

Baby file

ACTIV VIH-00206214 IP-00060463
Baby B/O SNEHARIKA TANGIRALA
24-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. PREETHAM KUMAR

ING

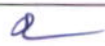
Name: 

UHID N _____ Consultant : _____ Dept : _____

Date of Admission : 24/6/26 Time : 4:49 PM Date of Discharge : _____ Time: _____

Room / Bed No : 228-1 Ward : MICU Suggested Billable bed type : _____


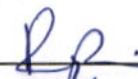

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/6/26	9:45p	MICU	Room (217)	


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
21/6/26	Blood Grouping	V126021408	
<hr/>			
	Clon checked by	L. Shanin	21/6/26 at sp
26/6/26	TCB	26021546	
27/6/26	SBR	26021678	

PROCEEDURE


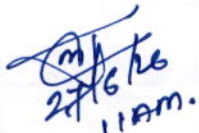
Date	ProceEDURE	Quantity	Order No.	Signature
26/6/20	TEOAE	1	3094891	

ANY OTHER INFORMATION

Date: 27/6/20

Time: 11 AM

Prepared By: 

Staff Nurse 	Shift / Ward  27/6/20 11 AM.	Billing Assistant	Billing Supervisor
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DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00208214 IP-00060463
 Baby B/O SNEHARIKA TANGIRALA
 24-06-2026 0Y0M0D6H (F)
 Dr. PREETHAM KUMAR



Patient Name :

IP.No: 60463

Ward:



DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary				
3	Nursing Initial assessment form	2	✓	✓	
4	Patient Transfer Forms	1	✓	✓	
5	In-patient Medical Record	4	✓	✓	
6	Doctors Progress Sheets	2	✓	✓	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets	1			
9	General Consent for Treatment	1	✓	✓	
10	Consent for Surgery				
	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	✓	✓	
	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				
	Humpty Dumpty	2	✓	✓	
	Braden's	6	✓	✓	
	Pain Assessment	1	✓	✓	
	Others	6	✓	✓	
	Total No. of Pages	37 pages			

Signature and Date : *Shib*
26/6/26

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060463 Admit Date : 24-Jun-2026 Admit Time : 04:49 PM UHID : VIH-00206214

Patient Details :

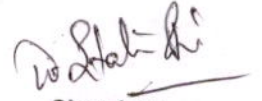
Patient Name : Baby B/O SNEHARIKA TANGIRALA Age : 0 D
Guardian : Mr D.STALIN RAJ DOB : 24-06-2026 03:35 PM
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : H-NO.-32-61 RK PURAM NERED MET Phone No : 9030489684/ 9000621919
Neredmet Cross Road Hyderabad Telangana E-mail : na123@gmail.com
INDIA 500056

Admission Details :

Bed Type : BASINET Bed No : CRDL-MICU-228-1 Ward Name : N 2F-MICU
Room No : CRDL-MICU-228-1 Admission Type : First Visit

Contact Details :

Name : Mr D.STALIN RAJ Relationship : Father
Contact Address : H-NO.-32-61 RK PURAM NERED MET Phone No : 9030489684
Neredmet Cross Road Hyderabad Telangana
INDIA 500056


Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR Specialisation : GENERAL PEDIATRICS
Referral Doctor : Phone No :
Co-Consultant :

Payment Details :

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

PATIENT TRANSFER FORM

VIH-00206214 IP-00060463
Baby B/O SNEHARIKA TANGIRALA
24-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. PREETHAM KUMAR



Date & Time of Admission <i>24/6/26 @ 4:49pm</i>		Date & Time of Transfer Order <i>24/6/26 @ 9:45pm</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. Shrikar</i>	Reason for Transfer <i>observation</i>
From Unit <i>MLCU</i>	To Unit <i>Room (214)</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>28</i>	Number of Imaging Films <i>-</i>	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.	<i>Small knives</i>	<i>1</i>
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring <i>Sis. Meghna</i>	Name of Person Ordered Transfer <i>Dr. Shrikar</i>
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Patient & Clinical Records Received by : *20/29/6/26 @ 9:50pm.*

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

VIH-00206214 IP-00060463
Baby B/O SNEHARIKA TANGIRALA
24-06-2026 O Y O M O D 4 H (F)
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NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O: - SNEHARIKA TANGIRALA Mother's Name: MRS SNEHARIKA TANGIRALA

Date of Birth: 24/6/26 Time of Birth: 3:35:41sec PM Gender: Male Female

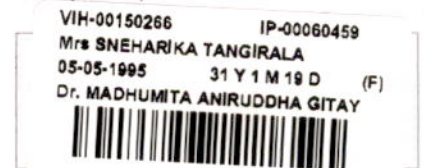
Birth Weight: 2.6 kg Kgs HC: 36 cm Length: 47 cm

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

Term / Pre-term / Post-term: Term

Resuscitated: Yes No Blood Group: Mother: O+ Positive Baby:

Feeding: Breast Feeding Formula Both First Feed Time: 4:30 PM



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

Indication: Elective ASCS

Physical Assessment of New Born:

Temp: 98.2 °C HR: 166 /Min RR: 36 /Min BP: SpO₂: 99%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: Yes No Score: 15 (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: Kamala

Signature: [Signature]

Date & Time: 24/6/26 4pm



ATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Snehavika Age : 31yr Father's Name : Age :
 Date of Birth : 21/9/95 Date of Admission : UHID No. :
 NICU Consultant : Dr. Preetham Referring Consultant : Dr. Medhavithe
 Transferring Unit : OT Labour Room ER Ward
 Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/o Snehavika Mother's Blood Group : D Positive
 Gender : M F Blood Group : Birth Weight (gms) : 2.61kg Length (cms) :
 Date of Birth : 24/6/26 Time of Birth : 3:35:41 PM OFC (cms) :
 Place of Birth : Ravi V K P Estimated Gesth Age : 37+3 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 31yr Ht : Wt : BMI : Married Life : 4yr LMP : 21/9/25 EDD : 12/7/26
 Conception : Spontaneous or with Rx : Spontaneous
 Booked at what GA : 576 wks AN Steroids Drugs / Doses :
 Last Scans Details : 33+6 wks / Cephalic P. @ (AFI - 10.3cm AC - 45.1cm EFW - 2.2kg)
 TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <input type="checkbox"/> <18 yrs <input checked="" 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 / Redistribtion in MCA) / Ductus Venosus : AFI :	H/o GDM/ pre GDM/ on diet or insulin <u>Yes - low dose</u> Controlled or not, recent values, HbA1 values : Compliance with Rx : Scans : LGA, TIFFA , Fetal Echo : H/o Hypothyroidism : when diagnosed ? Medication? Any other Chronic Medical Problems, when detected drugs ? (Anemia, SLE, Jaundice, CHD, Heart Disease) Infection : H/O, Fever @ <u>25th</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 : Any culture : <u>Klebsiella</u>
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PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :



PAST OBSTETRIC HISTORY

P: A: L:

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1	30	33 wks	Absent	Female	Stillborn	2 steps (BOMCO)
G2	30	37 wks	2.5 kg	Female		
G3	30	37 wks	3.5 kg	Female		

PERINATAL HISTORY

Treating Obstetrician : Dr. Madhusudan Hospital : Red-VIP Inborn Outborn

<p>Duration of Labour</p> <p>First stage (> 18 hours sig)</p> <p>Second stage (> 2 hours after dilation)</p> <p>LSCS : <input checked="" type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication :</p> <p>Specify the reason : <u>Previous LSCS</u></p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL :</p> <p>Resuscitation : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG :</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :</p>
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NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

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

	1 Minute	5 Minutes	10 Minutes
TOTAL	<u>7/10</u>	<u>9/10</u>	

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

Snapee II Score

	> 30 (0)	20-29 (9)	< 20 (19)
Mean BP (mmHg)	> 96 (0)	96-95 (8)	< 95 (15)
Lowest Temp (oF)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15) < 0.3 (28)
Pao2 / Fio2 (mmHg%)	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)
Lowest Serum PH	No (0)	Yes (19)	
Multiple Seizures	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)
U. Output (ml / kg / hr)	> = 7 (0)	< 7 (18)	
Apgar Score	> = 1kg (0)	750 - 999 (10)	< 750 (17)
Brith Weight	> 3rd percentile (0)	< 3rd (12)	
SGA			

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

CIAB



← target spots
rechecked at 2' of
1'fe
←

Equipment check done

↓
B/o Snehavika delivered via

Ep. uses ↓

ten. ciAs - DA done for core

↓
Screenings cleared

↓
&
cord clamp at 2A+IV ⊕

↓
Ep. vit K injection

↓
Daddy ep. given

↓
Shift to mother side

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :



GENERAL EXAMINATION ON ADMISSION

General Disposition :

C/A good

VITALS : Temperature : 36.5°C HR : 160/min RR : 39/min NIBP : CFT : C3h

Color of the extremities :

Jaundice : — Pallor : — SpO2 : 98% RA

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

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies :
(Any Facial Dymorphism)

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

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

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



of Thorax :

Number of Nipples and Number : 2 in \textcircled{N} @ position

ABDOMEN and UMBILICUS :
 Shape :
 Organomegaly :
 Bowel Sounds :
 Umbilical Stump : 2A+IV \textcircled{P}
 Discharge :

GENITALIA :
 Labia / Hymen : female genitalia
 Testicles/penis :
 Anus :

HERNIAL ORIFICES : free

TRUNK and SPINE : \textcircled{N}

SKIN LESIONS :

EXTREMITIES :
 Fingers / Toes : not + not \textcircled{P}
 Deformities :
 Hip Joint Examination :
 Arms / Legs :
 Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention if baby has Respiratory distress : RR : 40/min SCR / ICR / See - Saw breathing :

Scoring of respiratory distress if present (Silverman or Downe's) :

Mention if baby is on : Hood box CPAP Ventilator

Settings :

SpO₂ : 98% RA Auscultation : 2A+IV \textcircled{P} Breath Sounds : NUBS \textcircled{P} Added Sounds :

Cardiovascular System :

HR : 165/min BP : \textcircled{N} Precordial Activity : \textcircled{N}

Femoral Pulses : + Murmurs : -

Other Peripheral Pulses : + Signs of Cardiac Failure : -

Abdomen :

Shape : Hernia orifice :

Palpation : soft Anal Patency : \textcircled{P}

Palpable masses : Umbilical Cord : 2A+IV \textcircled{P}

Abdominal girth : First urine passed : -

Meconium passed : -



nervous System : Higher intellectual functions (Sensorium) :
State of wakefulness :
Prechtle Score :

Nerves :

Motor System :

Passive Tone :
Active Tone :
Neonatal Reflexes :
Grasp : Palmar Plantar Sucking Rooting Crossed adductor :
Moro's : *He moxos equal* DTR :
ATNR : *(circle)* Skull and Spine :

Any Congenital Anomalies :

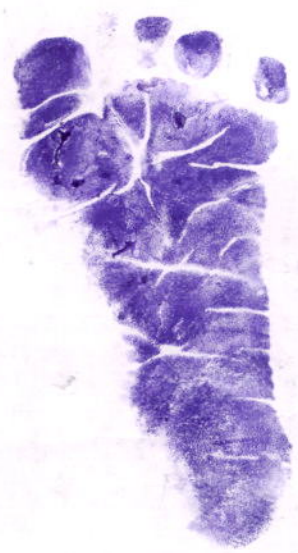
Diagnosis : *Term / uses / Full / C/A 3 / 2.6 kg / A&A.*

FOOT PRINTS

Left Side :



Right Side :



Das 00ms

Resident Doctor :

Signature :
Name : *Dr. Shriker*
Date & Time : *24/6/26*

Consultant :

Signature :
Name : *Preetham Kumar Reddy*
Date & Time : *24/6/26 4 PM*



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 :

.....
.....
.....
.....
.....
.....
.....
.....

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Discharge Details:

Neonatal Condition at Discharge:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....



Feeding: Breastfeeding Exclusively Breastfeeding and Formula Feeding Formula Feeding

Vitamin K given: Yes No

Vaccinations given BCG Hepatitis B Others:

Neonatal Screen Taken: Yes No, parents advised to have Neonatal Screen at National screening

program center on:/...../.....

Hearing Test: Yes No

Jaundice: NIL Slight Moderate

Passed Urine: Yes No

Passed Meconium: Yes No

Weight at discharge:

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

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

Discharge to Home Other:

Against Medical Advice: Yes No

Referred to another hospital: Yes No

Discharge Medications: Yes No

Details:

Final Diagnosis: *- DBF 2ndly*

- SBUNBS / @ 48HOL

- cord care, w/cmth cm

- Immunization

*No feed by
Pachobna
24/6/26.*

Doctor Signature: *[Signature]*

Doctor Name: *Dr. Shrikan.*

Date & Time: *24/6/26 / 4:00pm*

VIH-00206214 IP-00060483
 Baby B/O SNEHARIKA TANGIRALA
 24-06-2026 0Y0M0D7H (F)
 Dr. PREETHAM KUMAR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 9AM	CLB/B Resident	DOB - 24/6/26 3:35pm
	Term / 37+3 wB / Lseo / CIAB / 2.6kg	
	M.BG - 0 +ve	
	B.BG - 0 +ve	<u>Adv</u>
	Wt 7.007 - 2.52kg (↓ 80g/m)	- DBF / Abnormal 2 only
	O/E CI / Agood	- OAS / TCB B / f discharge
	CNS - SIS (R)	- warm core & envelope
	RS - B / LAC (R)	
	PA - SGL	
	CR / CR	
	Vvy stable	
	vaccinate due	
	<p>Dr. Preetham Kumar Dr. Kumbhara Priva REG. NO. AP/16/MR/97354 9AM</p>	<p>noted by swish 24/6/26 at 10AM</p>

VIH-00208214 IP-00080483
 Baby B/O SNEHARIKA TANGIRALA
 24-06-2026 OYOMOD7H (F)
 Dr. PREETHAM KUMAR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25.6.26	<p><u>Lactation note (Mrs. Rangasubramanian)</u></p> <ul style="list-style-type: none"> Experienced Mother Confidently feeding the baby Advised to feed every 2hrs More skin to skin flu. <p><i>[Signature]</i></p>	
25/6/26 16:30	<p><u>CS/B feed</u></p>	
	<p>O/E C17/A1000 CR7 23hr WS 8hr (M) B-B1000 (M) PA 8hr W 8hr</p>	<p><u>A-L</u></p> <p>- DBF flb bumps up</p> <p>- Warm cool every</p>
		<p><i>[Signature]</i></p> <p><i>[Signature]</i></p> <p>noted by swinley 25/6/26 at 6pm</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26.6.26 8:45 am	s/r <u>Dr. Preetham</u>	
	Early Term (37 ⁺ wk) /	AGA / baby girl / HDL-40
	o/e baby warm.	
	cry. } tone } (N)	
	activity } CNS - 6/6(?)	Plan
	RS - BAC(4) clear	→ TCB now
	Y.wt: 2.52 kg P/- soft	→ DBM
	T.wt: 245 kg (↓Tqm)	→ Warm care
	MBG } BRAs } 0 +ve	
	Saneers (Dr. Sameera)	
	D/o <u>Dr. Preetham</u>	Plan
26.6.26 10:00 AM	TCB : 12-3	
	<p>Parents were counselled that the TCB is borderline. The option of initiating phototherapy at this stage was discussed in detail, including its benefits & safety. Parents were also informed that, as the levels are borderline, they may opt for</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	discharge with strict advice to repeat tuberculin after 48 hours / earlier if there are warning sign.	
	Saneero (Dr. Sameero)	
26.6.26 12.15 PM	As parent wanted the option of initiating phototherapy, baby will be started on DSPT.	
	Saneero (Dr. Sameero)	<p style="text-align: center;">Plan</p> <ul style="list-style-type: none"> - Start DSPT - Repeat SBR T/m 10.00 AM
		<p>noted by sushila 26/6/26 at 1 PM</p>

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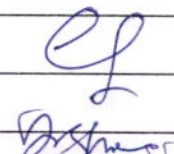


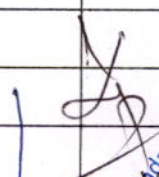
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26.6.26 3:00 PM	S/B Registrar	
	Early Term (37 ¹ / ₃ wk) / AGA / healthy girl / HDL-48 / NNHB	
	On DSP7	
	o/e healthy newborn	
	cry tone } (iv) actively	Plan → SBR T/m at 10:00 AM
	H/E NAD	→ Warm cake
	P/A - soft	→ OAE today
	Sameer (Dr. Sameer)	→ Cont DSP7
	Noted by Dr. Sameer	
	26/6/26 Dr. Sameer	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 9am	<u>CM/B Resident</u>	
	Term B7+3wks / Lsed / CMAB / 2.61kg / NNTAB	
	M.BG - 0 +ve	
	B.BG - 0 +ve	
	Y.WI - 2.45kg	<u>Pls</u>
	Y.WI - 2.43kg (↓ 20g)	DBF / fb busy 2m
	D/E C17A good	- Wm can & carer
	CR7 2e	
	COI-SIS (N)	- SBRA at 10am
	B BILAB (N)	
	PA 3 Q2	
	Vx Study	
	MDSPT	
	Vaccination done	
	DAS	
		


 Dr. K. Madana Priya
 Reg. No. 197354 / MMR/197354
 27/6/26
 9am

noted by
 Sushila
 27/6/26
 10am



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Term / LSCS / Female / GIAB</u> <u>2.6kg / AGA / 1M.</u>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: <u>nil</u>						
	Surgery / Procedure: <u>-</u>	Post OP Day: <u>-</u>						
BACKGROUND	Date	<u>24/6/26</u>	<u>24/6/26</u>	<u>24/6/26</u>	<u>25/6/26</u>	<u>25/6/26</u>	<u>25/6/26</u>	
	Shift	<u>E</u>	<u>N</u>	<u>N</u>	<u>M</u>	<u>E</u>	<u>N</u>	
	Medical Condition (Any special condition to be noted):	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>nil</u>	<u>Nil</u>	
ASSESSMENT	Diet:	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	
	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>98.0°F</u>	<u>98.2°F</u>	<u>97.4°F</u>	<u>98.6°F</u>	<u>98.6°F</u>	<u>97.9°F</u>
		Res:	<u>47 blmt</u>	<u>45 blmt</u>	<u>38 blmt</u>	<u>40 blmt</u>	<u>46 blmt</u>	<u>45 blmt</u>
	SpO ₂ :	<u>99%</u>	<u>99%</u>	<u>98%</u>	<u>99%</u>	<u>100%</u>	<u>99%</u>	
	Pulse:	<u>146 blmt</u>	<u>138 blmt</u>	<u>140 blmt</u>	<u>142 blmt</u>	<u>152 blmt</u>	<u>142 blmt</u>	
	BP:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>nil</u>	
	LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	
Fall Risk Score:	<u>15</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>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>nil</u>	<u>nil</u>	
	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:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>nil</u>	<u>nil</u>	
	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	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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>2nd hourly DBF</u>	<u>DBF 2nd hourly</u>	<u>-</u>	<u>-</u>	<u>nil</u>	<u>-</u>		
Handed Over By Name :	<u>Karal</u>	<u>Meghana</u>	<u>Sushila</u>	<u>Sushila</u>	<u>Sushila</u>	<u>Skankh</u>		
Signature / ID :	<u>020573</u>	<u>M020232</u>	<u>016457</u>	<u>10993</u>	<u>816993</u>	<u>460660</u>		
Date:	<u>24/6/26</u>	<u>24/6/26</u>	<u>24/6/26</u>	<u>25/6/26</u>	<u>25/6/26</u>	<u>26/6/26</u>		
Time:	<u>@ 8pm</u>	<u>@ 9:50pm</u>	<u>@ 8pm</u>	<u>@ 2pm</u>	<u>8pm</u>	<u>@ 8am</u>		
Taken Over By Name :	<u>Meghana</u>	<u>Sushila</u>	<u>Sushila</u>	<u>Sushila</u>	<u>Skankh</u>	<u>Sushila</u>		
Signature / ID :	<u>M020232</u>	<u>016457</u>	<u>816993</u>	<u>816993</u>	<u>460660</u>	<u>816993</u>		
Date:	<u>24/6/26</u>	<u>24/6/26</u>	<u>25/6/26</u>	<u>25/6/26</u>	<u>25/6/26</u>	<u>26/6/26</u>		
Time:	<u>@ 8pm</u>	<u>@ 9:50pm</u>	<u>8AM</u>	<u>2PM</u>	<u>@ 8pm</u>	<u>8AM</u>		

VIH-00206214 IP-00060463
 Baby B/O SNEHARIKA TANGIRALA
 24-06-2026 0 Y 0 M 0 D 7 H (F)
 Dr. PREETHAM KUMAR

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Term / LSCS / Female / 41AB / 2.6 kg / ASA / Em	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure: -	Post OP Day: -				
BACKGROUND	Date	26/6/26 M	26/6/26 A	26/6/26 N	27/6/26 M	
	Shift					
	Medical Condition (Any special condition to be noted):	nil	nil	nil	nil	
Diet:	DBF	DBF	DBF	DBF		
ASSESSMENT	Allergy:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.6 F	98.5	98.6 F	98.6 F
		Res:	24 b/m	26 b/m	40 b/m	42 b/m
		SpO ₂ :	100%	99%	75%	99%
		Pulse:	142 b/m	142 b/m	140 b/m	142 b/m
		BP:	-	-	-	-
	LOC:	conscious	conscious	conscious	conscious	
	Fall Risk Score:	6	6	6	6	
Pain Score:	0	0	0	0		
Skin Integrity	intact	intact	intact	intact		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	nil	nil	nil	nil	
	Others Specify:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	DBF	DBF	DBF	DBF	
	Critical Lab Test / Values:	nil	nil	nil	nil	
	Other Special Orders / Medications:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	DVT Prophylaxis:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent		
Post Operative Procedure Special Orders:	nil	nil	nil	nil		
Handed Over By Name :	Sushila	Vaasha	Jhansi	Sushila		
Signature / ID :	87698	909012	17542	87698		
Date:	26/6/26	26/6/26	27/6/26	27/6/26		
Time:	2pm	8pm	6am	10am		
Taken Over By Name :	Vaasha	Sushila	Sushila	Sushila		
Signature / ID :	909012	87698	87698	87698		
Date:	26/6/26	26/6/26	26/6/26	26/6/26		
Time:	2pm	8pm	8pm	10am		

NURSING CARE RECORD

Date: 24/6/26

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.....

D.B.R.

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	4 pm	Ensure safety	4 pm	To provide cradle crib.	To prevent fall	Baby is Good	<i>[Signature]</i> 24/6/26 @8pm
	7 pm	Maintain fluid balance	7 PM	DBF 2nd hourly.	To prevent dehydration.	Baby is safe	
Night	8pm	Maintain Good nutritional status	8:45 pm	Breastfeeding given	To prevent dehydration	Baby is taking good feed	<i>[Signature]</i> 24/6/26 9pm
	10pm	Ensure safety	10:30pm	provided side rails.	To prevent for fall risk.	Baby is stable vitals checked every 4hr	<i>[Signature]</i> 25/6/26 9pm

NURSING CARE RECORD

Date: 25/6/26

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	10 AM	* Maintain fluid Balance	AM	* Encouraged mother to give direct breast feeding every 2nd hourly.	* prevent dehydration & improve nutritious status.	* Re-Assessment done baby is stable.	Sushila 25/6/26 @ 2PM
Afternoon	3pm	maintain good nutritional status	3:10 PM	To provided every 2nd hourly feed given	oral intake is good	patient is stable	Sushila 25/6 @ 8PM
Night	9pm.	* maintain Personal Hygiene. & ensure safety		- provided warm care. - prevent infection.	- DBF 2nd hourly given. - baby is stable.	- vitals 4th hourly checking.	Mark 25/6/26



NURSING CARE RECORD

Date: 26.6.26

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	Maintain Good Nutritional status	2 PM	To provided every 2nd hourly feed	Prevent dehy-dration.	Reassessment is done. Baby is Stable	Sushila 26/6/26 @ 2 PM
Afternoon	3 PM	* Maintain Good Nutritional status	5 PM	* Every 2nd hourly feeding & burping given	* To prevent dehydration	* Reassessment done. Baby is stable	Umesh 26/6/26 @ 8 PM
Night	10 PM	* Maintain Good Nutritional status.	10 PM	Every 2nd hourly feeding & burping give.	to prevent dehydration.	Reassessment done & baby is stable	Shani 26/6/26 @ 10 PM

VIH-00206214 IP-00060483
 Baby B/O SNEHARIKA TANGIRALA
 24-08-2026 0 Y 0 M 3 D (F)
 Dr. PREETHAM KUMAR

NURSING CARE RECORD



Date: 27/6/26

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	9 AM	Prevent Infection	9:10 AM	To maintain Hand Hygiene	To prevented Infection	patient is stable	Sushila 27/6 at 10 AM
Afternoon	discharge noted - Doctor advised for discharge						
Night	noted by Sushila 27/6/26 at 10 AM						

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby B/O SNEHARIKA TANGIRALA **Age :** 0 Y 0 M 0 D 1 H
IP No: IP-00060463 **Sex:** Female
Consultant: Dr. PREETHAM KUMAR **Ward/Bed No:** N 2F-MICU/CRDL-MICU-228-1

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

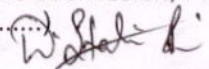
In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

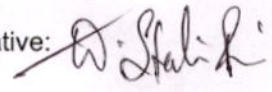
I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

- 1 We do not allow use of medication brought from outside by the patient.
- 2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
- 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.

Receivers Signature: 


Signature of Patient/Relative: 

Name: D. S. Teja Raj

Relationship: Husband

Date: 24-06-2026

Time:

Witness Name: 

Witness Signature: 

Patient Address:

H-NO.-32-61 RK PURAM NERED MET
Neredmet Cross Road Hyderabad
Telangana INDIA 500056

VIH-00206214 IP-00060463
 Baby B/O SNEHARIKA TANGIRALA
 24-06-2026 0 Y 0 M 0 D 4 H (F)
 Dr. PREETHAM KUMAR

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

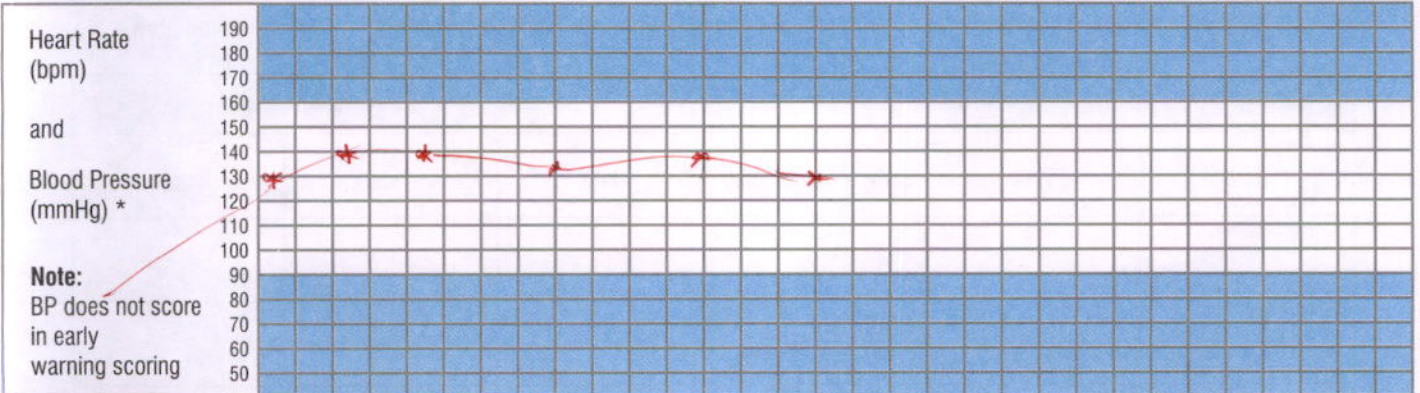
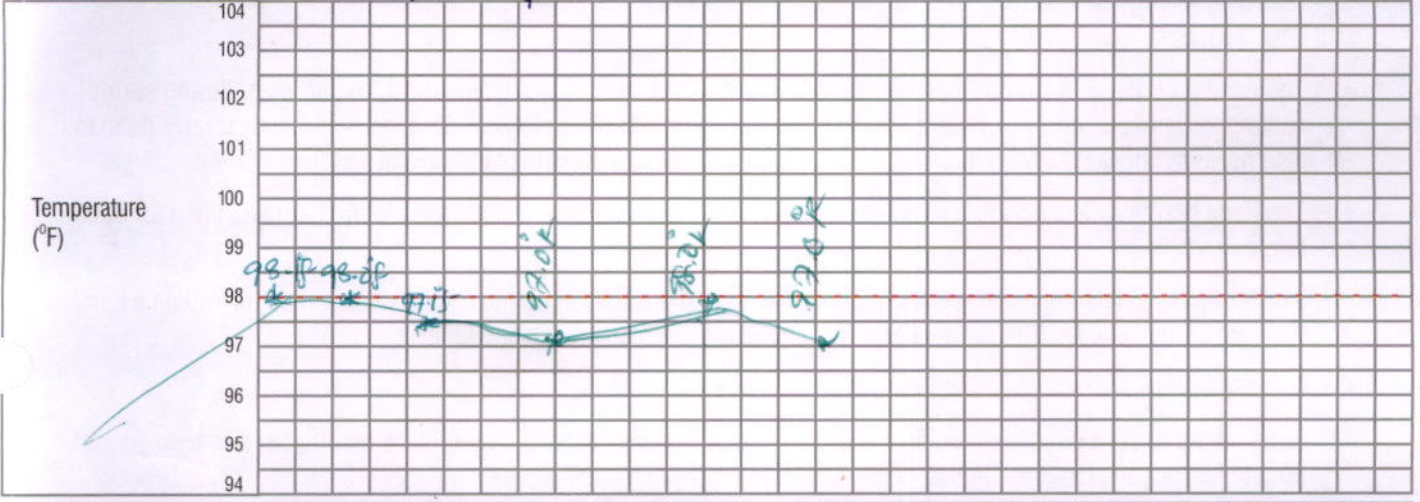


Patient Sticker

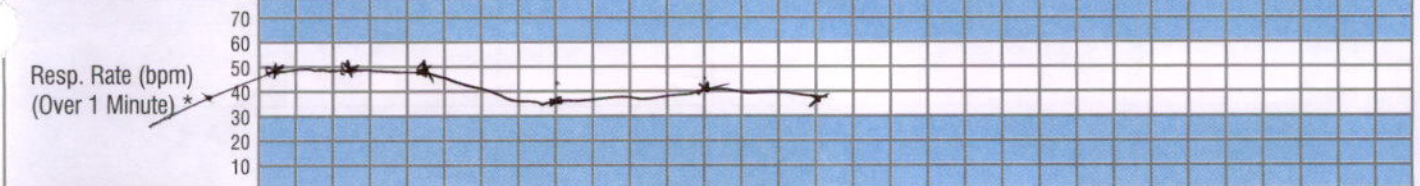
IG SCORE: CHILDREN'S UNIT

Date: 24/6/26 Time: 4 PM 6 PM 8 PM 12 AM 4 AM 8 AM

Doctor/Nurse/Family Concern? PM PM PM AM AM AM



Heart Rate (Number) 130 142 148 135 140 130



Resp Rate (Number) 52 55 53 38 40 35

Resp Mod/ Severe Distress None / Mild N N N N N N

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

Conscious Level Normal / Altered ✓ ✓ ✓ / / /

GCS * ✓ ✓ ✓ / / /

TOTAL SCORE

Number of shaded boxes 0 0 0 0 0 0

Pain Score 0 0 0 0 0 0

Observer's Initials K K K S S S

- 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)

VHM-00206214 IP-00060483
 Baby B/O SNEHARIKA TANGIRALA
 24-06-2026 0 Y 0 M 0 D 7 H (F)
 Dr. PREETHAM KUMAR



No. : RCH/ FRM / CLINICAL / 124

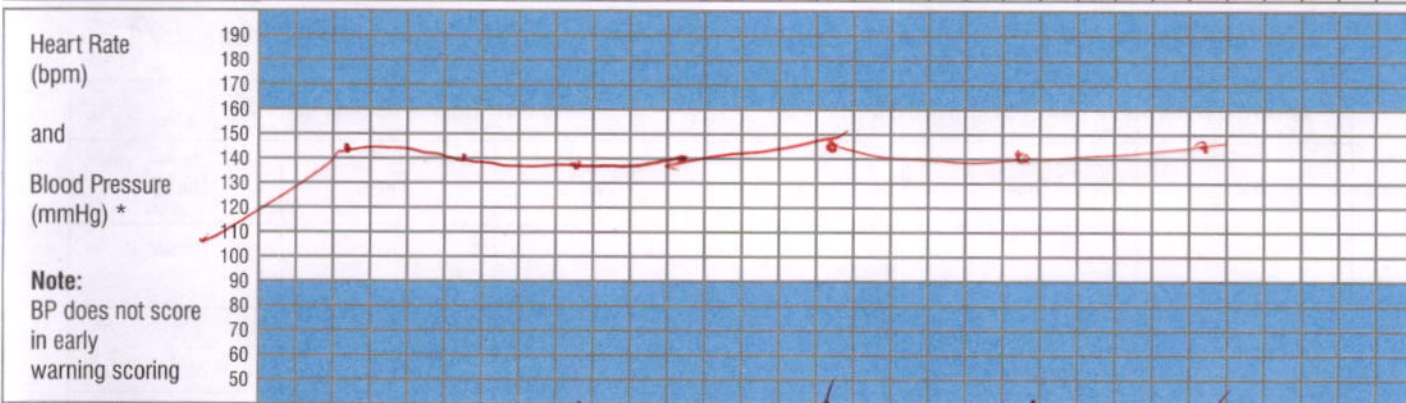
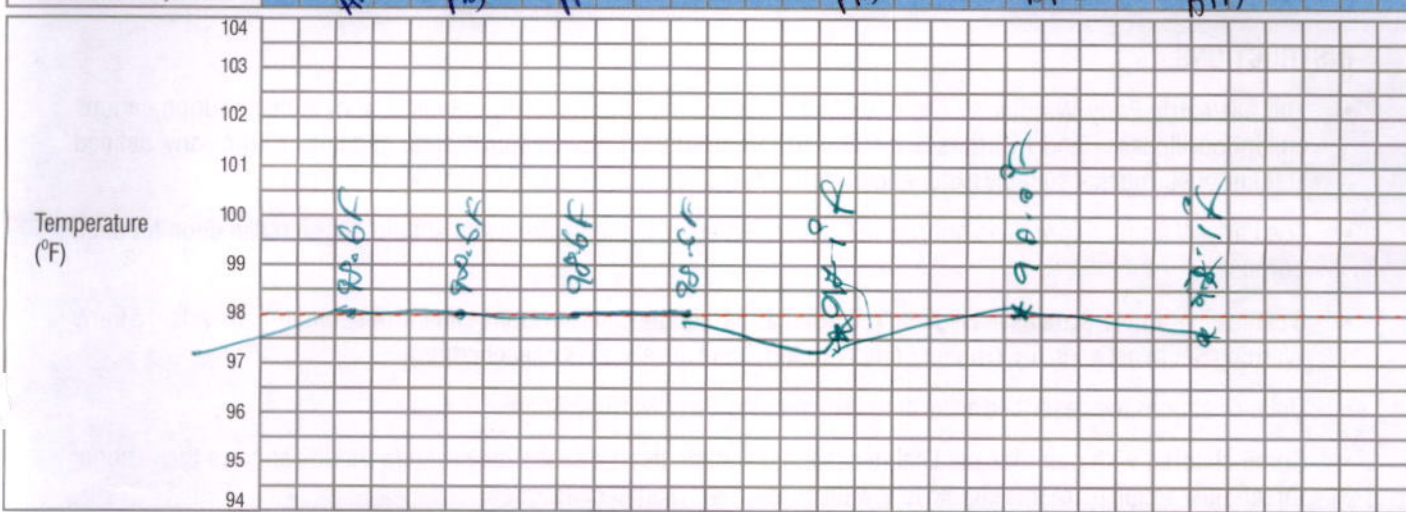
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 25/6/26... Time:	10	1	4	7	11	3	7
Doctor/Nurse/Family Concern?	PM	PM	PM		PM	AM	AM



Heart Rate (Number)	143	140	139	140	145	141	145
Resp. Rate (bpm) (Over 1 Minute) *	43	49	50	44	41	40	42

Resp Distress	None / Mild	None / Mild	None / Mild	None / Mild	None / Mild	None / Mild	None / Mild
Receiving O ₂ (l/min)	0	0	0	0	0	0	0
O ₂ Saturations (%)	97	96	96	98	97	97	97
Conscious Level	Normal	Normal	Normal	Normal	Normal	Normal	Normal
GCS *	15	15	15	15	15	15	15

TOTAL SCORE							
Number of shaded boxes	0	0	0	0	0	0	1
Pain Score	0	0	0	0	0	0	0
Observer's Initials	PS	PS	PS	PS	PS	PS	PS

ACTIONS	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
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* 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.



...VATION 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.
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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!
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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)
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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.
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VIM-00206214 IP-00060463
 Baby B/O SNEHARIKA TANGIRALA
 24-06-2026 0 Y 0 M 0 D 6 H (F)
 Dr. PREETHAM KUMAR



No. : RCH/FRM / CLINICAL / 124

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

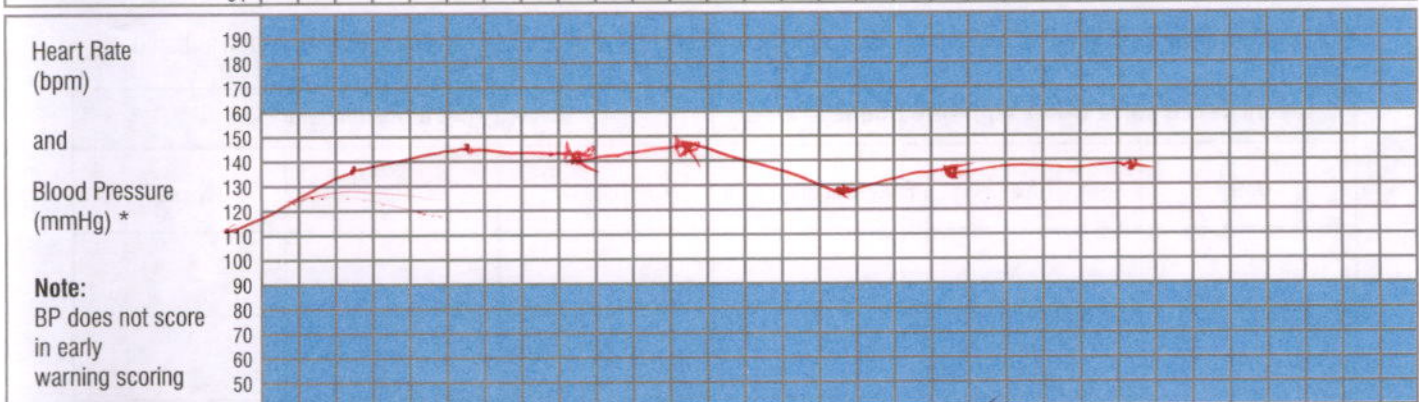
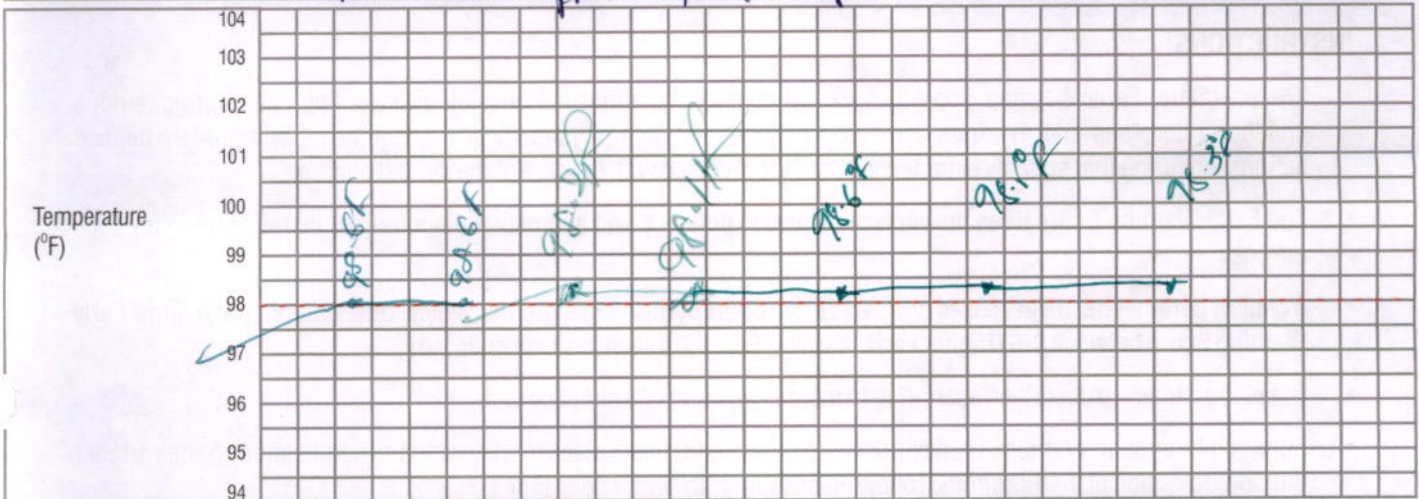
Rainbow Children's Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

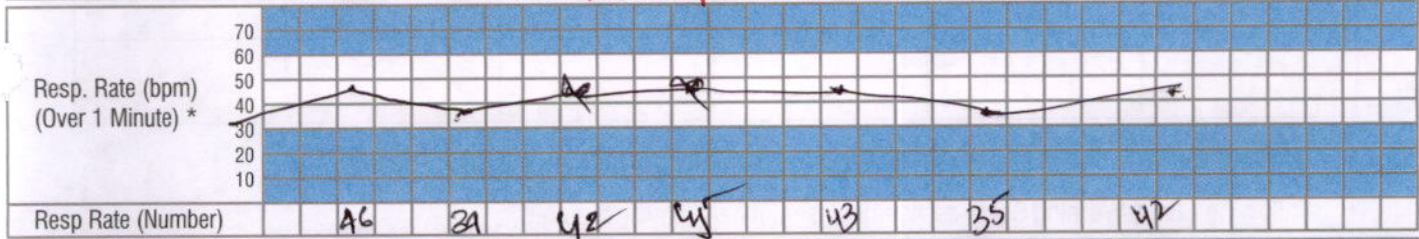
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 26.6.26 Time: 10 1 4 7 11 3 7

Doctor/Nurse/Family Concern? Am Pm Pm Pm Pm am am



Heart Rate (Number) 139 142 140 142 139 142 140



Resp Rate (Number) 46 39 42 45 43 35 42

Resp Distress	Mod/ Severe	None / Mild
Receiving O ₂ (l/min)		
O ₂ Saturations (%)	<u>99</u>	<u>96</u>
Conscious Level	Normal	Altered
GCS *	<u>15</u>	<u>15</u>

TOTAL SCORE	
Number of shaded boxes	<u>0</u>
Pain Score	<u>0</u>
Observer's Initials	<u>PK</u> <u>PK</u> <u>PK</u> <u>PK</u> <u>PK</u> <u>PK</u> <u>PK</u>

ACTIONS

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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FLUID CHART

Sheet No. : 24/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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	DBF											
	05:00 pm												
	06:00 pm	DBF											
	07:00 pm												
Total Intake : Good						Total Output : Passed							
	08:00 pm	DBF											
	09:00 pm												
	10:00 pm	DBP											
	11:00 pm												
	12:00 am	DBP											
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am	DBP											
	04:00 am												
	05:00 am	DBP											
	06:00 am												
	07:00 am	DBP											
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

Patient No. IP-00080483
 VIH-00206214
 Baby B/O SNEHARIKA TANGIRALA
 24-06-2026 0 Y 0 M 0 D 7 H (F)
 Dr. PREETHAM KUMAR




FLUID CHART

Sheet No.

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
25/6/26	08:00 am											} 80 ml 25 ml et al	
	09:00 am	DBF					✓			✓	0		
	10:00 am												
	11:00 am	DBF											
	12:00 pm												
	01:00 pm	DBF								✓			
Total Intake :						Total Output :							
25/6/26	02:00 pm											} 80 ml 25 ml et al	
	03:00 pm	DBF									0		
	04:00 pm						✓			✓			
	05:00 pm	DBF											
	06:00 pm												
	07:00 pm	DBF											
Total Intake :						Total Output :							
25/6/26	08:00 pm											} 20 ml 20 ml @ 20	
	09:00 pm	DBF								✓			
	10:00 pm												
	11:00 pm	DBF					✓						
	12:00 am									✓			
	01:00 am	DBF											
Total Intake :						Total Output :							
25/6/26	02:00 am											} 20 ml 20 ml @ 20	
	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							

Patient Sticker
 VIH-00206214 IP-00080483
 Baby B/O SNEHARIKA TANGIRALA
 24-08-2026 0 Y 0 M 0 D 6 H (F)
 Dr. PREETHAM KUMAR



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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
26/6/26	08:00 am											825 ml 24/1220 at 1 pm
	09:00 am	DBF							✓			
	10:00 am											
	11:00 am	DBF										
	12:00 pm									✓		
	01:00 pm	DBF										
Total Intake :						Total Output :						
26/6/26	02:00 pm											2 Vansha 26/6/26 @ 8 pm
	03:00 pm	DBF								✓		
	04:00 pm											
	05:00 pm	DBF					✓					
	06:00 pm											
	07:00 pm	DBF									✓	
Total Intake :						Total Output :						
	08:00 pm											Abhinav 24/6/26 @ 8 pm
	09:00 pm	ABF								✓		
	10:00 pm											
	11:00 pm	ABF					✓					
	12:00 am									✓		
	01:00 am	ABF										
Total Intake :						Total Output :						
	02:00 am											@ 8 am
	03:00 am	ABF								✓		
	04:00 am											
	05:00 am	ABF					✓					
	06:00 am									✓		
	07:00 am	ABF										
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						

VIH-00206214 IP-00060483
 Baby B/O SNEHARIKA TANGIRALA
 24-06-2026 0 Y 0 M 0 D 6 H (F)
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			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
<i>27/6/26</i>	08:00 am										↓	<i>27/6/26 07:00 AM</i>	
	09:00 am		<i>DBF</i>								↓		
	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 :							
	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							

VIH-00206214 IP-00060463
 Baby B/O SNEHARIKA TANGIRALA
 24-06-2026 0 Y 0 M 0 D 4 H (F)
 Dr. PREETHAM KUMAR



RESULT SHEET

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

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood Grouping:-						

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :