

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173849

Admit Date : 15-May-2026

Admit Time : 01:24 AM UHID : BAH-00656321

Patient Details :

Patient Name : Baby Of TAYYABA

Age : 0 D

Guardian : Mr MOHAMMED ILYAS KHAN

DOB : 15-05-2026 12:28 AM

Gender : Female

Religion :

Occupation :

Marital Status : Single

Address (H) : 12-2-389/A/86, Mahaveer Nagar Colony,
Gudimalkapur Hyderabad Telangana INDIA
500028

Phone No : 8978320022/ 9100338522

E-mail : ilyaskhan1888@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 MOHAMMED ILYAS KHAN

Relationship : Father

Contact Address : 12-2-389/A/86, Mahaveer Nagar Colony,
Gudimalkapur Hyderabad Telangana INDIA
500028

Phone No : 8978320022 / 9100338522


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

BAH-00656321 IP5-00173849
 Baby Of TAYYABA
 15-05-2026 0 Y 0 M 0 D 2 H (F)
 Dr. VIJAYANAND JAMALPURI



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Tayyaba Age : Father's Name : Age :
 Date of Birth : Date of Admission : UHID No. :
 NICU Consultant : Referring Consultant :
 Transferring Unit : OT Labour Room ER Ward
 Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/o Tayyaba Mother's Blood Group : B positive
 Gender : M F Blood Group : Birth Weight (gms) : 3477 Length (cms) : 50
 Date of Birth : 15/05/26 Time of Birth : 12:28 AM OFC (cms) : 34
 Place of Birth : RCH Bangalore Estimated Gesth Age : 38+4
 Current Obstetric History : (Booked / Unbooked Case) 17/8/25 21/5/26
 Maternal Age : 25Y Ht : Wt : BMI : Married Life : LMP : EDD :
 Conception : Spontaneous or with Rx :
 Booked at what GA : 7th AN Steroids Drugs / Doses :
 Last Scans Details : 24/3/26, SWF, 37+2, Cephalic, AFI-11.2, Deceleration, 81-P/H
 TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 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 Resistance / ADEF / REDF / Redistribution 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, TIEFA, Fetal Echo : H/o Hypothyroidism : when diagnosed ? Medication? <u>2022 on Thyroxine therapy</u> Any other Chronic Medical Problems, when detected drugs ? (Anemia, SLE, Jaundice, CHD, Heart Disease) Infection : H/O, Fever (<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV) UTI : when : Any culture :
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PPROM: Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :



PAST OBSTETRIC HISTORY

3 P: 2 A: L: 2

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
1	2023	29 weeks	F, 1.7 kg		H/O Hypothyroid.	
2	2025	FT, NVD	Female, 3 kg			
3	Present	Adenomy				

PERINATAL HISTORY

Treating Obstetrician : Dr. Bhargavi Reddy Hospital : Inborn Outborn

<p>Duration of Labour</p> <p>First stage (> 18 hours sig)</p> <p>Second stage (> 2 hours after dilation) <i>NVD</i></p> <p>LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication :</p> <p>Specify the reason :</p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL :</p> <p>Resuscitation : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG :</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :</p>
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NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

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

1 Minute	5 Minutes	10 Minutes
8	9/10	10/10

TOTAL

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

Snapee II Score

Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

G 3 L 2 / 38 + 4 / Early labour



History of recent illness.

Equipment check done

↓

Baby delivered by MVD

↓

corded immediately after birth

↓

Received into preheated radiant warmer

↓

Delayed cord clamp done

by vit-A cord in situ

↓

Baby stable

Putting to mother side.

Investigation details in previous Hospital :

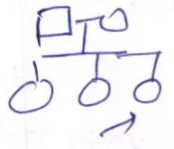
Feeding History :

Breast feeding given within 30 mins of life



Pi

Family History :



Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

CH/A good

VITALS : Temperature : 36.4°C HR : 146/min RR : 42/min NIBP : < 2 sec CFT : < 2 sec

Color of the extremities : Accrocyanosis - pink

Jaundice : Pallor : SpO2 : 98.1% RA

ANTHROPOMETRY: Birth Weight : 3475 gm Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :



HEAD TO TOE EXAMINATION

HEAD : Fontanelles :
 Sutures :
 Shape / Moulding : AF-⊙ = at level, flat
 Edema / Bruising :
 Size - (H.C.) :

FACIES :
 (Any Facial Dysmorphism) - No facial dysmorphism

NECK and CLAVICLES : Range of Motion :
 Asymmetry : | ⊙
 Masses :

EYES : Symmetry :
 Red Reflex : - To be checked
 Discharge :

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

THORAX and BREASTS : Shape of Thorax :
 Position of Nipples and Number : | ⊙

ABDOMEN and UMBILICUS : Shape :
 Organomegaly :
 Bowel Sounds :
 Umbilical Stump : - 2VA + 1w ⊙
 Discharge :

GENITILIA : Labia / Hymen :
 Testicles/penis : ⊙ female epispadias present
 Anus : patent

HERNIAL ORIFICES - All

TRUNK and SPINE : | ⊙

SKIN LESIONS : -

EXTREMITIES : Fingers / Toes :
 Deformities : | 5 fingers ⊙ Arms / Legs :
 Hip Joint Examination : | 5 toes ⊙ Mobility :



SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress: RR: 48/min SCR / ICR / See - Saw breathing :

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

Mention if baby is on : Hood box CPAP Ventilator

Settings :

SpO₂: 98% EPR Auscultation: subheud Breath Sounds: Bilucan Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : 146/min BP :

Precordial Activity : (P)

Femoral Pulses : equal

Murmurs : -

Other Peripheral Pulses :

Signs of Cardiac Failure : -

ABDOMEN:

Shape :

Hernia orifice : no

Palpation :

Anal Patency : patent

Palpable masses : (P)

Umbilical Cord : 2/3/2/2 (P)

Abdominal girth :

First urine passed : - passed

Meconium passed : - not passed

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

MOTOR SYSTEM:

Passive Tone : normal

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's :

DTR :

ATNR :

Skull and Spine :



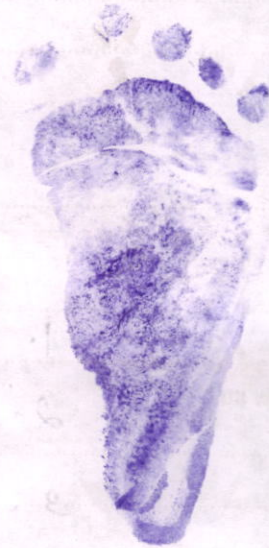
Any congenital
.....
Diagnosis : Team / NVD / CIAB / AGA
.....
.....

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : N. Prasad

Name : N. Prasad

Date & Time : 15/5/26

Consultant :

Signature : Vijayanand

Name : Vijayanand

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. clean, warm care
- 2. DBF 2-3 hourly for bilirubin levels
- 3. See, OPN, Hep B 4 days
- 4. SBR, NBS, OAE at 48 Hrs

Feeding Plan at the time of shifting :

- 5. ^{Good for} send cord blood gas for ~~testing~~

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:

BH-00656321
 Baby Of TAYYABA
 1-05-2026 0 Y 0 M 0 D 20 H (F)
 Dr. VIJAYANAND JAMALPURI



DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet				
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	2			
6	Doctors progress sheets	4			
7	Nursing plan of care and handover sheets				
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	1			
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia 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	3			
30	Intake and Out take chart (fluid chart)	2			
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	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
Total No. of Pages		22			

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-00656321 IP5-00173849
 Baby Of TAYYABA
 15-05-2026 0 Y 0 M 0 D 2 H (F)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26	Seen by Resident	
7:15 AM	7 HOL 38+4 3477gms mat hypothyroid / NVD/AGA	
	Bt. wt - 3477gms	Plan -
	Today wt - 3305gms	- Continue Direct breast
M B ⁺	172g (4.9%)	feeding flb adequate
B B ⁺		burping every 2-3 hourly.
	urine - passed 2 times	- Warmth care
	stools - not passed.	- BCG } Today
		OPV } Today
		Hep-B } Today
		- Clinical assessment of
		Jaundice @ 24 HOL
		- Trace Baby blood group.
		- w/ distress, feeding
		difficulties.
		- Monitor vitals and
		Inform SOS
		Bharath
		Noted by Srujan (607539)

BAH-00656321
 Baby Of TAYYABA 0 Y 0 M 0 D 2 H (F)
 15-05-2026
 Dr. VIJAYANAND JAMALPURI

IP5-00173849

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 9:30am		Seen by Dr. Vijaynand
	→	Regular feeding.
	→	Feeding assessment
	→	BCG, OPV, Hep B today.
	→	Clinical assessment
	of jaundice @	24Hr
	Positive	
		Noted by Abhishek 606820
	<u>Lactation notes.</u>	
15/5/26 1:30pm	Lactation counseling done	
	position shown preferably	
	Cobson as seen	
	Baby is looking well	
	feed adequately with	
	deep latch now	
	than 15-min call side	
	Adv. post.	
	stable	

BAH-00656321 IP5-00173849
 Baby Of TAYYABA
 15-05-2026 0 Y 0 M 0 D 9 H (F)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26	Seen by Resident	
4 PM	16 H02 / 38+4 / 3477gms / mat. hypothyroid / NVD / AGA Fch	
	Bt. wt - 3477gms	Plgnl-
	(4.9% wt loss)	- Continue direct breast
		feeding flb burping
		every 2-3 hourly.
M B+	vaccination - done	- Warmth care
B B+	urine - passed	- Clinical assessment of
	meconium - not passed.	Jaundice @ 24 H02
		- w/f feeding difficulties
		- Monitor vitals and
		Inform SOS.
		Bharath
		-
		noted by Jyothi (9060532)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26	Seen by Resident	
7:20 AM	31 HOL 38+4 3477gms Fch NVO AHA Mat-hypothyroid	
	Bt.wt-3477gms	Plan:-
	Yest.wt-3305gms	- Continue Direct breast-
	Today.wt-3152gms (↓9.3%)	feeding flb adequate
m BT	153 gms	bvosping every
B BT		2-3 hourly
	Urine-8 times	- Warmth call
	stools -2 times	- SBR
		NBS } 48 HOL
		OAE }
		- w/f distress, feeding
		difficulties
		- monitor vitals and
		Inform sos
		<u>Bhaseth</u>
16/5/26	Seen by Dr. Vijayanand	
8:30 AM		
		Plan:-
		- Feeding assessment
		- Evening recheck weight
		- Jaundice assessment
		before discharge
		<u>Bhaseth</u>
		Noted by Rm 02/1/20

BAH-00656321 IP5-00173849

Baby Of TAYYABA

5-05-2026 0 Y 0 M 0 D 9 H (F)

Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26		
22:30 pm	1:30 pm = 36 wt	
	TBR - 9	<u>Plus</u> → measured feeds. Continue.
	cut off (12.5)	Monday - FLA
		Dr. N. Patel

BAH-0066321 IP5-00173849
 Baby Of TAYYABA
 15-05-2018 0 Y 0 M 0 D 2 H (F)
 Dr. VIJAYANAND JAMALPURI



No. : RCHBH / FRM / CLINICAL / 124

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

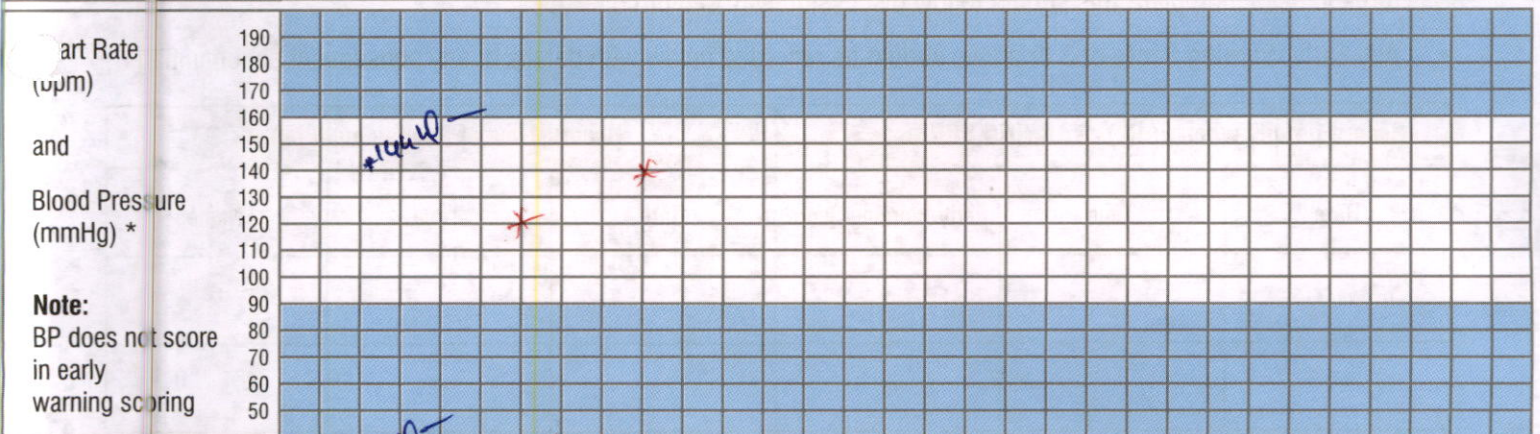
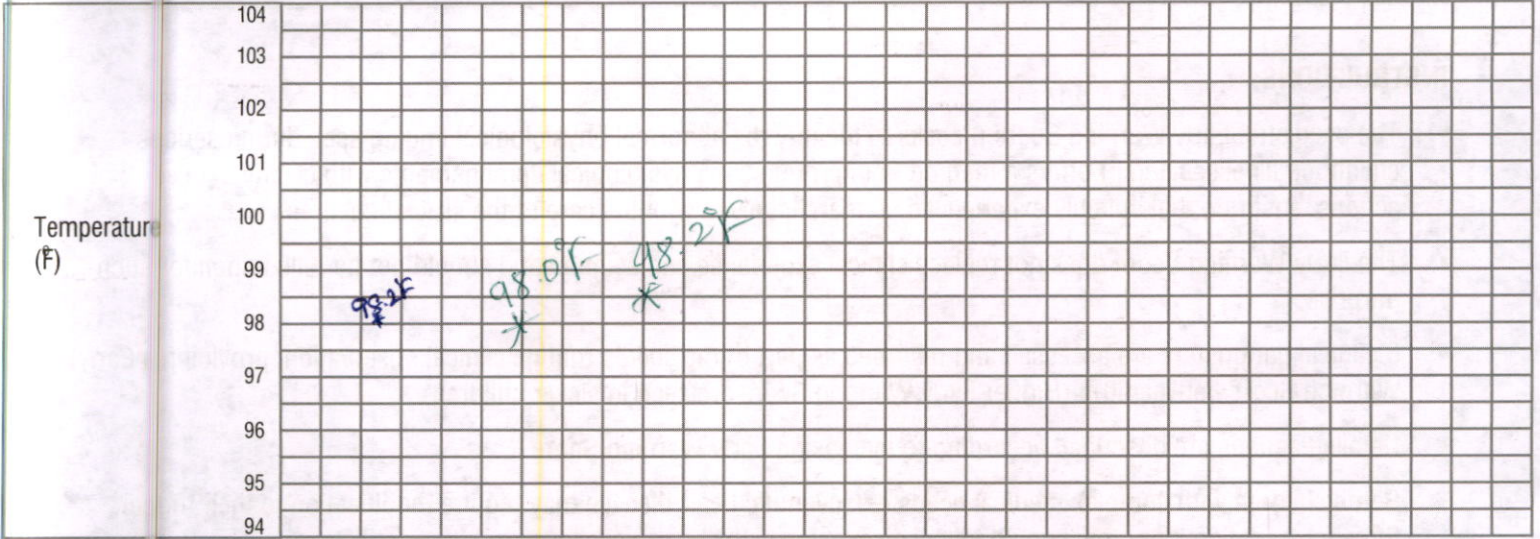
Pratiksha
Rainbow Children's Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

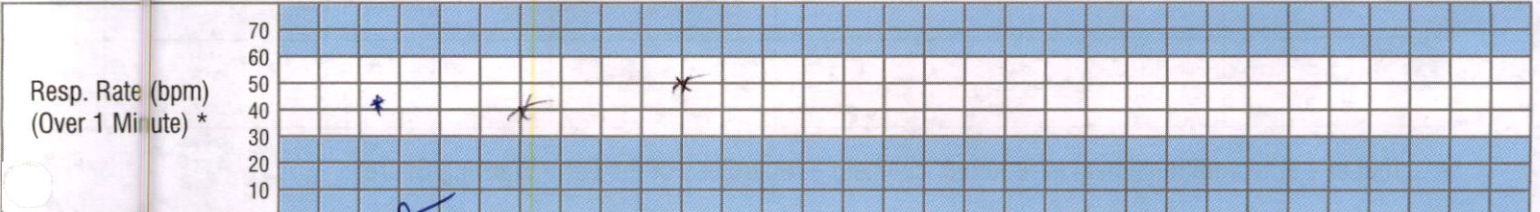
Date: 15/5/18 Time: 1 AM 3 AM 6 AM

Doctor/Nurse/Family Concern?



Note:
 BP does not score in early warning scoring

Heart Rate (Number) 140 125 bpm 130 bpm



Resp Rate (Number) 40 38 bpm 40 bpm

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 98% 99%

Conscious Level Normal Altered

GCS * (15/15) (15/15)

TOTAL SCORE Number of shaded boxes 0 0 0

Pain Score 0 0 0

Observer's Initials [Signature] [Signature] [Signature]

- ACTIONS**
- 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: Scores 3 should be recorded overleaf

* 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.

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 Is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

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15/5/26

RCHBH / FRM / CLINICAL / 124

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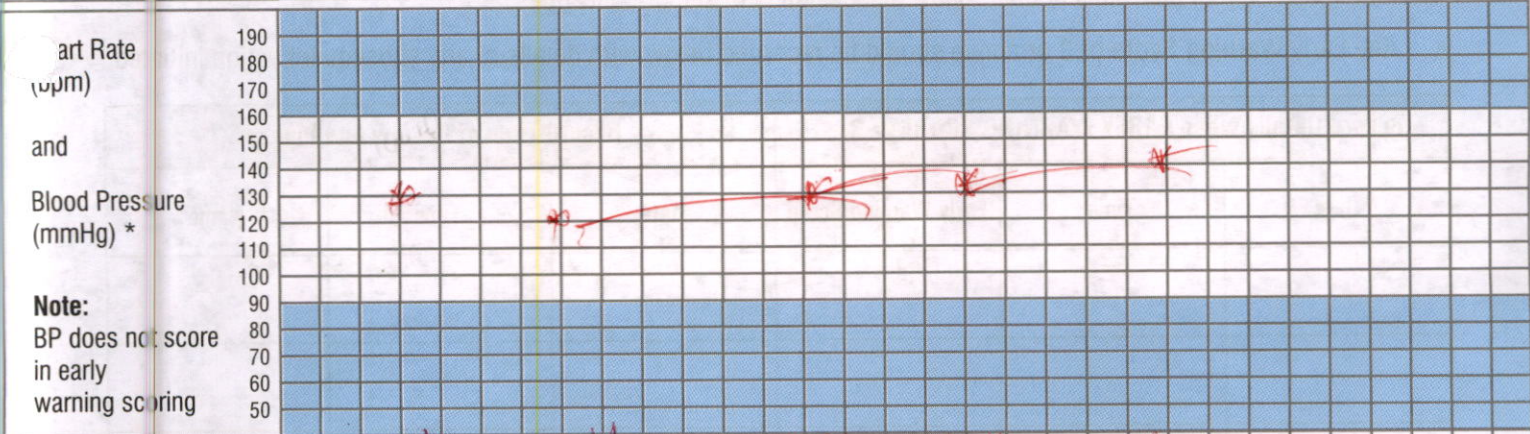
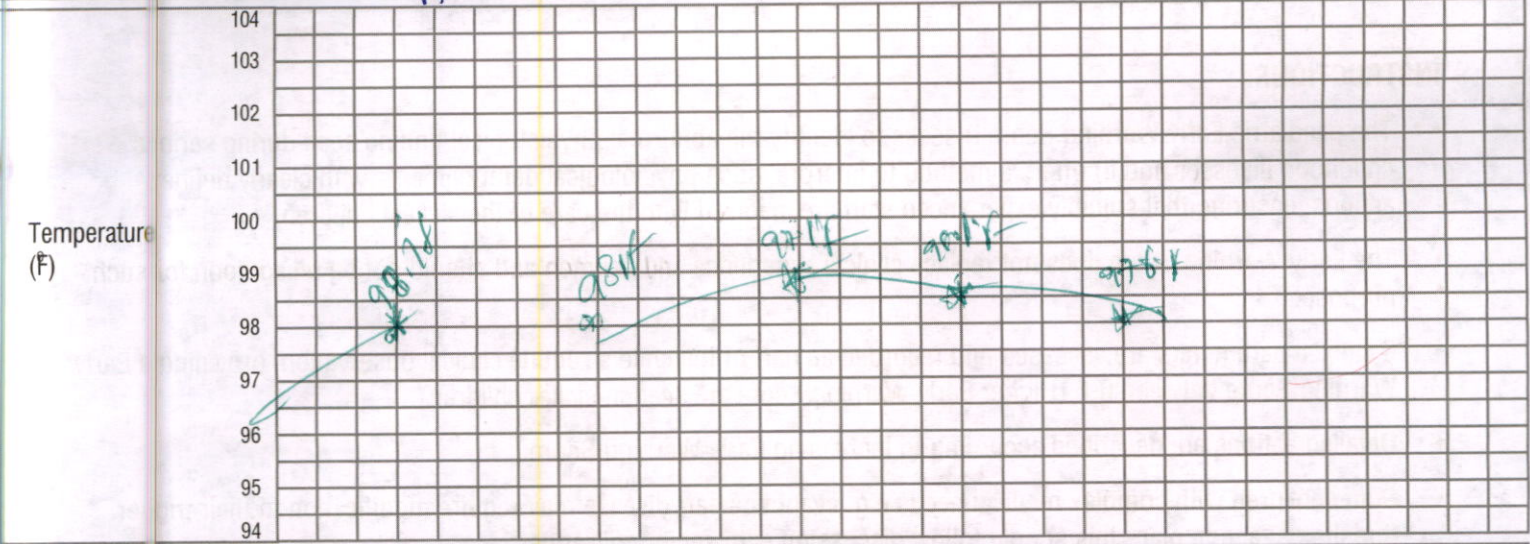
Pratiksha
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BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: *N* *3pm* *10pm* *2Am* *6Am*

Doctor/Nurse/Family Concern? *AN*



Note:
 BP does not score in early warning scoring

Heart Rate (Number) *128b/m* *125b/m* *130b/m* *130b/m* *140b/m*



Resp Rate (Number) *38b/m* *40b/m* *38b/m* *40b/m* *38b/m*

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) *100%* *99%* *99%* *99%* *99%*

Conscious Level Normal Altered

GCS * *15* *15* *15* *15* *15*

TOTAL SCORE Number of shaded boxes *0* *0* *0* *0* *0*

Pain Score *0* *0* *0* *0* *0*

Observer's Initials *AN* *AN* *AN* *AN* *AN*

ACTIONS

Score 1	: Continue normal observation by staff nurse
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Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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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-00656321
 Baby Of TAYYABA
 15-05-2026
 Dr. VIJAYANAND JAMALPURI

IP5-00173849

16/5/26

0 Y 0 M 0 D 20 H (F) BH / FRM / CLINICAL / 124

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

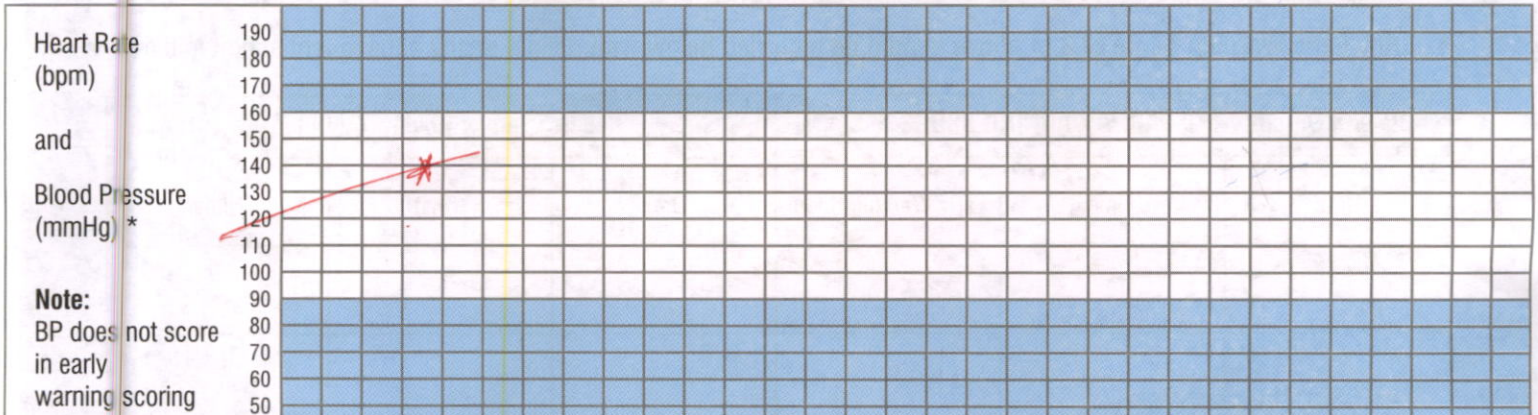
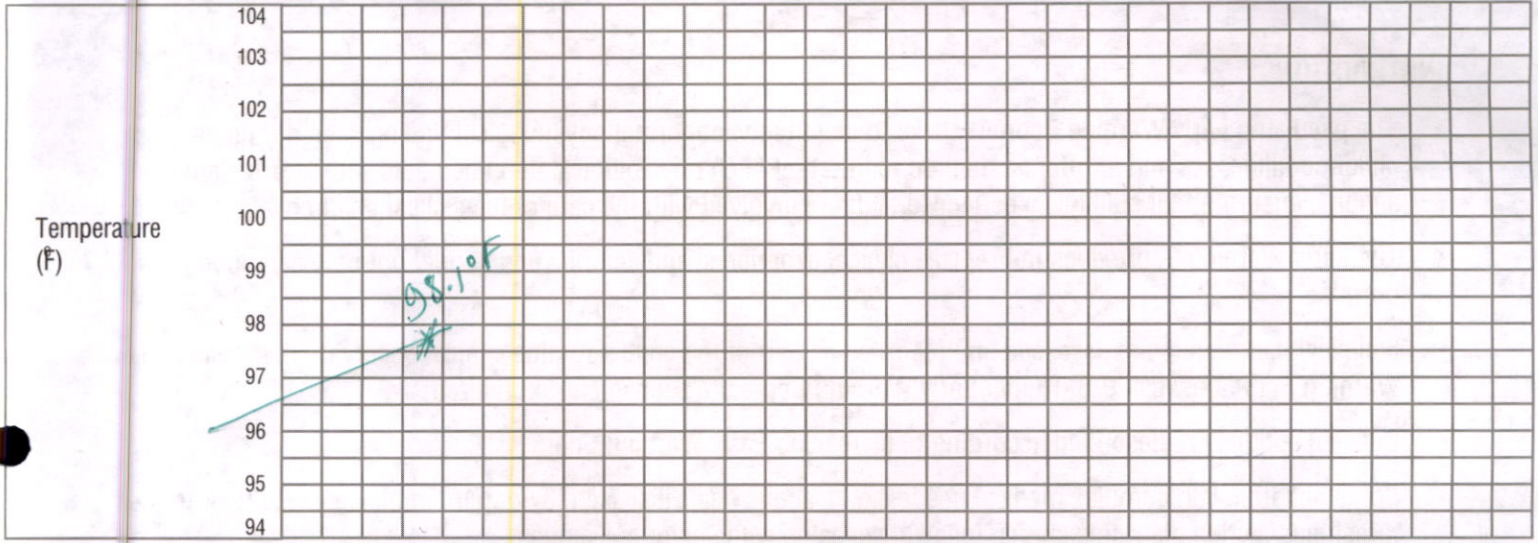
Pratiksha
Rainbow Children's Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

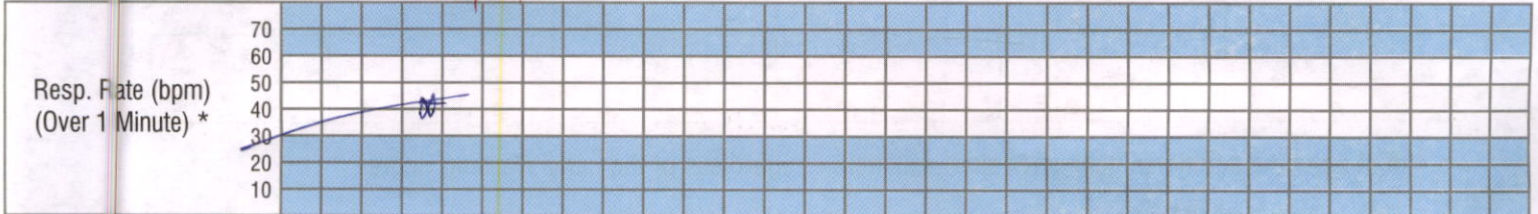
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 11 AM

Doctor/Nurse Family Concern? Am



Heart Rate (Number) 135 bpm



Resp Rate (Number) 40 bpm

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 100%

Conscious Level Normal Altered

GCS * (14)

TOTAL SCORE Number of shaded boxes 0

Pain Score 0

Observer's Initials Rim

- ACTIONS**
- 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.

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)
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R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



BREASTFEEDING HISTORY FORM

Mother's Name: Mrs. Tayyaba Baby's Name: Blo Tayyaba Date of Birth: 15/5/26

Reason for consultation: Lactation counselling for mother ✓

1. Baby's feeding now (ask all these points)

Breastfeeds <u>405</u>	Day	Night
How often <u>2-2 1/2 hrs</u>		
Length of breastfeeds <u>15-20 mins</u>		
Longest time between feeds (time mother away from baby) <u>2 hrs</u>		
One breast or both breasts <u>both</u>		
Complements (and water) <u>no</u>		
What given	Pacifier (Yes / NO)	
When started		
How much		
How is it given		

2. Baby's health and behaviour (ask all these urine output (more/less than points))

Birth weight <u>3.477kg</u>	Weight now <u>3.305kg</u>	Growth
Premature <u>Term</u>	Twin	
Urine output (more/less than 6 times per day)		
Stools (soft and yellow/brown; or hard or green; frequency)		
Feeding behaviour <u>good</u>		
Illnesses <u>no</u>	Abnormalities <u>no</u>	

3. Pregnancy, birth, early feeds

Antenatal care (attended/not) ✓	Breastfeeding discussed? Yes / No ✓
Delivery: Normal / C-section ✓	Early contact (First - 1 hour) Yes / No ✓
Rooming-in Yes / No ✓	Time first breast feed (if not within 1st hour) ✓
Prelacteal feeds Yes / No (If Yes,)	
What given	How given
Formula samples given to the mother Yes / No ✓	
Postnatal help available for breastfeeding Yes / No ✓	

4. Mother's condition and family planning

Age <u>25 years</u>	Breast condition <u>normal</u>
Family planning method	Motivation to breastfeed <u>good</u>
	Alcohol, smoking, coffee, other drugs Yes / no ✓

5. Previous infant feeding experience

Number of previous babies <u>3</u>	Experience good or bad
How many breastfeed <u>2</u>	Reasons
Any bottles used <u>no</u>	

6. Family and social situation

Working / Home maker	Literacy status <u>educated</u>
Father's attitude towards breastfeeding	} <u>positive counselled importances of DBF</u>
Other family members attitude towards breastfeeding	
Help with child care	
What others say about breastfeeding	

Lactation Consultant:
 Signature: [Signature] Name: Dr. Nalini Date & Time: 15/5/26; 10 AM

LACTATION ASSESSMENT FORM

Mother's details: Mrs. Tayyaba

Baby details: Bb Tayyaba

Delivery: Vaginal Cesarean Vaccum Forceps Gravida GA 38+4

Reason for Visit: BF rounds Doctor Reference Patient Request

BF previous baby: NO Previous BF difficulty: NO

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 / latch Hold nipple in mouth	Grasps breast tongue downlips flanged Rythmical sucking	2						
AUDIBLE SWALLOWING	None	A few with stimulation	Spontaneous & Intermittent	2						
TYPE OF NIPPLE	Inverted	Flat	Everted (After stimulation)	2						
COMFORT	Engorged cracked Bleeding large Blisters bruises	Filling reddened small blisters / bruises	Soft Non tender	2						
HOLD	Full Assist	Minimal assist	No assist	1						
Total Score				9						

BABY WEIGHT CHART					FIRST FEED	
Date	15/5/26				Breast Feed	Top Feed
Weight	3.17kg				<input checked="" type="checkbox"/>	

Teaching Instructions: DEEP latch

Discharge Instructions: urine output & weight monitor

Feed Frequency Duration: 15-20 mints every 2nd hly

Feeding techniques: cross cradle

Assessment of output: good

Sources of BF assistance at home: hand out

Next Follow up: 1 week

Lactation Consultant: Name: an shahin kumar Signature: an shahin kumar Date & Time: 15/5/26, 10 AM

Baby Suckled for (in Minutes)	EBM (in ML)		Formula Feeds		Birth Weight		Present Weight		Weight Loss		Nurse Signature:	Nurse Name:			
	Right:	Left:	Yes	No	Yes	No	Yes	No	Yes	No					
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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
	Anatomy • Breasts soft after feed • Breasts engorged • Nipples average size • Nipples large / flat/ inverted • No lump in breast • Lump in breast	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
		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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

Right: 20min
 Left: 15min
 5min 5min
 20min 20min
 20min 15min
 15min 15min

EBM (in ML) No No NO NO NO NO
 Formula Feeds No No NO NO NO NO
 Birth Weight 3.11 3.44 3.48 3.47 3.49 3.47
 Present Weight 3.305 3.305 3.51 3.52 3.58
 Weight Loss 129g 129g 0.05 0.05 0.05

Nurse Signature: [Signature]

Nurse Name: [Name]

BAH-00656321 IF5-00173849
 Baby Of TAYYABA
 15-05-2026 0 Y 0 M 0 D 2 H (F)
 Dr. VIJAYANAND JAMALPURI



FLUID CHART

Sheet No. : 1

15/5/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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	DBF	✓								0		
	01:00 am										0		day
Total Intake :						Total Output :							
	02:00 am										0		Durga
	03:00 am	DBF									0		Durga
	04:00 am									✓	0		Durga
	05:00 am	DBF									0		Durga
	06:00 am									✓	0		Durga
	07:00 am	DBF									0		Durga
Total Intake :						Total Output :						0	2 M - 0
Total 24 hrs. Intake						Total 24 hrs. Output						0	2 M - 0



15/5/26

FLUID CHART



Sheet No. : *2*

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am	DBF											Alex
	10:00 am												Alex
	11:00 am	DBF											Alex
	12:00 pm												Alex
	01:00 pm	DBF											Alex
Total Intake :						Total Output : m - 0 u - 2							
	02:00 pm												Jyothi
	03:00 pm	DBF											Jyothi
	04:00 pm												Jyothi
	05:00 pm	DBF											Jyothi
	06:00 pm												Jyothi
	07:00 pm	DBF											Jyothi
Total Intake :						Total Output : u - 2 m - 0							
	08:00 pm												Alex
	09:00 pm	DBF											Licun
	10:00 pm												Licun
	11:00 pm	DBF											Alex
	12:00 am												Licun
	01:00 am	DBF											Licun
Total Intake :						Total Output : u : 2 m : 0							
	02:00 am												Licun
	03:00 am	DBF											Licun
	04:00 am												Licun
	05:00 am	DBF											Licun
	06:00 am												Licun
	07:00 am	DBF											Licun
Total Intake :						Total Output : u : 2 m : 0							

Total 24 hrs. Intake

Total 24 hrs. Output u : 8 m : 2



16/5/26

FLUID CHART

Sheet No. : **3**

- All measurements in ml.
- 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											Rina
	09:00 am	DBF								✓	No curmela	Rina
	10:00 am											Rina
	11:00 am	DBF										Rina
	12:00 pm					✓				✓		Rina
	01:00 pm											Rina
Total Intake :					Total Output : U- M-							
	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							

Patient Sticker

FLUID CHART



Sheet No. :

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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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