 IP5-00176049 Baby Of SANDHYA REDDY MALLADI 01-07-2026 0 Y 0 M 5 D (F) Dr. VIJAYANAND JAMALPURI 2-1 _____

UHID ID: _____ _____

Department: _____

Consultant: _____

BAH-00660441 IP5-00176049
Baby Of SANDHYA REDDY MALLADI
01-07-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Yellowish discolouration of skin & sclera since 1-2 days.

History of present illness :

~~Admitted~~

Mother details → 39 yrs

G2 P1L1 → L1 → FT / Male / 2.7kg / 2018 / Healthy.
LSCS in fetal distress

L2 → DMCDA twins / twin 1 / Female / 36wk 6d / Breech presentation / RDS → DR CPAP /

Mother BG ⇒ O positive

Baby BG ⇒ O positive

6/7: SBR ⇒ 17.3 / 0.1 / 17.2

B.Wt = 2.804 kg

T.Wt = 2.63 kg (5% Wt loss)

BAH-00660441 IP5-00176049
Baby Of SANDHYA REDDY MALLADI
01-07-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Past History : (Including details of any previous investigation or treatment)

Birth & Neonatal History:

Late preterm / 36wk 6d / AGA / Female / twin - 1.

Birth & Socio Economic History:

About Father :
About Mother : upper middle class
Any additional Information :

Developmental History :

(N) development

Immunization History :

Birth vaccine given

(P.T.O.)

BAH-00660441 IP5-00176049
Baby Of SANDHYA REDDY MALLADI
01-07-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____(Centile _____) Height (cms):_____(Centile)_____)

Weight (kgs))_2.63kg_(Centile _____)

On Examination :

Temperature : 97.8°F Pulse Rate : 120/min B.P. _____ SPO2 98% on RA

Resp.rate and type of breathing : RR = 28/min

Rash_____ Nil

Lymphadenopathy_____

Oedema :_____

Allergies (if any):_____

Respiratory System :

Inspection (any s/o distress) :_____

Air entry & breath sounds : B/L AE (+)

Any addes sounds :_____

Relevant data from outside (Chest X-Ray, ABG,etc.,)_____

Cardiovascular System :

Inspection of procordium :_____

Heart Sounds : S1S2 (+)

Any murmur :_____

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) :_____

Per Abdomen :

Inspection_____

Palpation : Soft, NT.

Ausculation :_____

Spine :_____ External Genitelia :_____

Relevant data from outside (CT, USG etc.,)_____

BAH-00660441 IP5-00176049
Baby Of SANDHYA REDDY MALLADI
01-07-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Neonatal jaundice → for DSPT.

(P.T.O.)

BAH-00660441 IP5-00176049
Baby Of SANDHYA REDDY MALLADI
01-07-2026 0 Y 0 M 6 D (F)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

SBR — TIM after rounds -

Planned Management

- DSPT with eyes & genitals covered.
- Continue feeding (EBM)

Signature of the Doctor: Ramya
Name of the Doctor: Dr. RAMYA
Date & Time: 6/7/26 ; 5pm

Signature of the Consultant:
Name of the Consultant:
Date & Time:

DR. VIJAYANAND JAMALPURI
Registration No: 40526

BAH-00660441 IP5-00176049
Baby Of SANDHYA REDDY MALLADI
01-07-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

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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	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	2+3			
7	Nursing plan of care and handover sheets	1			
8	Consultation sheet				
9	General consent for treatment				
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				
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				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart	8			
42	Rch ED doctors note Orig				
43	BP Monitoring chart				
44	RBS monitoring chart	1			
	Billing				
	Total No. of Pages	28			

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

Signature and Date : 1/7/26

(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

BAH-00660441 IP5-00176049
Baby Of SANDHYA REDDY MALLADI
01-07-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 6:20pm	S/B Resident	
	Δ: neonatal Jaundice	
		Plan
	6 DOL (144HOL) | Twin-1 | breech | LSCS |	(1) DBF 2nd hrly ~~+ EF~~
	early Preterm 36+3 | 2804	
		(2) DSPT with eyes & genitals covered
	M | O+ ; B. | O+	
	U | ✓ ; M | ✓	
		(3) watch for urine output
	T.wt 2.89kg (5% ↓)	(4) warm care
		(5) monitor vitals
	tone, cry, activity }	Sohith

BAH-00660441 IP5-00176049
Baby Of SANDHYA REDDY MALLADI
01-07-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 8:00am	C/s IB Resident.	
	Δ: Neonatal Jaundice	
	6th DOL | Twin-1 | Breech | LSCS |	Early Preterm 36 +3 / 2804
	M/O+ B/O+ M/V ✓	Plan
		① DBF 2nd hrly
	TWt: 2.550 kg 9%↓	② warm care
	- on Exclusive breast feed	
	- good sucking & latching	③ DSPT with eyes and genital covered
	Euthermic - Pink	
	Cry, Tone, activity } good	④ watch for urine output
		⑤ Monitor vitals
	Peripheries - warm	⑥ SBR after rounds.
	CRT <2sec	Sohel
1/7/26 9:00am	S/B w VJ sir	Plan
	Baby doing well	① DBF 2nd hrly
		② SBR @ 4pm DR. VIJAYANAND JAMALPURI Registration No 40526
		③ Proctogaurd T. oint
		④ continue DSPT: eyes, genital

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

BAH-00660441 IP5-00176049
Baby Of SANDHYA REDDY MALLADI
01-07-2026 0 Y 0 M 5 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00660441 IP5-00176049
Baby Of SANDHYA REDDY MALLADI
01-07-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

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RESULT SHEET

Date	8/7/26					
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	17.3 < 0.1 / 12.2					
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00650441 IP5-00176049
Baby Of SANDHYA REDDY MALLADI
01-07-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I:

Patient's / Learner Language: Telugu 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		
06/7	5pm	2	Treatment & care plan	F	1	1	1	0	—	[illegible]

Part - III: CODES

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

Learning Barriers:

1. No Learning 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

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Baby Of SANDHYA REDDY MALLADI
01-07-2026 0 Y 0 M 6 D (F)
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MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
06/7/26 5:30pm	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	NNJ	H. Stability.	DSPT	Ramya	☐ Nursing ☐ Others:
06/7/26 5:30pm	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	NNJ	H. Stability	DSPT	Keerthi	☐ 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:

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MEDICATION RECONCILIATION FORM

Drug Allergies: NO ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ramya

Date & Time : 6/7/26; 5pm

Nurse Name & Signature: Keerthi Vij

Date & Time : 06/07/26 @5pm

BAH-00660441 IP5-00176049
Baby Of SANDHYA REDDY MALLADI
01-07-2026 0 Y 0 M 5 D (F)
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DRUG CHART

Date of Admission: 06/07/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date / Time →
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time →
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time →
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name ..... Signature .....

BAH-00660441 IP5-00176049
Baby Of SANDHYA REDDY MALLADI
01-07-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

REGULAR PRESCRIPTIONS

Weight. 2.63 kg Ward. ....

DRUG : VITAMIN D3 drops

Dose	Route	Frequency	Start Date
0.5ml	PO	OD	6/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Ramya

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	6/7/26
8:30 pm	Pratibha / Shilpa

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

Dr. VIJAYANAND JAMALPURI

Weight. ..... Ward. .....

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

01-07-2026 0 Y 0 M 6 D (F)
Dr. VIJAYANAND JAMALPURI

BAH-00660441 IPS-00176049

I.V. FLUIDS CHART

Weight. 2.63kg. Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

VERIFIED BY : Name ..... Signature .....

BAH-00660441 IP5-00176049
Baby Of SANDHYA REDDY MALLADI
01-07-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

Rainbow® Children's Hospital
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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o sandya Reddy Mother's Name: Mrs. Sandya Reddy

Date of Birth: 01/7/26 Time of Birth: 6:20 pm Gender: ☐ Male ☑ Female

Birth Weight: 2.804 Kgs HC: - cm Lenght: - cm

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

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

Resuscitated: ☑ Yes ☐ No Blood Group: Mother: ..... 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: 98.2°F ℃ HR: 138 /Min RR: 36 /Min BP: - SpO_2: 99%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☐ **No** **Score:** 13 (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: Jyothy Signature: Jyothy Date &Time: 6/7/26 @ 5pm

BAH-00660441 IP5-00176049
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6/7/26

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:		5pm	10pm	2am	6Am
Doctor/Nurse/Family Concern?					
Temperature (F)	104				
	103				
	102				
	101				
	100				
	99	98.2F	98.6F	98.1F	98.0F
	98				
	97				
	96				
	95				
	94				
Heart Rate (bpm) and Blood Pressure (mmHg) *	190				
	180				
	170				
	160				
	150				
	140				
	130				
	120				
	110				
	100				
Note: BP does not score in early warning scoring	90				
	80				
	70				
	60				
	50				
Heart Rate (Number)		136bm	112bm	138bm	140bm
Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
	30				
	20				
	10				
Resp Rate (Number)		36bm	40bm	42bm	45bm
Resp Distress: Mod/ Severe / None / Mild		N			
Receiving O_2 (l/min) O_2 Saturations (%)		99%	100%	99%	100%
Conscious Level: Normal / Altered		N			
GCS *		15/15	15/15	15	15
TOTAL SCORE Number of shaded boxes		0	1	1	1
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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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7/7/26

FRM / CLINICAL / 124

INFANT (<1 year)

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…LY WARNING SCORE: CHILDREN'S UNIT

Parameter	Obs. 1	Obs. 2
Date: .... Time:	10 AM	9 PM
Doctor/Nurse/Family Concern?		
Temperature (°F) (scale 94–104)	98.2°F	97.6
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	plotted ~130	plotted ~130
Heart Rate (Number)	136 b/m	132 b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	plotted ~40	plotted ~40
Resp Rate (Number)	37 b/m	40 b/m
Resp Distress: Mod/ Severe		
Resp Distress: None / Mild	N	N
Receiving O_2 (l/min)		
O_2 Saturations (%)	99%	99%
Conscious Level: Normal	N	N
Conscious Level: Altered		
GCS *	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	Continue normal observation by staff nurse
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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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Baby Of SANDHYA REDDY MALLADI (F)
01-07-2026 0 Y 0 M 5 D
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Pati

6/9/26

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FLUID CHART

Sheet No. : 1

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

Date	Time	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											
	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										NO IV	
	05:00 pm		DBF									
	06:00 pm							✓		✓		
	07:00 pm		DBF									
Total Intake :	Taken					**Total Output :** U-1					M-1	
	08:00 pm											
	09:00 pm		DBF				✓			✓		
	10:00 pm										NO IV	
	11:00 pm		DBF							✓		
	12:00 am						✓					
	01:00 am		DBF									
Total Intake :	Taken					**Total Output :** U- 2					M- 2	
	02:00 am									✓		
	03:00 am		DBF				✓					
	04:00 am											
	05:00 am		DBF							✓		
	06:00 am						✓					
	07:00 am		DBF							✓		
Total Intake :	Taken					**Total Output :** U- 3					M- 2	

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	U- 6 M- 4

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FLUID CHART

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Sheet No. : 7/7/26 (2)

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		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							
7/7/26	08:00 am						✓			✓	0	
	09:00 am		DBF								no	
	10:00 am						✓			✓	no	
	11:00 am		DBF				✓					
	12:00 pm						✓			✓	0	
	01:00 pm		DBA				✓					
Total Intake :		Taken				**Total Output :**					4-3m-1	
	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	