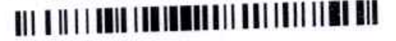
Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits. Govt General Hospital Kda ,Vishakhapatnam ,Andhra Pradesh, INDIA ,530040.
TEL NO :891-3501601
WEB : https://rainbowhospitals.in

ADMISSION SHEET



Registration Details :

Admission No : IP22-00023364 **Admit Date** : 24-Jun-2026 **Admit Time** : 06:33 AM **UHID** : HCV-00041009

Patient Details :

Patient Name : Baby B/O VALLE RAMA
Guardian : REDDI DAMODAr SANTOSH
Gender : Female
Occupation :
Address (H) : Babametta Vizianagaram Andhra Pradesh INDIA 535002

Age : 0 D
DOB : 24-06-2026 06:06 AM
Religion :
Martial Status :
Phone No : 9642285730/ 9642285730
E-mail : 9642285730@gmail.com

Admission Details :

Bed Type : BASINET
Room No : CRDL-PRI-304-1
Bed No : CRDL-PRI-304-1
Admission Type : First Visit
Ward Name : 3F-THIRD FLOOR

Contact Details :

Name : REDDI DAMODAr SANTOSH
Contact Address : Babametta Vizianagaram Andhra Pradesh INDIA 535002
Relationship : Father
Phone No :

Signature

Doctor Details :

Doctor Name : Dr. R HARIHARAN
Referral Doctor : SELF
Co-Consultant :
Specialisation : NEONATOLOGY
Phone No :

Payment Details :

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

HCV-00041009 IP22-00023364
Baby B/O VALLE RAMA
24-06-2026 0Y0M0D1H (F)
Dr. R HARIHARAN

NURSING INITIAL ASSESSMENT FOR NICU

Date of Admission: 24/6/26

Source of Admission: ☐ OPD ☐ Ward ☑ Labor Ward ☐ Other: ....

Reason for Admission: Term / AGA / IDM / PROM / Trachypnea

Admission Diagnosis: Term / AGA / IDM / PROM

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name: ....

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Other Specify ....

Do you require an interpreter? ☐ Yes ☑ No

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: ....

If yes, identify ....

Source of Information : ☐ Family ☐ Others, Specify ....

Past Medical History	Past Surgical History	Last Hospital Admission
–	–	–

Significant History	Family History: ....

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list, ...

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: ....

Are the child's immunization up to date? ☐ Yes ☑ No

Current Medications	Taking Medications? ☐ Yes ☑ No If yes, Fill the reconciliation form Medicine brought to the hospital? ☐ Yes ☐ No

Observations:

Birth Weight: 3.1 kgs Head Circumference: .... cm Length: .... cm

☑ Term ☐ Pre-Term ☐ Post-Term

Blood Group: Mother: B+ve Baby: ....

Feeding: ☐ Breast Feeding ☐ Formula ☑ Both

Maternal Details: Age: 29 years, **PARA:** .... **Gestation:** .... Weeks, ... Days

Risk Factors: ☑ PROM ☐ Fetal Distress ☐ Diabetes Mellitus / Gestational Diabetes

☐ PH / Pre Eclampsia ☐ Others, Specify: ....

Mode of Delivery: ☑ Normal ☐ LSCS - Emergency / Elective ☐ Instrumental ☐ AVD

Indication: ....

HCV-00041009 IP22-00023364
Baby B/O VALLE RAMA
24-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. R HARIHARAN

Newborn Assessment:

Temp: 36.5 HR 151 / Min RR 56 b / Min BP .... SpO²: 99%

Pain Score +1 (Follow N Pass and Document)

Fall Risk Intervention Done: ☑ Yes

Risk of Pressure Sore: ☑ Yes ☐ No (Fill Braden Q Sheet)

General Appearance: ☐ Posture ☑ Well-Fixed ☐ Asymmetry

Behavioural Status on Admission :

☑ Sleeping Crying ☐ Calm ☐ Drowsy

Skin: ☑ Pink ☐ Meconium Stain ☐ Others, Specify..

Functional Screening: If a patient needs assistance with any of the following inform consultant

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality ☑ No Abnormalities Detected

Inform Consultant for Positive Criteria

Nutritional Screening:

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special Diet ☑ No Abnormalities Detected

Inform Consultant for Positive Criteria

Social History: Lives With ....

Siblings in household ☐ Yes ☑ No (if yes How Many?) ....

All Information Obtained From ☐ Patient ☐ Mother ☑ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ NICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

Orientation given to: ☑ Family ☐ Others

Name of Person Orientation was given to: R.D Santhos (Father)

Orientation not given Reason: ....

DISCHARGE PLAN

Source of Information: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No

Will Physiotherapy require at home: ☐ Yes ☐ No

Is home medical equipment anticipated: ☐ Yes ☐ No

Is home oxygen therapy anticipated: ☐ Yes ☐ No

Breastfeeding ☐ Yes ☐ No

Formula Feed ☐ Yes ☐ No

Are dressing needs at home anticipated: ☐ Yes ☐ No

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify ....

Patient Sticker

Discharge Medications: ☐ Yes ☐ No

Details:

Final Diagnosis: ....

....

....

Nurse Signature: ....

Nurse Name: ....

Date & Time: ....

Discharge Details: (To be completed by discharging Nurse)

Neonatal Condition at Discharge:

....

....

Feeding: ☐ Breastfeeding Exclusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

Vaccinations given ☐ BCG ☐ Hepatitis B ☐ Others: ....

Neonatal Screen Taken: ☐ Yes ☐ No, parents advised to have Neonatal Screen at National screening program center on: ..../................./..............................

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge: ....

Appointment was given for follow-up at OPD: ☐ Yes ☐ No

Date of Discharge: ..../................./..............................

Discharge to ☐ Home ☐ Other: ....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Nurse Signature: ....

Nurse Name: ....

Date & Time: ....

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Baby B/O VALLE RAMA
24-06-2026 0Y0M0D1H (F)
Dr. R HARIHARAN

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It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Valli Rama Age : 29 yr Father's Name : Santhosh Age : ....

Date of Birth : .... Date of Admission : .... UHID No.: ....

NICU Consultant : Dr. Parameeh 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 Valle Rama

Gender : ☐ M ☑ F Blood Group : B +ve

Date of Birth : 24/6/26 Time of Birth : 6.06 AM

Place of Birth : RCH vizag

Mother's Blood Group : B positive

Birth Weight (gms) : 3107 g Length (cms) : ....

OFC (cms) : ....

Estimated Gesth Age : 37 +4 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 29 yr Ht : 156 c Wt : 79 kg BMI : .... Married Life : 4 year LMP : 1/10/25 EDD : 8/7/26

Conception : (Spontaneous) or with Rx. : ....

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

Last Scans Details : 18/6/26 Cephalic presentation, pl: anterior AFI: 14
Doppler (N) TT Immunization and Iron / Folic Acid : Given

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 PE screen : Positive

How many Drugs / Doses / Since how long : ....
at 37 weeks

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

IUGR - when detected : ....

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

AFI : ....

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

Controlled or not, recent values, HbA1 values : ....
On MNT : 34 week

Compliance with Rx : ....

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

H/o Hypothyriodism : when diagnosed ? Medication?
On Thyronorm 37.5 mcg OD

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 : 24 hrs ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : ....

Medication during Pregnancy : on T. ECOSPRIN 150 mg : 36 wks Duration : ....

HCV-00041009 IP22-00023364
Baby B/O VALLE RAMA
24-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. R HARIHARAN

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Ragasudha .... Hospital : RCH, viz .... ☑ 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 : —

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink	1	1	
HEART RATE	Absent	< 100 Minutes	> Minutes	2	2	
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal	2	2	
MUSCLE TONE	Limp	Some Flexion	Active Motion	1	2	
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying	2	2	
TOTAL				8/10	9/10	9/10

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)		0
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)		0
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)			0
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)		0
SGA	> 3rd percentile (0)	< 3rd (12)			0
				Total	0

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

—

Ref. No.: F / NICU / IPMR / 03

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : B/o Valle Rama. Age 29 y. Father's Name : Santosh. Age : ....

Date of Birth : ..... Date of Admission : .... I.P. No.: ....

NICU Consultant : Dr. Paramesh 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 Valle Rama.

Gender : ☐ M ☑ F Blood Group : ....

Date of Birth : 24/6/26 Time of Birth : 6:06 AM

Place of Birth : RCH Vizag

Mother's Blood Group : B+ve

Birth Weight (gms) : 3107g Lenght (cms) : ....

OFC (cms) : ....

Estimated Gesth Age : 37 wks +4d

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 29 y Ht : 156cm Wt : 79 kg BMI : .... Married Life : 4 yrs LMP : 1/10/25 EDD : 8/7/26

Conception : Spontaneous or with Rx. : Spontaneous

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

Last Scans Details : 18/6/26 :- Cephalic presentation, placenta: anterior, AFI: 14
EFW : 2818 g (35%ile) Doppler Normal TT Immunization and Iron / Folic Acid : given

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 PE screen positive

How many Drugs / Doses / Since how long : @ 37wks.

....

H/o value of recent BP recording, proteinuria, edema,

oliguria, any investigations (LFT, platelet count) : ....

....

IUGR - when detected : ....

Doppler (Increased Resistance / ADEF / RDDF /

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

AFI : ....

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

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

on MNT : 34wks.

Compliance with Rx : ....

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

H/o Hypothyroidism : when diagnosed ? Medication?

from 1st month - on T.Thyronorm 37.5mcg OD

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 : 24hrs ☐Uterine Tenderness ☐Foul Smelling Liquor ☐HVS (if taken) - Results : ....
→ on Antibiotics iv

Medication during Pregnancy : on Ecospirin 150mg : 36wks Duration : ....

P

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Raja Sudha Hospital : RCH Vizag ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig) NVD

Second stage (> 2 hours after dilation)

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

Specify the reason : ....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☑ Normal ☐ Suspicious ☐ Pathological

MSL : No

Resuscitation : ☑ Yes ☑ No

Cord ABG : ....

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

NEONATAL RESUSCITATION DETAILS

APGAR SCORE

Gestational Age : 37+4 Weeks : ....

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink	1	2	2
HEART RATE	Absent	<100 / Minute	> 100 / Minute	2	2	2
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal	2	2	2
MUSCLE TONE	Limp	Some Flexion	Active Motion	1	2	2
RESPIRATION	Absent	Weak Cry: Hypoventilation	Good Crying	2	2	2
			TOTAL	8/10	10/10	10/10

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HOPI :

Baby cried immediately after birth.

↓

Delayed cord clamping done.

↓

respiratory efforts : good.

HR : 168/min.

↓

routine care given.

↓

inj vit.k 1mg IM given.

↓

SpO2 : 94% at 10 minutes

Tachypnea ⊕ c̄ grunting. RR - 64/min

↓

neopuff CPAP support provided c̄ PEEP - 6

FiO2 - 25%.

↓

shifted to NICU.

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Description :

VITALS : Temperature : 36.5°c HR : 168/min RR : 59/min NIBP : .... CFT : ....

Colour of the extremities : pink.

Jaundice : No Pallor : No SpO2 : 92% at room air

Anthropometry : Birth Weight : 3.107kg Length : .... HC : .... Present Weight : ....

Ponderal Index : .... AGA : 50th-90th SGA : .... LGA : ....

HEAD TO TOE EXAMINATION

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : ....

Spo2 : ....97%.... Auscultation : ....(N).... Breath Sounds ....(N).... Added Sounds : ....No....

Cardiovascular System :

HR : ....165/min.... BP : ....

Precordial Activity : ....(N)....

Femoral Pulses : ....(+)....

Murmurs : ....No....

Other Peripheral Pulses : ....(+)....

Signs of Cardiac Failure : ....

Abdomen :

Shape : ....

Palpation : ....soft....

Palpable masses : ....

Abdominal girth : ....

Hernial orifice : ....patent....

Anal Patency : ....Patent....

Umbilical Cord : ....2A/1V....

First urine passed : ....x....

Meconium passed : ....x....

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

State of wakefulness : ....

Prechtle Score : ....

Cranial Nerves :

....

....

....

....

Motor System :

Passive Tone : ....

Active Tone : ....

Neonatal Reflexes : ....

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

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

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

Any Congenital Anomalies : No

Diagnosis : Term/ AGA/ Baby Girl/ 3.103kg/ IDM/ Well Baby/ PROM :- 22hrs

FOOT PRINTS

Left Side :

Right Side :

noted

Resident Doctor :

Signature :

Name : Dr Aishwarya.

Date & Time : 24/6/26 at 6.13am

Consultant :

Signature : R. Harikaran

Name : R. Harikaran

Date & Time : 24/6/26

PLEASE FILL UP THE FOLLOWING DETAILS

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

   Address :

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

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

   on whose name the patients is being referred.

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

Vital : ☐ HR : ☐ RR : ☐ BP : ☐ SP02 : Weight :

Any Oxygen requirement :

Systemic :

Medications :

Adv:

① neopuff CPAP support c PEEP-6 → cannula

(1) Adlib feeds OG feeds 15 ML 2hrly

(2) Cord Blood → TU, TSH, BGT.

Plan during ward follow up :

(3) GRBS monitoring → 2h, 4h, 6h, 12h, 24h of life.

(4) Blood c/s to be sent

(5) Inj. PIPTAZ, Inj. AMIKACIN. } withhold.

Feeding Plan at the time of shifting :

(6) Red reflex, Vaccination, TEOAE } to be done.

Screenings done during NICU Stay :

(7) CCHD screening at 24h of life

NSG :

(8) TCB @ 24 hrs of life

Hearing Screen :

ROP :

TFT :

NP2 :

Pulse Oxymetry Screen : RH-98% LH-99% LL-99% RL-99%

New Born Screening :

noted by [illegible]

R... F / HW / PGN / INPR / 15

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00041009 IP22-00023364
Baby B/O VALLE RAMA
24-06-2026 0Y0M0D1H (F)
Dr. R HARIHARAN

Patient:
Age :
I.P. No. :

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		C/S/B Dr. Paramesh / Dr. Hariharan / Dr. Sumina
24/6/26 8Am		
		Δ ïs → Term / AGA / NVD / PROM / IDM
		(37+4 day)
		Baby on ram canula CPAP support
		PEEP - 5 [illegible]
		No tachypnea, grunting
		RR - 49/min, SpO_2 - 99%
		CVS
		Hemodynamically stable
		colour & perfusion - good
		$S_1 S_2$ (+), HR - 140 bpm
		CNS
		cry / tone / activity - good
		urine / stool } didn't pass
		GRBS - 77 mg/dl @ 8 AM
		Plan
		→ Stop neopuff
		→ 15ml Q2H NG feeds
		Try spoon feeds
		Sumina if Tachypnea settles
		→ GRBS @ 6 & 12 hrs
		R. Hariharan of life
		[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

24/6/26
5PM

C/S/B Dr. Paramesh | Dr. Harihoran | Dr. Sunnina

Dx - Term | AGA | NVD | PROM | IDM

Baby reviewed
Baby self ventilating on room air
No tachypnea, grunting
Hemodynamically stable
colour & perfusion - good
cry | tone | activity - good
urine } passed
stool }

Vitals

HR - 152 bpm
SpO_2 - 98%.
RR - 54/min
Temp 36.5°C

Adv

1. Continue Adlib feeds
2. Plan to shift to ward
3. TCB @ 24hrs of life
CCHD
4. Red reflex & birth vaccination to be done

Sunnina

Noted by
S/N chargedevi
20245
6PM -

Ref. No. : F / HW / PGN / INPR / 15

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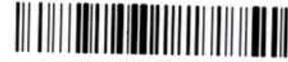
PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00041009 IP22-00023364
Baby B/O VALLE RAMA
24-06-2026 0 Y 0 M 0 D 13 H (F)
Dr. R HARIHARAN



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
25/6/26 8AM		c/s/b Dr. Hariharan / Dr. Balaji
	26hr of life	D/s: TERM / AGA / NVD / PROM / 1DM (37wk+4day).
	Birth wt → 3.107kg c.wt → 2.954kg wt loss → 4.9%.	Baby on room air No distress, tachypnea cry / tone / activity - good urine } stool } passed Feeding → DBF
		TCB → 9.5 — Advice:
		Baby } B+ve. mother } — · Ad lib feeds · birth vaccination & red reflex to be done.
		* discharge
		Dr BALAJI
		N:B Sandhya OA-222 25/6/26 10AM.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

BGT = (B positive)

RESULT SHEET

HCV-00041009 IP22-00023364
Baby B/O VALLE RAMA
24-06-2026 0Y0M0D1H (F)
Dr. R HARIHARAN

IW / RS / INPR / 17

Sheet No. : ....

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						
Doctor's Signature						

Date	24/6/26					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
T4	9.87					
TSH	10.90					
BGT	B +ve					
Doctor's Signature						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

HCV-00041009 IP22-00023364
Baby B/O VALLE RAMA
24-06-2026 0Y0M0D13H (F)
Dr. R HARIHARAN

24/6/26

: RCH / FRM / CLINICAL / 124

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter	8 pm	10 pm	2 Am	5 Am
Date: .... Time:	8 pm	10 pm	2 Am	5 Am
Doctor/Nurse/Family Concern?				
Temperature (°F) (scale 94–104)	98.3°F	98.7	98.4	98.7
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	plotted	plotted	plotted	plotted
Heart Rate (Number)	138 bt	136 bt	130 bt	128 bt
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)		plotted	plotted	plotted
Resp Rate (Number)	56 bt	38 bt	32 bt	34 bt
Resp Distress — Mod/ Severe				
Resp Distress — None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	100%	100%	99%	100%
Conscious Level — Normal				
Conscious Level — Altered				
GCS *	15	15	15	[illegible]
TOTAL SCORE Number of shaded boxes	0			
Pain Score	0	0	0	0
Observer's Initials	[illegible]			

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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)

HCV-00041009 IP22-00023364
Baby B/O VALLE RAMA
24-06-2026 0Y0M0D13H (F)
Dr. R HARIHARAN

25/6/26

No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Field	Entry
Date: .... Time:	7	12PM.
Doctor/Nurse/Family Concern?	Am
Temperature (°F) (104–94)	98.6F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	plotted ~130
Note: BP does not score in early warning scoring	
Heart Rate (Number)	136bt
Resp. Rate (bpm) (Over 1 Minute) * (70–10)	plotted ~45
Resp Rate (Number)	48b
Resp Distress: Mod/ Severe	
Resp Distress: None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	100%.
Conscious Level: Normal	
Conscious Level: Altered	
GCS *	N
TOTAL SCORE Number of shaded boxes	
Pain Score	0
Observer's Initials	

ACTIONS	
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	Score 2 : Shift in charge nurse to be informed and continue hourly observations
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