Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00173783 **Admit Date** : 13-May-2026 **Admit Time** : 03:03 PM **UHID** : BAH-00656201

Patient Details :

Patient Name	: Baby Of MADHURI SAGI	**Age**	: 0 D
Guardian	: Mr SIVARAM G	**DOB**	: 13-05-2026 01:56 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO-172,GAYATRI HILLS,ROAD NO-10 C Jubilee Hills Hyderabad Telangana INDIA 500033	**Phone No**	: 9849819116/ 9666772277
		E-mail	: GSHIVA@GCON.CO.IN

Admission Details :

Bed Type	: BASINET	**Bed No**	: CRDL-SUITE425-1	**Ward Name**	: 4F-BIRTHRIGHT PREMIUM
Room No	: CRDL-SUITE425-1	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr SIVARAM G	**Relationship**	: Father
Contact Address	: FLAT NO-172,GAYATRI HILLS,ROAD NO-10 C Jubilee Hills Hyderabad Telangana INDIA 500033	**Phone No**	: 9849819116 / 9666772277

Signature

Doctor Details :

Doctor Name	: Dr. VIJAYANAND JAMALPURI	**Specialisation**	: NEONATOLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: SELFPAY

BAH-00656201 IP5-00173783
Baby Of MADHURI SAGI
13-05-2026 0 Y 0 M 0 D 6 H (F)
Dr. VIJAYANAND JAMALPURI

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NEWBORN MONITORING FORM

Date of Birth : 13/5/26
Time of Birth : 1:56 pm
Mode of Delivery : NVD
Birth Weight : 3.063
Head Circumference : 34cm
Length : 48cm
Red Reflex :

New Born Screening : Sent
TFT :
OAE : Done
Mother's Blood Group : O positive
Baby's Blood Group : O +ve
Anomaly Scan :
Vaccination : BCG, OPV, HepB Done on 13/5/26

Date	Weight	Type of Feed	Quantity	Temperature	Signature
13/5/26	3.063	DBF	–	98.2°F	Anjali
14/5/26	2.865 kg	DBM	–	97.7°F	Radha
15/5/26	2.788 kg	DBM+FF	15 ml	97.7°F	Reddy
16/5/26	2.827 kg	DBF+FF EBM	–	98.2°F	[illegible]

Date	Time	Investigation	Result	Order No.	Signature
13/5/26	4pm.	Blood grouping	O+ve	26048707	Release
14/5/26	2pm	TCBR	5.7mg/dl	26049227	Anita
15/5/26	2 pm	SBR	9.1mg/dl	26049355	
15/5/26	2 pm	RBS	Sended	26049355	
14/5/26	2pm	HbA1	~~13~~ 14.7	26049360	
16/5/26	10 am	TEOAE	Normal	9611025	Anita
16/5/26	9 am	TCBR	9.7mg/dl	26043611	Anita

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Madhuri Sagi Age : 34 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 Madhuri Sagi

Gender : ☐M ☑F Blood Group : O+ve

Date of Birth : 13/5/26. Time of Birth : 1:58PM.

Place of Birth : RCH

Mother's Blood Group : O+ve.

Birth Weight (gms) : 3.063 Length (cms) : 48cm

OFC (cms) : 34cm

Estimated Gesth Age : 39+5

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 34 Ht : 165 Wt : 76.7 BMI: ..... Married Life : 10yrs LMP : 7/8/25 EDD : 14/5/26

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

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

Last Scans Details : 27/4/26 - AF-10.2cm, EFW - 2.728kgs, Doppler (N)

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

.....

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

.....

IUGR - when detected : .....

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

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

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

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

Infection : H/O, Fever

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

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

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

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

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13-05-2026 0 Y 0 M 0 D 6 H (F)
Dr. VIJAYANAND JAMALPURI

PAST OBSTETRIC HISTORY

: 5 P : 1 A : 3 L : 1

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
G1	2022	2mths	SERPC		G4 - spont - NVD, 7, 3.1kg,	common hypothyroidism
G2	2022	IUF	2mths	MERPC	G5 - PP.	
G3	2022	SP	2mths	SERPC		

PERINATAL HISTORY

Treating Obstetrician : Sasikala Hospital : RCH ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig) NVD

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☑ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☑ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

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

TOTAL

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

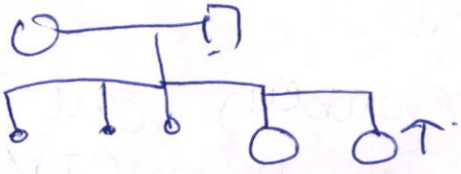
Chief Complaints :

Baby cried immediately after birth
Delayed cord clamping done ~60 sec
↓
Routine newborn care
Vit K given 0.5ml IM
↓
Shifted to mothers side

Investigation details in previous Hospital :

Feeding History :

Family History :



Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5 HR : 145 RR : 43 NIBP : — CFT : <3sec

Color of the extremities : pink

Jaundice : — Pallor : — SpO2 : 93.1.

ANTHROPOMETRY: Birth Weight : 3.063 Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

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HEAD TO TOE EXAMINATION

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

FACIES : (Any Facial Dysmorphism) N

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

EYES : Symmetry :
Red Reflex : — to be checked
Discharge :

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

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

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

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

HERNIAL ORIFICES

TRUNK and SPINE : N

SKIN LESIONS :

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

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SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 43 SCR / ICR / See - Saw breating : .....

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

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

Settings : room air

SpO_2: 93% Auscultation: ..... Breath Sounds: ..... Added Sounds: .....

CARDIOVASCULAR SYSTEM :

HR : 145 BP : ..... Precordial Activity : .....

Femoral Pulses : (+) Murmurs : (-)

Other Peripheral Pulses : ..... Signs of Cardiac Failure : .....

ABDOMEN:

Shape : (N) Hernia orifice : .....

Palpation : (N) Anal Patency : (+)

Palpable masses : (-) Umbilical Cord : 2A + 1V

Abdominal girth : ..... First urine passed : X

Meconium passed : .....

NERVOUS SYSTEM:

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : cry / tone / activity (N)

.....

MOTOR SYSTEM:

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

Baby Of MADHURI SAGI
13-05-2026 0Y0M0D6H (F)
Dr. VIJAYANAND JAMALPURI

Diagnosis : Term / Female / NVD / AGA / $G_5A_1L_3$ mother
no other risk factors

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : .....

Name : Dr. Ashwarya

Date & Time : 13/5/26

Consultant :

Signature : .....

Name : .....

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

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

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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 :

.....

.....

.....

.....

.....

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

First feeding time :- 2:15 pm to 2:50 pm

.....

.....

Plan
1. Shift to nursery side
2. Initiate feeding
3. Keep baby warm
4. Trace baby blood group
5. 24 HO2 TcBR
6. 48 HO2 - SBR
   NBS
   OAE
7. Daily weight check -
8. Vaccinate today - BCG
   OPV
   HepB.

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Dr Anjaya

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

Doctor Name: Dr Anjaya

Date & Time: 13/5/26 2PM.

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

Doctor Name: .....

Date & Time: .....

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13-05-2026 0Y0M0D6H (F)
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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26	24HOL / Term / AGA.	
		Plan
O/	On room air	
		1. Regular feeding
Vaccination - Done		2. Trace baby blood grouping
	On DBF.	3. TCBR @ 24HOL
	Urine x	4. SBR, NBS, OAE at 48 HOL
	Stool x.	
		5. Maternal vitals.
		Dr. N. [illegible]
13/5/26 3AM	c/o continuous crying	Plan
	searching for feeds	① FF Q2-Q3H overnight
	lip smacking	15ml Q2H or
		23ml Q3H
	passed urine x 3 times	② Monitor U/O
	colostrum ⊕	③ Rest cont same
	Temp - 97.7°F (N)	④ Keep baby warm
	Active baby	
	Parental concern	Dr. Aishwarya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26	Seen by Resident	
8:15AM	18HOL | 39+5 | 3063g | AGA | NVD	
		Plan:-
	Bt-wt - 3063g	- Continue DBF + SOS FF with
	Today wt - 2865	spoon every 2-3hourly
M | O+	198g (6.4%)	f/b adequate burping
B | O+		-Warmth care
		- Clinical assessment of
	Urine - 4times	Jaundice @ 24HOL - 2PM
	Stools - 1time	- SBR ?
		NBS } @48HOL
		OAE
		- w/f distress, feeding
		difficulties
		- Monitor Vitals and
		Inform SOS.
		Bharath
14/5/26. 9:05am		Seen by Dr. Vijayanand
		⇒ Lactation assessment today
		→ Regular feeding
		DBF
	Noted by SIS. Anita	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		→ TCBR @ 2pm today.
	Poojitha	
14/5/26.	Lactation notes.	
	1'sg Lactation Counselling done position shown particularly colostrum as seen baby is latching well feed ondemand with deep latch more than 15-20min each side,	
	Advs DBF	
	Nalini	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26	Seen by Resident	
2:50pm	25 HOL / 39+5 / 3063g (AGA) /	NVD
		Plan:-
	Bt.wt - 3063g.	- Continue DBF + SOS FF
m / O+		every 2-3 hourly f/b
B / O+	Urine ?	burping
	Stools } passed	- Warmth care
		- SBR ?
		NBS } @ 48 HOL (T/m)
		OAE
		- w/f feeding difficulties
		& respiratory distress
		- Monitor vitals and Inform
		SOS.
		Bharath
14/5/26 8:30pm	seen by Dr. Vijayanand sir	
		Plan
		1) continue measured feeds
		~~20 ml @ 2 Hourly~~
		~~@ 30 ml @ 3 Hourly~~
		2) Lasix 4pm

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Baby Of MADHURI SAGI
13-[illegible]5-2026 0Y0M0D6H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26	Seen by Resident	
8:45 AM	42 1/7 wk / 39+5 / 3063g (AGA) / NVD / Fch.	
	Bt.wt - 3063 gms	Plan:-
	Yest.wt - 2865 gms	
M O+	Today wt - 2788 gms (↓8-9%)	- Continue Measured feeds
B O+	↓ 77 gms	(EBM + SOSFF) every 2-3 hrly
		followed by burping
	motion - 6 times	20 ml q 2 hrly (or)
	urine - 2 times	30 ml q 3 hr ly.
	(not passed in last 12 hrs)	- Warmth care
		- SBR, NBS, OAE } Today @ 2PM
		- w/f distress, feeding difficulties
		- Lactation assessment
		- Monitor vitals and Inform SOS
		Bharath
15/5/26		
9:38 AM	Seen by Dr. vijayanand	
	Plan	
		- S. sodium, SBR, NBS } 2 PM
		- OAE after 48 HOL
		- Regular feeding, Feeding assessment
		Bharath
		Noted by SIS Anita

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26	Seen by Resident	
4pm	5 OHO2 / 39+5 / 3063g / NVD / Fch	
		Plan:-
	Bt.wt - 3063gms (↑ 39g) (1.8%)	- Continue measured feeds (EBM+FF) every 2-3 hrly flb burping
M / O+	SBR @ 48 HO2 - 9.1	- Warmth care
B / O+	Urine passed.	- Monitor vitals & Inform SOS
	Na+ - 147	- Can be discharged
		Bharath
16/5/26	Seen by Resident	
7:30Am	66 HO2 / 39+5 / 3063g / NVD / Fch	
	Bt.wt - 3063gms	Plan:-
M / O+	Yest.wt - 2788gms	- Continue measured feeds
B / O+	Today wt - 2827 (1.7.7%) ↑ 39gms	(EBM+FF) every 2-3 hrly flb burping
		25 ml q 2 hrly (or) 35-40 ml q 3 hrly.
	Urine - 2 times	- Warmth care
	Stools - 1 time	- Wlt feeding difficulties
		- Monitor vitals and Inform SOS
		Bharath

Sagi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26. 8:15am.		Seen by Dr. Vijayanand.
	→	Regular feeding.
	TCBR-9.7 →	TCBR – now
	→	Discharge today. f/u Monday.
	→	OAE, Red reflex } Today
	Boythe	
		16/5/26 OAE- Newborn hearing Screening Bilateral responses are present Bilateral Pass 16/5/26.
	Noted by SIS. Anita	

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 MADHURI SAGI
13-05-2026 0Y0M0D6H (F)
Dr. VIJAYANAND JAMALPURI

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..13/5/.. Time:	4PM	1 day	1 day	
Doctor/Nurse/Family Concern?				
Temperature (F)	98.4	97.8 F	97.7 F *	
Heart Rate (bpm) and Blood Pressure (mmHg) *		134	*	
Note: BP does not score in early warning scoring				
Heart Rate (Number)	144	134	143	
Resp. Rate (bpm) (Over 1 Minute) *		40		
Resp Rate (Number)	40	40	40	
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)	100	100%	98	
Conscious Level: Normal / Altered				
GCS *	15/15	14/15	14/15	
TOTAL SCORE Number of shaded boxes		0	0	
Pain Score	0	0	0	
Observer's Initials	MS	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
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.

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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.
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- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

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

BAH-00656201 IP5-00173783
Baby Of MADHURI SAGI
13-05-2026 0Y0M0D6H (F)
Dr. VIJAYANAND JAMALPURI

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

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

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

Date: 14/5 Time: 10am 12pm 4PM 6pm

Doctor/Nurse/Family Concern?

Temperature (F): 104 103 102 101 100 99 98 97 96 95 94
98.2°F 98.6°F 98.4°F 98.6°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 130/min 140/min 140 150

Resp. Rate (bpm) (Over 1 Minute) * — 70 60 50 40 30 20 10
40 89

Resp Rate (Number): 40/min 42/min 40 39

Resp Distress	Mod/ Severe / None / Mild			
Receiving O_2 (l/min)				
O_2 Saturations (%)	98%	97%	99%	100% RA
Conscious Level	Normal / Altered			
GCS *	13/15	13/15	15/15	14/15
TOTAL SCORE Number of shaded boxes				0
Pain Score	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	:	Continue normal observation by staff nurse
Score 2	:	Shift in charge nurse to be informed and continue hourly observations
Score 3	:	Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	:	Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	:	Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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

Patient Sticker

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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)
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-00656201 IP5-00173783
Baby Of MADHURI SAGI
13-05-2026 0 Y 0 M 2 D (F)
Dr. VIJAYANAND JAMALPURI

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

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

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

Date: 15/5 Time: 9am | 1pm | 5pm | 9pm | 1am | 6am

Doctor/Nurse/Family Concern?

Temperature (F): 104 | 103 | 102 | 101 | 100 | 99 | 98 | 97 | 96 | 95 | 94
98.2 F | 98.4 F | 98.0 F | 98.2 F | 98.0 F | 98.4 F

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): 140bpm | 140 | 146 | 142bpm | 140bpm | 140bpm

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

Resp Rate (Number): 40bpm | 36 | 42 | 40bpm | 40bpm | 40bpm

Resp Distress	Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2Saturations (%)		98%	99%	98%	100% O_2	100% O_2	100%
Conscious Level	Normal / Altered					
GCS *		15/15		WNL			
TOTAL SCORE Number of shaded boxes		0		0	0	0	0
Pain Score		0	0	2	0	0	2
Observer's Initials							

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

INSTRUCTIONS:

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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
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BAH-00656201 IP5-00173783
Baby Of MADHURI SAGI
3-05-2026 0 Y 0 M 3 D (F)
Dr. VIJAYANAND JAMALPURI

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

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

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

Date: 16/5 Time: 12am

Doctor/Nurse/Family Concern?

Temperature (F) — 104 103 102 101 100 99 98 97 96 95 94
98.0°F *

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) 140bpm

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

Resp Rate (Number) 40bpm

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min) O_2Saturations (%)	98%
Conscious Level	Normal / Altered
GCS *	13/15
TOTAL SCORE Number of shaded boxes	
Pain Score	0
Observer's Initials	AA

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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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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BAH-00656201 IP5-00173783
Baby Of MADHURI SAGI
13-05-2026 0 Y 0 M 0 D 6 H (F)
Dr. VIJAYANAND JAMALPURI

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ..... 0 0' 13/5/26

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											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm	DBF										Rosa
	03:00 pm										No IV	Rosa
	04:00 pm	DBF										Rosa
	05:00 pm										Cannula	Rosa
	06:00 pm											Rosa
	07:00 pm	DBF					✓			✓		Rosa
Total Intake :		Paven.				**Total Output :**				Passed.		
	08:00 pm											
	09:00 pm						NP				No IV	Rdy
	10:00 pm	DBM								✓		
	11:00 pm	DBM									Cannula	Rdy
	12:00 am	DBM								✓		
	01:00 am											
Total Intake :		Tulasi				**Total Output :**				U – 2 – M0		
	02:00 am	DBM										
	03:00 am						NP				No IV	Rdy
	04:00 am	FF - 20ml										
	05:00 am										Cannula	Rdy
	06:00 am											
	07:00 am	DBM								✓		
Total Intake :		Tulasi				**Total Output :**				U – 1 M – 0		

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00656201 IP5-00173783
Baby Of MADHURI SAGI
13-05-2026 0 Y 0 M 0 D 6 H (F)
Dr. VIJAYANAND JAMALPURI

FLUID CHART

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

Sheet No. : 2

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							
14/5/26	08:00 am (20)		DBF				Little					Anita
	09:00 am (40)		DBF									
	10:00 am										No IV	
	11:00 am									✓		
	12:00 pm (40)		DBF									
	01:00 pm (25)		DBF				✓					
Total Intake : Taken						Total Output : U-0 M-2						
	02:00 pm										0	Sresa
	03:00 pm											Sresa
	04:00 pm	DBF									No	Sresa
	05:00 pm						✓				IV	Sresa
	06:00 pm	DBF										Sresa
	07:00 pm	DBF								✓	Canula	Sresa
Total Intake : Taken.						Total Output :						
	08:00 pm											
	09:00 pm										NO	
	10:00 pm	DBM									IV	
	11:00 pm										Canula	Rolly
	12:00 am	DBM+FF		Dint			✓					Rolly
	01:00 am											
Total Intake : Taken						Total Output : U-0 M-1						
	02:00 am		DBF 15ml				✓					
	03:00 am	DBM									NO	Rolly
	04:00 am										IV	
	05:00 am										Canula	
	06:00 am	DBM.					✓					Rolly
	07:00 am											
Total Intake : Taken						Total Output : U-0 M-2						

Total 24 hrs. Intake		Total 24 hrs. Output	

IAH-00656201 IP5-00173783
Baby Of MADHURI SAGI
3-05-2026 0 Y 0 M 2 D (F)
Dr. VIJAYANAND JAMALPURI

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FLUID CHART

Sheet No. : 3

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
15/5/26	08:00 am											
	09:00 am		DBF EBM 1ml FF 10ml									Anita
	10:00 am											
	11:00 am						NP				NO IV	
	12:00 pm									V.		
	01:00 pm		DBF EBM 2ml									
Total Intake :			Taken			Total Output :				V-1	M-0	
	02:00 pm		FF 10ml									
	03:00 pm											
	04:00 pm						NP			NO	NO IV	
	05:00 pm		D BM									
	06:00 pm		EBM 2ml									
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm		BF total									
	09:00 pm											
16/5	10:00 pm		DBF									
	11:00 pm		EBM 2ml				NP			NP	NO IV	Surekha
	12:00 am		FF-30ml									
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am		DBF									
	04:00 am		EBM-30ml FF-20ml								NO IV	Surekha.
	05:00 am											
	06:00 am											
	07:00 am		DBF									
Total Intake :		Taken				Total Output :				Passed.		

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00656201 LP5-00173783
Baby Of MADHURI SAGI
3-05-2026 0 Y 0 M 3 D (5)
Dr. VIJAYANAND JAMALPURI

FLUID CHART

Rainbow® Children's Hospital
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Sheet No. : 4

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							
16/5/26	08:00 am		DBF								1	
	09:00 am		DBF								NO	
	10:00 am		EBM 40ml								IV	
	11:00 am										1	
	12:00 pm											
	01:00 pm											
Total Intake : Taken						**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	