BAH-00656376 IP5-00173881
Baby Of S KAJAL SINGH
15-05-2026 0 Y 0 M 0 D 2 H (M)
Dr. NALINIKANTA PANIGRAHY

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NEWBORN MONITORING FORM

Date of Birth : 15/05/2026
Time of Birth : 2:09 p.m.
Mode of Delivery : Normal delivery
Birth Weight : 2.786 kgs
Head Circumference : 32 c.m
Length : 50 c.m
Red Reflex : .....

New Born Screening : .....
TFT : .....
OAE : .....
Mother's Blood Group : B+ve
Baby's Blood Group : B+ve
Anomaly Scan : .....
Vaccination OPV) BCG) Hep-B given
Nanu 15/5/26

Date	Weight	Type of Feed	Quantity	Temperature	Signature
15/5/2026	2.786 kgs	DBF	—	97.1°F	
15/5/26	2.735Kgs (WW)	DBF	—	97.6F°	Sneha
16/5/26.	2.640kg	DBF	—	99 °F	Pooja

Date	Time	Investigation	Result	Order No.	Signature
15/5/26	4pm	Blood group	B +ve	26049365	[illegible]
16/5/26	2pm	ABG		26049433	Kenn
16/5/26	2Am	RBS	103 mg/dl		Roop

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 : IP5-00173881 **Admit Date** : 15-May-2026 **Admit Time** : 03:00 PM **UHID** : BAH-00656376

Patient Details :

Patient Name	: Baby Of S KAJAL SINGH	**Age**	: 0 D
Guardian	: Mr ABHISHEIK KUMAR SINGH	**DOB**	: 15-05-2026 02:09 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: #8-3-169/60/449 INDIRA NAGAR PHASE-II Borabanda Hyderabad Telangana INDIA 500018	**Phone No**	: 9381061547/ 8210629613
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SW-414-1 **Ward Name** : 4F-BIRTHING CENTRE

Room No : CRDL-SW-414-1 **Admission Type** : First Visit

Contact Details :

Name : Mr ABHISHEIK KUMAR SINGH **Relationship** : Father

Contact Address : #8-3-169/60/449 INDIRA NAGAR PHASE-II Borabanda Hyderabad Telangana INDIA 500018 **Phone No** : 9381061547 / 8210629613

Signature

Doctor Details :

Doctor Name : Dr. NALINIKANTA PANIGRAHY **Specialisation** : NEONATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :_____ BAH-00656376 IP5-00173881
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_____

UHID 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
15/5/26	7pm	BBI	305	Karuna

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

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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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 Kajal Singh.

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 15/5/26 Time of Birth : 2:09pm.

Place of Birth : RCH-Banjara

Mother's Blood Group : B positive.

Birth Weight (gms) : 2756g Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 39 weeks.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 27y. Ht : ..... Wt : ..... BMI: ..... Married Life : ..... LMP : 15/8/25 EDD : 22/5/26.

Conception : Spontaneous or with Rx. : Spontaneous.

Booked at what GA. : 7+4 wks. AN Steroids Drugs / Doses : .....

Last Scans Details : 11/4/26 - 34+1 wks, cephalic, EFW - 2204g., AC - 14th centile AFI - 12.2cm, Doppler - (N).

TT Immunization and Iron / Folic Acid : Taken.

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

.....

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

.....

IUGR - when detected : .....

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

AFI : .....

SROM - 14 hrs (leaking PV)

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

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

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

Infection : H/O, Fever

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

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

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

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

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PAST OBSTETRIC HISTORY

G : 2 P : ..... A : 1 L : .....

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
1.	Biochemical pregnancy.					
2.	Present pregnancy					

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) NVD.

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☑ No

Cord ABG : pH - 7.37, pCO_2 - 36.4, Lac - 2.8, BE → - 3.4.

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

1 Minute	5 Minutes	10 Minutes
1	2	2
2	2	2
2	2	2
2	2	2
2	2	2
TOTAL 9	10	10.

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

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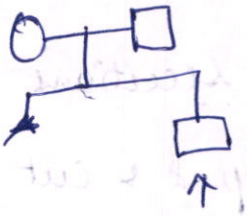
Equipment check done
↓
Baby delivered via NVD.
↓
Baby cried immediately after birth
↓
Dried & secretions cleared.
↓
Cord clamped & cut - 2UA, 1UV (+).
↓
Inj. Vit K 1mg IM given.
↓
At 5min - Baby developed RD [tachypnea - 70/min, ICR (+)]
↓
DR - CPAP given for 20 mins.
↓
Distress settled, stable on Room air.
↓
Baby shifted to mother's side.

Delayed cord clamping done at 1min.

Investigation details in previous Hospital :

Feeding History :

Family History :



Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Active.

VITALS : Temperature : 36.5°C HR : 154 RR : 64/min NIBP : ..... CFT : <3 sec

Color of the extremities : acrocyanosis → pink.

Jaundice : ..... Pallor : ..... SpO2 : 96%

ANTHROPOMETRY: Birth Weight : 2786g Length : ..... HC : ..... Present Weight : .....

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

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HEAD TO TOE EXAMINATION

HEAD :
Fontanelles : open.
Sutures
Shape / Moulding : Caput (+).
Edema / Bruising :
Size - (H.C.) :

FACIES : (Any Facial Dysmorphism) (N)

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

EYES :
Symmetry :
Red Reflex : To be checked.
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape : (N)
Periauricular Pits / Tags : (N) No tags.
Nasal shape / Patency : (N) patent
Palate : (N), No cleft.
Gums : } (N)
Lips :
Tongue :

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

ABDOMEN and UMBILICUS :
Shape : (N)
Organomegaly : No.
Bowel Sounds : (+)
Umbilical Stump : 2 UA, 1 UV (+)
Discharge : No.

GENITALIA :
Labia / Hymen :
Testicles/penis : B/L testicles descended, penis (N)
Anus :

HERNIAL ORIFICES free.

TRUNK and SPINE : (N)

SKIN LESIONS : No.

EXTREMETIES :
Fingers / Toes : (N)
Deformities : No
Hip Joint Examination : (N)
Arms / Legs : } (N)
Mobility :

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SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☐ Regular ☑ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 64 SCR / ICR / See - Saw breating : ICR (+)

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

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

Settings :

SpO_2: 96% Auscultation: BAE (+) Breath Sounds: Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : 154 BP :

Femoral Pulses : B/L equally felt

Other Peripheral Pulses : palpable

Precordial Activity : (N)

Murmurs : No

Signs of Cardiac Failure : No.

ABDOMEN:

Shape : (N)

Palpation : Soft.

Palpable masses : No

Abdominal girth :

Hernia orifice : free

Anal Patency : patent.

Umbilical Cord : 2UA, 1UV (+)

First urine passed : ?

Meconium passed : No.

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score : Cry, tone, activity } (N)

Nerves :

MOTOR SYSTEM:

Passive Tone :

Active Tone :

Neonatal Reflexes :

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

Moro's : DTR :

ATNR : Skull and Spine :

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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 : ..... 1) DBF 2nd hely Alb bueping.

2) Keep baby waem.

Medications : ..... 3) Send cord blood for Baby blood grouping

4) BCG, OPV, Hep B today.

5) W/f tachypnea, retractions, grunt. Inform SOS.

6) SBR, NBS, OAE @ 48 HOL.

7) Monitor vitals.

Plan during ward follow up : Document HR, SpO_2 – 4th hely.

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

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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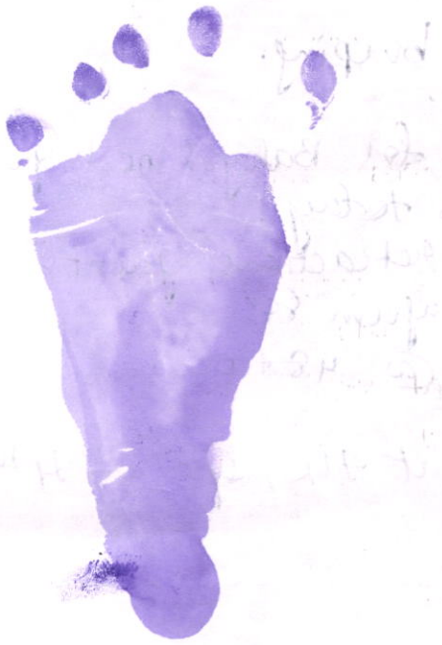
Any Co ...rmalities : (No)

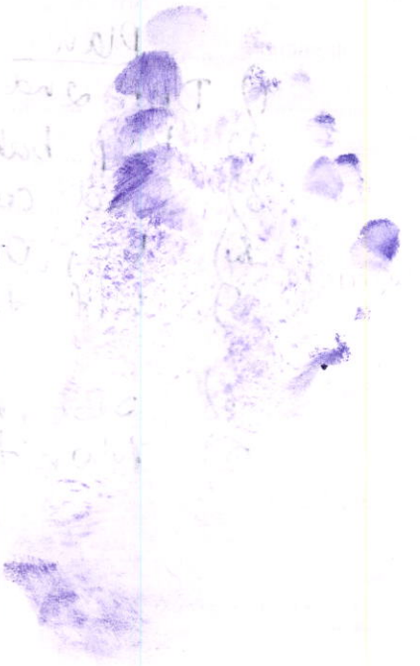
Diagnosis : DOL-1 | Term | AGA | Male | Leaking PV for 16h. CIAB | RD.

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : ...

Name : Poojitha

Date & Time : 15/5/26; 2:40 pm

Consultant :

Signature : .....

Name : .....

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of the referring Hospital : .....

   Address : .....

   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....

   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....

   ..... on whose name the patient is being referred.

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	2			
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~~ Breastfeeding	1			
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
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	2			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)				
32	Investigation Values (result sheet)				
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				
	Billing	2			
	Total No. of Pages	19			

Signature and Date : 16/5/26

(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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 4 PM	Evening Round	
	2 HOL / Term 39wks / 2786g / Male / CIAB.	
M/ B/	H/o leaking PV for 14hrs in mother.	
	Baby is on Room air NO respiratory distress	Plan
	Vitals HR – 127/min RR – 52/min SpO2 – 100%. ~~Excursion~~ Temp – 96.8°F	→ DBF 2nd hely 4th burping. → Keep baby warm. Give KMC.
	P/A – NAD	→ Trace baby blood group
	Vaccination given (BCG, OPV, Hep B)	→ Monitor vitals. Document Temperature, HR, SpO2 4th hely inform if less than target.
	Not passed urine & meconium.	→ W/f RD. → Inform SOS.
	Target Vitals HR: 120–160/min SpO2: 90–100%. Temp: 97.7°F to 99.5°F.	→ R/v NPI @ 24 HOL Poojitha Noted by Dr. Kanna (CO73081)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26	Seen by Resident	
11:00 PM	9 HOL | Term 39 wks | 2786g | male | CIAB	
	H/o leaking PV in mother for 14 hours	
		Plan-
		- Continue Direct breast feeding f/b burping every 2-3 hourly
M | BT B | BT	HR - 140 per min	
	SpO_2 - 98% on Room air	- Warmth care
	Temp - 98°F	- Monitor vitals
		Document temp, HR, SpO_2 4th hourly
	Baby is on room air	inform if less than target
	No respiratory distress	- w/f RO.
		- Inform SOS
	Not passed urine and meconium.	- R/V NP, @ 24 HOL
		Bharath
15/5/26 2:00am	c/o - Baby not latching well, vomiting - 3 episodes	Adv • Reassured
	→ on examination (small, non bilious, no blood)	• positioning latching explained
	@ Calamipine	• Reassess after 1 hour.
	Euthermic	
CRBS 103 mg/dl	Cry, Tone, Activity] good	
	Suck = good	Ranjit
	- No dehydration	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26	Seen by Resident	
8.00 AM	18 HOL / Term 39wks / 2786g / Mch / CIAB	
	H/o leaking PV in mother for 14 hours	
M / B+	Bt. wt - 2786 gms	Plan-
B / B+	Today wt - 2640 gms	- Continue Direct breast feeding f/b adequate burping every 2-3 hourly
	146 (↓5.2%)	
	Baby is on room air	- Warmth care.
	No respiratory distress	- Clinical assessment of Jaundice @ 24 HOL - 2 PM
	HR - 134/min	- Monitor vitals
	SPO_2 - 99% on Room air	Document temp, HR, SPO_2 4th hourly; inform if less than target
	Temp - 98°F	- W/f respiratory distress
	Urine - 2 times	- R/V NP, @ 24 HOL
	Stools - 1 time	- Monitor and Inform SOS
	Baby - cuthes mir, pink	- Feeding assessment
	C/T/A - Good	Bharath
	Peripheries warm	N. B Pooja.
	Hemodynamically Stable	
	c/o baby not latching well	
	Sucking - poor	
	Clinically mild icterus	F/U Monday
		@ SBR
		NBS

Patient Sticker

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Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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15/5/26

. : RCHBH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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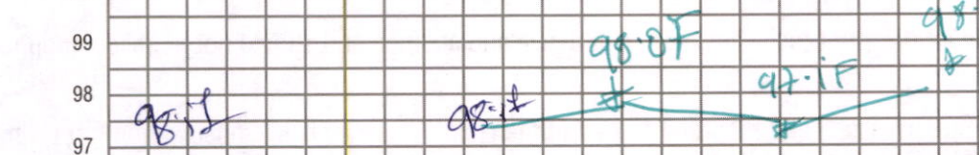
EARLY WARNING SCORE: CHILDREN'S UNIT

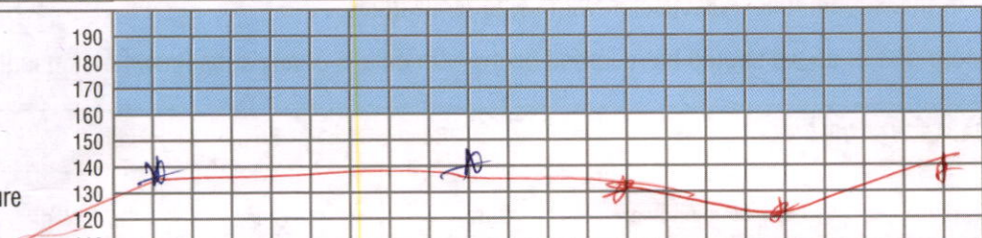
Date: ..... Time:	2pm	6pm	11pm	1am	6am
Doctor/Nurse Family Concern?					

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



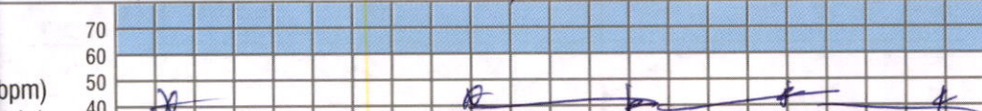
Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50

Note: BP does not score in early warning scoring



Heart Rate (Number)	140bpm	128bpm	130bpm	126bpm	134bpm

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



Resp Rate (Number)	40	35	40bpm	35bpm	40bpm
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)	100%	99%	98%	99%	99%
Conscious Level: Normal / Altered					
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials					

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

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

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

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-0065[illegible]376 IP5-00173881
Baby Of S [illegible]KAJAL SINGH
15-05-202[illegible] 0 Y 0 M 0 D 2 H (M)
Dr. NALINI[illegible]KANTA PANIGRAHY

16/5/26

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

Date: .... Time:	9Am
Doctor/Nurse/Family Concern?	
Temperature (°F) (104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94)	
Heart Rate (bpm) and Blood Pressure (mmHg) * (190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50) **Note:** BP does not score in early warning scoring	
Heart Rate (Number)	102b/m
Resp. Rate (bpm) (Over 1 Minute) * (70, 60, 50, 40, 30, 20, 10)	
Resp Rate (Number)	34b/m
Resp Distress — Mod/ Severe	
Resp Distress — None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	99%
Conscious Level — Normal	
Conscious Level — Altered	
GCS *	15/15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	[illegible]

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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-00656376 IP5-00173881
Baby Of S KAJAL SINGH
15-05-2026 0 Y 0 M 0 D 2 H (M)
Dr. NALINIKANTA PANIGRAHY

15/5/26

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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: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am					NP						
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											Kam
	03:00 pm		DBF								0	Kam
	04:00 pm									1		Kam
	05:00 pm						NP			NP	No IV	Kam
	06:00 pm		DBF									Kam
	07:00 pm (30)		DBF									Kam
Total Intake :						**Total Output :** NP 0				U-0		
	08:00 pm											Pooja
	09:00 pm										no	Pooja
	10:00 pm		DBF (10 min)								IV line	Pooja
	11:00 pm									✓		Pooja
	12:00 am		DBF (15 min)									Pooja
	01:00 am						✓					Pooja
Total Intake :						**Total Output :** U-1					m-	
	02:00 am		1									Pooja
	03:00 am		DBF (10 min)									Pooja
	04:00 am						NP				no IV line	Pooja
	05:00 am		DBF									Pooja
	06:00 am		60m							✓		Pooja
	07:00 am											Pooja
Total Intake :						**Total Output :** U-1					m-0	

Total 24 hrs. Intake		Total 24 hrs. Output	U. 2 m 1

BAH-00656376 IP5-00173881
Baby Of S KAJAL SINGH
15-05-2026 0 Y 0 M 0 D 2 H (M)
Dr. NALINIKANTA PANIGRAHY

16/5/26

FLUID CHART

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Your Right to a Safe Delivery

Sheet No. : 2

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

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	