


ACTIVITY


MH-00205550 IP-00060208
Baby B/O ALEENA CHACKO K
2-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. AKHEEL SYED RIZWAN

Name: _____ Consultant: Dr. Akheel Dept: Labour ward

UHID No:  _____ Date of Admission: _____ Time: _____ Date of Discharge: _____ Time: _____

Room / Bed No: 11 Ward: MICU Suggested Billable bed type: _____

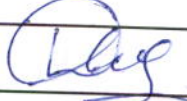
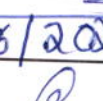
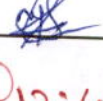
WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/6/26	@ 6pm	MICU	(108)	


Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
2/6/26	Blood grouping	V126019160	
	CROSS checked by	Araf. 2/6/2026 5PM	
	TCB : 11.6 mg/dl.	26019312	
	CROSS checked by	Adya 4/6	@12:40pm

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
4/6	OAG	①	3086835	
Cross checked		by Selva 4/6 @ 12:40pm		

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward Selva 4/6 @ 12:40 M	Billing Assistant	Billing Supervisor
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ADMISSION SHEET

Registration Details :



Admission No : IP-00060208

Admit Date : 02-Jun-2026

Admit Time : 01:58 PM UHID : VIH-00205550

Patient Details :

Patient Name : Baby B/O ALEENA CHACKO K

Age : 0 D

Guardian : Mr BINU THOMAS

DOB : 02-06-2026 12:03 PM

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : PLOT NO 33 RAJIV ENCLAVE PHASE 2
VAMPUGUDA KAPRA ECIL HYD A S Roa Nagar
Hyderabad Telangana INDIA 500062

Phone No : 7382018098/ 9441779117

E-mail : na123@gmail.com

Admission Details :

Bed Type : BASINET

Bed No : CRDL-MICU-226-1

Ward Name : N 2F-MICU

Room No : CRDL-MICU-226-1

Admission Type : First Visit

Contact Details :

Name : Mr BINU THOMAS

Relationship : Father

Contact Address : PLOT NO 33 RAJIV ENCLAVE PHASE 2
VAMPUGUDA KAPRA ECIL HYD A S Roa Nagar
Hyderabad Telangana INDIA 500062

Phone No : 7382018098 / 7286812236


Signature

Doctor Details :

Doctor Name : Dr. AKHEEL SYED RIZWAN

Specialisation : NEONATOLOGY

Referral Doctor : Dr PALLAVI PRASAD

Phone No : 8886767436

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

I/H-00205550 IP-00060208
 Baby B/O ALEENA CHACKO K
 12-06-2026 O Y O M O D S H (F)
 Jr. AKHEEL SYED RIZWAN

NURSING DEPARTMENT
BORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Aleena Mother's Name: Mrs. Aleena
 Date of Birth: 2.16.26 Time of Birth: 12:03 Su pm Gender: Male Female
 Birth Weight: 3.02193 Kgs 3.02193 HC: u3 cm Length: cm
 Meconium in Liquor: Yes No Cried at Birth: Yes No
 Term / Pre-term / Post-term:
 Resuscitated: Yes No Blood Group: Mother: A+ positive Baby:
 Feeding: Breast Feeding Formula Both First Feed Time:

AFFIX MOTHER'S IDENTIFICATION LABEL

Mode of Delivery: Normal LSCS - Emergency/ Elective Instrumental AVD
 Indication:

Physical Assessment of New Born:

Temp: 36.4 °C HR: u9bpm/Min RR: u4bpm/Min BP: SpO₂: 99%

Pain Score: 1 (Follow N Pass)

Fall Risk Assessment: Yes No Score: (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore: Yes No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: Sleeping Crying Calm Drowsy

Findings:

General Appearance: Posture: Well-Flexed Asymmetry

Skin: Pink Meconium Stain Others, Specify:

Nursing Management: (Please strike through If not applicable e.g. Yes / ~~No~~)

Vitamin K 1 mg I.M Administered: Yes / No

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / ~~No~~

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / ~~No~~

3. Socio History: Siblings Yes / No

All information obtained from Mother Father Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: poofa Signature: [Signature] Date & Time: 2.16.26 @ 2pm

PATIENT TRANSFER FORM

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Baby B/O ALEENA CHACKO K
12-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. AKHEEL SYED RIZWAN



Date & Time of Admission <i>2/6/26 @ 1:58pm</i>		Date & Time of Transfer Order <i>2/6/26 @ 6:00pm</i>
Treating Consultant Name	Transfer Ordered by <i>Dr Vishal</i>	Reason for Transfer <i>for observation</i>
From Unit <i>MICU</i>	To Unit <i>(108)</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>15</i>	Number of Imaging Films <i>All</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.	<i>1) Baby couches</i>	<i>1</i>
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring <i>Sis poofa</i>		Name of Person Ordered Transfer <i>Dr Vishal</i>
Patient & Clinical Records Received by :		
Date & Time of Patient Received : <i>2/6 @ 6pm</i>		

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

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PATIENT IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Ms Aleena Age : Father's Name : Age :
Date of Birth : 9/3/96 Date of Admission : 2/6/26 UHID No. :
NICU Consultant : Dr Akheel 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 aleena Mother's Blood Group : A Positive
Gender : M F Blood Group : Birth Weight (gms) : 3.2218 Length (cms) :
Date of Birth : 2/6/26 Time of Birth : 12:03:59 PM OFC (cms) :
Place of Birth : RUH VEP Estimated Gesth Age : 38 1/2 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 30 Ht : 162 Wt : 72 BMI : Married Life : 4y1 LMP : 8/9/25 EDD : 15/6/26
Conception : Spontaneous or with Rx : Spn
Booked at what GA : unbooked to RUH previous - Mayflower Hospital AN Steroids Drugs / Doses :
Last Scans Details : 24/26 - SC/1100 / 2nd, cephalic
TT Immunization and Iron / Folic Acid : given

MATERNAL RISK FACTORS

Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs	H/o GDM/ pre GDM/ on diet or insulin
Consanguinity : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Controlled or not, recent values, HbA1 values : <u>1/0</u>
If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Compliance with Rx :
H/o PIH (after 20 weeks) / PE	Scans : LGA, TIFFA , Fetal Echo :
How many Drugs / Doses / Since how long : <u>1/0</u>	H/o Hypothyroidism : when diagnosed ? Medication?
H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) :	Any other Chronic Medical Problems, when detected drugs ? <u>1/0</u>
IUGR - when detected :	(Anemia, SLE, Jaundice, CHD, Heart Disease)
Doppler (Increased Resistance / ADEF / REDF / <u>2</u>)	Infection : H/O, Fever
Redistribution in MCA / Ductus Venosus :	(<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV)
AFI : <u>11.5 cm</u>	UTI : when : Any culture :

PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
Medication during Pregnancy : Duration :

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PAST OBSTETRIC HISTORY

G: 2 P: 1 A: 0 L: 7

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
<u>1</u>	<u>male</u>	<u>2 yrs</u>	<u>12.5</u>	<u>M</u>	<u>14/10 CPD / 3.6 kg / AHA</u>	
<u>2</u>	<u>PP-1</u>	<u>sp concep.</u>				

PERINATAL HISTORY

Treating Obstetrician : Dr Pallavi Hospital : RMG VHS Inborn Outborn

Duration of Labour First stage (> 18 hours sig) Second stage (> 2 hours after dilation) LSCS : <input checked="" type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication : Specify the reason : <u>Prev CS.</u> Augmentation of Labour : <input checked="" type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal	CTG : <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological MSL : _____ Resuscitaion : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cord ABG : _____ Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : _____
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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
TOTAL	<u>8/10</u>	<u>10/10</u>	

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

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History of Present Illness:

Baby was delivered via Elective LSC in vertex presentation,
25/38+ weeks / 3.021 kg / 48 cm / 1 cm / Female / USG / CMAS.

Baby cried immediately after birth.

DLE done for 1 min

• No nasal obstruction

umbilical cord clamped & cut under aseptic
conditions

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :



GENERAL EXAMINATION ON ADMISSION

General Disposition :
 e/g/A (N)

VITALS : Temperature : *Extremities* HR : *146/2* RR : *48/m* NIBP : *-* CFT : *none*
 Color of the extremities : *pink*
 Jaundice : *-* Pallor : *-* SpO2 : *98.8%*

Anthropometry : Birth Weight : *3.021kg* Length : *-* HC : *-* Present Weight : *3.021kg*
 Ponderal Index : *-* AGA : *✓* SGA : *-* LGA : *-*

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 : *+*
 Discharge : *not done*

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



THO.
 BREASTS :

Position of Nipples and Number :

(N)

ABDOMEN and
 UMBILICUS :

Shape :
 Organomegaly :
 Bowel Sounds :
 Umbilical Stump :
 Discharge :

2A/IV

GENITALIA :

Labia / Hymen :
 Testicles/penis :
 Anus :

Female

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

(P)

EXTREMITIES :

Fingers / Toes :
 Deformities :
 Hip Joint Examination :

Arms / Legs :
 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 : 96% Auscultation : RAB (P) Breath Sounds : chestle Added Sounds : _____

Cardiovascular System :

HR : 148/min BP : _____ Precordial Activity : (P)

Femoral Pulses : _____ Murmurs : _____

Other Peripheral Pulses : well felt Signs of Cardiac Failure : _____

Abdomen :

Shape : _____ Hernia orifice : _____

Palpation : _____ Anal Patency : _____

Palpable masses : _____ Umbilical Cord : 2A/IV

Abdominal girth : _____ First urine passed : 1/IVP



Reflexes (Sensorium) :

State of wakefulness :

Prechtlle Score :

Nerves :

CP/A @

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : *sk symmetrical moro's*

ATNR : DTR :

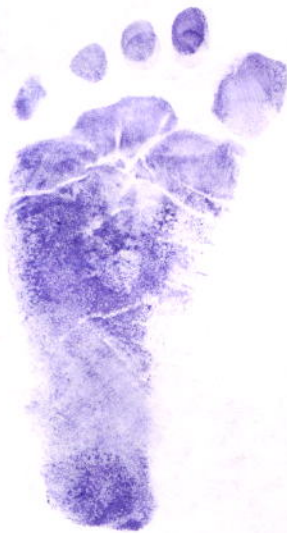
Skull and Spine :

Any Congenital Anomalies : *No visible congenital anomalies.*

Diagnosis : *FF/2821W/3.0218/AUA/1m/Female/USO/CLRO*

FOOT PRINTS

Left Side :



Right Side :



*Taken by
Prasanna*

Resident Doctor :

[Signature]

Signature :

Name :

D. Rizwan

Date & Time :

2/2/24 @ 12.30pm

Consultant :

Signature :

Name :

Date & Time :

Patient Sticker

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DISCHARGE PLAN

Information given by: Family Friend

Will patient require transportation arrangements to go home: Yes No NA

Will Physiotherapy require at home: Yes No NA

Is home medical equipment anticipated: Yes No NA

Is home oxygen therapy anticipated: Yes No NA

Breastfeeding Yes No NA

Formula Feed Yes No NA

Are dressing needs at home anticipated: Yes No NA

Any other needs anticipated: Yes No If Yes Specify

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

Screenings done during NICU Stay :

NSG :
Hearing Screen :
ROP :
TFT :
NP2 :

*DBP 116 to 237 hrs,
Warm Care, Cord Care
Immunization as per schedule
OAE, NBS, SBR before discharge
Monitor vitals.*

Discharge Details:

Neonatal Condition at Discharge:

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Breastfeeding exclusively Breastfeeding and Formula Feeding Formula Feeding

Vitamin K given: Yes No

Vaccinations given BCG Hepatitis B Others:

Neonatal Screen Taken: Yes No, parents advised to have Neonatal Screen at National screening

program center on:/...../.....

Hearing Test: Yes No

Jaundice: NIL Slight Moderate

Passed Urine: Yes No

Passed Meconium: Yes No

Weight at discharge:

Appointment was given for follow-up at OPD: Yes No

Date of Discharge:/...../.....

Discharge to Home Other:

Against Medical Advice: Yes No

Referred to another hospital: Yes No

Discharge Medications: Yes No

Details:

Final Diagnosis:

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.....

Doctor Signature:

Doctor Name:

Date & Time:

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 02-06-2026 0 Y 0 M 0 D 7 H (F)
 Dr. AKHEEL SYED RIZWAN

NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>3/6/26 <u>11:00am</u></p>	<p><u>CS/B Resident</u></p>	
	<p>FT 38+1wk 3.02kg AUA Female UU/UAAB.</p>	
	<p>Wt: 3.00kgs. (at 21gm)</p>	
	<p>Hol: 2uhes.</p>	
	<p>Immune done</p>	
	<p>noted by manasa 3/6</p>	
		<p>plan</p>
		<p>- DBT f/b burping and hiccups</p>
		<p>- Warmth cord care</p>
		<p>- OAE today.</p>
		<p>- EBIR/UBS T/m @ 12:00pm.</p>
		<p>- Monitor vitals</p>
		<p>- Inj (P.O).</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 6:00pm	<p><u>C/S/B Resident</u> FT 38+1wk 3.02kg A4P Female UA CRAB.</p>	

Dr. Prakash

O/S

Child Alert & Active -
 Enteral
 CTA good
 CRP 23mc
 CM = 1100
 M = 1100
 P/A = 100/60
 CM = 1100.

Noted by
 Subhan
 3/6/26
 @ 2:30pm

VIH-00205550 IP-00060208
 Baby B/O ALEENA CHACKO K (F)
 02-06-2026 0 Y 0 M 1 D
 Dr. AKHEEL SYED RIZWAN

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26	C/C/B Resident	
11:00 AM	FS 38.1 wk 3.02 kg AUA female UCU CTAS.	
	HOL: 48 hrs.	
	<u>O/S</u>	
Twt: 2.89 kg. (31 gm/d)	chud Atwq, Achin	
	CFA - Good	
	CAT 23 kcal	
4% wtlow.	CU: 516 @	<u>Plan</u>
	M: 3116 @	
MBG → Aive	PLA: 60H	- To do SBRG
	CAL: WAD	NBS @ 12:00 pm
BBG → O-Negative.		
		- OAE Today
Vaccination - done.		- D/C after SBR sym
		- DBT + Hb bumpin and hess
JCB → 11.9		- Weight and care
↓		- monitor vitals
D/C today.		- Tpt (as V)
	flu on Monday	
	Monday	
	- NBS on flu.	
		- flu

noted by Rndu
 4/6/26

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby B/O ALEENA CHACKO K **Age :** 0 Y 0 M 0 D 1 H
IP No: IP-00060208 **Sex:** Female
Consultant: Dr. AKHEEL SYED RIZWAN **Ward/Bed No:** N 2F-MICU/CRDL-MICU-226-1

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature:.....)



3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:



Name: **DINO THOMAS**

Relationship: **mother**

Date: **02/06/25**

Time: **01:58 PM**

Witness Name: **Seem**

Witness Signature: 

Patient Address:

PLOT NO 33 RAJIV ENCLAVE PHASE 2
VAMPUGUDA KAPRA ECIL HYD A S Roa
Nagar Hyderabad Telangana INDIA
500062

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CLINICAL / 124

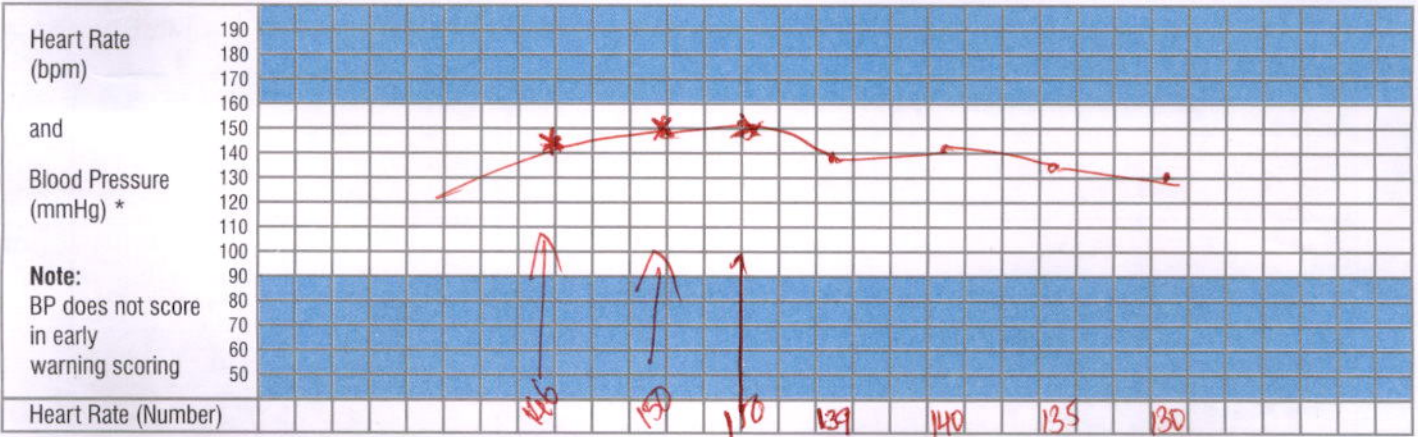
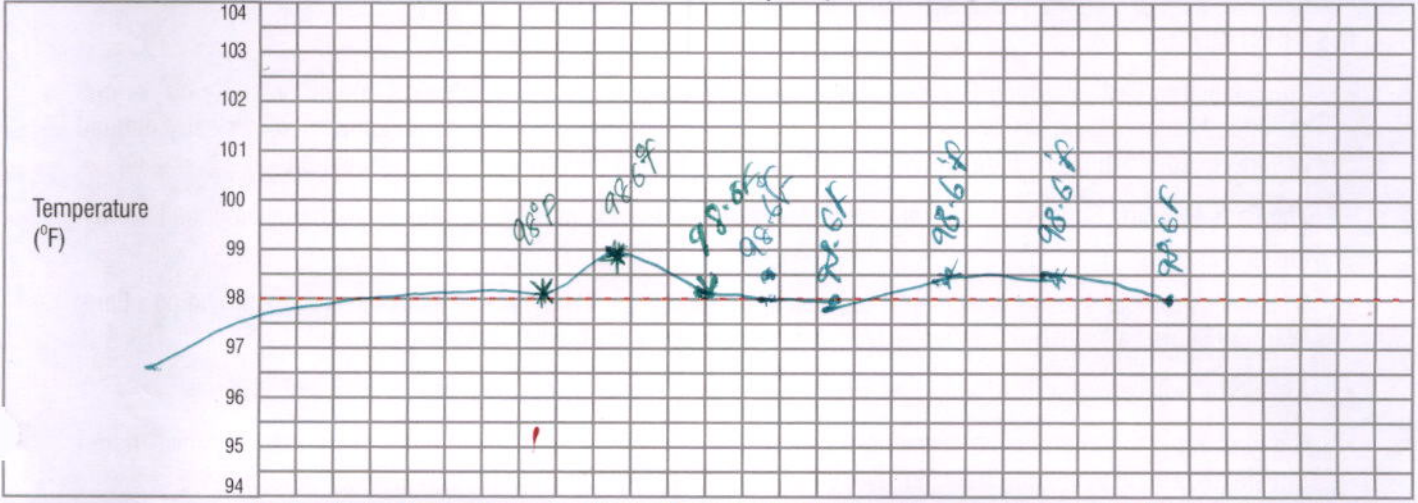
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/6/26 Time: 2pm 4pm 6pm 8pm 10pm 1am 4am 7am

Doctor/Nurse/Family Concern? [Blank]



Resp Mod/ Severe Distress	None / Mild	✓	✓	✓	✗			
Receiving O ₂ (l/min)	O ₂ Saturations (%)				100	99	100	99
Conscious Level	Normal / Altered	✓	✓	✓	N	N	N	N
GCS *					15	15	15	15

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	B	B	B	B	B	B	B

- 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.
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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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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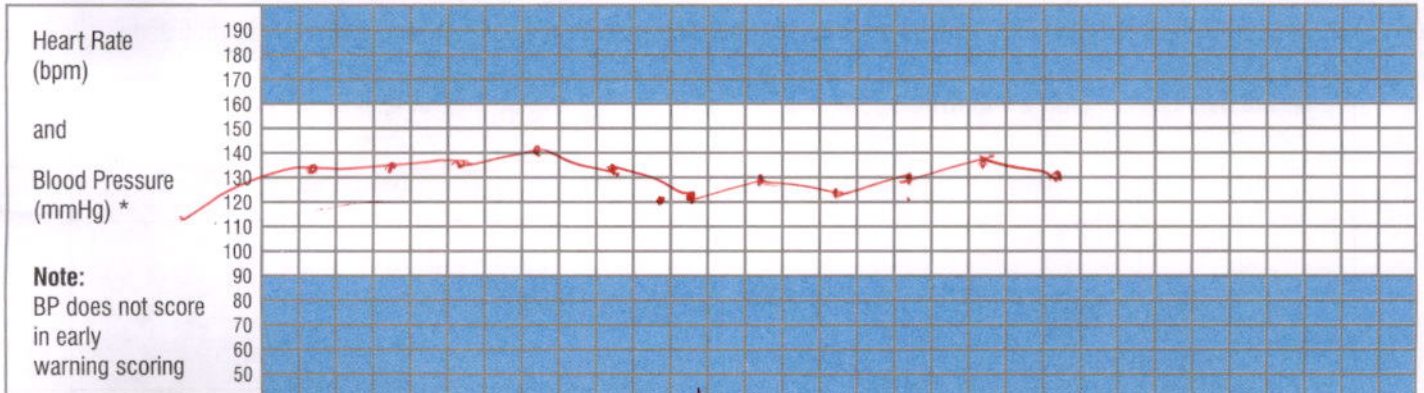
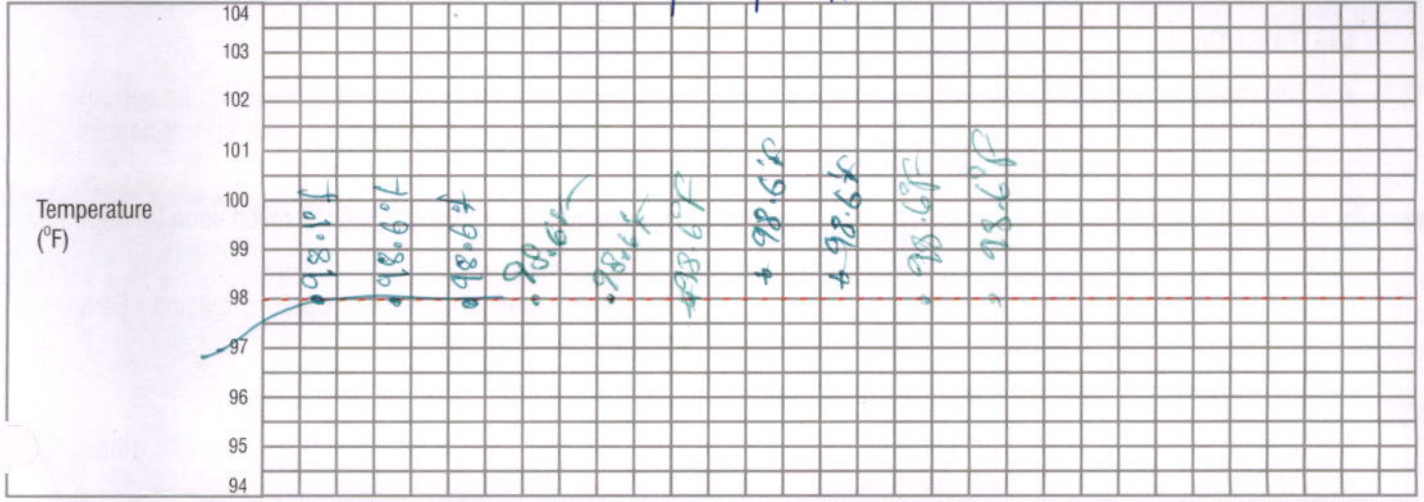
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



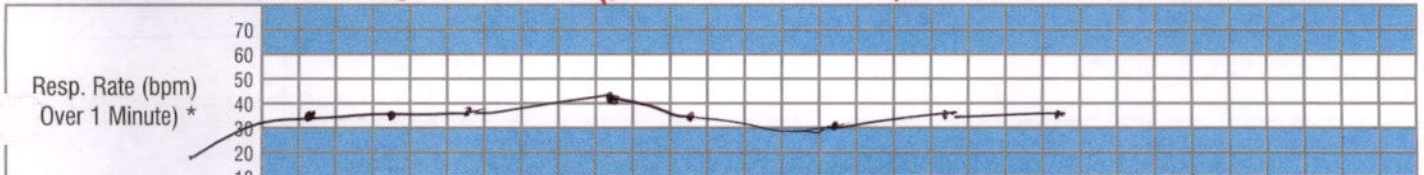
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 3/6/26 Time: 9 11 1 4 7 9 11 1 3 5 7

Doctor/Nurse/Family Concern? AM AM PM PM PM PM PM PM AM AM AM



Heart Rate (Number) 135 138 133 140 133 124 130 125 130 135 130



Resp Rate (Number) 30 35 31 40 35 30 30 32 35

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 97 98 97 97 98 98 99 100 99 98 100

Conscious Level Normal Altered N N N N N N N N N N N

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

TOTAL SCORE
 Number of shaded boxes 0 0 0 0 0 0 0 0 0 0 0
 Pain Score 0 0 0 0 0 0 0 0 0 0 0
 Observer's Initials MA MA M SK SK SF B B B B B

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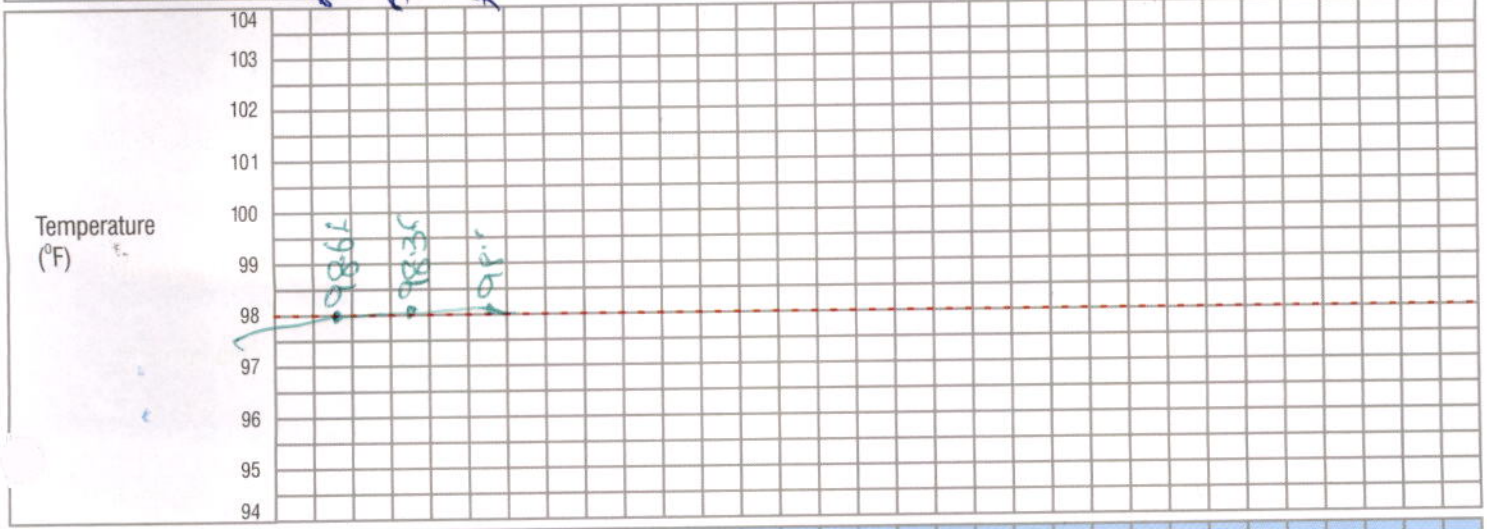
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 4/16/26 Time: 9:11

Doctor/Nurse/Family Concern? Am Am Am



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

Note:
BP does not score in early warning scoring

Heart Rate (Number)	<u>140</u> <u>142</u> <u>146</u>
---------------------	----------------------------------

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

Resp Rate (Number)	<u>30</u> <u>32</u> <u>30</u>
Resp Distress	
Mod/ Severe None / Mild	
Receiving O ₂ (l/min)	
O ₂ Saturations (%)	<u>99</u> <u>99</u> <u>99</u>
Conscious Level	<u>PP</u> <u>PP</u> <u>PP</u>
Normal / Altered	
GCS *	<u>5</u> <u>5</u> <u>5</u>

TOTAL SCORE	
Number of shaded boxes	<u>0</u> <u>0</u> <u>0</u>
Pain Score	<u>0</u> <u>0</u> <u>0</u>
Observer's Initials	<u>R</u> <u>A</u> <u>V</u>

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*Noted by Radey
 Co PM
 4/16/26*

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MH-00205550 IP-00060208
 Baby B/O ALEENA CHACKO K
 2-06-2026 0 Y 0 M 0 D 5 H (F)
 Dr. AKHEEL SYED RIZWAN



FLUID CHART

Sheet No. : 1

2/6/26

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse		
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm	DBF											
	03:00 pm												
	04:00 pm	DBF					✓			-			
	05:00 pm									-			
	06:00 pm	DBF					✓						
	07:00 pm						✓						
	02/6/26												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm	DBF											
	10:00 pm												
	11:00 pm	DBF					✓						
	12:00 am												
	01:00 am	DBF											
	2/6/26												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am	DBF											
	04:00 am												
	05:00 am	DBF											
	06:00 am						✓			✓			
	07:00 am	DBF											
	2/6/26												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							
													3 time

FLUID CHART

Sheet No. : 2

3/6/26

- 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 Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
3/6	08:00 am										✓	} manasa 3/6/26 @ 1pm	
	09:00 am	DBM											
	10:00 am												
	11:00 am	DBM											
	12:00 pm										✓		
	01:00 pm	DBM											
Total Intake :						Total Output :							
3/6	02:00 pm											} Subh 3/6 @ 7pm	
	03:00 pm	DBF											
	04:00 pm										✓		
	05:00 pm	DBF											
	06:00 pm												
	07:00 pm	DBF											
Total Intake :						Total Output :							
4/6/26	08:00 pm											} Bevanika 4/6 @ 7am	
	09:00 pm	DBF									✓		
	10:00 pm												
	11:00 pm	DBF											
	12:00 am												
	01:00 am	DBF									✓		
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
4/8/26	08:00 am											} 2 Indu @ 1pm 4/8/26
	09:00 am		Def									
	10:00 am		x									
	11:00 am											
	12:00 pm		Def									
	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											} noted by Indu @ 1pm 4/8/26
	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						

