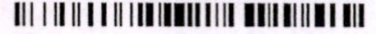
Rainbow Children's Hospital | BirthRight Rainbow

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 : IP5-00174573 **Admit Date** : 31-May-2026 **Admit Time** : 07:53 PM **UHID** : BAH-00657722

Patient Details :

Patient Name	: Baby Of UDAYA SANDHAY	**Age**	: 0 Y 0 M 4 D
Guardian	: Mr CHELAKANI UMESH	**DOB**	: 27-05-2026 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO-12-8-219/A Mettu Guda Hyderabad Telangana INDIA 500017	**Phone No**	: 9603992589/ 9100033779
		E-mail	: UMESHCHELAKANI369@GMAIL.COM

Admission Details :

Bed Type : NICU **Bed No** : NICU 281 **Ward Name** : 2F-NICU 4

Room No : NICU 281 **Admission Type** : First Visit

Contact Details :

Name	: Mr CHELAKANI UMESH	**Relationship**	: Father
Contact Address	: H.NO-12-8-219/A Mettu Guda Hyderabad Telangana INDIA 500017	**Phone No**	: 9603992589 / 9100033779

Signature

Doctor Details :

Doctor Name	: Dr. NITASHA BAGGA	**Specialisation**	: NEONATAL INTENSIVE CARE
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

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Baby Of UDAYA SANDHAY
27-05-2026 0 Y 0 M 5 D (M)
Dr. NITASHA BAGGA

ACTIVITY RECORD FOR BILLING

Name : ____________________

UHID No. : ________ IP No : ________ Consultant: ________ Dept : ________

Date of Admission: ________ Time : ________ Date of Discharge : ________ Time: ________

Room / Bed No : ________ Ward : ________ Suggested Billable bed type : ________

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
03/6/26	7 pm	NICU	3rd floor	[signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. SANDYA	01/06/26	9639183	[signature]
2	DR: JANAV PAL	01/06/26	27922	[signature]
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
31/5/26	Blood c/s, NP, ~~VBG~~, ~~RBS~~	26055382, 26055384	K. Bessy
	Blood grouping, PT/APTT/INR	26055387, 26055396	
	VBG, RBS	26055383	
	X-ray	027452	
01/06/26	RBS	26055493	[illegible]
1/6/26	DCT, Reticount, LFT, Dengue NS1 IgM	2605555	[illegible]
1/6/26	USG, NSG	RD65-027600	
1/6/26	NBS	26055742	
1/6/26	Urine culture, Urine porphyrin	26055764	
1/6/26	Torch ~~pro~~ complex IgM Antibodies, CBP, magnesium, PT/APTT	26055776	
1/6/26	CUE	26055801	[illegible]
2/6/26	RBS	26055870	[illegible]
2/6/26	CBP, CRP	26056140	[illegible]
2/6/26	RBS	26056139	[illegible]
4/6/26	2-D-ECHO	027922	
4/6/26	ECG	265-027930	
4/6/26	CBP		[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
31/5/26	INV Monitor	31/5/26 @8:10pm		9637070	K. Baley
	Syringe Pump		01/6/26 @9pm		
02/6	INV Monitor	31/5/26		9637070	K. Bessy
03/6	IMV- monitor	31/5/26	01/6/26 9AM	9637070	Amy

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

....

....

....

....

....

....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Baby Of UDAYA SANDHYA
27-05-2026 0 Y 0 M 8 D (M)
Dr. NITASHA BAGGA

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NEWBORN MONITORING FORM

Date of Birth : ....
Time of Birth : ....
Mode of Delivery : ....
Birth Weight : ....
Head Circumference : ....
Length : ....
Red Reflex : ....

New Born Screening : ....
TFT : ....
OAE : ....
Mother's Blood Group : ....
Baby's Blood Group : ....
Anomaly Scan : ....
Vaccination : ....

Date	Weight	Type of Feed	Quantity	Temperature	Signature
3/6/26	wd wt 3.039kgs	EBM	40ml	98.2°F	[signature]
4/6/26	3.059kgs	DBF+EBM	–	98.1°F	[signature]

Date	Time	Investigation	Result	Order No.	Signature

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27-05-2026 0Y0M4D (M)
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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 Sandhya

Gender : ☑M ☐F Blood Group : A+

Date of Birth : 27/05/26 Time of Birth : 2:00am

Place of Birth : Mamtha Hospital Bachupally

Mother's Blood Group : A+

Birth Weight (gms) : 3.09 Kg Length (cms) : 49 cm

OFC (cms) : 33 cm

Estimated Gesth Age : 37+5

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : .... Ht : .... Wt : .... BMI: .... Married Life : .... LMP : .... EDD : ....

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

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

Last Scans Details : ....

.... 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 : X

....

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

....

IUGR - when detected : X

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

AFI : ....

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

Controlled or not, recent values, HbA1 values : X

Compliance with Rx : ....

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

H/o Hypothyriodism : when diagnosed ? Medication? X

Any other Chronic Medical Problems, when detected drugs ? Migraine

(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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Baby Of UDAYA SANDHAY
27-05-2026 0 Y 0 M 4 D (M)
Dr. NITASHA BAGGA

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 NVD

First stage (> 18 hours sig)

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
TOTAL	8	9	

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

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27-05-2026 0 Y 0 M 4 D (M)
Dr. NITASHA BAGGA

- Baby delivered by NVD on 27/05/26 @ 2:00 am
Baby CIAB, apgars 8, 9.
→ shifted to mother side initially,
→ at 60h of based on TcB & clinical icterus started DSPT. MBG/BBG = A+/A+
No SBR was done.
- Later baby developed ? malaria rash, invol sepsis
Cola coloured urine, started antibiotic
marker sent, started © antibiotic
inj ampicillin + gentamycin - one dose.
- H/O Honey intake is there. mother's milk, then
→ Baby initially started on vomiting
- Invol sepsis, 2 episodes of
baby was kept NPO since morning
- No abdominal distension, no bilious aspirate
- No seizure.

Investigation details in previous Hospital :

30/5/26
Hb = 18.6
TLC = 18.6
Platelet = 1.30
PCV = 60.6
creat = 0.4

31/5/26
Hb = 19.5
TLC = 7910
Plat = 1.70
PCV - 63.5
SBR = 10.4
PT = 19.5
INR = 1.6

2D echo
NSG
USG KUB
Doppler - Renal
(N)

Feeding History :

CUE ⇒ Colo dark yellow
Blood trace =
Ketone - trace
Glucose - Nil

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27-05-2026 0 Y 0 M 4 D (M)
Dr. NITASHA BAGGA

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.4 HR : 120 RR : .... NIBP : .... CFT : ....

Color of the extremities : pink

Jaundice : (+) Pallor : .... SpO2 : 98% preducta

ANTHROPOMETRY: Birth Weight : 3.09 Length : .... HC : .... Present Weight : 2.9 kg

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)		(N)
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : Discharge :	Needs to checked
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	(N) No cleft
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	(N) Dried
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	b/l testes descended
HERNIAL ORIFICES		free
TRUNK and SPINE :		(N)
SKIN LESIONS :		Plethoric
EXTREMETIES :	Fingers / Toes : Deformities : Hip Joint Examination : 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: .... 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: 98% Auscultation: B/L Clear Breath Sounds: NVS Added Sounds: N

CARDIOVASCULAR SYSTEM :

HR : 120 BP : ....

Femoral Pulses : good

Other Peripheral Pulses : good

Precordial Activity : (N)

Murmurs : (No)

Signs of Cardiac Failure : No

ABDOMEN:

Shape : (N)

Palpation : (N)

Palpable masses : ?Inguinal node

Abdominal girth : ....

Hernia orifice : (N)

Anal Patency : patent

Umbilical Cord : dried

First urine passed : passed

Meconium passed : passed

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) : ....

State of wakefulness : alert

Prechtle Score : ....

Nerves : ....

....

MOTOR SYSTEM:

Passive Tone : (N)

Active Tone : (N)

Neonatal Reflexes : ....

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

Moro's : B/L Complete DTR : (N)

ATNR : .... Skull and Spine : (N)

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Baby Of UDAYA SANDHAY
27-05-2026 0 Y 0 M 4 D (M)
Dr. NITASHA BAGGA

No gross cong anomaly

Diagnosis : Term (37+5) / NVD (AGA - 3.09 kg) / CIAB / NNJ / Suspected Sepsis

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature :

Name : Rupinder

Date & Time : 31/5/26

Consultant :

Signature : Dr. NITASHA BAGGA Regd. No. 66260

Name : DR. Nitasha Bagga

Date & Time : 31/5/26

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 :

Plan

Systemic :

- TV – 120cc/k/day – 10D1

Medications :

- 10% ISO-P
- Blood c/s, NP1, GRBS, venous gas.
- Inj Pipercillin + tazobactum.
- W/F vitals & infan sos.

Plan during ward follow up :

- send PT, APTT, INR
- w/f urine done,

Feeding Plan at the time of shifting :

- CXR

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Doctor Signature (Handover Given): | Doctor Signature (Handover Taken):

Doctor Name: | Doctor Name:

Date & Time: | Date & Time:

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Baby Of UDAYA SANDHAY
27-05-2026 0Y0M4D (M)
Dr. NITASHA BAGGA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26		
11:00PM	Day 5/	Plan:-
	Term/	
	Suspected sepsis/	TV – ~~140~~ 120 ml/kg/day ↓
	Thrombocytopenia	10% ISO-P + 3ml/kg
	O/E,	Calcium gluconate.
	Skin – flushing,	
	Blanching (P)	R/v feeds after 5ml 2nd hourly x-ray.
	Neuro Screening:-	
	– No evidence of IVH	
	– RI – 0.62	Trace PT, APTT, INR.
	PI – 0.88	
		I/O charting 6th hourly.
	Platelets – 69,000.	w/f urine colour;
	~~Tc~~ WBC – 12,340	
	CRP – 11.9	To add Fluconazole; [signature]
		– Noted By K. Bessy 31/5/26 @ 11:15pm
	INR – 1.9	Plan:-
		Give one FFP
		Ask LFT, Mg in same sample

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Baby Of UDAYA SANDHAY
27-05-2026 0 Y 0 M 4 D
Dr. NITASHA BAGGA (M)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Plan To start 5ml feeds - 2hanl. Renojit
	Noted By K. Bony 01/6/26	

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Baby Of UDAYA SANDHAY
27-05-2026 0 Y 0 M 5 D (M)
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

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

Term ☐ Preterm ☐ Gestation: .... Corrected Gestational Age: .... Today's Weight: 2.9 kg

	Problems		
	S.No.	Current	Past Problems
Overview	1.	Term / Suspect & Sepsis	
	2.	Thrombocytopenia	
	3.	~~polycythemia~~	
	4.		
	5.		
	6.		

Clinical Assessment

- On room air.
- Issue of Bradycardia
- Feeds tolerated

Medications Used

Inj Piptaz
Inj Fluconazole | D1

Plan

- TV - 140 cc/kg/day - 5ml - 2hourly

Plan of Care:

R/V ↑ feed
- 2D echo plan, R/V for NSG
- - W/F urine colour, keep the diaper.
- LFT today.

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

Signature: Rupal .... Signature: ....

Date & Time: 1/6/26 .... Date & Time: 1/6/26, 9:00 noon

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27-05-2026 0 Y 0 M 5 D (M)
Dr. NITASHA BAGGA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26		Seen by Hematologist [illegible]
9:45 Am		→ Breastfeeding, 2.5ml. Each feed.
		→ USG Abdomen
		→ Hematology opinion
		→ Urine for [illegible] Extended
		→ NBS, LFT.
		→ Dengue serology NS1, IgM
		→ USG to be done
		→ To take peripheral smear, DCT, Retic count
		→ 2D echo
		→ To repeat, CBP, coagulation profile @ 8pm
	Dr. NITASHA BAGGA Reg. No: 66263	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26	Afternoon Rounds	
2:30PM	On RA, stable	Plan
	taking feeds well	→ TV - 130cc/kg/day 15ml @ 3hrly OG, ↑ 5ml each feed. TF 32ml
	HR - 152/min RR - 47/m SpO2 - 98% BP -	→ Hematology opinion
	NSG → (N) USG Abdomen → (N)	→ To send Urine for Porphyrin
		→ To trace Dengue serology
	DCT → Retic count → 2	→ Trace Peripheral smear, DCT
	2D echo → mild TR PFO.	→ Repeat CBP, Coagulation @ 5PM. Mgth
	Inguinal LN → Palpable b/L	
		→ NBS → Send & trace
		# RAVS

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Plan
		→ To ~~sen~~ send urinary cultures, Urine Porphyrine
		→ To send for minor blood group ~~inc~~ compatibility
		→ URINE PORPHYRIN
		→ CBP, PT/aPTT/INR Mg+2.
		→ 2ml EDTA for minor blood group.
		→ TORCH IgM Profile
		Noted by Sis. Navaneetha 1/6/26 (a)

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27-05-2026 0 Y 0 M 5 D (M)
Dr. NITASHA BAGGA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26		C/S/B Dinesh
9:30 PM	~~Mother~~	→ Paladay feeds
		→ To send urine routine
		→ Trace maternal VDRL, HIV, Platelet count
		→ Trace Dengue Profile
		Noted By Betsy 1/6/26 10pm — [illegible]

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27-05-2026 0 Y 0 M 5 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00657722 IP5-00174573
Baby Of UDAYA SANDHYA
27-05-2026 0 Y 0 M 6 D (M)
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: .... Day of Life: 6 .... PMA: ....

Term ☐ Preterm ☐ Gestation: Term .... Corrected Gestational Age: .... Today's Weight: ....

	Problems		
Overview	S.No.	Current	Past Problems
	1.	Term/ Suspected sepsis	
	2.	thrombocytopenia	
	3.		
	4.		
	5.		
	6.		
Clinical Assessment	On RA, maintaining sats Taking Paladay feeds well HR – 121/min RR – 50/min SPO2 – 98% BP → 71/49/58 U.O → 1.9cc/kg/hr		
Medications Used	Piptaz D2 Fluconazole		

Plan of Care: → TL → 140 cc/kg/day 35ml 2Hrly Paladay feed
→ Trace IgM torch, Dengue serology → GRBS BD
→ Trace CUES, Urine c/s, Urine porphyrin
→ Trace NBS.
→ Trace Minor Blood Group in compatibility

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

Signature: [signature] ....
Signature: ....

Date & Time: 2/6/26 ....
Date & Time: ....

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 9.30am		Seen by Dr. Nitasha
		CBP, CRP T/M
		Trace TORCH
		Urine
		porphyrin
		NBS.
		→ Continue paladai
		– Trace – Blood c/S
	Dr. NITASHA BAGGA Reg. No: 66260	
		Plan
	Aflenaaz	
2/6/26 12:30pm		– Continue feeding
	– Baby accepting	35-40ml EBM as per
	fullpaladai on	advised
	room air	– Shift to NICU-3
		– stop Inj fluconazole
	– Urine porphyrin – Negative	– TRACE – TORCH
	– CUE (N)	(R)
	– Blood c/s – 24 h (-ve)	– TRACE – NBS
	– ~~NBS~~ –	(CrBPD by 1pm)
		– CBP, CRP – T/M

noted by
Aswathy

BAH-00657722 IP5-00174573
Baby Of UDAYA SANDHAY
27-05-2026 0 Y 0 M 5 D (M)
Dr. NITASHA BAGGA

(19)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 9:55 am		Adv
		- Shift to room
		- Send VDRL now.
		- TV - 160 cc/k/day full feeds + demand feeds Try DBF
		Dr. NITASHA BAGGA Regd. No: 66260
		- Drop - Vit - D3 0.5ml OD.
		Add - Syp Calcimax - plus.
		- F/U Scan to be done to review for lymphadenopathy. Priority
3/6/26 6:30pm	Shifting notes	
	Baby hemodynamically stable O_2 air	P/m
	Tolerating palladai feeds on demand	1) CBP T/M
	$\bar{c}$ HR - 156/m RR - 42/m SPO2 - 98%	2) Continue full palladai + demand feeds Try DBF
		3) Monitor vitals
		4) Temperature monitoring

BAH-00657722 IP5-00174573
Baby Of UDAYA SANDHAY (M)
27-05-2026 0 Y 0 M 5 D
Dr. NITASHA BAGGA

(11)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		R/V 5) Vaccination, OAE, NAP after stopping antibiotics 6) Continue vitamin D3 drops and Calcium pls Dr. Nitasha
1/6/26 8:00 pm	Morning DOL - 8 Term / AGA / NVD / Suspected sepsis / NNJ / thrombocytopenia / coagulopathy c̄ - T.W = 3.059 (20gm) (+) ⇒ On DBF ⇒ ~~Ho~~ urine normal ⇒ Vitals stable 48hour Blood c/s = . Hb = 18.3 . RBC = 5.47 . PCV = 53.3 . platelet = (219) ✓	Adv - DBF f16 hourly - AABR today - Stop Antibiotic. - ~~revise~~ discharge today - F/U Saturday Ruraiya Dr. NITASHA BAGGA Reg. No: 66260

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Baby Of UDAYA SANDHAY
27-05-2026 0 Y 0 M 5 D (M)
Dr. NITASHA BAGGA

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2D Echo.

entered on 3/6/2
order. No. 27922.

CROSS CONSULTATION FORM

Doctor Name : DR. Bhargav Date : 01/06/26 Time : 10:40 am

Diagnosis :

Hospital : Rainbow Childrens Hospital

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

DOL 6 / ? Sepsis Thrombocytopenia.

Echo

SpO_2 - 99% in RA
HR - 153/min

- PFO, L→R shunt
- Mild TR / No MR
- No LVOTO / RVOTO / AR
- Left arch / No COA / No PDA
- GBVF
- Regressing neonatal PAH

Adv Review SOS

Consultant :

Name : JONAKI PAL Signature : Jonaki Date & Time : 01/06/26 10-40 Am.

BAH-00657722 IP5-00174573
Baby Of UDAYA SANDHAY
27-05-2026 0 Y 0 M 5 D (M)
Dr. NITASHA BAGGA

Dr. Sandya.

CROSS CONSULTATION FORM

Order. no. 9639183.

Doctor Name : Dr sandhya V Date : 1/6/26 Time : 3PM

Diagnosis :

Hospital : Rainbow children's Hospital Banjara Hills

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

Thanks for referral

Referred in c/o thrombocytopenia
T/FAMA/orch/NNJ
c coagulation parameters deranged.
Plt ↓ 69K
inguinal lymphadenopathy
Hand ola none → non tender

? sepsis induced
TORCHES
?
Immune mediated un lateral

Ⓟ
→ to do TORCH - IgM/VDRL
urine c/s
Rpt CBP
PT/INR/APTT/TTM
→ ? maternal ANA / Retrovirus

NVD
→ NICU
Baby BGT / Mother BGT | A+ve

31/5
Hb 17.4
WBC 12,340
N/L 41/46
Plt 69K
CRP ↑
PT 26 INR 1.9
APTT 45
TTM 11.2
D.Bil 0.1

outside
NSG
2DECHO
Renal doppler | Ⓝ

CXR
Unstable | Ⓝ

FFP +
Vit K

Consultant :

Name : Dr V Sandhya Signature : [signature] Date & Time : 1/6/26

Doc. No. : RCH / FRM / CLINICAL / 049

BAH-00657722 IP5-00174573
Baby Of UDAYA SANDHAY (M)
27-05-2026 0 Y 0 M 5 D
Dr. NITASHA BAGGA

RESULT SHEET

Date	31/5/26	1/6/26	1/6/26	03/6/26		
Time	8:44pm	10:33AM	6:43pm	6:30Am		
Hb	17.4		16.7	18.5		
PCV	51		49.5	55.8		
RBC	5.21		5.06	5.65		
WBC	12.34		17.36	19.30		
N/L	40.6/45.5		21.0/56.5	18.1/66.5		
Platelets	69,000		63	1,61000		
CRP	11.0			5		
ESR						
PCT						
RBS						
Na	135					
K	4.7					
Cl	105					
Ca/Mg	8.6					
Phosphate						
Urea	45					
Creatinine	0.8					
ALP			145			
SGPT			28			
SGOT			77			
T.Bill/Conj	11.2 < 0.1 / 11.1		11.0 < 0.1 / 10.9			
T.Protein			5.4			
S.Albumin			3.0			
S.Globulin			2.4			
A/G Ratio			1.2			
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	26/1.9		21/1.6			
APTT	45		43			
CSF Protein / Sugar						
Cells						
N/L						

Date			01/6/26	2/6/28		
Time			10:33 am			
CUE - Alb						
CUE - Sugar						
CUE - Ketones				negative		
CUE - PUS Cells				3-5		
CUE - RBC Cells				Occasional		
CUE epithelial cells				4-1		
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
~~DCT~~ → ~~DA~~		D.CT →	Negative			
	Reticular count →		2			
CUE colour				Pale yellow		
PH				8.0		
Appearance				slightly turbid		

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

Others (ECG, Contrast Studies etc.,) : ....

BAH-00657722 IP5-00174573
Baby Of UDAYA SANDHAY
27-05-2026 0 Y 0 M 5 D (M)
Dr. NITASHA BAGGA

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
31/5/26	9pm	97 mg/dl	10% 880.P	[signature]
01/06/26	6am	102 mg/dl	10% 880.P	[signature]
2/6/26	6am	82 mg/dl	full feeds	[signature]
3/6/26	6AM	69 mg/dl	Full Feed	[signature]
4/6/26	6am	86 mg/dl	full feeds	[signature]

Patient Sticker

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

BAH-00657722 IP5-00174573
Baby Of UDAYA SANDHAY
27-05-2026 0 Y 0 M 5 D (M)
Dr. NITASHA BAGGA

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 / 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 ....

Baby Of UDAYA SANDHAY
27-05-2026 0 Y 0 M 5 D (M)
Dr. NITASHA BAGGA

REGULAR PRESCRIPTIONS

Weight. 3 kg. Ward. NY

DRUG : INJ PIPERACILLIN + TAZOBACTAM				Date/Time	31/5	1/6	2/6	3/6	4/6
Dose	Route	Frequency	Start Date	10 am					
300mg	I.V	12h	31/5	10 pm					
Name & Signature of the Doctor Starting the Drugs: Rupanjali									
Additional Instructions: 100mg/kg/dose - 12h									
Daily Doctor's Endorsement by a Sign									

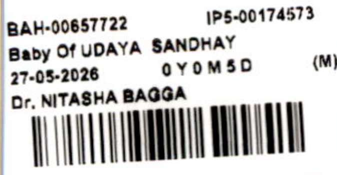
STOP antib 4/6/26

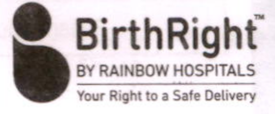
DRUG : Inj. FLUCONAZOLE				Date/Time	31/5	1/6
Dose	Route	Frequency	Start Date			
18mg	IV	OD	31/5	10pm		
Name & Signature of the Doctor Starting the Drugs: Dr. Aneesha						
Additional Instructions: Gues/Hs dose						
Daily Doctor's Endorsement by a Sign						

Stop @ Rupinal 2/6/26

DRUG : VITAMIN D3 DROPS				Date/Time	03/6
Dose	Route	Frequency	Start Date		
0.5ml	P.O	OD	03/06	10 pm	
Name & Signature of the Doctor Starting the Drugs: Dr. Nuthu					
Additional Instructions: 1ml = 800IU					
Daily Doctor's Endorsement by a Sign					

DRUG : SYR. CALCIMAX PLUS				Date/Time	3/6
Dose	Route	Frequency	Start Date		
1.5ml	P.O	OD	03/06	10 pm	
Name & Signature of the Doctor Starting the Drugs: Dr. Nuthu					
Additional Instructions: 250mg=5ml 50mg/kg/day					
Daily Doctor's Endorsement by a Sign					





Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

Docu. No. : RCHBH /FRM / CLINICAL / 108

BAH-00657722 IP5-00174573
Baby Of UDAYA SANDHAY
27-05-2026 0 Y 0 M 5 D (M)
Dr. NITASHA BAGGA

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG :				Date▸ Time▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date▸ Time▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date▸ Time▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date▸ Time▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

BAH-00657722 IP5-00174573
Baby Of UDAYA SANDHAY
27-05-2026 0 Y 0 M 5 D (M)
Dr. NITASHA BAGGA

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

		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
1/6/26	1:00pm	FFP	15ml/kg	IV	[signature]	[signature]

Baby Of UDAYA SANDHAY
IPS-00174573
27-05-2026 0 Y 0 M 5 D (M)
Dr. NITASHA BAGGA

I.V. FLUIDS CHART

Weight. 3kgs Ward. Ny

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
31/5	8:15pm	TV - 120cc/kg/d 10% 730 - P	I.V	15 ml/hr	[signature]	[signature] [signature]	01/6	[signature]	[signature] [signature]

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

BAH-00657722 IP5-00174573
Baby Of UDAYA SANDHAY
27-05-2026 0 Y 0 M 5 D (M)
Dr. NITASHA BAGGA

31/5/26

Doc. No. : RCH / 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 pm	10 pm	12 am	2 am	4 am	6 am
Doctor/Nurse/Family Concern?						
Temperature (F) (104–94)	36.8°C	36.5°C	36.8°C	36.5°C	36.8°C	36.8°C
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	76/57 (62)	61/41 (48)	66/41 (50)	63/43 (49)	61/45 (51)	73/55 (60)
Heart Rate (Number)	131	103	116	110	126	118
Resp. Rate (bpm) (Over 1 Minute) * (70–10)						
Resp Rate (Number)	56	42	44	32	43	66
Resp Distress: Mod/ Severe						
Resp Distress: None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)	98%	100%	98%	97%	95%	98%
Conscious Level: Normal	N	N	N	N	N	N
Conscious Level: Altered						
GCS *	C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0
Observer's Initials	B	B	B	B	B	B

Note: BP does not score in early warning scoring

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

Pratiksha Rainbow Children's Hospital
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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 UDAYA SANDHAY 0Y0M5D (M)
27-05-2026
Dr. NITASHA BAGGA

01/6/26

...c. No. : RCH / 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 Am	10 Am	12 Pm	2 Pm	4 Pm	6 Pm	8 Pm	10 pm	12 am	2 am	4 am	6 am
Doctor/Nurse/Family Concern?												
Temperature (°F) (104–94)	36.6°C	36.6°C	36.6°C	36.6°C	36.6°C	36.6°C	36.6°C	36.8°C	36.8°C	36.8°C	36.8°C	36.8°C
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	73/55 (60)	73/55 (60)	76/53 (61)	76/53 (61)	69/53 (59)	78/51 (61)	78/55 (63)	74/50 (58)	71/45 (53)	70/45 (54)	64/48 (53)	71/44 (54)
Heart Rate (Number)	119	119	95	102	110	133	98	110	92	106	108	95
Resp. Rate (bpm) (Over 1 Minute) * (70–10)												
Resp Rate (Number)	33	33	54	45	48	48	45	31	42	54	50	52
Resp Distress — Mod/ Severe												
Resp Distress — None / Mild	RA	RA	RA	RA	RA	RA						
Receiving O_2 (l/min)												
O_2 Saturations (%)	96	97	98	96	95	98	97%	96%	94%	95%	98%	99%
Conscious Level — Normal	C	C	C	C	C	C	N	N	N	N	N	N
Conscious Level — Altered												
GCS *	N	N	N	N	N	N	C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	0	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	N	N	N	N	N	NB	B	B	B	B	B	B

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score	Action
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

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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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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-00657722 IP5-00174573
Baby Of UDAYA SANDHYA
27-05-2026 0 Y 0 M 6 D
Dr. NITASHA BAGGA

(M) Docu.No. : RCHBH/ FRM / CLINICAL / 127

~~TEENAGE~~ Infant (12 + years)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:	8AM	10AM	12pm	2pm	4pm	6pm	8 PM (2 AM)	10 PM	12 AM	2 AM	4 AM	6AM
Doctor / Nurse / Family Concern?												
Temperature (F) (104–94)	36.5°C	36.5°C	36.5°C	36.6°C	36.6°C	36.5°C	36.5°C (98.7°F)	36.7°C	36.5°C	36.5	36.5°C (98.5°F)	36.5°C
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	67/52 (57)	72/46 (55)	71/51 (58)	83/43 (61)	66/46 (53)	64/50 (55)	73/49 (58)	71/51 (58)	62/39 (47)	70/44 (53)	72/45 (54)	67/42 (50)
Heart Rate (Number)	111	110	110	125	101	108	148	111	118	106	128	156
Resp. Rate (bpm) (Over 1 Minute) (70–10)												
Resp Rate (Number)	39	42	46	49	36	56	64	55	46	50	48	52
Resp Distress — Mod/ Severe												
Resp Distress — None / Mild												
Receiving O_2 (l/min)												
O_2 Saturations (%)	94% 99% 97% 93% 98% 98% 97% 99% 100% 96% 95% 98% 97%											
Conscious Level — Normal	N	N	N	N	N	N	N	N	N	N	N	N
Conscious Level — Altered												
GCS *	C	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	1
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

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 in charge AND PICU fellow or PICU 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

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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- Detailed actions are described according to increasing Early Warning Score.
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- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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Date	Time	Early Warning Score	Date	Time	Name

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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given 02/ 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)

3/6/26

F. 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 AM	10 AM	12 PM	2 PM	4 PM	6 PM	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?									
Temperature (F) (104–94)	36.6°C	36.1°C	36.6°C	36.7°C	36.8°C	36°C	98.2°F	97.8°F	98.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	67/43 (52)	72/41 (51)	69/31 (44)	67/27 (41)	73/41 (51)	67/40 (31)			
Heart Rate (Number)	100	99	98	96	110		110 b/m	124 b/m	136 b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)									
Resp Rate (Number)	45	39	33	45	45		30 b/m	34 b/m	34 b/m
Resp Distress — Mod/ Severe									
Resp Distress — None / Mild							N	N	N
Receiving O_2(l/min)									
O_2Saturations (%)	99%	100%	–	100%	100%		99%	99%	100%
Conscious Level — Normal							N	N	N
Conscious Level — Altered									
GCS *							15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes							1	1	1
Pain Score							0	0	0
Observer's Initials							[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

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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It takes a lot to treat the little.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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BAH-00657722 IPS-00174573
Baby Of UDAYA SANDHYA
27-05-2026 0Y0M8D (M)
Dr. NITASHA BAGGA

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

Parameter	Scale
Date: .... Time:	
Doctor/Nurse/Family Concern?	
Temperature (°F)	104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50
Heart Rate (Number)	
Resp. Rate (bpm) (Over 1 Minute) *	70, 60, 50, 40, 30, 20, 10
Resp Rate (Number)	
Resp Distress	Mod/ Severe
	None / Mild
Receiving O_2 (l/min)	
O_2 Saturations (%)	
Conscious Level	Normal
	Altered
GCS *	
TOTAL SCORE Number of shaded boxes	
Pain Score	
Observer's Initials	

ACTIONS NB: Scores 3 should be recorded overleaf		
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BAH-00657722 IP5-00174573
Baby Of UDAYA SANDHAY
27-05-2026 0 Y 0 M 5 D
Dr. NITASHA BAGGA (M)

31/5/26

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V (10% I80.P)	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			15ml								
	09:00 pm			15ml							|	
	10:00 pm			15ml						8ml	0	
	11:00 pm			15ml			Passed.				|	
	12:00 am			15ml						10ml		
	01:00 am	EBM		12.5ml	5ml							
Total Intake :						Total Output :						
	02:00 am			12.5ml								
	03:00 am	EBM		12.5ml	5ml					20ml	|	
	04:00 am			12.5ml			Passed					
	05:00 am	EBM		12.5ml	5ml					12ml	0	
	06:00 am			12.5ml							|	
	07:00 am	EBM		12.5ml	5ml					18ml		
Total Intake : 162.5ml ~~kg/day~~						Total Output : 68ml						

Total 24 hrs. Intake	54.1cc/kg/day		Total 24 hrs. Output	1.8cc/kg/day

01/6/26

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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output					IV Site Thrombo-phlebitis Score	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		Sign. Nurse
			Mouth	I.V (Isop.)	N.G							
	08:00 am			12.5ml								
	09:00 am	EBM		12.5ml	5ml		passed			10ml		
	10:00 am			12.5ml							0	
	11:00 am	EBM		10ml	10ml					15ml		
	12:00 pm			10ml								
	01:00 pm	EBM		7.5ml	15ml		passed			15ml		
Total Intake :						**Total Output :**						
	02:00 pm			7.5ml								
	03:00 pm	EBM		5ml	20ml					13ml		
	04:00 pm			5ml								
	05:00 pm	EBM		2.5ml	25ml		Passed			13ml	0	
	06:00 pm			2.5ml								
	07:00 pm	EBM		1.2ml	30ml					15ml		
Total Intake :						**Total Output :**						
	08:00 pm			Stop			Small Passed					
	09:00 pm	EBM	35ml							8ml		
	10:00 pm											
	11:00 pm	EBM	35ml				Passed			10ml	0	
	12:00 am											
	01:00 am	EBM	35ml							7ml		
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	EBM	35ml				Passed			6ml		
	04:00 am											
	05:00 am	EBM	35ml							18ml	0	
	06:00 am											
	07:00 am	EBM	35ml.				Passed			10ml		
Total Intake : 423.7ml						**Total Output :** 140ml						

Total 24 hrs. Intake	141.2cc/kg/day

Total 24 hrs. Output	1.9cc/kg/day

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

02/6/26

FLUID CHART

Sheet No. : ....

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	EBM	35ml				Passed			10ml		
	10:00 am										0	
	11:00 am	EBM	35ml				passed			15ml		
	12:00 pm											
	01:00 pm	EBM	35ml							—		
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm	EBM	35ml				not Passed			11ml		
	04:00 pm										0	
	05:00 pm	EBM	35ml				Passed			7ml		
	06:00 pm											
	07:00 pm	EBM	35ml				passed			8ml		
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	EBM	35ml									
	10:00 pm									27ml		
	11:00 pm	EBM	35ml				passed					
	12:00 am											
	01:00 am	EBM	35ml				passed			32ml		
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	DBM	35ml				passed					
	04:00 am									21ml		
	05:00 am	DBM	35ml									
	06:00 am						passed					
	07:00 am	DBM	35ml							29ml		
Total Intake :	420 ml					**Total Output :**				160 ml		

Total 24 hrs. Intake	140 ml/kg/day

Total 24 hrs. Output	2.2 ml/kg/h

IAH-00657722 IP5-00174573
Baby Of UDAYA SANDHYA
7-05-2026 0 Y 0 M 7 D (M)
Dr. NITASHA BAGGA

FLUID CHART

03/06/26

Sheet No. : ....

TV-
Bwt - 3Kg
TF-

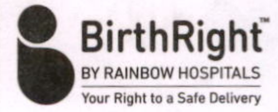
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am									15ml		
	09:00 am	DBM	35ml								0	
	10:00 am						passed					
	11:00 am	EBM	40ml							29ml		
	12:00 pm											
	01:00 pm	EBM	40ml									
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm	EBM	40ml				passed			19ml		
	04:00 pm											
	05:00 pm	EBM	40ml									
	06:00 pm									21ml	0	
	07:00 pm	EBM	40ml				✓					
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm		DBF									
	10:00 pm						✓			✓	NO	
	11:00 pm		DBF								0	
	12:00 am									✓		
	01:00 am		DBF				✓					
Total Intake : Take						**Total Output :** M-2 U-2						
	02:00 am											
	03:00 am		DBF				✓					
	04:00 am									✓	NO	
	05:00 am		DBF				✓				0	
	06:00 am									✓		
	07:00 am		DBF									
Total Intake : Take						**Total Output :** M-2 U-2						

Total 24 hrs. Intake	Take

Total 24 hrs. Output	M-6 U-8

BAH-00657722 IP5-00174573
Baby Of UDAYA SANDHAY
27-05-2026 0Y0M5D (M)
Dr. NITASHA BAGGA



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 01/6/26 Time: @ 2am

Blood Group of the Patient: A +ve Blood Group on the Blood Bag: A +ve.

Blood Bank Issue No: BAH26-00843 Date of Collection: 9/4/26 Date of Expiry: 9/4/27

Date & Time of Starting Transfusion: 01/6/26 @2am Planned duration of Transfusion: ....

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: K. Blessy Nurse 2: Srilatha.

Before starting transfusion vitals: Temp: 36.8°C HR 116 b/m RR: 49 b/m BP: 63/43(49) SpO2 98%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
01/6/26	15 Min	109 b/m	36.5°C	60/41(50)	97%	–	–	–	–
	15 Min	112 b/m	36.8°C	58/38(45)	98%	–	–	–	–
	30 Min	116 b/m	36.8°C	69/44(54)	100%	–	–	–	–
	30 Min	123 b/m	36.8°C	62/40(47)	98%	–	–	–	–
	30 Min	122 b/m	36.8°C	63/43(49)	98%	–	–	–	–
	1 Hr	118 b/m	36.8°C	60/50(41)	96%	–	–	–	–
	1 Hr	98 b/m	36.8°C	61/48(48)	97%	–	–	–	–

Comments: Nil NO Complication during and after transfusion.

Name of the Incharge-Nurse: Srilakshmi Name of the Nurse: K. Blessy

Signature of the Incharge-Nurse: Shivlakshmi Signature of the Nurse: K Blessy

Date & Time: 01/6/26 @2am Date & Time: 01/6/26 @2am

CONSENT FOR BLOOD TRANSFUSION

BAH-00657722 IP5-00174573
Baby Of UDAYA SANDHAY
27-05-2026 0 Y 0 M 5 D (M)
Dr. NITASHA BAGGA

Name: .... Age: 5 day Gender: Male ☑ Female ☐

UHID.No : .... Date: 1/6/26

Type of Blood Product:

☑ Fresh Frozen Plasma	☐ Packed Red Blood Cells	☐ Random Donor Platelets
☐ Cryoprecipitate	☐ Single Donor Platelet	☐ Whole Blood
☐ Albumin	☐ Red Blood Cell	☐ Others ....

I ......Umesh...... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that ......cryoprecipitate......

....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):	**Doctor (Who is talking the consent)**
Signature: [signature]	Signature: Dr. [signature]
Name: Umesh	Name: Dr. Aruchi
Date & Time 03/6/26 @2pm	Date & Time 1/6/26 @2pm

Witness

Signature: K. Blessy

Name: K. Blessy

Date & Time 01/6/26 @2pm

Doc. No. : RCHBH/ FRM / CLINICAL / 014

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ....ంగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ....తేదీ: ....

రక్త ఉత్పత్తి రకాలు: ...క్త కణాలు ☐ Random Donor Platelets

☐ Whole Blood

☐ ఇతరులు............

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

FRESH FROZEN PLASMA B.P (I)

Qty. 55

A

HIV I & II/ HBsAG/ HCV - Non reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non reactive

Unit No.: **BAH26-00843**
Blood Group: A Rh Positive
Collection Date: 09/Apr/2026
Expiry Date: 09/Apr/2027

1)administer Without Warming. 2)shake Gently Before Use.3)do Not Add Any Medication. 4)check Blood Group on Label & Recipient's Group and Name Before Administration. 5)use Sterile ... Set With ... There ... 9)resu... Plasm... Betwe... ...Not Use if ... -30° C or Below. ... & Completely Into Residual ... a Water Bath

Issue Label / CrossMatching Report

Patient : **Baby Of UDAYA SANDHAY .**
Patient's Blood Group :A Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,dr nitasha bagga
UHID No.: BAH-00657722 Wd-Bed No.:

Product : FFP-I
Blood Group : A Rh Positive
Unit No.: **BAH26-00843**
XMatching Report:ABO Compatible
X-matched by: B.Abhishek

Issue Dt : 01/Jun/2026
Colln. Dt :09/Apr/2026
Exp. Dt :09/Apr/2027
Issued By : B.Abhishek

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic No. 46/HD/TS/2018/BB/G

నేను ....న్నో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో ... ...ర్పిడికి అంగీకారం తెలుపుతున్నాను దాత రక్తాన్ని హెచ్ ఐ వి ... ...డీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షిం... ...నప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అ... ...రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమా... ...సానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ... ....

....

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్ర... ...రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న ... (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)	సాక్షి
సంతకము	సంతకం ....
పేరు	పేరు ....
తేదీ మరియు సమయము	తేదీ మరియు సమయము ....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము ....

పేరు ....

Doc. No. : RCHBH/ FRM / CLINICAL / 014