


**ACTIVITY RECORD FOR BILLING**

VIH-00206240 IP-00060483

Baby B/O V. JHANSI

25-06-2026 0 Y 0 M 0 D 5 H (F)

Name: Dr. PREETHAM KUMAR -----

UHI:  ----- Consultant: ----- Dept: -----

Date of Admission: 25/6/26 Time: 2:12PM Date of Discharge: ----- Time: -----

Room / Bed No: 230-1 Ward: 4W Suggested Billable bed type: -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
26/6/26	12:40pm	micu	Room (205)	Ms

**Cross Consultation Visit**

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









# ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

**ADMISSION SHEET**

**Registration Details :**
**Admission No** : IP-00060483      **Admit Date** : 25-Jun-2026      **Admit Time** : 02:12 PM      **UHID** : VIH-00206240

**Patient Details :**

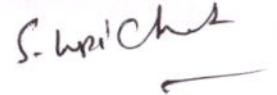
<b>Patient Name</b> : Baby B/O V. JHANSI	<b>Age</b> : 0 D
<b>Guardian</b> : Mr GOPICHAND SAJJANA	<b>DOB</b> : 25-06-2026 12:20 PM
<b>Gender</b> : Female	<b>Religion</b> :
<b>Occupation</b> :	<b>Martial Status</b> :
<b>Address (H)</b> : 1-5-433/4 suryanagar, old alwal flat no 100, Old Alwal Bolaram Bazar Hyderabad Telangana INDIA 500010	<b>Phone No</b> : 9494260191
	<b>E-mail</b> : jhansivalluri@gmail.com

**Admission Details :**

<b>Bed Type</b> : BASINET	<b>Bed No</b> : CRDL-MICU-230-1	<b>Ward Name</b> : N 2F-MICU
<b>Room No</b> : CRDL-MICU-230-1	<b>Admission Type</b> : First Visit	

**Contact Details :**

<b>Name</b> : Mr GOPICHAND SAJJANA	<b>Relationship</b> : Father
<b>Contact Address</b> : 1-5-433/4 suryanagar, old alwal flat no 100, Old Alwal Bolaram Bazar Hyderabad Telangana INDIA 500010	<b>Phone No</b> : 9494260191 / 7207430743



**Signature**
**Doctor Details :**

<b>Doctor Name</b> : Dr. PREETHAM KUMAR	<b>Specialisation</b> : GENERAL PEDIATRICS
<b>Referral Doctor</b> :	<b>Phone No</b> :
<b>Co-Consultant</b> :	

**Payment Details :**

<b>Payment Mode</b> : Cash	<b>Deposit Amount</b> : 0.00
	<b>Payor Name</b> : SELFPAY

# PATIENT TRANSFER FORM


VIH-00206240 IP-00060483 Baby B/O V. JHANSI 25-06-2026 0Y0M0D3H (F) Dr. PREETHAM KUMAR 	Date & Time of Admission 25/6/26 @ 2:12pm	Date & Time of Transfer Order 26/6/26 @ 12:40AM
	Transfer Ordered by Dr. Srikar	Reason for Transfer Observation
From Unit MICU	To Unit Room (205)	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 type="checkbox"/> No <input type="checkbox"/> If yes, what ?

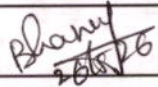
Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes  No

Name & Signature of Person who is Transferring Srs. Meghna	Name of Person Ordered Transfer Dr. Srikar
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Patient & Clinical Records Received by : 

Date & Time of Patient Received :  @ 12:40AM

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



# NEONATAL IN-PATIENT MEDICAL RECORD

## ADMISSION INFORMATION

Mother's Name : Jhansi Age : 35yr Father's Name : ..... Age : .....  
 Date of Birth : 01-01-91 Date of Admission : ..... UHID No.: .....  
 NICU Consultant : Dr. Preetham Referring Consultant : Dr. Agarwal  
 Transferring Unit :  OT  Labour Room  ER  Ward  
 Transported ?  Yes  No - If yes :  Long (> 30 kms)  Short (< 30 kms)

## BIRTH INFORMATION

Name : R/o Jhansi Mother's Blood Group : D Positive  
 Gender :  M  F Blood Group : ..... Birth Weight (gms) : 2.31 kg Length (cms) : .....  
 Date of Birth : 25/06/26 Time of Birth : 12:20:59 PM OFC (cms) : .....  
 Place of Birth : Rail - VKP Estimated Gesth Age : 37+3 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 35yr Ht : ..... Wt : ..... BMI : ..... Married Life : 5yr LMP : 6/10/25 EDD : 13/7/26  
 Conception : Spontaneous or with Rx : .....  
 Booked at what GA : ..... AN Steroids Drugs / Doses : .....  
 Last Scans Details : 12/6/26 35+4 SUIVF Cephalic EFW 2740g AC - 14+1 AFV - 10-21  
DOPplers @ 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 : .....  
T: Eclampsia 1 day on  
 H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....  
 IUGR - when detected : .....  
 Doppler ( Increased Resistance / 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 Hypothyroidism** : when diagnosed ? Medication? .....  
 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 : .....



**PAST OBSTETRIC HISTORY**

..... 2 ..... P: ..... 1 ..... A: ..... 0 ..... L: ..... 1 .....

Sl. No.	Age	Gr wks	B. W	Gender	Significant	Details
2	Male	12yr	1WF	Mean	uses 130ml	reviewed / Acute
2	ep. chn					

**PERINATAL HISTORY**

Treating Obstetrician : ..... *A. Apurva* ..... Hospital : .....  Inborn  Outborn

<p><b>Duration of Labour</b></p> <p>First stage (&gt; 18 hours sig)</p> <p>Second stage (&gt; 2 hours after dilation)</p> <p>LSCS : <input checked="" type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication : .....</p> <p>Specify the reason : ..... <i>Previous Ucs</i> .....</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>Resuscitation : <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>
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**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
<b>TOTAL</b>	<i>7/10</i>	<i>9/10</i>	

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)	> 96 (0)	96-95 (8)	< 95 (15)	
Lowest Temp (oF)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)
Pao2 / Fio2 (mmHg%)	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)	
Lowest Serum PH	No (0)	Yes (19)		
Multiple Seizures	> = 1 (0)	0.1-0.9 (5)	< 0.1 (18)	
U. Output (ml / kg / hr)	> = 7 (0)	< 7 (18)		
Apgar Score	> = 1kg (0)	750 - 999 (10)	< 750 (17)	
Birth Weight	> 3rd percentile (0)	< 3rd (12)		
SGA				

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints :

*CIAS*



→ target spot  
observed  
at 2' of IP

Equipment check done

↓

Delivered by USF

↓

Feb - CIP - Dec done for Boser

↓

Dried and skimmed

↓

Good cleupant

↓

2A+IV ⊕

↓

Inf. vit K injection

↓

Investigation details in previous Hospital :

Bony rigrous

↓

Shift to right side

Feeding History :

Past History :

Family History :

Socio Economic History :



**GENERAL EXAMINATION ON ADMISSION**

General Disposition :  
  
C/A good,

VITALS : Temperature : 36.4°C HR : 160/min RR : 40/min NIBP : C/Re CFT : C/Re  
Color of the extremities :  
Jaundice : Pallor : SpO2 : 98.1 RA

Anthropometry : Birth Weight : 2.31 kg Length : HC : Present Weight :  
Ponderal Index : AGA : SGA LGA :

**HEAD TO TOE EXAMINATION**

HEAD : Fontanelles : Sutures : Shape / Moulding : AF @ level Edema / Bruising : Size - (H.C.) :

Facies : (Any Facial Dysmorphism)

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

EYES : Symmetry : Red Reflex : Discharge : not checked

EARS, NOSE MOUTH and THROAT : Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :



of Thorax :

**BREASTS :**

Position of Nipples and Number :

2 is (N) @ positive

**ABDOMEN and UMBILICUS :**

Shape :

Organomegaly :

Bowel Sounds :

Umbilical Stump :

Discharge :

2 ATR (P)

**GENITILIA :**

Labia / Hymen : female

Testicles/penis :

Anus :

**HERNIAL ORIFICES**

four

**TRUNK and SPINE :**

(M)

**SKIN LESIONS :**

**EXTREMITIES :**

Fingers / Toes :

Arms / Legs :

Deformities :

Mobility :

Hip Joint Examination :

100% HOT (P)

**SYSTEMIC EXAMINATION**

**Respiratory System :**

**Breathing Pattern :**  Regular  Periodic  Shallow  Gasping

Mention If baby has Respiratory distress : RR : 40/min 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 : .....

SpO<sub>2</sub> : 98/RA Auscultation : BAE (P) Breath Sounds : N/A (P) Added Sounds : .....

**Cardiovascular System :**

HR : 160/min BP : .....

Precordial Activity : (N)

Femoral Pulses : (P) Murmurs : .....

Other Peripheral Pulses : (P) Signs of Cardiac Failure : .....

**Abdomen :**

Shape : .....

Hernia orifice : .....

Anal Patency : .....

Palpation : .....

Umbilical Cord : .....

Palpable masses : .....

First urine passed : .....

Abdominal girth : .....

Meconium passed : .....



lectual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves : .....

**Motor System :**

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : *Be equivocal* DTR : .....

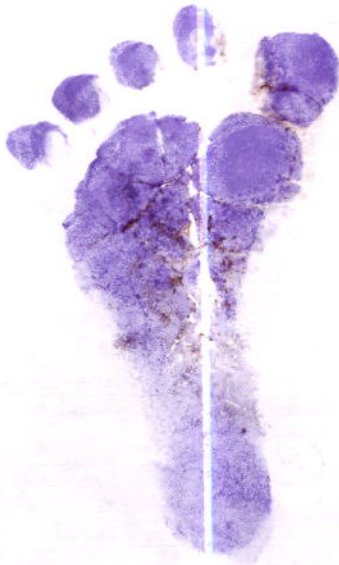
ATNR : ..... Skull and Spine : .....

Any Congenital Anomalies : .....

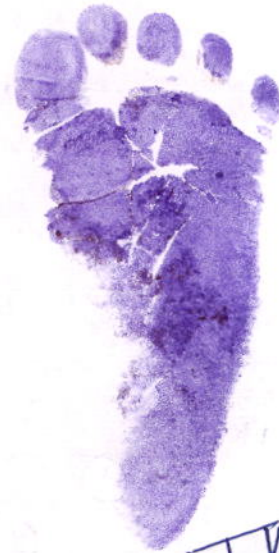
Diagnosis : *Term wgt / length / 25 / kg / 60 / cm*

**FOOT PRINTS**

Left Side :



Right Side :



*Taken by  
Dr. HNS  
@ 12:30 PM*

**Resident Doctor :**

Signature : *[Signature]*

Name : *Dr. Preetham*

Date & Time : *25/06/26 / 12:30 pm*

**Consultant :**

Signature : *[Signature]*

Name : *Dr. Preetham*

Date & Time : *25/06/26 3 PM*



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:  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....



usively

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: .....

- DRF 2nd only
- NBS (SBI, OAE, Rf, etc)
- GRBS 1st they started (till 48 Hrs)
- cord care, immunity care
- Immunization
- use Aspirin - 48 Hrs.

GRBS @ 12:10 PM  
73 mg/dl

Doctor Signature: 

Doctor Name: Dr. Smruti

Date & Time: 25/6/26 12:30 PM

VIH-00206240 IP-00060483  
Baby B/O V. JHANSI  
25-06-2026 0 Y 0 M 0 D 3 H (F)  
Dr. PREETHAM KUMAR

## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O M Jhansi Mother's Name: Mrs Jhansi  
Date of Birth: 25/6/26 Time of Birth: 12:20:59 Gender:  Male  Female  
Birth Weight: 2.81kg Kgs HC: ..... cm Length: ..... cm  
Meconium in Liquor:  Yes  No Cried at Birth:  Yes  No  
Term / Pre-term / Post-term: .....  
Resuscitated:  Yes  No Blood Group: Mother: O positive Baby: .....  
Feeding:  Breast Feeding  Formula  Both First Feed Time: .....

VIH-00177465 IP-00060476  
Mrs V. JHANSI  
01-01-1991 35 Y 5 M 25 D (F)  
Dr. KAPPAGANTULA APARNA

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

### Physical Assessment of New Born:

Temp: 99.6 F °C HR: 100bpm /Min RR: 40bpm /Min BP: ..... SpO<sub>2</sub>: 98%  
Pain Score: 0 (Follow N Pass)

Fall Risk Assessment:  Yes  No Score: ..... (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

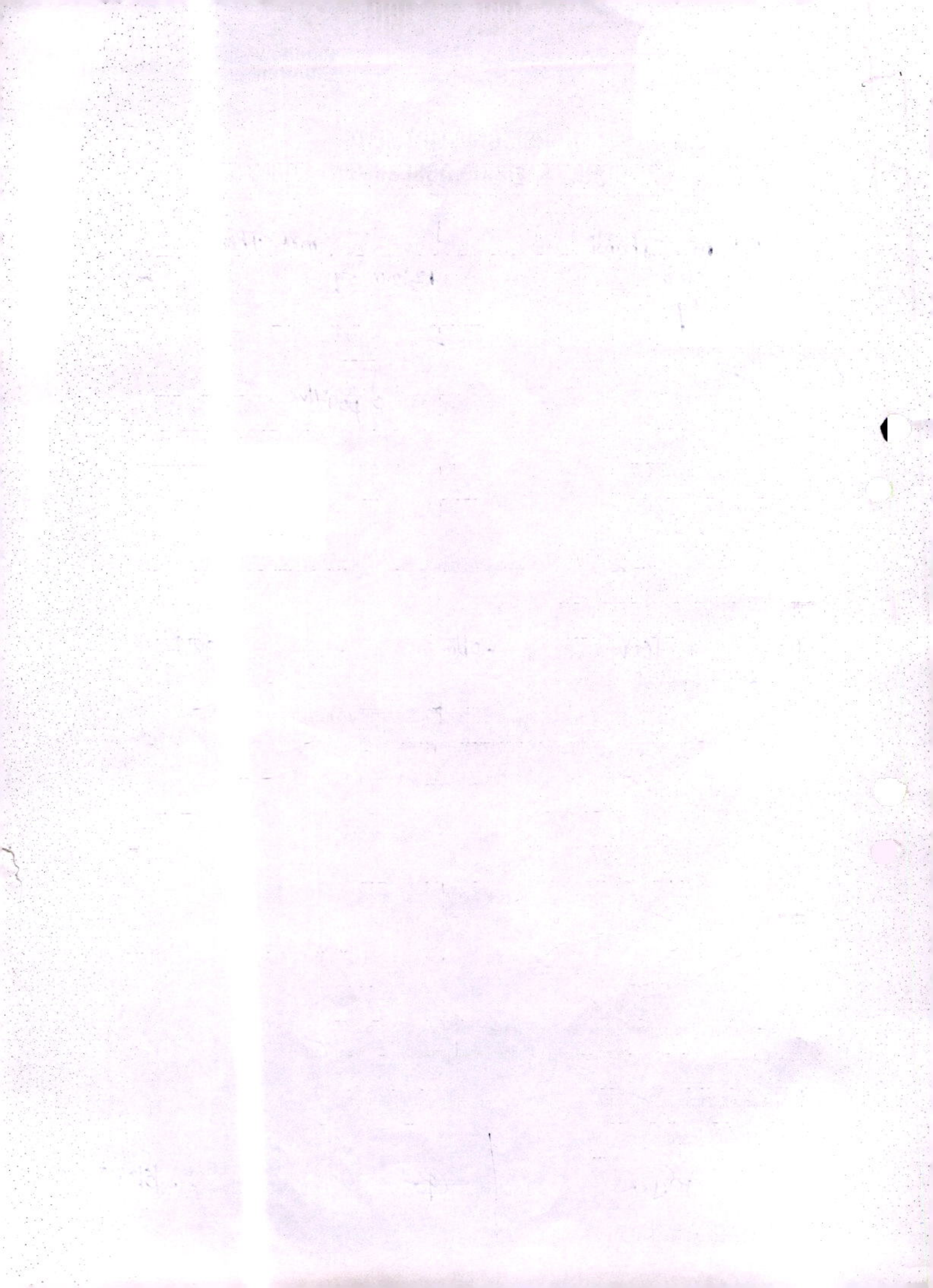
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes /  No

3. Socio History: Siblings Yes /  No

All information obtained from  Mother  Father  Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Preetham Signature: [Signature] Date & Time: 25/6/26 at 3pm



ransi



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	<p><u>Lactation notes (Mrs. Ranjitha)</u></p> <p>2nd time Mother</p> <p>Counselled the Mother about importance of breastfeeding</p> <ul style="list-style-type: none"> <li>To do more skin to skin</li> <li>Advised to feed every 2hrs</li> <li>More skin to skin</li> <li>flu in hand tomorrow</li> </ul> <p>6:00pm</p>	
26/6/26	<p><u>Lactation notes (Mrs. Ranjitha)</u></p> <ul style="list-style-type: none"> <li>Mother is well (anxious)</li> <li>TF introduced</li> <li>strategies to improve supply discussed</li> <li>flu</li> </ul> <p>4:00pm</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26.6.26 9.00 AM	S/B Registrar Early Term (37 <sup>+</sup> 3 <sup>wk</sup> ) / SGA / baby girl / NICU-201	
	o/e baby warm	
	red reflex: present & b/c symmetrical } (11) conj. } tense } actually }	Plan
	winc ✓ H/L - (NAD)	→ DBM
	mucin - P/A - soft	→ Start formula
	Bwt: 2.31 kg	→ OAE today
	T.wt: 2.23 kg (480gm)	→ Warm now
	HBG } ABG } O+vo.	→ RBS 6 <sup>th</sup> baby (pre-feed)
		→ USG abdomen (50%)
		→ ICB before b/c
<p><del>26/6/26 SA I freezer</del></p>	<p><del>Dr. Sameera</del> (Dr. Sameera)</p>	<p><del>noted by sushila 26/6/26 at 1 PM</del></p>
26.6.26	S/B Registrar	
5.00 PM	o/e baby warm	
	conj.	Plan
	tense } (11)	→ DBM + EE
	actually }	→ OAE today
	H/L - (NAD)	→ RBS 6 <sup>th</sup> baby (pre-feed)
	P/A - soft	→ TCB before b/c
		→ Warm now

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Baby B/O V. JHANSI  
25-06-2026 0 Y 0 M 2 D (F)  
Dr. PREETHAM KUMAR



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>27/6/26</del> 9 AM	<u>CLB Resident</u>	DOB 25/6/20 12:20 PM
	Term / 37+3wk / gir / low / CLB / 2.31kg	
	M.BG - 0 Tue	
	B.BG - 0 Tue	
		Plan
	Y.Wt - 2.23kg	
	T.Wt - 2.17kg (↓60gm)	DB f / 10 burps only
	O/E GIT / Agood	- Warm care & Care ease
	CRT < 3 sec	
	CVR - SCA	- OAB Today
	RS - BILD	
	PIA - SGL	
	Wry Stable	
<u>d/s TM</u>		
<del>27/6/26</del> 9 AM	M: Jhanshi	noted by Sushil 27/6/26 9 AM





**NURSING SHIFT HAND OVER FORM**

SITUATION	Diagnosis: <u>Term / Femal 2.31kg</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>26/6/26</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):	-	-	-	-	<u>nil</u>	
Diet:	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	
ASSESSMENT	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>	
	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>98.5F</u>	<u>97.9F</u>	<u>98.6F</u>
		Res:	<u>45b/m</u>	<u>45b/m</u>	<u>42b/m</u>	<u>41b/m</u>	<u>45b/m</u>
		SpO <sub>2</sub> :	<u>99%</u>	<u>98%</u>	<u>99%</u>	<u>99%</u>	<u>100%</u>
		Pulse:	<u>145b/m</u>	<u>140b/m</u>	<u>136b/m</u>	<u>141b/m</u>	<u>142b/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>10</u>	<u>10</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>nil</u>	
	Others Specify:	<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	
	Special Diet:	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	
	Critical Lab Test / Values:	-	-	-	-	<u>nil</u>	
	Other Special Orders / Medications:	<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	
	ADL (Dependent / Non Dependent):	<u>depl</u>	<u>depl</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	
Post Operative Procedure Special Orders:	<u>DBF 2nd hrly</u>	<u>DBF 2nd hrly</u>	<u>GRBS 6th hrly</u>	-	<u>GRBS 6th hrly</u>		
Handed Over By Name :	<u>Ravi</u>	<u>Ravi</u>	<u>Neha</u>	<u>Shammy</u>	<u>Sushila</u>		
Signature / ID :	<u>01234</u>	<u>01234</u>	<u>44020222</u>	<u>17887</u>	<u>816903</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>2pm</u>	<u>8pm</u>	<u>2pm</u>		
Taken Over By Name :	<u>Ravi</u>	<u>Neha</u>	<u>Shammy</u>	<u>Sushila</u>	<u>Varsha</u>		
Signature / ID :	<u>01234</u>	<u>44020222</u>	<u>17887</u>	<u>816903</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>2pm</u>	<u>8pm</u>	<u>1Am</u>	<u>8Am</u>	<u>2pm</u>		



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Term / fem / 2.31kg</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>26/6/26</u>	<u>27/6/26</u>	<u>27/6/26</u>				
	Shift	<u>N</u>	<u>M</u>	<u>E</u>				
	Medical Condition (Any special condition to be noted):	<u>Nil</u>	<u>Nil</u>	<u>-</u>				
	Diet:	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>				
ASSESSMENT	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.6°F</u>	<u>98.5°F</u>	<u>98.5°F</u>			
		Res:	<u>28 b/m</u>	<u>20 b/m</u>	<u>41 b/m</u>			
		SpO <sub>2</sub> :	<u>98%</u>	<u>99%</u>	<u>99%</u>			
		Pulse:	<u>102 b/m</u>	<u>119 b/m</u>	<u>139 b/m</u>			
		BP:	<u>103/68</u>	<u>-</u>	<u>-</u>			
		LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>			
		Fall Risk Score:	<u>15'</u>	<u>15'</u>	<u>15'</u>			
	Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>				
	Skin Integrity	<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 type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>				
	Critical Lab Test / Values:	<u>-</u>	<u>-</u>	<u>-</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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>					
Post Operative Procedure Special Orders:	<u>GRBS 6th hourly</u>	<u>-</u>	<u>-</u>					
Handed Over By Name :	<u>Bhanu</u>	<u>Sushila</u>	<u>Sushila</u>					
Signature / ID :	<u>017887</u>	<u>016993</u>	<u>016993</u>					
Date:	<u>27/6/26</u>	<u>27/6/26</u>	<u>27/6</u>					
Time:	<u>@ 8 AM</u>	<u>@ 2pm</u>	<u>3 PM</u>					
Taken Over By Name :	<u>Sushila</u>	<u>Sushila</u>						
Signature / ID :	<u>016993</u>	<u>016993</u>						
Date:	<u>27/6/26</u>	<u>27/6/26</u>						
Time:	<u>8 AM</u>	<u>2pm</u>						

*noted by  
Sushila  
27/6/26  
at 10*

# NURSING CARE RECORD

Date: 25/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	12:45 PM	Ensure Safety	12:45 PM	provided crib	prevent fall from bed	Re-Assess prevent fall from	Preetham 25/6/26 12:45 PM
Afternoon	2 PM	TO give DBF every 2nd hourly	2 PM	TO give DBF every 2nd hourly	DBF given 2nd hourly	Re-Assess DBF given	Preetham 25/6/26 2 PM
Night	9 PM	Maintain Good Nutritional status	9 PM	Breast feeding 2nd hourly	TO prevent dehydration	partially taking good feed	Meghna 25/6/26 12 AM
	11 PM	Maintain personal hygiene	11 PM	Diaper changed	TO prevent infection	Baby is comfortable	

# NURSING CARE RECORD

Date: 26/6/26

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	9AM	Ensure safety Prevent infection	9:10 AM	To provided side rails To maintain hand hygiene	To prevented fall risk To prevented Infection	patient is stable	Sushila 26/6/26 @ 2pm
Afternoon	5pm	Maintain Good nutritional safety	5pm	& Every 2nd hourly feeding & Burping given	To prevent dehydration	Reassessment done Baby is stable	Vasudha 26/6/26 @ 8pm
Night	8pm	- Maintain Good nutritional safety - feeds	8AM	- Every 2nd hourly feeding are going & Burping given	- To prevent from dehydration	patient is stable	Bhanu 27/6/26 @ 9AM



# 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	9 Am.	* DOP provided	9 pm	* DOP & burping provided every 2nd hourly.	* prevent dehydration	* Re-Assessment done baby is stable.	Sushila 27/6/26 @ 6 pm	
Afternoon	4 pm	* Ensure safety	4 pm	provided side rails	* prevent fall risks	* Re-Assessment done baby is safe.	Sushila 27/6/26 @ 4 pm	
Night		Discharge note :- doctor advised for discharge						
				noted by Sushila 27/6/26 @ 1 pm				

VIH-00206240 IP-00060483  
 Baby B/O V. JHANSI  
 25-06-2026 0 Y 0 M 2 D (F)  
 Dr. PREETHAM KUMAR




# NURSING CARE RECORD

Date: .....

**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
<b>Morning</b>							
<b>Afternoon</b>							
<b>Night</b>							

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby B/O V. JHANSI

Age : 0 Y 0 M 0 D 1 H

IP No: IP-00060483

Sex: Female

Consultant: Dr. PREETHAM KUMAR

Ward/Bed No: N 2F-MICU/CRDL-MICU-230-1

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature:.....)

S. Sri Chandra

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

S. Sri Chandra

Name: G. Sajjana

Relationship: Father

Date: 25-06-2026

Time:

Wittness Name:

Wittness Signature:

Patient Address:

1-5-433/4 suryanagar, old alwal flat no 100, Old Alwal Bolaram Bazar Hyderabad Telangana INDIA 500010

# CONSENT FOR FORMULA FEEDS

Patient Name: BLO V. JHANSI Age: ..... Gender:  Male  Female

UHID no: 206240 Department / Ward: 2nd floor Date: 26/6/26

I Mr / Mrs. : Jhansi Aged 34 years, hereby declare that I

have admitted my  son /  daughter in Rainbow Children's Hospital, Hyderabad on .....

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: Jhansi  
Relationship with patient: sister  
Date & Time: .....

**Witness**

Signature: [Signature]  
Name: Mary  
Date & Time: .....

**Doctor (who is taking consent):**

Signature: [Signature]  
Name: Dr. Sameera  
Date & Time: 26.6.26, 10.30 AM

# ఫారులూ ఫీడెల కోసం సమగ్ర

 **Rainbow's**  
Children's  
Hospital  
It takes a bit to reach the hills.

 **BirthRight**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

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 ఫారులూ ఫీడ్ కోసం నేను ఇందుమూలంగా సమగ్ర  
ఇస్తున్నాను. నాకు బాగా అర్థమయ్యే భాషలో ఫారులూ ఫీడింగ్ ప్రయోజనాలు, రిస్కులు, ప్రత్యామ్నాయాల  
గురించి వైద్యులు నాకు వివరించారు.

పేషెంట్ అలెండ్రెంట్ / గార్డియన్: **సాక్షి:**  
సంతకం: ..... సంతకం: .....  
పేరు: ..... పేరు: .....  
రోగితో సంబంధం: ..... తేదీ & సమయం: .....  
తేదీ & సమయం: .....

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

VIH-00206240  
 Baby B/O V. JHANSI  
 25-06-2026  
 Dr. PREETHAM KUMAR

IP-00060483

OYOMODSH (F)

RCH/FRM/CLINICAL/124

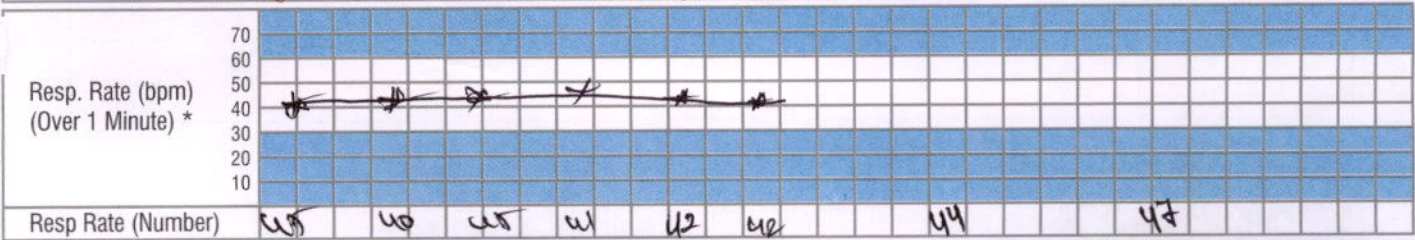
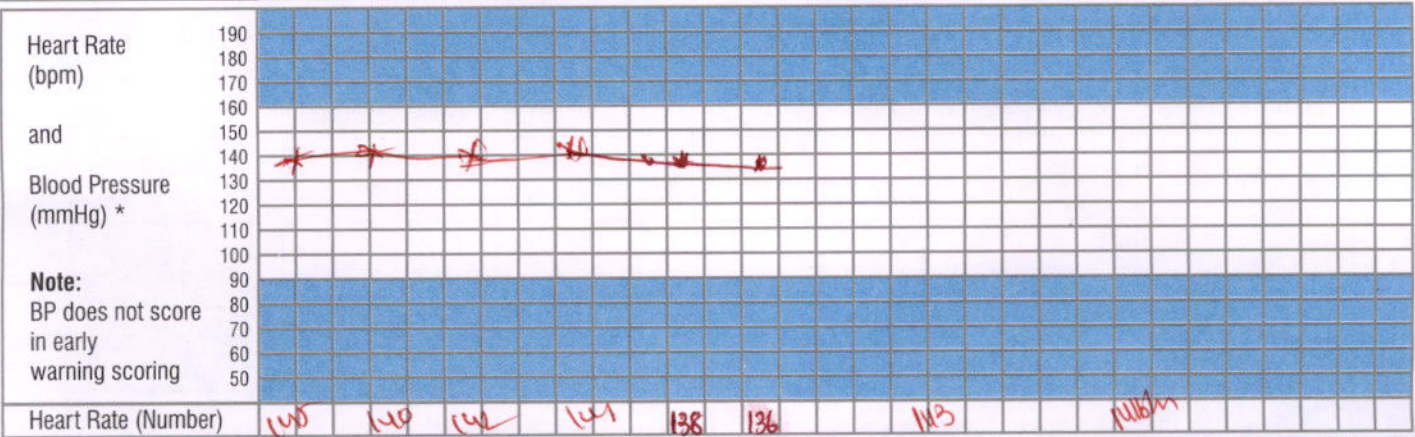
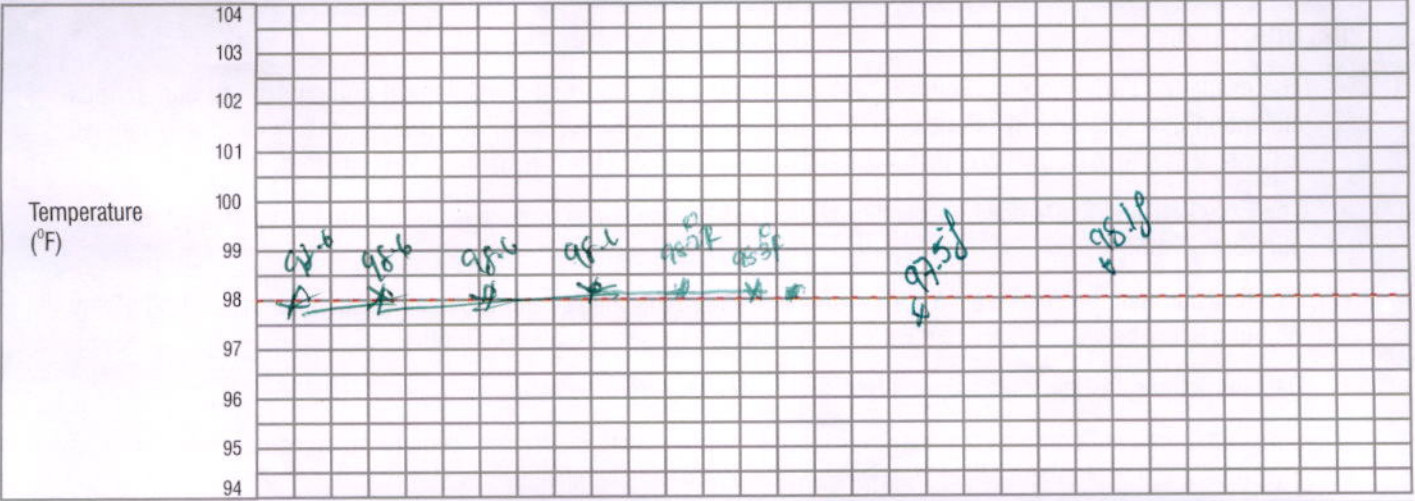


**INFANT (<1 year)**  
**Children's Observation & Early Warning Scoring Chart**



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 25/6/26 Time: 1PM 3PM 5PM 7PM 9PM 11PM B A  
 Doctor/Nurse/Family Concern? BM AM



Heart Rate (Number)	140	140	140	141	138	136	143	146
Resp Rate (Number)	40	40	40	41	42	42	44	47
Resp Mod/ Severe Distress None / Mild	✓	✓	✓	✓	✓	✓	✓	✓
Receiving O <sub>2</sub> (l/min)								
O <sub>2</sub> Saturations (%)	✓	✓	✓	✓	99%	99%	99%	99%
Conscious Level Normal / Altered	✓	✓	✓	✓	✓	✓	✓	✓
GCS *	✓	✓	✓	✓	-	-		
TOTAL SCORE	0	0	0	0	0	0	0	0
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	P	P	P	P	M	K	B	S

**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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00206240 IP-00060483  
 Baby B/O V. JHANSI  
 25-06-2026 0 Y 0 M 0 D 11 H (F)  
 Dr. PREETHAM KUMAR

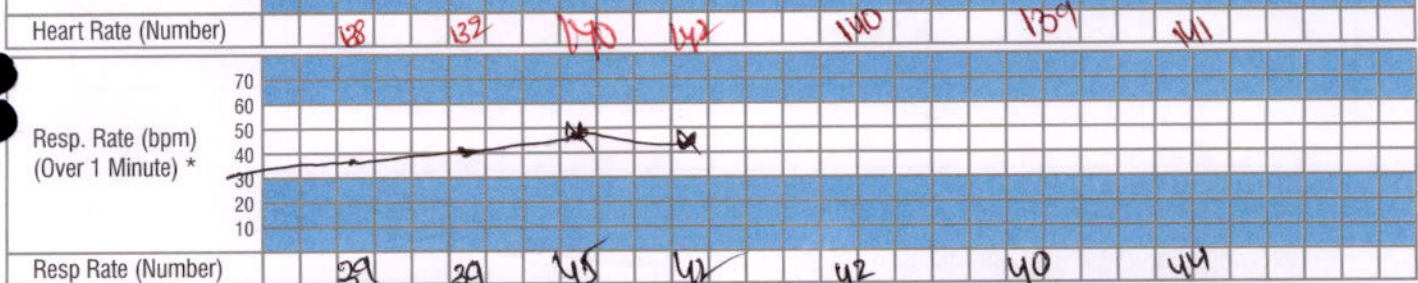
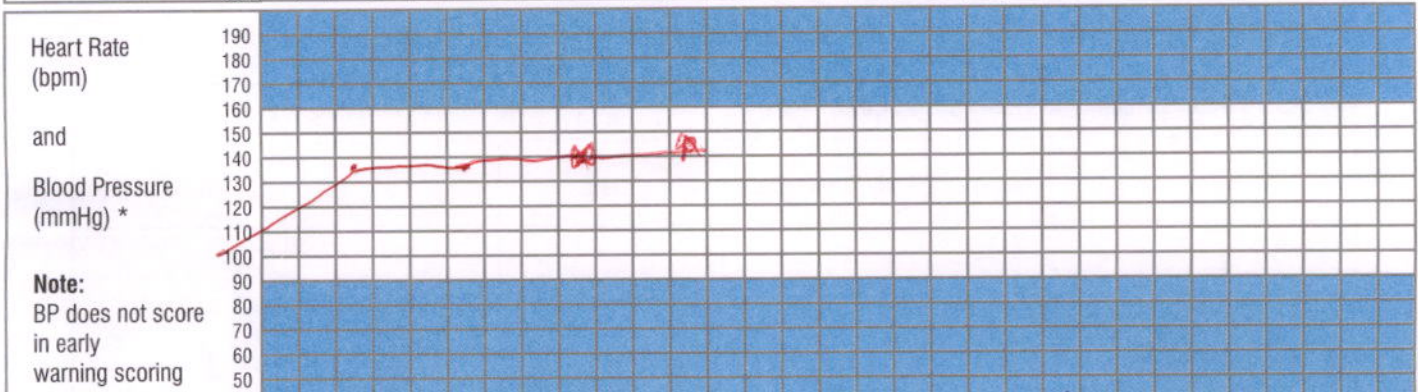
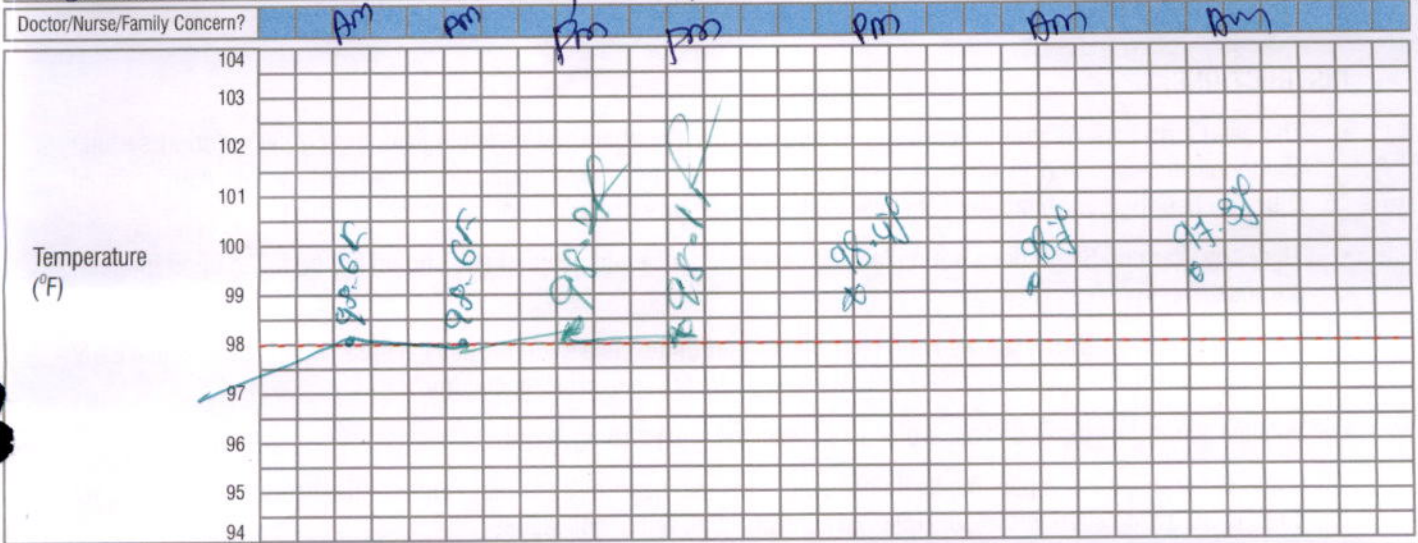
c. No. : RCH/ FRM / CLINICAL / 124

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



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 26/6/26 Time: 10 1 4 7 11 2 7  
 Doctor/Nurse/Family Concern? Am Am Pm Pm Pm Am Am



Resp Distress	Mod/ Severe	None / Mild				
Receiving O <sub>2</sub> (l/min)						
O <sub>2</sub> Saturations (%)						
Conscious Level	Normal	Altered				
GCS *						

<b>TOTAL SCORE</b>						
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	SK	SM	SK	SK	SK	SK

<b>ACTIONS</b>	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
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- 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)

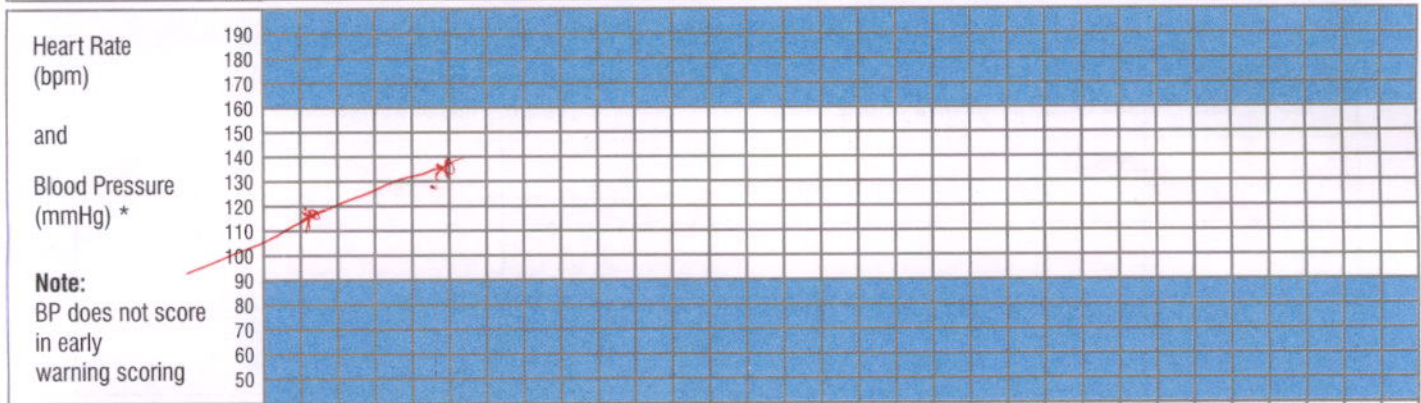
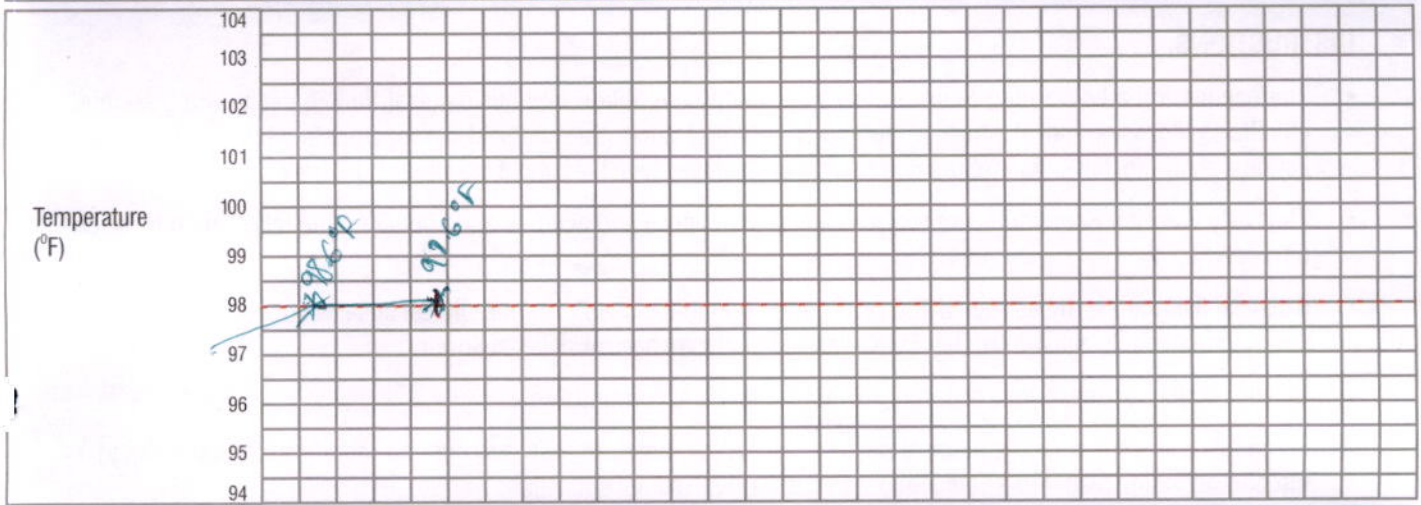


**INFANT (<1 year)**  
**Children's Observation & Early Warning Scoring Chart**

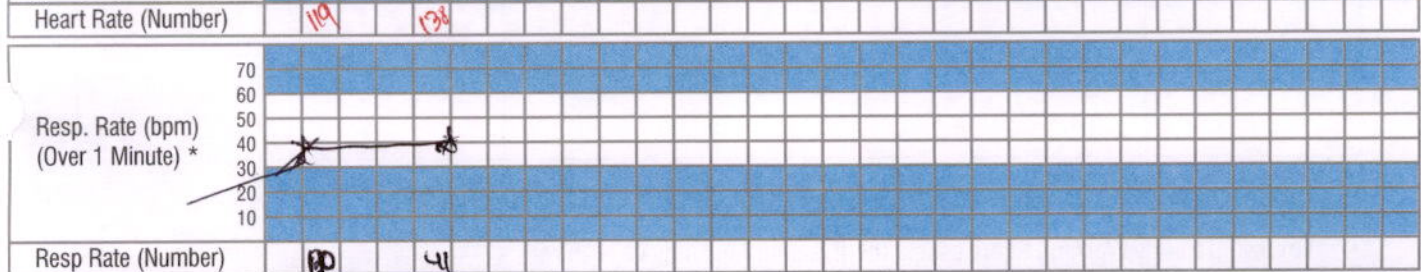


**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 27/6/26 Time: 10 AM AM  
 Doctor/Nurse/Family Concern? Am Am



**Note:**  
 BP does not score in early warning scoring



Heart Rate (Number)	<u>119</u>	<u>128</u>
Resp Rate (Number)	<u>38</u>	<u>42</u>
Resp Distress		
Mod/ Severe None / Mild		
Receiving O <sub>2</sub> (l/min)		
O <sub>2</sub> Saturations (%)	<u>99</u>	<u>99</u>
Conscious Level	<u>Normal</u>	<u>Normal</u>
Normal / Altered		
GCS *	<u>15</u>	<u>15</u>
<b>TOTAL SCORE</b>		
Number of shaded boxes	<u>0</u>	<u>0</u>
Pain Score	<u>0</u>	<u>0</u>
Observer's Initials	<u>SK</u>	<u>SK</u>

*Noted by Sukhvi 27/6/26*

<b>ACTIONS</b>	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.
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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

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<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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. : 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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
25/6	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm	DBF	✓									
	<b>Total Intake :</b>						<b>Total Output :</b>					
25/6	02:00 pm	DBF	✓									
	03:00 pm											
	04:00 pm	DBF	✓									
	05:00 pm					✓			✓			
	06:00 pm	DBF	✓									
	07:00 pm											
<b>Total Intake :</b>			DBF ✓			<b>Total Output :</b>					passed	
25/6	08:00 pm											
	09:00 pm	DBF										
	10:00 pm											
	11:00 pm	DBF										
	12:00 am											
	01:00 am	DBF										
<b>Total Intake :</b>						<b>Total Output :</b>						
26/6	02:00 am											
	03:00 am	DBF										
	04:00 am											
	05:00 am	DBF										
	06:00 am											
	07:00 am	DBF					✓			✓		
<b>Total Intake :</b>						<b>Total Output :</b>						

**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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
<i>Dr 16/26</i>	08:00 am										1	} <i>Swatig 24hrs @ 12pm</i>	
	09:00 am	DBF					✓			✓			
	10:00 am										0		
	11:00 am	DBF									1		
	12:00 pm	DBF + FF								✓			
	01:00 pm	DBF											
<b>Total Intake :</b>						<b>Total Output :</b>							
<i>26/6/26</i>	02:00 pm											} <i>Swatig 24hrs @ 12pm</i>	
	03:00 pm	DBF					✓			✓			
	04:00 pm												
	05:00 pm	DBF								✓			
	06:00 pm												
	07:00 pm	DBF					✓			✓			
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm											} <i>26/6/26 18m</i>	
	09:00 pm	DBF											
	10:00 pm												
	11:00 pm	DBF								✓			
	12:00 am												
	01:00 am	DBF											
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am											} <i>Shayy 27 to 28 7m</i>	
	03:00 am	DBF											
	04:00 am												
	05:00 am	DBF											
	06:00 am						✓			✓			
	07:00 am	DBF											
<b>Total Intake :</b>						<b>Total Output :</b>							

**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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
27/6/26	08:00 am	DBF							-	✓	0	Sushila 27/6/26 @ 1:30pm
	09:00 am											
	10:00 am	DBF					-		✓			
	11:00 am											
	12:00 pm	DBF								✓		
	01:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
27/6/26	02:00 pm										0	Sushila 27/6/26 @ 4pm
	03:00 pm	DBF								✓		
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>						





Handwritten initials/signature

## 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					

