



DISCHARGE TRACKING SHEET


ANC-00016225 IP28-00004562
Baby Of TWIN -1 PRIYANKA
12-06-2026 0 Y 0 M 4 D (M)
Dr. SHOBANA RAJENDRAN

CONSULTANT NAME: DR.

	DATE	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	16/6/26 at 11:50am		Nay 6/26	
Activity Sheet updated by Pharmacy	7:20	7:15	Jas	

ACTIVITY RECORD FOR BILLING



Name: ... PRIYANKA SARAVANAN TWIN-I
 ANC-00016225 IP28-00004562
 Baby Of PRIYANKA SARAVANAN
 UHID No 12-06-2026 0 Y 0 M 0 D 3 H (M) Consultant: Dr. Shobana Dept: Obstetrics
 Dr. SHOBANA RAJENDRAN
 Date of /  me: Date of Discharge: Time:
 Room / Bed No: Ward: Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/6/26	9:15 AM	LDR -	NW	<u>[Signature]</u> OK

CROSS CONSULTATION VISIT

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

ANC-00018225 IP28-00004562
 Baby Of PRIYANKA SARAVANAN
 12-06-2026 0 Y 0 M 0 D 3 H (M)
 Dr. SHOBANA RAJENDRAN




1

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 10:00am	r SB Do shobane	
	→ 20ml feeds to bowl on demand	
	→ CBG @ 6 hr of life	
		 11/7/26
13/6/26 10:30a	SB Do Malini	
	Term 37+1 DCDA - I Feed Establishment	Boy AHA
	DOL - 4 hr	Birth wt - 2.64kg
	RS - Room air BAE+, clear RR - 54/min SpO ₂ - 98%	
	CVC - pink, perfusion good CRT < 2 sec SG+, no mucus HR - 124/min BP - 57/31 (40) not passed urine	

ANC-00016225 IP28-00004562
 Baby Of PRIYANKA SARAVANAN
 12-06-2026 0 Y 0 M 0 D 17 H (M)
 Dr. SHOBANA RAJENDRAN



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 7pm	S/B Dr. Anesh	
	Baby reviewed Feeding well - paladai Passing urine & stool (N) Pulse	
	Cry } Tone } (N) Activity }	
	pulses well felt CRT < 3sec	Vaccination ✓
	S/E - (N) To continue the same	Red reflex ✓
		Anesh 163765
14/6/26 10:30am	S/B M. Durga	
	Baby Reviewed	MBA BTUL BBM BTUL
	Pink extremities Tone - (N)	B.Wt - 2.64kg
	CRT - good	C.Wt - 2.52kg (A. 5/ wt loss)

ANC-00016225 IP28-00004562
 Baby Of TWIN -1 PRIYANKA
 12-06-2026 0 Y 0 M 1 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>10/6/26</u>	<p>0/0: Cery + Activity (N) PPWF CRT CSWS. Icterus (+) 2/2: Cvs: S1S2 (+) R: B/LAC (+) P/A: soft.</p>	
	<p>Plan: T/c paladai juice. To do R/R now + 177 form.</p>	
<p><u>15/6/26</u> 8:30AM</p>	<p>2/B Dr. Aneesha</p>	
	<p>Term (37+1) / DEDA-I / BOY BABY / AGA / FEED ESTABLISHMENT Day 3 of life. feeding well. PF - 25-30ml formula Passing urine & stool (Nly) Baby pink Cery } Tone } (N) Activity } pulses well felt CRT CSWS S/E - Cvs - S1S2 (+) R - B/LAC (+) Cvs - A @ level P/A - soft -</p>	<p>Bwt - 2.640Kg Twt - 2.520Kg TCB - 9.7 / 9.4 ↓ 120g angld. 4.5% wt loss. MBSg B^{pre} & B^{pre} x BBSg. To continue feeds. Aneesha 163765</p>

ANC-00016225 IP28-00004562
 Baby Of PRIYANKA SARAVANAN
 12-06-2026 0 Y 0 M 0 D 17 H (M)
 Dr. SHOBANA RAJENDRAN



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26	s/B Dr Shobana	
	Baby stable	
	DBF.	
	paladaai 30ml/Q3H	
	Vit D 0.5ml/adaag	
	OAE / NBS / vaccination	
	Shobana	
15/6/26 5pm	s/B Dr Sugima	
	Term (37.1) / DCDA -1 / Boy. / AGA /	
	Feed Establishment / 2.6 kg.	
	Baby stable	
	Colo: rone, activity	
	DBF + paladaai 30ml Q3hrly	
	Chest - NBE (+)	
	CVC - clear (+)	
	PA - soft, NT	
	OAE - B/I pass	
	Adv	
	- Inform SOS	
	15/6/26	



(A)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26 8:00AM	S/B Dr. Aneesh / Dr. Shobana mem.	
	Term (37+1) / DCDA-1 / BOY BABY / AGA / 2.64kg Feed establishment	
	Baby sucking well - DBF + paladai feeds. Passing urine & stools @ly Baby pink. Cry Tone J (N) Activity J pulses well felt CRT < 3sec	MKB - B+ve. TCB - 9.7/9.4. Bwt - 2.640kg Twt - 2.500kg ↓ 140g
	S/E - CNS PS CNS P/A	5.3% wt loss.
		To continue the same
		Aneesh 163765
	D/today 'R' Friday DBF + 45ml of paladai • Vit D / calcimax + • Toon	

(Signature)

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 Baby Of PRIYANKA SARAVANAN
 12-06-2026 0 Y 0 M 0 D 17 H (M)
 Dr. SHOBANA RAJENDRAN



FRM / CLINICAL / 124

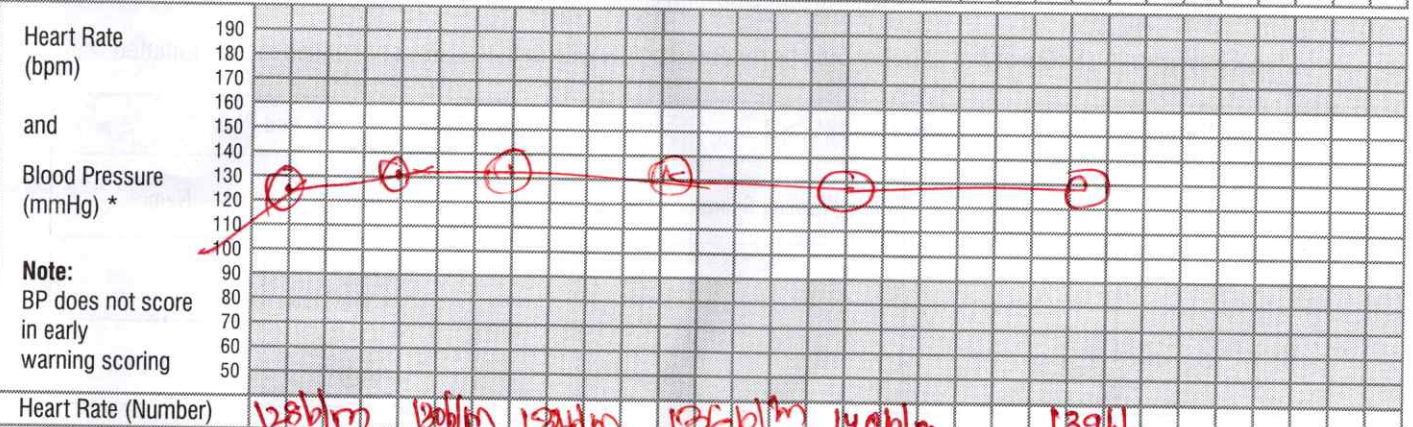
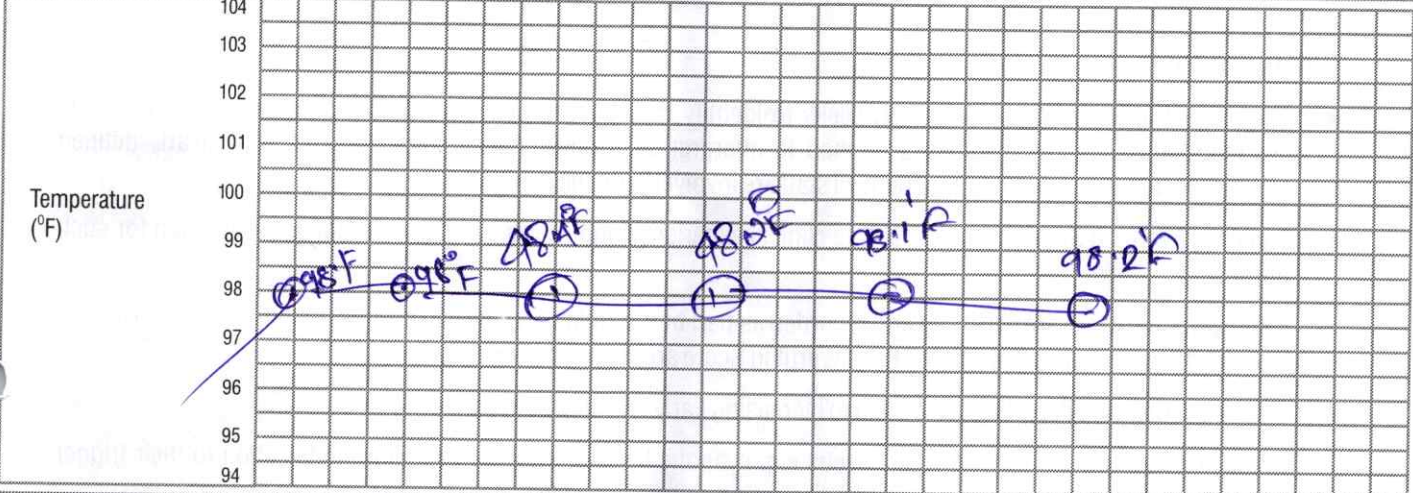
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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

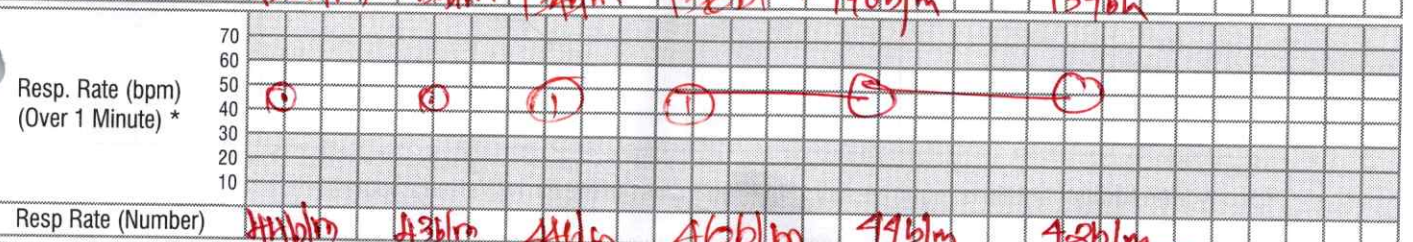
BirthRight
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 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 12/10 Time: 10PM 1PM 4PM 8PM 12PM 4PM
 Doctor/Nurse/Family Concern?



Note:
 BP does not score in early warning scoring



Heart Rate (Number)	128bpm	130bpm	131bpm	126bpm	140bpm	139bpm
Resp Rate (Number)	41bpm	41bpm	41bpm	41bpm	42bpm	42bpm
Resp Mod/ Severe Distress None / Mild	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Receiving O ₂ (l/min)						
O ₂ Saturations (%)	99%	99%	98%	99%	98%	99%
Conscious Level Normal / Altered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	01	01	01	01	01	01
Number of shaded boxes	0/10	0/10	0/10	0/10	0/10	0/10
Pain Score	0/10	0/10	0/10	0/10	0/10	0/10
Observer's Initials	AS	AS	AS	AS	AS	AS

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.

Patient Sticker

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT : I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

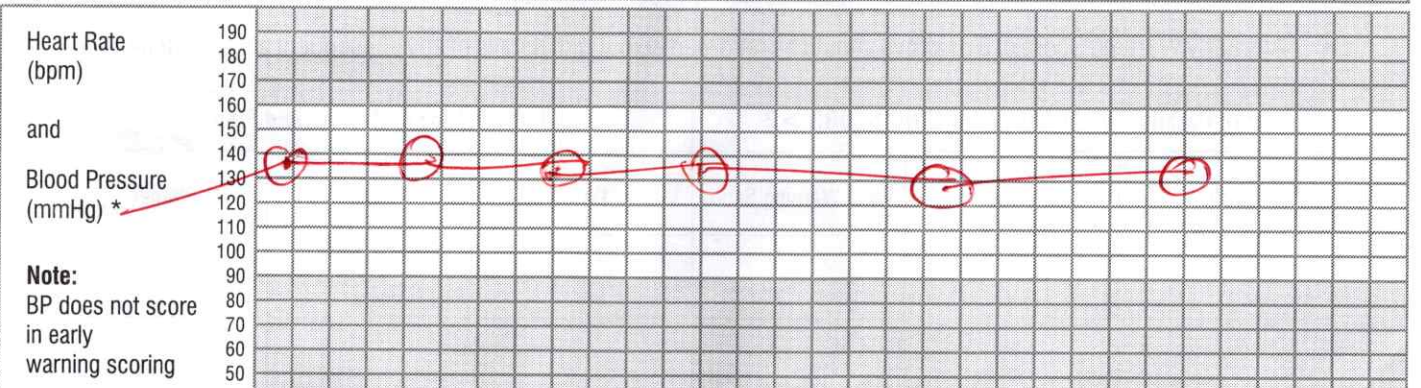
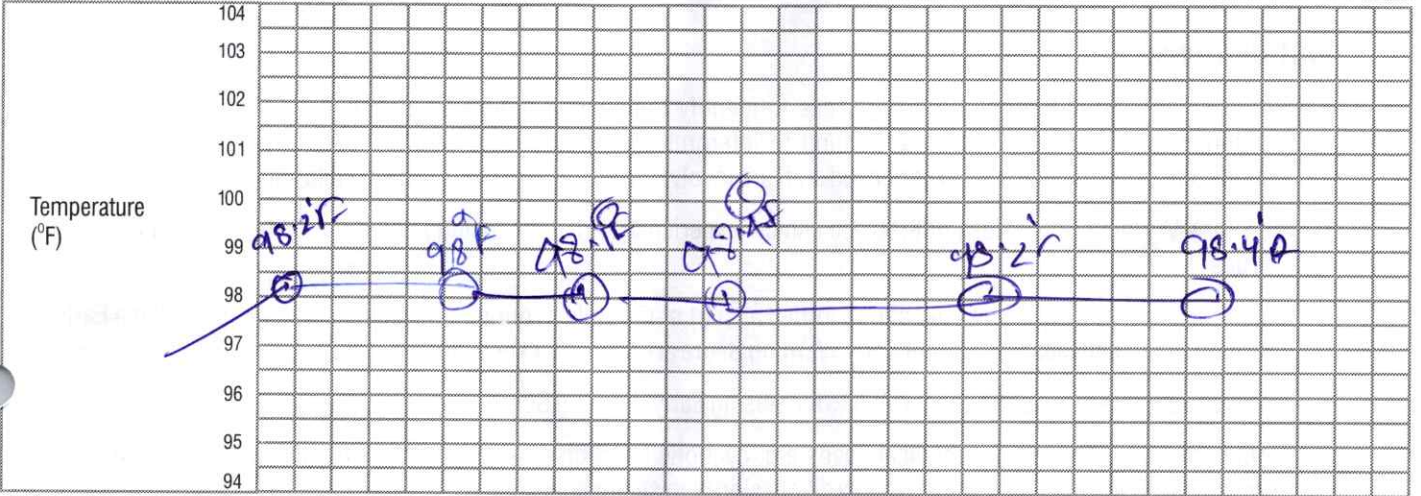


INFANT (<1 year)
 Children's Observation &
 Early Warning Scoring Chart

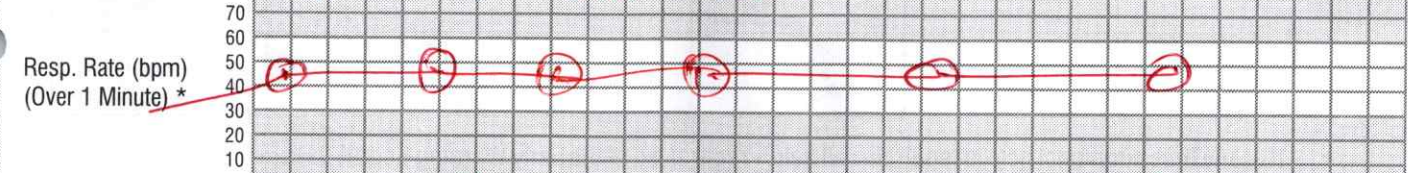


EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 14/8/26 Time: 8am 12pm 4pm 8pm 12am 4am
 Doctor/Nurse/Family Concern?



Heart Rate (Number) 139b/m 132b/m 134b/m 136b/m 137b 140b



Resp Rate (Number) 42b/m 44b/m 44b/m 44b/m 45b 44b

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 100% 98% 98% 99% 100%

Conscious Level Normal Altered

GCS * 15/5 15/5 15/5 15/5 15/5 15/5

TOTAL SCORE
 Number of shaded boxes 0/10 0/10 0/10 0/10 0/10 0/10
 Pain Score 0/10 0/10 0/10 0/10 0/10 0/10
 Observer's Initials SR SR SR SR SR SR

ACTIONS
 NB: Scores 3 should be recorded overleaf

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 15/6/26	Time: 7am	12pm	4pm	8pm	12am	4am
Doctor/Nurse/Family Concern?	✓	✓	✓	✓	✓	✓
Temperature (°F)	98.2°F	98.3°F	98.4°F	98.6°F	98.4°F	98.1°F
Heart Rate (bpm)	136b/m	130b/m	127b/m	126b/m		
Blood Pressure (mmHg) *						
Resp. Rate (bpm) (Over 1 Minute) *	44b/m	44b/m	46b/m	44b/m	42b/m	44b/m
Resp Distress	None	None	None	None	None	None
Receiving O ₂ (l/min)						
O ₂ Saturations (%)	99%	99%	98%	99%	99%	98%
Conscious Level	Normal	Normal	Normal	Normal	Normal	Normal
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	0/1	0/1	0/1	0/1	0/1	0/1
Number of shaded boxes	0/1	0/1	0/1	0/1	0/1	0/1
Pain Score	0/10	0/10	0/10	0/10	0/10	0/10
Observer's Initials	SR	SR	SR	SR	SR	SR
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.					
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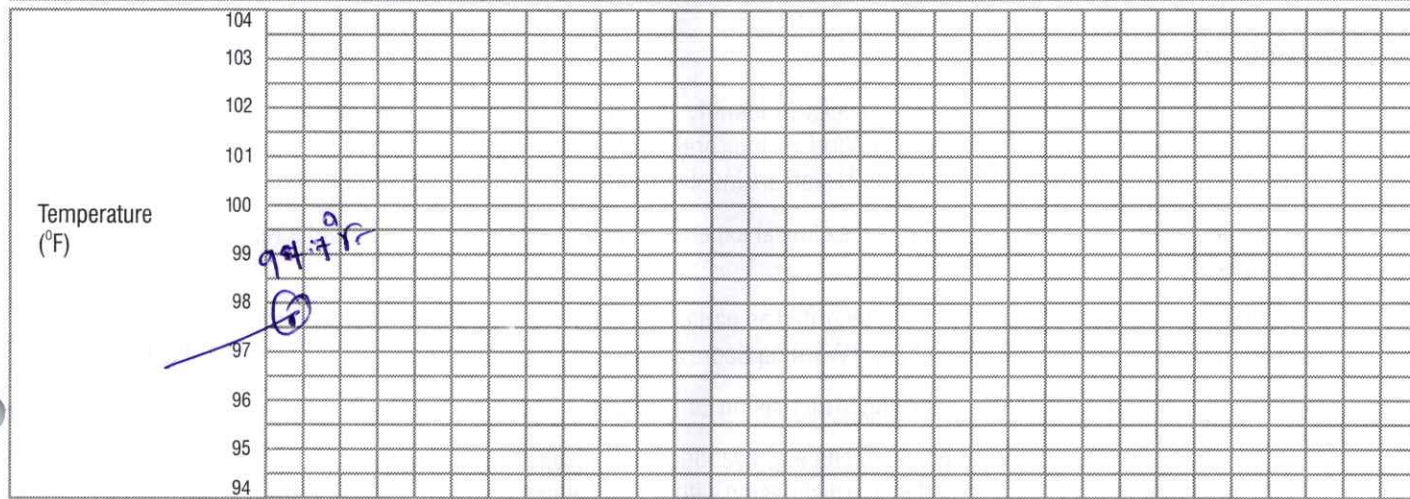
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 16/6/26 Time: 7am

Doctor/Nurse/Family Concern?



Heart Rate (bpm) and Blood Pressure (mmHg) *
 Note: BP does not score in early warning scoring

Heart Rate (Number) 136b/m

Resp. Rate (bpm) (Over 1 Minute) *
 Resp Rate (Number) 44b/m

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99.1

Conscious Level Normal / Altered

GCS * 5/5

TOTAL SCORE
 Number of shaded boxes 01
 Pain Score 0/10
 Observer's Initials CR

ACTIONS NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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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)



FLUID CHART

Sheet No. : ①

12/6/26

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	Baby received from Nicu at 10 AM										
	10:00 am											
	11:00 am	FF	15ml.							✓	✓	
	12:00 pm											
	01:00 pm	FF	25ml							✓	✓	
Total Intake :		FF	40ml									
	02:00 pm											
	03:00 pm	FF	20ml							✓	✓	
	04:00 pm											
	05:00 pm	FF	20ml							✓	✓	
	06:00 pm											
	07:00 pm	FF	20ml									
Total Intake :		FF	60ml									
	08:00 pm											
	09:00 pm	FF	20ml							✓	✓	
	10:00 pm											
	11:00 pm	FF	20ml							✓	✓	
	12:00 am											
	01:00 am	FF	20ml									
Total Intake :		FF	60ml									
	02:00 am											
	03:00 am	FF	20ml							✓	✓	
	04:00 am											
	05:00 am	FF	20ml									
	06:00 am											
	07:00 am	FF	20ml							✓	✓	
Total Intake :		FF	60ml									
Total 24 hrs. Intake		FF = 220ml										
Total 24 hrs. Output		U - 7 times M - 3 times										

ANC-00016225 IP28-00004562
 Baby Of TWIN -1 PRIYANKA
 12-06-2026 0 Y 0 M 1 D (M)
 Dr. SHOBA NA RAJENDRAN



FLUID CHART

Sheet No. : ②

14/6/20

- 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			
	08:00 am												
	09:00 am	FF	30ml										S
	10:00 am												01998
	11:00 am												
	12:00 pm												S
	01:00 pm	FF	20ml						✓				01998
Total Intake :			FF → 50ml			m-0			Total Output :			0-1 times	
	02:00 pm												
	03:00 pm	FF	20ml										
	04:00 pm								✓				
	05:00 pm												
	06:00 pm	FF	20ml										01998
	07:00 pm								✓				
Total Intake :			60ml			M-0			Total Output :			0-2	
	08:00 pm												
	09:00 pm	FF	30ml										
	10:00 pm								✓				
	11:00 pm	FF	30ml										
	12:00 am								✓				
	01:00 am	FF	30ml										
Total Intake :			90ml			M-1			Total Output :			0-2	
	02:00 am												
	03:00 am	FF	30ml										
	04:00 am								✓				
	05:00 am												
	06:00 am	FF	30ml										
	07:00 am								✓				
Total Intake :			60ml			M-0			Total Output :			0-2	
Total 24 hrs. Intake		260ml						Total 24 hrs. Output		0-7		M-1	

FLUID CHART

Sheet No. : (3)

15/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	09:00 am	FF	30ml							✓			SS 01990	
	10:00 am													
	11:00 am	FF	30ml										SS	
	12:00 pm	DBF	✓										01991	
	01:00 pm	DBF FF	30ml							✓				
Total Intake :			DBF → 2 Times + FF → 90ml											
Total Output :														
	02:00 pm	FF	10ml											
	03:00 pm	FF	20ml							✓				
	04:00 pm													
	05:00 pm									✓				
	06:00 pm	FF	20ml							✓				
	07:00 pm													
Total Intake :			10ml											
Total Output :														
	08:00 pm													
	09:00 pm	FF	30ml							✓				
	10:00 pm													
	11:00 pm	FF	30ml											
	12:00 am													
	01:00 am													
Total Intake :			FF 60ml											
Total Output :														
	02:00 am	FF	30ml											
	03:00 am													
	04:00 am													
	05:00 am	FF	30ml											
	06:00 am													
	07:00 am	DBF	✓							✓				
Total Intake :			DBF 60ml											
Total Output :														
Total 24 hrs. Intake		280ml												
Total 24 hrs. Output		U - 6 Times M - 3 Times												

ANC-00018225 IP28-00004562
 Baby Of TWIN -1 PRIYANKA
 12-06-2026 0 Y 0 M 4 D (M)
 Dr. SHOBANA RAJENDRAN



FLUID CHART

Sheet No. : 4

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

Date		Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse		
				Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
		08:00 am													
		09:00 am													
		10:00 am	FF	30ml											
		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							