Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

VIH-00205813 IP-00060357
Baby B/O S VASUDHA
11-06-2026 0 Y 0 M 4 D (F)
Dr. SURENDER RAO DUSA

Nai ----------

UHI ---------- Consultant : ---------- Dept : ----------

Date of Admission : ~~15/06/26~~ -- Time : ~~8:47pm~~ Date of Discharge : ---------- Time: ----------

Room / Bed No : ~~205~~ ---------- Ward : ~~205~~ ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/06/26	8:40pm	ER	205	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
	SBR	26020537	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/6/26	DSPS	15/06/26 @ 9:30pm	16/6/26 1pm.	3090652	
	Name:- P Sai Rajparadu Sharma				
	date:- 15/6/2026				
	Time:- 9:30pm				
	Signature:- P.S.R.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
16/6/26	FEOAE	1	3090808	

ANY OTHER INFORMATION

Date : 16/6/26 Time : 11 AM Prepared By : Srishna.

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sughosh	16/6/26 11 AM.		

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Name	Baby B/O S VASUDHA	**UHID**	VIH-00205813
Father/Guardian	Mr SAI RAGHAVENDRA SHARMA	**Age/Gender**	0 Y 0 M 5 D/Female
Address	FLAT NO 404, SMR MAJESTIC, JUPITER COLONY, ROAD NO 2, BOENPALLY, Bowenpally, Hyderabad, Telangana, INDIA, 500011		
IP No	IP-00060357	**Admission Date**	15-06-2026
Ref Doctor	DR.BHAVANA K	**Discharge Date**	16-06-2026

DISCHARGE SUMMARY

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

Diagnosis: Neonatal hyperbilirubinemia

History: Baby of S. VASUDHA is a 5 days old term, baby girl delivered by by Emergency Lower Segment Cesarean Section (Indication : Non progression of labour) on 11.06.2026 at 02:08 pm with birth weight of 3.09 kgs. Baby cried immediately after birth. On day-4 of life, baby was found to have yellowish discolouration of skin and eyes. For the above complaints, she was investigated on OPD basis. In view of jaundice, she was admitted to Rainbow Children's Hospital for further management.

OPD basis investigations: Serum bilirubin was 17.2 mg/dl with direct fraction of 0.2 mg/dl and indirect fraction of 17.0 mg/dl.

Examination: She was euthermic, euvolemic & maintaining saturations at room air. HR- 134/min, RR- 30/min. Icterus was present. Chest was clear with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight on Admission : 2.97 kgs.
Weight on Discharge : 2.89 kgs.
Mother blood group : "B" Positive
Baby blood group : "B" Positive

Investigations: Enclosed.

Management: She was admitted in ward. She was started on double surface phototherapy. Baby was continued on demand breast feed. Hearing screening (OAE) was normal.

Her serum bilirubin gradually decreased and her repeat bilirubin at the time of discharge is 10.7 mg/dl with indirect fraction of 10.5 mg/dl, hence phototherapy stopped. She remained hemodynamically stable and is being discharged with the following advice.

At the time of discharge : Baby was active, afebrile, hemodynamically stable, maintaining temperature, accepting & tolerating feeds well.

Advice:

1. Warmth care.
2. Exclusive breast feeding.
3. Burping after each feed.
4. Immunization to be given as per schedule.
5. Vitamin D3 drops (1ml=800 IU), 0.5 ml once daily till 1 year of age.
6. Kindly consult Dr. Surender Rao Dusa, Senior Consultant Pediatrics, after 10 days in OPD with prior appointment (This consultation will be charged).

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

In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 7337357870 for lethargy, respiratory distress, refusal of feeds, decreased activity, seizures, jaundice, feeding difficulty.

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

Name : P. Sai Raghavendra Sharma Signature : P.SR.Sharma

Relationship with patient : Father

This summary has been explained by :

Summary prepared by: Dr. Sameera
Typist : Kalyan/Younus

Registrar/Resident/C.M.O

Dr. Sameera

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

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00205813 IP-00060357
Baby B/O S VASUDHA
11-06-2026 0 Y 0 M 5 D (F)
Dr. SURENDER RAO DUSA

Patient N:

IP.No:

Ward:

DOA: 16/6/26

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	—	—	
2	Discharge Summary				
3	Nursing Initial assessment form	1	—	—	
4	Patient Trasfer Forms	1	—	—	
5	In-patient Medical Record	3	—	—	
6	Doctors Progress Sheets	2	—	—	
7	Nurses Progress notes	2	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	1	—	—	
10	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
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	2	—	—	
26	Intake and Output chart (fluid Chart)	2	—	—	
	Drug Chart (Regular prescription)	3	—	—	
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				
	Emergency Triage form	1	—	—	
	the Humpty Dumpty	1	—	—	
	Pain assessment	1	—	—	
	Checklist for thrombophlebitis	1	—	—	
	Braden Scale	1	—	—	
	Others	1	—	—	
	Total No. of Pages	31			

Signature and Date : 16/6/2026

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060357 **Admit Date** : 15-Jun-2026 **Admit Time** : 07:47 PM **UHID** : VIH-00205813

Patient Details :

Patient Name	: Baby B/O S VASUDHA	**Age**	: 0 Y 0 M 4 D
Guardian	: Mr SAI RAGHAVENDRA SHARMA	**DOB**	: 11-06-2026 02:08 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO 404, SMR MAJESTIC, JUPITER COLONY, ROAD NO 2, BOENPALLY Bowenpally Hyderabad Telangana INDIA 500011	**Phone No**	: 8008203330/ 8523094921
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 102 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name : Mr SAI RAGHAVENDRA SHARMA **Relationship** : Father

Contact Address : FLAT NO 404, SMR MAJESTIC, JUPITER COLONY, ROAD NO 2, BOENPALLY Bowenpally Hyderabad Telangana INDIA 500011 **Phone No** : 8008203330

Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : DR.BHAVANA K **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

Patient Name : B/O. S VASUDHA UHID : VIH-00205813 IPD : IP-00060357 Gender : Female Age : 0 Y 0 M 4 D

VIH-00205813 IP-00060357
Baby B/O S VASUDHA
11-06-2026 0 Y 0 M 4 D (F)
Dr. SURENDER RAO DUSA

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EMERGENCY ROOM TRIAGE FORM

Wt : - 2 . 97 kg

Patient's Name : B/O. Vasudha Age : 4 Days Gender: ☐ Male ☑ Female

Date : 15/6/26 Time of Arrival : 7:51PM

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): — ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) —

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 96.7°F PR: 124/m BP: 62/38(47) RR: 39 b/m SpO2: 98%

Chief Complaints: C/O. Yellowish discoloration of skin

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding
Yellowish

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☑ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

P S R. Signature of Parent / Guardian

Triage Completion Time : 7:55pm

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No
   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Vaishnavi

Signature of Triage Nurse : Vaishnavi

Date & Time : 15/6/26 @ 7:55pm

Docu. No. : RCH /FRM / CLINICAL / 085

Patient Name ... DHA UHID : VIH-00205813 IPD : IP-00060357 Gender : Female Age : 0 Y 0 M 4

VIH-00205813 IP-00060357
Baby B/O S VASUDHA
11-06-2026 0 Y 0 M 4 D (F)
Dr. SURENDER RAO DUSA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 15/6/26 Time of arrival : 1:56pm

Chief Complaints: c/o. Yellowish discoloration of skin RBS: –

Height : – Weight : 2.9Kg BMI : – Head Circumference (<2 years) 33 cm.

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: –

If yes , identify –

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0 Pain Tool Used: ☑ N Pass ☐ FLACC ☐ Wong Baker

☐ Character – ☐ Location – ☐ Frequency – ☐ Duration –

RISK FOR FALL:

☑ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: – (Date/Time): –

Social History: Lives With Parents

Siblings in household ☐ Yes ☑ No (if yes How Many?) –

Time of Initial assessment completed by ER Nurse : 1:59pm

Patient Name : B/O. S VASUDHA UHID : VIH-00205813 IPD : IP-00060357 Gender : Female Age : 0 Y 0 M 4 D

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
7:51 Pm	- Patient Came to ER
7:55 Pm	Vitals checked & Recorded
	- ER doctor seen the patient & Advised Admission
8 Pm	- Admission done
	- SBR Done on OP Basis. SBR < 19 mg/dl
8:40 Pm	- shifted to Room [205]

Samples collected by: } - Time: } -

Samples sent by : } - Time: } -

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
			Nil		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 134 b/m BP: Crytzy CFT: <3sec	Shift - out from ER to: 205
RR: 33 b/m SPO_2 : 100 %	Time of Shift - out: @ 8:40 pm on 15/6/26
GCS: 15 15 Temperature : 97.4 F	Handover given to: Sr. Nirsha (Nurse's Name)
Pain Score: 0	by Sr Revathy
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse : Revathy Signature of the Nurse :

Date & Time : 15/6/26 @ 8:40 pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00205813 IP-00060357 Baby B/O S VASUDHA 11-06-2026 0 Y 0 M 4 D (F) Dr. SURENDER RAO DUSA	15/06/26 @ 7:47pm	15/06/26 @ 8:40pm
	Transfer Ordered by Dr-prashanthi	Reason for Transfer Admission
From Unit E.R.	To Unit 205	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File (21)	Number of Imaging Films –	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ? O.P file Given to Vasudha

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr. prashanthi	Dr. Prashanthi

Patient & Clinical Records Received by : Parshanth

Date & Time of Patient Received :

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00205813 IP-00060357
Baby B/O S VASUDHA
11-06-2026 0 Y 0 M 4 D (F)
Dr. SURENDER RAO DUSA

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00205813 IP-00060357
Baby B/O S VASUDHA
11-06-2026 0 Y 0 M 4 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Information given by: ______ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

c/o yellowish discolouration of eyes & skin.

History of present illness :

Child was brought c/o yellowish discolouration of eyes & skin.
↓
progressed till the level of umbilicus.

MBG -

BBG -

SBR
TB → 17.2 mg/dL
CB → 0.2 mg/dL
UCB → 17.0 mg/dL

No h/o fever, cold, cough.

VIH-00205813 IP-00060357
Baby B/O S VASUDHA
11-06-2026 0 Y 0 M 4 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Past History : (Including details of any previous investigation or treatment)

Not significant.

Birth & Neonatal History:

Birth & Socio Economic History:

About Father :
About Mother : } class III
Any additional Information :

Developmental History :

(N).

Immunization History :

Immunised As per age - OPV, HepB, BCG given.

(P.T.O.)

VIH-00205813 IP-00060357
Baby B/O S VASUDHA
11-06-2026 0 Y 0 M 4 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) ______ (Centile ______) Height (cms): ______ (Centile) ______)

Weight (kgs)) ______ (Centile ______)

On Examination :

Temperature : ______ Pulse Rate : ______ B.P. ______ SPO2 ______

Resp.rate and type of breathing : ______

Rash ______

Lymphadenopathy ______ Icterus (+)

Oedema : ______ (P) hilltu hug umbilicus.

Allergies (if any): ______

Respiratory System :

Inspection (any s/o distress) : Ø

Air entry & breath sounds : B/L AE (+)

Any addes sounds : Ø

Relevant data from outside (Chest X-Ray, ABG,etc.,) ______

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : Ø

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : ______

Per Abdomen :

Inspection (N)

Palpation : P/A soft

Ausculation : ______

Spine : (P) External Genitelia : (N)

Relevant data from outside (CT, USG etc.,) ______

VIH-00205813 IP-00060357
Baby B/O S VASUDHA
11-06-2026 0 Y 0 M 4 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert 15/15

Cranial Nerves : (N)

Motor System:

Nutriton :

Tone: Power R 3/5 L 3/5

Co-ordinator :

Posture :

Involuntary Movements : (-)

Reflexes :

DTR **Superficials:** +nt.

Plantars Extensors.

Sensory System :

(N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

NNHB.

(P.T.O.)

VIH-00205813 IP-00060357
Baby B/O S VASUDHA
11-06-2026 0 Y 0 M 4 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

To prevent kernicterus.

Desired goals of the treatment : To treat the symptoms

Planned Labs:

Repeat SBR T/m @ 10 Am.

Noted by Sr [illegible] @ 8:30 pm 15/8/26

Planned Management

- Start DSPT
- Warmth care
- Demand oral feeds.
- Monitor vitals
- Inform (SOS).

Signature of the Doctor: [signature]

Name of the Doctor: Dr prashanth.

Date & Time: 15/6/26 8:10 PM.

Signature of the Consultant: [signature]

Name of the Consultant: [signature]

Date & Time:

Dr. Surender Rao Dusa
Reg. No: 477[illegible]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26 3:30 Am	C/S/B NICU fellow	
	C/O: Jitteriness in B/L lower limbs x 1hr.	
	Baby seen	
	Child in DSPT	
	B/L lower limb - cold on touch.	
	Pos	Adv
		- Cover Baby Completely with cloth.
		- Reassess after 1hr.
		- Reassurance given.
		- Inform SOS.
		D Vishal.
		noted by Sushila 16/6/26 at 12pm

VIH-00205813 IP-00060357
Baby B/O S VASUDHA
11-06-2026 0Y0M5D (F)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Registrar	
16.6.26 9.00am		
	NNHA	
	On DSP7	
	o/e baby warm	
	cry	
	tone } (N)	
	activity }	Plan
	CVS - S1 S2 (+)	→ DBM + FF
	RS - BAE (+) clear	→ SBR after rounds
	P/A - soft	→ Warm care
		→ D/c
	Y. wt : 2.97 kg	
	T. wt : 2.89 kg (↓81gm)	
	Sameer (Dr. Sameer)	
		Dr. Surender Rao Dusa Reg. No. [illegible] 16/6/26 11:24AM
		noted by sushila 16/6/26 at 12 PM

VIH-00205813 IP-00060357
Baby B/O S VASUDHA
11-06-2026 0 Y 0 M 4 D (F)
Dr. SURENDER RAO DUSA

M / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 15/6/26 Time:	9	12	21	7
Doctor/Nurse/Family Concern?	Pra	Am	Am	Am
Temperature (°F)	98.2 F	98.2 F	98.1 F	98.1 F
Heart Rate (bpm) and Blood Pressure (mmHg) *				
Heart Rate (Number)	135	130	142	141
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	45	42	39	44
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2 (l/min) O_2 Saturations (%)	98	99	100	99
Conscious Level: Normal / Altered	N	N	N	N
GCS *	N	N	N	N
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials				

Note: BP does not score in early warning scoring

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.

VIH-00205813 IP-00060357
Baby B/O S VASUDHA
11-08-2026 0 Y 0 M 5 D (F)
Dr. SURENDER RAO DUSA

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

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ERVATION 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-00205813 IP-00060357
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Doc. No. : RCH/ FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter				Entry
Date: .... Time:				10 Am
Doctor/Nurse/Family Concern?				
Temperature (°F) (scale 104–94)				98°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 190–50) Note: BP does not score in early warning scoring				
Heart Rate (Number)				142
Resp. Rate (bpm) (Over 1 Minute) * (scale 70–10)				
Resp Rate (Number)				39
Resp Distress	Mod/ Severe			
	None / Mild			
Receiving O_2 (l/min)				
O_2 Saturations (%)				98
Conscious Level	Normal			N
	Altered			
GCS *				15
TOTAL SCORE Number of shaded boxes				0
Pain Score				0
Observer's Initials				[illegible]

Noted by [illegible] 16/6/26 at 1Pm

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.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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FLUID CHART

Sheet No. : .....

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	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 :**						
15/6/26	08:00 pm											
	09:00 pm		DBMilk				✓			✓		
	10:00 pm											
	11:00 pm		DBMilk				.			✓		
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
16/6/26	02:00 am											
	03:00 am		DBMilk				✓					
	04:00 am									.		
	05:00 am		DBMilk							✓		
	06:00 am											
	07:00 am		DBMilk				✓					
Total Intake :						**Total Output :**						

P Vasudha 15/6/26 @ 2am

P Vasudha 16/6/26 @ 8AM

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : ....

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: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
16/6/26	08:00 am											
	09:00 am		DBF+FF									
	10:00 am						✓			✓	0	Sesha 16/6/26 at 1Pm
	11:00 am											
	12:00 pm		DBF+FF									
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Noted by Sesha 16/6/26 at 1Pm

Total 24 hrs. Intake		Total 24 hrs. Output	

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: Ward 205

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Prashanti/

Date & Time : 15/6/26 @ 8:30pm

Nurse Name & Signature: Nagasree/Nee

Date & Time : 15/6/26 @8:30pm

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DRUG CHART

Date of Admission: 15/6 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name ..... ature .....

Baby B/O S VASUDHA
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REGULAR PRESCRIPTIONS

Weight. 2.97kg Ward. 205

DRUG :

Date ▸ / Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ / Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ / Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

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DRUG :

Date ▸ / Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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Weight. 2.970g Ward. 205

	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature .....

VERIFIED BY : Name .....

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I.V. FLUIDS CHART

Weight. 2.97kg Ward. 205

		nposition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

VERIFIED BY : Name ..... Signature .....