

VIH-00206019 IP-00060394  
Baby B/O SATARUPA BANIK  
18-06-2026 0 Y 0 M 0 D 3 H (M)  
Dr. ATLURI KUNDANA PRIYA

ACT

LING



Name: -----

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

Date of Admission : 18/6/26 Time : 10:55AM Date of Discharge : ----- Time : -----

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

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
18/6/26	@ 5:30pm	MICU	208	[Signature]

**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-00060394      Admit Date : 18-Jun-2026      Admit Time : 10:55 AM      UHID : VIH-00206019

**Patient Details :**

Patient Name : Baby B/O SATARUPA BANIK      Age : 0 D  
Guardian : Mr RIPAN DEBRATH      DOB : 18-06-2026 09:21 AM  
Gender : Male      Religion :  
Occupation :      Martial Status :  
Address (H) : H NO : 89/1, DEVINILAYAM SARSWATINGER      Phone No : 8074679311  
COLONY LOTHKUNTA M C Eme Hyderabad      E-mail : NA@GMAIL.COM  
Telangana INDIA 500015

**Admission Details :**

Bed Type : BASINET      Bed No : CRDL-MICU-226-1      Ward Name : N 2F-MICU  
Room No : CRDL-MICU-226-1      Admission Type : First Visit

**Contact Details :**

Name : Mr RIPAN DEBRATH      Relationship : Father  
Contact Address : H NO : 89/1, DEVINILAYAM SARSWATINGER      Phone No : 8074679311 / 7989949729  
COLONY LOTHKUNTA M C Eme Hyderabad  
Telangana INDIA 500015

  
Signature


**Doctor Details :**

Doctor Name : Dr. ATLURI KUNDANA PRIYA      Specialisation : NEONATOLOGY  
Referral Doctor : DR.MADHUMITA ANIRUDDHA GITAY      Phone No :  
Co-Consultant :

**Payment Details :**

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

# PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00206019 IP-00060394 Baby B/O SATARUPA BANIK 18-06-2026 0 Y 0 M 0 D 3 H (M) Dr. ATLURI KUNDANA PRIYA		Date & Time of Admission 18/6/26 at 10:55AM	Date & Time of Transfer Order 18/6/26 at 5PM
		Transfer Ordered by Dr.	Reason for Transfer observation
From Unit MICU	To Unit 208	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 29.	Number of Imaging Films nil	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 koochee's - (1)		
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr.			
Name & Signature of Person who is Transferring Sis. Jayathi		Name of Person Ordered Transfer Dr. Kundana Priya	
Patient & Clinical Records Received by : Sis. Varsha			
Date & Time of Patient Received : 18/6/26 @ 5:30pm (18)			

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

Unavailable Bed

Nurse not Available

Available Bed not ready

VIH-00206019 IP-00060394  
Baby B/O SATARUPA BANIK  
18-06-2026 0 Y 0 M 0 D 3 H (M)  
Dr. ATLURI KUNDANA PRIYA



## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o. Satarupa Mother's Name: Mrs. Satarupa  
Date of Birth: 18/6/26 Time of Birth: 9:21 AM Gender:  Male  Female  
Birth Weight: 2.450 kg Kgs HC: 35 cm Length: 47 cm  
Meconium in Liquor:  Yes  No Cried at Birth:  Yes  No  
Term / Pre-term / Post-term: Term  
Resuscitated:  Yes  No Blood Group: Mother: O Negative Baby: \_\_\_\_\_  
Feeding:  Breast Feeding  Formula  Both First Feed Time: 10 AM

VIH-00159826 IP-00060391  
Mrs SATARUPA BANIK  
03-10-1993 32 Y 8 M 15 D (F)  
Dr. MADHUMITA ANIRUDDHA GITAY

Mode of Delivery:  Normal  LSCS - Emergency/ Elective  Instrumental  AVU  
Indication: \_\_\_\_\_

### Physical Assessment of New Born:

Temp: 98.6 F °C HR: 156 bpm /Min RR: 45 bpm /Min BP: \_\_\_\_\_ SpO<sub>2</sub>: 99%

Pain Score: 0 (Follow N Pass)

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

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

Behaviour Status on admission:  Sleeping  Crying  Calm  Drowsy

### Findings:

General Appearance: Posture:  Well-Flexed  Asymmetry

Skin:  Pink  Meconium Stain  Others, Specify: \_\_\_\_\_

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

Vitamin K 1 mg IM 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: K. Subashini

Signature: \_\_\_\_\_

Date & Time: 18/6/26 11 AM



## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : SATARUPA BANIK Age : ..... Father's Name : ..... Age : .....  
 Date of Birth : 27-10-93 Date of Admission : ..... UHID No. : .....  
 NICU Consultant : Dr. Kundane Referring Consultant : Dr. Medhunta  
**Transferring Unit :**  OT  Labour Room  ER  Ward  
**Transported ?**  Yes  No - If yes :  Long (> 30 kms)  Short (< 30 kms)

### BIRTH INFORMATION

Name : S/o Satarupa Mother's Blood Group : O Negative  
 Gender :  M  F Blood Group : ..... Birth Weight (gms) : 2450 kg Length (cms) : .....  
 Date of Birth : 18/6/26 Time of Birth : 8:21:33 AM OFC (cms) : .....  
 Place of Birth : RUH VKP Estimated Gesth Age : 37wk

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 32yr Ht : 151 Wt : 52.6 BMI : ..... Married Life : 5yr LMP : 19/9/15 EDD : 9/2/26  
 Conception : Spontaneous or with Rx : Spont  
 Booked at what GA : 20/1/26 AN Steroids Drugs / Doses : Anti D taken at 28wk  
 Last Scans Details : SUFT 34/2 Cephalic (DI Ant High) AC 27 1/4 EFW 2-2kg 1 good (2)

TT Immunization and Iron / Folic Acid : .....

### MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> &lt;18 yrs <input type="checkbox"/> &gt; 35yrs                  Consanguinity : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3  <b>H/o PIH (after 20 weeks) / PE</b>                  How many Drugs / Doses / Since how long : .....  <u>T. Escorpin - 10mg - Bo. stopped - at 38 wk.</u>                  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 : .....</p>	<p><b>H/o GDM/ pre GDM/ on diet or insulin</b>                  Controlled or not, recent values, HbA1 values : .....  <u>1st Trimester - Risk of Downs; Parents Not evaluated further</u>                  Compliance with Rx : .....                  Scans : LGA, TIFFA , Fetal Echo : .....  <b>H/o Hypothyroidism : when diagnosed ? Medication?</b>  <u>T. Thyronorm 12.5mg</u>                  Any other Chronic Medical Problems, when detected drugs ? .....  <u>Obs. Cholestast 2 Gestrinone and Thrombo cepolone</u>                  ( Anemia, SLE, Jaundice, CHD, Heart Disease )                  Infection : H/O, Fever                  ( <input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV )                  UTI : when : ..... Any culture : .....</p>
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**PPROM** : Duration : .....  Uterine Tenderness  Foul Smelling Liquor  HVS (if taken) - Results : .....

Medication during Pregnancy : ..... Duration : .....



**PAST OBSTETRIC HISTORY**

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
C <sub>1</sub>	Missed carriage	18 wks	MURDER		2027 AMY	
C <sub>2</sub>	Feb 12 wks	12 wks	Abort			
C <sub>3</sub>	Abort my	12 wks				

**PERINATAL HISTORY**

Treating Obstetrician : Dr. Madhukrishna Hospital : RCH VSK  Inborn  Outborn

**Duration of Labour**

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS:  Elective  Emergency Indication : .....

Specify the reason : .....

Augmentation of Labour :  Induced  Assisted Vaginal

CTG :  Normal  Suspicious  Pathological

MSL : (+)

Resuscitaion :  Yes  No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications,

malformations, clots etc : .....

**NEONATAL RESCUSTITION DETAILS**

**APGAR SCORE**

Gestational Age : ..... Weeks : .....

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

	1 Minute	5 Minutes	10 Minutes
TOTAL	7/10	9/10	

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

**Snapee II Score**

	> 30 (0)	20-29 (9)	< 20 (19)	
Mean BP (mmHg)	> 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 :

CIAB



His

target SpO<sub>2</sub>  
needed  
at 3' of life

B/o Satarupa delivered via C/S  
↓  
1 loop around C/AB, MSL ⊕  
↓  
MCH  
↓  
DCC done for CoO<sub>2</sub>  
↓  
Dried and stimulated  
↓  
Suction cleared  
↓  
Cord clamp cut 2ATIV ⊕  
↓  
Inj. vit K 1mg  
↓  
Barely vigorous

Investigation details in previous Hospital :

↓  
Shift to mother side

Feeding History :

Past History :

B/o intermittent Risk of Down's; Not evaluated  
(Parents doesn't want)  
further testing

Family History :

Socio Economic History :



GENERAL EXAMINATION ON ADMISSION

General Disposition :

Very vigorous  
tone @  
activity good

VITALS : Temperature : 36.7°C HR : 120/min RR : 45/min NIBP : CFT : 38u

Color of the extremities : Acrocyan

Jaundice : - Pallor : - SpO2 : 98/RA

Anthropometry : Birth Weight : 2.450 Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies :  
(Any Facial  
Dysmorphism) ? flat nasal bridge ⊕

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

EYES : Symmetry :  
Red Reflex : ] not tested  
Discharge :

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



THE BREASTS : Position, Shape and Number :

ABDOMEN and UMBILICUS :  
 Shape :  
 Organomegaly :  
 Bowel Sounds :  
 Umbilical Stump : 2A+IV ⊕  
 Discharge :

GENITILIA :  
 Labia / Hymen :  
 Testicles/penis : BL testis descended,  
 Anus : Patent

HERNIAL ORIFICES : Free

TRUNK and SPINE : N

SKIN LESIONS : ←

EXTREMITIES :  
 Fingers / Toes :  
 Deformities : 10F+10T ⊕  
 Hip Joint Examination :  
 Arms / Legs :  
 Mobility :  
 no single palm / plantar creases

**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 ⊕ Breath Sounds : NUBS ⊕ Added Sounds :

Cardiovascular System :  
 HR : 160/min BP :  
 Femoral Pulses : ⊕  
 Other Peripheral Pulses : ⊕  
 Precordial Activity : N  
 Murmurs :  
 Signs of Cardiac Failure :

Abdomen :  
 Shape :  
 Palpation : Soft  
 Palpable masses :  
 Abdominal girth :  
 Hernia orifice : Free  
 Anal Patency : ⊕  
 Umbilical Cord : 2A+IV ⊕  
 First urine 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 : RLC moros equivocal DTR : .....

ATNR : (⊖) Skull and Spine : .....

Any Congenital Anomalies : .....

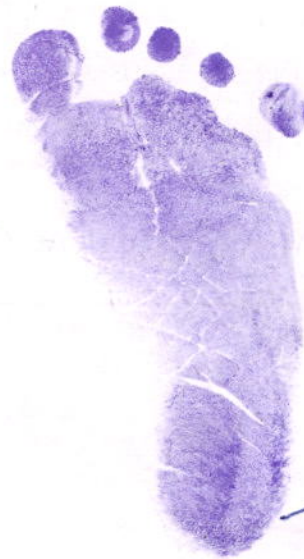
Diagnosis : Early term / E.L.W / mal / 1100g / CIAS / Mal / Rh -ve /  
increased risk of Down / 2-450 / LSW / SGA / Hypothyroid mother

**FOOT PRINTS**

Left Side :



Right Side :



*Taken by  
 Dr. V. V. V. 09:30 AM*

**Resident Doctor :**

Signature : [Signature]

Name : Dr. Shrikanth

Date & Time : 18/6/26 5:48 AM

**Consultant :**

Signature : [Signature]

Name : Dr. Anurag

Date & Time : 18/6/26 5 PM



DI

Information given by:  Family  Friend

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

Will Physiotherapy require at home:  Yes  No  NA

Is home medical equipment anticipated:  Yes  No  NA

Is home oxygen therapy anticipated:  Yes  No  NA

Breastfeeding  Yes  No  NA

Formula Feed  Yes  No  NA

Are dressing needs at home anticipated:  Yes  No  NA

Any other needs anticipated:  Yes  No If Yes Specify .....

Feeding Plan at the time of shifting : .....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**Screenings done during NICU Stay :**

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

**Discharge Details:**

**Neonatal Condition at Discharge:**

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



**Feeding:**  Breastfeeding Exclusively  Breastfeeding and Formula Feeding  Formula Feeding

Vitamin K given:  Yes  No

Vaccinations given  BCG  Hepatitis B  Others: .....

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

Hearing Test:  Yes  No

Jaundice:  NIL  Slight  Moderate

Passed Urine:  Yes  No

Passed Meconium:  Yes  No

Weight at discharge: .....

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

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

Discharge to  Home  Other: .....

Against Medical Advice:  Yes  No

Referred to another hospital:  Yes  No

**Discharge Medications:**  Yes  No

Details: .....

Final Diagnosis: .....

- CBP, Retic count, DCI, Blood Grouping, Perianal smear, SBR
- DBF
- GBS get hrly prefeed till 48 hrs.
- Immunization
- SBR/NBS/OAE R/A etc
- Monitor & inform (var)

Doctor Signature:

Doctor Name: Dr. Shrikar

Date & Time: 18/6/26 9:40 am.



NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26	<u>MB Resident</u>	
8:30pm OTOL	Early Term / ELUSC / Mch / 2.450kg / HSC / Rh-ve / 2 weeks performed at risk of Down / CDW / CGA / Hypothyroid mother / obs. cholestasis & Gestational thrombocytopenia.	
	o/e Baby warm c/A good CRT < 3sec CVS-S1S2 (+) H+ BAE (+) PA-soft	
		<u>plan</u>
		1) Trace CRP, Retic count, DLT, BSEP, peripheral smear
	GRBS - 5pm: 64mg/L	2) DBF & by Biopsy
		3) GRBS 6th hour prep till 48 HOL
		4) Vaccination
		5) OAE / <del>TCB</del> TCB + T/m
		6) monitor info re:
		Noted by <u>Varsha</u>
On discharge		

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 18-06-2026 0Y0M0D9H (M)  
 Dr. ATLURI KUNDANA PRIYA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 9 AM	<u>CL/B Residual</u>	TO B 18/6/26 9:21 AM
	Term / 37 weeks / 1 sex / male / 2.450 kg / msl /	
	M.BG - O Negative B.BG - B Negative	Plan
	T.Wt - 2.36 kg (190 gm)	- DBF / lb burp
	Vaccination done	- OAC Today
	OK C/A good	- TCS bifidobys
	C/S S/S 2 @ B/B LAB @ PA - 1/2 W/S 2/2 @	- Wom eval and care
	Dr. Kundan 19/6/26 10 AM	Dr. B. S. M.



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26	<u>Lactation notes (Mrs. Ranjankumar)</u>	
	<ul style="list-style-type: none"> <li>Experienced Mother</li> <li>Mother is DBF the baby as reported</li> <li>Advised to feed every 2hrs</li> <li>Move skin to skin</li> <li>flu</li> </ul>	
11:15am		
<u>19/6/26</u> <u>16:00</u>	<u>CLB/B Provider</u>	<u>Ad</u>
	CL/A good WJ B/NAD PR Vg stable CRT 384	- DBF for baby every - TCB 7/M
	Lpm. Kundana 19/6/26 sfm	
	Noted by padma	19/6/26 @ 7pm 

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 Dr. ATLURI KUNDANA PRIYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26	<u>CLB Resident</u>	
9:30 AM	Term/37wk/LSCS/male/2.450g/ MSL	
	M.BG - ONEPTC	
	B BG - BNEPTC	
	7.00 - 2.29 kg (70gm)	
		<u>Pla</u>
	C/T/Good	- DBF fl/b bup
	ws	
	O/C TODAY.	- Dday today
	fw. 23/6/26.	
	R/MAN	- Flyp on 23/6/26
	M	
	vu sk	

Dr. Kundana Priya  
 20/6/26  
 5 AM.

ooted by [signature]  
 20/6/26  
 @ [signature]

[signature]  
 Ashwin



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>Early Term / EL-Lscs / mech / 1100% of cord / cns</i>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known				
	MSL Rh-ve / informed of risk of down syndrome / 2.450 kg		If Yes Specify: .....				
Surgery / Procedure:		Post OP Day:					
BACKGROUND	Date	<i>18/6/26</i>	<i>18/6/26</i>	<i>18/6/26</i>	<i>19/6/26</i>	<i>19/6/26</i>	
	Shift	<i>E</i>	<i>N</i>	<i>N</i>	<i>M</i>	<i>E</i>	
	Medical Condition (Any special condition to be noted):	-	-	-	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>
Diet:	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	
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):	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	
	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:	<i>98.2°f</i>	<i>98.6°f</i>	<i>98.7°f</i>	<i>98.0°f</i>	<i>98.0°f</i>
		Res:	<i>42 b/m</i>	<i>40 b/m</i>	<i>41 b/m</i>	<i>39 b/m</i>	<i>40 b/m</i>
		SpO <sub>2</sub> :	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>
		Pulse:	<i>138 b/m</i>	<i>142 b/m</i>	<i>140 b/m</i>	<i>130 b/m</i>	<i>138 b/m</i>
		BP:	-	-	-	-	-
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>
	Fall Risk Score:	<i>16</i>	<i>16</i>	<i>15</i>	<i>16</i>	<i>16</i>	
Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>		
Skin Integrity:	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>		
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:	-	-	-	<i>Nil</i>	<i>Nil</i>	
	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:	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	
	Critical Lab Test / Values:	-	-	-	<i>Nil</i>	<i>Nil</i>	
	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):	<i>Dependent</i>	<i>Dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>		
Post Operative Procedure Special Orders:	<i>DBF 2ndly GRAS 6th hourly</i>	<i>DBF 2ndly GRAS 6th hourly</i>	<i>GRAS 6th hourly</i>	<i>RBS 6th hourly Pre-feb.</i>	<i>RBS 6th hourly</i>	<i>RBS 6th hourly</i>	
Handed Over By Name :	<i>Suhasini</i>	<i>Vansha</i>	<i>Sony</i>	<i>Padma</i>	<i>Padma</i>	<i>Sony</i>	
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date:	<i>18/6/26</i>	<i>18/6/26</i>	<i>19/6/26</i>	<i>19/6/26</i>	<i>19/6/26</i>	<i>20/6/26</i>	
Time:	<i>6pm</i>	<i>@ 8pm</i>	<i>@ 5pm</i>	<i>@ 2pm</i>	<i>@ 3pm</i>	<i>@ 5pm</i>	
Taken Over By Name :	<i>Vansha</i>	<i>Sony</i>	<i>Padma</i>	<i>Padma</i>	<i>Sony</i>	<i>Shruti</i>	
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date:	<i>18/6/26</i>	<i>18/6/26</i>	<i>19/6/26</i>	<i>19/6/26</i>	<i>19/6/26</i>	<i>20/6/26</i>	
Time:	<i>@ 3:30pm</i>	<i>@ 8pm</i>	<i>@ 8Am</i>	<i>@ 2pm</i>	<i>@ 5pm</i>	<i>@ 8pm</i>	



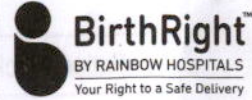
## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis: <u>Early term LEL (CS)</u>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known			
	Surgery / Procedure: <u>nil</u>		If Yes Specify: <u>Nil</u>			
<b>BACKGROUND</b>	Date	Shift	Post OP Day: <u>Nil</u>			
	Medical Condition (Any special condition to be noted):	<u>Nil</u>				
	Diet:	<u>DBF</u>				
<b>ASSESSMENT</b>	Allergy:	<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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>				
	Tubes/Drains/Catheter:	<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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Vital Signs:	Temp:	<u>98.6°F</u>			
		Res:	<u>40b/m</u>			
		SpO <sub>2</sub> :	<u>99%</u>			
		Pulse:	<u>138b/m</u>			
		BP:	<u>-</u>			
		LOC:	<u>conscious</u>			
		Fall Risk Score:	<u>'16'</u>			
	Pain Score:	<u>0</u>				
	Skin Integrity	<u>Intact</u>				
<b>Recommendations</b>	Safety Needs:	<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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Physiotherapy:	<u>-</u>				
	Others Specify:	<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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Special Diet:	<u>DBF</u>				
	Critical Lab Test / Values:	<u>-</u>				
	Other Special Orders / Medications:	<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 <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 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 <input type="checkbox"/> Yes <input type="checkbox"/> No				
DVT Prophylaxis:	<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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No					
ADL (Dependent / Non Dependent):	<u>Dependent</u>					
Post Operative Procedure Special Orders:		<u>olc.</u>				
Handed Over By Name :		<u>Ale</u>				
Signature / ID :		<u>Sendling to Billing</u>				
Date:		<u>20/6/26</u>				
Time:		<u>11:00 AM</u>				
Taken Over By Name :		<u>noted by</u>				
Signature / ID :		<u>20/6/26</u>				
Date:		<u>@ new</u>				
Time:						

VIH-00206019 IP-00060394  
 Baby B/O SATARUPA BANK  
 18-06-2026 0 Y 0 M 0 D 3 H (M)  
 Dr. ATLURI KUNDANA PRIYA



# NURSING CARE RECORD



Date: 18/6/26

**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	10am	Ensure safety	10am	provided side rails	TO prevent falls	Baby is safe	Subhasini 18/6/26 2pm
	12pm	Maintain Good Nutritional status	12pm	Breast feeding given	TO prevent dehydration	Baby is taking good feed	
Afternoon	2pm	Maintain Good Nutritional Status	2:30 pm	Breast feeding given	TO prevent dehydration	Baby is taking good feed	Subhasini 18/6/26 4pm
	4pm	Maintain personal hygiene	4pm	personal hygiene given	TO prevent infection	Baby is comfortable	
	6pm	Maintain fluid balance	6pm	* Every 2nd hourly feeding & burping given	* TO prevent dehydration	Re-assessment done Baby is stable	
Night	9pm	* Ensure safety	9:30 pm	* provided side crib care & cocoon care	* TO prevent fall from crib	Baby is safe & sucking very well.	Soni 19/6/26 8pm
	12pm	* Maintain fluid balance	12:15 am	* Every 2nd hourly feeding is given	* prevent dehydration		



# NURSING CARE RECORD

Date: 19/6/26

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	10Am	* maintain fluid Balance.	1pm	* maintained the fluid Balanced. Nutritional status.	Done -> D the dehydration	* Re-Assessment Done - every 2nd hourly feeding.	Feeding 19/6/26 @ 2pm
Afternoon	4 pm	* Ensure Safety	7pm	provided side rails	* prevent fall risks of The baby	* Re-Assessment is done baby safe	padma 19/6/26 @ 7pm
Night	9pm	* Maintain fluid balance	12 Am	* DBF Every 2nd hourly	* prevent dehydration	Baby is safe & active	Sony 20/6/26 @ 8pm

VIH-00206019  
 Baby B/O SATARUPA BANIK  
 18-06-2026  
 Dr. ATLURI KUNDANA PRIYA  
 IP-00080394  
 0 Y 0 M 0 D 15 H (M)

# NURSING CARE RECORD



Date: 20/6/26

**Goals**

- 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	9 Am	* Maintain fluid balance	10	* Maintained fluid balance given feeding and burping	* Present dehydration	* Re Assessment is done baby is hydrated and stable.	Padma 20/6/26 @ 10 AM
Afternoon				<del>Discharge notes</del> Doctor came for rounds & Advice Discharge			
Night				<del>Noted by Alise 20/6/26 @ 10 PM</del>			

VIH-00206019 IP-00060394  
 Baby B/O SATARUPA BANK  
 18-05-2026 0 Y 0 M 1 D (M)  
 Dr. ATLURI KUNDANA PRIYA

# 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 SATARUPA BANIK      **Age :** 0 Y 0 M 0 D 1 H  
**IP No:** IP-00060394      **Sex:** Male  
**Consultant:** Dr. ATLURI KUNDANA PRIYA      **Ward/Bed No:** N 2F-MICU/CRDL-MICU-226-1

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.

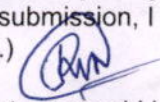
In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science 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:.....) 

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:

 / Husband

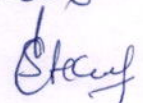
Name: Ripan Debnath

Relationship: Husband

Date: 18/6/2026

Time: 10:55 Am.

Witness Name:

Witness Signature: 

Patient Address:

H NO : 89/1, DEVINILAYAM  
 SARSWATINGER COLONY LOTHKUNTA  
 M C Eme Hyderabad Telangana INDIA  
 500015

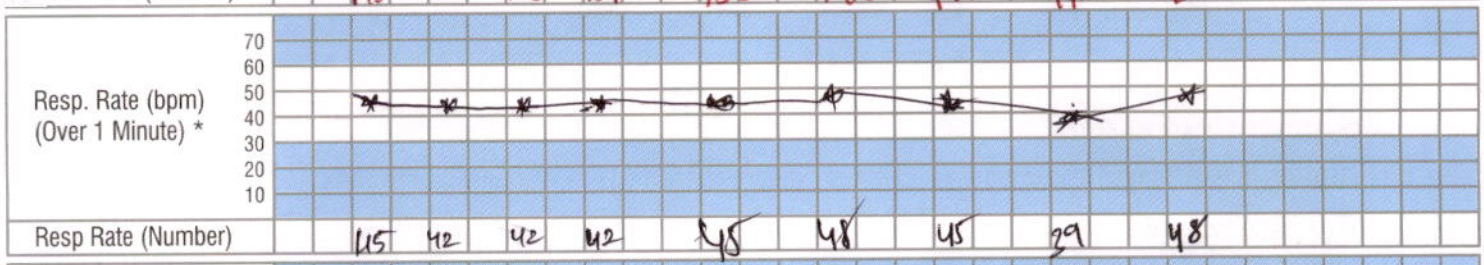
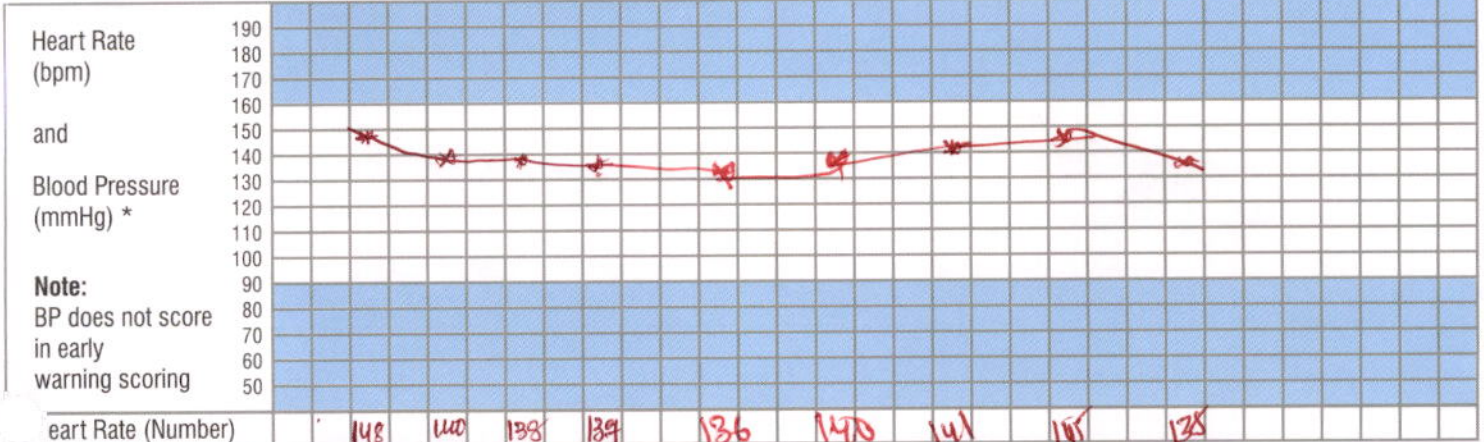
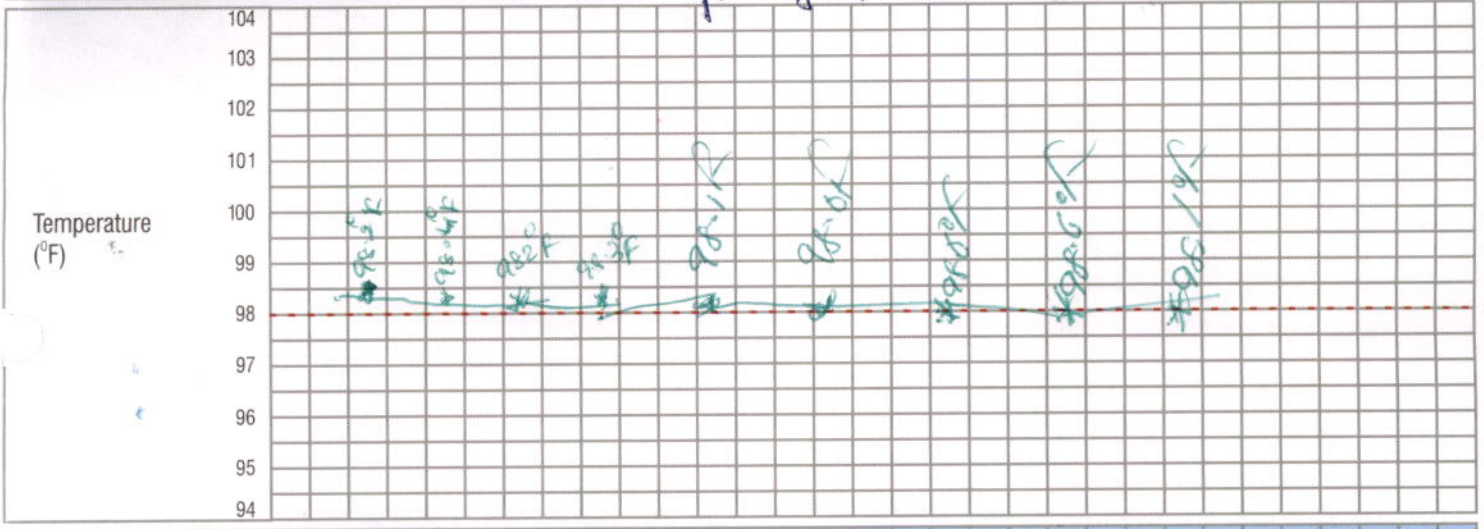


**INFANT (<1 year)**  
 Children's Observation &  
 Early Warning Scoring Chart



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

Date: 18/6/26	Time:	10	12	2	4	6	8	12	4	7
Doctor/Nurse/Family Concern?		am	pm	pm	pm	pm	pm	am	pm	am



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

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

**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.



## 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-00206019 IP-00060394  
 Baby B/O SATARUPA BANIK  
 18-06-2026 0 Y 0 M 0 D 9 H (M)  
 Dr. ATLURI KUNDANA PRIYA

3. : RCH/ FRM / CLINICAL / 124



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



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

Date: 19/6/26	Time:	10 AM	2 PM	6 PM	10 PM	- 2 AM	7 AM
Doctor/Nurse/Family Concern?							
Temperature (°F)	104						
	103						
	102						
	101						
	100						
	99						
	98						
97							
96							
95							
94							
Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
	170						
	160						
	150						
	140						
	130						
120							
110							
100							
90							
80							
70							
60							
50							
Heart Rate (Number)		149	150	150	140	141	139
Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
50							
40							
30							
20							
10							
Resp Rate (Number)		38	40	39	40	41	35
Resp Distress	Mod/ Severe / None / Mild						
Receiving O <sub>2</sub> (l/min) O <sub>2</sub> Saturations (%)		09	09	09	09	07	07
Conscious Level	Normal / Altered	C	C	C			
GCS *		15	15	15			
<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		D	A	P	S	S	S

**ACTIONS**

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# RESERVATION and EARLY WARNING SCORING TOOL

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Date	Time	Early Warning Score	Date	Time	Name

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<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)



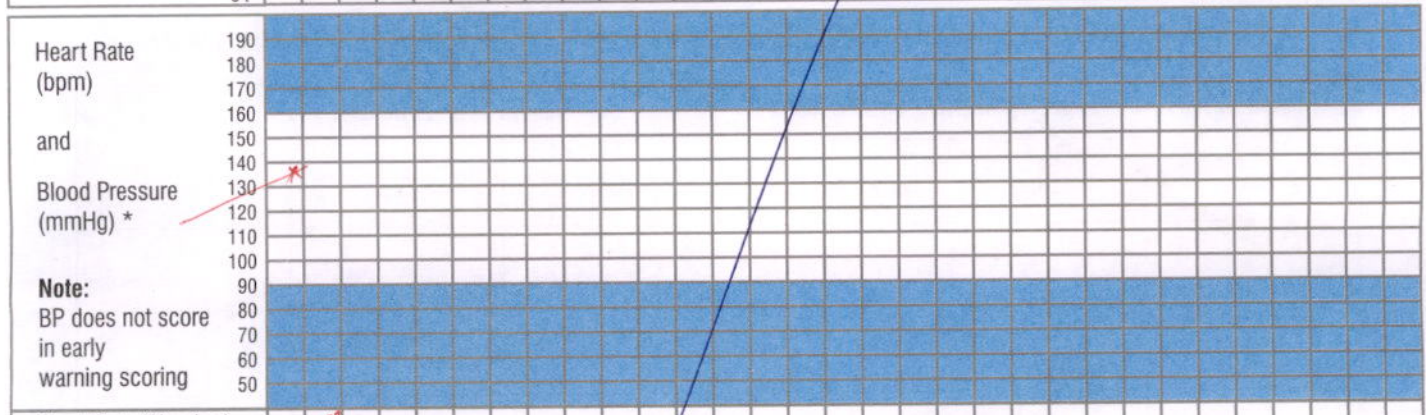
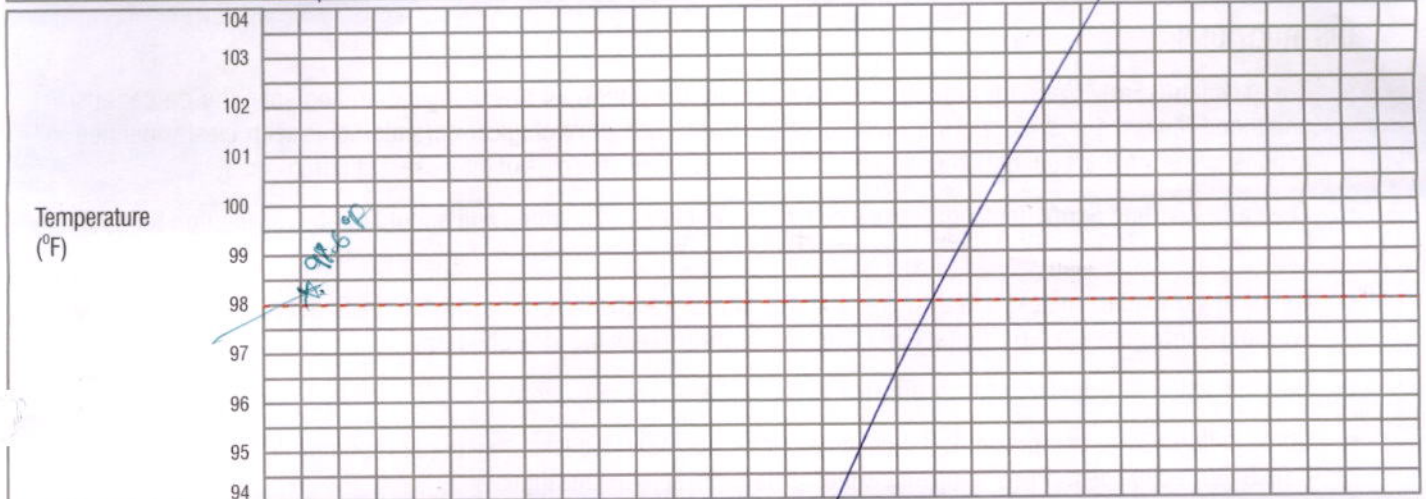
**INFANT (<1 year)**  
**Children's Observation & Early Warning Scoring Chart**



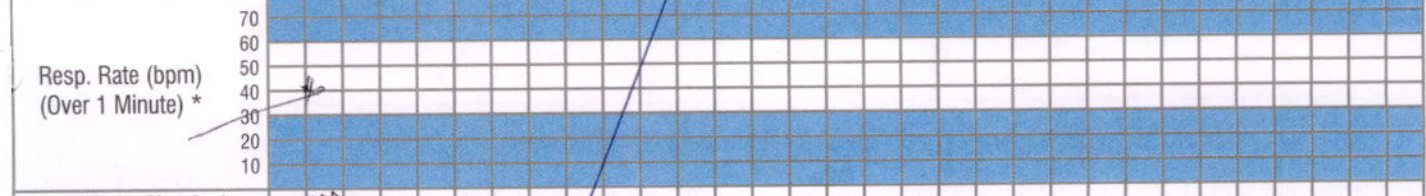
**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 20/6/26 Time: 9 AM

Doctor/Nurse/Family Concern? AM



Heart Rate (Number) 136



Resp Rate (Number) 40

Resp Distress | Mod/ Severe | None / Mild

Receiving O<sub>2</sub> (l/min) | O<sub>2</sub> Saturations (%) 99

Conscious Level | Normal | Altered

GCS \* 3

**TOTAL SCORE** Number of shaded boxes 0

Pain Score 0

Observer's Initials D

**ACTIONS**

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift 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.

<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								
18/6	08:00 am												
	09:00 am												
	10:00 am	DBF											
	11:00 am												
	12:00 pm	DBF								✓		JSP 18/6/26 epn	
	01:00 pm												
<b>Total Intake :</b> Good			<b>Total Output :</b> passed										
18/6	02:00 pm	DBF											JSP 18/6/26 4:30pm J was he 18/6/26 @spn
	03:00 pm												
	04:00 pm	DBF					✓			✓			
	05:00 pm												
	06:00 pm	DBF					✓			✓			
	07:00 pm												
<b>Total Intake :</b>			<b>Total Output :</b>										
18/6/26	08:00 pm											JSP 18/6/26 @spn	
	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>										
19/6/26	02:00 am											JSP 19/6/26 @spn	
	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. : 2

19/6/26

- 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						
19/6	08:00 am											}				
	09:00 am	DBF							✓		}					
	10:00 am												}			
	11:00 am	DBF							✓					}		
	12:00 pm														}	
	01:00 pm	DBF														}
Total Intake :			Total Output :									}				
19/6/26	02:00 pm	DBF									}					
	03:00 pm								✓				}			
	04:00 pm	DBF												}		
	05:00 pm														}	
	06:00 pm	DBF							✓							}
	07:00 pm											}				
Total Intake :			Total Output :													
	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 :													

padma 19/6/26 @ 2pm

padma 19/6/26 @ 8pm

Sony 20/6/26 @ 8am

Sony 20/6/26 @ 8am

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00206019 IP-00060394  
 Baby B/O SATARUPA BANIK  
 16-06-2026 0 Y 0 M 0 D 9 H (M)  
 Dr. ATLURI KUNDANA PRIYA

**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			
20/6/26	08:00 am											Padma 20/6/26 @ 12 pm	
	09:00 am	DBF											
	10:00 am												
	11:00 am	DBF											
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	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>							



VIH-00206019 IP-00060394  
 Baby B/O SATARUPA BANIK  
 18-06-2026 0 Y 0 M 0 D 3 H (M)  
 Dr. ATLURI KUNDANA PRIYA



## RESULT SHEET

Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
<i>Blood grouping</i>						

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

                  Others (ECG, Contrast Studies etc.,) : .....



## THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	18/6/26	18/6/26	19/6	19/6	19/6
	3 to less than 7 years old	3	4	4	4	4	4
	7 to less than 13 years old	2	—	—	—	—	—
	13 years old and above	1	+	—	—	—	—
Gender	Male	2	2	2	2	2	2
	Female	1	—	—	—	—	—
Diagnosis	Neurological Diagnosis	4	—	—	—	—	—
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	—	—	—	—	—
	Psych / Behavioral Disorders	2	—	—	—	—	—
	Other Diagnosis	1	—	—	—	—	—
Cognitive Impairments	Not aware of Limitations	3	—	—	—	—	—
	Forget Limitations	2	—	—	—	—	—
	Oriented to own ability	1	—	—	—	—	—
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3	3	3
	Patient Placed in Bed	2	—	—	—	—	—
	Outpatient Area	1	—	—	—	—	—
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	—	—	—	—	—
	Within 48 hours	2	—	—	—	—	—
	More than 48 hours/ None	1	—	—	—	—	—
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	—	—	—	—	—
	Hypnotics	3	—	—	—	—	—
	Barbiturates	3	—	—	—	—	—
	Phenothiazines	3	—	—	—	—	—
	Antidepressants	3	—	—	—	—	—
	Laxatives / Diuretics	3	—	—	—	—	—
	Narcotics	3	—	—	—	—	—
	One of the Meds listed above	2	—	—	—	—	—
Other Medications / None	1	—	—	—	—	—	
<b>Total</b>			16	16	16	16	16

**Intervention:**

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		crib	crib	crib	crib	crib
Call device within reach		—	—	—	—	—
Wheels Locked		—	—	—	—	—
Room free of clutter		—	—	—	—	—
Adequate lighting		—	—	—	—	—
Wheel chair support		—	—	—	—	—
Other Intervention(s) Specify		—	—	—	—	—
Nurse's Name:		Sulini	Sony	Sony	Sony	Sony
Signature:		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		18/6	18/6	19/6	19/6	19/6
Time:		11 AM	4 PM	3 AM	11 AM	7 PM



## THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			2016				
Age	Less than 3 years old	4	4				
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2				
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1				
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4				
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3				
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1				
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
Other Medications / None	1	1					
<b>Total</b>		<b>16</b>	<b>16</b>				

**Intervention:**

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	—	—	—	—	—	—
Call device within reach	—	—	—	—	—	—
Wheels Locked	—	—	—	—	—	—
Room free of clutter	—	—	—	—	—	—
Adequate lighting	—	—	—	—	—	—
Wheel chair support	—	—	—	—	—	—
Other Intervention(s) Specify	—	—	—	—	—	—
Nurse's Name:	Sony padma					
Signature:	<i>[Signature]</i>					
Date:	20/6		20/6			
Time:	3 AM		11 AM			