Rainbow Children's Hospital

BirthRight Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174344 **Admit Date** : 26-May-2026 **Admit Time** : 03:00 PM **UHID** : BAH-00657329

Patient Details :

Patient Name	: Baby Of MUDDIBOINA HARIKA	**Age**	: 0 D
Guardian	: Mr MUDDIBOINA NAGARAJU	**DOB**	: 26-05-2026 02:40 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO - 10-10-269, GROUND FLOOR , SYED MOHAMMED MANZIL , INDRA GANDHI PURAM , Fatehnagar Hyderabad Telangana INDIA 500018	**Phone No**	: 8892256156/ 9493937599
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SW-414-1 **Ward Name** : 4F-BIRTHING CENTRE

Room No : CRDL-SW-414-1 **Admission Type** : First Visit

Contact Details :

Name : Mr MUDDIBOINA NAGARAJU **Relationship** : Father

Contact Address : H NO - 10-10-269, GROUND FLOOR , SYED MOHAMMED MANZIL , INDRA GANDHI PURAM , Fatehnagar Hyderabad Telangana INDIA 500018 **Phone No** : 8892256156 / 9493937599

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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Baby Of MUDDIBOINA HARIKA
26-05-2026 0Y0M1D (M)
Dr. VIJAYANAND JAMALPURI

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NEWBORN MONITORING FORM

Date of Birth : 26/5/26
Time of Birth : 1:40pm
Mode of Delivery : EM-LSCS
Birth Weight : 3.238 kgs
Head Circumference : 34 Cm
Length : 50 Cm
Red Reflex :

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

Date	Weight	Type of Feed	Quantity	Temperature	Signature
26/5/26	3.238kgs	DBF	-	36.6°C	Bharathi
26/5/26	3.201 Kg (2d wt)	DBF	-	97.9F	Mamtha
27/5/26	3.183Kg	DBF	-	98.0F	Mamtha
28/5/26	3.111Kg	DBF	-	98.0°F	Ashwini

: RCHBH /FRM / CLINICAL / 132

(P.T.O)

Date	Time	Investigation	Result	Order No.	Signature
26/5/26	2pm	~~ABG~~		26053644	Bharathi
26/5/26	3pm	Blood grouping		26053611	Bharathi
26/5/26	3hrs 3:40pm	GRBS	77mg/dl	26053643	Bharathi
26/5/26	6Pm (6th)	GRBS	68mg/dl	26053692	Sandhya.
27/5/26	1:40AM (12th)	GRBS	75mg/dl	26053716	Martha.
27/5/26	1:40pm (6th)	GRBS	96mg/dl	26053965	~~Swetha~~
27/5/26	10am	NSG	}	026648	~~Swetha~~
27/5/26	10am	USG Abdomen	}	026649	~~Swetha~~
28/5/26	1:40AM (36th)	GRBS	83mg/dl	26054078	Pshwini
28/5/26	1:40am (48th)	GRBS	100mg/dl	26054271	~~Asha~~

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

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

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

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

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

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

BIRTH INFORMATION

Name : Bio Harika Muddiboina

Gender ☑ M ☐ F Blood Group : A positive

Date of Birth : 26/5/26 Time of Birth : 1:40pm

Place of Birth : RCH - BH

Mother's Blood Group : A positive

Birth Weight (gms) : 3238gms Length (cms) : 50

OFC (cms) : 34

Estimated Gesth Age : 38+5 wks.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 36 yr. Ht : 150cm Wt : 70kg. BMI: ..... Married Life : ..... LMP 26/8/25 EDD : 3/6/26.

Conception : Spontaneous or with Rx. : Spontan.

Booked at what GA. : 21+3 wks. AN Steroids Drugs / Doses : .....

Last Scans Details : 10/5/26 : 36+4/82 IUG/Cephelic/2985gms/AF=14cm/Placenta Aft/Doppler (N).

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☑ > 35yrs Hypoplastic NB Rt bone @ 20+3 wks.

Consanguinity : ☐ Yes ☐ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE Repeat Scan @ RCH

How many Drugs / Doses / Since how long : Hypoplastic bone Rt. Side

Cervical stitch placed @ 16 wks, removed @ 37+3 wks.

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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26-05-2026 0Y0M0D4H (M)
Dr. VIJAYANAND JAMALPURI

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : Rela - BH ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig) LSCS.

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

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

Snapee II Score

					Score
Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)		
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)		
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)	
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)		
Multiple Seizures	No (0)	Yes (19)			
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)		
Apgar Score	> = 7 (0)	< 7 (18)			
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)		
SGA	> 3rd percentile (0)	< 3rd (12)			
				Total	

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Primi / 38+5 / Iol/ Induction of labour

Mother → DNS → Septoplasty @ 6yrs back
↳ Left cleft lip → Sx @ 3 months age
↳ Lap Lefte ovarian cystectomy → 2022 - Dermoid cyst
↳ Hysteroscopic polypectomy - 2025 Aug.

Equipment Check done

↓

Baby delivered by 2SCS

↓

Baby cried immediately at birth

↓

Baby Secretions Cleared & dried

Baby had apnea, with HR 102/min, SPO_2 = 45% @ 4min of life

↓

DR - CPAP was given for 2min, later baby HR improved to 154/min, SPO_2 >90% on RA, Baby developed RD.

Cord Gas was done → PH = 7.282 / PCO_2 = 50.5 / Lact = 1.5 / BE - 2.7 / Bicarb = 19.8.

↓

Baby distress settled after free flow O_2 for 10min.

↓

Baby stable

Shifted to mother side.

Investigation details in previous Hospital :

—

Feeding History :

—

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—

Family History :

Socio Economic History :

Upper middle class

GENERAL EXAMINATION ON ADMISSION

General Disposition :

—

VITALS : Temperature : 97.2°F HR : 154/min RR : 52/min NIBP : ..... CFT : .....

Color of the extremities : Acrocyanosis → Pink

Jaundice : ..... Pallor : ..... SpO2 : .....

ANTHROPOMETRY: Birth Weight : 3238gms Length : ..... HC : ..... Present Weight : .....

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

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HEAD TO TOE EXAMINATION

HEAD :
Fontanelles :
Sutures
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :
(N)

FACIES : (Any Facial Dysmorphism) No facial dysmorphism

NECK and CLAVICLES :
Range of Motion :
Asymmetry : (N)
Masses :

EYES :
Symmetry :
Red Reflex : → Not Checked
Discharge :

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

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

ABDOMEN and UMBILICUS :
Shape :
Organomegaly : (N)
Bowel Sounds :
Umbilical Stump : 2A + 1vein
Discharge :

GENITILIA :
Labia / Hymen :
Testicles/penis : Male Ext genitelia present
Anus : Patent

HERNIAL ORIFICES Free

TRUNK and SPINE : (N)

SKIN LESIONS : (N)

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

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SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 48/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: 95% on RA Auscultation: S1S2 (N) Breath Sounds: B/L AE (N) Added Sounds: –

CARDIOVASCULAR SYSTEM :

HR : 154/min BP : ~~88~~

Femoral Pulses : } (N)

Other Peripheral Pulses : }

Precordial Activity : (N)

Murmurs : Nil

Signs of Cardiac Failure : Nil

ABDOMEN:

Shape : }

Palpation : } (N)

Palpable masses : }

Abdominal girth : }

Hernia orifice : Free

Anal Patency : Patent

Umbilical Cord : 2A + 1 vein noted

First urine passed : } (Not yet)

Meconium passed : }

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) : }

State of wakefulness : } CTA fair

Prechtle Score : }

Nerves : }

.....

MOTOR SYSTEM:

Passive Tone : }

Active Tone : } (N)

Neonatal Reflexes : }

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

Moro's : } (N) DTR : } (N)

ATNR : } Skull and Spine : }

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Baby Of MUDDIBOINA HARIKA
26-05-2026 0 Y 0 M 0 D 4 H (M)
Dr. VIJAYANAND JAMALPURI

An .....

.....

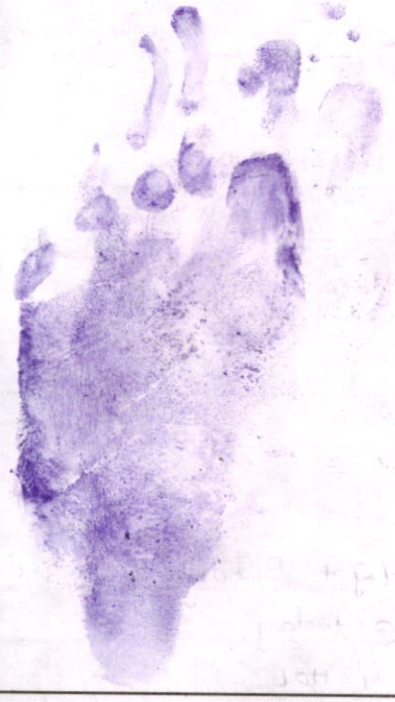
Diagnosis : 38+5/FT/MCH/2·238kg/LSCS/CLAB/AGA

.....

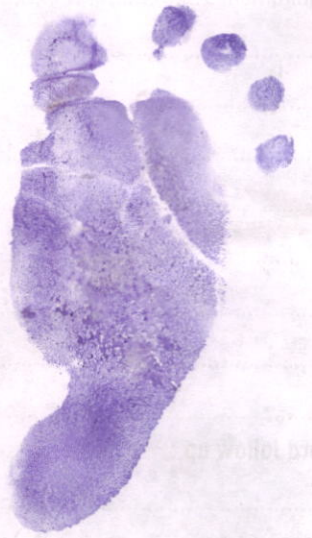
Mother → Elderly primi | Hbg. | Baby scan – Hypoplastic nasal bone (+)

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : Ramya

Name : Dr. RAMYA

Date & Time : 26/5/26, 2:30pm

Consultant :

Signature : V. J.

Name : VIJAYANAND JAMALPURI

Registration No: 40526

Date & Time : .....

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.

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Neonatal condition at the time of Transfer: .....

Vital : HR : ..... RR : ..... BP : ..... SPO2 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan during ward follow up :

1.) Warm care
2.) Exclusive breast feeding + Burping – 2-3rd baby.
3.) OPV, BCG, HepB @ today.
4.) NBS, OAE, SBR @ 48 HOL
5.) Cord blood → for Blood grouping sent today
6.) W/F feeding difficulties, hypoglycemia, resp. distress
7.) Clinical assessment of jaundice @ 24 HOL
8.) Monitor vitals (HR, SPO2 monitoring)
9.) R/V → 2D Echo, Karyotyping
10.) W/F – Cyanotic spells?

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

2:15pm to 2:45pm

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Doctor Signature (Handover Given): Ramya

Doctor Name: Dr. RAMYA

Date & Time: 26/5/26 ; 2:30pm

Doctor Signature (Handover Taken): .....

Doctor Name: .....

Date & Time: .....

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26-05-2026 0 Y 0 M 0 D 4 H (M)
Dr. VIJAYANAND JAMALPURI

B/o Harika

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26. 3:30pm.	2 HOL | 38+5 | 3.238 kg	Seen by Dr. vijayanand sir
	H/O Hypoplastic nasal bone RD at birth	1. Regular feeding
	On DBF (Direct breast feeds)	2. CRBS monitoring 3, 6, 12, 24, 36, 48 HOL (12x feed) Inform if < 50 mg/dl.
	On room air	
	colour - pink.	3. BTC, OAV, Hep-B today done on 26/5/26
	CRBS @ 8:40pm & 77 mg/dl	4. Clinical assessment of Jaundice @ 24 HOL.
		5. monitor vitals Noted by Sirisha
27/5/26 7:30AM	Term | 3.238 kg | male | Hypoplastic nasal bone.	
	18 HOL	Plan
	Mother → A+ve	→ Regular feeding
	Baby → A+ve	→ Feeding assessment
		→ SBR, NBS, ~~AE~~ AABR @ 48 HOL
	BWth → 3.238	→ NSG, CSG Abdomen
	Bdg → 3.183 (55g ↓) 1.69% loss	→ Clinical assessment of Jaundice @ 24 HOL
	U | ✓ S | ✓	- [IV-60ml/kg/day] 15-20ml 2hrly (or) 20-25ml
	CRBS → 73 mg/dl	→ CRBS @ 24, 36, 48 HOL, 3hrly
		Noted by @ 27/5/26 8:20am

DR. VIJAYANAND JAMALPURI Registration No: 49528

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

(P.T.O)

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Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26. 11Am	Lactation Notes.	
	Lactation counseling done position shown practically Colostrum as seen Baby is Latching well feed on demand with deep latch more than 20-25ml each side. Adv	DBF	
	Nalini (Nalini)	
27/5/26 2:26pm	C/s/B Resident 24 HOL / 38+5 / 3.238kg / (CSCS) hypoplastic Ⓛ nasal bone ~~NB~~	Adv:
A+ / A+	feeding well u/o + okay passing stools	1.) Regular feeding 2.) Clinical jaundice assessment
NSG / Ⓝ USG abd / vaccination ✓ sugars ok	O/E: ~~alert~~ C/T/A good vitals okay. warm/pink cord healthy. CRT < 2s	3.) Cont. GRBS Ⓜ monitoring 4.) Warm care 5.) SBR/NBS/4m OAE / 2pm
		Noted by Swetha 27/5/26 @ 2:40pm
		Akhila

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	Seen by Dr. Vijayanand	
		Plan:-
	NSG	1 - Regular feeding
M | A+	USG - Abdomen } (N)	- Labs as planned
B | A+		Noted by Sathe @27/5/26 3:35pm
		DR. VIJAYANAND JAMALPURI Registration No: 40526
28/5/26	Seen by Dr. Vijayanand	
8:40 Am	43 H to 2 | 38+5	
		Plan:-
	Bt wt - 3238 gm	
	Yest. wt - 3183 mm	- Regular feeding
M | A+	Today. wt - 3111 gm	- SBR } 48 H to 2 (2pm)
B | A+	72 gm ↓ (↓3.9%)	NBS }
		- AABR
	Urine - 9 times	- Feeding assessment
	Stools - 5 times	Noted by Sathe @28/5/26 @9Am
		DR. VIJAYANAND JAMALPURI Registration No: 40526

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Seen by Dr. VJayanand	
		Plan:-
	SBR-7.6	- Discharge now
		- Fu 5 afterday

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. : RCHBH / FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 26/5/26 Time: 3pm 7pm 9pm 11 PM 2 AM 6 AM

Doctor/Nurse/Family Concern?

Temperature (F)

98.6F	98.0F	98.2F *	97.9F		98.3F	98.1F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	142bpm	140	142bpm	130bpm	135bpm	133bpm

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

Resp Rate (Number)	42bpm	40	36bpm	31bpm	38bpm	41bpm
Resp Distress (Mod/ Severe / None / Mild)			N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99%	98%	98%	98%	98%	100%
Conscious Level (Normal / Altered)	N	N				
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	1	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	BHJ	S	S	S	S	S

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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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)

BAH-00657329 IP5-00174344
Baby Of MUDDIBOINA HARIKA
26-05-2026 0 Y 0 M 0 D 11 H (M)
Dr. VIJAYANAND JAMALPURI

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

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

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

Date: 27/5/26 Time:	10 AM	2 PM	6 PM	10pm	2am	6AM	
Doctor/Nurse/Family Concern?							
Temperature (F)	98.2F	98.5F	98.8F	98.0F	98.2F	98.2F	
Heart Rate (bpm) and Blood Pressure (mmHg) *							
Note: BP does not score in early warning scoring							
Heart Rate (Number)	143bpm	146bpm	140bpm	140bpm	142bpm	140bpm	
Resp. Rate (bpm) over 1 Minute) *							
Resp Rate (Number)	34bpm	34bpm	32bpm	40bpm	38bpm	38bpm	
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	
Receiving O_2(l/min) O_2Saturations (%)	99%	100%	99%	99%	99%	99%	
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	dkk						

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!
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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.
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Baby Of MUDDIBOINA HARIKA
26-05-2026 0 Y 0 M 0 D 4 H (M)
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FLUID CHART

Sheet No. : 1

26/5/26

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: 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
			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											Sandy
	03:00 pm		DBM								NO	Sandy
	04:00 pm									✓	IV	Sandy
	05:00 pm										comet	Sandy
26/5/26	06:00 pm		DBM									Sandy
	07:00 pm						✓			✓		Sandy
Total Intake :		taken				**Total Output :**				U-2	m-1	
	08:00 pm										1	Savitha
	09:00 pm						✓			✓		
	10:00 pm		DBF								NO	
	11:00 pm										IV	Savitha
	12:00 am		DBF							✓	1	
	01:00 am											Savitha
Total Intake :						**Total Output :**				m-1 U-2		
	02:00 am		DBF									Savitha
	03:00 am									✓		
	04:00 am		DBF	15ml (FF)			✓					Savitha
	05:00 am									✓		
	06:00 am		DBF				✓					Savitha
	07:00 am											
Total Intake :						**Total Output :**				m-2 U-2		

Total 24 hrs. Intake	taken	Total 24 hrs. Output	m-4 U-6

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BAH-00657329 IPS-00174344
Baby Of MUDDIBOINA HARIKA
26-05-2026 0 Y 0 M 0 D 11 H (M)
Dr. VIJAYANAND JAMALPURI

FLUID CHART

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Sheet No. : 2

1. All measurements in ml. 27/5/26.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake: 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
27/5/26												
	08:00 am	f.f	20ml				|			✓	|	
	09:00 am										NO	SH
	10:00 am						NP			✓	IV	
	11:00 am	Feed	DBF				|				|	
	12:00 pm	f.f	30ml				|				|	SH
	01:00 pm												
Total Intake : 50ml						Total Output : M-0					U-2	
27/5/26	02:00 pm						✓			✓	|	
	03:00 pm		DBF								|	SH
	04:00 pm	f.f	15ml				✓			✓	NO	
	05:00 pm										IV	
	06:00 pm		DBF								|	SH
	07:00 pm											
Total Intake : 15ml						Total Output : M-2					U-2	
27/5	08:00 pm										|	Ashwini
	09:00 pm		DBF : f.f 15ml				✓			✓	|	
	10:00 pm										|	
	11:00 pm		DBF f.f 15ml							✓	NO	Ashwini
	12:00 am										IV	
	01:00 am		f.f 15ml.							✓	|	Ashwini
Total Intake : 45ml.						Total Output : U-3					m-1	
28/5	02:00 am										|	Ashwini
	03:00 am						✓				|	
	04:00 am		f.f 15ml							✓	|	
	05:00 am						✓				NO	Ashwini
	06:00 am										IV	
	07:00 am		f.f 15ml.							✓	|	Ashwini
Total Intake : 45ml 30ml						Total Output : U-2					m-2	

Total 24 hrs. Intake	140ml	Total 24 hrs. Output	U-9 m-5

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

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 3

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

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
			Mouth	I.V	N.G							
	08:00 am		DBF								1	
	09:00 am		-								1	
	10:00 am										1	
28/5/26	11:00 am	F+F	25ml				✓			✓	1	
	12:00 pm											
	01:00 pm		DBF									
Total Intake :		25ml				**Total Output :**		N –		U –		
	02:00 pm											
	03:00 pm		DBF									
	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	