BAH-00660613 IP5-00175930
Baby Of RUBEENA SAMREEN
03-07-2026 0Y0M0D1H (F)
Dr. VENKATA LAKSHMI A

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NEWBORN MONITORING FORM

Date of Birth : 3/07/26
Time of Birth : 2.47pm
Mode of Delivery : Normal
Birth Weight : 2.607 kgs
Head Circumference : 34cm
Length : 48cm
Red Reflex : .....

New Born Screening : .....
TFT : .....
OAE : .....
Mother's Blood Group : 'O' positive
Baby's Blood Group : O +ve
Anomaly Scan : .....
Vaccination : OPV, BCG, Hep-B
Given on 4/7/26 sis- Yadamma 4/7/26

Date	Weight	Type of Feed	Quantity	Temperature	Signature
3/7/26	2.607	DBF	Good	98.1°F	✓
3/7/26	wd.wt 2.571 kgs	DBF	Good	97.8°F	Pooja
4/7/26	2.522 kgs	DBF	-	98°F	Pooja

Date	Time	Investigation	Result	Order No.	Signature
3/7/26	4.30pm	Blood Grouping		26066662	[illegible]
4/7/26	10:AM	.91 mg/dl			[illegible]

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00175930 **Admit Date** : 03-Jul-2026 **Admit Time** : 03:57 PM **UHID** : BAH-00660613

Patient Details :

Patient Name	: Baby Of RUBEENA SAMREEN	**Age**	: 0 D
Guardian	: Mr SYED MATEEN UDDIN	**DOB**	: 03-07-2026 02:47 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 17-2-134/1, CHAUNINADEALI BAIG, YAKUTPURA Yakutpura Hyderabad Telangana INDIA 500023	**Phone No**	: 7097417097/
		E-mail	: SYEDMATEEN05@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-BC-DC-418-1 **Ward Name** : 4F-BIRTHING CENTRE

Room No : CRDL-BC-DC-418-1 **Admission Type** : First Visit

Contact Details :

Name	: Mr SYED MATEEN UDDIN	**Relationship**	: Father
Contact Address	: H NO 17-2-134/1, CHAUNINADEALI BAIG, YAKUTPURA Yakutpura Hyderabad Telangana INDIA 500023	**Phone No**	: 8309038370 / 7097417097

Signature

Doctor Details :

Doctor Name	: Dr. VENKATA LAKSHMI A	**Specialisation**	: NEONATOLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Rubeena Samreen Age : 25 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 Rubeena Samreen

Gender : ☐ M ☑ F Blood Group : O+

Date of Birth : 3/7/26 Time of Birth : 2:47pm

Place of Birth : RCHBH.

Mother's Blood Group : O positive

Birth Weight (gms) : 2607 Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38+2

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 25 Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 9/10/25 EDD : 16/7/26

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

Booked at what GA. : 5+2 AN Steroids Drugs / Doses : .....

Last Scans Details : 19/5: 31+6/ cephalic/ 1745 (2nd)/ AC: 18+/ (N) Dopplers -

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No NT: 1.4mm

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3 FTS: low Risk

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) : .....

Gestational thrombocytopenia

IUGR - when detected : ..... Plt: 1.08 lakh

Doppler (Increased Resistence / ADEF / REDF /

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

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? .....

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

Infection : H/O, Fever

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

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

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

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

Baby Of RUBEENA
03-07-2026 0 Y 0 M 0 D 1 H (F)
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PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr Prathyusha Reddy Hospital : RGH & BN ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : SVD

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

1 Minute	5 Minutes	10 Minutes
1	1	
2	2	
2	2	
2	2	
1	2	
8	9	

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

History of Present Illness:

Equipment check done

↓

Baby received in a prewarmed linen

↓

dried/ warmed/ cleaned/ dried

↓

Cord cleaned/ clamped/ cut

↓

Inj. vitamin K given 0.5ml I.M

↓

vitals checked

↓

Shift to mothers side

Investigation details in previous Hospital :

-

Feeding History :

—

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Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition : Euthermic/Pink
d/t/A: good
hemodynamics are settled

VITALS : Temperature : Euthermic HR : 124/m RR : 52/m NIBP : CFT : <3

Color of the extremities : Acrocyanotic

Jaundice : Pallor : SpO2 : 92%

Anthropometry : Birth Weight : 2607 Length : HC : Present Weight :

Ponderal Index : AGA : SGA : ✓ LGA :

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures — Nl — Shape / Moulding : Edema / Bruising : Size - (H.C.) :
Facies : (Any Facial Dysmorphism)	— Nl —
NECK and CLAVICLES :	Range of Motion : Asymmetry : — Nl — Masses :
EYES :	Symmetry : Red Reflex : to be checked Discharge :
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : No cleft lip/palate Gums : Lips : Tongue :
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number : — Nl —
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : 2 + 1V Discharge :
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :
HERNIAL ORIFICES	
TRUNK and SPINE :	Nl.
SKIN LESIONS :	
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 49/min SCR / ICR / See - Saw breating : .....

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

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

Settings : .....

Spo2 : 97% Auscultation : BAE (+) Breath Sounds : NVBS (+) Added Sounds : .....

Cardiovascular System :

HR : 127/min BP : .....

Femoral Pulses : B/L well felt

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : NO

Abdomen :

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : looks patent

Umbilical Cord : 24 + 1V

First urine passed : —

Meconium passed : —

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

N

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : B/L Symmetrical DTR : .....

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

D/T/A : good

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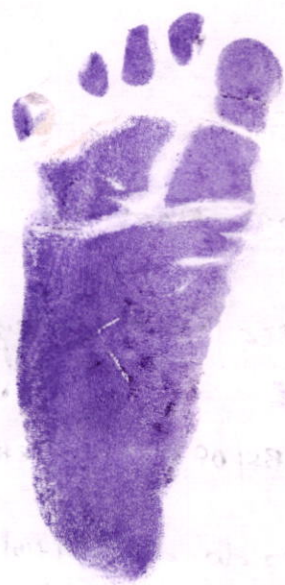
Any Congenital Anomalies : .....

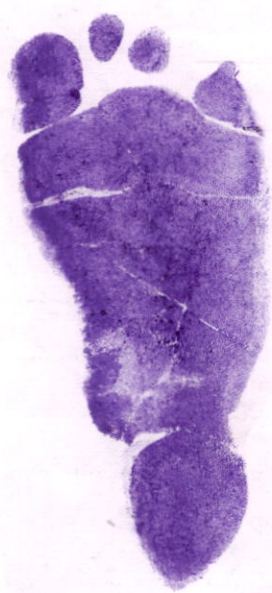
Diagnosis : Primi/38+2/c/AGA/SVD/Gest-thrombocytopenia/2607kg

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : .....

Name : .....

Date & Time : 3/7/26

Consultant : Dr. VENKATA LAKSHMI A Reg. No: 50116

Signature : .....

Name : .....

Date & Time : 3/7

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te 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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T THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Present Issues : .....

Vital : ☐ HR : ..... ☐ RR : ..... ☐ BP : ..... ☐ SPO2 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : Nil

Medications : 1. Send cord blood for Blood grouping

2. OPV/BCG/Hep-B today

3. SBF/MBS/DAT @ 24Hrs.

4. CBP to do at 24 Hrs.

Plan during ward follow up :

5. R/V NSG if thrombocytopenia.

6. W/F R.D.

7. Warm care

8. OBF/Ind hourly.

Feeding Plan at the time of shifting : 2:15pm to 3:30pm

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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Baby Of RUBEENA SAMREEN
03-07-2026 0 Y 0 M 0 D 23 H (F)
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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	4			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	2			
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~~ Breastfeed	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	1			
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	1			
	Total No. of Pages	18			

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

Signature and Date :

(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
3/7 5.00 pm	c/s/R RESIDENT.	
	2 hrs/ SEPSIS/ sr D/ 2607/ Gest thrombocytopenia/ c/AB	
	y → m — D+	Plan
		1. DBP/ 2nd hourly.
	Euthermic/ pink	2. Vaccines - OPV
	c/r/A: good	BCG
	warm peripheries	Hep-B
	Good perfusion	3. CBP @ 24 hrs/.
		4. Face Blood group.
		noted by Pooja

Docu. No. : RCHBH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 8:30am	c/s/B Resident	
	1S HOL | Primi | 38+2 | cephalic | Gestational thrombocytopenia c/AB | SVD | Fch	
	M | O+ / B | O+ — V | ✓ / m | ✓	Plan d/c
		① DBF 2hrly
	Bwt : 2.607kg Twt : 2.522kg. 3.2% ↓	② GRBS monitoring stop ~~12hrly~~
	Euthermic — Risk Eugycemic — GRBS —	③ Vaccination OPV ✓ BCG ✓ HepB Given on Today 4/7/26. Sis. Yadamma.
	cry tone activity } good	④ ~~TCBR @ 2:47pm~~ CBP @ 2:47pm
	CRT < 2sec.	⑤ SBR NBS one } TM @ 2:47pm.
	Dr. VENKATALAKSHMI A Reg. No: 50115	Y / Soluble ④ TCBR @ 3:00pm today & discharge. F/U Monday

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7	lactation care plan:	
9am		
	- breast	
	- colostrum seen	
	- well formed breast and nipples	
	- suck good.	
	Advice	
	- Direct breast feeding	
	- demo for deep latch as demonstrated in cradle hold.	
	- Make baby suck for 15-20 mins on each side	

Docu. No. : RCHBH /FRM / CLINICAL / 088

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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BREASTFEEDING HISTORY FORM

Mother's Name: Rubeena Samreen Baby's Name: ~~B/O~~ Rubeena Samreen Date of Birth: 3/7

Reason for consultation: lactation counselling for mother.

1. Baby's feeding now (ask all these points)	Breastfeeds 2-2½ hours	Day	Night
	How often		
	Length of breastfeeds 15-20 min		
	Longest time between feeds (time mother away from baby) 2-2½ hours		
	One breast or both breasts both.		
	Complements (and water) no	Pacifier (Yes / NO) no	
	What given		
	When started		
	How much		
	How is it given		
2. Baby's health and behaviour (ask all these urine output (more/less than points))	Birth weight 2.66→4.	Weight now	Growth
	Premature	Twin	
	Urine output (more/less than 6 times per day) –		
	Stools (soft and yellow/brown; or hard or green; frequency) –		
	Feeding behaviour		
	Illnesses	Abnormalities	
3. Pregnancy, birth, early feeds	Antenatal care (attended/not)	Breastfeeding discussed? Yes / No	
	Delivery: Normal / C – section	Early contact (First – 1 hour) Yes / No	
	Rooming – in Yes / No	Time first breast feed (if not within 1st hour)	
	Prelacteal feeds Yes / No (If Yes,)		
	What given	How given	
	Formula samples given to the mother Yes / No		
	Postnatal help available for breastfeeding Yes / No		
4. Mother's condition and family planning	Age	Breast condition	
		Motivation to breastfeed	
	Family planning method	Alcohol, smoking, coffee, other drugs Yes / no	
5. Previous infant feeding experience	Number of previous babies Gravida 1	Experience good or bad	
	How many breastfeed	Reasons	
	Any bottles used		
6. Family and social situation	Working / Home maker	Literacy status – Educated	
	Father's attitude towards breastfeeding Positive : Counselled about BBF		
	Other family members attitude towards breastfeeding		
	Help with child care		
	What others say about breastfeeding		

Lactation Consultant:

Signature: ..... Name: Supriya Date & Time: 4/7, 9:30 Am

LACTATION ASSESSMENT FORM

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Mother's details: Rubeena Samreen

Baby details: B/o Rubeena Samreen.

Delivery: Vaginal ☑ Cesarean ☐ Vaccum ☐ Forceps ☐ Gravida ☐ GA ☐

Reason for Visit: BF rounds ☑ Doctor Reference ☐ Patient Request ☐

BF previous baby: Reeni Previous BF difficulty: NO.

Present Lactation:

Colostrum: Yes ☑ No ☐ **Breast:** Normal ☑ Engorged ☐ Soft ☐ Tender ☐

Nipples: Flat ☐ Inverted ☐ Everted ☐ **Direct BF:** Yes ☑ No ☐

Expressed / Pallada feeding: Yes ☐ No ☐

LATCH Assessment:

	0	1	2	SCORE					
				D-1	D-2	D-3	D-4	D-5	D-6
LATCH	Too sleepy not sustained LATCH / suck	Repeated attempts for suck / latchHold nipple in mouth	Grasps breast tongue downlips flanged Rythmical sucking	2					
AUDIBLE SWALLOWING	None	A few with stimulation	Spontaneous & Intermittent	2					
TYPE OF NIPPLE	Inverted	Flat	Everted (After stimulation)	2					
COMFORT	Engorged cracked Bleeding large Blisters bruises	Filling reddened small blisters / bruises	Soft Non tender	2					
HOLD	Full Assist	Minimal assist	No assist	1					
			Total Score	9					

BABY WEIGHT CHART							FIRST FEED	
Date							Breast Feed	Top Feed
Weight								

Teaching Instructions: Deep latch.

Discharge Instructions: Urine and weight monitoring

Feed Frequency Duration: 2 - 2½ hours

Feeding techniques: Cradle / cross cradle.

Assessment of output: good

Sources of BF assistance at home: Hardcourts

Next Follow up: 1 week

Lactation Consultant: Name: Supriya Signature: Date & Time: 4/7 9:30 Am

Docu. No: RCHBH/ FRM/ CLINICAL/ 282

PATIENT STICKER

BREASTFEEDING OBSERVATION CHART

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Please tick ☑ for Yes, ☒ for No and leave ☐ blank for Not Applicable:

Observation Parameters																									
	Date & Time	4/7																							
	No. of Feeds	3																							
Body Position	• **Mother relaxed and comfortable**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Shoulders tense, leans over baby	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby's head and body in straight line**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby's head and body is not straight line	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby's body close to mother's**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby's body not close to mother's	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby's back**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Only shoulder or head supported	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Breast well supported** (optional)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Breast supported in scissor hold or nipple being pushed in baby's mouth	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Supine**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Sitting	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Responses	• **Baby roots for breast**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• No rooting observed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby explores breast with tongue**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby not interested in breast	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby calm and alert at breast**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby restless or crying	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby stays attached to breast**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby slips off breast	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Signs of milk ejection, (leaking, after - pain)**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• No signs of milk ejection	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Emotional Bonding	• **Secure, confident hold**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Nervous or limp hold	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Face-to-face attention from mother**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• No mother/baby eye contact	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Much touching by mother**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Little touching or Shaking or poking baby	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Anatomy	• **Breasts soft after feed**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Breasts engorged	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Nipples average size**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Nipples large / flat/ inverted	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **No lump in breast**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Lump in breast	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Suckling	• **Mouth wide open**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Mouth not wide open, points forward	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Chin touching the breast and nose close to breast**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Chin and nose away from the breast	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Lower lip turned outwards**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Lower lip turned in	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Cheeks round**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Cheeks tense or pulled in	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Slow deep sucks, bursts with pauses**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Rapid sucks only	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Baby Suckled for (in Minutes)	Left:	15m																								
	Right:	15m																								
EBM (in ML)		30ml																								
Formula Feeds																										
Birth Weight																										
Present Weight																										
Weight Loss																										
Nurse Signature:																										
Nurse Name:		Grace																								

BAH-00660613 IP5-00175930
Baby Of RUBEENA SAMREEN
03-07-2026 0Y0M0D1H (F)
Dr. VENKATA LAKSHMI A

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.

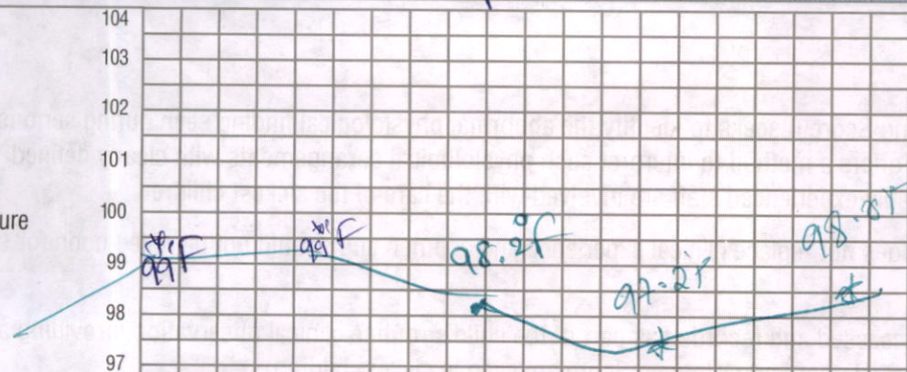
BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 3/7/26 Time: 3pm | 6pm | 10 pm | 2 am | 6 Am

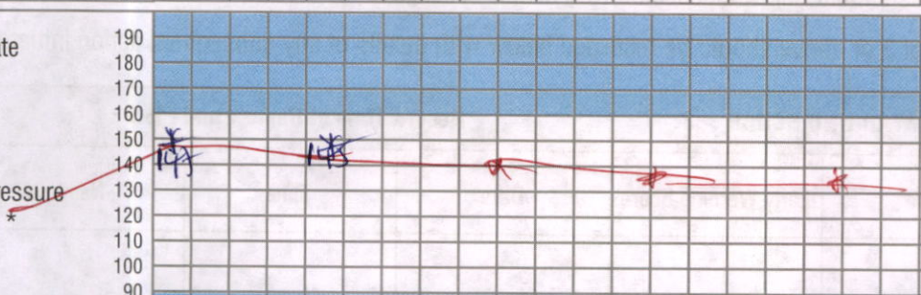
Doctor/Nurse/Family Concern?

Temperature (F)



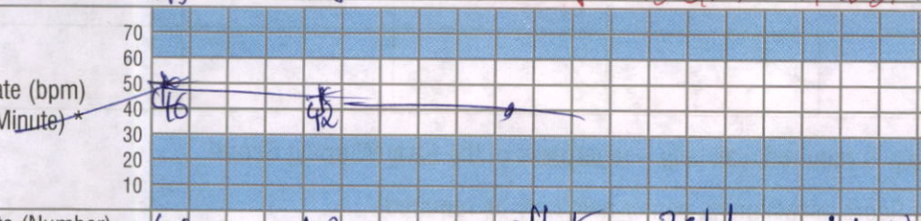
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number) 147 | 145 | 140 bpm | 136 bpm | 142 bpm

Resp. Rate (bpm) over 1 Minute) *



Resp Rate (Number) 46 | 42 | 40 bpm | 38 bpm | 44 bpm

Resp Distress	Mod/ Severe / None / Mild			
Receiving O_2 (l/min)		-		
O_2 Saturations (%)	100%	100%	99%	98%	97%
Conscious Level	Normal / Altered	G		
GCS *			15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0
Pain Score		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

Pratiksha Rainbow Children's Hospital
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-00660613 IP5-00175930
Baby Of RUBEENA SAMREEN
03-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. VENKATA LAKSHMI A

o. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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) (per 1 Minute) *
70
60
50
40
30
20
10

Resp Rate (Number)

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)

O_2Saturations (%)

Conscious Level: Normal | 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
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Patient Sticker

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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.
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BAH-00660613 IP5-00175930
Baby Of RUBEENA SAMREEN
03-07-2026 0Y0M0D1H (F)
Dr. VENKATA LAKSHMI A

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

FLUID CHART

Sheet No. : 1

3/7/26.

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm						|				|	
	03:00 pm		DBF				|				|	
	04:00 pm						WP					Sandhya
	05:00 pm						|			✓	NIL IV	Sandhya
	06:00 pm		DBF				|				|	Sandhya
	07:00 pm										1		Sandhya
Total Intake :						**Total Output :**				U-1	M-0	
	08:00 pm						|			|	|	Pooja
	09:00 pm		DBF				|			|	|	Pooja
	10:00 pm						M			M	No IV cannula	Pooja
	11:00 am		DBF				|			|	|	Pooja
	12:00 am						|			|	|	Pooja
	01:00 am		DBF				|			|		Pooja
Total Intake :						**Total Output**				U-0	M-0	
	02:00 am										|	Pooja
	03:00 am		DBF								|	Pooja
	04:00 am										No Cannula	Pooja
	05:00 am		DBF								|	Pooja
	06:00 am						✓			✓	|	Pooja
	07:00 am		DBF							✓	|	Pooja
Total Intake :						**Total Output :**				U-2	M-1	

Total 24 hrs. Intake		Total 24 hrs. Output	U-3 M-1

BAH-00660613 IP5-00175930
Baby Of RUBEENA SAMREEN
03-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. VENKATA LAKSHMI A

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. : 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											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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.

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

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

Patient Sticker

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

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

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