

VIH-00206235 IP-00060481
Baby B/O SHEIK ASMA
25-06-2026 0 Y 0 M 0 D 5 H (M)
Dr. PREETHAM KUMAR

BILLING



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

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

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


WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/6/26	at 2:30pm	MICU	Room (201)	

Cross Consultation Visit

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

PROCEEDURE

Date	Procedure	Quantity	Order No.	Signature
27/6/26	TEOAE	1	3095141	

ANY OTHER INFORMATION

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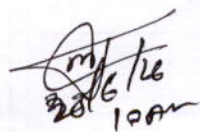
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.....

Date: 28/6/26

Time: 10 AM

Prepared By: 

Staff Nurse Somy	Shift / Ward  28/6/26 10 AM	Billing Assistant	Billing Supervisor
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ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060481 **Admit Date** : 25-Jun-2026 **Admit Time** : 01:00 PM **UHID** : VIH-00206235

Patient Details :

Patient Name : Baby B/O SHEIK ASMA **Age** : 0 D
Guardian : Mr M.VENU **DOB** : 25-06-2026 11:06 AM
Gender : Male **Religion** :
Occupation : **Martial Status** :
Address (H) : AMOGA ENCLAVE,FLAT NO-101,, ZAHEED **Phone No** : 7993146234/ 9121526875
NAGAR,, UPPAL Boduppal Hyderabad **E-mail** : na123@gmail.com
Telangana INDIA 500092

Admission Details :

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

Contact Details :

Name : Mr M.VENU **Relationship** : Father
Contact Address : AMOGA ENCLAVE,FLAT NO-101,, ZAHEED **Phone No** : 7993146234
NAGAR,, UPPAL Boduppal Hyderabad
Telangana INDIA 500092

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

PATIENT TRANSFER FORM

VIH-00206235 IP-00060481

Baby B/O SHEIK ASMA
25-06-2026 0 Y 0 M 0 D 5 H (M)
Dr. PREETHAM KUMAR



	Date & Time of Admission <i>25/6/26 @</i>	Date & Time of Transfer Order <i>25/6/26 @</i>
Treating Consultant Name	Transfer Ordered by <i>for visual</i>	Reason for Transfer <i>observation</i>
From Unit <i>mew</i>	To Unit <i>Room (204)</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File	Number of Imaging Films <i>—</i>	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.	<i>small</i>	<i>①</i>
2.	<i>—</i>	
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
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Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

- Unavailable Bed Nurse not Available Available Bed not ready



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o - Asma Mother's Name: Mrs. Asma
 Date of Birth: 25/6/26 Time of Birth: 11:06 AM Gender: Male Female
 Birth Weight: 2.62 kg 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: 'B' positive Baby: -
 Feeding: Breast Feeding Formula Both First Feed Time:

LBH-00066238 IP-00060462
 Mrs SHEIK ASMA
 04-06-1995 31 Y 0 M 21 D (F)
 Dr. BHAVANA K
 ID

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

Physical Assessment of New Born:

Temp: 38.0 °C HR: 120 /Min RR: 40 /Min BP: - SpO₂: 94%
 Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: Yes No Score: 0 (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: Pooja Signature: [Signature] Date & Time: 25/6/26 11:06pm



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Sheik Asma Age : Father's Name : Age :
 Date of Birth : 26/6/95 Date of Admission : UHID No. :
 NICU Consultant : Referring Consultant : Dr. Bharane
 Transferring Unit : OT Labour Room ER Ward
 Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : Sh. Sheik Asma Mother's Blood Group : B Positive
 Gender : M F Blood Group :
 Birth Weight (gms) : 2.62kg Length (cms) :
 Date of Birth : 27/6/26 Time of Birth : 11:06 Am OFC (cms) :
 Place of Birth : Reti V.K.P. Estimated Gesth Age : 37+1 w/c

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 31yr Ht : Wt : BMI : Married Life : 5yr LMP : 24/9/25 EDD : 12/7/26
 Conception : Spontaneous or with Rx : Spontaneous
 Booked at what GA : 34 weeks AN Steroids Drugs / Doses :
 Last Scans Details : 6/6/26 - SCUF 34^W cephalic CBW - 2222g / AF - 15-2
Dopler - ↑ Res. cervix uterine (A) TT Immunization and Iron / Folic Acid : Low

MATERNAL RISK FACTORS

Age : <18 yrs > 35yrs
 Consanguinity : Yes No
 If yes, degree of consanguinity : 1 2 3
H/o PIH (after 20 weeks) / PE
 How many Drugs / Doses / Since how long :
 H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) :
 IUGR - when detected :
 Doppler (Increased Resistance / ADEF / REDF / uterine)
 Redistribtion 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?
T. Sorely
 Any other Chronic Medical Problems, when detected drugs ? Anemia
 (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

3 P: 1 A: 2 L:

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
I	9wkt	miscd	anagal	MORAC		
II	10wkt	137	miscd	anagal	2nd vkr	
III	10	dip	spontaneous	conception		

PERINATAL HISTORY

Treating Obstetrician : Dr. Rhevane Hospital : 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 type="checkbox"/> Elective <input checked="" type="checkbox"/> Emergency Indication :</p> <p>Specify the reason : <u>↑ Resistance in utero (A)</u></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>
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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
7/10	9/10	

TOTAL

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)
Brith Weight	> 3rd percentile (0)	< 3rd (12)	
SGA			

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints : Cirrhosis



target SpO₂ reached
at 3' of life

Equipment check done

↓
9/0 Asma delivered via EM USG

↓
Mach - CIAB

↓
cord clamp eat

↓
Sec reactions cleared, Stimulated

↓
Cord clamp cut

2ATIV ⊕

↓
Baby vigorous

↓
Shift to mother side

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

C/A good

VITALS : Temperature : 36.4°C HR : 120/min RR : 29/min NIBP : CFT :

Color of the extremities :

Jaundice : — Pallor : — SpO2 : 98% RA 71% H.C.

Anthropometry : Birth Weight : 2.6 kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) N

NECK and CLAVICLES : Range of Motion :
Asymmetry : not checked
Masses :

EYES : Symmetry :
Red Reflex : not checked
Discharge :

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

THORAX and BREASTS :

Shape of Thorax :
Position of Nipples and Number :

1 ⊕

ABDOMEN and UMBILICUS :

Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump :
Discharge :

2A+IV ⊕

GENITALIA :

Labia / Hymen :
Testicles/penis :
Anus :

Blc testes palpable in scrotum

HERNIAL ORIFICES

free

TRUNK and SPINE :

⊕

SKIN LESIONS :

EXTREMETIES :

Fingers / Toes :
Deformities :
Hip Joint Examination :

10 of 10 ⊕

Arms / Legs :
Mobility :

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 :

SpO₂ : 98/RA Auscultation : RA ⊕ Breath Sounds : NVR ⊕ Added Sounds :

Cardiovascular System :

HR : 120/min BP :

Precordial Activity : ⊕

Femoral Pulses : +

Murmurs : -

Other Peripheral Pulses : +

Signs of Cardiac Failure :

Abdomen :

Shape :

Hernia orifice :

Palpation : Soft

Anal Patency :

Palpable masses :

Umbilical Cord : 2A+IV ⊕

Abdominal girth :

First urine passed : passed

Meconium passed :



Nervous System : Higher intellectual 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 : B/L equivocal DTR :

ATNR : Skull and Spine :

Any Congenital Anomalies :

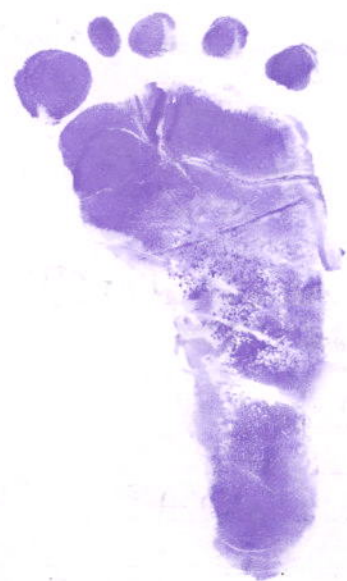
Diagnosis : Term Subacute Hypothyroid (EM USE) rich 2.6 kg 1A4A1C1A3
mother

FOOT PRINTS

Left Side :



Right Side :



Tilaga by
Prasanna

Resident Doctor :

Signature : [Signature]

Name : Dr. Preetham

Date & Time : 25/06/26 11:20 Am

Consultant :

Signature : [Signature]

Name : [Name]

Date & Time : 25/6/26 3PM



DISCHARGE PLAN

Information given by: Family Friend

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

Will Physiotherapy require at home: Yes No NA

Is home medical equipment anticipated: Yes No NA

Is home oxygen therapy anticipated: Yes No NA

Breastfeeding Yes No NA

Formula Feed Yes No NA

Are dressing needs at home anticipated: Yes No NA

Any other needs anticipated: Yes No If Yes Specify

Feeding Plan at the time of shifting :

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.....
.....
.....
.....
.....

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Discharge Details:

Neonatal Condition at Discharge:

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.....
.....
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.....



Feeding: Breastfeeding Exclusively Breastfeeding and Formula Feeding Formula Feeding

Vitamin K given: Yes No

Vaccinations given BCG Hepatitis B Others:

Neonatal Screen Taken: Yes No, parents advised to have Neonatal Screen at National screening program center on:/...../.....

Hearing Test: Yes No

Jaundice: NIL Slight Moderate

Passed Urine: Yes No

Passed Meconium: Yes No

Weight at discharge:

Appointment was given for follow-up at OPD: Yes No

Date of Discharge:/...../.....

Discharge to Home Other:

Against Medical Advice: Yes No

Referred to another hospital: Yes No

Discharge Medications: Yes No

Details:

Final Diagnosis:

- DRF 2ndly
- OAE/SRB/INSS R/L DIC.
- Cord care, warmth care
- Immunization

Doctor Signature: 

Doctor Name: Dr. Shrikanth

Date & Time: 25/6/26 | 11:25am

B/o Asma

VIH-00206235 IP-00080481
 Baby B/O SHEIK ASMA
 25-06-2026 0Y0M0D3H (M)
 Dr. PREETHAM KUMAR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	<p><u>Lactation notes (Ms. Raneyashwin)</u></p> <ul style="list-style-type: none"> 1st time Mother Counselled about the importance of breast feeding Advised to feed the baby every 2hrs More skin to skin To flx in the ward tomorrow for specimens <p>6:00 PM</p>	
26/6/26	<p><u>Lactation notes (Ms. Raneyashwin)</u></p> <ul style="list-style-type: none"> Mother confidently feeding the baby. To continue dbf flx <p>4:00 PM</p>	<p>flx session.</p> <ul style="list-style-type: none"> Baby is struggling to breastfeed Mother's breast became hard Hand expressed the milk & fed the baby with cup Advised to express the milk & feed with cup/spoon
27/6/26	<p><u>Lactation notes (Ms. Raneyashwin)</u></p> <ul style="list-style-type: none"> Baby is undergoing phototherapy To observe the feeding in next feed. <p>4:30 PM</p>	<p>To track the feeding in the sheet given flx in OPD</p> <p>5:00 PM</p> <p>Demonstration of spectra pump!</p>

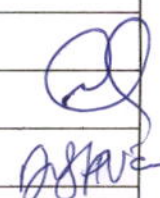


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26.6.26 9.00 AM	S/B Registrar Early Term (37 ⁺ wks) / AGA / baby boy / 101-22 / stypally maid mother	
	o/e baby warm cry tone } (11)	Plan
	active } B.wt: 2.62 kg RS - BAGE (1) - 100%	→ Warm care → DBM
	MBC ₁ } BBG ₁ } B+ve P/A - soft	→ OAE today → TCR before d/c
26/6/26 Dr. Sameer	red reflex: present & B/L refractioned.	noted by sushilg 26/6/26 at 1 pm
26.6.26 3.00 PM	S/B Registrar o/e baby warm cry tone } (11)	Plan
	active } H/L - (N/A) P/A - soft	→ Warm care → DBM → OAE today → TCR before d/c
		Sameer (Dr. Sameer)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26	CUB Resident	DOB - 25/6/26 11am
9am	Term 37+1WK / Male / Boy / CUB / 2.62kg	
	m.BG - B +ve BBG - B +ve	
	Y.WF - 2.53Kg	<u>Plan</u>
	7.WF - 2.45kg (+80gm)	- DBF / lb burry 2 nd ly
	O/E Clt / Good Jctns (+) CUS - 4.52 @ B B / LAR @ PA - sq L Wt stable	- Wom care & card care - DSPT
	TCB - 14.5 mg/dl	
	DSPT	
<p>noted by Swahid 27/6/26 9:10 AM</p>	<p>Dr. Preetham Kumar 27/6/26 9 AM</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 8pm	<u>Cl/B Rvied</u> <u>NRHR</u>	
	<p>Cl 7 / Agood CW 1 & S2 @ R 3 B/LAR @ PA 5/8 on DSP 7</p>	<p><u>Ad</u> - DSP T continue - BFE flb burp; 2mg - Wom carel care - SBR at 10am 7/m</p>
<p>4pm 27/6/26 & Rvied</p>		<p>Q Dshu</p>
		<p>noted by swahla 27/6/26 at 7pm</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/2026 9:00 AM	37+1 / 2-62 / 8 (10% wt loss)	IOHM G3 Em. WLS.
	(T/A Good CRT C3JCI AF- (N) more - Ehol	
M7 B } B ^{trc}		CVS rms / RS (N) PA Plan - ON DSPT - Repeat SBR T/D @ 10:00 AM - < Range then Plc
Dr. [Signature] 28/6/26 9 AM		a line → R/w after 3 days wednesday Dr. Preetham,



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Term Hypothyroid / Sm. Lcs / 2.6kg Ana</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>E</u>	<u>N</u>	<u>M</u>	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	
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>NP</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>98.6C</u>	<u>97.9P</u>	<u>98.6F</u>
		Res:	<u>15b/min</u>	<u>15b/min</u>	<u>14b/min</u>	<u>11b/min</u>	<u>12b/min</u>
	SpO ₂ :	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>100%</u>	
	Pulse:	<u>145b/min</u>	<u>145b/min</u>	<u>140b/min</u>	<u>141b/min</u>	<u>142b/min</u>	
	BP:	-	-	-	<u>Nil</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>14</u>	<u>16</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 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:	-	-	-	<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>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	
	Critical Lab Test / Values:	-	-	-	-	<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>DBF 2nd Hourly</u>	<u>DBF 2nd Hourly</u>	<u>DBF 2nd / 4th</u>	-	<u>nil</u>		
Handed Over By Name :	<u>Ravi</u>	<u>Ravi</u>	<u>Somy</u>	<u>Bhanu</u>	<u>Sushil</u>		
Signature / ID :	<u>010827</u>	<u>010827</u>	<u>905019</u>	<u>12887</u>	<u>816993</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>7:30p</u>	<u>8pm</u>	<u>8pm</u>	<u>at 2pm</u>		
Taken Over By Name :	<u>Ravi</u>	<u>Somy</u>	<u>Bhanu</u>	<u>Sushil</u>	<u>Vasish</u>		
Signature / ID :	<u>010827</u>	<u>905019</u>	<u>12887</u>	<u>816993</u>	<u>905019</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>@ 2:30pm</u>	<u>8pm</u>	<u>8Am</u>	<u>@ 2pm</u>		

NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: <u>Term / Hypothyroid / Eq. LSCS / 2.6kg AAA</u>					Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:	
BACKGROUND		Surgery / Procedure: -		Post OP Day: -				
BACKGROUND	Date	26/6/26 N	27/6/26 m	27/6/26 E	27/6/26 N	28/6/26 M		
	Shift							
	Medical Condition (Any special condition to be noted):	-	-	nil	Nil	Nil		
	Diet:	DBF	DBF	DBF	DBF	DBF		
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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA		
	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.6°F	98.6°F	98.6°F	98.6°F	100.0°F	
		Res:	22 b/m	21 b/m	26 b/m	20 b/m	23 b/m	
		SpO ₂ :	99%	99%	100%	99%	100%	
		Pulse:	101 b/m	112 b/m	139 b/m	140 b/m	141 b/m	
		BP:	-	-	-	-	-	
	LOC:	conscious	conscious	conscious	conscious	conscious		
	Fall Risk Score:	15	15	15	15	15		
Pain Score:	0	0	0	0	0			
Skin Integrity	Intact	Intact	Intact	Intact	Intact			
Recommendations	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	nil	Nil	nil		
	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	DBF	DBF	DBF	DBF	DBF		
	Critical Lab Test / Values:	-	-	nil	nil	nil		
	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	<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	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent			
Post Operative Procedure Special Orders:		nil	nil	nil	nil	nil		
Handed Over By Name :		Bhanu	sushila	sushila	Jhanni	Sony		
Signature / ID :		017887	816993	16993	12542	907043		
Date:		27/6/26	27/6/26	27/6/26	28/6/26	28/6/26		
Time:		@ 8AM	2PM	8PM	8am	@ 8AM		
Taken Over By Name :		sushila	sushila	Jhanni	Sony			
Signature / ID :		816993	816993	12542	907043			
Date:		27/6/26	27/6/26	27/6/26	28/6/26			
Time:		8AM	2PM	@ 8PM	@ 8AM			

Noted by
 Sony
 28/6/26
 @ 10AM

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 every 2nd hour.
- 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	→ Baby kept in crib	→ prevented fall from Bed	→ Re-Assessed prevented fall	J Peas 25/6/26 [Signature]
Afternoon	2 pm	→ TO give DBF every 2nd hourly	2:15 pm	→ Baby taking good feed	→ DBF given every 2nd hour	→ B-Assessed per DBF given	J Peas 25/6/26 2h
	7 pm	→ Assess the pt condition	7 pm	→ Assessed the pt condition.	Baby is safe	Baby is safe	[Signature] 25/6/26 [Signature]
Night	9 pm	* maintain Personal hygiene. * ensure safety		- Provided warm and card care.	- DBF 2nd hourly given. - prevent infection.	- vitals 4th hourly checking.	[Signature] 26/6/26

VIH-00206235 IP-00080481
 Baby B/O SHEIK ASMA
 26-06-2026 OYOMODSH (M)
 Dr. PREETHAM KUMAR

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	prevent infection	9:10 AM	To maintain Hand hygiene	To prevented infection	Patient is stable	Sushila 26/6 @ 2 PM
Afternoon	3 PM	Maintain Good Nutritional status	5 PM	Breast and hourly feeding & Burping given	To prevent dehydration	Re assessment done Baby is stable	Vanshika 26/6/26 @ 5 PM
Night	8 PM	- Ensure safety needs - prevent from infection.	8 PM	- To maintain hygiene. - 2nd hrly DBF	- vitals are normal.	Baby is stable.	Bhanu 27/06/26 @ 8 PM

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	* Ensure Safety		* provided side rails	* prevent fall risks	* Re-Assessment done baby is safe.	Sushir 27/6/26 @ 10 AM
Afternoon	4 PM	prevent infection	4:10 PM	To maintain Hand Hygiene	To prevented infection	patient is stable	Sushir 27/6 @ 4 PM
Night	8 PM	Assess the baby condition	8 PM	Assessed the baby condition	To prevent dehydration.	Baby is Haemodynamically stable.	Jhansi 28/6/26 @ 8 AM
	6 AM	Give feeds Q4H	6 AM	Given feeds Q4H.			

VIH-00206235 IP-00060481
 Baby B/O SHEIK ASMA
 25-06-2026 0 Y 0 M 2 D (M)
 Dr. PREETHAM KUMAR



NURSING CARE RECORD

Date: 28/6/26

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	Maintain fluid balance	10 am	* Every 2nd hourly feeding & Burping is given	* To prevent dehydration	* Baby is safe & comfortable	Sony 28/6/26 @ 10am
Afternoon			*	Discharge note Doctor come for rounds Patient is safe to			Sony 28/6/26 @ 10am
Night				Advise the discharge.			

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby B/O SHEIK ASMA

Age : 0 Y 0 M 0 D 1 H

IP No: IP-00060481

Sex: Male

Consultant: Dr. PREETHAM KUMAR

Ward/Bed No: N 2F-MICU/CRDL-MICU-229-2

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 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.

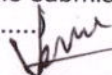
I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal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

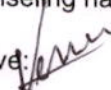
1 We do not allow use of medication brought from outside by the patient.

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:.....

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:

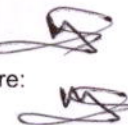
Name: ~~Sheik Asma~~  M. Venu

Relationship: Father

Date: 25-06-2026

Time:

Witness Name:

Witness Signature:

Patient Address:

AMOGA ENCLAVE,FLAT NO-101,,
ZAHEED NAGAR,, UPPAL Boduppal
Hyderabad Telangana INDIA 500092

CONSENT FOR FORMULA FEEDS



Patient Name: Blo sheik Asma Age: Gender: Male Female

UHID no: 206235 Department / Ward: 2nd floor Date: 27/6/26

I Mr / Mrs. : Sheik Asma Aged 31 years, hereby declare that I have admitted my son / daughter in Rainbow Children's Hospital, Hyderabad on 27/6/26

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: Asma
Name: sheik Asma
Relationship with patient: mother
Date & Time: 27/6/26

Witness

Signature: [Signature]
Name: Venue Mannam
Date & Time: 28/06/2026

Doctor (who is taking consent):

Signature: [Signature]
Name: Dr. Vishvajit
Date & Time: 27/6/26

ఫారులా ఫీడ్ల కోసం సమగ్ర

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

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

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

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



NT (<1 year)
ren's Observation & Warning Scoring Chart



Patient Sticker

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time: 12:00 PM	2:00 PM	4:00 PM	6:00 PM	8:00 PM	11	3	7
Doctor/Nurse/Family Concern?						PM	AM	AM
Temperature (°F)	98.2	98.2	98.6	98.1	98.9	98.9	98.9	98.8
Heart Rate (bpm)	145	145	140	145	146	139	135	
Blood Pressure (mmHg) *	135	135	135	135	135	135	135	
Resp. Rate (bpm) (Over 1 Minute) *	45	40	45	48	41	47	46	
Resp Distress	None	None	None	None	None	None	None	
Receiving O ₂ (l/min)	0	0	0	0	0	0	0	
O ₂ Saturations (%)	98	98	98	98	98	98	98	
Conscious Level	4	4	4	4	4	4	4	
GCS *	4	4	4	4	4	4	4	
TOTAL SCORE	0	0	0	0	0	0	0	
Number of shaded boxes	0	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	0	
Observer's Initials	P	P	S	S	B	S	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: 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.

SERVATION 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)

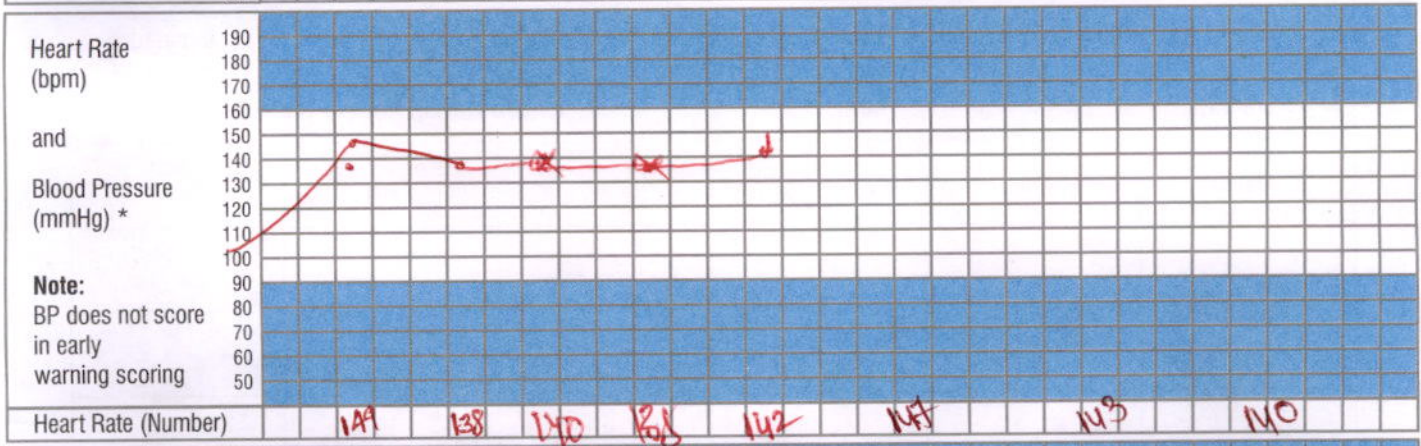
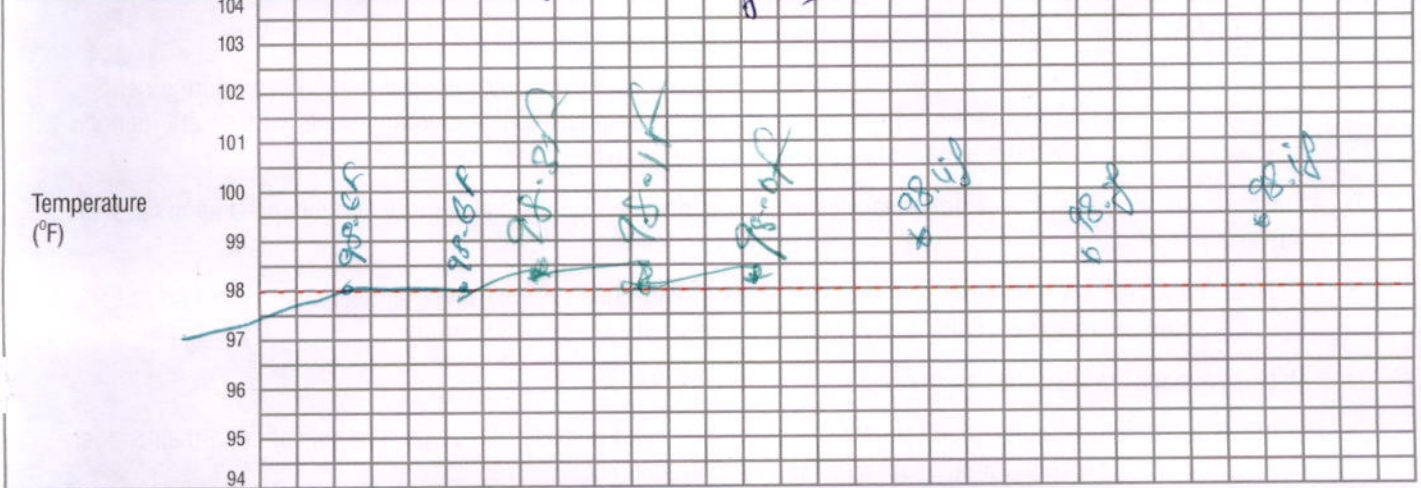
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 26/6/24 Time: 10 AM 1 PM 3 PM 5 PM 7 PM 11 PM 2 AM 3 AM

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



Heart Rate (Number)	144	138	140	142	142	147	145	140
Resp Rate (Number)	38	41	45	42	44	45	40	41
Resp Mod/ Severe Distress								
Receiving O ₂ (l/min)								
O ₂ Saturations (%)	99	96	98	99	99	99	99	99
Conscious Level	N	N	NA	NA	NA			
GCS *	15	15	NA	NA	NA			

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	PK	PK	PK	PK	PK	PK	PK	PK

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.
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- 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)
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- 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	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-00206235 IP-00060481
 Baby B/O SHEIK ASMA
 25-08-2026 0 Y 0 M 0 D 8 H (M)
 Dr. PREETHAM KUMAR



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

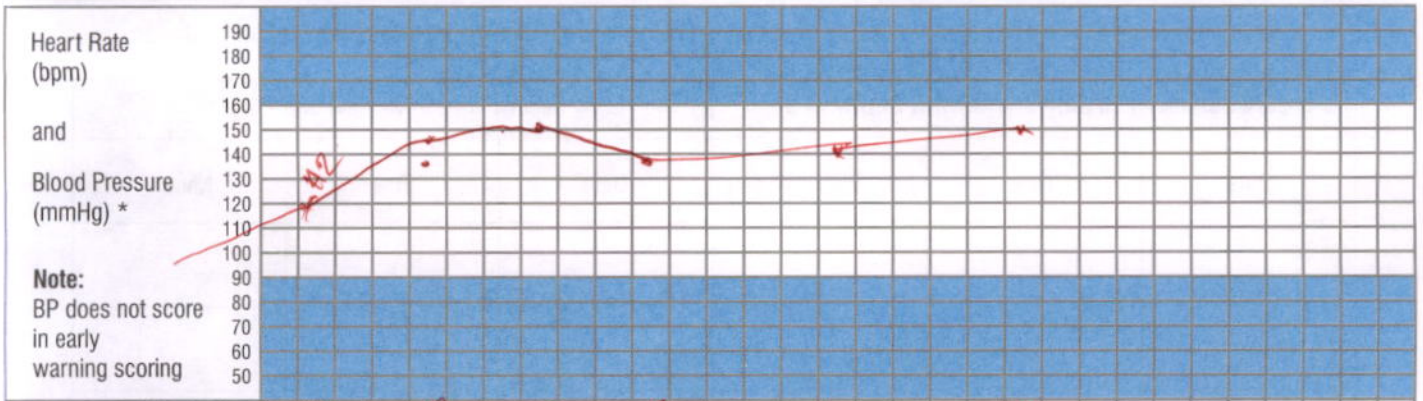
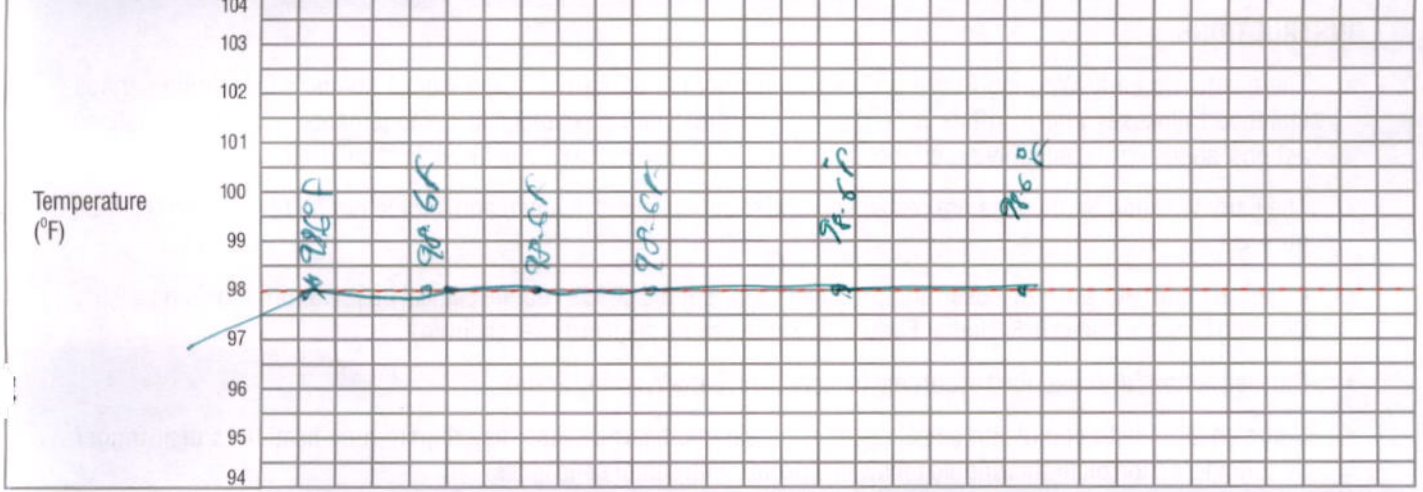
INFANT (<1 year)
 Children's Observation &
 Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

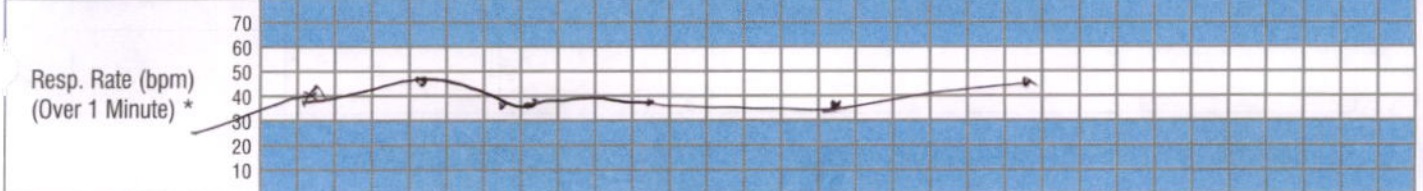
Date: 25/08/26 Time: 10 AM 1 PM 4 PM 7 PM 3 AM 7 AM

Doctor/Nurse/Family Concern? [Blank] [Blank] [Blank] [Blank] [Blank] [Blank]



Note:
 BP does not score
 in early
 warning scoring

Heart Rate (Number) 142 149 150 139 140 150



Resp Rate (Number) 40 42 38 38 39 45

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 09 06 09 07 07 07

Conscious Level Normal Altered N N N N N N

GCS * 15 15 15 15 11 15

TOTAL SCORE
 Number of shaded boxes 0 0 0 0 0 0

Pain Score 0 0 0 0 0 0

Observer's Initials [Signatures]

- 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)

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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)

Patient Stick

VIH-00206235 IP-00060481
 Baby B/O SHEIK ASMA
 25-06-2026 0 Y 0 M 0 D 5 H (M)
 Dr. PREETHAM KUMAR



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			
9/6	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm	DBF ✓											
	01:00 pm												
Total Intake :						Total Output :							
9/6	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 :							
	08:00 pm												
	09:00 pm	DBF											
	10:00 pm												
	11:00 pm	DBF											
	12:00 am									✓			
	01:00 am	DBF											
Total Intake :						Total Output :							
	02:00 am												
	03:00 am	DBF											
	04:00 am												
	05:00 am	DBF											
	06:00 am												
	07:00 am	DBF											
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00206235
 Baby B/O SHEIK ASMA IP-00080481
 25-08-2026 0 Y 0 M 0 D 8 H (M)
 Dr. PREETHAM KUMAR

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	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
26/8/26	08:00 am									✓	1	[Signature]	
	09:00 am	DBF									0		
	10:00 am								✓				
	11:00 am	DBF					✓						
	12:00 pm						✓			✓			
	01:00 pm	DBF											
Total Intake :						Total Output :							
26/8/26	02:00 pm											[Signature]	
	03:00 pm	DBF								✓			
	04:00 pm												
	05:00 pm	DBF					✓						
	06:00 pm												
	07:00 pm	DBF									✓		
Total Intake :						Total Output :							
27/8/26	08:00 pm						✓			✓		[Signature]	
	09:00 pm	DBF											
	10:00 pm						✓						
	11:00 pm	DBF											
	12:00 am												
	01:00 am	DBF											
Total Intake :						Total Output :							
27/8/26	02:00 am											[Signature]	
	03:00 am	DBF											
	04:00 am												
	05:00 am	DBF											
	06:00 am												
	07:00 am	DBF						✓			✓		
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. :

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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		DBF				-			-	19	Sushila 25/6/26 @ 1:30pm	
	09:00 am												
	10:00 am		DBF				-			-			
	11:00 am												
	12:00 pm		DBF							-			
	01:00 pm												
Total Intake :						Total Output :							
27/6/26	02:00 pm										0	Sushila 27/6/26 @ 3pm	
	03:00 pm		DBF										
	04:00 pm						✓			✓			
	05:00 pm		DBF										
	06:00 pm												
	07:00 pm		DBFF										
Total Intake :						Total Output :							
	08:00 pm										0	Shamini 28/6/26 @ 8pm	
	09:00 pm		DBF				✓			✓			
	10:00 pm		FF										
	11:00 pm												
	12:00 am		DBF				✓			✓			
	01:00 am		FF										
Total Intake :						Total Output :							
	02:00 am		FF								0	Shamini 28/6/26 @ 8pm	
	03:00 am												
	04:00 am		FF							✓			
	05:00 am						✓						
	06:00 am		DBF							✓			
	07:00 am		FF										
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00206235 IP-00060481
 Baby B/O SHEIK ASMA
 25-06-2026 0 Y 0 M 2 D (M)
 Dr. PREETHAM KUMAR



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								
24/6	08:00 am										✓	1	
	09:00 am	DBL + FF										0	
	10:00 am											1	
	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													



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					

