BAH-00657255 IP5-00174619
Baby Of POOJA NANDKUMAR RAJ
25-06-2026 0Y0M7D (F)
Dr. VIJAYANAND JAMALPURI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEWBORN MONITORING FORM

Date of Birth : .....
Time of Birth : .....
Mode of Delivery : .....
Birth Weight : 2.73kg
Head Circumference : 33cm
Length : .....
Red Reflex : .....

New Born Screening : A.Vinith (Cochlear)
TFT : .....
OAE : .....
Mother's Blood Group : O+ve
Baby's Blood Group : O+ve
Anomaly Scan : .....
Vaccination : .....

Date	Weight	Type of Feed	Quantity	Temperature	Signature
1/6/26	W.W 2.628	DBF			Durga
~~1/6/26~~	~~2.628~~	~~DBF~~			
2/6/26	2.662 kg	EBF + FF	good	97.6 F	Lincoln

Date	Time	Investigation	Result	Order No.	Signature

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 : IP5-00174619 **Admit Date** : 01-Jun-2026 **Admit Time** : 07:13 PM **UHID** : BAH-00657255

Patient Details :

Patient Name	: Baby Of POOJA NANDKUMAR RAJ	**Age**	: 0 Y 0 M 7 D
Guardian	: Mr AAKULA VINITH	**DOB**	: 25-05-2026 01:31 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO.4-3-79/P, FRIENDS COLONY, PUPPALAGUDA Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	: 9948869029/ 8790855292
		E-mail	: vinithmeister@gmail.com

Admission Details :

Bed Type : DELUXE ROOM **Bed No** : DLX 316 **Ward Name** : 3F-ZONE A

Room No : DLX 316 **Admission Type** : First Visit

Contact Details :

Name : Mr AAKULA VINITH **Relationship** : Father

Contact Address : H.NO.4-3-79/P, FRIENDS COLONY, PUPPALAGUDA Manikonda Hyderabad Telangana INDIA 500089 **Phone No** : 9948869029 / 8790855292

TA. Vinith

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 : MEDI ASSIST INSURANCE TPA PVT LTD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ | BAH-00657255 IP5-00174619
Baby Of POOJA NANDKUMAR RAJ
25-05-2026 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

Consultant: _____ Dept : _____

Date of Admission: _____ of Discharge : _____ Time: _____

Room / Bed No : _____ ggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
1/6/26	7:38 pm	FR	316	Anu

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/6/20	SSDG	8:40pm		9638534	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00657255 IP5-00174619
Baby Of POOJA NANDKUMAR RAJ
25-05-2026 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

Patient Name: Blo Pooja Nankumar Raj

UHID ID: BAH- 00657255

Department: Neonatology

Consultant: Dr. Vijayanand Jamalpuri

BAH-00657255 IPS-00174619
Baby Of POOJA NANDKUMAR RAJ
25-05-2026 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Name : B/O Pooja Nandkumar Raj Age/Sex 5 days/F

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

New born DOL-5
Neonatal Jaundice for management.

History of present illness :

Mother Baby
O+ O+

NB DOL-5
came for follow up.

Bwt : 2.73kg ⟶ 2.60kg
on breast & formula fed.

V/O } adequate
Bowel (+) }

31/5/26 bilirubin level – 12.6 (31/5/26), DCT-ve
~~Came for~~ SSPT RCT – 4
Hb – 19.7.

1/6/26 ~~Came~~ Tot. Bilirubin – 15.8.
Conj Bil – 0.1
Unconj – 15.7

now came for SS PT

BAH-00657255 IP5-00174619
Baby Of POOJA NANDKUMAR RAJ
25-05-2026 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

y & Physical Examination

Past History : (Including details of any previous investigation or treatment)

Birth & Neonatal History:

Normal antenatal and perinatal transition

Birth & Socio Economic History:

About Father : upper-middle.
About Mother :
Any additional Information :

Developmental History :

Adequate for age.

Immunization History :

Immunized @ birth at RCH

(P.T.O.)

BAH-00657255 IP5-00174619
Baby Of POOJA NANDKUMAR RAJ
25-05-2026 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) 33 cm (Centile _____) Height (cms): _____ (Centile) _____)

Weight (kgs)) 2.66 kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 150/min B.P. _____ SPO2 100% @ Room air

Resp.rate and type of breathing : 38/min

Rash –

Lymphadenopathy –

Oedema : –

Allergies (if any): Icterus (+).

Respiratory System :

Inspection (any s/o distress) : Normal

Air entry & breath sounds : BAE (+), clear airways

Any addes sounds : –

Relevant data from outside (Chest X-Ray, ABG,etc.,) –

Cardiovascular System :

Inspection of procordium : Normal

Heart Sounds : S1S2 (+)

Any murmur : –

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : –

Per Abdomen :

Inspection Normal

Palpation : Soft P/A, Umbilical cord (+).

Ausculation : Bowel sounds heard

Spine : (N) External Genitelia : (N)

Relevant data from outside (CT, USG etc.,) –

BAH-00657255 IP5-00174619
Baby Of POOJA NANDKUMAR RAJ
25-05-2026 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 15/15

Cranial Nerves : Intact

Motor System:

Nutriton : Adequate

Tone: Good Power Can't be elicited

Co-ordinator : –

Posture : –

Involuntary Movements : Nil

Reflexes :

DTR +++ **Superficials:** +++

Plantars

Sensory System :

Intact

Bladder / Bowel : adequate

Clinical Summary & Diagnostic:

New born Neonatal Jaundice

(P.T.O.)

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Kernicterus.

Desired goals of the treatment : Resolution

Planned Labs:

SBR ✓
NBS ✓ T/Sm. after rounds

M B Anand
1/6/26

Planned Management

① SSPT
② KIDRICOL D3 0.5ml OD

M B Anand
1/6/26

Signature of the Doctor: Soheb
Name of the Doctor: Dr. Soheb
Date & Time: 01/06/2026 6:45pm

Signature of the Consultant:
Name of the Consultant:
Date & Time:

Dr. VIJAYANAND JAMALPURI
Reg. No: 105...

BAH-00657255 IP5-00174619
Baby Of POOJA NANDKUMAR RAJ
25-05-2026 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	4			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation				
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
		1			
	Total No. of Pages	17			

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

Signature and Date : 2/6/26

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00657255 IP5-00174619
Baby Of POOJA NANDKUMAR RAJ
25-05-2026 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

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
2/6/26 9AM	Seen by Dr. Vijayanand 2.73 → 2.662	Plan ① cont SSPT ② SBR at 6PM + NBS ③ cont DBF + paleday ④ Feeding assessment Dr Aishwarya Dr. VIJAYANAND JAMALPURI Reg. No. 80526 note by Jyothi (9010532)
2/6 10 AM	lactation notes - Shallow latch was observed. - Soreness of nipple observed - Demonstrated deep latch and counselled about expressing milk to avoid formula	(Do not charge). Dr Swapna.

BAH-00657255 IP5-00174619
Baby Of POOJA NANDKUMAR RAJ
25-05-2026 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

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
7/6/26 3PM	Afternoon Note DOL6 / Term ↓SSPT taking DBF + FF U ✓ / S ✓ Active erythemic vitally stable PA - soft	Rx ① cont SSPT ② 6 PM - SBR & NBS ③ cont DBF c/b FF ~35 ml Q2H. ④ Dr. Adrumgu noted by Jyothi

Patient Sticker

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

Patient Sticker

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

BAH-00657255 IP5-00174619
Baby Of POOJA NANDKUMAR RAJ
25-05-2026 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00657255 IP5-00174619
Baby Of POOJA NANDKUMAR RAJ
25-05-2026 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Sohila (Dr. Sohila),

Date & Time : 6:45pm 01/06/2026

Nurse Name & Signature: Anuels

Date & Time : 1/6/26 7:20 pm

BAH-00657255 IP5-00174619
Baby Of POOJA NANDKUMAR RAJ
25-05-2026 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 1/6/26 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 ....

REGULAR PRESCRIPTIONS

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

DRUG : KID RICH D_3 800IU

Date: 1/6

Dose	Route	Frequency	Start Date
800IU	P/O	OD	

Name & Signature of the Doctor Starting the Drugs:

4PM

Additional Instructions: 1ml = 800IU
→ 0.5ml to be given.

Daily Doctor's Endorsement by a Sign

DRUG :

Date / Time

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date / Time

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date / Time

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Patient Sticker

BAH-00657255 IP5-00174619
Baby Of POOJA NANDKUMAR RAJ
25-05-2026 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

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

	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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

Signature

VERIFIED BY Name

Patient Sticker

I.V. FLUIDS CHART

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

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

Signature .....

VERIFIED BY : Name .....

BAH-00657255 IP5-00174619
Baby Of POOJA NANDKUMAR RAJ
25-05-2026 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

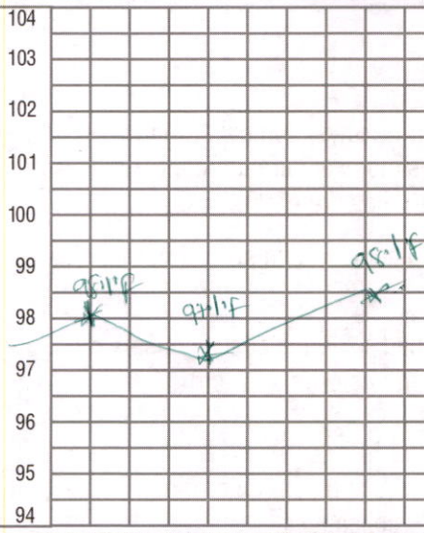
Pratiksha Rainbow Children's Hospital
It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

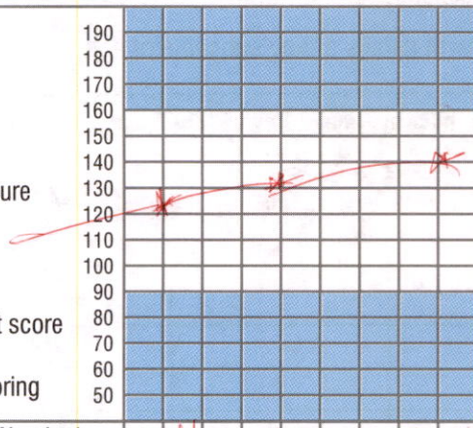
Date: ..... Time:	10pm	2AM	6Am
Doctor/Nurse/Family Concern?			

Temperature (F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	126 b/m	135 b/m	140 b/m

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

Resp Rate (Number)	38 b/m	40 b/m	38 b/m
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	99%	99%	99%
Conscious Level: Normal / Altered			
GCS *	(N)	(N)	(N)
TOTAL SCORE			
Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	[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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00657255 IP5-00174619
Baby Of POOJA NANDKUMAR RAJ
25-05-2026 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

2/2/26

. 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:	10:30	12pm	5pm
Doctor/Nurse/Family Concern?			

Temperature (F)

104			
103			
102			
101			
100			
99	98.1F	98.1F	98.1F
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)	120/bm	130/bm	125/bm

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

70			
60			
50			
40			
30			
20			
10			
Resp Rate (Number)	38/bm	40/bm	38/bm

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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:																																	
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																																	
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.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00657255 IP5-00174619
Baby Of POOJA NANDKUMAR RAJ
25-05-2025 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

1/6/25

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : (1)

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	DBF					✓				0	Durga
Total Intake :							Total Output : U—0					M+
	08:00 pm										↓	[illegible]
	09:00 pm	DBF								✓		[illegible]
	10:00 pm	FF 45ml					✓				↓	[illegible]
	11:00 pm										NORV	[illegible]
	12:00 am 30		DBF							✓	Cannula	[illegible]
	01:00 am		30ml								↑	[illegible]
Total Intake :							Total Output : U: 2					M: 1
	02:00 am									✓	↓	[illegible]
	03:00 am		DBF				✓					[illegible]
	04:00 am		45ml								NORV	[illegible]
	05:00 am										Cann	[illegible]
	06:00 am		DBF							✓	↑	[illegible]
	07:00 am		35ml				✓					[illegible]
Total Intake :			Taken				Total Output : U: 2					M: 2

Total 24 hrs. Intake	T-110 ml	Total 24 hrs. Output	U: 4 M: 3

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

Patien

BAH-00657255 IP5-00174619
Baby Of POOJA NANDKUMAR RAJ
25-05-2026 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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						
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	DBf										Jyothi
	09:00 am	ff	30 ml									Jyothi
	10:00 am						✓			—	NO IV comm	Jyothi
	11:00 am	DBf										Jyothi
	12:00 pm	ff	35 ml									Jyothi
	01:00 pm											Jyothi
Total Intake :						**Total Output :** U – 1 M – 1						
	02:00 pm	DBf										Jyothi
	03:00 pm	ff	30 ml							—		Jyothi
	04:00 pm										NO IV comm	Jyothi
	05:00 pm	DBf					✓					Jyothi
	06:00 pm	ff	30 ml							—		Jyothi
	07:00 pm											Jyothi
Total Intake :						**Total Output :** U – 2 M – 1						
	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	