BAH-00657282 IP5-00174318
Baby Of DISHA AGARWAL
25-05-2026 0 Y 0 M 0 D 6 H (F)
Dr. VIJAYANAND JAMALPURI

Rainbow® Children's Hospital
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NEWBORN MONITORING FORM

Date of Birth	: 25/5/26	New Born Screening	: Dwang
Time of Birth	: 8:17 pm	TFT	:
Mode of Delivery	: LSCS	OAE	:
Birth Weight	: 2.842	Mother's Blood Group	: AB +ve
Head Circumference	: 35 cm	Baby's Blood Group	: A +ve
Length	: 50 cm	Anomaly Scan	:
Red Reflex	:	Vaccination	: BCG + OPV + Hep-B given on 26/5/26

Date	Weight	Type of Feed	Quantity	Temperature	Signature
25/5/26	2.842	DBF	—	98°F	Tunne.
26/5/26	2.221	DBF	—	98.1°F	Durga
26/5/26	2.681 kgs	DBF	—	98.1F	Jyothi
27/5/26	2.660 kgs	DBF + ff	15ml	98.2F	Jyothi
28/5/26	2.626 kg	DBF + FF	15 ml	97.6.F	Likitha

Date	Time	Investigation	Result	Order No.	Signature
25/5/26	10:30 pm	Blood grouping		26053381	Punne.
26/5/26	11pm	sspt		9628764	Jyothi
28/5/26	5:30Am	SBP		26054072	[illegible]

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 : IP5-00174318 **Admit Date** : 25-May-2026 **Admit Time** : 09:32 PM **UHID** : BAH-00657282

Patient Details :

Patient Name	: Baby Of DISHA AGARWAL	**Age**	: 0 D
Guardian	: Mr DEVANSH AGARWAL	**DOB**	: 25-05-2026 08:17 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: EDEN VISTAS, VILL NO 2, NALANDA NAGAR Attapur Hyderabad Telangana INDIA 500048	**Phone No**	: 8008899190/
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SW-419-1 **Ward Name** : 4F-BIRTHING CENTRE

Room No : CRDL-SW-419-1 **Admission Type** : First Visit

Contact Details :

Name : Mr DEVANSH AGARWAL **Relationship** : Father

Contact Address : **Phone No** : 8885206799 / 8008899190

Signature

Doctor Details :

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

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Disha Agarwal Age : 26 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 Disha

Gender : ☐M ☑F Blood Group : .....

Date of Birth : 25/5/26 Time of Birth : 2:17PM

Place of Birth : RCH - B

Mother's Blood Group : AB+ve

Birth Weight (gms) : 2.842 Length (cms) : 50cm

OFC (cms) : 35

Estimated Gesth Age : 39+4

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 26 Ht : 156 Wt : 63.1 BMI: ..... Married Life : 4 LMP : 21/8/25 EDD : 28/5/26.

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

Booked at what GA. : 10wks. AN Steroids Drugs / Doses : ✗

Last Scans Details : 6/3/26 - 28+1, 1.2kg, 14.4cm ; Doppler ✓

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : .....

.....

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

.....

IUGR - when detected : .....

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

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected drugs ? Mother case of hiatus hernia & anal fissure

(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 : .....

Patient Sticker

PAST OBSTETRIC HISTORY

G : 1 P : 0 A : 0 L : 0

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

PERINATAL HISTORY

Treating Obstetrician : Dr Himabindu Hospital : RCH-B ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☑ Emergency Indication : NPD2

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	2	
2	2	
2	2	
2	2	
2	2	
9		
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	

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Histo...

Equipment check done

↓

cried immediately after birth
delayed cord clamping done ~ 60 sec

↓

Routine newborn care done
Inj vit K 0.5ml IM given

↓

Shifted to mothers side

Investigation details in previous Hospital :

Feeding History :

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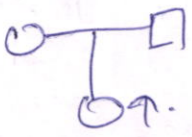
F

Family History :



Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.4 HR : ~~180~~/140 RR : 38 NIBP : — CFT : <3sec

Color of the extremities : pink

Jaundice : — Pallor : — SpO2 : 98%

ANTHROPOMETRY: Birth Weight : 2.842 Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

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HEAD TO TOE EXAMINATION

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

FACIES : (Any Facial Dysmorphism) (N)

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

EYES :
Symmetry :
Red Reflex : → to be checked.
Discharge :

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

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

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump : 2A + 1V
Discharge :

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

HERNIAL ORIFICES

TRUNK and SPINE : (N)

SKIN LESIONS :

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

SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 50. 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 : room air

SpO_2: 98.1. Auscultation: ..... Breath Sounds: ..... Added Sounds: .....

CARDIOVASCULAR SYSTEM :

HR : 140 BP : .....

Femoral Pulses : (N)

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : (-)

Signs of Cardiac Failure : .....

ABDOMEN:

Shape : (N)

Palpation : (N)

Palpable masses : (-)

Abdominal girth : .....

Hernia orifice : (-)

Anal Patency : (+)

Umbilical Cord : 2A + 1V

First urine passed : X

Meconium passed : .....

NERVOUS SYSTEM:

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : cry / tone / activity – good

.....

MOTOR SYSTEM:

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : ..... DTR : .....

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

Baby of Bisha Agarwal
25-05-2026 0 Y 0 M 2 D (F)
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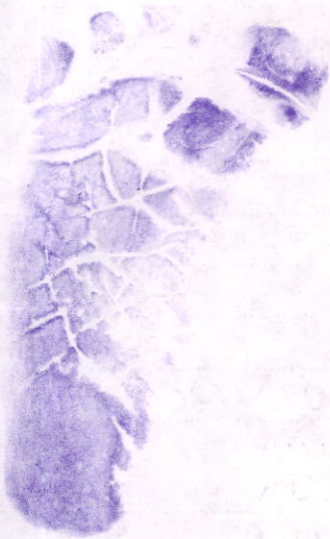
Any Congenital Anomalies : .....

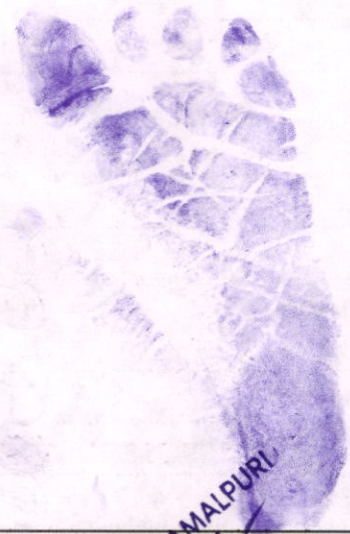
Diagnosis : Term / Female / AGA / Emesis (NPO2) / Primi mother, no risk factors

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : Dr Aishwarya

Name : .....

Date & Time : 25/5/26 9PM

Consultant :

Signature : .....

Name : Dr. Vijayanand Jamalpuri

Date & Time : 25/5/26 @ 9am

Dr. VIJAYANAND JAMALPURI Reg No: 40526

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of the referring Hospital : .....
   Address : .....
   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....
   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....
   ..... on whose name the patient is being referred.

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AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

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

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

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan during ward follow up :

Plan
1. Shift to mothers side
2. Initiate breastfeeds
3. Keep Baby warm
4. Track blood group
5. Daily wt check.
6. vaccination - BCG
   - OPV
   - HepB
7. 24HDL - clinical jaundice assessment
8. 48HDL - SBR
   - NBS
   - OAE
9. w/ t distress.

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

First feeding time 8:30 to 8:40pm

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Doctor Signature (Handover Given): .....

Doctor Name: Dr Aishwarya.

Date & Time: 25/5/26 @ 9pm

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

Doctor Name: .....

Date & Time: .....

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	3			
7	Nursing plan of care and handover sheets	4			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed	1			
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation				
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	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				
		1			
	Total No. of Pages				

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

Signature and Date :

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 8AM	Term/female/AGA/12HOL 39+4wks/2842g.	
	on RA	
	Hemodynamically stable.	Plan
	T.Wt - 2221g.	→ DBF 2nd hrly flb burping.
	passed urine & meconium.	→ BCG, OPV, Hep B today done on 26/5/26
		→ Trace baby blood group.
		→ SBR, NBS, OAE } 48HOL
		→ Recheck weight.
		→ Lactational assessment
	Pooja	

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Reg. No: 40526

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26. 11 AM	Lactation Notes.	
	Lactation Counselling done Position shown practically Attachment as seen Baby is Latching well feels adequate milk deep latch more than 20-25 min each side. Advised DBF	
	Nalini (Nalini)	
26/5/26 1:53 pm	19 hrs | 39+4 | 2842 gm.	Seen by Dr. Vijay and on
		1. Resume feeding
ABT	on DBF	
		2. BCG, OPV, Hep B today.
	Urine Stool -	
		3. Clinical assessment of Jaundice at 24 hrs
		4. Labs as planned.
	Dr. P V L N MURTHY Registration No: 47287	Dr. N. Pavithra (Dr. Pavithra) noted by Jyothi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	Seen by Dr. Bharath (Resident)	
7 AM	35 1/7 wL | 39+4 | 2.842 kg | EmLSCS (NPOL) CIAB	
		Plan:- Continue SSPT & eyes and genitalia covered
	Bt.wt - 2.842 kg	- Continue DBF fib burping
	Today.wt - 2.660 kg	every 2-3 hrly
	↓ 182gms (6.4%)	- Warmth Care
M | AB+		- SBR ? Tomorrow
B | A+		NBS @ ~~48 HOL~~ 6AM
	urine - 3 times	
	motion - 4 times.	- OAE Tomorrow
		- Monitor vitals and Inform SOS
	1. SSPT @ 11pm Yesterday.	- w/f feeding difficulties, dull activity
		- Feeding assessment Bharath
	O/E:-	Noted by Pooja
	Abdomen - soft	
	Seen by Dr. Vijayanand.	
27/5/26		Plan:-
		- Regular feeding
		- Feeding assessment
		- Continue SSPT
		Bharath

DR. P.V.L.N MURTHY
Registration No. 47288

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	Seen by Dr. Bharath (Resident)	
2:10 PM	42 HOL / 39+4 / 2.842 kg /	Em. 2 SLS / CIAB.
		Plan:-
		- Continue SSPT c eyes and
	Ongoing SSPT since 11PM Yest.	genitalia covered.
		- Continue DBF + SOSFF c
M / AB+		spoon fed burping every
B / A+		2 to 3 hourly.
		- SBR ? NBS } 7 Am 6 Am
		- OAE Tomorrow
		- Monitor vitals and
		Inform SOS
		Bharath
		B
27/5/26	Seen by Dr. Vijayanand	
3:10 pm		
		Plan:-
		- Continue SSPT
		- Labs as planned
		- Regular feeding
		Bharath
		noted by prof

DR. P V L N MURTHY
Registration No.: 47267

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Date & Time	Progress Notes	Doctor's Order
28/5/26	Seen by Dr. Bharath (Resident)	
7:10 AM	59 HO2 | 39+4 | 2.842 kg | Em. LSCS | CIAB.	
	Bt. wt - 2.842 kg	Plan:-
	Today. wt - 2.626 kg	- Continue SSPT & eyes and genitalia covered
	216 gm (↓ 7.6%)	- Continue OBF + SOS FF ē spoon F/b burping every 2-3 hourly
M | AB+		
B | A+	Urine - 7 times	- Trace SBR Report
	Stools - 3 times	- OAE Today
	(on OBF + FF)	- Monitor vitals & Inform SOS
		Bharath
28/5/26	Seen by Dr. Vijayanand	
8:15 AM		
		Plan:-
	SBR @ 58 HO2 - 10.6	- Can be discharged
		- F/U Saturday.
		- Regular feeding.
		Noted by Anamika 28/5/26 @ 8 AM

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Date & Time	Progress Notes	Doctor's Order

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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: 25/5/26 Time: 9pm 1 Am 6 Am

Doctor/Nurse/Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98°F 99.5°F 98.4°F

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

136

Heart Rate (Number) 136/m 140/m 135 bpm

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

70 60 50 40 30 20 10

Resp Rate (Number) 40/m 35/m 33/m

Resp Distress	Mod/ Severe / None / Mild	
Receiving O_2 (l/min)		
O_2 Saturations (%)	98%	on RA 98%
Conscious Level	Normal / Altered	
GCS *	13/15	15/15 (5yrs)
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	Tumrk.	

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

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-006[illegible] IPS-00174318
Baby Of ISHA AGARWAL
25-05-2026 0 Y 0 M 0 D 6 H (F)
Dr. VIJAYANAND JAMALPURI

. No. : RCHBH / FRM / CLINICAL / 124

26/5/26

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: ..... Time: 10AM 2 pm 6 pm 10pm 2AM 6AM

Doctor/Nurse/Family Concern?

Temperature (F): 104 103 102 101 100 99 98 97 96 95 94
98°F 98.8°F 98.2°F 98.4°F 98.3°F 98.2°F

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): 140bpm 142bpm 140bpm 120bpm 128bpm

Resp. Rate (bpm) (Over 1 Minute) *
70 60 50 40 30 20 10
Resp Rate (Number): 40bpm 42bpm 40bpm 38bpm 40bpm

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min) O_2Saturations (%)	98% 99% 99% 100% 99%
Conscious Level	Normal / Altered
GCS *	
TOTAL SCORE Number of shaded boxes	0 0 0 0 0
Pain Score	0 0 0 0 0
Observer's Initials	Sudeep

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observa...
Score 2	: Shift in charge nurse to be info... by staff nurse
Score 3	: Shift in charge AND ER doctor/Floor ... continue hourly ...
Score 4	: Shift in charge AND treating consultant(till 8 P... see and ...
Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be ... on call ...

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

Patient Sticker

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

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

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SITUATION: I am calling because I am ncerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Sc is XX)
BACKGROUND: Child (X) was adm on (XX date) with (e.g. respiratory infection). They have had (X operation/ investigation), child h ition has changed in the last (XX mins). Their last set of observations the child's normal is ... (e.g. alert/ drowsy/ confused, pain free)
ASSESSMENT: XXX) and I have given O2/ analgesia, stopped the infusion), OR I am the pt (X) is deteri ng, OR I don't know what's wrong but I am really worried.
RECOMMENDATIONS: come to see the child in the next (XX mins) AND I s there anything I need to repeat observation)

BAH-00657282 IP5-00174318
Baby Of DISHA AGARWAL
25-05-2026 0 Y 0 M 2 D (F)
Dr. VIJAYANAND JAMALPURI

27/5/26

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: ..... Time:	11AM	5PM	10pm	2AM	6AM
Doctor/Nurse/Family Concern?					
Temperature (F)	97.8°F	98.6°F	98.4°F	AFBF	98.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	130				
Note: BP does not score in early warning scoring					
Heart Rate (Number)	126/m	140bpm	95bpm	130bpm	140bpm
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	40bpm	38bpm	40bpm	38bpm	40bpm
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2 Saturations (%)	98%	99%	99%	99%	99%
Conscious Level: Normal / Altered					
GCS *	15/15	15/15	(15/15)	(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		✓			

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

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

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

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

If Oxygen requirement >3 Lit./min., then irrespective of rest of the score, the Nurse MUST inform the PICU team.

If Scores 3 should be informed

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HILDREN'S OBSERVATION nd EARLY WARNING SCORING TOOL

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

BAH-00657282 IP5-00174318
Baby Of DISHA AGARWAL
25-05-2026 0Y0M0D6H (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 25/5/26

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							
	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			NA								
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
25/5/26	08:00 pm										|	Tunny
	09:00 pm		DBF								|	Tunny
	10:00 pm										NO IV	Tunny
	11:00 pm		DBF				~					Tunny
	12:00 am										|	Tunny
	01:00 am		DBF				~			~	|	Tunny
Total Intake : Taken						Total Output : U - 1 , M - 2						
	02:00 am		DBF								|	Durga
	03:00 am						|			|	Durga
	04:00 am		DBF				|			~	NO IV	Durga
	05:00 am						|				cannula	Durga
	06:00 am		DBF				|				|	Durga
	07:00 am						|				|	Durga
Total Intake :						Total Output : U - 1 M - 0						

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	U - 2 M - 3

BAH-00657282 IP5-00174318
Baby Of DISHA AGARWAL
25-05-2026 0 Y 0 M 0 D 6 H (F)
Dr. VIJAYANAND JAMALPURI

26/5/26

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

FLUID CHART

Sheet No. : 2

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

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	
	08:00 am										
	09:00 am		DBF				✓			✓	
	10:00 am										
	11:00 am		DBF				✓			✓	
	12:00 pm										
	01:00 pm										
Total Intake :							**Total Output :** V – 2				
	02:00 pm		DBF								
	03:00 pm										
	04:00 pm		DBF				NP			✓	NO IV cannula
	05:00 pm										
	06:00 pm		DBF								
	07:00 pm										
Total Intake :							**Total Output :** V – 1				
	08:00 pm										
	09:00 pm		DBF	NG							
	10:00 pm		ff	10ml			✓			✓	
	11:00 pm										
	12:00 am		DBF				✓			✓	
	01:00 am		ff	12ml							
Total Intake :			→ 22ml				**Total Output :** V – 2				
	02:00 am						✓			✓	ϕ
	03:00 am										
	04:00 am		DBF	15ml			NP			NP	NO IV cannula
	05:00 am		ff								
	06:00 am										
	07:00 am										
Total Intake :			→ 15ml				**Total Output :** V – 0				m – 0

Total 24 hrs. Intake	F.F 37ml	Total 24 hrs. Output	V – 5 m – 4

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

BAH-00657282 IP5-00174318
Baby Of DISHA AGARWAL
25-05-2026 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. : 2

27/5/26

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.

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										NA	Pooja
	09:00 am		DBF + FF				✓			✓	NA	Pooja
	10:00 am										NA	Pooja
	11:00 am										NA	Pooja
	12:00 pm		DBF								NA	Pooja
	01:00 pm	20ml	DBF + FF							✓	NA	Pooja
Total Intake :						**Total Output :** U – 2 m – 1						
	02:00 pm						|				NA	Pooja
	03:00 pm						|				NA	Pooja
	04:00 pm	20ml	PBF + FF				M				NA	Pooja
	05:00 pm						|				NA	Pooja
	06:00 pm						|			✓	NA	Pooja
	07:00 pm	10	DBF				|				NO	Pooja
Total Intake :						**Total Output :** U-1, m-0						
	08:00 pm										NA	Licu
	09:00 pm									✓	NA	Licu
	10:00 pm		DBF + FF 20ml				✓				NA	Licu
	11:00 pm										NA	Licu
	12:00 am									✓	NA	Licu
	01:00 am		DBF + FF								NA	Licu
Total Intake :						**Total Output :** U:2 m:1						
	02:00 am										NA	Licu
	03:00 am		DBF + FF							✓	NA	Licu
	04:00 am						✓				NA	Licu
	05:00 am										N.A	Licu
	06:00 am		DBF + FF								NA	Licu
	07:00 am										NA	Licu
Total Intake :		Taken				**Total Output :** U: 2 m: 1						

Total 24 hrs. Intake		Total 24 hrs. Output	U:7 m:3

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

BAH-00657282 IP5-00174318
Baby Of DISHA AGARWAL
25-05-2026 0 Y 0 M 2 D (F)
Dr. VIJAYANAND JAMALPURI

28/5/26

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.

		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**	