

Baby file



ACTI VIH-00206236 IP-00060480
Baby B/O AMRITA ARIKE
25-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. PREETHAM KUMAR

ING

Name: 

UHID No. : _____ IP NO. : _____ Consultant : _____ Dept : *(a base ward)*

Date of Admission : *25/6/26* Time : *12:31pm* Date of Discharge : _____ Time: _____

Room / Bed No : *229-1* Ward : *mlu* Suggested Billable bed type : _____


WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<i>25/6/26</i>	<i>9:45pm</i>	<i>mlu</i>	<i>(302)</i>	<i>[Signature]</i>

Cross Consultation Visit

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


PROCEDURE



Date	Procedure	Quantity	Order No.	Signature
27/6/26	TEOAE	1	3095139	

ANY OTHER INFORMATION

Date: 28/6/26

Time: 10AM

Prepared By: 

Staff Nurse 	Shift / Ward  28/6/26 10A	Billing Assistant	Billing Supervisor
--	---	-------------------	--------------------



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : AMRITA ARIKE Age : 34y Father's Name : Age :
 Date of Birth : Date of Admission : UHID No. :
 NICU Consultant : Dr. PREETHAM Referring Consultant :
Transferring Unit : OT Labour Room ER Ward
Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : MR AMRITA ARIKE Mother's Blood Group : O POSITIVE
 Gender : M F Blood Group : Birth Weight (gms) : 3.34kg Length (cms) :
 Date of Birth : 25/6/26 Time of Birth : 11:20:31AM OFC (cms) :
 Place of Birth : V-RCH Estimated Gesth Age : 38 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 34y Ht : Wt : BMI : Married Life : 4 yrs LMP : 25/9/25 EDD : 9/7/26
 Conception : Spontaneous or with Rx :
 Booked at what GA : AN Steroids Drugs / Doses :
 Last Scans Details : (28/6/26) - SULL, OEPHATIC, RFW - 2907g, AFI - 15.5, DOP (N)
 TT Immunization and Iron / Folic Acid : (2 DOSES)

MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs Consanguinity : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 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 Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus : AFI :</p>	<p>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 Hypothyroidism : when diagnosed ? Medication? ⊖ Any other Chronic Medical Problems, when detected drugs ? (Anemia, SLE, Jaundice, CHD, Heart Disease) Infection : H/O, Fever (<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV) UTI : when : Any culture :</p>
---	---

PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :



PAST OBSTETRIC HISTORY

: 2 P: 1 A: L:

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	24 10m	Term	-	Female	SEVERE OUGO, LU, APH	
2	PP					

PERINATAL HISTORY

Treating Obstetrician : DR. K APARNA Hospital : V. Reda Inborn Outborn

<p>Duration of Labour</p> <p>First stage (> 18 hours sig)</p> <p>Second stage (> 2 hours after dilation)</p> <p>LSCS : <input checked="" type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication :</p> <p>Specify the reason : PREV ULS</p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL :</p> <p>Resuscitaion : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG :</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :</p>
--	--

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	
TOTAL	8/10	9/10	

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

Snapee II Score

	> 30 (0)	20-29 (9)	< 20 (19)	
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)		
Birth Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)	
SGA	> 3rd percentile (0)	< 3rd (12)		

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :



ll (Limp 88 who) RW - 3.347ly baby girl | AQA/El. USL

baby CAB
↓
DCC done for 1 min
↓
2 min - spo₂ - 76%
HR - 128/m
↓
card clamped & cut
sup vit u - 1 mg in stat
↓
1 min - spo₂ - 95%
HR - 164/m
↓
shift to another side

sf

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :



GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.3°C HR : 156/m RR : 58/m NIBP : CFT : < 2 sec

Color of the extremities : Acrocyanosis

Jaundice : Pallor : SpO2 : 95%

Anthropometry : Birth Weight : 3.34 kg Length : HC : Present Weight :

Ponderal Index : AGA : ✓ SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) no dysmorphism

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

EYES : Symmetry : (N)
Red Reflex :
Discharge : (O)

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



of Thorax : (N)

BREASTS : Position of Nipples and Number : *in no, normal position*

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

GENITALIA : Labia / Hymen : (N)
 Testicles/penis:
 Anus : *patent*

HERNIAL ORIFICES *free*

TRUNK and SPINE : (N)

SKIN LESIONS : (-)

EXTREMITIES : Fingers / Toes : *2* (N) Arms / Legs : *2* (N)
 Deformities : *2* (N) Mobility : *2* (N)
 Hip Joint Examination :

SYSTEMIC EXAMINATION

Respiratory System :
Breathing Pattern : Regular Periodic Shallow Gasping
 Mention If baby has Respiratory distress : RR : *58/m* SCR / ICR / See - Saw breathing :
 Scoring of respiratory distress if present (Silverman or Downe's) :
 Mention if baby is on : Hood box CPAP Ventilator
 Settings :
 SpO₂ : *95%* Auscultation : *DAE (+)* Breath Sounds : *NVBS (+)* Added Sounds :

Cardiovascular System :
 HR : *156/m* BP : Precordial Activity : (N)
 Femoral Pulses : *2 free* Murmurs : (-)
 Other Peripheral Pulses : Signs of Cardiac Failure : (-)

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



Actual functions (Sensorium) : 2 (2)

State of wakefulness :

Prechtle Score :

Nerves :

Motor System :

Passive Tone : 2 A&A

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : complex & symmetrical DTR :

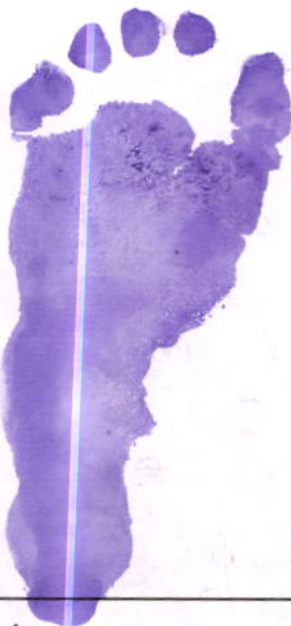
ATNR :

Any Congenital Anomalies : none

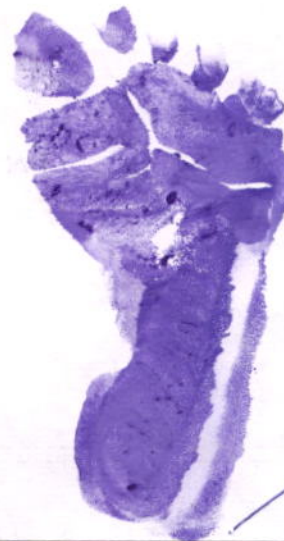
Diagnosis : Single (Term) & WHO / raw - 3-347 | easy give | 21. CBS
 A&A

FOOT PRINTS

Left Side :



Right Side :



Taken by
 Dr. V. Anitha

Resident Doctor :

Signature : [Signature]

Name : Karanika

Date & Time : 25/6/22

Consultant :

Signature : [Signature]

Name : Dr. Preetham

Date & Time : 25/6/22 3PM

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 :

.....

.....

.....

.....

.....

.....

.....

.....

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Discharge Details:

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

Discharge Medications: Yes No

Details:

Final Diagnosis:

Immunized as per schedule
DPT 2nd flb Supp
NBS, CAE, SBR before discharge
warm care, cord care

Doctor Signature:

Doctor Name:

Date & Time:

PATIENT TRANSFER FORM

VIH-00206236 IP-00060480

Baby B/O AMRITA ARIKE
25-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. PREETHAM KUMAR



Date & Time of Admission 25/6/26 at 12:13pm		Date & Time of Transfer Order 25/6/26 at 9:40pm
Treating Consultant Name -	Transfer Ordered by Dr. Vishal	Reason for Transfer for observation
From Unit NICU	To Unit (202)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File (15)	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.	① Baby kushes	①
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring Sis poorna/meghana		Name of Person Ordered Transfer Dr. Vishal
Patient & Clinical Records Received by : Shravya		
Date & Time of Patient Received : Shravya / 25/6/26 @ 9:40pm		

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

ADMISSION SHEET

Registration Details :



Admission No : IP-00060480 **Admit Date** : 25-Jun-2026 **Admit Time** : 12:31 PM **UHID** : VIH-00206236

Patient Details :


Patient Name : Baby B/O AMRITA ARIKE **Age** : 0 D
Guardian : Mr VENKATESH ARIKE **DOB** : 25-06-2026 11:20 AM
Gender : Female **Religion** :
Occupation : **Martial Status** :
Address (H) : HNO-4-85-1 YADAV NEAR FLYOVER ,INDARAM (MANCHERIAL) Jaipur Adilabad Adilabad
Telangana INDIA 504216 **Phone No** : 8919434242/ 6303818557
E-mail : AMRITAHALDER0411@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-MICU-229-1 **Ward Name** : N 2F-MICU
Room No : CRDL-MICU-229-1 **Admission Type** : First Visit

Contact Details :

Name : Mr VENKATESH ARIKE **Relationship** : Father
Contact Address : HNO-4-85-1 YADAV NEAR FLYOVER ,INDARAM (MANCHERIAL) Jaipur Adilabad Adilabad
Telangana INDIA 504216 **Phone No** : 8919434242 / 6303818557


Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR **Specialisation** : GENERAL PEDIATRICS
Referral Doctor : **Phone No** :
Co-Consultant :

Payment Details :

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

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

VIH-00206235 IP-00060480
Baby B/O AMRITA ARIKE
25-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. PREETHAM KUMAR



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Amrita Mother's Name: Mrs Amrita
Date of Birth: 25/6/26 Time of Birth: 11:20 AM Gender: Male Female
Birth Weight: 3.34 Kgs HC: 40 cm Length: 45 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-00156908 IP-00060474
Mrs AMRITA ARIKE
04-07-1994 31 Y 11 M 21 D (F)
Dr. KAPPAGANTULA APARNA



Mode of Delivery: Normal LSCS - Emergency/ Elective Instrumental
Indication: EL-LSCS prev

Physical Assessment of New Born:

Temp: 98.6 °C HR: 120 /Min RR: 48 /Min BP: _____ SpO₂: 99%

Pain Score: 10 (Follow N Pass)

Fall Risk Assessment: Yes No Score: 15 (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: Ravi

Signature: Ravi

Date & Time: 25/6/26 @ 12 PM

VHM-00206238 IP-00060480
 Baby B/O AMRITA ARIKE
 25-06-2026 0Y0M0D10H (F)
 Dr. PREETHAM KUMAR

①



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26-6-26 9:00 AM	S/B Registrar	
	Term / AGA / baby girl / HOL-20 / G ₁ P ₁ L ₁	
	o/E baby warm	
MBG } BBG } 0+ve	easy tone } (I)	
Bwt: 3.24 kg	actively	
T.wt: 3.25 kg (↓ 90 gm)	Cvs - S, S, T	Plan
Mucous ✓	RS - BAE (+) clear	→ DBM
Mottled ✓	P/s - soft	→ Warm care
		→ TCR before discharge
		→ OAE today
26/6/26	S/B Registrar	
3:30 PM	o/E baby warm	
	easy tone } (IV)	Plan
	actively	→ DBM
Ked reflex: H/c - NAD		→ Warm care
Present ✓	P/s - soft	→ OAE today
B/s symmetrical	Same ✓	→ TCR before discharge
	(Dr. Sameer)	

noted by
Subhig
26/6/26
at 1 PM

VIH-00206236 IP-00060480
 Baby B/O AMRITA ARIKE
 25-06-2026 0 Y 0 M 0 D 10 H (F)
 Dr. PREETHAM KUMAR

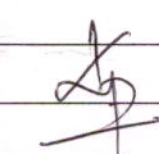
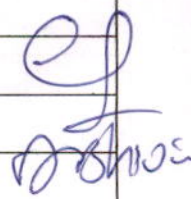


2

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26	CL/B Resident	DOB 25/6/26 11:20AM
	Term 38w 5d / LSCA / girl 13.347kg	
	M. Bg - 0 +ve B. Bg - 0 +ve	
	Y. wt - 3.25 kg 7. wt - 3.17 kg (480cm)	PL
	D/E CLT / Agood	DBF / 6 days
	CR7 CL	- OAS 700g
	C/S S/S (D)	
	PS - B/LA (D)	DSPT: NOW
	PA - 8/2	SBR T/M 10AM.
	UR 8/2	
	 Dr. Kundana Priya Reg No. 100101/197354 27/6/26 9AM	 Noted by Tannika 27/6/26 @ 9AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 3pm	<u>CL/B Resident</u>	
	C/T/A good CNS	<u>Adm</u>
	R / NAD DA	- DBF job busy early
	on DSP1	- Wm care & Care Care
		← SB Rest 10am Tm
27/6/26 4pm ↓ here	Noted by Sr. Padame 27/6/26 @ 4pm	Q Bshw

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/2026 09:00 AM.	38 wks / 3.34 ♀ / ↓ 270g 3.08	G2P1 FL-LSCS
	C/T/A Good - CRT C3scf AF-Ⓢ more fluid	
M/B ave.	CVS CMS RS / Ⓢ PR	Plan - On DSPT - Repeat SDR @ 10 AM T/D if < 10mg DIC.
		d-Cure



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Singh / Femal / wt - 3.34 / 21.454</u>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date	<u>25/6/26</u>	<u>25/6/26</u>	<u>25/6/26</u>	<u>25/6/26</u>	<u>26/6/26</u>	
	Shift	<u>M</u>	<u>E</u>	<u>N</u>	<u>N</u>	<u>M</u>	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	
ASSESSMENT	Diet:	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
RECOMMENDATIONS	Ventilation (RA, NP, NIV, VENTI):	-	-	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.6f</u>	<u>98.6f</u>	<u>98.2f</u>	<u>98.9f</u>	<u>98.3f</u>
		Res:	<u>45b/m</u>	<u>45b/m</u>	<u>42b/m</u>	<u>40b/m</u>	<u>42b/m</u>
		SpO ₂ :	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>
		Pulse:	<u>185b/m</u>	<u>140b/m</u>	<u>142b/m</u>	<u>140b/m</u>	<u>141b/m</u>
		BP:	-	-	-	-	-
	LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	
	Fall Risk Score:	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	
	Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Skin Integrity:	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>		
Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Physiotherapy:	-	-	-	-	-		
Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Special Diet:	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>		
Critical Lab Test / Values:	-	-	-	-	-		
Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>		
Post Operative Procedure Special Orders:	<u>DBF 2hr hourly</u>	<u>DBF 2hr hourly</u>	<u>DBF 2hr hourly</u>	-	-		
Handed Over By Name :	<u>Ravi</u>	<u>Ravi</u>	<u>Meghana</u>	<u>Bhavya</u>	<u>Sushila</u>		
Signature / ID :	<u>020822</u>	<u>020822</u>	<u>120222</u>	<u>120887</u>	<u>16993</u>		
Date:	<u>25/6/26</u>	<u>25/6/26</u>	<u>25/6/26</u>	<u>26/6/26</u>	<u>26/6/26</u>		
Time:	<u>2pm</u>	<u>8pm</u>	<u>@9:45pm</u>	<u>5pm</u>	<u>@2pm</u>		
Taken Over By Name :	<u>Ravi</u>	<u>Meghana</u>	<u>Bhavya</u>	<u>Sushila</u>	<u>Varsha</u>		
Signature / ID :	<u>020822</u>	<u>120222</u>	<u>120887</u>	<u>16993</u>	<u>905044</u>		
Date:	<u>25/6/26</u>	<u>25/6/26</u>	<u>26/6/26</u>	<u>26/6/26</u>	<u>26/6/26</u>		
Time:	<u>8pm</u>	<u>@8pm</u>	<u>9am</u>	<u>8AM</u>	<u>@2pm</u>		



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Single / term / Bw. 3.3ukg / Sp. LSCS</u>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date	<u>26/6/26</u>	<u>27/6/26</u>	<u>27/6/26</u>	<u>28/6/26</u>	<u>28/6/26</u>	
	Shift	<u>N</u>	<u>M</u>	<u>N</u>	<u>N</u>	<u>M</u>	
	Medical Condition (Any special condition to be noted):	<u>-</u>	<u>-</u>	<u>Nil</u>	<u>Nil</u>	<u>-</u>	
ASSESSMENT	Diet:	<u>DBF</u>	<u>DBR</u>	<u>DBF+HF</u>	<u>DBF+FF</u>	<u>DBF+FF</u>	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.6°F</u>	<u>98.6°F</u>	<u>98.3f</u>	<u>98.6°F</u>	<u>98.0°F</u>
		Res:	<u>28b/m</u>	<u>20b/m</u>	<u>30b/m</u>	<u>40b/m</u>	<u>40b/m</u>
		SpO ₂ :	<u>98%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>
		Pulse:	<u>101b/m</u>	<u>101b/m</u>	<u>139b/m</u>	<u>140b/m</u>	<u>140b/m</u>
		BP:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
		LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
	Fall Risk Score:	<u>'15'</u>	<u>'15'</u>	<u>15</u>	<u>15</u>	<u>'15'</u>	
	Pain Score:	<u>'0'</u>	<u>'0'</u>	<u>0</u>	<u>0</u>	<u>'0'</u>	
	Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	
	Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Physiotherapy:	<u>-</u>	<u>-</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>
Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Special Diet:		<u>DBF</u>	<u>DBR</u>	<u>DBF+HF</u>	<u>DBF+FF</u>	<u>DBF+FF</u>	
Critical Lab Test / Values:		<u>-</u>	<u>-</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	
Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PU Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):		<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	
Post Operative Procedure Special Orders:		<u>-</u>	<u>-</u>	<u>SBR 10Am</u>	<u>SBR 11am</u>	<u>SBR Done @ 10Am</u>	
Handed Over By Name :	<u>Bhanu</u>	<u>Deepika</u>	<u>padma</u>	<u>Jhansi</u>	<u>Deepika</u>		
Signature / ID :	<u>017887</u>	<u>607469</u>	<u>606329</u>	<u>17542</u>	<u>607469</u>		
Date:	<u>27/6/26</u>	<u>27/6/26</u>	<u>27/6/26</u>	<u>28/6/26</u>	<u>28/6/26</u>		
Time:	<u>@ 8pm</u>	<u>@ 2pm</u>	<u>@ 8pm</u>	<u>@ 8am</u>	<u>@ 2pm</u>		
Taken Over By Name :	<u>Deepika</u>	<u>padma</u>	<u>Jhansi</u>	<u>Deepika</u>	<u>-</u>		
Signature / ID :	<u>607469</u>	<u>606329</u>	<u>17542</u>	<u>607469</u>	<u>-</u>		
Date:	<u>27/6/26</u>	<u>27/6/26</u>	<u>27/6/26</u>	<u>28/6/26</u>	<u>-</u>		
Time:	<u>@ 8Am</u>	<u>@ 2pm</u>	<u>@ 2pm</u>	<u>@ 8Am</u>	<u>-</u>		

File joint de h



NURSING CARE RECORD

Date: 25/6/26

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify: To give DBF 2nd hourly
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	12 PM	→ Ensure Safety	12:15 PM	→ provided care Baby safe	→ prevented fall from crib	→ Re-Assess prevented fall from crib	Jalena 25/6/26 12 PM
Afternoon	2 PM	→ To give DBF every 2nd hourly	2:15 PM	→ DBF given every 2nd hourly	→ DBF given baby taking good feed	→ Re-Assessed DBF given	Jalena 25/6/26 2 PM
Night	8 PM	Maintain good nutritional status - ensure safety	8 PM	DBF 2nd hourly given - prevent infection	→ To prevent dehydration - provided warm and cool care	Baby is taking good feed - vitals 4th hourly checking	Meghan 25/6/26 9 PM Khan 26/6/26 AM

VIH-00206236 IP-00060480
 Baby B/O AMRITA ARIKE
 25-06-2026 0 Y 0 M 0 D 10 H (F)
 Dr. PREETHAM KUMAR

NURSING CARE RECORD



Date: 26/6/26

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	* Ensure safety	9:15 am	* Provided cribe case & warm case.	* Prevent falls from Risk	* Baby is safe	Sushila 26/6/26 @2pm
	11am	* Maintain fluid balance	11:30 am	* DBF Every 2nd hourly	* TO prevented dehydration	* Baby is active & comfortable	
Afternoon	3pm	* Maintain Good nutritional status	5pm	* Every 2nd hourly feeding to Burping given.	* TO prevent dehydration	Reassessment done Baby is stable	Marsha 26/6/26 @5pm
Night	8pm	- Ensure safety - maintain fluid balance.	8Am	- To maintain hydration	- vitals are normal.	- Baby is stable.	Shanu 27/06/26 @ 8Am

NURSING CARE RECORD

Date: 27/6/26

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Ensure Safety	10AM	To provide side rails	To provide safety	Re-Assessment done 2nd hourly feeding & burping given.	Deepika 27/6/26 @2pm
	11AM	Maintain Good Nutritional status	2pm	to give feeding 2nd hourly.	To prevent dehydration		
Afternoon	4pm	* maintain fluid Balance.	7pm	* maintained the fluid Balanced. Nutritional. status.	* prevent to the dehydration.	* Re-assessment Done. every 2nd hourly feeding.	Padma 27/6/26 @7pm
Night	8 pm	Assess the baby condition.	10 pm	Assess the baby condition.	Baby is stable & active.	Baby is Haemodynamically stable.	Jhansi 28/6/26 @8am
	6 am	Give feeds Qn.	6 am	Given feeds Qn.			

NURSING CARE RECORD

Date: 28/6/26

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Ensure Safety	2pm	To provide side rails	To provide Safety	Re-Assessment done	Deepika 28/6/26 @2pm
Afternoon				<u>Discharge Notes</u> Doctor came for rounds Baby is safe doctor said to be discharge			Deepika 28/6/26 @ 10AM
Night				Noted by Deepika 28/6/26 @ 10AM			

202

CONSENT FOR FORMULA FEEDS

Patient Name: B/O AMRITA ARIKE Age: Gender: Male Female

UHID no: 00060480 Department / Ward: 2nd floor Date: 27

I Mr / Mrs. : AMRITA ARIKE Aged years, hereby declare that I
have admitted my son / daughter in Rainbow Children's Hospital, Hyderabad on Kharkana

I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant / Guardian:

Signature: [Signature]
Name: AMRITA ARIKE
Relationship with patient: MOTHER
Date & Time: 27/6/2026 11:12

Witness

Signature: [Signature]
Name: AMRITA ARIKE
Date & Time: 27/6/2026 11:12

Doctor (who is taking consent):

Signature: [Signature]
Name: Dr-Shivam
Date & Time: 27/6/2026 @ 11:12

ఫారులా ఫీడ్ల కోసం సమ్మతి

పేషెంట్ పేరు: వయస్సు: లింగం: మగ ఆడ
UHID సంఖ్య: విభాగం/వార్డు: తేదీ:

నేను శ్రీ / శ్రీమతి :, వృద్ధాప్యం,
నేను నా కొడుకు / కూతురిని హైదరాబాద్‌లోని రెయిన్‌బో చిల్డ్రెన్స్ హాస్పిటల్‌లో
..... నా బిడ్డ కోసం ఫారులా ఫీడ్ కోసం నేను ఇందుమూలంగా సమ్మతి
ఇస్తున్నాను. నాకు బాగా అర్థమయ్యే భాషలో ఫారులా ఫీడింగ్ ప్రయోజనాలు, రిస్కులు, ప్రత్యామ్నాయాల
గురించి వైద్యులు నాకు వివరించారు.

పేషెంట్ అజెండాంట్ / గార్డియన్:
సంతకం:
పేరు:
రోగితో సంబంధం:
తేదీ & సమయం:

సాక్షి:
సంతకం:
పేరు:
తేదీ & సమయం:

డాక్టర్ (అనుమతి తీసుకుంటున్నవారు):
సంతకం:
పేరు:
తేదీ & సమయం:



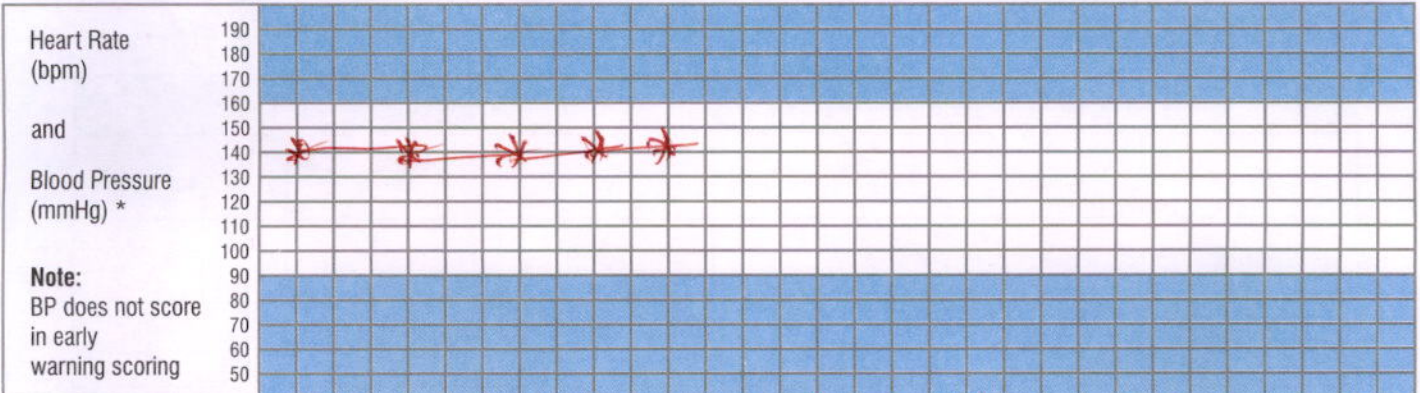
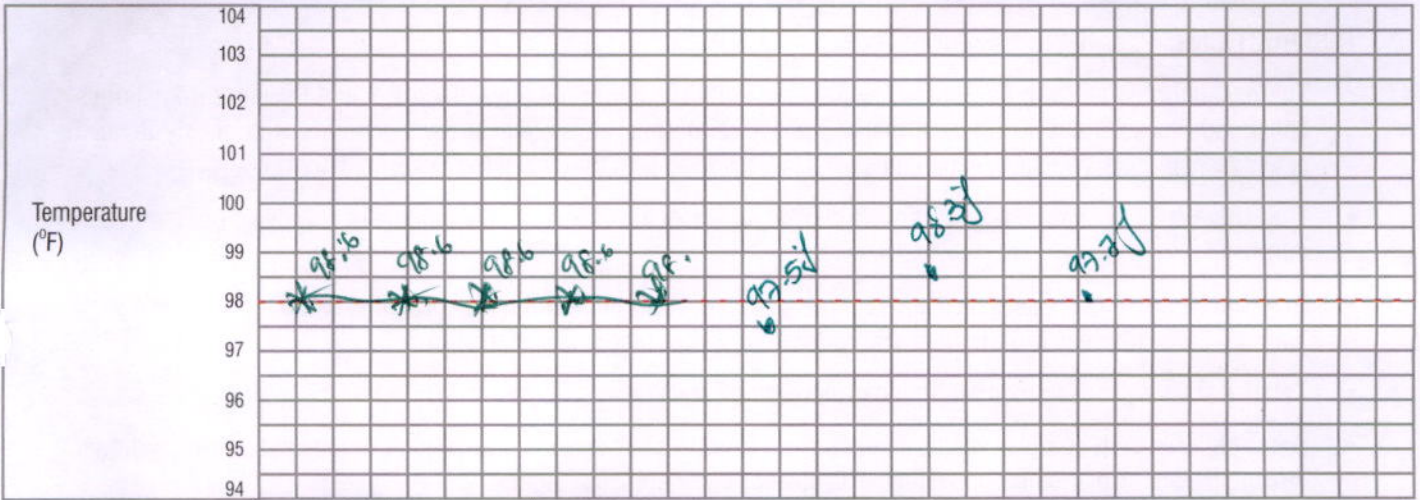
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

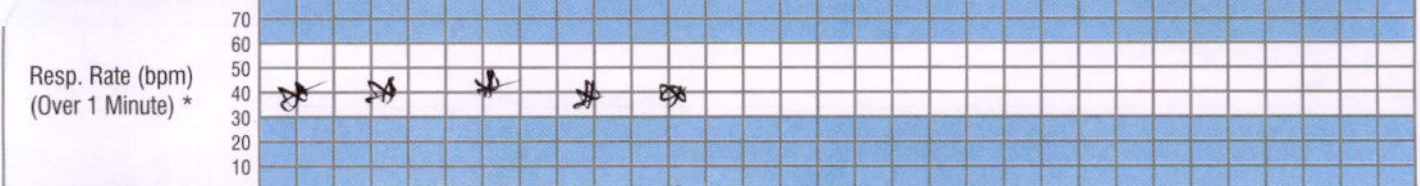
Date: 25/6/26 Time: 12pm 2pm 4pm 6pm 8pm 11 3 7

Doctor/Nurse/Family Concern? PM PM PM



Note:
 BP does not score in early warning scoring

Heart Rate (Number) 145 140 145 142 141 141 147 140



Resp Rate (Number) 45 40 42 45 45 45 47 45

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 97% 97% 98%

Conscious Level Normal / Altered

GCS * 15 15 15 15 15 15 15 15

TOTAL SCORE								
Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	<u>P</u>	<u>S</u>	<u>P</u>	<u>P</u>	<u>P</u>	<u>S</u>	<u>P</u>	<u>P</u>

- ACTIONS**
- 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: Scores 3 should be recorded overleaf

* 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.



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-00206238 IP-00080480
 Baby B/O AMRITA ARIKE
 25-06-2026 0 Y 0 M 0 D 10 H (F)
 Dr. PREETHAM KUMAR



RCH/FRM / CLINICAL / 124

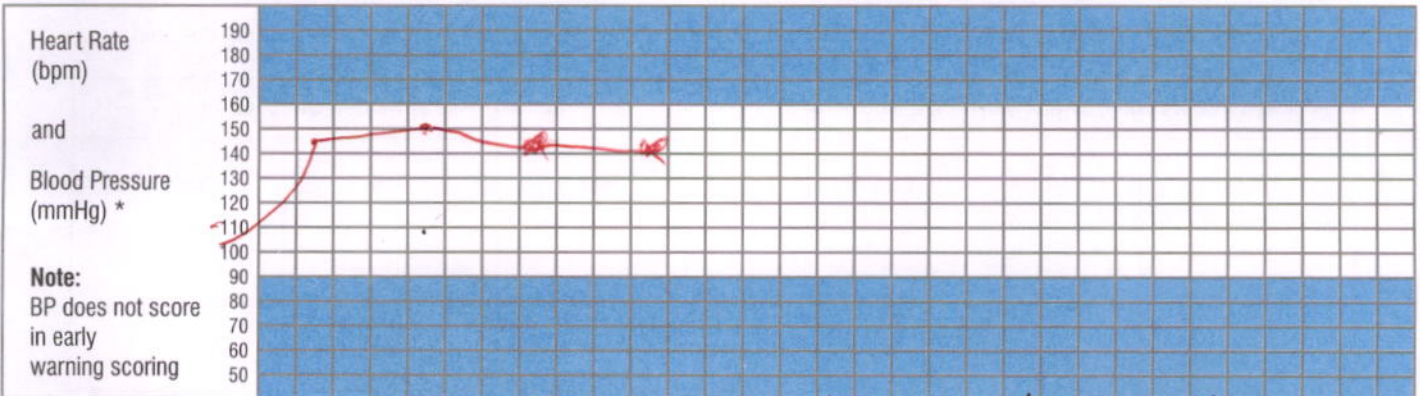
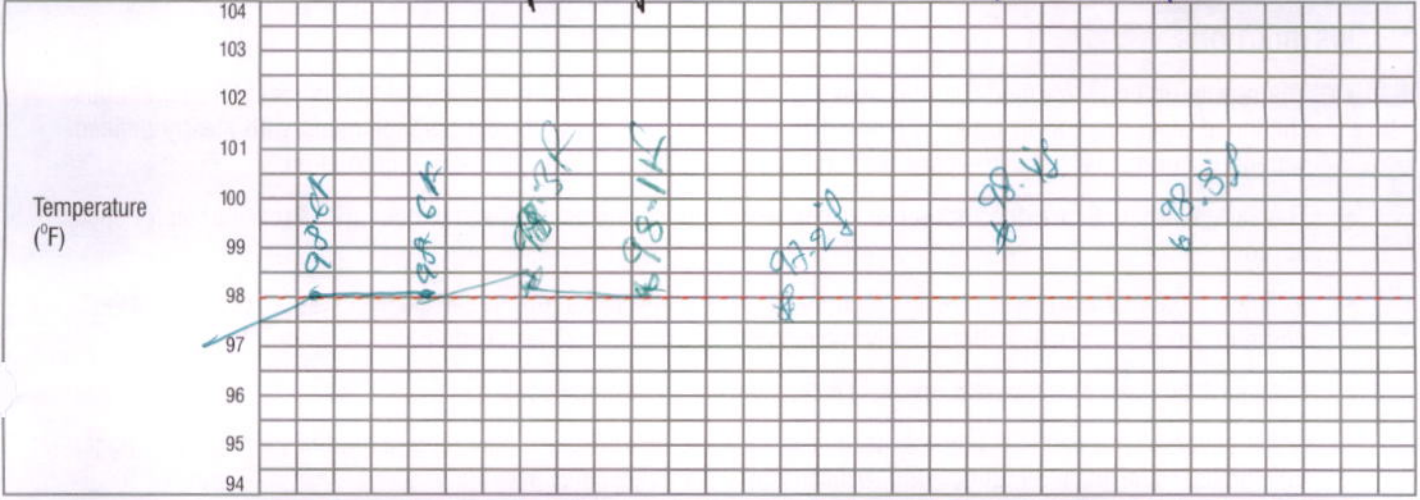
INFANT (<1 year)
 Children's Observation &
 Early Warning Scoring Chart



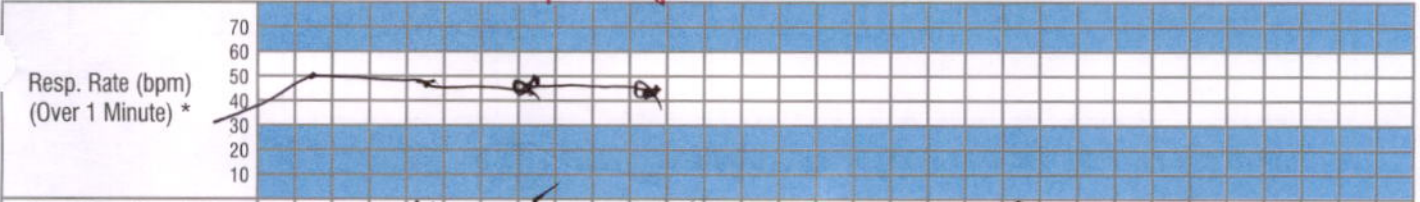
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 26/6/26 Time: 10 1 11 12 11 12 1 1

Doctor/Nurse/Family Concern? Am Am Pm Pm Pm Am Am



Heart Rate (Number) 142 150 140 140 144 144 141



Resp Rate (Number) 50 48 45 42 43 43 40

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 96 97 99 99 99 99 99

Conscious Level Normal / Altered N N NA NA

GCS * 15 15 NA NA

TOTAL SCORE	
Number of shaded boxes	<u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u>
Pain Score	<u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u>
Observer's Initials	<u>PK</u> <u>PK</u> <u>PK</u> <u>PK</u> <u>PK</u> <u>PK</u> <u>PK</u>

ACTIONS
 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.

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-00206236 IP-00060480
 Baby B/O AMRITA ARIKE
 25-06-2026 0 Y 0 M 0 D 10 H (F)
 Dr. PREETHAM KUMAR



No. : RCH/FRM / CLINICAL / 124

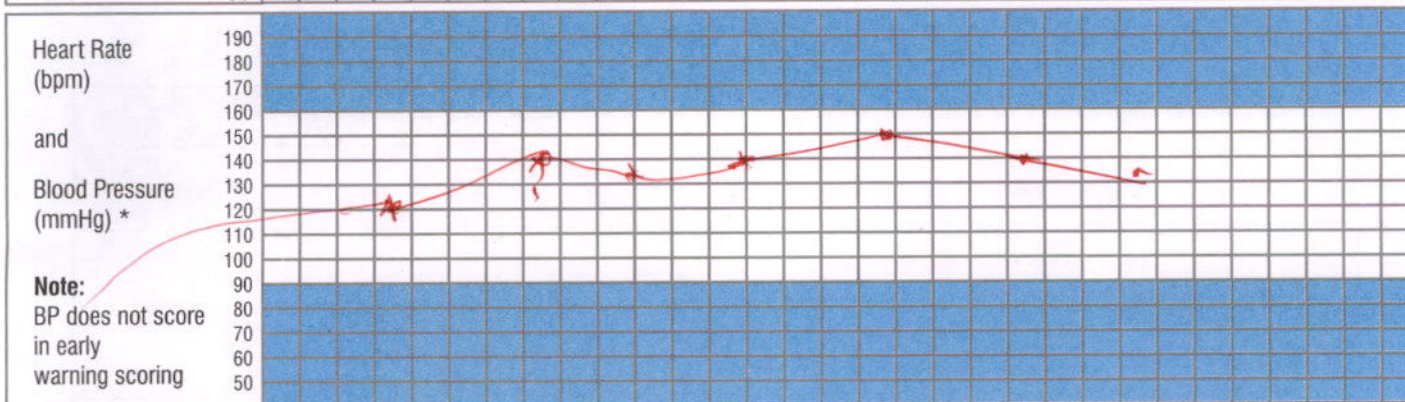
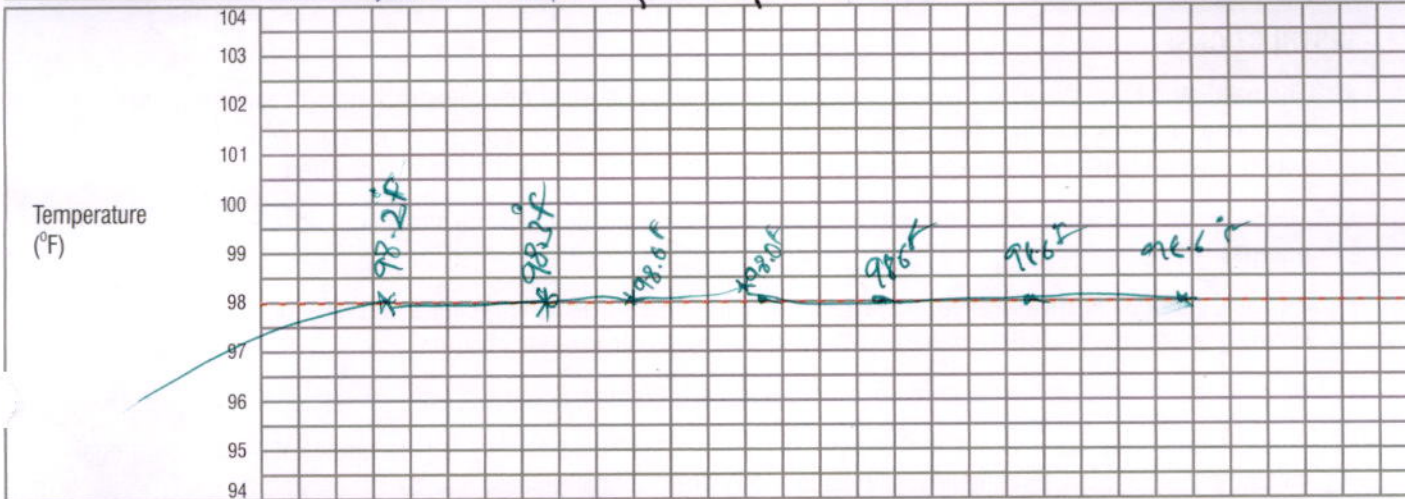
INFANT (<1 year)
 Children's Observation &
 Early Warning Scoring Chart



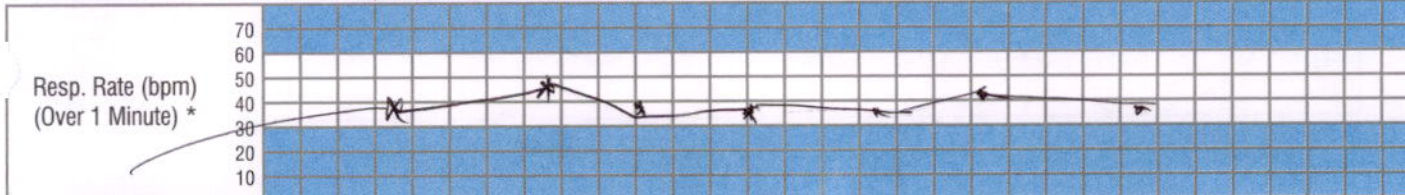
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 25/6/26 Time: 10 1 4 8 12 3 8

Doctor/Nurse/Family Concern? -AM PM PM PM AM AM AM



Heart Rate (Number) 120 140 139 140 150 140 135



Resp Rate (Number) 40 42 39 36 36 40 36

Resp Mod/ Severe Distress None / Mild N N N N N N N

Receiving O₂ (l/min) O₂ Saturations (%) -99% 99% 99 98 96 99 98

Conscious Level Normal / Altered N N C C C C C

GCS * 0 - 15 15 15 15 15

TOTAL SCORE

Number of shaded boxes 0 0 0 0 0 0 0

Pain Score 0 0 0 0 0 0 0

Observer's Initials D D P P P P P

- ACTIONS**
- 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.



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)



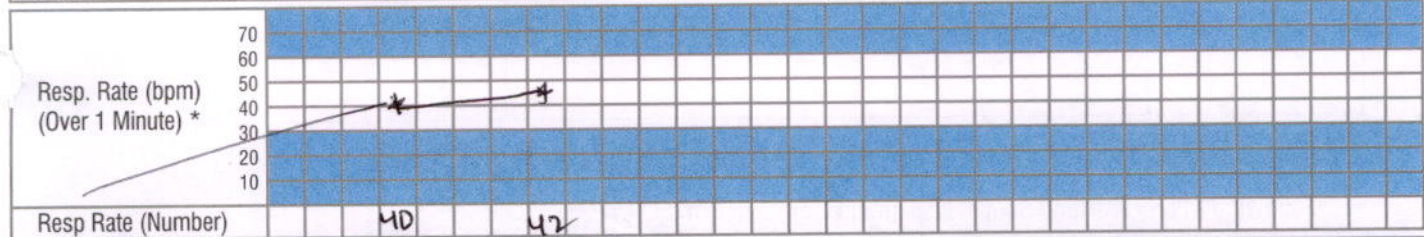
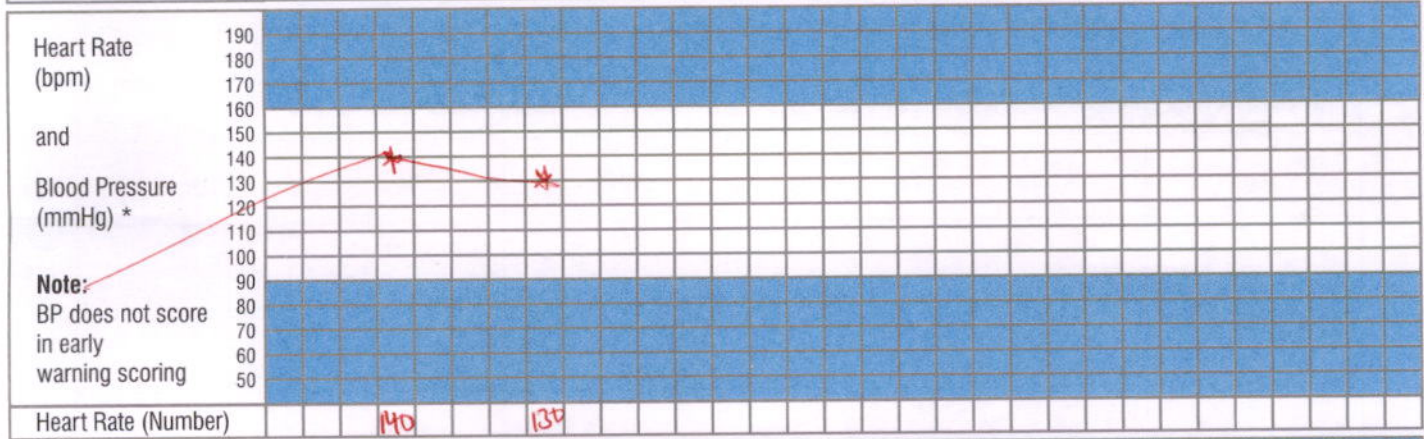
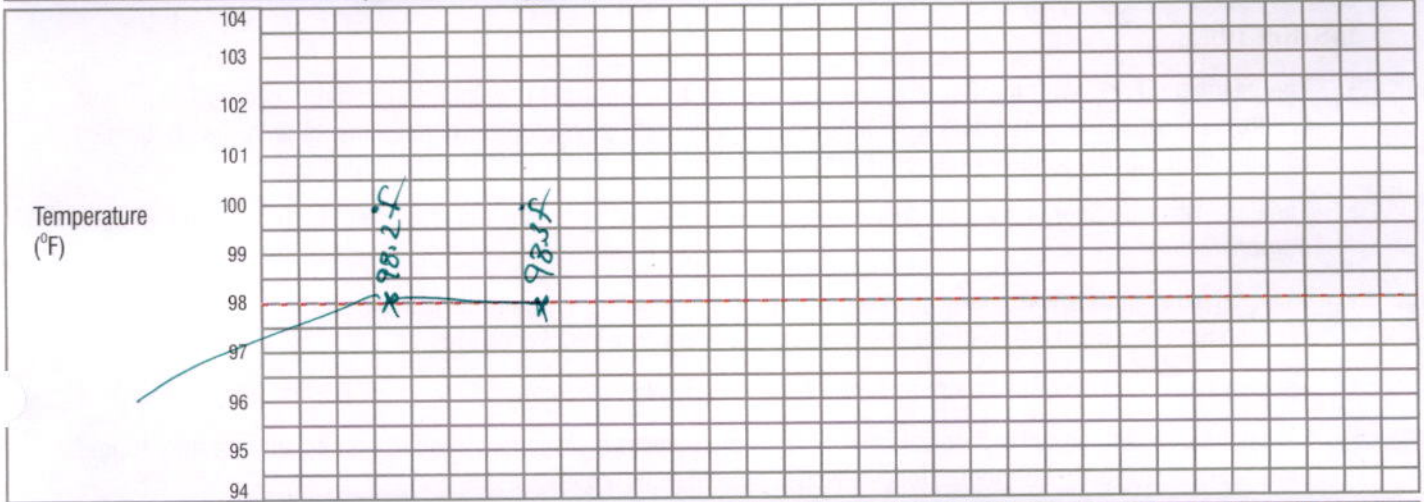
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22.6.26 Time: 10 AM 1 PM

Doctor/Nurse/Family Concern? AM PM



Resp Distress	Mod/ Severe		
	None / Mild	N	N
Receiving O ₂ (l/min)	O ₂ Saturations (%)	99%	99%
Conscious Level	Normal / Altered	N	N
GCS *		-	-

TOTAL SCORE		
Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	D	D

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 /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.



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)



FLUID CHART

Sheet No. : 11

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
25/6	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm	DBF ✓											
	01:00 pm												
Total Intake :			DBF			Total Output :							
25/6	02:00 pm	DBF ✓											
	03:00 pm								✓				
	04:00 pm	DBF ✓											
	05:00 pm												
	06:00 pm	DBF ✓											
	07:00 pm												
Total Intake :			DBF			Total Output :						passed	
25/6	08:00 pm	DBF ✓											
	09:00 pm												
	10:00 pm	DBF											
	11:00 pm												
	12:00 am	DBF											
	01:00 am												
Total Intake :			DBF			Total Output :							
25/6	02:00 am	DBF											
	03:00 am												
	04:00 am	DBF											
	05:00 am												
	06:00 am	DBF											
	07:00 am												
Total Intake :			DBF			Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00206236 IP-00060480
 Baby B/O AMRITA ARIKE
 25-06-2026 0 Y 0 M 0 D 10 H (F)
 Dr. PREETHAM KUMAR




FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
26/6/26	08:00 am											gushiga 26/6/26 at 10
	09:00 am	DBF							✓			
	10:00 am											
	11:00 am	DBF										
	12:00 pm									✓		
	01:00 pm	DBF										
Total Intake :						Total Output :						
26/6/26	02:00 pm											Vasish 26/6/26 at 8pm
	03:00 pm											
	04:00 pm	DBF								✓		
	05:00 pm											
	06:00 pm	DBF								✓		
	07:00 pm											
Total Intake :						Total Output :						
27/6/26	08:00 pm											Shomy 27/6/26
	09:00 pm	DBF										
	10:00 pm											
	11:00 pm	DBF										
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
27/6/26	02:00 am	DBF										Shomy 27/6/26
	03:00 am											
	04:00 am	DBF										
	05:00 am											
	06:00 am											
	07:00 am	DBF								✓		
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00206236 IP-00060480
 Baby B/O AMRITA ARIKE
 25-06-2026 0Y0M0D10H (F)
 Dr. PREETHAM KUMAR



FLUID CHART

Sheet No. : 9

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
27/6/26	08:00 am	BBM										Deepika 27/6/26 @2pm
	09:00 am								✓			
	10:00 am	DBF										
	11:00 am						✓					
	12:00 pm	DBF+FF										
	01:00 pm											
Total Intake :						Total Output :						
27/6	02:00 pm											Padma 27/6/26 @2pm
	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											Shani 28/6/26 @8pm
	09:00 pm	BBF+FF					✓			✓		
	10:00 pm											
	11:00 pm											
	12:00 am	BBF+FF					✓			✓		
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											Shani 28/6/26 @8pm
	03:00 am	BBF								✓		
	04:00 am											
	05:00 am	BBF					✓					
	06:00 am	FF								✓		
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
28/6/26	08:00 am		DBF										
	09:00 am												
	10:00 am		FF+DBF										
	11:00 am												
	12:00 pm		FF										
	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 :							

p. Dupika
28/6/26
@ 2 pm

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker



FLUID CHART

Sheet No. :

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

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

Total 24 hrs. Intake	
-----------------------------	--

Total 24 hrs. Output	
-----------------------------	--

VIH-00206236 IP-00060480
 Baby B/O AMRITA ARIKE
 25-06-2026 0 Y 0 M 0 D 10 H (F) a

Dr. PREETHAM KUMAR



RESULT SHEET

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					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood grouping	O ⁺	positive				

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :

