Rainbow Children's Hospital

BirthRight Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00173491 **Admit Date** : 07-May-2026 **Admit Time** : 11:19 AM **UHID** : BAH-00655691

Patient Details :

Patient Name	: Baby Of NUPUR PANDEY	**Age**	: 0 D
Guardian	: Mr ADARSH KUMAR PANDEY	**DOB**	: 07-05-2026 11:20 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO - C-110 , APARNA ALTIUS , SATAMRAI , SAMSHABAD Hyderabad Airport 1 Hyderabad Telangana INDIA 501218	**Phone No**	: 9039874681/ ~~9039874681~~ 7677064714
		E-mail	: nupurn2c@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SW-416-1 **Ward Name** : 4F-BIRTHING CENTRE

Room No : CRDL-SW-416-1 **Admission Type** : First Visit

Contact Details :

Name : Mr ADARSH KUMAR PANDEY **Relationship** : Father

Contact Address : **Phone No** : 7677064714 / 9039874681

A Adarsh

Signature

Doctor Details :

Doctor Name : Dr. KAPIL BHAGWATRAO SACHANE **Specialisation** : NEONATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Printed By : 015513

Printed Date / Time : 07/05/2026 11:21

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Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 0 D 0 H (M)
Dr. KAPIL BHAGWATRAO SACHANE

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

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

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

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

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

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

BIRTH INFORMATION

Name : B/O Nupur Pandey

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 7/5/26 Time of Birth : 10 am

Place of Birth : RcH, NH

Mother's Blood Group : B positive

Birth Weight (gms) : 3155 gm Length (cms) : 50

OFC (cms) : 35

Estimated Gesth Age : 39+2

Current Obstetric History : (Booked / Unbooked Case)

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

Conception : Spontaneous or with Rx. : Spont

Booked at what GA. : 6+6 wks AN Steroids Drugs / Doses : .....

Last Scans Details : .....

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

MATERIAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H (after 20 weeks) / PE

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

.....

cent BP recording, proteinuria, edema,

nvestigations (LFT, platelet count) : .....

.....

en detected : .....

ncreased Resistence / ADEF / REDF /

ion in MCA) / Ductus Venosus : .....

.....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

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

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

Infection : H/O, Fever

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

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

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

on during Pregnancy : ..... Duration : .....

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PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : ..... ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig) Forceps

Second stage (> 2 hours after dilation) Vaginal delivery

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☑ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Primi (39+2 wks) on spont labour

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Hi to.; ... Present illness:

Equipment check done

↓

Baby delivered by forceps assisted vaginal delivery

↓

Bcby CIAB.

↓

Bcby dried, Secretions cleared

Delayed Cord clamping Cut given, 2A + 1 vein noted.

↓

Inj Vit K 1mg IM given

↓

Baby Stable

Cord gas was done, which is (N) range

Baby shifted to mother side

Investigation details in previous Hospital :

—

istory :

—

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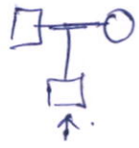
Family History :



Socio Economic History :

Upper middle class.

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : ..... HR : 152/min RR : 52/min NIBP : ..... CFT : .....

Color of the extremities : Acrocyanosis → Pink

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

ANTHROPOMETRY: Birth Weight : 3155gm Length : ..... HC : ..... Present Weight : .....

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

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HEAD TO TOE EXAMINATION

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

FACIES : (Any Facial Dysmorphism)
Laceration wound over face near Rt lower lid / over cheek
Bcz of forceps delivery

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

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

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

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

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

GENITILIA :
Labia / Hymen :
Testicles/penis : → Male Ext Genitalia Nt
Anus : → Patent

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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SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 52/min SCR / ICR / See - Saw breating :

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

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings :

SpO_2: 95% on RA Auscultation: SIS 2 (N) Breath Sounds: B/L AE (N) Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : 148/min BP :

Femoral Pulses : } (N)

Other Peripheral Pulses : }

Precordial Activity : (N)

Murmurs : Nil

Signs of Cardiac Failure : Nil

ABDOMEN:

Shape : } (N)

Palpation : }

Palpable masses : }

Abdominal girth : }

Hernia orifice : Free

Anal Patency : Patent

Umbilical Cord : 2A + 1V.

First urine passed : Passed

Meconium passed : Not yet

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) : } CNS fair

State of wakefulness : }

Prechtle Score : }

Nerves :

MOTOR SYSTEM:

Passive Tone : } (N)

Active Tone : }

Neonatal Reflexes : }

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

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

ATNR : } Skull and Spine : }

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Any Co...

Diagnosis : 39+2/F+/ Male/ 3155gm / Forceps assisted vaginal delivery / CIAB /
Laceration over Rt cheek near Eye (+) due to forceps injury.

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : ....

Name : Dr. RAMYA

Date & Time : 7/5/26 ; 10:30am.

Consultant :

Signature : ....

Name : Dr. KAPIL BHAGWATRAO SACHANE

Date & Time : 7/5/26

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 :

1.) Warm care

2.) Exclusive breast feeding, burping - 2nd hrly.

3.) OPV, BCG, HepB @ 24 HOL

4.) NBS, SBR, OAE @ 48 HOL

5.) Cord blood → Blood grouping today.

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

6.) Clinical assessment of jaundice @ 12, 24 HOL

7.) W/F distress, hypoglycemia, feeding difficulties

Screenings done during NICU Stay :

8.) Monitor vitals.

NSG : .....

9.) T-Bact ointment - SOS for local application of injury area

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Doctor Signature (Handover Given): Ramya

Doctor Name: Dr. RAMYA

Date & Time: 7/5/26; 10:30am.

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

Doctor Name: .....

Date & Time: .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
07/05/26 3:00pm	5 HOL / 39+2 (Term) / mch.	Assisted vaginal delivery / CIAB / 3155 gm (Forceps) Laceration over (R) cheek near eye dit AND.
	Bt wt - 3155gm	Plan:-
		- Exclusive breast feeding f/b burping every 2-3 hourly
M / Bt	Urine passed	- OPV ✓
B	Stool - not passed	BCG ✓ @ 24 HOL
	O/E:-	HepB
	Baby - euthermic, pink	- Trace Baby blood group.
	peripheries - warm	- Clinical assessment of
	C/T/A - Good	jaundice @ 24 HOL
	Hemodynamically stable.	- NBS ?
		SBR } 48 HOL
		OAE }
		- W/f distress, hypoglycemia, feeding difficulties
		- Monitor vitals & Inform SOS.
		- T-Bact oint. - SOS for L/A of injury over face.
		Bharath
		Noted by Sneha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
08/05/26	C/S/B Resident	
7:50Am	22 HOL / 39+2 / Assisted Vaginal delivery (Forceps) / CIAB / 3155 gm	Laceration over (RT) cheek near eye d/t AVD
	Bt.wt - 3155gm (3008)	Plan:-
	Today wt - 3013gm 142 (↓ 4.5%.)	- Continue OBF f/b bursping @ 2-3 hourly
M / B	B+ / B+	- Warmth care
	Urine - 7 times	- Clinical assessment of jaundice @ 24 HOL @ 10 Am
	motion - 4 times	
		- SBR ? NBS @ 48 HOL OAE
	O/E:-	
	- Baby - euthermic pink	- W/f distress, feeding difficulties
	Peripheries - warm	- T. Bact. oint - SOS for I/A for injury over face
	C/T/A - Good.	
	Hemodynamically stable	- Monitor vitals and Inform SOS
		Noted by jessie Bhaskath
8/5/26		Plan:-
10:30Am	TCBR @ 24HOL - 10.3	- Start SSPT & eyes and genitalia covered
		- measured feeds (EBM+FF) 20-25ml q2hrly (or) 30-35ml q3hrly
		Noted by Durga 60/539.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5/26 6:30pm	Lactation care plan:	
	– Preemi – Well formed breast and nipples – colostrum good – Suck good.	
	Advice:	
	– Direct breast feeding. – Aim for deep latch as demonstrated in cross cradle hold. – Make baby suck for 15–20min on each side. – Demand feeding not exceeding 2–2½ hourly	
		Sd/ Surgeon.
8/5/26 5:30pm	Seen by Resident – ↓ SSPT – Feeding well – Euthermic	– Measured feeds 20–25ml – 3hourly (OM) 30–35 ml 3hourly – SBR / NBS / OAE @ 48h.
		Noted by Sneha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/5/26 9:20 Am	47 HOL | 39+2 | AVD | CIAB | 3155gm (Forceps)	
	Bt. wt - 3155gm	Plan:-
	Today wt - ~~3227~~ gm 228 (47.2-1.)	- Measured feeds 25-30 ml q 2nd hrly or 35-40 ml q 3rd hrly
M | B+		
B | B+	urine - 11 times	- Continue SSPT ē eyes & genitalia covered
	motion - 6 times	
		- SBR } @ 48 HOL NBS } OAE }
	O/E:-	
	Baby - hemodynamically stable	
	C/T/A - Good	- W/f distress, feeding difficulties
	~~Pear~~ Euthermic, pink	- Monitor vitals & Inform SOS
	Peripheries - warm	
		Bharath
		O/s if SBR (N)
		R/v after 2 days
9/5/26 1:30pm	C/s/B Resident	
	SBR - 12.9	Plan:-
		- Start DSPT ē eyes and genitalia covered.
		- Continue feeds as advised

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	9/5/26	
	OAE - results bilateral 'PASS'	
	Suggestive of Normal outer hair cells functioning	
	Otorhinolaryngologist	
	- Dr. Vidhi	
	Seen by	Resident
9/5/26 5:00 pm	·55 | HOL | 39+2 | AVD | CIAB | 3155gm	
		Plan:-
	Bt. wt - 3155gm	- Continue OSPT c eyes and genitalia covered
M | B+ B | B+	↓ OSPT	- Continue measured feeds as advised
	O/E:-	- SBR T/m morning 6AM
	Euthermic, pink	- w/f distress, feeding difficulties
	Hemodynamically stable	- Monitor vitals & Inform SOS
	CTIA - Good.	
		Noted by Dr. Bharath (Gousiya)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	seen by Dr Nilesh	
10/5/26 @ 12 AM	c/o bluish discoloration of peripheries poor feeding SpO_2 - 90-95% GRBS - 36. ↓DSPT.	Plan for observation 1) shift to NICU 2) send Na (Sodium) CBP CRP SBR 3) cont DSPTVS NICU 4) TV= 120ml/kg/day 30ml 2H. 5) give dextrose gel stat & 2ml top up feed recheck RBS @ 1AM
10/5/26 @ 1am	Received in NICU. GRBS - 55 mg/dl Cry (+). Vitals HR - 143/min RR - 45/min SpO_2 - 93%.	1) Send Sr. sodium CBP CRP SBR 2) Cont DSPT 3) 30ml 2nd hrly Paladay feeds 4) GRBS - Pre feed Snehal

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26 @2:00am	CBP Hb-23.3 PCV = 68. Plt - 90K CRP = 20. maternal H/O fever before delivery with thrombocytopenia	Discussed with Dr. Nilesh 1) TV = 120 ml/kg/day 60 ml/kg feeds 1bml 2nd hrly 60 ml/kg ↓ 7.1 ml/hr. IV fluid 10% I80-P 2) Start antibiotic Piptaz 3) monitor SPO2 if SPO2 <90% Continue Start low flow at 0.5L/min taper as tolerated Refer Noted by Kavya 10/5/26 @3PM
10/5/26 @8:00am	Morning Rounds	Seen by Dr. Nilesh 1) ↑ TV = @ 120 ml/kg 80 ml/kg feed 40 ml/kg 10% I80-P 2) Repeat CBP, Venous PCV at 12 PM.

3) GRBS 6th hrly
profeed

4) ↑ feeds by 20ml/kg/day
↓
if GRBS > 60mg/dl
& PCV < 65.

5) Trace maternal reports
CBP
and any cultures.

Sneha

---

seen by Dr. Kapil Sir

If NO Teelypur
→ try Pallada feed
+ peripheral smear
↳ to check
+ CBP
CRP
Venous PCV
} to send
+ If more deviation
Plan - Neonatology

TU - 120 ml/kg
↓
Boulus feed.
↓
Maintenance
Goals fluid

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	2.9 × 4.1 ∴ 07 Hct - 3.8 (6.5) + 2.7 RBS - 47	~~Discharged~~ with rx. V.J jan yard sir desired PCV - 55 → do partial exchange
10/5 @5:30pm	Partial exchange notes under all aseptic precaution 15ml of blood removed via IV canula and replaced with 15ml NS.	
10/5/26 9:30pm	Night Rounds Seen by Dr. Sreeth • ~~Post~~ Desat episodes (2) • Partial Exchange done.	Plan: • W/F distress, tachypnea • T/NM - Start feeds • IV = 140ml/kg/day, ↑sed. ~~70ml~~/kg fluid (9ml/hr ~~70ml~~/kg feeds (~~2~~ 2 7ml/ 3rd feed) • Send PCV - ~~Cus~~ Venous @ 11pm •

N.B MOM in OR
10/5/26 10:30pm
Dr. Ramya

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Date & Time	Progress Notes	Doctor's Order
11/5 @ 9	RBS - 59	TTV - 150 cc/kg/day 50 cc/kg/dy 100 cc/kg/day feed
	9 AM - 4.8 + 3.4 8.2	
	~~6 PM~~ 9.3	~ recheck RBS 1h 30 min
		② if normal RBS then slowly RBS monitoring & maintain.
	RBS - 8:30 AM 109 mg/dl.	
		Noted by Kaveri 11/5/26 @ 8 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/05/26 1:00pm		Seen by Dr. Kapil
	Assessment	— 2D echo today.
	. Persistent tachypnea c req requirement of O_2 0.05 L/min	— Repeat CXR now.
		— Rx full feeds
		→ ~~CBG on next prick~~
		→ NP, , Venous PCV, PT, APPTT/ INR. CBG, GRBS
		— "PS - to be asked."
		— Nasal suction - now
		— continue antibiotics.
		— GRBS - 6th hourly pre-feed.
		— If GRBS <50 → critical sample
		→ TV - 150 cc/kg/day
		~~Some feeds~~ Some fluid

BAH-00655691 IPS-00173491
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 3 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

(11)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Afternoon Note	
11/05/2026		
1:30 pm		← TV – 150 cc/kg/day
		75 ml/kg/day feeds ↓ 20 ml - 2 hourly EBM/FF ; 75 ml/kg/day ↓ 10% Iso-D
	– Baby on Low flow 0.05/min	
	Downe's Score =	
	• RR = 1	
	• Retraction = 1	= Total score 3/10
	• Hypoxia = 1	
	No grunt B/L EAE	
		– Continue low flow – tapper as tolerated
	– Current vitals	– Assessment of RD 4th hourly
	HR - 158	
	SPO_2 - 92% @ 0.05 Lit/O_2	– LABs
	RR = 60/min.	• NPI
	BP : ~~61~~ 61/42 (49)	• PT, INR, APTT
		• Venous PCV
		• GAS
		• GRBS
	GIR = feeds 3.64	
	• fluid = 2.060	– Trace – NPO, ask PS from Dr. Hafsa.
	Total =	– GRBS – 6th hourly pre feed → If less than 50 mg → Critical sample
		– 2D echo. today, CXR – now

Rupija

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/05/2026 5:30pm	3pm - RBS - 113 POI: 64 > 54	plan 1) Feeds - 20ml/pr/hrly Rest ro/l IVOP 2) RBS q6hrly if RBS > 70, ↑ feeds 5ml/q6hrly 3) Monitor distress. Dr Nilesh Seen by Dr. Nilesh
11/5/26 9:30pm	- Last 4 RBS = 89 - Mild tachypnea - SPO_2 - 88 Skin - peeling 2D Echo (NO)	- N continue low flow - W/F worsening distress → inform - ↑ feed to 25 ml - 2hourly - ~~after~~ TV - 150 cc/kg/dy - If next RBS > 70 ↑ next feeds 6th hourly. - Syngl MCT BD for local application - Trace - cultures. - CBP, Venous PCV @ 9am - GAS - SOS. Paracetamol (P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 3 D (M)
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FLUID CHART

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BirthRight BY RAINBOW HOSPITALS
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Sheet No. : 6

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	EBM			20 ml		passed	Nil		10 ml		
	09:00 am											
	10:00 am	EBM			20 ml		Not passed			12 ml	0	
	11:00 am											
	12:00 pm	EBM			20ml		passed			10 ml		
	01:00 pm											
Total Intake : 60 ml						**Total Output :**						
	02:00 pm											
	03:00 pm	Nan p80			20 ml		passed			15 ml		
	04:00 pm											
	05:00 pm	EBM	16ml				Not passed			4 ml	0	
	06:00 pm											
	07:00 pm	EBM	16 ml				passed			22 ml		
Total Intake : 48 ml						**Total Output :**						
	08:00 pm											
	09:00 pm	EBM	21ml				passed			10 ml		
	10:00 pm											
	11:00 pm	EBM	21ml							10 ml	0	
	12:00 am											
	01:00 am	ff	21ml				passed			12 ml		
Total Intake : 63 ml						**Total Output :**						
	02:00 am											
	03:00 am	EBM	21ml							10 ml		
	04:00 am											
	05:00 am	ff	21ml				passed			18 ml	0	
	06:00 am											
	07:00 am	EBM	21ml							8 ml		
Total Intake : 63 ml / 23H						**Total Output :** 130						

Total 24 hrs. Intake	75.4 cc/kg/day	Total 24 hrs. Output	1.7 cc/kg/hr

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

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FLUID CHART

Sheet No. : 5

11/5/26

IV = 150cc/h
Bwt 3.0 kg
P: 5 -

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	NG							
11/5/26	08:00 am			12.9						10ml	0	Kale
	09:00 am	10ml ESOL		12.9							0	kale
	10:00 am	EBM		12.9	19ml		✓			15ml	0	Kale
	11:00 am			12.9							0	Kale
	12:00 pm	EBM		12.9	24ml		✓			15ml	0	Kale
	01:00 pm			12.9							0	Ku
Total Intake : 120.4						**Total Output :** .						
	02:00 pm	EBM		12.9	19ml						0	Swati
	03:00 pm	ESOL		9.6	1'					15ml	0	Swati
	04:00 pm	10ml EBM		9.6	19ml		✓				0	Swati
	05:00 pm			9.6	-					12ml	0	Swati
	06:00 pm	EBM		9.6	19ml		✓				0	Swati
	07:00 pm			9.6						10ml	0	Swati
Total Intake : 117.9						**Total Output :**						
	08:00 pm	EBM		6.9	25ml						0	
	09:00 pm			6.8							0	
	10:00 pm	10ml ESOL		6.8	25ml		passed			14ml	0	
	11:00 pm			6.8							0	
	12:00 am	EBM		6.8	25ml		—			9ml	0	
	01:00 am			6.8							0	
Total Intake : 145.8						**Total Output :**						
	02:00 am	EBM		6.8	25ml		—				0	
	03:00 am			6.8								
	04:00 am	Nan pro		6.8	25ml		passed			10ml	0	
	05:00 am			6.8							0	
	06:00 am	EBM		6.8	25ml		—				0	
	07:00 am			6.8ml						10ml	0	
Total Intake : (115.8) 469.9						**Total Output :** 120ml						

Total 24 hrs. Intake	151.5cc/kg/day	Total 24 hrs. Output	1.6cc/kg/day

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

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Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 3 D (M)
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FLUID CHART

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Sheet No. : 4

10/5/26

140 cc/kg/day

DV = 190 cc
B.wt = 3.1 kg
R.G.

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

70 cc/kg/d (10% ISOD)

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
10/05/26												
	08:00 am	1	16ml	7.7						10ml	0	Sravs
	09:00 am		16ml	7.7	15 ml						0	Sravs
	10:00 am	15ml		7.7							0	Sravs
	11:00 am		ff.	5.2 20ml			Passed			10ml	0	Sravs
	12:00 pm			5.2							0	Sravs
	01:00 pm		ff	5.2	16ml						0	Sravs
Total Intake :				38.7ml.		**Total Output :**						
10/05/26	02:00 pm	1		10.2			Passed				0	Sravs
	03:00 pm	15ml		10.2	Hold.					15ml	0	Sravs
	04:00 pm			15ml							0	Sravs
	05:00 pm	1		15ml			Passed			10ml	0	Sravs
	06:00 pm			15ml							0	Sravs
	07:00 pm			15ml							0	Sravs
Total Intake :				80.4ml		**Total Output :**						
	08:00 pm			15ml							0	
	09:00 pm	TV=120 ml/kg/d		15ml						15ml	0	
	10:00 pm	10% ISOP	NRM PRO	9ml	27ml OG feed		Passed				0	
	11:00 pm			9ml						10ml	0	
	12:00 am			9ml							0	
	01:00 am	NBM		9ml	27ml					15ml	0	
Total Intake :		120ml				**Total Output :**				40ml		
	02:00 am			9ml							0	
	03:00 am			9ml			Passed			15ml	0	
	04:00 am	DBF		9ml	27ml						0	
	05:00 am			9ml						10ml	0	
	06:00 am			9ml						10ml	0	
	07:00 am	NBM PRO		9ml	27ml						0	
Total Intake :		399.1cc				**Total Output :**				120cc		

Total 24 hrs. Intake	128.7 cc/kg/day	Total 24 hrs. Output	1.6 cc/kg/day

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Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 1 D (M)
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FLUID CHART

Sheet No. : (3) 9/5/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											Rim
	09:00 am		DBF+FF 20ml				✓			✓		Rim
	10:00 am										NO	Rim
	11:00 am		DBF+FF 20ml				✓			✓	cannula	Rim
	12:00 pm											Rim
	01:00 pm		DBF+FF 20 ml				✓			✓		Rim
Total Intake :						**Total Output :** U – 3 M – 3						
	02:00 pm											Jaki
	03:00 pm		DBF+FF 20ml								NO	Jaki
	04:00 pm						✓			✓		Jaki
	05:00 pm		DBF+FF 20ml								W	Jaki
	06:00 pm						✓			✓	cannula	Jaki
	07:00 pm		FF 20ml							—	↑	Jaki
Total Intake :						**Total Output :** U – 3 m – 2						
	08:00 pm											
	09:00 pm									10ml		
	10:00 pm		5ml									
	11:00 pm									15ml	NA	
	12:00 am		20 ml				✓		✓			
	01:00 am		Dextrose 1.5ml							—		
Total Intake :						**Total Output :**						
	02:00 am		30ml									
	03:00 am			7.7						4		
	04:00 am		16ml	7.7		15ml					10ml	
	05:00 am			7.7								
	06:00 am		16ml	7.7		15ml	Pellet					
	07:00 am			7.7								
Total Intake :		244.8ml				**Total Output :**	54ml					

Total 24 hrs. Intake	84	Total 24 hrs. Output	2.3

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FLUID CHART

Sheet No. : (2) 8/5/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
											0	Durga
	08:00 am	|	DBF +FF	20ml						✓	0	Durga
	09:00 am	|									0	Durga
	10:00 am	|	DBF +FF	20ml			✓			✓	0	Durga
	11:00 am	NA									0	Durga
	12:00 pm	|	DBF +FF	20ml							0	Durga
	01:00 pm	|									0	Durga
Total Intake :		60ml				**Total Output :** U-2 M-1						
	02:00 pm	|								✓	0	Sneha
	03:00 pm	|	DBF +FF	20ml			✓				0	Sneha
	04:00 pm	NA									0	Sneha
	05:00 pm	|	DBF +FF	20ml						✓	0	Sneha
	06:00 pm	|									0	Sneha
	07:00 pm	|	DBF +FF	20ml						✓	0	Sneha
Total Intake :		60ml				**Total Output :** U-3 M-1						
	08:00 pm	|					✓			✓	↓	Jessie
	09:00 pm	|								✓		Jessie
	10:00 pm	NA	DBF +FF	20ml							No IV Cannula	Jessie
	11:00 pm	|					✓			✓		Jessie
	12:00 am	|	DBF +FF	20ml						✓	↑	Jessie
	01:00 am	|										Jessie
Total Intake :		40ml				**Total Output :** U-3 M-2						
	02:00 am	|									↓	Jessie
	03:00 am	|	DBF +FF	20ml			✓			✓		Jessie
	04:00 am	NA									No IV Cannula	Jessie
	05:00 am	|	DBF +FF	20ml						✓		Jessie
	06:00 am	|					✓				↑	Jessie
	07:00 am	|	DBF +FF	20ml						✓		Jessie
Total Intake :		60ml				**Total Output :** U-3 M-2						

Total 24 hrs. Intake	Taken=220ml	Total 24 hrs. Output	U-11 M-6

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Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 0 D 0 H (M)
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FLUID CHART

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Sheet No. : (7) 7/5/26.

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
			Mouth	I.V	N.G							
	08:00 am										I/V	priya
	09:00 am										Canula	priya
	10:00 am									✓		priya
	11:00 am		DBF									priya
	12:00 pm		DBF									priya
	01:00 pm											priya
Total Intake : Taken						Total Output : passed						
	02:00 pm		DBF	8						✓	0	Sunita
	03:00 pm										0	
	04:00 pm						✓				0	
	05:00 pm		DBF							✓	0	Sunita
	06:00 pm										0	
	07:00 pm		DBF								0	
Total Intake : Taken						Total Output : M – 1 U – 2						
7/5/26	08:00 pm										0	Jessie
	09:00 pm		DBF							✓	0	Jessie
	10:00 pm										I/V	Jessie
	11:00 pm		DBF				✓			✓	Canula	Jessie
	12:00 am											Jessie
	01:00 am		DBF								0	Jessie
Total Intake : Taken						Total Output : U – 2 M – 1						
8/5/26	02:00 am										0	Jessie
	03:00 am		DBF				✓			✓	0	Jessie
	04:00 am										I/V	Jessie
	05:00 am		DBF							✓	Canula	Jessie
	06:00 am						✓					Jessie
	07:00 am		DBF							✓	0	Jessie
Total Intake : Taken						Total Output : U – 3 M – 2						

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	U – 7 M – 4

Patient Sticker

FLUID CHART

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Sheet No. : .....

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

		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**	

Patient Sticker

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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.

		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**	

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Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 6 D (M)
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16/5/26.

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FLUID CHART

TR -
Bld -
TF -

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.

		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	EBM	50ml				passed			12ml	0	
	10:00 am											
	11:00 am	EBM	50ml				passed			13ml	0	
	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**	

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07-05-2026 0 Y 0 M 6 D (M)
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15/5/26

FLUID CHART

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TV:- 188 cc/kg/day
Bwt- 3.1 kgs.
TFL. 50ml.

Sheet No. : 9

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 – NG	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	Mom Pas	47ml	2.5ml			Passed			16ml	1	
	09:00 am			2.5ml								
	10:00 am	EBM	47ml	2.5ml								
	11:00 am			2.5ml			Passed.			12ml	0	
	12:00 pm	PF	50ml	2.5ml								
12:30pm	01:00 pm	F		2.5ml							1	
Total Intake : 144ml						**Total Output :** 28ml						
2:30pm	02:00 pm	EBM.	50ml	2.5ml								
3:00pm	03:00 pm	F		start						10ml.	1	
	04:00 pm						Passed					
5:30	05:00 pm	EBM.	50ml								0	
	06:00 pm									15ml.		
	07:00 pm	~~EBM~~	50ml				—				1	
Total Intake : 150ml						**Total Output :** 25ml						
8:30pm	08:00 pm											
8:30pm	09:00 pm	EBM	50ml				passed	2-3 ml		8ml	1	
	10:00 pm											
	11:00 pm	EBM			50ml						0	
	12:00 am											
	01:00 am	EBM			50ml		passed			10ml	1	
Total Intake : 150ml						**Total Output :** 18ml						
	02:00 am											
	03:00 am	EBM			50ml		—	2-3 ml.		10ml	1	
	04:00 am											
	05:00 am	EBM			50ml		passed			9ml	0	
	06:00 am										1	
	07:00 am	EBM			50ml		—			5ml		
Total Intake : 150ml (597)						**Total Output :** 24ml. (95ml)						

Total 24 hrs. Intake	188 cc/kg/day.	Total 24 hrs. Output	2.5 cc/kg/day.

BAH-00655691 IP5-00173491
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 3 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

14/5/26.

FLUID CHART

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

TV = 200cc/kg/d
B.wt 3.1kg
TF = 450ml

Sheet No. : 8

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							
											1	
	08:00 am	Nanpro		2.5ml	39ml		pas		1	12ml		
	09:00 am			2.5ml			passed			15ml	0	
	10:00 am	EBM		2.5ml	40ml							
	11:00 am			1.4ml							1	
	12:00 pm		FF 35ml	1.4ml			passed	✓		20ml	0	
	01:00 pm	FF		1.4ml	30ml			✓			0	
Total Intake :							Total Output : U — 47ml — 3					
	02:00 pm			1.4ml							0	
	03:00 pm	FF	45ml	1.4ml			passed			12ml	0	
	04:00 pm			1.4ml							0	
	05:00 pm	EBM	50ml	1.4ml						18ml	0	
	06:00 pm			3.8ml			passed			15ml	0	
	07:00 pm	EBM	45ml	3.8ml							0	
Total Intake :							Total Output : U - 35 M - 2					
	08:00 pm			3.8ml								
	09:00 pm	EBM	45ml	3.8ml			passed			12ml	1	
	10:00 pm			3.8ml								
	11:00 pm	Nanpro	45ml	3.8ml			—				0	
	12:00 am			3.8ml							1	
	01:00 am	EBM	45ml	3.8ml			pas			16ml		
Total Intake :			180cc	20cc/kg/d			Total Output :					
	02:00 am			2.5ml								
	03:00 am	Nanpro	47ml	2.5ml			pas			15ml	1	
	04:00 am			2.5ml								
	05:00 am	EBM	47ml	2.5ml								
	06:00 am			2.5ml			—			18ml	0	
	07:00 am		47ml	2.5ml							1	
Total Intake :		587.2ml (41)					Total Output :			143ml		

Total 24 hrs. Intake	189.5cc/kg/day.	Total 24 hrs. Output	1.9cc/kg/day

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

BAH-00655691 IPS-00173491
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 4 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

13/5/26

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

FLUID CHART

TDL — 180 cc/kg/day
Bwt: 3.1kgs
TFI - 39ml

Sheet No. : 7

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	EBM	21ml							8ml		
	09:00 am	~~EBM~~	~~47ml~~							~~8ml~~		
	10:00 am	EBM	21ml				Passed					
	11:00 am	~~EBM~~	~~47ml~~								0	
	12:00 pm	EBM	47ml				Passed.			8ml		
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm	EBM	47ml							7ml		
	03:00 pm			(20cc/kg)								
	04:00 pm	EBM	47ml	12.5ml DEX			Passed			10ml		
	05:00 pm			2.5ml							0	
	06:00 pm	EBM		2.5ml						12ml		
	07:00 pm			2.5ml								
Total Intake :						Total Output :						
	08:00 pm	NAN		2.5ml	39ml		pair					
	09:00 pm	~~EBM~~		2.5ml								
	10:00 pm	EBM		2.5ml	3ml		pair			15ml		
	11:00 pm	~~EBM~~		2.5ml								
	12:00 am	NAN		2.5ml	39ml		pair					
	01:00 am	~~NAN~~		2.0ml						12ml		
Total Intake :						Total Output :						
	02:00 am	EBM		2.5ml	39ml		-					
	03:00 am	~~EBM~~		2.5ml						15ml		
	04:00 am	NAN		2.5ml	39ml		pair					
	05:00 am			2.5ml							0	
	06:00 am	EBM		2.5ml	39ml		pair			14ml		
	07:00 am			2.5ml								
Total Intake : 458ml						Total Output : 101ml						

Total 24 hrs. Intake	136.5cc/kg/day	Total 24 hrs. Output	1.3cc/kg/day.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

16/5/26.

Patient Sticker

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8
Doctor/Nurse/Family Concern?	am	am	pm	pm	pm	PM	PM
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							
Note: BP does not score in early warning scoring 90							
80							
70							
60							
50							
Rate (Number)							
Resp. Rate (bpm) (Over 1 Minute) * 70							
60							
50							
40							
30							
20							
10							
Resp Rate (Number)							
Resp Distress: Mod/ Severe							
Resp Distress: None / Mild							
Receiving O_2(l/min)							
O_2Saturations (%)							
Conscious Level: Normal							
Conscious Level: 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.
	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.

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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-00655691 IP5-00173491
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

te: ..... Time:	8AM	10AM	12PM	2PM	4PM	6PM	8 PM	10 PM	12 AM	2 AM	4 AM	6 AM
ctor/Nurse/Family Concern?												
emperature F)	36.0°C	36.2°C	36.2°C	36.4°C	36.2°C	36.4°C	36.5°C	36.4°C	36.5°C	36.6°C	37.1°C	36.7°C
leart Rate bpm)	140	156	144	124	164	178	170	174	168	170	158	187
nd lood Pressure mmHg) *	(64)	(76)	(64)	(58)	(98)	(71)	(49)	(52)	(52)	(53)	(59)	(68)
lote: P does not score n early /arning scoring	49	71	59	81	39	66	37	42	48	44	47	76
leart Rate (Number)	148	152	140	133	136	157	175	158	157	147	168	155
esp. Rate (bpm) Over 1 Minute) *	46	39	49	44	35	32	30	44	41	37	32	36
esp Rate (Number)												
esp istress: Mod/ Severe / None / Mild												
eceiving O_2 (l/min)												
$_2$ Saturations (%)	99%	95%	99%	95%	95%	99%	96%	99%	94%	91%	95%	
onscious evel: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	
CS *	15/15	15/15	15/15	15/15	15/15	15/15	C	C	C	C	C	
OTAL SCORE umber of shaded boxes	0	0	0	0	0	0	1	1	1	1	1	
ain Score	0	0	0	0	0	0	0	0	0	0	0	
bserver's Initials												

CTIONS

B: Scores 3 should be corded 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

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:

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- 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.

234

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-00655691 IP5-00173491
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

Doc. No. : RCHBH / FRM / CLINICAL / 124 14/5

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

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

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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8AM	10AM	12PM	2PM	4PM	6PM	8PM
Doctor/Nurse/Family Concern?							

Temperature (F)

98.2F	98.0F	98.1F	98.3F	98.0	98.2F	98.1F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	134 b/m	130 b/m	140 b/m	136 b/m	140 b/m	136 b/m	120 b/m

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

Resp Rate (Number)	43 b/m	48 b/m	42 b/m	38 b/m	40 b/m	50 b/m	38 b/m

Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N		
Receiving O_2 (l/min) O_2 Saturations (%)	96%	95%	98%	96%	97%	99%	98%
Conscious Level: Normal / Altered	N	N	N	N	N	N	N
GCS *	15/15	15/15	15/15	15/15	15/15	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							

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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	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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BirthRight
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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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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)
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BAH-00655691 IP5-00173491
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 3 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

13/5/26

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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BirthRight BY RAINBOW HOSPITALS
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?												
Temperature (F)	36.5°C	37.0°C	36.4°C	36.7°C	36.6°C	36.5°C	36.8°C	(98.6F)	(98.6F)	(98.6F)		
Heart Rate (bpm) and Blood Pressure (mmHg) *	71 (55) 49	53 (47) 35	53 (35) 28	54 (45) 41	67 (47) 38	69 (50) 44	65 (49) 40	70 (49) 37	79 (61) 54	73 (69) 59	81 (6) 50	65 (40) 40
Note: BP does not score in early warning scoring												
Heart Rate (Number)	172	121	127	123	145	158	123	148	128	142	152	
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)	47	43	38		46	32	(34)	(36)	(48)	(52)	(58)	
Resp Distress: Mod/ Severe / None / Mild												
Receiving O_2(l/min) O_2Saturations (%)	96%	97%	95%	97%	99%	98%	96%	98%	94%	94%	96%	
Conscious Level: Normal / Altered							N	N	N	N	N	
GCS *	C	C	C	C	C	C	C	C	C	C	C	
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1	1	1	1	
Pain Score	0	0	0	0	0	0	0	0	0	0	0	
Observer's Initials	S	S	S	S	S	S	S	A	A	A	A	

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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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

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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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BAH-00655691 IP5-00173491
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 4 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

12/5/26

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

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	am	am	pm	pm	pm	pm	pm					
Temperature (F)	36.4°C	36.6°C	36.6°C	36.5°C	36.5°C	36.6°C	36.6°C	36.6°C	36.6°C	36.6°C	36.6°C	36.6°C
Heart Rate (bpm) and Blood Pressure (mmHg) *	76 (43) 96	63 (50) 43	57 (40) 47	65 (39) 48	60 (35) 44	62 45 51	66 40 46	83 67 72	58 34 42	72 58 56	57 42 39	
Note: BP does not score in early warning scoring												
Heart Rate (Number)	165	127	126	131	122	123	121	116	118	132	129	
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)	54	39	35	35	43	46	35	35	34	39	35	
Resp Distress: Mod/ Severe	LIF	LIF	LIF	LIF								
Resp Distress: None / Mild	0.2	0.2	0.2	RA								
Receiving O_2(l/min) O_2Saturations (%)	95%	93%	97%	96%	96%	99	98	97	99	98		
Conscious Level: Normal	LIF											
Conscious Level: Altered												
GCS *	C	C	C	C	C	C	C	C	C	C	C	
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1	1	1	1	
Pain Score	0	0	0	0	0	0	0	0	0	0	0	
Observer's Initials	S	S	S	S	S							

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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BAH-00655691 IPS-00173491
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 3 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 10/5/26 Time:

| | | |

Patient Sticker

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 10/5/26 Time:	10PM	12AM	2AM	4AM	6AM	8AM
Doctor/Nurse/Family Concern?						
Temperature (F)	*36.5°C	*36.5°C	*36.5°C	*36.5°C	*36.5°C	*36.5°C
Heart Rate (bpm) and Blood Pressure (mmHg) *	75	76	71	64	69	67
Note: BP does not score in early warning scoring	↓(62)	↓(60)	↓(60)	↓(47)	↓(54)	↓(55)
	51	50	55	37	47	48
Heart Rate (Number)	155b/m	160b/m	140b/m	150b/m	146b/m	140b/m
Resp. Rate (bpm) (Over 1 Minute) *	50	37	32	57	35	53
Resp Rate (Number)	50b/m	37b/m	32b/m	57b/m	35b/m	53b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min)	0.3Lit	0.3Lit	0.3Lit	0.5Lit	0.5Lit	
O_2Saturations (%)	95%	95%	95%	95%	97%	
Conscious Level: Normal / Altered	N	N	N	N	N	
GCS *	C	C	C	C	C	
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	
Pain Score	0	0	0	0	0	
Observer's Initials						

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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BAH-00655691 IP5-00173491
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07-05-2026 0 Y 0 M 3 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

Doc. No. : RCHBH / FRM / CLINICAL / 124 10/5/26

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	1	2	6	8	10	12PM	2pm	4pm	6pm	8pm
Doctor/Nurse/Family Concern?	Am	Am	Am	Am	Am					
Temperature (F)	36.2°C	36.5°C	36.5°C	36.2°C	36.5°C	36.6°C	36.6°C	36.3°C	36.5°C	36.5°C
Heart Rate (bpm) and Blood Pressure (mmHg) *								75 (61) 52	65 52	67 (50) 39
Note: *BP does not score in early warning scoring*										
Heart Rate (Number)	143	137	121	130bpm	132bpm	120bpm	130bpm	136bpm	130bpm	124bpm
Resp. Rate (bpm) (Over 1 Minute) *										
Resp Rate (Number)	24bpm	23bpm	25bpm	21bpm	22bpm	36bpm	28bpm	22bpm	33bpm	30bpm
Resp Distress: Mod/ Severe / None / Mild										
Receiving O_2(l/min)	RA	0.5L	0.5L	0.5L	0.5L	0.5L	0.5L	0.5L	0.5L	0.5L
O_2Saturations (%)	90%	88%	90%	93%	94%	97%	98%	99%	99%	98%
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N
GCS *	C	C	C	C	C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0	0	0	0	0
Observer's Initials										

ACTIONS NB: Scores 3 should be recorded overleaf	
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Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 1 D (M)
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9/5/26

/ FRM / CLINICAL / 124

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

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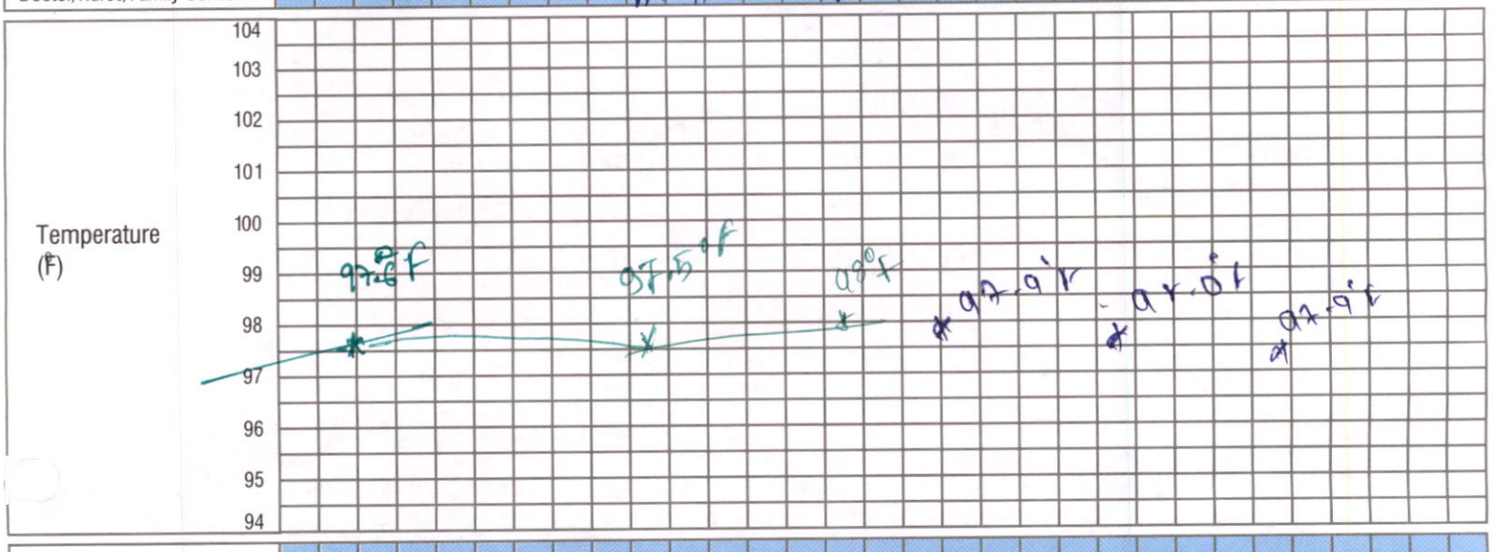
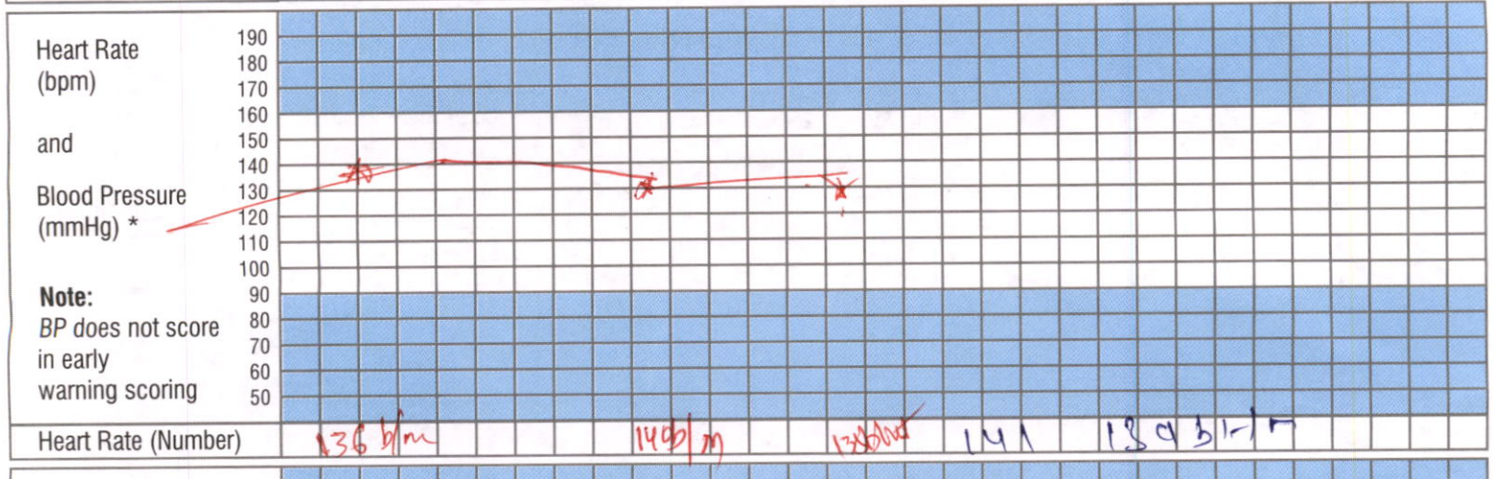
Your Right to a Safe Delivery

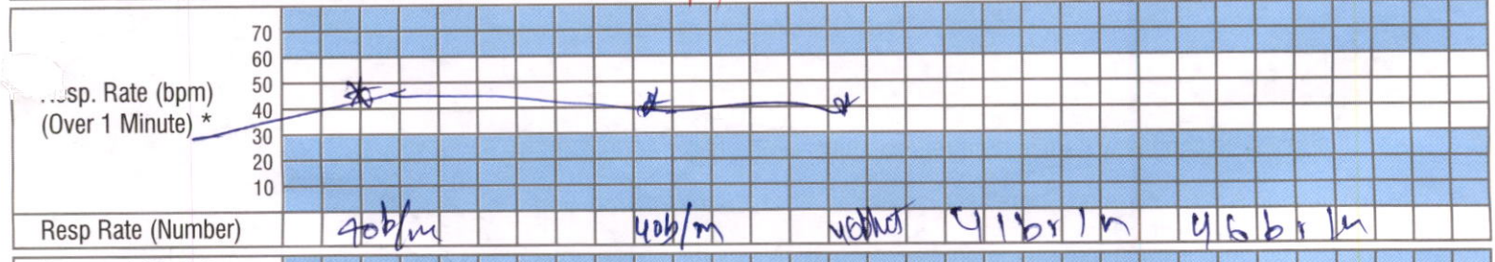
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	6 AM	10 AM	6 PM	10 PM	12 AM	6 AM
Doctor/Nurse/Family Concern?						





Heart Rate (Number)	136 b/m	140 b/m	138 b/m	141	139 b/m	



Resp Rate (Number)	40 b/m	40 b/m	not	41 br/m	46 br/m	
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)	98%	98%	99%	99%	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		RM				

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07-05-2026 0 Y 0 M 0 D 0 H (M)
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INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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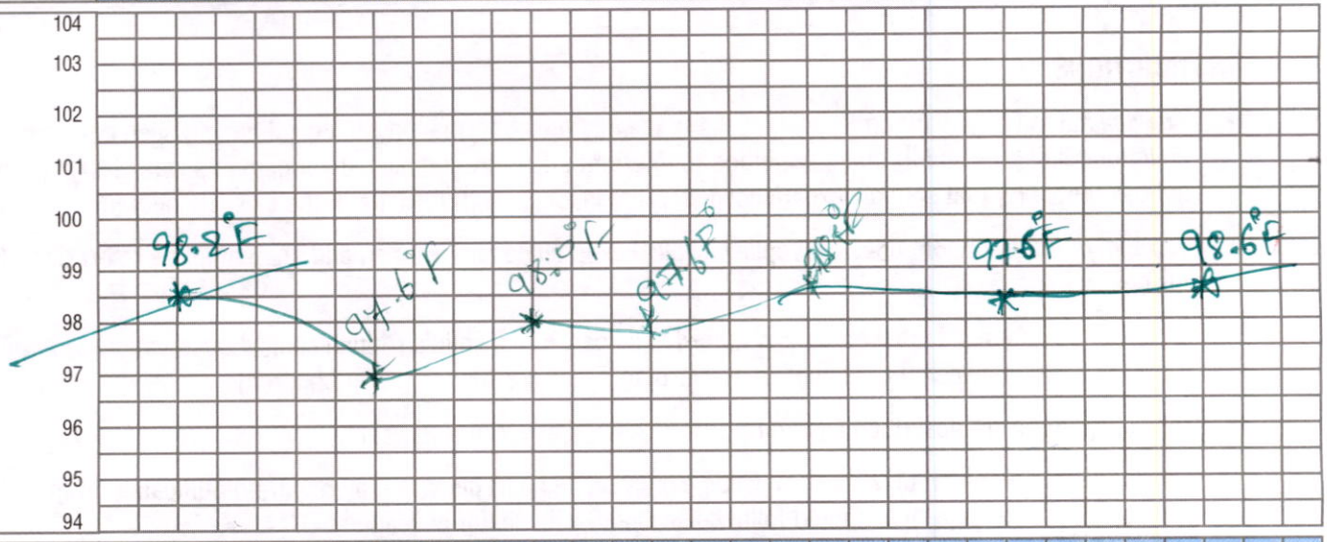
9/5/26

EARLY WARNING SCORE: CHILDREN'S UNIT

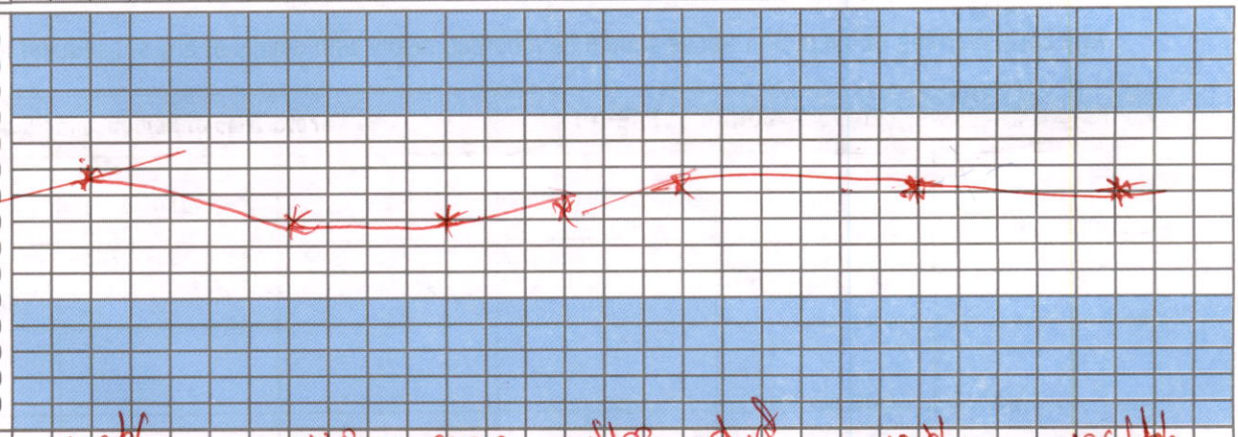
Date: ..... Time:	6am	10am	1pm	3pm	6pm	10pm	3am
Doctor/Nurse/Family Concern?							

Temperature (F)



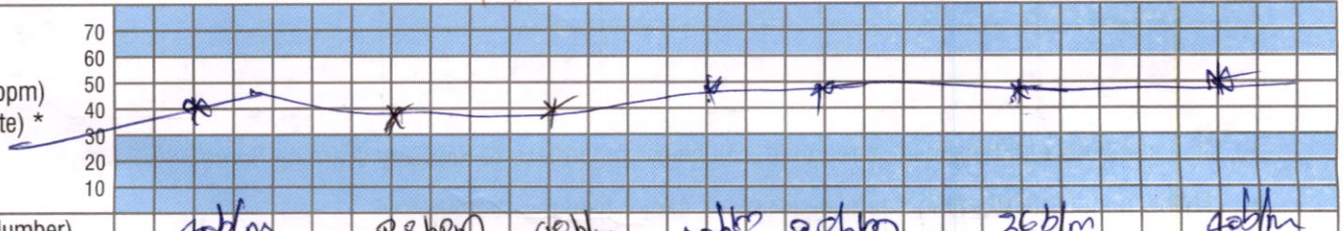
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	136 b/m	121 bpm	138 bpm	104 b/m	108 b/m	130 b/m	136 b/m

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



Resp Rate (Number)	40 b/m	38 bpm	40 b/m	40 b/m	38 b/m	36 b/m	40 b/m
Resp Distress: Mod/ Severe / None / Mild	-						
Receiving O_2 (l/min) O_2 Saturations (%)	99%	98%	98%	99%	99%	99%	99%
Conscious Level: Normal / Altered	✓						
GCS *		(15/15)	(15/15)	(15/15)	(15/15)	(15/15)	(15/15)
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	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
	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.

BAH-00655691 IP5-00173491
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 3 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 0 D 0 H (M)
Dr. KAPIL BHAGWATRAO SACHANE

7/5/26

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

8/5/26

Date: ..... Time:			11 AM	1 PM	6 PM	10 PM	2 AM
Doctor/Nurse/Family Concern?							
Temperature (F)	104						
	103						
	102						
	101						
	100						
	99						
	98		98.2 F	98.1 F	97.1 F	98.0 F	97.5 F
	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						
Note: BP does not score in early warning scoring							
Heart Rate (Number)			135	145	148 bpm	140 b/m	136 b/m
Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30						
	20						
	10						
Resp Rate (Number)			40 bpm	40	36 bpm	40 b/m	40 b/m
Resp Distress: Mod/ Severe / None / Mild			–	–	–	–	–
Receiving O_2(l/min) O_2Saturations (%)			100 /-	100 /-	98%	98%	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							

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.

BAH-00655691 IP5-00173491
Baby Of NUPUR PANDEY

I.V. FLUIDS CHART

Weight. ..... Ward. .....

Date	Time	Composition of I.V. Fluid (mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/5/26	8 AM	TV = 120 ml/kg/d 10% ISO-P	IV	15ml/			11/5/26		
11/5/26	1 pm	TV - 75 cc/kg/d 10% ISO-P (adjust rate of fluid)	I.V	10ml/			12/5/26		
~~12/5/26~~	6:30 am	TV - 50 cc/kg/day 10% ISO-P	I.V	10ml/			13/5		
12/5/26	6:30 pm	TV - 100 cc/kg/day 10% ISOP	IV	10ml/			13/5		
13/5/26	5 AM	TV - 40 cc/kg/day 10% ISOP	IV				13/5		
13/5	4 pm	TV = 40 ml/kg/day 12.5% Dextrose.	IV				13/5	Stop.	
~~13/5~~	~~6:00 pm~~	~~TV - 30 ml/kg/day 12.5% dextrose ISO-P~~							
13/5	6:00 pm	TV - 30 ml/kg/day 12.5% ISO-P	I.V						
14/5	6:00 am	TV - 10 cc/kg/day 12.5% Dextrose	I.V						
15/5	(11:20 am)	TV - 20 cc/kg/day 10% Dextrose	I.V						

VERIFIED BY : Name ..... Signature .....

Weight. ..... Ward. .....

VARIABLE DOSE		Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date		Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE		Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date		Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/5/	8:00:	Inj 10% Dextro	@ 2 ml/kg	I.V	@.	Bhavani
				Over 3 - 5 min.		

07-05-2026 0Y0M1D (M)
Dr. KAPIL BHAGWATRAO SACHANE

VERIFIED

REGULAR PRESCRIPTIONS

Weight. 3.1kg Ward. .....

DRUG : INJ. PIPERACILLIN TAZOBACTAM

Dose	Route	Frequency	Start Date
310mg	IV	BD	10/5

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: 100mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Date/Time: 10/5 11/5 12/5 13/5 14/5 15/5

DRUG : Simyl MCT Oil

Dose	Route	Frequency	Start Date
	L/A	12 hrl	12/5

Name & Signature of the Doctor Starting the Drugs: Ruparjali

Additional Instructions: L/A on skin

Daily Doctor's Endorsement by a Sign

Date/Time: 14/5 15/5

DRUG : 7. LANSOPRAZOLE

Dose	Route	Frequency	Start Date
3ml	PO/OG	OD	14/5/26.

Name & Signature of the Doctor Starting the Drugs: Pooja

Additional Instructions: (1tab = 15mg) 1mg/kg/day.

1tab + 15ml D.water ⇒ 1ml = 1mg give 3ml from it

Daily Doctor's Endorsement by a Sign

Date/Time: 14/5 15/5

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time:

BAH-00655691 (M)
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 1 D
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DRUG CHART

Date of Admission: ..... Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line I through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name ..... Signature .....

Patient Sticker

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
15/5/26	5:30pm	70mg/dl.	Full feed	Uhg.
15/5/26	11:30 pm	59mg/dll	full feed	Fy
16/5/26	4:00 AM	80mg/dl.	full feed	Fy
16/5/26	5:30Am	82mg/dl.	full feed	Fy
16/5/26	12:30pm	71mg/dl	full feeds	Uhg.

Docu. No. : RCHBH /FRM / CLINICAL / 185

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07-05-2026 0 Y 0 M 3 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
10/5/26	9am	84mg/dl	10% ISOP	
10/5/26	2pm	58mg/dl	10% ISOP	
10/5/26	8pm	87mg/dl	10% ISOP	
11/5/26	12am	60mg/dl	10% ISOP.	
11/5/26	6am	59mg/dl	10% ISOP.	
11/5/26	8:30Am	109mg/dl	10% ISOP	
11/5/26	2:30PM	114 mg/dl	10% ISOP	Swathi
11/5/26	8pm	89 mg/dl	10% ISOP	Swathi
12/5/26	2Am	69 mg/dl	10% ISOP	
12/5/26	7Am	71 mg/dl	10% ISOP	
12/5/26	9:30Am	82mg/dl	10% ISOP	
12/5/26	3:30PM	74mg/dl	10% ISOP	
12/5/26	11:30	94	10% ISOP	
13/5/26	2:30	88	10% ISOP	
13/5/26	12:PM	52 mg/dl	full feed	
13/5/26	4PM	38		
13/5/26	6pm	99 mg/dl	full feeds	
14/5/26	12AM	77 mg/dl	full feds/10% ISOP	
14/5/26	6AM	91 mg/dl	fullfeed+12.5% Dextrose	
14/5/26	12PM	72mg/dL	12.5% Dextrose full feed	Lakshmi
14/5/26	3pm	59 mg/dl	10% ISOP	Shilpa
14/5/26	5PM	56mg/dl		
14/5/26	5:40pm	79mg	full feed	Shilpa
14/5/26	8:20pm	60 mg/dl	full feed	Shilpa (informed to incharge staff)
15/5/26	2pm	83 mg/dl	fullfeed+12.5%	Sowjanya
15/5/26	8AM	65 mg/dl	prefeed+fluid	Sowjanya
15/5/26	10Am	75 mg/dl	Prefeed+fluid	Shilpa
15/5/26	12pm	82 mg/dl	Prefeed+fluid	Shilpa

Date	3/5/26					
Time	6:7pm					
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Free T4	1.90					

Culture and Sensitivities : B/Cs → No growth → (After 48hrs)

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 4 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

B positive O

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RESULT SHEET

Date	10/5	10/5	11/5	12/5/26	13/5/26	14/5
Time	1:28	11645	3610pm	8:15am	6:07pm	
Hb	23.3		19.2	20.7	21.5	18.9
PCV	68.7	64	59.0	63	~~65~~ 64	58.6
RBC	6.71		5.71	6.11	6.38	5.71
WBC	7.98		5.71	7520.	9.82	9.02
N/L	68.7/20.1		56/36	38/39.	32.7/46.9	37.4/42.6
Platelets	94,000		81	92,000	131	138.
CRP	20	10	6.0			
ESR						
PCT						
RBS						
Na	143		138			
K			4.3			
Cl			110			
Ca/Mg			9.4			9.5/2.0
Phosphate						
Urea			4			
Creatinine			0.6			
ALP					170	
SGPT					21	
SGOT					66	
T.Bill/Conj	11.8 < 0.3 / 11.5		8.0 < 0.1 / 7.9			6.6 < 0.1 / 6.5
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR			20/1.5			
APTT			42			
CSF Protein / Sugar						
Cells						
~~N/L~~ PCV						57

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		c/s/B → accept
		→ To Repeat NBS after 3 weeks

Patient Sticker

16/5/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: 9 PMA: 40+4

Term ☐ Preterm ☐ Gestation: 39+2 Corrected Gestational Age: ..... Today's Weight: 3.194 kg (↓49gms)

Overview

Problems

S.No.	Current	Past Problems
1.	Term / NVD / Suspected sepsis /	
2.	TTNB / Hypoglycemia	
3.	Polycythemia	
4.		
5.		
6.		

Clinical Assessment

On room air.
on paladefeeds (50ml @ 2H) → GIR = 8.7

16/5 2am · to 16/5/26 5:30am → 83 → 65 → 75 → 87 → 70 → 59 → 80 → 82.
Trends of GRBS (Pre feeds)

HR = 148/min SPO2 = 96% on RA S/O = 6 times
RR = 37/min V/O = 2.5 ml/kg/hr 1 small 5ml vomit (+) @ 3pm.

Medications Used

MCT OIT. → for LA
Lanzol.

Plan of Care:
- Continue TV = 188 ml/kg/day ; 50ml @ 2H, paladey feeds, (15-25 min)
- GRBS - 6th hrly prefeed.
- If GRBS <60, inform doctor ; If < 50 → collect critical sample.
- Monitor vitals
- -

Doctor's Name (Hand over given): Dr. Ramya
Signature:
Date & Time: 16/5/26.

Doctor's Name (Hand over taken):
Signature:
Date & Time: 16/5/26.

BAH-00655691 IP5-00173491
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 9:15pm		Seen by Dr. Sarat - Inform RBS values after checking to doctor
		+ RBS 6th hourly pre-feed.
	Last RBS - 70mg/dl.	
		- Next RBS at 11:30pm
		Noted by Fathima 15/5/26.
11:30pm	- GRBS 59 mg/dl - Small volume vomiting	— Full OG feeds 50ml - 2hourly → Check next pre feed sugar - inform.
		Noted by Fathima 15/5/26.

BAH-00655891
Baby Of NUPUR PANDEY IPS-00173491
07-05-2026 0 Y 0 M 6 D
Dr. KAPIL BHAGWATRAO SACHANE (M)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Plan
15/5/26 3:00pm	- Baby on Room air	(*) TV - 188 cc/kg/day (1 50 ml - 2 hourly full palada/Battle feeds
	- Last pre-feed sugars - 87 mg/dl ↓ Made on full feeds	- Recheck sugar pre feed - ~~Gut~~ in next feed ↓ - If > 70 mg/dl ↓ pre feed 6th hourly.
	- Last feed given = 50 ml	- If less than 50 mg/dl → send for Cortisol, insulin urine Ketone
	GIR = 9.4	
	- Vitals HR - 134 SpO_2 = 99 RR = 38/min BP = 75/47	- W/F lethargy abnormal ~~Key~~ movements
15/5/26 7:30pm		Endocr. Seen by Dr. Nalini Nath
		Plan - If RBS < 50 mg/dl, Send critical sample [Insulin, Cortisol, ketone]

10 am → 58.6

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Seen by Dr. Nilesh
15/3/26 1°		
		- Stop antibiotic
	Wt 3.198 (↑ 150gm)	
		- TV - 200
	after 1	180 cc/kg/day 20 cc/kg 1 day
	7 → 60 > 83 > 65 > 73	↓ ↓
		feeds ~~10% D~~ 10% D
	GIR 10 ↑	45 ml - 2 hourly ~~2.5 ml~~
		(1 3/4 scoop)
		→ (Br I k - 9.6) → ~~10.3~~
		- GRBS - pre feed 6th hourly
		↓
		- > 70 ~~mg~~ c
		→ 50 ml feeds and stop fluid
		- ~~Tab~~ If < 50 mg ↓ Send critical sample
		Repeat 4 hrly

Docu. No. : RCHBH/FRM / CLINICAL / 088 (26)

BAH-00655691 IP5-00173491
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 3 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: 8 ..... PMA: 40 + 3.

Term ☐ Preterm ☐ Gestation: 39+2 ..... Corrected Gestational Age: ..... Today's Weight: 3-198 gm wt gain

Problems

S.No.	Current	Past Problems
1.	Term / NVD / Suspected sepsis	
2.	TTNB / Hypoglycemia.	
3.		
4.		
5.		
6.		

Clinical Assessment

On room air
on parenteral feeds.
No fresh episodes of hypoglycemia.

93 @ 2am.
GRBS – 65 @ 8am

Medications Used

Inj. Pipta 3 – D6.
Stmy / mg / D / I
T. Lansoprazole.

Plan of Care:

1. Continue TV - 200 ml/kg/day + 20 ml/kg/day 12-5-1.D.
   180 ml/kg/day feeds
   4 ml @ 2H (13 ml/stroop)
2. GRBS 6th hourly.
3. If RBS < 50 mg/dl – Collect critical sample.
   (Including urine ketones, cortisol, capillary ketone RBS)

Doctor's Name (Hand over given): N Ramesh Babu
Signature: N Babu
Date & Time: 15/5/26.

Doctor's Name (Hand over taken): P
Signature: Rupam
Date & Time: 15/5/26.

BAH-00655691 IP5-00173491
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 9pm.	GRBS @ 8:20pm - 60 mg/dl (Prefeed)	Plan: • Give full feeds + 12.5% D. extrose now @ 3.8 ml/hr • R/v to send critical sample • ϕ
	Night Rounds seen by Dr. Nilesh	Dr. Ramya
14/5/26 11:45pm.	Last GRBS = 60 mg/dl	Plans • Continue TV = 200 ml/kg/day
	GIR = 8 + 2.6 = 10.6	170 ml/kg/day feeds 45 ml/2nd hrly (1 3/4 scoop) 30 ml/kg/day 12.5% D fluids 3.8 ml/hr
		• Next RBS > 70 mg/dl, ↑ feeds to 180 ml/kg/day ↓ fluids to 20 ml/kg/day
		• If RBS < 50 mg/dl → Collect critical sample [Insulin & Urine ketones, Cortisol & Capillary ketone, RBS (venous)] Rep Dr

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Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 6:00pm		Case seen by Dr. Leena - DO GRBS 2hours after ~~before~~ the ~~tea~~ prestnt feed finishes. (from the finishing pain) - If less than 60mg (check 2 glucometer) send Lab GRBS → Send ✓ S. cortisol ✓ S. insulin Urine Ketone from next voided diaper wire. - Continue feeds + fluid as planned
14/5/26 6:30pm	Seen by Dr. Velnikanth GIR = 10.3	Resp'n • TV = 200ml/kg/day 70ml/kg/day feeds (45ml/2nd baby) 1 3/4 scoop 30ml/kg/day fluids (~~10%~~ 12.5% Dextrose) (3-8ml/hr) • GRBS — 6th hrly.

BAH-00655691 IP5-00173491
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 12:30pm		✓ Seen by Dr. Nilesh = pre feeds GRBS @ 2pm ↓ > 70 ↓ full feeds (04 feeds) @ 180 cc/kg/day 50 ml - 2hourly ↓ then again check next pre feed sugar ↓ Inform Rest

BAH-00655691
Baby Of NUPUR PANDEY IP5-00173491
07-05-2026 0 Y 0 M 6 D
Dr. KAPIL BHAGWATRAO SACHANE (M)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 @ 1.30 am		Case discussed c Dr. Leena maam over phone - plan to make 170cc/kg/day feeds 10cc/kg/day fluid. Rujuta.
14/5/26 11am	Seen by Dr. Kapil Sir	Plan: • Change TV2 180ml/kg/day ~~80~~ ml/kg/day (4.5ml/@2H) (Pdiode feeds + NG feeds) (EBM + formula) 10ml/kg/day 1.4ml/hr 12.5% Dextrose e RBS - 6th hrly mon • Monitor vitals Dr Ramya

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00655691 IP5-00173491
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	B/O Nupur	
	Dr. Leena maam	
13/5/26		
5:00 PM	- Baby looks normal	
	- N Baby is taking little time to adjust ② to achieve sugars, Sepsis ~~may~~ seems to be the cause.	
	→ We will plan slow tapper in iv fluids	
	→ ? may be 4-5 days	
	We need full Normal sugars. over the period of 24hrs on ~~IV fluid~~, ~~the~~ full feeds. ②	
	→ Nature, prognosis & risks ~~act~~ of the condition	

BAH-00655691 IP5-00173491
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: (7) PMA: 10W+2 B.W: 3.15

Term ☐ Preterm ☐ Gestation: 39+2 Corrected Gestational Age: ..... Today's Weight: 3.183 (-148gr)

Overview

Problems

S.No.	Current	Past Problems
1.	Term | Male | NVD | no mat risk	
2.	factor	
3.	Suspected Sepsis | TTNB. Vc Pneumonia	
4.	Hypoglycaemia -	
5.		
6.		

Clinical Assessment

- On room air, no tachypnea, ~~RA~~, desat, active alert; ~~CP~~ CTA = fair
- ~~On~~ Feeds @ 160 cc/kg/day — tolerated,
  Fluids @ 20 cc/kg/day — ~~120~~ 12.5% D
- On GIR - 9.5 - Last GRBS - 99 > 77 > 91
- LABs ⇒
  - 48 hour Blood Cls — No growth
  - CBP = 18.9 (↓), PCV = 64 > 58.6, Platelet = 94 > 81 > 139 > 138
  - Ca^{+}/Mg^{+} = 9.5/2.0, SBR = 6.6 < 0.1 / 6.5, ALP = 170, SGPT = 21, SGOT = 86
  - Free T4 - 1.90

Medications Used

Inj° Piperacillin + Tazobactum — On Ds today.

Plan
TU - 180 cc/kg/day < 160 cc/kg/day feeds — 39 ml - 2 hourly
20 cc/kg/day — 12.5% D

Plan of Care:

- R/U to ↑ feed volume
- 6th hourly pre-feed GRBS.
- If further sugar < 50 mg/dl → send cortisol, Insulin, urine Ketone / capillary Ketone
- W/F lethargy, dullness, any abnormal movement

Doctor's Name (Hand over given): (R) Doctor's Name (Hand over taken): Ramya

Signature: Rupojini Signature: R

Date & Time: 24/5/26. Date & Time: 24/5/26.

BAH-00655371 IP5-00173741
Baby Of PRIYANGA ESHWAR
03-05-2026 0 Y 0 M 9 D (F)
Dr. NALINIKANTA PANIGRAHY

(29)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 6:45 PM	seen by Dr. Nalinikanth	Plan ① TV = 180 ml/kg/day 160 ml/kg/day — 20 ml/kg. 12.5-7.150-P 39 ml q 24 (1½ scoop) on feeds. ② t/m - CBP - PCV. - SBR - Ca + Mg. +2 P 13/5/26 Dr Abhaya. noted by RSOM. 13/5/26 6:45pm.
13/5/2026	Baby on Room air last GRBS 38 → 99 mg/dl → 77 mg/dl Accepting OG feeds well	~~R/a~~ Send labs as planned GRBS - 6th hrly Prefeed TV = 180 mls/kg/day 160 mls/kg/d — 20 mls/kg 39 mls 2nd hrly — 12.5% D (1½ Scoop) Noted by RSOM. 13/5/26 Sneha

55691 IP5-00173491
NUPUR PANDEY
26 0Y0M6D (M)
L BHAGWATRAO SACHANE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		– If further low sugar – re check with two – glucometers (parental request)
		– Strict monitoring of pre-feed sugar – 6th hourly
		– Maintain hypoglycaemia Chart
		Rupriya
13/05/26 6.00pm	GRBS – 99mg/dl (following Dextrose bolus)	Plan (CI D/W Dr. Nalini)
		– TV – 180 cc/kg/day
		150 ml/kg/day → 39 ml 2nd hourly full OG feeds
		30 ml/kg/day → fluids 12.5% Iso-P
		CBP, PCV venous T/m.

BAH-00655691 IP5-00173491
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

(18)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26		Plan: C/D/C Dr. Nilesh sir →
4pm.	GRBS – 38 mg/dl	• Bolus 2ml/kg – D10 → Give stat now (6ml)
	GIR = 9.09.	• TV = 150ml/kg/day.
		140 ml/kg/day feeds. ie 36ml/2H
		40ml/kg/day fluids (D10 12.5% Dextrose) (5.1ml/hr)
		• Endocrinologist Consultation – today. (Dr. Leena mam)
		• RBS – 6th hrly.
	Handover given by Dr Ramya	Handover taken Dr. Sneha
13/5/26 5:00pm		C/S + B – Dr. Leena
		– Free T4, SGPT, SGOT, ALP
		– ADVANCED NBS
		– If further Hypoglycemia <50 mg ↓ Send Repeat Cortisol Insulin level Urine ketone Capillary Ketone RBS (venous)

BAH-00655691 IP5-00173491
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 4 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

(18)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 10:30am.	Seen by Dr. Kapil Sir	
		Plan:
	GIR = 8.5	• ↑ TV = 180ml/kg/day, full feeds (47ml/Q2H)
		• GRBS monitoring – prefeed 4th hrly
		• Trace Insulin, Cortisol.
		• Continue IV antibiotics for total 5 days (pipt-2)
		• If RBS maintaining ≥ 60mg/dl, then plan to shift to room.
13/5/26 3:30pm.	Afternoon Rounds	
	12pm – 52mg/dl GRBS.	Plan:
	Accepting paladefeeds (30-35ml) but ~~no~~ full feed = 47ml/Q2H	• TV = 180ml/kg/day, full paladefeeds 47ml/Q2H
	No spitting/vomitings	• Continue IV antibiotics
	EBM + Nanpro formula	• If RBS ≥ 60mg/dl maintaining, then plan to shift to room
	HR = 115/min	• R/V Dr. Leena mam opinion today. Check next pre feed & Give feed & check post feed after 1hr
	RR = 30/min	
	SPO2 =	Dr Ramya

Insulin <0.4000L

Cortisol 2.60L

BAH-00655691
Baby Of NUPUR PANDEY
07-05-2026
Dr. KAPIL BHAGWATRAO SACHANE
IPS-00173491
0 Y 0 M 6 D
(M)

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...RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 8am.	Morning Rounds	
	6 days | 39+2 → 40+1 wks | B.Wt = 3.1 kg	3.175 kg (↑25gm)
	Δ's Term | ? TTNB vs Pneumonia.	Plan:
	Suspected Sepsis	• Continue TV = 160ml/kg/day
	Hypoglycemia	120ml/kg/day Feeds (31ml @ 2H) Pr/day. 40ml/kg/day fluids.
	Vitals:	
	On room air	
	Bottle feeds - ~~30ml~~ ~~35ml~~ (@ 2H) but takes 30-35ml/@2H	• Trace reports → CBP, PCV.
	No spits / vomitings (EBM + Nan Pro formula)	• GRBS - @6H (prefeed)
	HR = 124/min U/o - 1.7ml/kg/hr	• Monitor vitals
	RR = 30/min B/o - 6 times	
	SPO2 = 100% on RA	• Inform SVS.
	BP = 60/37 (46) mmHg.	
	Inj Piptaz - 7 doses completed	
	last GRBS = 88 mg/dl	Dr. Ramya

BAH-00655691 IP5-00173491
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 4 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5Am	ONRA/maintaining sats	
	GRBS → 88mg/dL	→ IV-Ucelfs/kg/day
	GJR → 8.5	120cells/kg/day 40cells/kg Feed Feed
	HR-143/m	3/ml 02hly
	RR-36/m	Paladay
	SPO2-98%	→ CBP, PCV → Tsale
		→ GRBS 08hly (Prefeed)

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07-05-2026 0 Y 0 M 4 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Afternoon Rounds	
12/5/26 3:30pm	c/s/B → Dr Kapil	
	On room air.	
	5 days | 39+2 → 40 wks	→ D/c Stop oxygen
	HR = 123/min	→ D/c SpO2 < 93% to start on low flow
	RR = 40/min	
	SPO_2 = 95% on RA	
	BP - 60/35(44) mmHg.	→ Paladay feed from next feed
	Last GRBS - @ 9:30am - 82 mg/dL	→ D/c GRBS > 85 mg/dL, to ↑ feeds.
		→ D/c trace critical sample.
		→ CBP, PCV T/m.
12/5/26 9:30pm		✓ PRBCs
		c/s/B → Dr Vineela
	GRBS → 95 mg/dL	
		→ IV - 160 cc/kg/day
	9.8 → 9.3	80 cc/kg/day 10% Dext. 10.3 ml/hr
		80 cc/kg/day 21 ml 2 hrly Paladay feed
		→ CBP, PCV T/m.
		✓ PRBCs

BAH-0065
Baby Of NUPUR PANDEY
07-05-2026 0Y0M5D (M)
Dr. KAPIL BHAGWATRAO SACHANE

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: 5 **PMA:** .....

Term ☐ **Preterm** ☐ Gestation: 39+2 Corrected Gestational Age: ..... Today's Weight: 3.150 kg

Overview

Problems

S.No.	Current	Past Problems
1.	Term / ? TTNB vs pneumonia /	
2.	Suspected sepsis	
3.	Hypoglycaemia	
4.		
5.		
6.		

Clinical Assessment

- On low flow 0.5 → 0.4 L/min → RA = 50' SPO_2 = 92% (maintaining 90-95%)
- Last Sugar – 69 mg/dl ≅ GIR (6.56)
  - next prefed sugar @ 8 am
- Vitals
  HR - 112 (sleeping)
  RR - 50
  SPO_2 = 92%
  BP = 7/49

- NO ↑ in RD
- NO SCR

Medications Used

Inj Piperacillin – 5 doses completed

LABs

CRP = 20 > 10 > 6.0
PCV = 68.7 > 64 > 59
Platelet: 94,000 > 81000

Plan of Care:

- TV – 150 cc/kg/day → feeds @ 25ml - 2hourly
  rest (100 cc/kg/day) – Rest fluid 6th hourly
- Plan to ↑ feeds by 15ml ~~each feed~~ if RBS > 70 mg/dl
- GRBS pre feed 6hourly.
- Plan to send ~~send~~ critical sample GRBS < 50mg
- Trace culture – today, ~~X~~ CBP, PCV (venous) – 9am
- W/F distress

Doctor's Name (Hand over given): .....

Signature: .....

Date & Time: .....

Doctor's Name (Hand over taken): .....

Signature: .....

Date & Time: .....

BAH-00655691 IP5-00173491
Baby Of NUPUR PANDEY
07-05-2026 0 Y 0 M 5 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 8:00 am	- GRBS - 41 mg/dl Last feed given: 6:30 am - Asymptomic 4.8 + 3.4 → 8.2	Adv - I.V cannula chang - Critical sample taken — to be [Insulin, Cortisol, TFT] send - I.V 10% D bolus @ 2ml/kg - Feeds - 25ml - raw - Rend Noted by Bhavana 12/5/26 @ 8:30 Am
12/5/26	Discussed c Dr Nilesh 4.8 3.4 & 5.2 → 8.6	→ IV-150 cal/kg/dy 75 cal/kg/day feeds 75 cal/kg/day fluids → RW CBP, PCV. → GRBS @ 6th hrly pre feed! → To Stop Pantop Dr Remya
12/5/26 :!	C/D/W. Dr Manasthe GBR-90	FTU-160 cal/kg/day 100 cal/kg/day 10% DNS 60 cal/kg/day 5ml/hr/kg