Rainbow® Children's Hospital
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Your Right to a Safe Delivery.

ACTIVI VIH-00205709 IP-00060259 **IG**
Baby B/O NIKITA PRERAK TIWARI
07-06-2026 0Y0M0D1H (F)
Dr. AKHEEL SYED RIZWAN

Name: ---

UHID No : ---------- Consultant : ---------- Dept : ----------

Date of Admission : 7/6/26 Time : 1:30 pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 222 Ward : 4w Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/6/26		Hw	Room 107	

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
7/6/26	Blood grouping	V126019595	
	Gross checked by	G Sharma 7/6/26 at 3pm.	
	CBP, CRP, SBR, ABS	26019683	
	Gross checked by	8 days 8/6 @ 8am	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
8/6	OAE	(1)	3088081	
	Cross checked by Sadhya 8/6 @ 4pm			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Sadhya 8/6 @ 4pm		

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060259 **Admit Date** : 07-Jun-2026 **Admit Time** : 01:30 PM **UHID** : VIH-00205709

Patient Details :

Patient Name	: Baby B/O NIKITA PRERAK TIWARI	**Age**	: 0 D
Guardian	: Mr PRERAK V TIWARI	**DOB**	: 07-06-2026 12:05 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 3-6-59,plot no-8,maa krupa,br guda, Marredpally Hyderabad Telangana INDIA 500026	**Phone No**	: 9030990990/ 8978283825
		E-mail	: pt18@outlook.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-LW-222-1 **Ward Name** : N 2F-LABOUR WARD

Room No : CRDL-LW-222-1 **Admission Type** : First Visit

Contact Details :

Name : Mr PRERAK V TIWARI **Relationship** : Father

Contact Address : 3-6-59,plot no-8,maa krupa,br guda, Marredpally Hyderabad Telangana INDIA 500026 **Phone No** : 9030990990 / 8978283825

Signature

Doctor Details :

Doctor Name : Dr. AKHEEL SYED RIZWAN **Specialisation** : NEONATOLOGY

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

PATIENT TRANSFER FORM

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Dr. AKHEEL SYED RIZWAN

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
	7/6/26 @ 1:30pm	7/6/26 @ 4:20pm
	Transfer Ordered by	**Reason for Transfer**
	Dr. Barsha	for observation
From Unit	**To Unit**	**Information to Attendant**
HW	Room (107)	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
- 15 -	- Nil -	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Syrup Kookies - (1)	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Dr. Barsha

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Prathyusha	Dr. Barsha.

Patient & Clinical Records Received by :

Sindu

Date & Time of Patient Received : 7/6/26 5:25pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : NIKITA PRERAK TIWARI Age : 31y Father's Name : ..... Age : .....

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

NICU Consultant : dr Akheel Rizwan Referring Consultant : .....

Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : Mo Nikita Prerak Tiwari

Gender : ☐ M ☒ F Blood Group : .....

Date of Birth : 7/6/26 Time of Birth : 12:05 PM

Place of Birth : V-RCH

Mother's Blood Group : O positive

Birth Weight (gms) : 2.952 kgs Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 36+5 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 31y Ht : ..... Wt : ..... BMI : 3yrs Married Life : 3yr LMP : 22/9/25 EDD : 29/6/26

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

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

Last Scans Details : (2/6/26) - 36+1 wks, SUVS-, cephalic, EFW - 3090 g, AC- 86 %, AFI-6 cm, PL- A, M, plop- (N) TT Immunization and Iron / Folic Acid : .....

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 /

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?

Hypothyroidism, since conception on Propyl thiouracil

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

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

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PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Madhumita ..... Hospital : V-RCH. ..... ☐ 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
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
8/10	9/10	

TOTAL

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

Snapee II 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)		

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

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History of Present Illness: Unique | Late 17 | 36+5 wks | BW - 2.952 kg | AGA | NVD | baby girl

baby CRAB
↓
Dec done for 1 min
+ skin to skin contact
↓
2 min
SpO_2 - 84%
HR - 156/m
↓
cord clamped & cut
Inj vit K - 1 mg im stat
↓
5 min SpO_2 - 93%
HR - 156/m
↓
shift to mother side

shifted to warmer

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

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GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.4°C HR : 110/m RR : 55/m NIBP : ..... CFT : <2sec

Color of the extremities : Acrocyanosis

Jaundice : ⊖ Pallor : ⊖ SpO2 : 95%.

Anthropometry : Birth Weight : 2.952 kg Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

HEAD :
Fontanelles : (N)
Sutures (N)
Shape / Moulding : ⊖
Edema / Bruising : ⊖
Size - (H.C.) :

Facies : (Any Facial Dysmorphism) no dysmorphism

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

EYES :
Symmetry : (N)
Red Reflex : not checked
Discharge : ⊖

EARS, NOSE MOUTH and THROAT :
Ear set / Shape : (N)
Periauricular Pits / Tags : ⊖
Nasal shape / Patency : nasal prongs (+)
Palate : no cleft
Gums :
Lips : (N)
Tongue :

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THORAX and BREASTS :
Shape of Thorax : (N)
Position of Nipples and Number : 2in no, normal

ABDOMEN and UMBILICUS :
Shape : (N)
Organomegaly : (−)
Bowel Sounds : (+)
Umbilical Stump : 2A+IV
Discharge : (−)

GENITILIA :
Labia / Hymen : (N)
~~Testicles/penis~~ :
Anus : patent

HERNIAL ORIFICES free

TRUNK and SPINE : (N)

SKIN LESIONS : (−)

EXTREMETIES :
Fingers / Toes : ✓
Deformities : (N)
Hip Joint Examination :
Arms / Legs :
Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 56/m 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 :

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

Cardiovascular System :

HR : 156/m BP :
Femoral Pulses : ✓
Other Peripheral Pulses : ✓ felt
Precordial Activity : (N)
Murmurs : (−)
Signs of Cardiac Failure : (−)

Abdomen :

Shape : (N)
Palpation : soft
Palpable masses : (−)
Abdominal girth : (N)
Hernia orifice : free
Anal Patency : (+)
Umbilical Cord : 2A+IV
First urine passed :
Meconium passed :

Intellectual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves : .....

.....

Motor System :

Passive Tone : ? AGA

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : Complete & ~~asymmetrical~~ symmetrical DTR : .....

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

Any Congenital Anomalies : none.

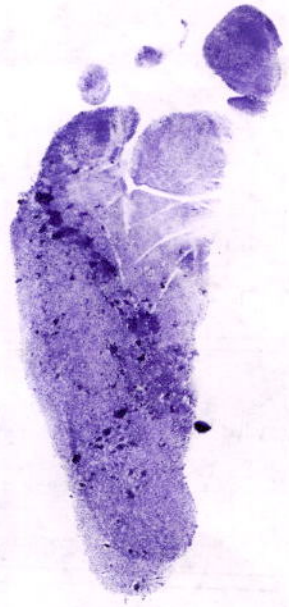
.....

Diagnosis : Single / Late PT / 36+5 wks / BW - 2.952 kg / girl / AGA / NVD

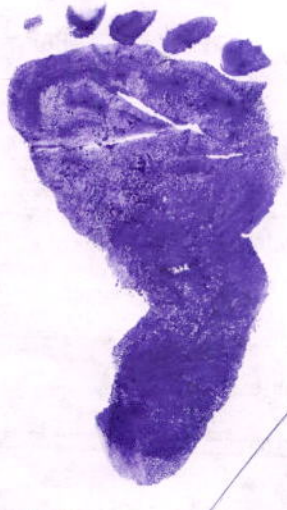
.....

FOOT PRINTS

Left Side :



Right Side :



Noted by Paediatrics 7/8/26 12 pm

Resident Doctor :

Signature : .....

Name : Benarke

Date & Time : .....

Consultant :

Signature : .....

Name : .....

Date & Time : .....

Patient Sticker

DISCHARGE PLAN

Information given by: ☐ Family ☐ Friend

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

Will Physiotherapy require at home: ☐ Yes ☐ No ☐ NA

Is home medical equipment anticipated: ☐ Yes ☐ No ☐ NA

Is home oxygen therapy anticipated: ☐ Yes ☐ No ☐ NA

Breastfeeding ☐ Yes ☐ No ☐ NA

Formula Feed ☐ Yes ☐ No ☐ NA

Are dressing needs at home anticipated: ☐ Yes ☐ No ☐ NA

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

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

1. Immunisation
2. DBF Q2H, ffs supp
3. NBS, ~~OAE~~, ~~BERA~~ after 48hrs
4. CBP, CRP, SBR, T/M, (cord clamping PV - 48hrs & PT (24hrs)
5. ~~NBS~~ OAE before discharge
6. warm care, cord care

Noted by pediatrician @ 1pm

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

.....

.....

.....

.....

.....

.....

.....

.....

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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

Discharge Medications: ☐ Yes ☐ No

Details: ....

Final Diagnosis: ....

Immunization/
DBF q2h f/s suppl.
OA
SBR, CBP, CRP (T/M)

Doctor Signature: ....

Doctor Name: ....

Date & Time: ....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Resident	
8/6/26 11:10 AM	Single / late PT / 36+5 wks / BW: 2.952kg / girl / AGA / NVD	
	Idhm.	
	MBG + O positive. BBG + A positive. HOL: 23 hrs	O/E Cried at birth & active. Vitals stable. CFT-Good. CRT < 2 sec. CVS: S1S2 (+). RS: B/L AE (+). P/A: soft. CNS: NAD
Dr. prashanth		Plan — DBF + FB burping and sleep. TCB. — [illegible], NBS + fm @ 11:00 Am. — CBP, CRP, SBR today. i/v/o draining PV. — OAE today. — Warmth and care. — Inform (S)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 2PM	C/W B Resident	
	O/E Child Active	Plan
	Baby warm	
	CFT/AF good	- DBF/Fbbups/rndy
	CVS - S1 S2 (N)	
	RS - B/L AE (N)	- Trace CBP, CRP
	PA - soft	
	CRT < 3 sec	
	Vity Stable	
	OAE (N)	
		Dr Ashwini
8/6/26 4pm	C/W Dr Akheel	
	Reports informed	
	Adv	
	Dischge	
Noted by Maurya O/C eve		

Dr Ashwini

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ICH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 7/6/26 ..... Time:	8	10	12	2	4	6	8	10	1	4	7
Doctor/Nurse/Family Concern?								pm	am	am	am
Temperature (°F)	98.1 P	98.2 P	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6
Heart Rate (bpm) and Blood Pressure (mmHg) *											
Heart Rate (Number)	145	148	145	140	148			125	140	145	138
Resp. Rate (bpm) (Over 1 Minute) *											
Resp Rate (Number)	38	40	38	40	35			35	40	42	40
Resp Distress: Mod/ Severe / None / Mild											
Receiving O_2 (l/min) O_2 Saturations (%)	98	99	98	99	98			98	99	99	100
Conscious Level: Normal / Altered	N	N	N	N	N			N	N	N	N
GCS *	15	15	15	15	15			15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0			0	0	0	0
Pain Score	0	0	0	0	0			0	0	0	0
Observer's Initials	CA	CA	BS	BS	CA			B	B	D	D

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 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

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)

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CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	9 AM	11 AM	1 PM	3 PM
Doctor/Nurse/Family Concern?				
Temperature (°F)	98.4	98.2	98.6	98.6
Heart Rate (bpm) and Blood Pressure (mmHg) *				
Note: BP does not score in early warning scoring				
Heart Rate (Number)	140	138	140	86
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	28	30	30	31
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2 (l/min) O_2 Saturations (%)	96	97	98	98
Conscious Level: Normal / Altered	N	N	N	N
GCS *	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials				

noted by Manisha SN

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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BirthRight
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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)

VIH-00205709 IP-00060259
Baby B/O NIKITA PRERAK TIWARI
07-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. AKHEEL SYED RIZWAN

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FLUID CHART

Sheet No. : 1

7/6/26

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.

		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							
7/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											7/6/26 nagl 2pm
	01:00 pm		DBF								1	
Total Intake :						Total Output :						
7/6/26	02:00 pm											
	03:00 pm		DBF								0	7/6/26 3pm
	04:00 pm											
	05:00 pm											
	06:00 pm		DBF							✓		Sruthi 3pm 7/6/26
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm		DBM									
	09:00 pm											
	10:00 pm		DBM							✓		
	11:00 pm											
	12:00 am		DBM									
	01:00 am											
Total Intake :						Total Output :						
8/6/26	02:00 am		DBM				✓			✓	0	Bennika 8/6/26 @7am
	03:00 am											
	04:00 am		DBM									
	05:00 am											
	06:00 am		DBM							✓		
	07:00 am						✓					
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

Pa

VIH-00205709 IP-00060259
Baby B/O NIKITA PRERAK TIWARI
07-06-2026 0Y0M0D5H (F)
Dr. AKHEEL SYED RIZWAN

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FLUID CHART

Sheet No. : .....

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			Mouth	I.V	N.G							
8/6	08:00 am		DBF							✓	1	
	09:00 am										0	Sud
	10:00 am		B									
	11:00 am											
	12:00 pm		DBF							✓	1	08P 8/6
	01:00 pm											
Total Intake :						**Total Output :**						
8/6	02:00 pm											
	03:00 pm		DBM								1	noted by Manasa 8/6
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm										1	
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											noted by
	10:00 pm											Manasa
	11:00 pm											8/6
	12:00 am											eMM
	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	

VIH-00205709 IP-00060259
Baby B/O NIKITA PRERAK TIWARI
07-06-2026 0Y0M0D5H (F)
Dr. AKHEEL SYED RIZWAN

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Total Intake :						**Total Output :**						
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Total Intake :						**Total Output :**						
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	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**	