Rainbow® Children's Hospital
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ACTIVITY RECORD FOR BILLING

Name: ---------- KOH-00307375 Baby Of ARUNIMA 21-09-2025 Dr. V VAMSI KRISHNA IP2-00056554 0 Y 8 M 24 D (M) ----------

UHID No : ---------- ultant : ---------- Dept : ----------

Date of Admission : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/6/26	2:10 pm	ER	SDG	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
13/6/26	CBP-CRP } op basis	213235	[illegible]
13/6/26	CUE	213237	
14/6/26	Bloodcls, Resp-Panel	26008271	[illegible]
	InERcross check done by [illegible] @ 14/6/26		
15/06/26	CBP, CRP	26008306	manish
	Cross Checked by [illegible] 16/06		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
14/6/26	Infusion pump	2:30 pm	16/6/26 CA	945958	Sreshma
14/6/26	CXR	—	—	2795	~~14/~~
	Dr ER cross check done by Ujjwal @ 14/6/26				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
14/6/26	IV Cannulation	1	945941	
	IN ER cross check done by	Ujjwal@	14/6/26	
	15/6/26 @ ON CALL FOOD	—		
15/6/26	IV Cannulation	1	946260	Sandhya
	Cross checked by	Ujjwal		

ANY OTHER INFORMATION

op file given to parents.
✓ finish

Date : 14/6/26 Time : 1pm Prepared By : Ujjwal

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
chek by Ujjwal 14/6/26	~~ER~~ TO SOB Duchess		

Ref.No. F/IN/PR/10

Rainbow®
Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

KOH-00307375 IP2-00056554
Baby Of ARUNIMA
21-09-2025 0 Y 8 M 24 D (M)
Dr. V VAMSI KRISHNA

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

- fever x 4days
- ↓ oral intake x 2dy

History of present illness :

- fever high grade from 4 days not associated with chill or rigor
- ↓ oral intake from 2days
- No h/o cold, cough, loose stools

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

>3kg, NVD, CAB

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

(N) upto age

Immunization History :

Upto age

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 11.9kg (Centile _____)

On Examination :

Temperature : 101.5°F Pulse Rate: 139/m Description _____

B.P. _____ SPO2 98% at _____

Resp. rate and type of breathing : 30/m

Rash _____

Lymphadenopathy ⊖

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : clear

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1S2

Any murmur : _____

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) _____

Per Abdomen :

Inspection _____

Palpation : _____

Ausculation : NAD

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : (14)

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power

Co-ordinator : (WNL)

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

- AFI - day-4.

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

- Blood culture
- Respiratory ~~Blood~~ panel.
- CXR.
- CBP, CRP, CUE - done

Planned Management :

- IV fluid
- Inj augmentin
- fever management

Noted by Smile

Please fill up the following details

1. Name of the Referring Doctor :
2. Name of the Referring Hospital : (Including the name of City)
3. Contact number of the Referring Doctor : (Preferring Mobile #)
4. Name of the doctor in Rainbow Team on whose name the patient is being referred

Doctor's Signature Name Dr Chandana Date Time

KOH-00307375 IP2-00056554
Baby Of ARUNIMA
21-09-2025 0 Y 8 M 24 D (M)
Dr. V VAMSI KRISHNA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/25 7PM	C/B Dr. Varun;	
	~~No~~ Fever 1 episode of fever	
	O/E:	&/
	GC-Stable	T/C same treatment
		CBP, CRP-T/M:
		Trace viral panel report & Culture
	Noted by- Sushma 14/6/25 @ 7 pm	

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

(P.T.O)

KOH-00307375 IP2-00056554
Baby Of ARUNIMA
21-09-2025 0 Y 3 M 24 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9.30pm	- c/o rashes over legs & forehead fever spikes - (+)	
	- Maculopapular	- See for progression of rashes.
	Noted by manisha @ 9:30pm	

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

KOH-00307375 IP2-00056554
Baby Of ARUNIMA
21-09-2025 0 Y 3 M 25 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 9:00am	C/S/B Dr. vamshi	
	Δ - AFI (D4)	
	FEVER spikes present.	Advice
	maculopapular Rash (+) over legs & face noted yesterday	1) trace resp panel, Blood c/s.
	2 Episodes of vomiting since y'day.	2) Cont INF.
		3) FEVER management
		4) Monitor vitals.
	O/E	
	R/S - BLAE (+) No added sounds	
	CVS - S_1S_2 (+)	
	P/A - soft, non tender.	
	Noted by Sandhya.	

KOH-00307375 IP2-00056554
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21-09-2025 0 Y 3 M 25 D (M)
Dr. V VAMSI KRISHNA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6	CISIRS Req	
	4-NFI (PM).	
3:30pm		
	FEVER Spikes	Advice
	present	1) CSF -
	NO whitings.	2) Monitor vitals.
	oral intake - poor	
	O/E	
	RIS - BILATERAL NO added sounds	
	CVS - $S_1 S_2$ (+)	
	PIA - Soft, Non tender	
	vitals - Stable	
	Cannula site swelling present ↓ change cannula	
	noted by Sandhya	15/6/24 @ 3:30PM

KOH-00307375 IP2-00056554
Baby Of ARUNIMA
21-09-2025 0 Y 3 M 25 D (M)
Dr. V VAMSI KRISHNA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/06	c/s/b Dr. Vamsi.	
2pm		
	AFI (D4)	
		plan
	fever spikes (+)	
	but improving	
		1) Ct. same
	Hemo - stable	2) Trace blood c/s
	CVS	3) Continue IVF - 1/2 M
	RS (N).	
	P/A	4) Temp management
		Brg 15/06
	noted by Sandhya 15/6/26 @7PM	

KOH-00307375 IP2-00056554
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6	c/s/Dr VK	
	1 fever Spike	N/a
	— Vital stat	D/t on Augmentin
	G/E ↓	Paracetamol drip
		Inj Ibuprofen

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

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OP basis

RESULT SHEET

Date	13/6/26	15/6/26				
Time	9.31 pm	@ 7.16 AM				
Hb	10.6	10.2				
PCV	31.6	30.6				
RBC	4.27	4.13				
WBC	15.95	10.55				
N/L						
Platelets	221	180				
CRP	71	30.0				
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						

OP basis

Date	13/6/26					
Time	9.31pm					
CUE - Alb	Nil					
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	3-4					
CUE - RBC Cells	Nil					
CUE epithelial	2-3					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
~~Key~~ 14/6/26 @ 1.55pm						
Genexpert for						
FluB	Negative.					
RSV						
Adenovirus - Negative						
Covid RT PCR - Negative						

Culture and Sensitivities : 14/6/26 @ 1.55pm (Blood c/s)

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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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: 506

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 : Dr chandu

Date & Time : 14/6/26 1pm

Nurse Name & Signature: Ujjwala

Date & Time : 14/6/26 @ 1PM

Docu. No. : RCH / FRM / GENERAL / 090

Inj – Augmentin · $\frac{600 \times 5\,ml}{600\,mg} = 5\,ml$

Inj - pantop – $\frac{10\,mg \times 4\,ml}{40\,mg} = 1\,ml$

Inj - PCM – $\frac{180\,mg \times 100\,ml}{1000\,mg} = 18\,ml$

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B/O Arunima

DRUG CHART

Date of Admission: 14/6/25 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 *I* 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.

11.9 kg

SOS / PRN (As Required Medication)

DRUG : Inj. Paracetamol

Dose	Route	Frequency	Start Date
180mg	IV	8 hrly	14/6

Doctor's Signature | Valid Period | Pharm.

Additional Instructions: if temp >100°

Date/Time																
	14/6				16/6											
	4 PM Divakar Lanka				Chandu Sunitha											
	10:40pm manisha															

DRUG : Syp. IBUGESIC

Dose	Route	Frequency	Start Date
5ml	PO	8 hrly	14/6

Doctor's Signature | Valid Period | Pharm.

Additional Instructions: if temp > 101°F

Date/Time																
14/6		15/06														
1pm		2:40: manisha														
		9AM Sandhya 6PM Sandhya														

DRUG : INJ ONDANSETRON

Dose	Route	Frequency	Start Date
2mg	IV	SOS.	15/6.

Doctor's Signature RH | Valid Period | Pharm.

Additional Instructions:

Date/Time																
15/6																
10am Sandhya.																

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

KOH-00307375 IP2-00056554
Baby Of ARUNIMA
21-09-2025 0 Y 8 M 24 D (M)
Dr. V VAMSI KRISHNA

REGULAR PRESCRIPTIONS

Weight. 11.9kg Ward. SN

DRUG : Inj AUGMENTIN

Dose	Route	Frequency	Start Date
600mg	IV	BD	14/6

Name & Signature of the Doctor Starting the Drugs: Dr Chandan

Additional Instructions:

Date / Time	14/6		15/06		16/6
	3 AM	3PM Sreelekha Lakshmi	3PM Manisha		Chand Sunitha
	3PM	X	Sandhya Shanthi		
Daily Doctor's Endorsement by a Sign		M		M	

DRUG : Inj PANTOP

Dose	Route	Frequency	Start Date
10mg	IV	OD	14/6

Name & Signature of the Doctor Starting the Drugs: Dr Chandan

Additional Instructions:

Date / Time	14/6		15/06		16/6
	6 AM	3PM Sreelekha Lakshmi	Manisha		Chand Sunitha
Daily Doctor's Endorsement by a Sign		M		M	

DRUG : Nasoclear Nasal Drop

Dose	Route	Frequency	Start Date
2	PO	6hly	14/6

Name & Signature of the Doctor Starting the Drugs: Dr Chandan

Additional Instructions:

Date / Time	14/06	15/06	16/6		
	12AM 11PM	X	Chand Sunitha		
	6AM	Manisha	Chand Sunitha		
	12PM 11PM	1PM Sandhya			
	6PM	Sandhya Shanthi			
Daily Doctor's Endorsement by a Sign		N M			

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time																
Daily Doctor's Endorsement by a Sign																

Patient Sticker

Weight. 41.9kg Ward. 5M

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.	

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

Name

VERIFIED

KOH-00307375 IP2-00056554
Baby Of ARUNIMA
21-09-2025 0 Y 8 M 24 D (M)
Dr. V VAMSI KRISHNA

I.V. FLUIDS CHART

Weight. 11.9 Kg Ward. NICU

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
14/6	2:30pm	DNS (3rd maint)	IV	30 ml/h			15/6		
15/6	1pm	DNS	IV	20					

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

.Pulse Rate : Normal Rate by Age (beats/minute) Reference:PALS Guidelines, 2015

Age	Awake Rate	Sleeping Rate	
Neonate(<28days)	100-205	90-160	
Infant (1 month-1yr)	100-180	90-160	
Toddler (1-2yr)	98-140	80-120	
Preschool (3-5 yr)	80-120	65-100	
School -age (6-11yr)	75-118	58-90	
Adolescent (12-15yr)	60-100	50-90	

Respiratory Rate: Normal Respiratory Rate by Age (breaths/minute) Reference:PALS Guidelines, 2015

Age	Normal Respiratory Rate		
Infant (1 month-1yr)	30-53		
Toddler (1-2yr)	22-37		
Preschool (3-5 yr)	20-28		
School -age (6-11yr)	18-25		
Adolescent (12-15yr)	12-20		

Blood Pressure:Normal Blood Pressure by Age (mm/hg) Reference:PALS Guidelines, 2015

Age	Systolic Pressure	Diastolic Pressure	Systolic Hypo tension
Birth	39-59	16-76	<40-50
Birth	60-76	31-45	<50
Neonate(<28days)	67-84	35-53	<60
Infant (1 month-1yr)	72-104	37-56	<70
Toddler (1-2yr)	86-106	42-63	<70 + (age in years x 2)
Preschool (3-5 yr)	89-112	46-72	<70 + (age in years x 2)
School -age (6-11yr)	97-115	57-76	<70 + (age in years x 2)
Pre-adolescent (10-11y)	102-120	67-80	<90
Adolescent (12-15yr)	110-132	64-83	<90

Temperature :Normal Temperature Range by Method Reference: CPS Position Statement on Temperature Measurement in Pediatrics, 2015

Method	Normal Range (^{0}C)	Normal Range (^{0}F)
Rectal	36.6-38	97.8-100.4 ^{0}F
Ear	35.8-38	96.4-100.4 ^{0}F
Oral	35.5-37.5	95.9-99.5 ^{0}F
Axillary	36.5-37.5	97.7-99.5 ^{0}F

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INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

KOH-00307375 IP2-00056554
Baby Of ARUNIMA
21-09-2025 0 Y 8 M 24 D (M)
Dr. V VAMSI KRISHNA

Patient Name ....
Date of Birth ....

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 14/06 Time: 7 8 9 10 11 (12) 1 (2) 3 (4) (5) (6) (7) (8) 9 (10) 11 11 (12) 1 (2) 3 (4) (5) 6 (7)

Doctor / Nurse / Family Concern?

Temperature (°F) (scale 94–104)

Handwritten temperature entries: @1PM 101.5°F Syp. Ibuprofen 5 ml given; 98.5°F; 100.8°F Inj. PCM given; 98.6°F; 98.3°F; 98.0°F; 98.9°F; 100.9°F Inj. PCM given; 98.6°F; 101.3°F Syp. Ibugesic (5ml) given; 100°F; 98.2°F; 98.0°F

	Time 12	Time 7	Time 10	Time 7
Heart Rate (bpm) and Blood Pressure (mmHg) *	90/54	94/52	101/52	104/69
Heart Rate (number)	139	122	136	128
Resp Rate (bpm) (over 1 minute)				
Resp Rate (number)	36	35	33	28
Resp. Mod/Severe Distress None/Mild	RA	RA	RA	RA
Receiving O2 (L/min) O2 saturations (%)	98%	99%	99%	99%
Conscious Normal Level Decreased				
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0
Observer's initials	[illegible]	[illegible]	[illegible]	[illegible]

NOTE : BP does not score in early warning scoring

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

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

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INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

15/06/26

KOH-00307375 IP2-00056554 N/ EWS / 01

Baby Of ARUNIMA

P: 21-09-2025 0 Y 3 M 24 D (M)

Dr. V VAMSI KRISHNA

D:

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time: 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9

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) 128 130 132 139 140

Resp Rate (bpm) (over 1 minute)

Resp Rate (number) 35bpm 30 29 30 30

Resp. Mod/Severe Distress None/Mild

Receiving O2 (L/min) O2 saturations (%) 97% 99% 99% 99% 100%

Conscious Normal Level Decreased

GCS * 15/15 15/15 15/15 15/15 15/15

TOTAL SCORE Number of shaded boxes 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 in charge AND PICU fellow or PICU consultant to be informed.

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

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

BirthRight™ BY RAINBOW HOSPITALS
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INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

16/16

KOH-00307375 IP2-00056554
Baby Of ARUNIMA
21-09-2025 0 Y 3 M 25 D (M)
Dr. V VAMSI KRISHNA

Patient Name .....

Date of Birth .....

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time: 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7

Doctor / Nurse / Family Concern?

Temperature (°F) — 104 103 102 101 100 99 98 97 96 — 96.4 96.8

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)

Resp Rate (bpm) (over 1 minute) — 70 60 50 40 30 20 10

Resp Rate (number)

Resp. Mod/Severe Distress None/Mild

Receiving O2 (L/min) O2 saturations (%)

Conscious Normal Level Decreased

GCS *

TOTAL SCORE Number of shaded boxes

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 in charge AND PICU fellow or PICU consultant to be informed.

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

KOH-00307375 IP2-00056554
Baby Of ARUNIMA
21-09-2025 0 Y 8 M 24 D (M)
Dr. V VAMSI KRISHNA

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

14/6/26

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	D		~~300~~ ml							0	
	03:00 pm			30 ml								
	04:00 pm	N		30 ml			T				0	
	05:00 pm	S	milk 100 ml	30 ml						✓		
	06:00 pm			30 ml							D	
	07:00 pm			30 ml								
Total Intake :		milk - 100 ml, DNS - 150 ml				**Total Output :**				U - 1	M 0	
	08:00 pm	D	Kichdi	Kichdi				vomiting milk			0	
	09:00 pm	N	H2O	50 ml								
	10:00 pm						T			✓	0	
	11:00 pm	S	milk powder	50 ml								
	12:00 am		H2O	30 ml								
	01:00 am											
Total Intake :		Kichdi H2O DNS - 120 ml.				**Total Output :**				U - 1, V - 1	M - 20	
	02:00 am		milk	30 ml							0	
	03:00 am	D	H2O 50	30 ml			T					
	04:00 am	N								i	0	
	05:00 am											
	06:00 am	S										
	07:00 am											
Total Intake :		H2O Kichdi DNS - 60 ml.				**Total Output :**				U - 1	M - 20	

Total 24 hrs. Intake	milk, Kichdi, H2O. 330 ml. DNS - 300 ml, milk 100 ml.	Total 24 hrs. Output	U	M

KOH-00307375 IP2-00056554
Baby Of ARUNIMA
21-09-2025 0 Y 3 M 24 D (M)
Dr. V VAMSI KRISHNA

15/06/26

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. : 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.

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
	08:00 am			–								
	09:00 am	D		–				✓ milk		~	0	
	10:00 am	N	15ml milk	30ml								Sandhya
	11:00 am			30ml							0	
	12:00 pm	S								✓		
	01:00 pm		10ml milk	–								
Total Intake :		15ml milk + 60ml				**Total Output :**		U-02		m-0		
	02:00 pm			–								
	03:00 pm	D	15ml milk	20ml						~	0	
	04:00 pm			–								
	05:00 pm	N	milk	30ml						~	0	
	06:00 pm											
	07:00 pm	S								~	0	8
Total Intake :		Milk 50ml				**Total Output :**		U-3		M-0		
	08:00 pm	D	40ml milk	20ml							0	
	09:00 pm		milk	20ml								
	10:00 pm	N	60ml	–						✓	0	
	11:00 pm			–								
	12:00 am	S	milk 120ml	20ml							0	8
	01:00 am			20ml								
Total Intake :		milk + ONS - 300ml				**Total Output :**		U-1		m-0		
	02:00 am			–								
	03:00 am	D		–						✓	0	
	04:00 am			20ml								
	05:00 am	N	milk	20ml							0	
	06:00 am		120ml	20ml						✓		8
	07:00 am	S		~~30~~							0	
Total Intake :		milk + ONS - 120ml				**Total Output :**		U-2		m-0		

Total 24 hrs. Intake	milk - 315ml ONS - 180ml	Total 24 hrs. Output	U-7 m-0