

ANC-00016347 IP28-00004601
Baby B/O TEJA SREE D
17-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. THINESH KUMAR J



right
OSPITALS
for Delivery

DISCHARGE TRACKING SHEET

DOOR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		12:40		
Activity Sheet updated by Pharmacy		1:10		

ACTIVITY RECORD FOR BILLING

ANC-00016347 IP28-00004601

Baby B/O TEJA SREE D

17-06-2026 0 Y 0 M 0 D 2 H (F)

Dr. THINESH KUMAR J

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IP No: 2300

Consultant: Dr. Thinesh Kumar J

Dept: J4

Date of Admission: 17/06/2026

Time: 10:30

Date of Discharge: 17/06/2026

Time: 11:30

Room / Bed No: 2300

Ward: J4

Suggested Billable bed type: 2300

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/06/2026	6:40pm	2DR	mflor	[Signature]

CROSS CONSULTATION VISIT

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26 5 PM	S/B <u>Dr. PARNIMA.C</u>	
	baby well warm, pink PMWF; CRT < 3 sec	
	on DBF p2 - 3rd hly	- RR = 46/min
	Vitals:- Stable / PMWF	- SpO2 = 96-97% (RA)
	S/E:- WNL	- RS: clear NO retractions
		Purine 74314
17/6/26 8 PM	S/B <u>Mithun</u>	
	Baby Incl.	
	on DBF - 2-3rd hly. - Flat nipple CRT: 69 mg / l	poor suck.
	V/o: nil	
	Mucous: Punctate.	
	o/c: Cough activity (+) Pink	
	PPWF.	Pants not wetter formula feeds.
	S/S: CRT: 80 (+) R: B/L (+) PLA: 80 st.	Warms baby nipple shield.

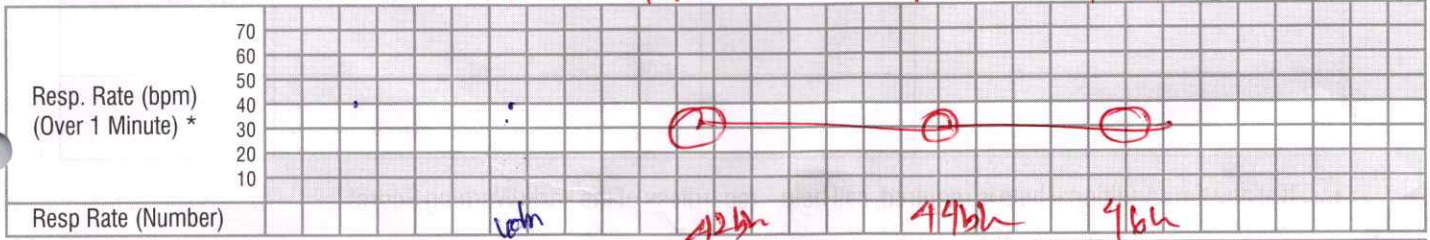
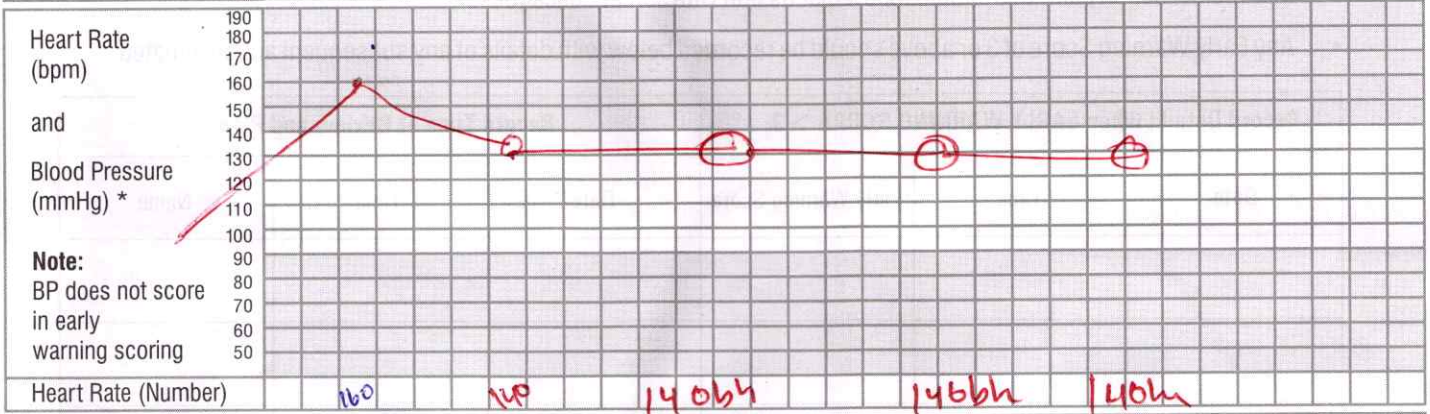
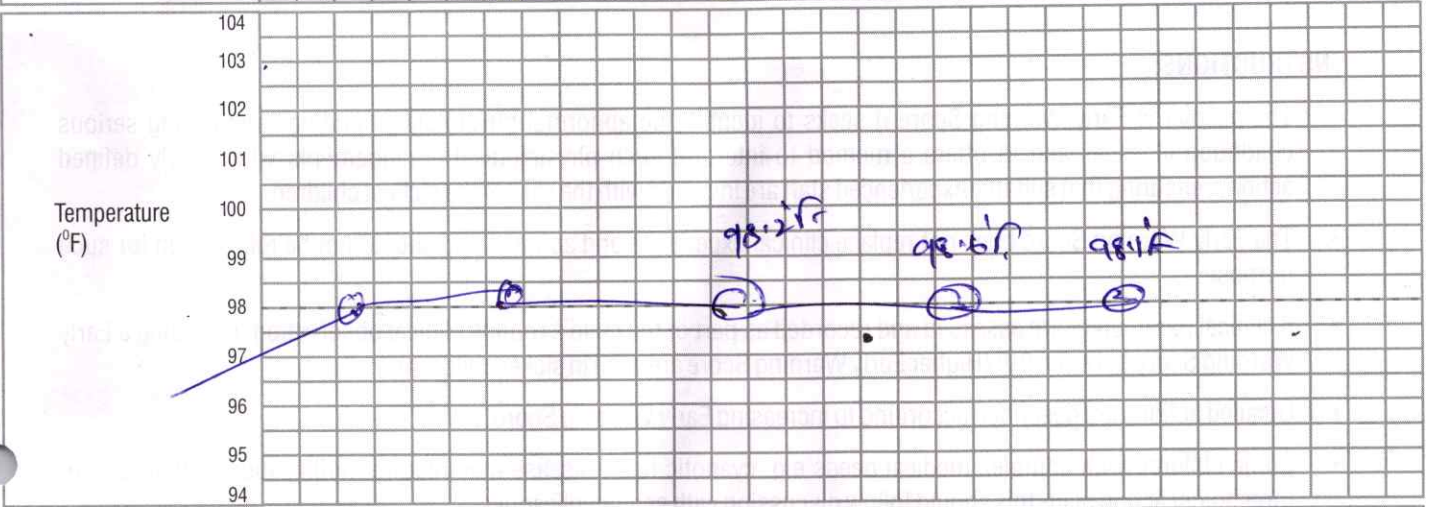


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 9:30am	S/B <u>Dr. Malini</u>	
	Term / 37+6 weeks / LSCS / 3.26kg / AEA	
	Urine ✓ Meconium ✓	Today wt - 3.28kg 80g/L 2.4%
		MBA - B+ve BBG -
	*IE Baby pink	
	normotheamic	
	vitals stable	
	CVS - S&F	
	RS - BAE +	
	P/A - R+T	
	CNS - AF ->	actively good
	Catching technique corrected DBA alone plan - DBA - Vaccination / Red reflex today - NBS	

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17-06-2026 Time: 2pm 6pm 10pm 12A 1A
 Doctor / Nurse / Family Concern?



Resp Mod/ Severe Distress None / Mild	-	-	✓	✓	✓
Receiving O ₂ (l/min)	0	0	0	0	0
O ₂ Saturations (%)	96	96	98.5	98.2	98.4
Conscious Level Normal / Altered	✓	✓	✓	✓	✓
GCS *	15	15	15	15	15
TOTAL SCORE					
Number of shaded boxes	2	2	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	AP	AP	AP	AP	AP

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 in charge AND PICU fellow or PICU 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 is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			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	DBF	DBF										
	03:00 pm												
	04:00 pm	DBF	✓										
	05:00 pm	DBF	✓										
	06:00 pm												
	07:00 pm												
Total Intake : 3					Total Output : M-1								
	08:00 pm												
	09:00 pm	DM	✓						✓				
	10:00 pm												
	11:00 pm	DM	✓										
	12:00 am								✓				
	01:00 am	DM	✓										
Total Intake : 3 tin					Total Output : M-1								
	02:00 am												
	03:00 am	DM	✓						✓				
	04:00 am												
	05:00 am	DM	✓										
	06:00 am								✓				
	07:00 am	DM											
Total Intake : 3 tin					Total Output : M-2								
Total 24 hrs. Intake		DM 9 tin											
Total 24 hrs. Output		U-4 M-9											