

ANC-00016293

IP28-00004580

Baby Of PREETHI PM

15-06-2026

0 Y 0 M 2 D

(M)

Dr. SHOBANA RAJENDRAN



DISCHARGE TRACKING SHEET

FLOOR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	17/6/26 9am		<i>[Signature]</i> 07/06/26	
Activity Sheet updated by Pharmacy		6:57 Am	<i>[Signature]</i>	

ACTIVITY RECORD FOR BILLING

Name: ANC-00016293 IP28-00004580
 Baby Of PREETHI PM 0 Y 0 M 0 D 3 H (M)
 15-08-2026
 Dr. SHOBANA RAJENDRAN
 UHID No:
 Date of Admission: Time:
 Room / Bed No: Ward:
 Consultant: Dept:
 Date of Discharge: Time:
 Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/8/20	2 pm	ICU	M Hood	PRD 21/10

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
15/6/26	1. Blood Grouping 2. Hemoglobin 3. Bilirubin (Indirect/ Direct 4. Reticulocyte count 5. Direct coombs test	7947	PB
15/6/26	FBs		
16/6/26	TCB	71757	B
17/6/26	NBS	7982	SS
17/6/26	OAc	50908 800	Dun
		50908	Dun

}



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26	<u>S/B Dr Sugima</u>	
6am	Term (38+1wks) /	LSCS / AGIA / Boy / 2.8kg [
		Rh -ve preg
	(+) Color, tone, activity	
	<u>Vitals stable</u>	Chest - NBAR (+)
		CVS - S1S2 (+)
	CRT LSSacc.	PA - Soft, NT
	Urine ✓	
	Meconium x	
		<u>Adm</u>
		- Vaccination, RP today
	16/6/26	
16/6/26	<u>S/B Dr. ARMINA. C</u>	
9:30am	Term / AGIA / LSCS / boy /	b.wt = 2.880 kg /
		Rh (+) history
	Mother = 'B' (-)w	DOL - 23 hrs
	, baby = 'B' (+)w	T.wt = 2.7 kg
		(↓ 180 gm)
		(6.2 - 1 wks)
		TCB → 9.3
		✓ 8.7



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/24	baby well	
9:30am	Warm, Pink	
	Menaemic	
	on DBP p2 - 3 rd hly	
	G-5	
	M-1	
	S/E. alert, active	
	Vital. stable	
	S/E. CVS: S, S ⊕ / M ⊖	
	Mx. left; umbilical site - healthy	
	CVS. AF = e lead	
	Tm ⊕	
	RS: clear	
	<u>Plan:</u>	
	- Warm	
	- DBP p2 - 3 rd hly	
	- Vaccination / Red Reflex today	
	- NBS / OAT / 4 hly S ₂ tomorrow	
	or TV	
	- KIDNEY D3 0.5ml	Punier 114302
	✓ B/L Red Reflex ⊕	
	✓ Vaccination - done	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26	S/B Dr. Shobana	
	Baby well	
	Alert	
	Feak	
	to	
	Coarctation	
	DBF	
	VIT DO 5ml/day	
	S Shobana	
16/6/26	S/B Dr. Anesh	
6:50pm	Baby reviewed	
	Feeding well	
	Panicum stool only	
	Cry	
	Tone (N)	
	Activity	
	Baby pink	
	Pulse well felt	
	Vitals stable	
	S/E (N)	
		Anesh
		163765



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26 9am	Dr. Shobana	
	DBF not voiding - formula & - Saturday	Rf Aled
17/6/26 9:05am	Dr. Malini	
	Term 38+1 weeks LSCS Boy 2.8kg Rh negative Pregnancy	
	MBG - B-ve	DOL - 23hr
	BBG - B+ve	Birth wt - 2.88kg
	Urine ✓	Today wt - 2.58kg
	meconium ✓	10.4% wt loss
	O/E Baby pink	
	normotheoric	
	TCB - 12.6	Vital stable
	(not in range)	CVS - GSF
		RS - BAF +
		P/A - soft
		CNS - AF
	plan	
	→ DBF, if urine not voiding - formula	OGH
	→ Renew on Saturday	
	→ Discharge today	[Signature]



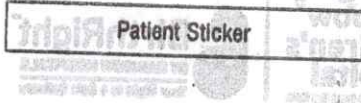
B/a Praveen



Sheet No: (1) **REGULAR PRESCRIPTIONS** Weight 2.700g Ward MF/022

DRUG : <u>KIDNEY D3 DROPS</u>				Date-Time <u>16/6</u>
Dose <u>0.5ml</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Dt. <u>16/6/26</u>	<u>am</u>
Name & Signature of the Doctor Starting the Drugs: <u>Praveen</u>				
Additional Instructions: <u>(1ml / 800 IU)</u>				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date-Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date-Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date-Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED BY : Name Signature



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG :				Date- Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG :				Date- Time																
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Name & Signature of the Doctor Starting the Drugs:																				
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VERIFIED BY : Name Signature

ACQUIRED 84 - 10808

ANC-00016293
 Baby Of PREETHI PM IP28-00004580
 15-06-2028 QYOMOD3H (M)
 Dr. SHOBANA RAJENDRAN



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/a preethi Mother's Name: Mrs Preethi
 Date of Birth: 15/6/28 Time of Birth: 10:35 AM Gender: Male Female
 Birth Weight: 2.880 Kgs HC: 36 cm Length: 47 cm
 Meconium in Liquor: Yes No Cried at Birth: Yes No
 Term / Pre-term / Post-term: Blood Group: Mother: B Negative Baby:
 Resuscitated: Yes No First Feed Time:
 Feeding: Breast Feeding Formula Both

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication:

Physical Assessment of New Born:

Temp: 98.61 °C HR: 130 /Min RR: 56 /Min BP: - SpO₂: 100

Pain Score: 4 (Follow N Pass)

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

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

Behaviour Status on admission: Sleeping Crying Calm Drowsy

Findings:

General Appearance: Posture: Well-Flexed Asymmetry

Skin: Pink Meconium Stain Others, Specify:

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

Vitamin K 1 mg I.M Administered: Yes / No

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / ~~No~~

1. Nutritional Screening: Feeding Problem Yes / ~~No~~

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / ~~No~~

3. Socio History: Siblings Yes / ~~No~~

All information obtained from Mother Father Other Family Member

Newborn Screening Discussed: Yes / ~~No~~

Nurse Name: P. Ananya Signature: P. Ananya Date & Time: 15/6/28 at 11 AM



Department of Health and Human Services

NEWBORN - 48 HRS
ASSESSMENT

Which and tick mark (✓) the boxes as appropriate
Name: [illegible]
Date of Birth: [illegible]
Sex: [illegible]
Weight: [illegible]
Length: [illegible]
Head Circumference: [illegible]
Temperature: [illegible]
Heart Rate: [illegible]
Respiratory Rate: [illegible]
Blood Pressure: [illegible]
Oxygen Saturation: [illegible]
Other: [illegible]

APGAR 1: [illegible]
APGAR 5: [illegible]
A1: [illegible]
A2: [illegible]
A3: [illegible]
A4: [illegible]
A5: [illegible]
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Signature: [illegible]
Date: [illegible]
FOR THE [illegible]

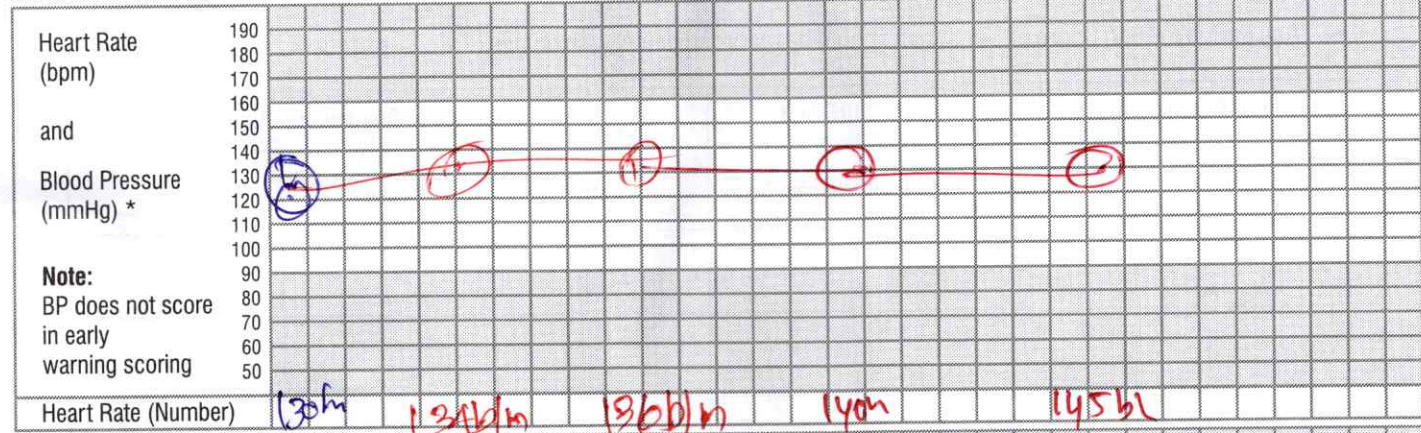
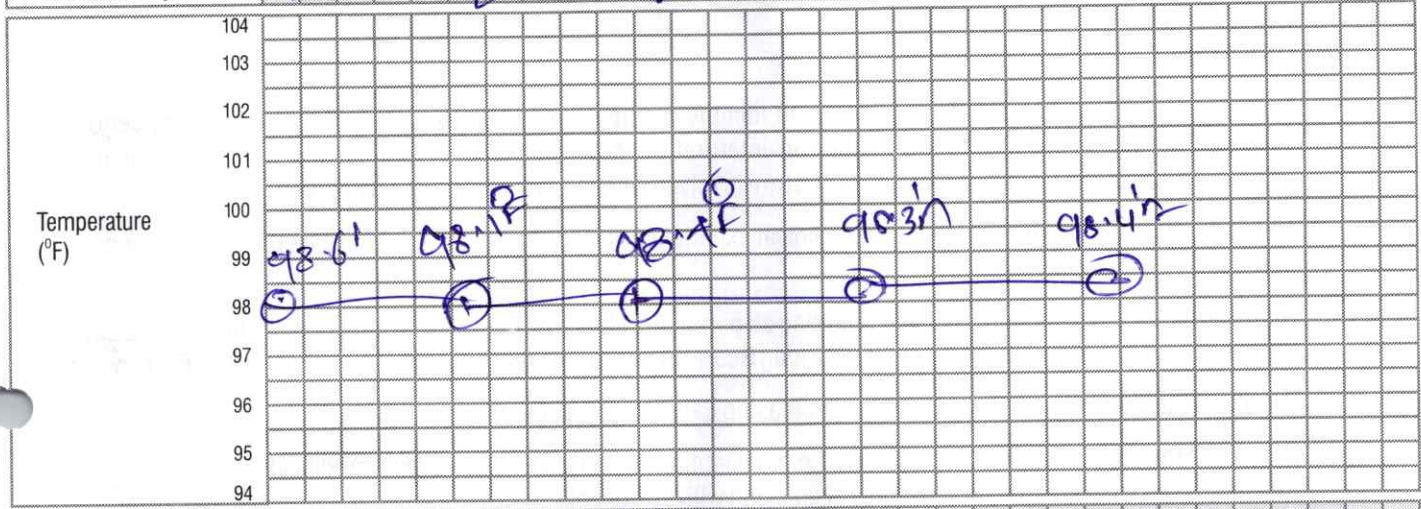


INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

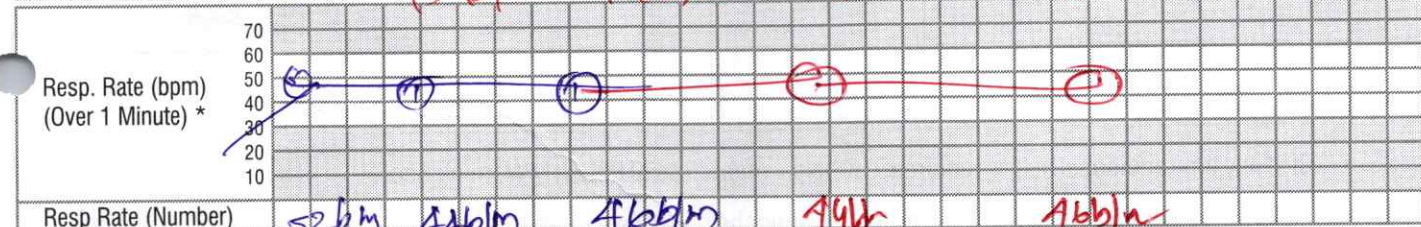


EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 15/6/21 Time: 12M 4PM 8PM 12am 4am
 Doctor/Nurse/Family Concern?



Note:
 BP does not score in early warning scoring



Resp Mod/ Severe Distress None / Mild	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Receiving O ₂ (l/min)	100%	0%	0%	0%	0%
O ₂ Saturations (%)	100%	98%	98%	98%	99%
Conscious Level Normal / Altered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	0/5	0/5	0/5	0/5	0/5
Number of shaded boxes	0/5	0/5	0/5	0/5	0/5
Pain Score	0/2	0/2	0/2	0/2	0/2
Observer's Initials	RR	RR	RR	RR	RR

ACTIONS

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

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

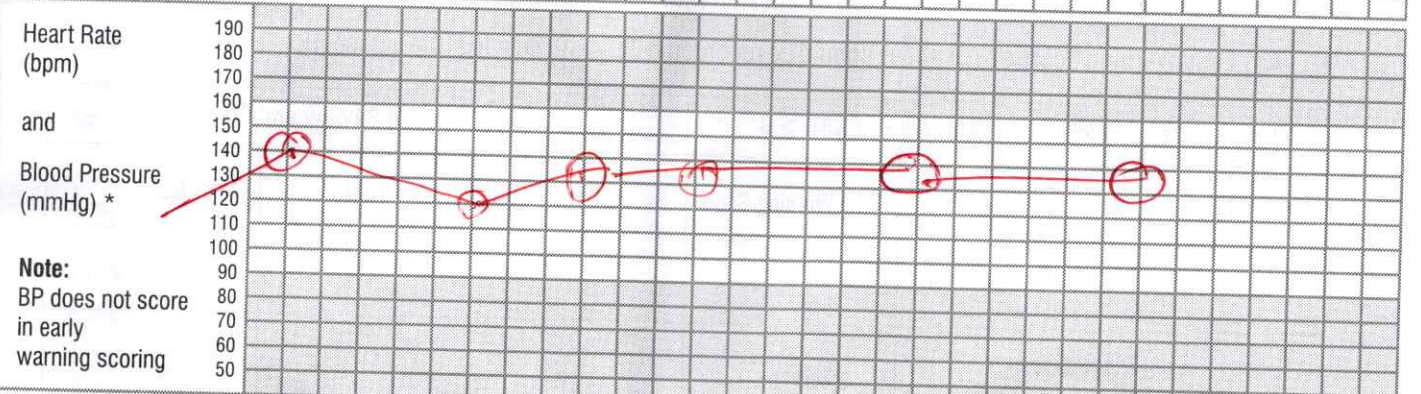
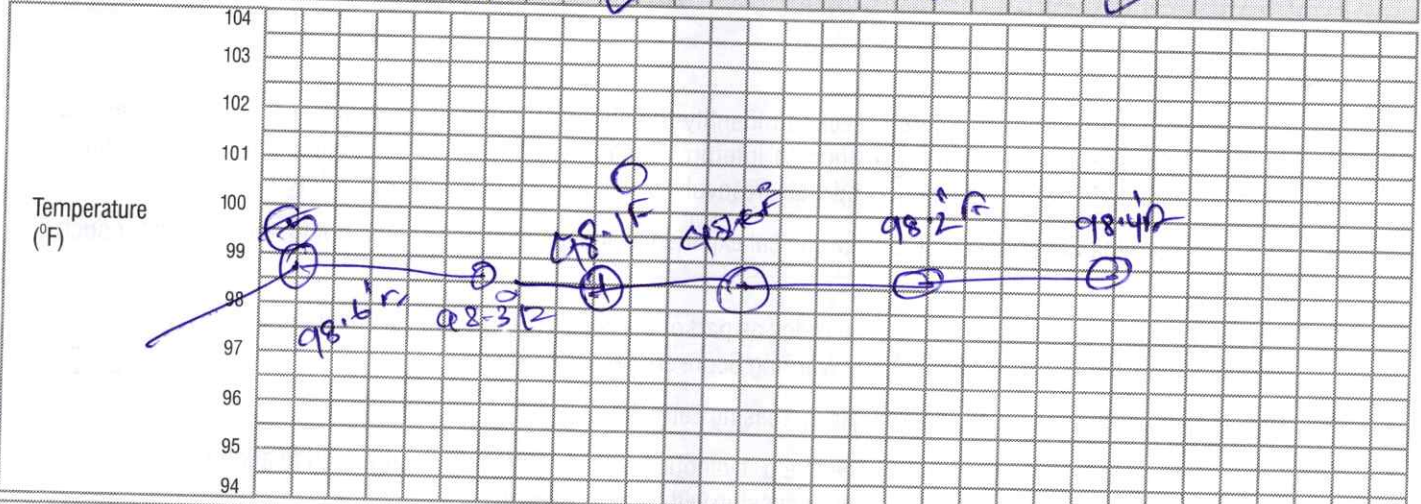
I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection).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

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

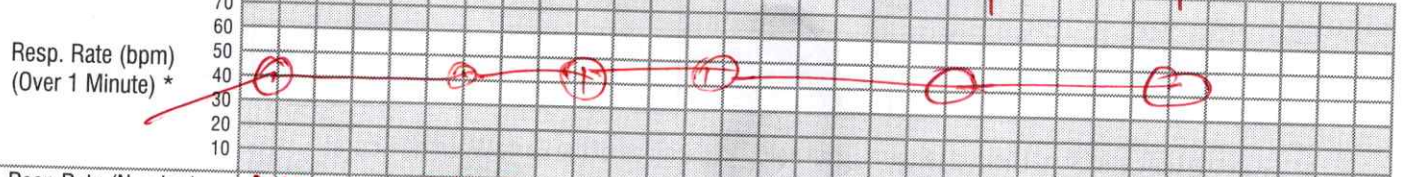


EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 16/6/26... Time: 7am 12pm 4pm 8pm 12am 4am
 Doctor/Nurse/Family Concern?



Heart Rate (Number) 140b/m 120b/m 135b/m 135b/m 140b/m 142b/m



Resp Rate (Number) 40b/m 40b/m 40b/m 40b/m 40b/m 42b/m

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal / Altered

GCS * 4/5 15/15 15/15 15/15 4/5 4/5

TOTAL SCORE Number of shaded boxes 0/1 0/1 0/1 0/1 0/1 0/1

Pain Score 0/0 0/0 0/0 0/0 0/0 0/0

Observer's Initials [Signature] [Signature] [Signature] [Signature] [Signature] [Signature]

- ACTIONS**
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
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ANC-00016293
 Baby Of PREETHI PM
 15-08-2026
 Dr. SHOBANA RAJENDRAN

IP28-00004580
 OYOMOD3H (M)



CH/ FRM / CLINICAL / 124

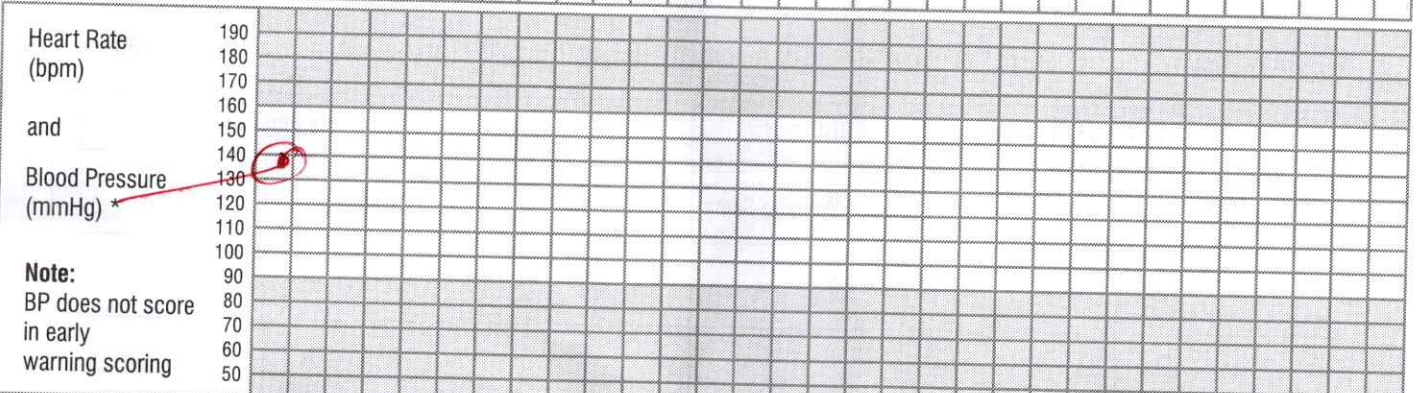
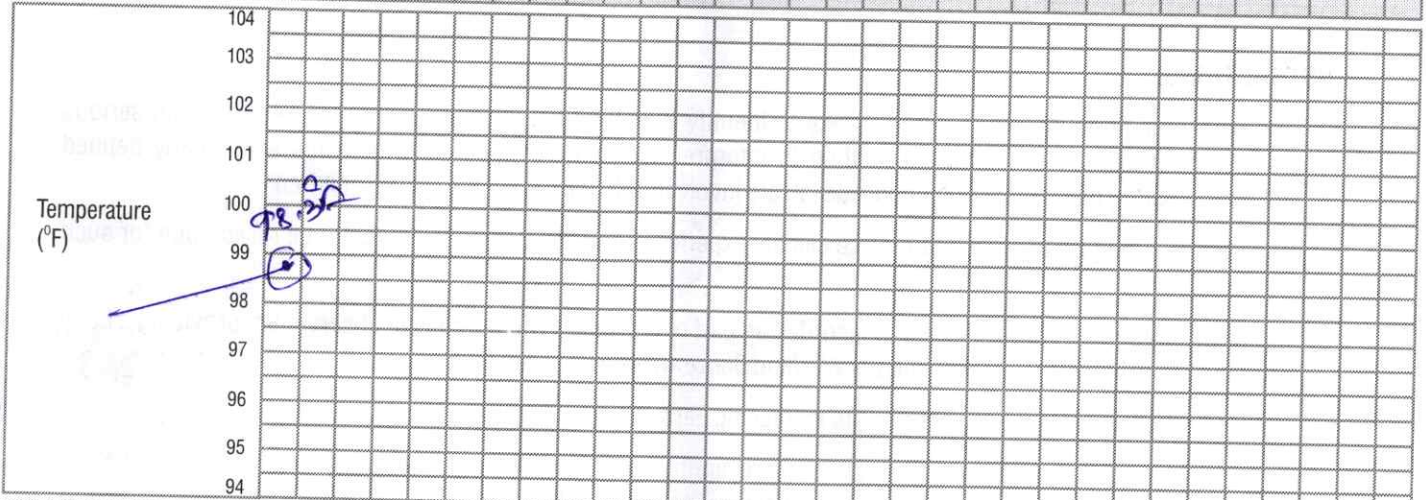
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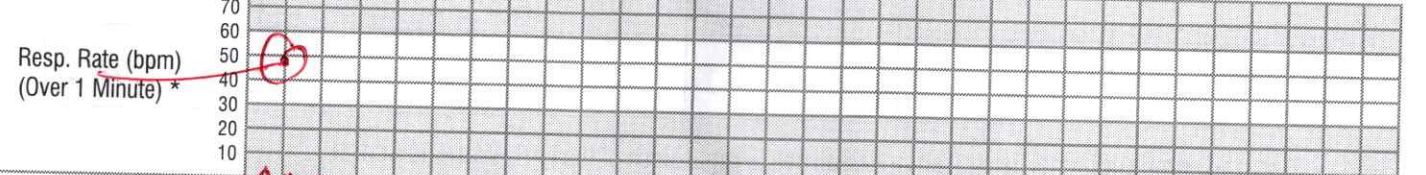
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 17/8/26 Time: 7am

Doctor/Nurse/Family Concern?



Heart Rate (Number) 144b/m



Resp Rate (Number) 44b/m

Resp Distress: Mod/ Severe None / Mild

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

Conscious Level: Normal Altered

GCS * 4/m

TOTAL SCORE Number of shaded boxes 0/1

Pain Score 0/10

Observer's Initials [Signature]

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