

ACTIVITY RECORD FOR BILLING

VIH-00206166 IP-00060450


Name: -- Baby B/O PANJALA MOULIKA
23-06-2026 0 Y 0 M 0 D 6 H (F) Dr. PREETHAM KUMAR

UHID No  Consultant: Dept: (labour ward)

Date of Admission: Time: 2:10am Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/6/26	11:45am	L/W	201	

Cross Consultation Visit

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

Name	Baby B/O PANJALA MOULIKA	UHID	VIH-00206166
Father/Guardian	Mr PANJALA RAGHU	Age/Gender	0 Y 0 M 1 D/Female
Address	6-140/1 BIBI NAGAR POCHAMPALLY ROAD, Bibinagar, Nalgonda, Telangana, INDIA, 508126		
IP No	IP-00060450	Admission Date	23-06-2026
Ref Doctor	DR.BHAVANA K	Discharge Date	24-06-2026

DISCHARGE SUMMARY

Consultant: Dr. SURENDER RAO DUSA

MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS
47776

Diagnosis: Term/Appropriate for gestational age/Baby Girl

Mode of Delivery: Normal Vaginal Delivery

Anthropometry:

Weight at birth : 2.79 kg
Weight at discharge : 2.70 kg
Head circumference : 33 cms
Length : 47 cms

History: Baby of PANJALA MOULIKA is a term (39+2 weeks) baby girl, delivered to a Multigravida mother by Normal Vaginal Delivery on 23.06.2026 at 1:07 am with birth weight of 2.793 kgs in Rainbow Children's Hospital, Karkhana. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 10/10 at 5 min. Injection Vitamin-K 1mg IM was given after delivery.

Maternal History: Mrs. PANJALA MOULIKA is a 30 years old Multigravida (G2P1L1) mother.

Name

Baby B/O PANJALA
MOULIKA

UHID

VIH-00206166

G2 - Present pregnancy, spontaneous conception, had regular ANC's. Antenatal scans were normal. History of UTI at 15 weeks. Mother - VSD at birth. NT scan showed small hepatic hemangioma. fetal 2D echo was normal. No history of Pregnancy-Induced Hypertension / Antepartum Hemorrhage / Oligohydramnios / Polyhydramnios / Fever. Mother's blood group is "AB" Positive. Baby's blood group is "A" Positive.

Examination: Baby was euthermic, euvolemic and was maintaining saturations at room air. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Bilateral femoral pulses well felt. Abdomen was soft with no organomegaly. Cry and activity were good. AF was at level.

Management: Course during hospital: Hospital stay was uneventful. Transcutaneous bilirubin before discharge was 12.2 mg/dl.

Vaccination: Baby was given following vaccination:

BCG / OPV / Hepatitis-B on : 24.06.2026

Hearing test (TEOAE): Done on 24.06.2026 was normal.

Newborn screening (Advanced): to be done on follow up.

Saturation: Right upper limb and left lower limb 100% at room air.

Red Reflex: Present and Symmetrical.

Feeding: Breast feeding was initiated and baby tolerated the feeds well.

Condition at discharge: Baby is pink, warm, active and on direct breast feeds.

Name

Baby B/O PANJALA
MOULIKA

UHID

VH-00206166

Advice:

1. Keep the baby clean and warm.
2. Continue demand breastfeeding as advised.
3. Burping after each feed.
4. Immunization as per schedule.
5. Vitamin-D3 drops (1ml=800IU) 0.5ml once daily till one year of age.
6. Nasoclear nasal drops, 1 drop in each nostril (if needed) for nose block.
7. New Born Screening (Advanced) / Thyroid Function Test, SBR to be done on follow up.
8. "Appointment for vaccinations to be taken during the 1st hour of the OPD slots of your respective consultant to avoid rush and minimum waiting period".
9. Kindly consult Dr. Surender Rao Dusa, Senior Consultant Pediatric, on 26.06.2026 (Friday) in OPD with prior appointment (This consultation will be charged).
10. Kindly consult Ms. Ramya Ashwin, Lactation Consultant, within 3 days of discharge or in any kind of feeding difficulty, in OPD with prior appointment (This consultation will be charged).

Review back to hospital:

1. If baby is not feeding continuously for > 6 hours.
2. If breathing fast.
3. High grade fever.
4. Poor activity or lethargy.
5. Bluish discoloration of lips.
6. Increase in jaundice.
7. Abnormal movements.

In case of emergency contact 040-42462200 Extn: 2010 (or) 7337357870.

Name

Baby B/O PANJALA
MOULIKA

UHID

VIH-00206166

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.

The discharge advice and details on how to obtain emergency care has been explained to me in the language that I understand.

Name : P. Raghu

Signature : P. Raghu

Relationship with patient : Father

This summary has been explained by :

Summary prepared by : Dr. Vishwaja
DEO : MD Younus Pasha

Dr. Vishwaja

Registrar/Resident/C.M.O

Dr. SURENDER RAO DUSA

Dr. SURENDER RAO DUSA
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS
47776

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET



VIH-00206166 IP-00060450
 Baby B/O PANJALA MOULIKA
 23-06-2026 0 Y 0 M 0 D 18 H (F)
 Dr. SURENDER RAO DUSA

Patient Name :

IP.No:

Ward:



DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	/	/	
2	Discharge Summary	2	/	/	
3	Nursing Initial assessment form	1	/	/	
4	Patient Transfer Forms	1	/	/	
5	In-patient Medical Record	4	/	/	
6	Doctors Progress Sheets	1	/	/	
7	Nurses Progress notes	3	/	/	
8	Consultation Sheets	2	/	/	
9	General Consent for Treatment		/	/	
10	Consent for Surgery		/	/	
11	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes (Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	3	/	/	
26	Intake and Output chart (fluid Chart)	3	/	/	
27	Drug Chart (Regular prescription)	1	/	/	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	/	/	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Humphs Dandy	2	/	/	
	Breder O	3	/	/	
	per Ancaud	1	/	/	
	Other	6	/	/	
	Total No. of Pages	35			

Signature and Date :

[Signature]
 27/6/26

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060450 **Admit Date** : 23-Jun-2026 **Admit Time** : 02:10 AM **UHID** : VIH-00206166

Patient Details :

Patient Name : Baby B/O PANJALA MOULIKA	Age : 0 D
Guardian : Mr PANJALA RAGHU	DOB : 23-06-2026 01:07 AM
Gender : Female	Religion :
Occupation :	Marital Status :
Address (H) : 6-140/1 BIBI NAGAR POCHAMPALLY ROAD Bibinagar Nalgonda Telangana INDIA 508126	Phone No : 8096481372
	E-mail : moulikabairu312@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SDLX-201-1 **Ward Name** : N 2F-SECOND FLOOR
Room No : CRDL-SDLX-201-1 **Admission Type** : First Visit

Contact Details :

Name : Mr PANJALA RAGHU **Relationship** : Father
Contact Address : 6-140/1 BIBI NAGAR POCHAMPALLY ROAD
Bibinagar Nalgonda Telangana INDIA 508126 **Phone No** : 8096481372 / 9505253322

Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA **Specialisation** : GENERAL PEDIATRICS
Referral Doctor : DR.BHAVANA K **Phone No** :
Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 20000.00
Payor Name : SELFPAY

ADMISSION SHEET
Registration Details :

Admission No : IP-00060450

Admit Date : 23-Jun-2026

Admit Time : 02:10 AM **UHID** : VIH-00206166

Patient Details :
Patient Name : Baby B/O PANJALA MOULIKA

Age : 0 D

Guardian : Mr PANJALA RAGHU

DOB : 23-06-2026 01:07 AM

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : 6-140/1 BIBI NAGAR POCHAMPALLY ROAD
Bibinagar Nalgonda Telangana INDIA 508126

Phone No : 8096481372

E-mail : moulikabairu312@gmail.com

Admission Details :
Bed Type : BASINET

Bed No : CRDL-LW-222-1

Ward Name : N 2F-LABOUR WARD

Room No : CRDL-LW-222-1

Admission Type : First Visit

Contact Details :
Name : Mr PANJALA RAGHU

Relationship : Father

Contact Address : 6-140/1 BIBI NAGAR POCHAMPALLY ROAD
Bibinagar Nalgonda Telangana INDIA 508126

Phone No : 8096481372 / 9505253322


Signature
Doctor Details :
Doctor Name : Dr. PREETHAM KUMAR

Specialisation : NEONATOLOGY

Referral Doctor : DR.BHAVANA K

Phone No :

Co-Consultant :

Payment Details :
Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

VIH-00206166 IP-00060450
Baby B/O PANJALA MOULIKA
23-06-2026 0 Y 0 M 0 D 6 H (F)
Dr. PREETHAM KUMAR

NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O: Maulika Mother's Name: Mrs. Maulika

Date of Birth: 23/6/26 Time of Birth: 1:7 AM Gender: Male Female

Birth Weight: 2.793 Kgs HC: - cm Length: - cm

Meconium in Liquor: Yes No Cried at Birth: Yes No

Term / Pre-term / Post-term: -

Resuscitated: Yes No Blood Group: Mother: AB positive Baby: -

Feeding: Breast Feeding Formula Both First Feed Time: -

VIH-00120625 IP-00060445
Mrs PANJALA MOULIKA
29-06-1995 30 Y 11 M 25 D (F)
Dr. BHAVANA K

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

Indication: -

Physical Assessment of New Born:

Temp: 36.4 °C HR: 148 /Min RR: 48 /Min BP: - SpO₂: 99%

Pain Score: - (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 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: 23/6/26 at 3 AM

PATIENT TRANSFER FORM

VIH-00206166 IP-00060450 Baby B/O PANJALA MOULIKA 23-06-2026 0 Y 0 M 0 D 6 H (F) Dr. PREETHAM KUMAR 		Date & Time of Admission 23/6/26 at 2:10 AM	Date & Time of Transfer Order 23/6/26 at 11:45 AM
Treating Consultant Dr. Preetham Kumar		Transfer Ordered by Dr. Vishal	Reason for Transfer for observation
From Unit MLU	To Unit (201)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 15	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	1 Baby Iveshes → 1	1	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sis. pooja		Name of Person Ordered Transfer Dr. Vishal	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : 23/6/26 @ 11:45 AM			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs moulika Age : 30yrs Father's Name : Age :
 Date of Birth : 29/6/1995 Date of Admission : 22/6/26 UHID No. :
 NICU Consultant : Dr. Preetham sir Referring Consultant : Dr. Bhavana madam
Transferring Unit : OT Labour Room ER Ward
Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/o moulika Mother's Blood Group : AB Positive
 Gender : M F Blood Group :
 Date of Birth : 23/6/26 Time of Birth : 1:07 AM Birth Weight (gms) : 2.793 kg Length (cms) :
 Place of Birth : RUH, VKP. OFC (cms) :
 Estimated Gesth Age : 39+2 weeks

Current Obstetric History : (Booked) / Unbooked Case)
 Maternal Age : 30yrs Ht : 156cm Wt : 80 kg BMI : Married Life : 7yrs LMP : 20/9/25 EDD : 27/6/26
 Conception : Spontaneous or with Rx. : Spontaneous
 Booked at what GA : Since conception AN Steroids Drugs / Doses :
 Last Scans Details : (16/6/26) -> 2100 (38+3), Plt - Ant, Hgtn.
 TT Immunization and Iron / Folic Acid : given!

MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs Consanguinity : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 H/o PIH (after 20 weeks) / PE How many Drugs / Doses / Since how long : H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : IUGR - when detected : Doppler (Increased Resistance / ADEF / REDF / Redistrubtion in MCA) / Ductus Venosus : AFI : <u>18.7cm</u></p>	<p>H/o GDM/ pre GDM/ on diet or insulin Controlled or not, recent values, HbA1 values : Compliance with Rx : Scans : LGA, TIFFA , Fetal Echo : H/o Hypothyroidism : when diagnosed ? Medication? <u>mother - VSD at birth - medical mx for 5yrs.</u> Any other Chronic Medical Problems, when detected drugs ? <u>Small hepatic hemangioma, N/S scan 2 12+4 weeks NT 17mm, Ct 32mm.</u> (Anemia, SLE, Jaundice, CHD, Heart Disease) <u>fetal 2DEcho (N)</u> Infection : H/O, Fever <u>Influenza vaccine at 17+3 weeks.</u> (<input type="checkbox"/> Malaria <input checked="" type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV) UTI : when : <u>15 weeks</u> Any culture :</p>
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PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :



Baby was delivered via NVD in vertex presentation.

PT/39+2wks / 2.793Kgs / AGA / Female / NVD / CIAB.

HR >100/min, Baby was pink.

Delayed cord clamping done for 1 min

Baby dried & shifted to warmer.

Oro nasal suction done

Investigation details in previous Hospital :

umbilical cord clamped & cut under aseptic conditions.

Feeding History :

Breast milk given.

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

C/T/A (N)

VITALS : Temperature : Euthermic HR : 148/min RR : 48/min NIBP : - CFT : 2 secColor of the extremities : pinkJaundice : - Pallor : - SpO2 : 96% RAAnthropometry : Birth Weight : 2.793 Kg Length : - HC : - Present Weight : 2.793 KgPonderal Index : - AGA : SGA : - LGA : -

HEAD TO TOE EXAMINATION

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

/ (N)

Facies :
(Any Facial
Dysmorphism)

/ no dysmorphism.

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

/ (N)

EYES :

Symmetry :
Red Reflex :
Discharge :

+ → Not done

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

Normal

THORAX and BREASTS :

Shape of Thorax :
Position of Nipples and Number :

1 (N)

ABDOMEN and UMBILICUS :

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

→ 2A, IV

GENITILIA :

Labia / Hymen :
Testicles/penis :
Anus :

→ Normal

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

(N)

EXTREMITIES :

Fingers / Toes :
Deformities :
Hip Joint Examination :

Arms / Legs :
Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : 56/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 : 96% RA Auscultation : PAE (P) Breath Sounds : chest clear Added Sounds :

Cardiovascular System :

HR : 160/min BP :

Precordial Activity :

Femoral Pulses : 1 well felt

Murmurs : (P)

Other Peripheral Pulses :

Signs of Cardiac Failure :

Abdomen :

Shape :

Hernia orifice : - (P)

Palpation : NAD

Anal Patency : - (P)

Palpable masses :

Umbilical Cord : - 2A, IV

Abdominal girth :

First urine passed : → passed

Meconium passed : → NP



Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves : *CPTA @*

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : *B/L symmetrical complete* DTR :

ATNR : Skull and Spine :

Any Congenital Anomalies : *No visible congenital anomalies*

Diagnosis : *FT/39+2weeks / 2.793 Kg / AGA / 1m / Female / NVD / CIAB.*

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : *[Signature]*

Name : *D. Vishal*

Date & Time : *23/6/26 @ 1.30 Am.*

Consultant :

Signature :

Name :

Date & Time :



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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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

*GRBS,
69 mg/dl.*

Discharge Medications: Yes No

Details:

Final Diagnosis:

*DBF 2/6 by x3rd hly,
Warm care, Cord Care
Immunization as per schedule
OAE, NBS, SBR before discharge
Monitor vitals.
Inform soc.*

Doctor Signature:

Doctor Name: *D. Vishal.*

Date & Time:

*[Signature]
Dr. Divyanshu
23/6/26
9 AM.*



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26		
2PM	<u>CLB Resident</u>	
	Term/39+2wks NVD/CLB/2.7931kg	
	M. BA - AB +ve	
		<u>Plan</u>
	O/E CLT/A good	- DBF flb burpy 200y
	WS S/S ⊕	- warm core & Cand
	RS B/CLB ⊕	- vacenabi asperschel
	FA soft	- OAS 7/14
	very stable	TOB asperschel
	CLT/CLB	
	Noted by Dr. Dusa	
	2PM	

[Signature]
 Dr. Dusa

VIH-00206168 IP-00060450
 Baby B/O PANJALA MOULIKA
 23-06-2026 0 Y 0 M 0 D 17 H (F)
 Dr. SURENDER RAO DUSA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 9:30 AM	C/S/B Resident.	
	Term 39+2wks NVP CIAB	2.793kgs female.
HOL: 32 hrs.		
MBU - AB+	O/E	
BBU - A+	Child Alert	on mother's feed
	CTA - good	
	CRT < 3 sec.	
	monitored & equivocal.	
Twt: 2.7kgs.	Cx: (1/1) ⊕	
(↓ 93gm)	U: B/LA ⊕ ⊕	
	P/A: soft	<u>Plan</u>
	CNS: NAD.	- DBF flb burpin
Vaccination done		and hwy
		- OAT - today
Dr. Prakash	Stop Friday	- warmth Cord care.
	TcB - now.	
		- NBS SB2 Bf dle.
		<p>Dr. Surender Rao 24/6/26 11:15 AM</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24.6.26	<p><u>lactation notes (Mrs. Ranjitha)</u></p> <ul style="list-style-type: none"> Experienced Mother Normal breast condition Mother Confidently feeding the baby. Advised to feed every 2hrs More skin to skin To track the feeding in the sheet given flu - 	
10:35am		
		D/W Dr. Surender Rao MD
24/6/26		
11:45pm	TCB - 12.2	
		Adv
		1) d/c today 2) dup - friday.
	<p>mount.</p>	<p>Noted by Deepika 24/6/26 @ 11:45pm</p>



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>FT / 39f 2 weeks / 2.793 kgs / AUA</u> <u>IM / fonde (LVD) - CAB</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: <u>1</u>						
BACKGROUND	Date	<u>23/6/26</u>	<u>23/6/26</u>	<u>23/6/26</u>	<u>23/6/26</u>	<u>23/6/26</u>	<u>24/6/26</u>	
	Shift	<u>N</u>	<u>M</u>	<u>M</u>	<u>N</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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>36.4C</u>	<u>98.6F</u>	<u>98.6F</u>	<u>98.5F</u>	<u>97.9F</u>	<u>98.5F</u>
		Res:	<u>48b/m</u>	<u>42b/m</u>	<u>40b/m</u>	<u>42b/m</u>	<u>41b/m</u>	<u>40b/m</u>
		SpO ₂ :	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>
		Pulse:	<u>142b/m</u>	<u>152b/m</u>	<u>150b/m</u>	<u>146b/m</u>	<u>140b/m</u>	<u>140b/m</u>
		BP:	-	-	-	-	-	-
	LOC:	<u>Comide</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	
	Fall Risk Score:	<u>10</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Skin Integrity	<u>Integrity intact</u>	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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>	<u>DBF</u>	
	Critical Lab Test / Values:	-	-	-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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>	<u>dependent</u>	
Post Operative Procedure Special Orders:	-	<u>DBF</u> <u>2nd help</u>	<u>DBF</u> <u>2nd help</u>	<u>DBF</u> <u>2nd help</u>	-	-		
Handed Over By Name :	<u>Pooja</u>	<u>Kishore</u>	<u>Thani</u>	<u>Prash</u>	<u>Prat</u>	<u>File send</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>to Billing</u>		
Date:	<u>23/6/26</u>	<u>23/6/26</u>	<u>23/6/26</u>	<u>23/6/26</u>	<u>24/6/26</u>	<u>Deepika</u>		
Time:	<u>8 AM</u>	<u>11:45 AM</u>	<u>2 PM</u>	<u>8 PM</u>	<u>8 PM</u>	<u>24/6/26</u>		
Taken Over By Name :	<u>Kishore</u>	<u>Thani</u>	<u>Varsha</u>	<u>Prat</u>	<u>Sumit</u>	<u>@ 11:45 AM</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>			
Date:	<u>23/6/26</u>	<u>23/6/26</u>	<u>23/6/26</u>	<u>23/6/26</u>	<u>24/6/26</u>			
Time:	<u>8 AM</u>	<u>11:45 AM</u>	<u>2 PM</u>	<u>8 PM</u>	<u>8:30 AM</u>			

VIH-00206166 IP-00060450
 Baby B/O PANJALA MOULIKA
 23-06-2026 0 Y 0 M 0 D 17 H (F)
 Dr. SURENDER RAO DJSA



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date							
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
	Pain Score:							
	Skin Integrity							
Recommendations	Safety Needs:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DVT Prophylaxis:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):								
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

VIH-00206186 IP-00060450
 Baby B/O PANJALA MOULIKA
 23-06-2026 0 Y 0 M 0 D 17 H (F)
 Dr. SURENDER RAO DUSA



NURSING CARE RECORD



Date: 23/6/26

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				XIII			
Afternoon							
Night	3AM	Ensure safety	4AM	provide side rails	Baby was safe to prevent fall	Baby is cool	page 9 23/6/26 Dr. 3AM
	7AM	maintain DBF	5AM	liver by every in home	to prevent baby dehydrated	Baby is well hydrated	



NURSING CARE RECORD

Date: 23/6/26

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	8 AM	DBF	8 AM	DBF 2nd hourly	DBF 2nd hourly given	Baby good.	[Signature] 23/6/26 11 AM
Afternoon	2 PM	DBF Ensure Safety maintain. A.B.F		DBF 2 nd hourly provide. the side rails	DBF 2 nd hourly Given to prevent the baby. care	Baby is Good. Taking Feeds	[Signature] 23/6/26 @ 8 PM
Night	9 PM	* maintain. personal hygiene. * ensure safety	9:30 PM	- Provided vacuum and cord care. provided side rails.	- DBF 2 nd hourly given. - prevent infection.	- vitals with hourly checkings.	[Signature] 24/6/26 08 PM



NURSING CARE RECORD

Date:

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	8 AM	* Ensure Safety		* provided side rails.	* prevent fall risks.	* Re-Assessment done baby is safe.	Sunita 24/6/26 9 PM
Afternoon				<u>Discharge Notes</u> Doctor came for rounds Baby is safe Doctor said Baby to get discharged		Deepika 24/6/26 @ 11:45	
Night					Noted by Deepika 24/6/26 @ 11:45		

VIH-00206166 IP-00060450
 Baby B/O PANJALA MOULIKA
 23-06-2026 0 Y 0 M 0 D 18 H (F)
 Dr. SURENDER RAO DUSA



NURSING CARE RECORD



Date:

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							
Afternoon							
Night							

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby B/O PANJALA MOULIKA Age : 0 Y 0 M 0 D 1 H
IP No: IP-00060450 Sex: Female
Consultant: Dr. PREETHAM KUMAR Ward/Bed No: N 2F-LABOUR WARD/CRDL-LW-222-1

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 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.

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: P. Raghu

Relationship: Father

Date: 23-06-2026

Witness Name: P. Raghu

Witness Signature: 

Patient Address:

6-140/1 BIBI NAGAR POCHAMPALLY
ROAD Bibinagar Nalgonda Telangana
INDIA 508126

Time: 12:14 AM

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby B/O PANJALA MOULIKA Age : 0 Y 0 M 0 D 12 H
IP No: IP-00060450 Sex: Female
Consultant: Dr. SURENDER RAO DUSA Ward/Bed No: N 2F-SECOND FLOOR/CRDL-SDLX-201-1

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.

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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:

Panjala Raghu.

Relationship:

Rather

Date:

28/6/2026

Time:

2:10 AM.

Witness Name:

Witness Signature:

Stacy

Patient Address:

6-140/1 BIBI NAGAR POCHAMPALLY
ROAD Bibinagar Nalgonda Telangana
INDIA 508126



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/6/26 Time: 2:45 PM

Doctor/Nurse/Family Concern?

Temperature
 (°F)

104
103
102
101
100
99
98
97
96
95
94

98.4 98.4 98.4

Heart Rate
 (bpm)

and

Blood Pressure
 (mmHg) *

Note:
 BP does not score
 in early
 warning scoring

190
180
170
160
150
140
130
120
110
100
90
80
70
60
50

142 148 150

Heart Rate (Number)

Resp. Rate (bpm)
 (Over 1 Minute) *

70
60
50
40
30
20
10

42 41 41

Resp Rate (Number)

Resp Mod/ Severe
 Distress None / Mild

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

Conscious Normal
 Level Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

42 51 41

✓

✓ ✓ ✓

✓ ✓ ✓

✓ ✓ ✓

6 6 6

0 0 0

P P P

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.

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)

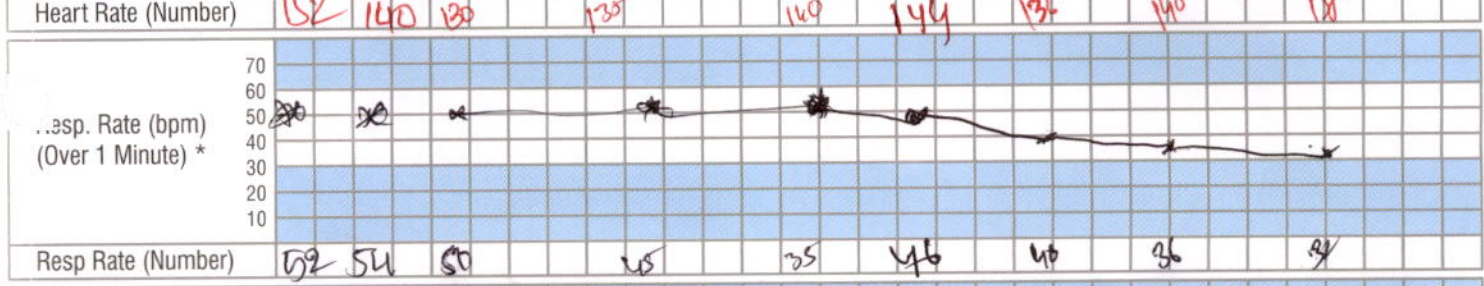
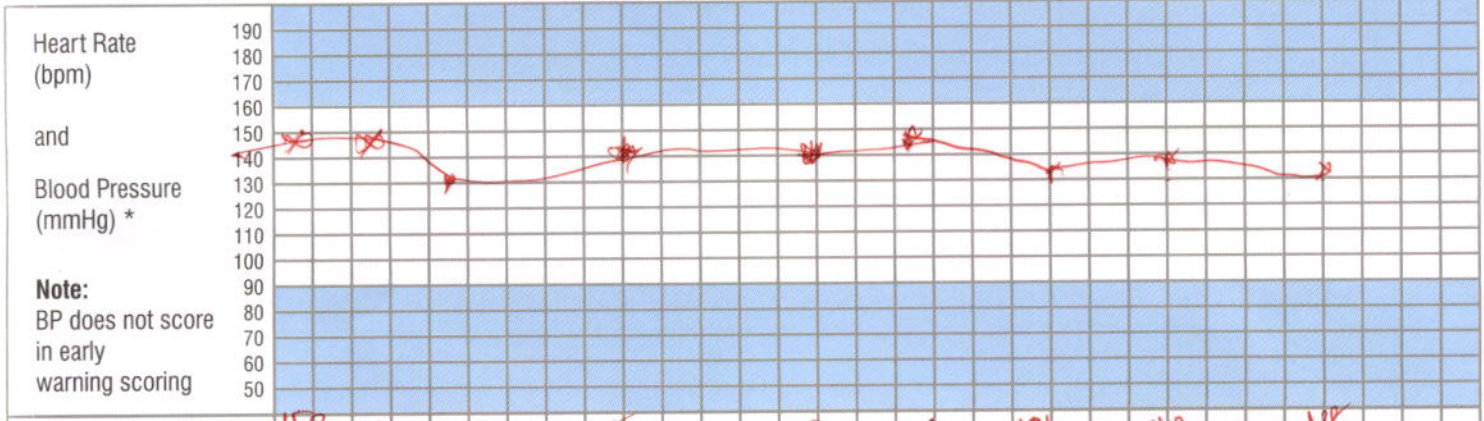
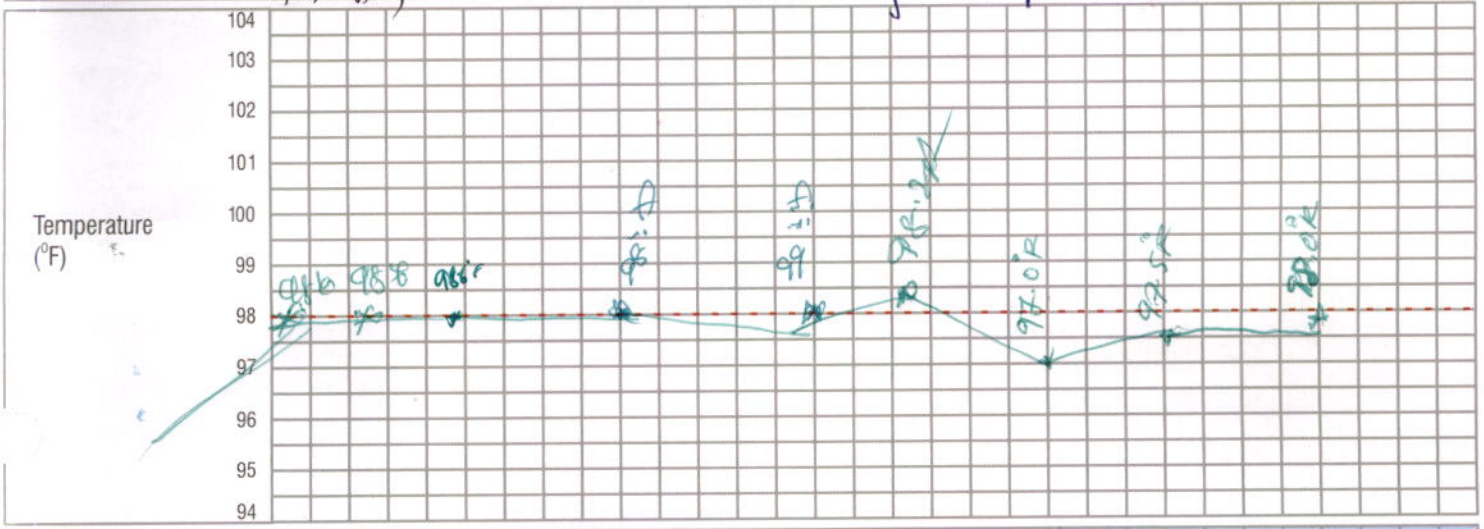


INFANT (<1 year)
 Children's Observation &
 Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 23/6/26 Time: 8 10 2pm 3 5 7 11 3 7
 Doctor/Nurse/Family Concern? Am Am Am Am Am Am Am Am Am



Heart Rate (Number) 152 140 130 135 140 144 134 140 138

Resp. Rate (Number) 52 54 50 45 35 46 40 36 34

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 09 09 09 09 09 09 08 09 08

Conscious Level Normal / Altered

GCS *

TOTAL SCORE

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 [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature]

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

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Date	Time	Early Warning Score	Date	Time	Name

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

VIH-00206166 IP-00060450
 Baby B/O PANJALA MOULIKA
 23-08-2026 0 Y 0 M 0 D 17 H (F)
 Dr. SURENDER RAO DUSA

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

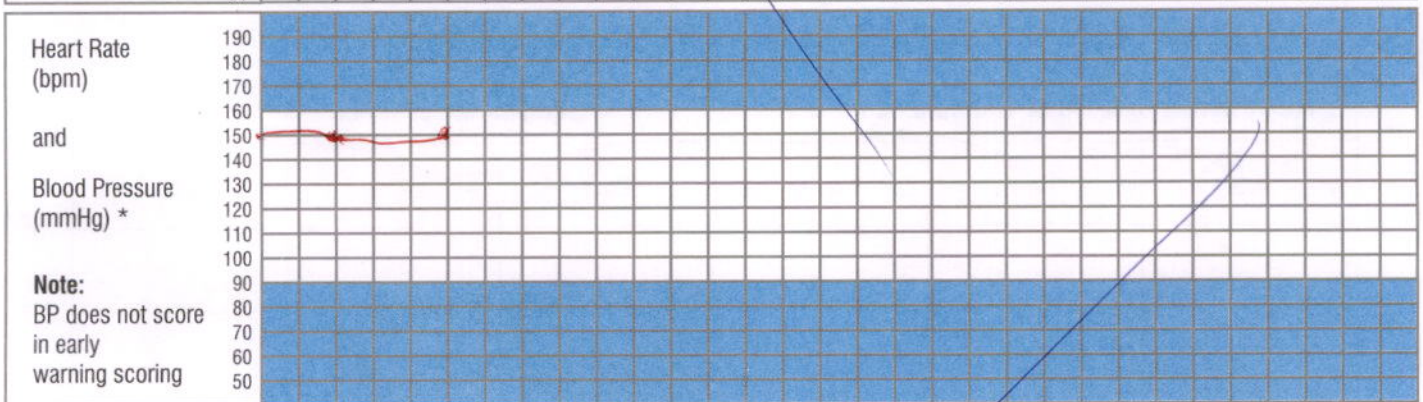
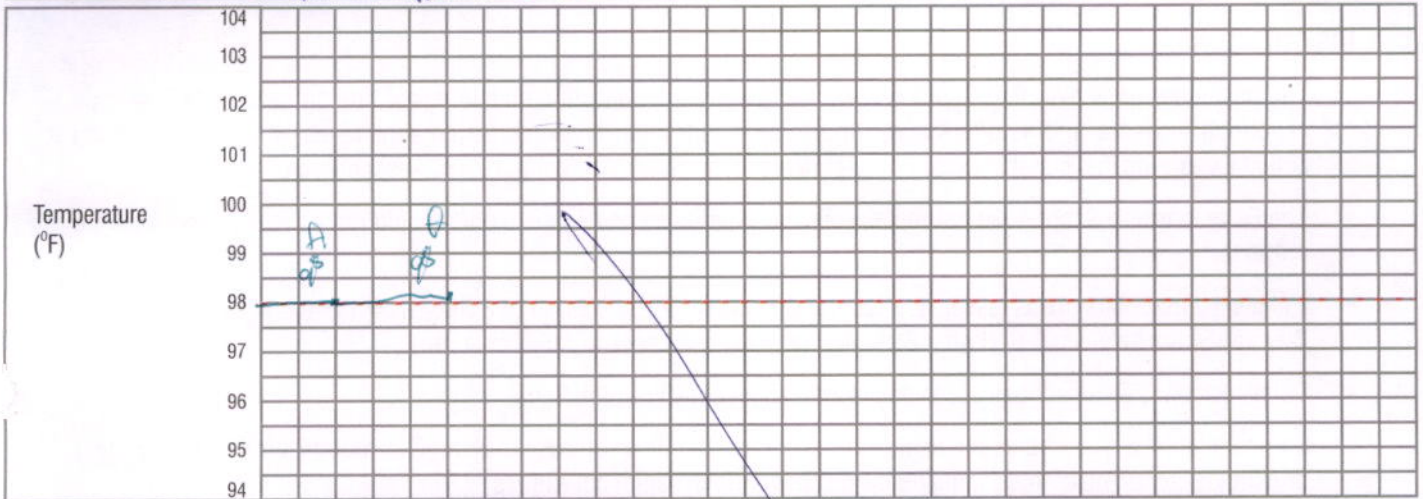
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



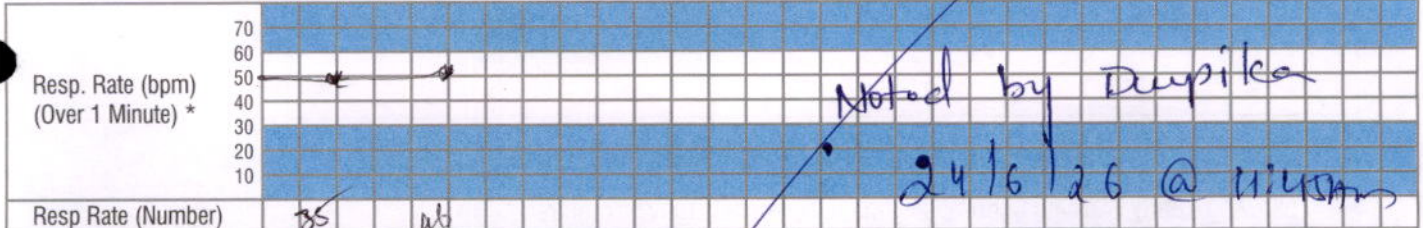
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 24/6/26 Time: 10:15

Doctor/Nurse/Family Concern? Am Pm



Heart Rate (Number) AM: 149 PM: 138



Resp Rate (Number) AM: 35 PM: 46

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) AM: 98 PM: 98

Conscious Level Normal / Altered AM: ✓ PM: ✓

GCS *

TOTAL SCORE Number of shaded boxes AM: 0 PM: 0

Pain Score AM: 0 PM: 0

Observer's Initials AM: [Signature] PM: [Signature]

- 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.

VIH-00206168
 Baby BIO PANJALA MOULIKA
 23-06-2026 0 Y 0 M 0 D 18 H (F)
 Dr. SURENDER RAO DUSA
 IP-00080450

OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00206166 IP-00060450
 Baby B/O PANJALA MOULIKA
 23-06-2026 0 Y 0 M 0 D 6 H (F)
 Dr. PREETHAM KUMAR



FLUID CHART

Sheet No. : ①

- 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												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
23/6/26	02:00 am	DBF											
	03:00 am												
	04:00 am	DBF											
	05:00 am												
	06:00 am	DBF											
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake	
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Total 24 hrs. Output	
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FLUID CHART

Sheet No. : 2

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			
23/6/26	08:00 am												
	09:00 am	DBF								✓	0	} 23/6/26 11am	
	10:00 am										0		
	11:00 am	DBF					✓			✓	0		
	12:00 pm										0		
	01:00 pm										0		
Total Intake :						Total Output :							
23/6/26	02:00 pm	DBF								✓	0	} Washed 23/6/26 @ 8pm	
	03:00 pm												
	04:00 pm	DBF								✓			
	05:00 pm												
	06:00 pm												
	07:00 pm	DBF					✓						
Total Intake :						Total Output :							
23/6	08:00 pm											} 23/6/26 at 11pm	
	09:00 pm	DBF											
	10:00 pm									✓			
	11:00 pm	DBF					✓						
	12:00 am												
	01:00 am	DBF											
Total Intake :						Total Output :							
24/6	02:00 am									✓		} 24/6/26 at 8am	
	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-00206166 IP-00060450
 Baby B/O PANJALA MOULIKA
 23-06-2026 0 Y 0 M 0 D 18 H (F)
 Dr. SURENDER RAO DUSA



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	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
24/6/26	08:00 am		DBP							✓		Sumitras 24/6/26 @ 2pm
	09:00 am											
	10:00 am						✓					
	11:00 am		DBE									
	12:00 pm											
	01:00 pm		DBP									
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

