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 : IP5-00174486 **Admit Date** : 29-May-2026 **Admit Time** : 09:11 AM **UHID** : BAH-00657532

Patient Details :

Patient Name	: Baby Of JAYA SAMHITHA	**Age**	: 0 D
Guardian	: Mr M RUSHI	**DOB**	: 29-05-2026 07:30 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO - 1-2-56/59 , ADVOCATE COLONY , Domalguda Hyderabad Telangana INDIA 500029	**Phone No**	: 8897387778/ 9849047778
		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 M RUSHI **Relationship** : Father

Contact Address : H NO - 1-2-56/59 , ADVOCATE COLONY , Domalguda Hyderabad Telangana INDIA 500029 **Phone No** : 8897387778 / 9849047778

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

...yment Details :

Deposit Amount : 0.00

...ent Mode : Cash **Payor Name** : SELFPAY

BAH-00657532 IP5-00174486
Baby Of JAYA SAMHITHA
29-05-2026 0Y0M0D2H (F)
Dr. VIJAYANAND JAMALPURI

Patient

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NEWBORN MONITORING FORM

Date of Birth : 29/05/2026
Time of Birth : 7.30Am
Mode of Delivery : LSCS
Birth Weight : 2.785 kg
Head Circumference : 34cm
Length : 48 cm
Red Reflex : .....

New Born Screening : .....
TFT : .....
OAE : .....
Mother's Blood Group : AB+ve positive
Baby's Blood Group : .....
Anomaly Scan : .....
Vaccination : given - 29/5/26 - Dr. (BCG, OPV, Hep-B)

Date	Weight	Type of Feed	Quantity	Temperature	Signature
29/5/26	2.785kg	DBM	-	98°F	Siddhu
30/5/26	2.606kgs	DBM	-	97.9°F	Nandini
31/5/26	2.533kgs	DBF	-	98.6°F	Nandhini
31/5/26	2.523kg Evening weight	DBF	-	98.6°F	Shobha
1/6/26	2.563	DBF	good	98.2°F	Neelima.

Docu. No. : RCHBH /FRM / CLINICAL / 132

(P.T.O)

Date	Time	Investigation	Result	Order No.	Signature
29/5/26	9AM	Blood group	AB +VE	~~26054886~~ 26054509	Srilekha.
30/5/26	8AM	TCBR	4.9 mg/dl	26055380	Sandhya
31/5/26	~~8:00 AM~~	SBR	7.0	26055250	Sumanda
31/05/26	~~8:00 AM~~	NBS	Sended		Sumanda
1/6/26	~~10:30 AM~~	OAE	done	9637383	Sumanda
1/6/26	~~11AM~~	TCBR	6.8	26055536	Sumanda

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29-05-2026 0 Y 0 M 0 D 2 H (F)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Dr. Jaya Samhitha Age : 31 Father's Name : ..... Age : .....

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

NICU Consultant : Dr. Vijayanand 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 Jaya Samhita

Gender : ☐M ☒F Blood Group : .....

Date of Birth : 29/05/26 Time of Birth : 7:30 am

Place of Birth : RCH banjara

Mother's Blood Group : AB+

Birth Weight (gms) : 2735 Length (cms) : 48 cm

OFC (cms) : 34 cm

Estimated Gesth Age : 40 w

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 32 Ht : ..... Wt : ..... BMI: ..... Married Life : ..... LMP : 25/8/25 EDD : 29/5/26

Conception : Spontaneous or with Rx. : spont

Booked at what GA. : ..... AN Steroids Drugs / Doses : .....

Last Scans Details : SLF → 36+6 → EFW - 2250, Doppler - (N)

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

MATERNAL RISK FACTORS

Age : ☐<18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No X

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

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : X

.....

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....

..... X

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : X

AFI : .....

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

Controlled or not, recent values, HbA1 values : .....

..... X

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

..... X

Any other Chronic Medical Problems, when detected drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV) X

UTI : when : ..... Any culture : .....

PPROM: Duration : ..... ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

Medication during Pregnancy : ..... Duration : .....

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Baby Of JAYA SAMHITHA
29-05-2026 0Y0M0D2H (F)
Dr. VIJAYANAND JAMALPURI

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
	1st - 2023		- 3	8W -	FT LSCS	Female
	2nd -	PD	-	Spont		

PERINATAL HISTORY

Treating Obstetrician : Dr Pranathi ..... Hospital : ..... ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig) Elective LSCS + Tubectomy

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☑ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : ..... Weeks : .....

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

1 Minute	5 Minutes	10 Minutes
1	1	
2	2	
2	2	
2	2	
2	2	
9/10	9/10	

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)			
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)		
SGA	> 3rd percentile (0)	< 3rd (12)			
				Total	0

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

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Baby Of JAYA SAMHITHA (F)
29-05-2026 0 Y 0 M 0 D 2 H
Dr. VIJAYANAND JAMALPURI

Histo

Delivered by LSCS → CIAB

→ Decdane → routine new born care given -

Inj vit - K Inj I.M given

Shifted to mother side

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5 HR : 150 RR : 40 NIBP : ..... CFT : Brisk

Color of the extremities : Pink

Jaundice : ..... Pallor : ..... SpO2 : 95.1% on room air

ANTHROPOMETRY: Birth Weight : 2785 Length : ..... HC : ..... Present Weight : .....

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

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Baby Of JAYA SAMHITHA
29-05-2026 0 Y 0 M 0 D 2 H (F)
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HEAD TO TOE EXAMINATION

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

FACIES : (Any Facial Dysmorphism) — (N)

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

EYES : Symmetry : / Red Reflex : — Needs to be Checked / Discharge :

EARS, NOSE MOUTH and THROAT : Ear set / Shape : / Periauricular Pits / Tags : / Nasal shape / Patency : / Palate : — (N) / Gums : / Lips : / Tongue : — No cleft

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

ABDOMEN and UMBILICUS : Shape : / Organomegaly : / Bowel Sounds : / Umbilical Stump : / Discharge : — (N) 2A 1V

GENITILIA : Labia / Hymen : / Testicles/penis : / Anus : — (N) female genitalia

HERNIAL ORIFICES free

TRUNK and SPINE : (N)

SKIN LESIONS : (N)

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

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Baby Of JAYA SAMHITHA
29-05-2026 0 Y 0 M 0 D 2 H (F)
Dr. VIJAYANAND JAMALPURI

SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: ..... 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% Auscultation: N Breath Sounds: N Added Sounds: N

CARDIOVASCULAR SYSTEM :

HR : 156 BP : .....

Femoral Pulses : good

Other Peripheral Pulses : .....

Precordial Activity : N

Murmurs : No

Signs of Cardiac Failure : No

ABDOMEN:

Shape : .....

Palpation : .....

Palpable masses : N

Abdominal girth : .....

Hernia orifice : free

Anal Patency : Patent

Umbilical Cord : 2A 1V

First urine passed : No

Meconium passed : .....

NERVOUS SYSTEM:

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

State of wakefulness : Alert

Prechtle Score : .....

Nerves : .....

.....

MOTOR SYSTEM:

Passive Tone : .....

Active Tone : good tone

Neonatal Reflexes : .....

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

Moro's : B/L complete DTR : N

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

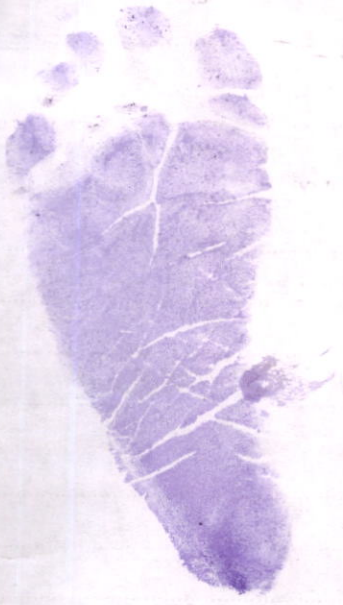
Baby Of JAYA SAMHITHA
29-05-2026 0Y0M0D2H (F)
Dr. VIJAYANAND JAMALPURI

Any Congenital Anomalies : No gross Cong anomaly

Diagnosis : Term / AGA / Female / CJAB

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : R

Name : Rupini

Date & Time : 29/05/26

Consultant :

Signature : Vijay S-J

Name :

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.

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Baby Of JAYA SAMHITHA
29-05-2026 0 Y 0 M 0 D 2 H (F)
Dr. VIJAYANAND JAMALPURI

THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

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

.....

.....

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

Any Oxygen requirement : .....

Systemic : ..... Plan

– SBF f/b Bathing 2 hourly

Medications : .....

– BCG, OPV, Hep-B – today

.....

– Feeding Assessment

.....

– Clinical jaundice at 24 hours

.....

Plan during ward follow up :

– SBR
OAE / @ 48 hours
NBS

.....

– W/F Vitals & infan Sec

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

Dr MN.

.....

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: .....

BAH-00657532 IP5-00174486
Baby Of JAYA SAMHITHA
29-05-2026 0 Y 0 M 0 D 2 H (F)
Dr. VIJAYANAND JAMALPURI

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26: 5 PM		Seen by Dr Vijayanand
		→ Regular feeding
	CF ~~to~~ 3 secs.	
		→ vaccination Today
		→ warmth care
29/5/26 4PM	Seen by Dr Bharath (Resident)	
	9 HO2 / 40WK / 2.785kg /	Plan:
	(IV) transition	- Continue regular feeding
		- Warmth care
		- BCG, OPV ~~&~~ Hep-B } Today (given 29/5/26 Durga)
M / AB+ B / .		- Trace Baby blood group
		- Monitor vitals & Inform SOS.
		- clinical ass. of Jaundice @ 24 HO2.
		Bharath
		plan

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 8:30 PM	Seen by Dr. Vijayanand	
		-Regular feeding
		-Feeding assessment
		- SBR ? TIm NBS ?
30/5/26 9AM	Seen by Dr. Bharath (Resident	
	25 HOL/40wk/2.785kg/(N)	transition
		Plan:-
	Bt.wt - 2.785kg	- Continue EBF f/b burping
M / AB+	Today.wt - 2.606kg	every 2-3 hourly
B / AB+	179gm (6.4%)	- Warmth care
		- Feeding assessment
		- SBR ? NBS ? TIm @ 48 hrs
		- Monitor vitals and
		Inform SOS
30/5/26 3:15 PM	Seen by Dr. Vijayanand	Bharath
		Plan:-
	Erythema neonatorum (+)	- Regular feeding
		- SBR, NBS ? TIm @ 48 hrs 7:30 AM
		- Feeding assessment

BAH-0[illegible]57532 IP5-00174486
Baby O[illegible] JAYA SAMHITHA
29-05-2026 0 Y 0 M 0 D 11 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26. 4.30pm	Lactation visit Lactation Counseling done. Position shown practically Cohesion as seen baby is latching well. feed ondemand with deep latch more than 20-25min each side. (Adv) BBF Malini Malini	
30/05.	Lactation Notes Football hold Successful, mother comfortable with feed. Shreya Bradulin.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26	Seen by Dr. Bharath (Resident)	
8Am	48 HOL | 40 wk | 2.785 kg |	(N) transition
		Plan:-
	Bt. wt - 2785 g	- Continue DBF 1lb bursping
M | AB+	Test. wt - 2606 g	every 2-3 hrly
B | AB+	Today. wt - 2533 g	- Warmth care
	↓ 73 g (9.1.)	- Trace SBR report
		- w/f feeding difficulties
	Urine - passed	- Monitor vitals and
	motion - passed	Inform SOS.
	Erythema neonatorum (+)	Bharath
	SBR - 7.0	
		NB Sumanth
31/5/26	Seen by Dr. Nilesh	
10:11 AM		
		Plan:-
	SBR - 7.0	- Continue regular feeding U/O
		- Recheck wt in evening / 23 hrs.
	Erythema toxicum	(if >40 gm loss - start ~~FF~~ as top up)
		~~DBF~~ top up
		10-15 ml/q 2 hrly.
		Nilesh
		NB Sumanth

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 9:15 AM	Nursing Note	
	DOL 3/40 wk/ EL LGA	
	2.785 → 2.563 (7.9%).	
		Plan
	Euthermic	① cont DBF ℞/b bulping
	Pink	
	Active	② OAE today.
	taken DBF well	③ ~~[illegible]~~ ⑤ today.
	V/ S/	④ feeding assessment.
		⑤ TCBR → Today before D/C
	TCBR – ~~[illegible]~~ 6.8 mg/dl	⑥ Wednesday → F/U
		Dr Abhinaya.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Baby Of JAYA SAMHITHA
29-05-2026 0 Y 0 M 0 D 11 H (F)
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BH / FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 29/5/26. Time: 8AM 11AM 2PM 4PM 6PM 8PM 12AM 6AM

Doctor/Nurse/Family Concern?

Temperature (F)
104 103 102 101 100 99 98 97 96 95 94
97.7F *97F *98.6F *98.6F *98.6F 98.8F 97.8F 97.9F

Heart Rate (bpm) and Blood Pressure (mmHg) *
190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
*140bpm *145 *

Note: BP does not score in early warning scoring

Heart Rate (Number): 140 142bpm 143bpm 145bpm 150bpm 149bpm 143 149bpm

Resp. Rate (bpm) (Over 1 Minute) *
70 60 50 40 30 20 10

Resp Rate (Number): 140 142bpm 143bpm 145bpm 150bpm 149bpm 142bpm 149

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%): 100 99% 100% 99% 100% 100% 99 9

Conscious Level: Normal | Altered

GCS *: 14/15 14/15 14/15 14/15 14/15

TOTAL SCORE
Number of shaded boxes: 0 0 0 0 0 0 0 0 0
Pain Score: 0 0 0 0 0 0 0 0 0
Observer's Initials: SF SF SF SF SF

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 hou obeations
Score 3 : Shift in charge AND ER doctor/Floor Registrar to see an
Score 4 : Shift in charge AND treating consultant(till 8 PM) or On cal
Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be in

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

urly to hourly Observation to continue
y consultant to see
he PICU team.

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

BAH-00657532 IP5-00174486
Baby Of JAYA SAMHITHA
29-05-2026 0 Y 0 M 0 D 11 H (F)
Dr. VIJAYANAND JAMALPURI

/ 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: 30/5/26 Time:	9AM	1pm	3pm	6pm	9pm	12AM	3AM	6AM
Doctor/Nurse/Family Concern?								
Temperature (F)	98.2°F	98.3°F	98.5°F	[illegible]	98.8°F	98.6°F	97.8°F	
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	142 b/m	146 b/m	142 b/m	*135	*	*	*	
Heart Rate (Number)	142 b/m	146 b/m	142 b/m	135	148 b/m	146 b/m	140 b/m	
Resp. Rate (bpm) (Over 1 Minute) *	38 b/m	42 b/m	38 b/m	*40	*	*	*	
Resp Rate (Number)	38 b/m	42 b/m	38 b/m	140	148 b/m	146 b/m	142 b/m	
Resp Distress: Mod/ Severe / None / Mild	✓	—						
Receiving O_2 (l/min) O_2 Saturations (%)	99%	100%	100%	100	99%	100%	98%	
Conscious Level: Normal / Altered	✓	—	—	—				
GCS *	—	—	—	—				
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	0	
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	

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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It takes a lot to treat the little.

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00657532 IP5-00174486
Baby Of JAYA SAMHITHA
29-05-2026 0 Y 0 M 0 D 11 H (F)
Dr. VIJAYANAND JAMALPURI

/ FRM / CLINICAL / 124

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

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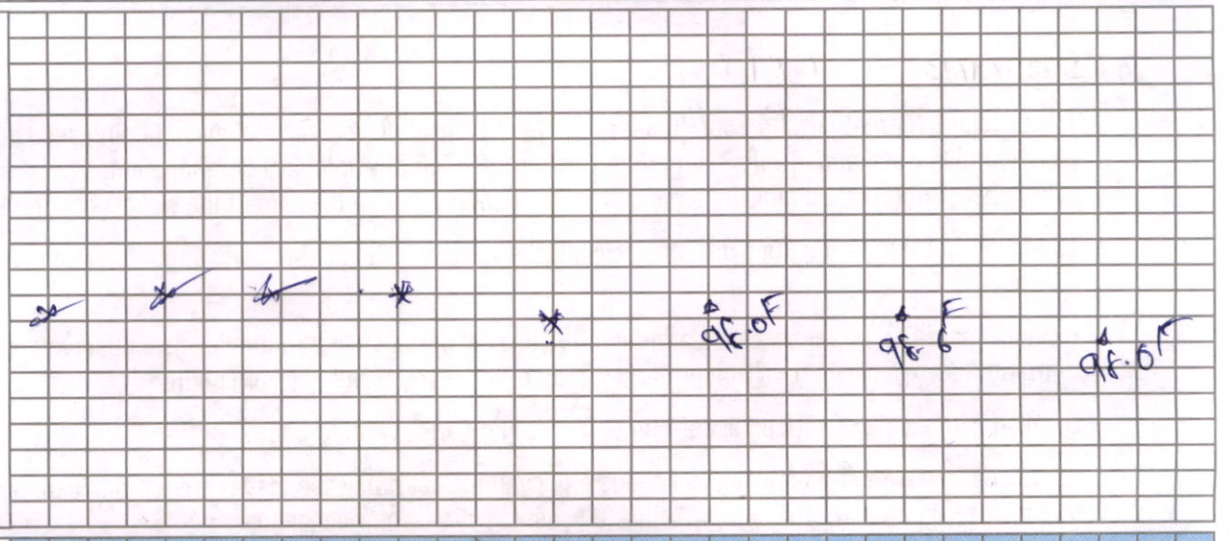
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 29/5/26 Time: 8AM 12pm 2PM 4PM 6PM 10pm 2AM 7AM

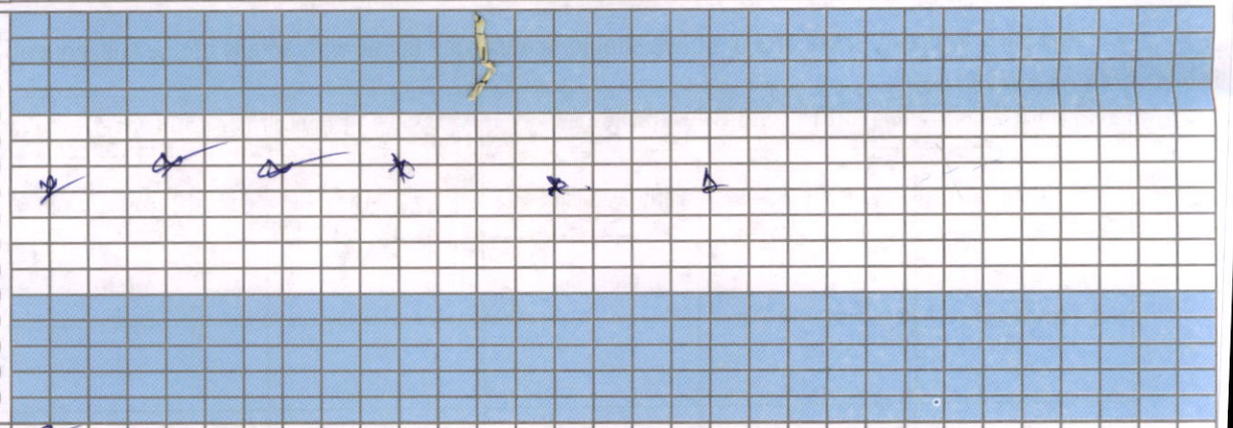
Doctor/Nurse/Family Concern?

Temperature (F)



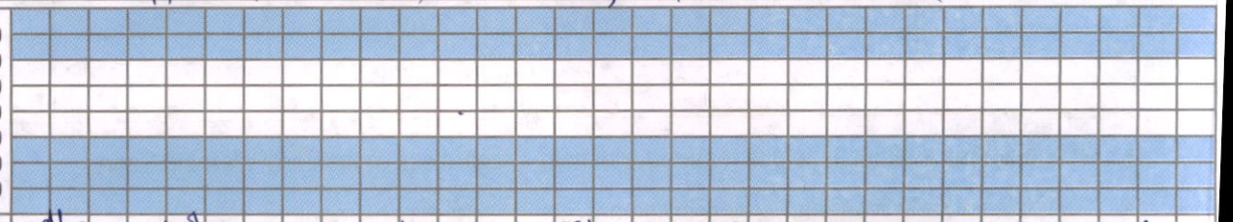
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	138	140	140	142bpm	130bpm	142	149	132

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



Resp Rate (Number)	138bpm	46bpm	138	142bpm	38bpm	45	44	40

Resp Distress: Mod/ Severe / None / Mild	—	—	—	—	—			
Receiving O_2 (l/min)	—	—						
O_2 Saturations (%)								
Conscious Level: Normal / Altered	—	—	—	—	—	99%	100%	99%
GCS *	—	—	—	—	—	15		
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials								

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	:	Continue normal observation by staff nurse
Score 2	:	Shift in charge nurse to be informed and continue hourly observations
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* 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:

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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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BAH-00657532 IP5-00174488
Baby Of JAYA SAMHITHA (F)
29-05-2026 0 Y 0 M 2 D
Dr. VIJAYANAND JAMALPURI

: RCHBH / FRM / CLINICAL / 124

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:

Doctor/Nurse/Family Concern?

Temperature (F)
104
103
102
101
100
99
98
97
96
95
94

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

Note: BP does not score in early warning scoring

190
180
170
160
150
140
130
120
110
100
90
80
70
60
50

Heart Rate (Number)

Resp. Rate (bpm) (Over 1 Minute) *
70
60
50
40
30
20
10

Resp Rate (Number)

Resp Distress | Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%)

Conscious Level | Normal | Altered

GCS *

TOTAL SCORE
Number of shaded boxes

Pain Score

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.
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Date	Time	Early Warning Score	Date	Time	Name

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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-00657532 IP5-00174486
Baby Of JAYA SAMHITHA
29-05-2026 0 Y 0 M 0 D 2 H (F)
Dr. VIJAYANAND JAMALPURI

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am		DBM									
	09:00 am											
	10:00 am											
	11:00 am		DBM									
	12:00 pm											
	01:00 pm		DBM									
Total Intake : 30						Total Output : U-Nil				B-Nil		
	02:00 pm						✓			✓	1	Shobha
	03:00 pm						✓			✓		
	04:00 pm		DBM								0	Shobha
	05:00 pm						✓				NO	
	06:00 pm										1	Shobha
	07:00 pm		DBM									
Total Intake : Taken						Total Output : passed						
	08:00 pm									1		Nandini
	09:00 pm		DBM				✓					
	10:00 pm		DBM							N	N	
	11:00 pm									P	O	Nandini
	12:00 am									1	IV	
	01:00 am		DBM									
Total Intake : Taken						Total Output : Passed						
	02:00 am						1			1		Nandini
	03:00 am		DBM								30	
	04:00 am									N	IV	
	05:00 am						N			P		Nandini
	06:00 am						P			1		
	07:00 am		DBM				1					
Total Intake : Taken						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00657532 IP5-00174486
Baby Of JAYA SAMHITHA
0 Y 0 M 0 D 2 H (F)
29-05-2026
Dr. VIJAYANAND JAMALPURI

FLUID CHART

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 2 30/5/26

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.
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							
29/5/2026	08:00 am						1					
	09:00 am		DBM								0	sandhya
	10:00 am						NP					
	11:00 am		DBM				P				0	sandhya
	12:00 pm						1					
	01:00 pm		+							✓		
Total Intake : Taken						Total Output : passed						
	02:00 pm		DBM								0	sandhya
	03:00 pm						1			✓	0	
	04:00 pm		DBM				NP				0	shobha
	05:00 pm										0	
	06:00 pm		~~DBM~~				1				0	shobha
	07:00 pm		DBM								0	shobha
Total Intake : Taken						Total Output : 0-2 passed						
30/5	08:00 pm										0	Dandi
	09:00 pm						✓			✓	0	Dandi
	10:00 pm		DBM				"			"	NO	Dandi
	11:00 pm						✓			✓	NO	Dandi
	12:00 am		DBM								0	Dandi
	01:00 am										0	Dandi
Total Intake : Taken						Total Output : U= Passed						
30/5	02:00 am											Dandi
	03:00 am		DBM								NO	
	04:00 am											
	05:00 am		DBM								NO	Dandi
	06:00 am										1	
	07:00 am										1	Dandi
Total Intake : Taken						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00657532 IP5-00174486
Baby Of JAYA SAMHITHA
0 Y 0 M 0 D 11 H (F)
29-05-2026
Dr. VIJAYANAND JAMALPURI

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

BirthRight™ BY RAINBOW HOSPITALS
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							
31/05/26	08:00 am		DBF				N				N	Sumanda
	09:00 am		DBF				P				O	Sumanda
	10:00 am						-			N	I	Sumanda
	11:00 am		DBF								V	Sumanda
	12:00 pm						N			P		Sumanda
	01:00 pm		DBF				P.			-	NO	Sumanda
Total Intake : Taken						Total Output :					passed	
	02:00 pm									P	P	Sumanda
	03:00 pm		DBF									Shobha
	04:00 pm										No	Shobha
	05:00 pm		DBF								Pr	Shobha
	06:00 pm											Shobha
	07:00 am		DBF								-	Shobha
Total Intake : Taken						Total Output :					U-passed	
	08:00 pm		DBF				-					Nurse
	09:00 pm											Nurse
	10:00 pm										No	Nurse
	11:00 pm		DBF				NP				Io	Nurse
	12:00 am		DBF				-			V	Consd.	Nurse
	01:00 am		DBF									Nurse
Total Intake : Taken						Total Output :					Passed	
	02:00 am		DBF							-		Nurse
	03:00 am		DBF				V				No	Nurse
	04:00 am										IO	Nurse
	05:00 am									NP	Consd	Nurse
	06:00 am									-		Nurse
	07:00 am		DBF							-		Nurse
Total Intake : Taken						Total Output : U-2 M-1						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00657532 IP5-00174486
Baby Of JAYA SAMHITHA
29-05-2026 0 Y 0 M 2 D (F)
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. : .....

1. All measurements in ml.
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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							
	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**	