Rainbow® Children's Hospital
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ACTIV ING

VIH-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-06-2026 0 Y 0 M 0 D 3 H (M)
Dr. ATLURI KUNDANA PRIYA

Name: ----------

UHID No . ---------- IP No . ---------- Consultant : ---------- Dept : ----------

Date of Admission : 21/6/26 Time : 10:22AM Date of Discharge : ---------- Time: ----------

Room / Bed No : 226-1 Ward : MICU Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/6/26	4:20pm	MICU	Room (208)	

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
21/6/26	Blood Grouping	V12607107	Teja
21/6/26	ABG	V12602180	Teja
21/6/26	GRBS :- 87mg/dl 8:55 AM	V12602108	Teja
Crossed	Checked by Teja	21/6/26 at 1:20PM	
22/6/26	~~GRBS~~ - 11:Am - 76mg/dl	26021187	Teja
22/6/26	GRBS - 6pm - 100mg/dl	26021215	
23/6/26	GRBS @1AM - 76mg/dl	26021232	
23/6/26	GRBS 7AM - 68mg/dl	26021233	
	TCD	26021257	
	Cross checked by Sneha		

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
22/06/26	TE OAE	1	3093193	

ANY OTHER INFORMATION

Date : 23/6/26 Time : 9 AM Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	23/6/26 9 AM.		

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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-00060428 **Admit Date** : 21-Jun-2026 **Admit Time** : 10:22 AM **UHID** : VIH-00206114

Patient Details :

Patient Name	: Baby B/O K DEVI PRIYANKA	**Age**	: 0 D
Guardian	: Mr SANDEEP	**DOB**	: 21-06-2026 07:27 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO 401, SREE NIVASAM, KONDAPUR Kondapur Hyderabad Telangana INDIA 500084	**Phone No**	: 8142581461
		E-mail	: na@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-MICU-226-1 **Ward Name** : N 2F-MICU

Room No : CRDL-MICU-226-1 **Admission Type** : First Visit

Contact Details :

Name : Mr SANDEEP **Relationship** : Father

Contact Address : FLAT NO 401, SREE NIVASAM, KONDAPUR Kondapur Hyderabad Telangana INDIA 500084 **Phone No** : 8142581461 / 9952388400

D. Sandeep

Signature

Doctor Details :

Doctor Name : Dr. ATLURI KUNDANA PRIYA **Specialisation** : NEONATOLOGY

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

VIH-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-06-2026 0 Y 0 M 0 D 3 H (M)
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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

(Select and 'tick mark'[✓] the boxes as applicable)

Baby's Name: B/o. K. Devi Priyanka Mother's Name: mrs. K. Devi Priyanka

Date of Birth: 21/6/26 Time of Birth: 7:27 Am Gender: ☑ Male ☐ Female

Birth Weight: 2.559kg Kgs HC: ..... cm Lenght: ..... cm

Meconium in Liquor: ☐ Yes ☑ No Cried at Birth: ☑ Yes ☐ No

Term / Pre-term / Post-term: Term

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: o+ positive Baby: .....

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: .....

VIH-00203715 IP-00060422
Mrs K DEVI PRIYANKA
24-07-1998 27 Y 10 M 28 D (F)
Dr. KOPPULA SIRISHA REDDY

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

Indication: Emergency LSCS

Physical Assessment of New Born:

Temp: 98.0F °C HR: 156 bl/mt /Min RR: 56 bl/mt /Min BP: - SpO_2: 99%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☐ **No** **Score:** 16 (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore : ☐ Yes ☑ No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: ☐ Sleeping ☑ Crying ☐ Calm ☐ Drowsy

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

Nursing Management: (Please strike through If not applicable e.g. Yes /~~No~~)

Vitamin K 1 mg I.M Administered: ~~Yes~~ / No

Routine Care Provided: ~~Yes~~ / No

Capillary Blood Glucose Monitoring Done: ~~Yes~~ / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / ~~No~~
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / ~~No~~
3. Socio History: Siblings Yes / ~~No~~

All information obtained from ☑ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: Yes / ~~No~~

Nurse Name: Kavya Signature: Kavya Date &Time: 21/6/26 @9Am

PATIENT TRANSFER FORM

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VIH-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-06-2026 0 Y 0 M 0 D 3 H (M)
Dr. ATLURI KUNDANA PRIYA

Date & Time of Admission	Date & Time of Transfer Order
21/6/26 @ 10:22AM	21/6/26 @ 4:20pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Nousheen	Observation

From Unit	To Unit	Information to Attendant
mICU	Room (208)	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
28	—	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Small kuchies	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Komal	Dr. Nousheen

Patient & Clinical Records Received by : Nandhini

Date & Time of Patient Received :

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

VIH-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-06-2026 0Y0M0D3H (M)
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NATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : K Devi Priyanka Age : 27y Father's Name : ..... Age : .....

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

NICU Consultant : Dr Kundana Priya. Referring Consultant : Dr K. Divisha.

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

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

BIRTH INFORMATION

Name : S/o K Devi Priyanka.

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 21/6/26 Time of Birth : 7:27 AM

Place of Birth : K-RCH

Mother's Blood Group : O positive

Birth Weight (gms) : 2.559 kg. Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 39 wks.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 27y Ht : ..... Wt : ..... BMI : ..... Married Life : 2y LMP : 20/9/25 EDD : 27/6/26

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

Booked at what GA. : Four anc - Apollo. booked to RCH @ 27wks AN Steroids Drugs / Doses : .....

Last Scans Details : growth scan (16/6/26) - 38+3 wks, cephalic, pl- A, H, AFI- 14.3 cm, AC- 2f, EFW- 2.7kg upt, dop (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 : (N)

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

H/o Hypothyriodism : when diagnosed ? Medication? (+)

14 wks → Thyroxine 50mcg

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 : .....

VIH-00206114 IP-00060426
Baby B/O K DEVI PRIYANKA
21-06-2026 0 Y 0 M 0 D 11 H (M)
Dr. ATLURI KUNDANA PRIYA

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr K Sruthi Hospital : V. RCH ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : ↓ HHR

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	
1	2	
2	2	
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 :

U/ Term SG NVD/ BW 2.557g/ AGA/ baby boy / AGA/ Emesis

baby cries
↓
DCC for 1 min done
↓
shifted to warmer
↓
2min spo2 - 75%.
HR - 143/m.
↓
cord clamped & cut
resuscitation - 1 ply inn air
↓
5 min - spo2 - 93%.
HR - 164/m.
↓

Investigation details in previous Hospital : ~~blood~~ sepsis ⊕
urine culture ⊕
observe for 1 day

Feeding History :

Past History :

Family History :

Socio Economic History :

VIH-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-06-2026 0 Y 0 M 0 D 11 H (M)
Dr. ATLURI KUNDANA PRIYA

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.4°C HR : 142/m RR : 56/m NIBP : CFT : <2sec

Color of the extremities : Acrocyanosis

Jaundice : Θ Pallor : Θ SpO2 : 98%

Anthropometry : Birth Weight : 2.559 kg Length : HC : Present Weight :

Ponderal Index : AGA : ✓ SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) no dysmorphism

NECK and CLAVICLES :
Range of Motion : N
Asymmetry : Θ
Masses : Θ

EYES :
Symmetry : N
Red Reflex :
Discharge : Θ

EARS, NOSE MOUTH and THROAT :
Ear set / Shape : N
Periauricular Pits / Tags : Θ
Nasal shape / Patency : P
Palate : no cleft
Gums :
Lips : N
Tongue :

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

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

GENITILIA :
~~Labia / Hymen :~~
Testicles/penis : B/L testis descended, palpable.
Anus : patent

HERNIAL ORIFICES free

TRUNK and SPINE : (N)

SKIN LESIONS : (-)

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

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 : 167/m BP : .....
Femoral Pulses : ✓ full
Other Peripheral Pulses : .....
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 : .....

VIH-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-06-2026 0 Y 0 M 0 D 11 H (M)
Dr. ATLURI KUNDANA PRIYA

functions (Sensorium) : .....

State of wakefulness : Quiet

Prechtle Score : .....

Nerves : .....

.....

Motor System :

Passive Tone : Normal

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : complete symmetrical DTR : .....

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

Any Congenital Anomalies : None

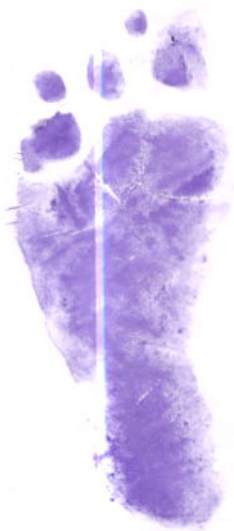
.....

Diagnosis : Single | 39 wks | BW - 2.550kg | AGA | baby boy | Emesis

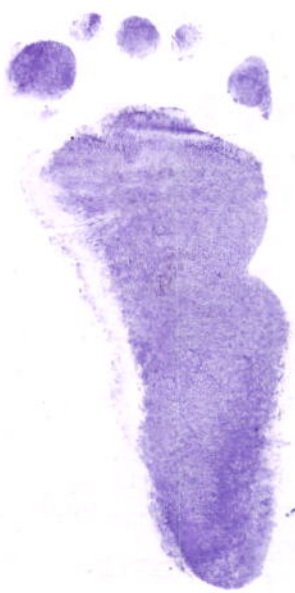
.....

FOOT PRINTS

Left Side :



Right Side :



Taken by
Dr. Akib
@ 7:45 AM

Resident Doctor :

Signature : .....

Name : Bhanu

Date & Time : 21/6/26

Consultant :

Signature : .....

Name : .....

Date & Time : .....

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 : .....

Immunise as per schedule.

DBF 9211 f/b bumpy

OAE, SBR, NBS before discharge.

warm care, cord care.

GRBS:-

8:55Am:- 87mg/dl

Noted by:
Dr. Vanitha

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

VIH-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-06-2026 0 Y 0 M 0 D 11 H (M)
Dr. ATLURI KUNDANA PRIYA

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: .....

.....

.....

.....

.....

.....

.....

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....

VIH-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-06-2026 0 Y 0 M 0 D 3 H (M)
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[PROG]RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 8:00 AM	baby seen	
	No retraction, grunting	SpO_2 - 95-100% I RA
	tachypnea (+)	
	RR - 70/m.	
	baby alert & active	
	Adv	
	shift to mother side	
	Reassess after 30mins → If tachypnea ↓	
	↓	
	start feeds.	
	S/B Resident	
21/6/26 5pm	FT/ male child / 2.559 Kg / POHM. / EmLSCS (↓FHR) primi	Sarah
	O/E	
	Baby warm	
	C/T/A good	
	CRT <3sec	
	CVS - S1S2 (+)	
	RS - BAE (+)	
		PLAN
	1)	DBF f/by Burping Q2H
	2)	OAE T/M
	3)	TCB B/f discharge
	4)	Inform NS
	5)	Vaccination T/m.
	6)	Warmth, cord care
		Noted by Sony 22/6/26 8AM

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

VIH-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-06-2026 0Y0M0D11H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Kundana	
22.6.26 9.00 am	Term / AGA / baby boy / HOL - 26 / Hypothyroid mother	
	O/E baby warm, cry, tone, activity } (N)	
	B.wt : 2.559 kg, T.wt : 2.46 kg (99 gm)	
	H/L - NAD	
	MBG : O +ve, P/A - soft	Plan
	BBG : A +ve, B/L femoral: well felt	→ Warm care
	- NACC: TODAY	→ TCB T/m 6.AM
	- OAE: TODAY	→ OAE today
		→ DBM + FF
	TCB T/m 6AM.	→ RBS 6th hrly (pre-feed) till T/m
	Samee (Dr. Sameera)	
Dr. Kundana 22/6/26 9AM		Note by Raja 22/6/26 @9.0Am

Dr. Kundana Priya
Reg.No APMC/FMR/97354

VIH-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-06-2026 0 Y 0 M 0 D 13 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22.6.26	Lactation notes (Ms. Ramyakrishna)	
	• 1st time Mother	
	• Short nipples both sides	
	• Drops of milk seen	
	• c/o baby not taking feeds since 5am	
	• OPM: Upper lip tie Sucking skills good (Tried with gloved finger)	
	• Advised the Mother to do More skin to skin	
	• Kept the baby in skin to skin	
	• To observe the baby's next feeding.	
	12 wpm.	

VIH-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-06-2026 0 Y 0 M 0 D 13 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Registrar	
22-6-26 4:00 PM		
	Term / SGA / baby boy / Hypothyroid mother / HOL - 34	
	O/E baby warm	
	cry.	
	tone } (N)	
	activity	Plan
	CVS - S1 S2 (+)	→ TCB T/m 6:00AM
	RS - BAE (+), clear	→ Warm care
	P/A - soft.	→ DAM + FF
		→ RBS 6th hrly (pre-feed) till T/m morning.
	(Dr. Sampoia)	
	Noted by	
	23/6/26 @ 8am	

VIH-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-06-2026 0Y0M0D13H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26 8:45Am	C/s/R Resident	
	Term/(sex)/(C/AB)/Bog/SGA/2.559kg/ Hypothyroid mother	
	M.BG - O +ve B.BG - A +ve	
		Adv
	Y, wt - 2.46kg T, wt - 2.42kg (↓40gm)	DBF ffb burp 2-4
	O/E CT/Mood CVS/RS S₂ (N) B-B/CA/O (N) PA - soft Vitals stable	- Warm care & cord care - Discharge - F/up on 25/6/26
	Vaccination OPV Done	Dr. KUNDANA 23/6/26 9AM
	TCB - 9.9	

Dr. Kundana Priya Reg.No.APMC/FMR/91354

VIH-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-05-2026 0 Y 0 M 0 D 13 H (M)
Dr. ATLURI KUNDANA PRIYA

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-06-2026 0 Y 0 M 0 D 3 H (M)
Dr. ATLURI KUNDANA PRIYA

Patient St

CAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

Date: 21/6/26 Time:	9	11	1	3	5	7	9	11	7
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	PM
Temperature (°F)	98.4F	98.6F	98.9F	98F	98.2F	98.1F	98.3F	97.7F	98.1F
Heart Rate (bpm) and Blood Pressure (mmHg) *									
Heart Rate (Number)	150	146	155	148	140	142	WD	WD	139
Resp. Rate (bpm) (Over 1 Minute) *									
Resp Rate (Number)	53	55	43	48	45	47	49	38	41
Resp Distress: Mod/ Severe / None / Mild	✓	✓	/	✓	✓	✓			
Receiving O_2 (l/min) O_2 Saturations (%)	99	98	96	99	99	99	99%	99%	99%
Conscious Level: Normal / Altered	NA	NA	NA	NA	NA	NA	NA	NA	NA
GCS *	NA	NA	NA	NA	NA	NA	NA	NA	NA
TOTAL SCORE Number of shaded boxes	6	0	-	0	1	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	AK	AK	AK	AK	AK	AK	AK	AK	AK

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.

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21-06-2026 0 Y 0 M 0 D 13 H (M)
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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!
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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-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-06-2026 0 Y 0 M 0 D 13 H (M)
Dr. ATLURI KUNDANA PRIYA

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

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

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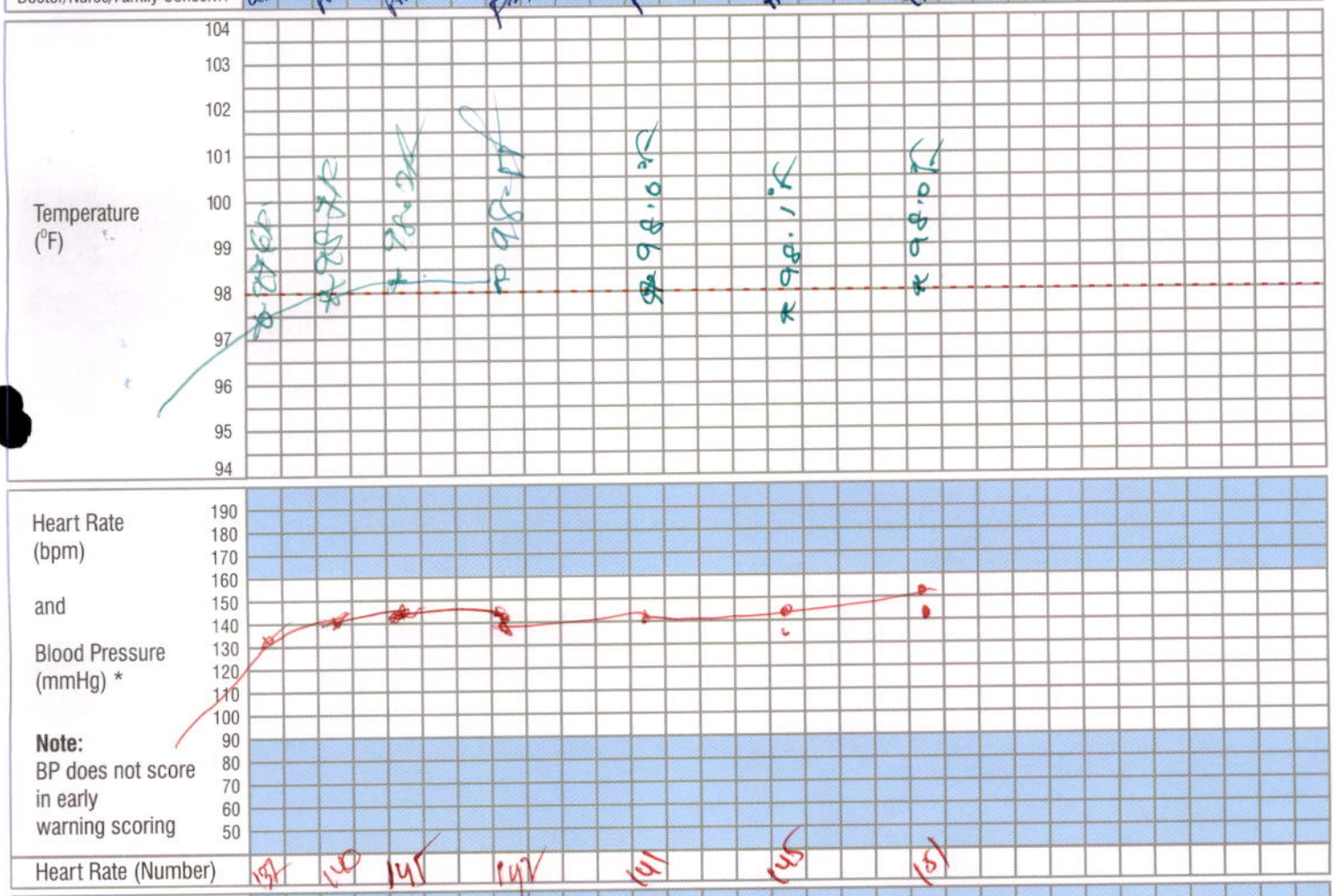
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/6/26 Time: 11 | 3 | 7 | 11 | 3 | 7

Doctor/Nurse/Family Concern? am | pm | pm | pm | pm | am | am



Heart Rate (Number)	137	140	145	147	141	145	151

Resp Rate (Number)	39	30	42	40	41	42	41
Resp Distress: None / Mild | Mod/ Severe							
Receiving O_2 (l/min) O_2 Saturations (%)	99	98	99	99	99%	99%	99%
Conscious Level: Normal | Altered	NA	NA	NA	NA	C	C	C
GCS *							
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	2	0
Observer's Initials	AR	AR	[illegible]	[illegible]	A	A	A

ACTIONS	
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21-06-2026 0 Y 0 M 0 D 13 H (M)
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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VIH-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-06-2026 0 Y 0 M 0 D 13 H (M)
Dr. ATLURI KUNDANA PRIYA

No. : RCH/ FRM / CLINICAL / 124

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

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

Date: 23/6/26 Time: 8

Doctor/Nurse/Family Concern? JW

Temperature (°F): 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 140

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

Resp Rate (Number): 29

Resp Distress: Mod/ Severe / None / Mild

Receiving O_2 (l/min)

O_2 Saturations (%): 99

Conscious Level: Normal / Altered

GCS *: N

TOTAL SCORE Number of shaded boxes: 0

Pain Score: 0

Observer's Initials: JW

Noted by Thanvi 23/6/26 @ 11.30am

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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VIH-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-06-2026 0 Y 0 M 0 D 3 H (M)
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FLUID CHART

Sheet No. : ..... (1)

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

		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							
21/6	08:00 am											
	09:00 am									✓		
	10:00 am	DBF										
	11:00 am											
	12:00 pm	DBF										
	01:00 pm											
Total Intake :						Total Output :						
21/6	02:00 pm	DBF								✓		
	03:00 pm									✓		
	04:00 pm	DBF					✓					
	05:00 pm											
	06:00 pm	DBF					✓			✓		
	07:00 pm						.					
Total Intake :						Total Output :						
21/6	08:00 pm											
	09:00 pm	DBF + ff										
	10:00 pm						✓					
	11:00 pm	DBF										
	12:00 am	ff										
	01:00 am											
Total Intake :						Total Output :						
22/6	02:00 am						✓			✓		
	03:00 am	ff										
	04:00 am											
	05:00 am	ff										
	06:00 am											
	07:00 am	ff								✓		
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

VIH-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-06-2026 0 Y 0 M 0 D 13 H (M)
Dr. ATLURI KUNDANA PRIYA

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FLUID CHART

Sheet No. : 1

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

		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							
22/6/26	08:00 am						✓			✓		
	09:00 am											
	10:00 am											Rajesh 22/6/26 @2PM
	11:00 am	FF	dudnt take									
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
22/6/26	02:00 pm											Sumitra 22/6/26 @8pm
	03:00 pm		DBF+FF							✓		
	04:00 pm											
	05:00 pm											
	06:00 pm		DBF+FF				✓					
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											Rakesh 22/6/26 @9PM
	09:00 pm		DBMH									
	10:00 pm											
	11:00 pm		A									
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am		FF+DBM									Rakesh 22/6/26 @8PM
	03:00 am											
	04:00 am		DBM									
	05:00 am									✓		
	06:00 am		DBM+FF									
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-05-2026 0 Y 0 M 0 D 13 H (M)
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FLUID CHART

Sheet No. : .....

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		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							
23/6/26	08:00 am	DBF+PP								—	0	Thanuli 23/6/26 @ 10 Am
	09:00 am											
	10:00 am	DBF+PF								—		
	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 :**						

Noted by Thanuli 23/6/26 @ 01:00 pm

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206114 IP-00060428
Baby B/O K DEVI PRIYANKA
21-06-2026 0Y0M0D3H (M)
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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 2.559 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
21/6/26	7:30am	INJ VITAMIN K	1 mg	IM			
21-6-26	10.00PM	NASOCLEAR NASAL DROP	1°	P/N			

Docu. No. : RCH /FRM / CLINICAL / 136