

**ACTIVIT**

VIH-00206068 IP-00060414  
Baby B/O MUNIRA SHAHPURWALA  
19-06-2026 0 Y 0 M 0 D 3 H (M)  
Dr. ATLURI KUNDANA PRIYA

G

Name: R



UHID No : \_\_\_\_\_ Consultant : \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission : 19/6/26 Time : 5:01pm Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

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

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
<u>19/6/26</u>	<u>10pm</u>	<u>MICU</u>	<u>Room (210)</u>	<u>[Signature]</u>

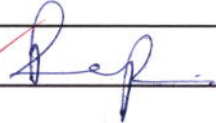
**Cross Consultation Visit**

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
20/06/26	TEOAE	1	3092511	
<del>— Cross checked done by Ref → 21/06/26 @ sk</del>				
<del> </del>				

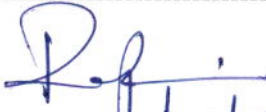
**ANY OTHER INFORMATION**



-----  
-----  
-----  
-----  
-----  
-----

Date: 21.06.2026

Time: 8:35 AM

Prepared By :

  
21/06/26

Staff Nurse 	Shift / Ward 	Billing Assistant	Billing Supervisor
--	---	-------------------	--------------------

# CONSENT FOR FORMULA FEEDS

Patient Name: Blo Munira shahpurwala Age: NB Gender:  Male  Female  
UHID no: 206068 Department / Ward: 2nd floor Date: 20/6/26

I  Mr /  Mrs. : Munira shahpurwala Aged ..... years, hereby declare that I

have admitted my  son /  daughter in Rainbow Children's Hospital, Hyderabad on .....

I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

**Patient Attendant / Guardian:**  
Signature: *Mustafa*  
Name: .....  
Relationship with patient: Father  
Date & Time: 20/06/26 @ 2:10 pm

**Witness**  
Signature: *Fatema*  
Name: FATEMA  
Date & Time: .....

**Doctor (who is taking consent):**  
Signature: .....  
Name: .....  
Date & Time: .....

# ఫారుల ఫీడెల కోసం సమ్మతి

  
Rainbow<sup>®</sup>  
Children's  
Hospital  
It takes a lot to treat the little.

  
BirthRight<sup>™</sup>  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

పేషెంట్ పేరు: ..... వయస్సు: ..... లింగం:  మగ  ఆడ  
UHID సంఖ్య: ..... విభాగం / వార్డు: ..... తేదీ: .....

నేను శ్రీ / శ్రీమతి : ....., వృద్ధాప్యం .....  
నేను నా  కొడుకు /  కూతురిని హైదరాబాద్ లోని రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లో  
..... నా బిడ్డ కోసం ఫారులా ఫీడ్ కోసం నేను ఇందుమూలంగా సమ్మతి  
ఇస్తున్నాను. నాకు బాగా అర్థమయ్యే భాషలో ఫారులా ఫీడింగ్ ప్రయోజనాలు, రిస్కులు, ప్రత్యామ్నాయాల  
గురించి వైద్యులు నాకు వివరించారు.

పేషెంట్ అటెండెంట్ / గార్డియన్:  
సంతకం: .....  
పేరు: .....  
రోగితో సంబంధం: .....  
తేదీ & సమయం: .....

సాక్షి:  
సంతకం: .....  
పేరు: .....  
తేదీ & సమయం: .....

డాక్టర్ (అనుమతి తీసుకుంటున్నవారు):  
సంతకం: .....  
పేరు: .....  
తేదీ & సమయం: .....





# ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

## ADMISSION SHEET

### Registration Details :



Admission No : IP-00060414

Admit Date : 19-Jun-2026

Admit Time : 05:01 PM UHID : VIH-00206068

### Patient Details :

Patient Name : Baby B/O MUNIRA SHAHPURWALA

Age : 0 D

Guardian : Mr MUSTALI SHAHPURWALA

DOB : 19-06-2026 02:20 PM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : plot no-12-noor villa mubaram colony Gough  
Lines Hyderabad Telangana INDIA 500015

Phone No : 8179908220/ 9848017199

E-mail : fatema.dsa@gmail.com

### 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 MUSTALI SHAHPURWALA

Relationship : Father

Contact Address : plot no-12-noor villa mubaram colony Gough  
Lines Hyderabad Telangana INDIA 500015

Phone No : 8179908220 / 9848017199



Signature

### Doctor Details :

Doctor Name : Dr. ATLURI KUNDANA PRIYA

Specialisation : NEONATOLOGY

Referral Doctor :

Phone No :

Co-Consultant :

### Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

# PATIENT TRANSFER FORM

VIH-00206068 IP-00060414  
Baby B/O MUNIRA SHAHPURWALA  
19-06-2026 0 Y 0 M 0 D 3 H (M)  
Dr. ATLURI KUNDANA PRIYA



Date & Time of Admission 19/6/26 at 5:01 PM		Date & Time of Transfer Order 19/6/26 @ 10 PM
Treating Consultant Name Dr. Atluri Kundana Priya	Transfer Ordered by Dr. Vishal	Reason for Transfer observation
From Unit MICU	To Unit Room (210)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 29.	Number of Imaging Films Nil	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.	Small koochees - (1)	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes  No

Dr. Vishal

Name & Signature of Person who is Transferring Sis. Ravi	Name of Person Ordered Transfer Dr. Vishal
---	---

Patient & Clinical Records Received by :

*[Signature]*

Date & Time of Patient Received :

*[Signature]*

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-00206068 IP-00060414  
Baby B/O MUNIRA SHAHPURWALA (M)  
19-06-2026 0 Y 0 M 0 D 3 H  
Dr. ATLURI KUNDANA PRIYA

## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o. munira Mother's Name: Mrs. Munira  
Date of Birth: 19/06/26 Time of Birth: 2:20:24pm Gender:  Male  Female  
Birth Weight: 3.24kg Kgs HC: 35 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: A positive Baby: \_\_\_\_\_  
Feeding:  Breast Feeding  Formula  Both First Feed Time: 3:00 PM

VIH-00204071 IP-00060401  
Mrs MUNIRA SHAHPURWALA  
29-11-1999 26 Y 6 M 22 D (F)  
Dr. BHAVANA K

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

### Physical Assessment of New Born:

Temp: 98.2 F HR: 152b/m/Min RR: 45/Min BP: \_\_\_\_\_ SpO<sub>2</sub>: 99%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment:  Yes  No Score: 16 (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 IM 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: K. Subramini

Signature: \_\_\_\_\_

Date & Time: 19/06/26 3pm

VIH-00206068 IP-00060414  
 Baby B/O MUNIRA SHAHPURWALA  
 19-06-2026 0 Y 0 M 0 D 3 H (M)  
 Dr. ATLURI KUNDANA PRIYA



## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : Mrs. Munira Age : ..... Father's Name : ..... Age : .....  
 Date of Birth : 28-11-98 Date of Admission : ..... UHID No. : .....  
 NICU Consultant : Dr Kundane Referring Consultant : Dr Bhavane  
 Transferring Unit :  OT  Labour Room  ER  Ward  
 Transported ?  Yes  No - If yes :  Long (> 30 kms)  Short (< 30 kms)

### BIRTH INFORMATION

Name : Yo Munira Mother's Blood Group : A+ Positive  
 Gender :  M  F Blood Group : ..... Birth Weight (gms) : 3.249 kg Length (cms) : .....  
 Date of Birth : 19/06/26 Time of Birth : 2:20:24 sec PM OFC (cms) : .....  
 Place of Birth : Rest-VHD Estimated Gesth Age : 39+3 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 26yr Ht : 164 Wt : 77 BMI : ..... Married Life : 1yr LMP : 15/9/25 EDD : 22/6/26  
 Conception : Spontaneous or with Rx : Spontaneous  
 Booked at what GA : 30+5 wks / m@vizi AN Steroids Drugs / Doses : .....  
 Last Scans Details : 15/6/26 Jewel/CLUP/Cephalic (L-32.38) Ae=207. AF=12.7cm  
Pl. Ant Hsch Doppler (R) 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 checked="" 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 / Redistribution in MCA ) / Ductus Venosus : ..... AFI : .....	H/o GDM/ pre GDM/ on diet or insulin <u>As low as 12</u> Controlled or not, recent values, HbA1 values : ..... Compliance with Rx : ..... Scans : LGA, TIFFA , Fetal Echo : <u>(N)</u> H/o Hypothyroidism : when diagnosed ? Medication? Any other Chronic Medical Problems, when detected drugs ? ..... ( Anemia, SLE, Jaundice, CHD, Heart Disease ) Infection : H/O, Fever ( <input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV ) UTI : when : ..... Any culture : .....
--	--

PPROM : Duration : .....  Uterine Tenderness  Foul Smelling Liquor  HVS (if taken) - Results : .....  
 Medication during Pregnancy : ..... Duration : .....

**PAST OBSTETRIC HISTORY**

G : ..... P : ..... A : ..... L : .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
	Prim		partu			

**PERINATAL HISTORY**

Treating Obstetrician : Dr. Bhavan Hospital : .....  Inborn  Outborn

**Duration of Labour**

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS :  Elective  Emergency Indication : .....

Specify the reason : NPOL & FAR

Augmentation of Labour :  Induced  Assisted Vaginal

CTG :  Normal  Suspicious  Pathological

MSL : 😊

Resuscitation :  Yes  No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....

**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-
<b>TOTAL</b>	<u>7/10</u>	<u>9/10</u>	

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP		<u>✓</u>	
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 :

CIAS



History of Present Illness:

3/0 Munire delivered vs  
↓  
Am UES.  
↓  
2 loops around neck  
↓  
C/AB  
↓  
Dec down for 60k  
↓  
Sutures closed  
↓  
Zy vit K ifugan  
↓  
cord clamp cut 24HUB

Investigation details in previous Hospital :

at 5' of life -  $SpO_2$  - 70%  $HA > 100$   
↓  
mild RCL  
DL LAP - PEEP - 5  
 $SpO_2$  - 29

Feeding History :

giver 1 min  
 $SpO_2 > 90\%$  SCRO.  
↓

Past History :

Early c/frow  
↓  
Shift to mother side.

Family History :

Socio Economic History :

**GENERAL EXAMINATION ON ADMISSION**

General Disposition :

*lit good*

VITALS : Temperature : *36.7°C* HR : *160/min* RR : *45/min* NIBP : ..... CFT : *c3a*

Color of the extremities : *Acrocyanosis*

Jaundice : ..... Pallor : ..... SpO2 : *94%RA*

Anthropometry : Birth Weight : *3.2kg* Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... **AGA** : ..... SGA : ..... LGA : .....

**HEAD TO TOE EXAMINATION**

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

Facies :  
(Any Facial  
Dysmorphism)

NECK and CLAVICLES : Range of Motion :  
Asymmetry : *10*  
Masses :

EYES : Symmetry :  
Red Reflex : *no chel*  
Discharge :

EARS, NOSE MOUTH and THROAT : Ear set / Shape :  
Periauricular Pits / Tags :  
Nasal shape / Patency : *10*  
Palate :  
Gums :  
Lips :  
Tongue :



**THORAX and BREASTS :** Shape of Thorax : ⊙  
 Position of Nipples and Number :

**ABDOMEN and UMBILICUS :** Shape :  
 Organomegaly :  
 Bowel Sounds : 2 ACTIVE ⊕  
 Umbilical Stump :  
 Discharge :

**GENITILIA :** Labia / Hymen :  
 Testicles/penis : du testis palpam  
 Anus :

**HERNIAL ORIFICES** free

**TRUNK and SPINE :** ⊙

**SKIN LESIONS :**

**EXTREMETIES :** Fingers / Toes : Arms / Legs :  
 Deformities : (not noted) ⊕ Mobility :  
 Hip Joint Examination :

**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 : .....  
 SpO<sub>2</sub> : 98/100 Auscultation : B/E ⊕ Breath Sounds : 2 ACTIVE ⊕ Added Sounds : .....

**Cardiovascular System :**  
 HR : 120/min BP : ..... Precordial Activity : ⊙  
 Femoral Pulses : ⊕ Murmurs : .....  
 Other Peripheral Pulses : ⊕ Signs of Cardiac Failure : .....

**Abdomen :** Hernia orifice : ⊕  
 Shape : ..... Anal Patency : .....  
 Palpation : soft Umbilical Cord : 2 ACTIVE ⊕  
 Palpable masses : ..... First urine passed : .....  
 Abdominal girth : ..... 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 : *B/Lc moros equivlent* DTR : .....

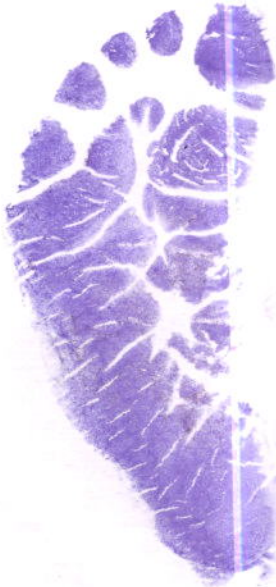
ATNR : ..... Skull and Spine : .....

Any Congenital Anomalies : .....

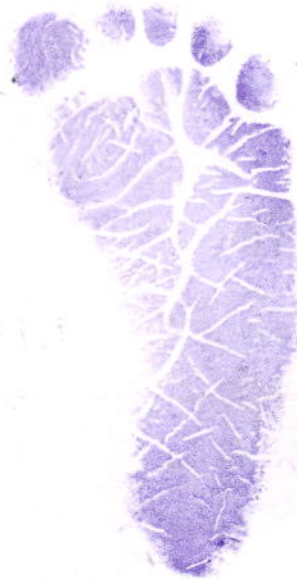
Diagnosis : *term / enceph / mch / G202 / A.A /*

**FOOT PRINTS**

Left Side :



Right Side :



*Taken by  
Megha  
19/6/26*

**Resident Doctor :**

Signature : .....

Name : .....

Date & Time : .....

**Consultant :**

Signature : *[Signature]*

Name : *Dr. K. Anand Prasad*

Date & Time : *20/6/26 9AM*

**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:  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: *DRF 2ndly*

*- OAE / CBR / NBS 2ndly*  
*- monitor & refer*  
*- Immunize*

Doctor Signature: *[Signature]*

Doctor Name: *[Signature]*

Date & Time: *2:45pm / 19/6/26*

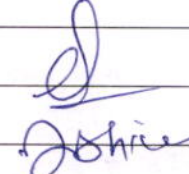


**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
20/6/26	cls/B Dr Kundana	
9:30 AM	Term / 39+3 wks / Used / NPOC / 3.249g / male	
	M.BG - Active	
	B.BG - D +ve	
	T.Wt - 3.171g (170g)	
	VACC: TODAY.	Ad
	OAE after 3pm.	
	TCB T/m.	- DBF / B buray 20g
	Kp	- Vaccines today
	for Kundana Priya	- OAE after 3pm
	20/6/26	- TCB T/m
	9 AM	
	Dr. Kundana Priya	
	Reg.No.APMC/FMR/97354	
	noted by	
	Akarsha	
	20/6/26	
	@10 am.	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 14:30	<u>CB/B Residual</u>	
	C/T/A good CB - 85% B - 3/4 P/A - soft Vg Stool	<u>Plc</u> DBR / 16 burp 20/6/26 CB T/m
20/6/26	<u>Lactation notes (Munira Shaipurwala)</u> <ul style="list-style-type: none"> <li>• 1st time mother</li> <li>• flat nipples both sides</li> <li>• baby is struggling at breast</li> <li>• advised to hand express and offer with paladai</li> <li>• To invest in breast pump</li> <li>• To track due feeding in due sheet given</li> </ul>	 John
	Ok 6:45 pm	Stated by 20/6/26 @ 8 PM







**NURSING SHIFT HAND OVER FORM**

SITUATION	Diagnosis: <u>prem / Em. LCS / male (GIAB)</u> <u>Agut 1</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:	Post OP Day:					
BACKGROUND	Date	<u>19/6/26</u>	<u>19/6/26</u>	<u>19/6/26</u>	<u>20/6/26</u>	<u>20/6/26</u>	
	Shift	<u>E</u>	<u>Night</u>	<u>N</u>	<u>M</u>	<u>E</u>	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	
	Diet:	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<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	
	Vital Signs:	Temp:	<u>98.6 F</u>	<u>98.4 F</u>	<u>98.6 F</u>	<u>98.0 F</u>	<u>98.0 F</u>
		Res:	<u>40 blm</u>	<u>50 blm</u>	<u>40 blm</u>	<u>41 blm</u>	<u>42 blm</u>
		SpO <sub>2</sub> :	<u>100%</u>	<u>100%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>
		Pulse:	<u>143 blm</u>	<u>149 blm</u>	<u>140 blm</u>	<u>145 blm</u>	<u>142 blm</u>
		BP:	-	-	-	-	-
	LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	
	Fall Risk Score:	<u>16</u>	<u>16</u>	<u>16</u>	<u>16</u>	<u>16</u>	
Pain Score:	<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>		
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	
	Physiotherapy:	-	<u>Nil</u>	<u>Nil</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	
	Special Diet:	<u>DBF</u>	<u>Nil</u>	<u>Nil</u>	<u>DBF</u>	<u>DBF</u>	
	Critical Lab Test / Values:	<u>NO</u>	<u>Nil</u>	<u>NO</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	
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		
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		
ADL (Dependent / Non Dependent):	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>		
Post Operative Procedure Special Orders:		-	-	-	<u>SBRTM</u>	<u>SBRTM</u>	
Handed Over By Name :		<u>Kahul</u>	<u>Rani</u>	<u>Sony</u>	<u>Akanbh</u>	<u>Akanbh</u>	
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>19/6/26</u>	<u>19/6/26</u>	<u>20/6/26</u>	<u>20/6/26</u>	<u>21/6/26</u>	
Time:		<u>8 AM</u>	<u>10 PM</u>	<u>5 AM</u>	<u>2 PM</u>	<u>8 PM</u>	
Taken Over By Name :		<u>Rani</u>	<u>Sony</u>	<u>Akanbh</u>	<u>Akanbh</u>	<u>Sony</u>	
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>19/6/26</u>	<u>19/6/26</u>	<u>20/6/26</u>	<u>20/6/26</u>	<u>21/6/26</u>	
Time:		<u>8 PM</u>	<u>10 PM</u>	<u>2 AM</u>	<u>2 PM</u>	<u>8 AM</u>	



### NURSING SHIFT HAND OVER FORM

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



# NURSING CARE RECORD

Date: 19/6/26

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							
Afternoon	5 PM	TO ensure safety	5 PM	TO provide cradle coize	TO prevent fall Risk	Baby is good	Ju 19/6/26
	7 PM	maintain fluid balance	7 PM	Maintain DR 2 <sup>nd</sup> hourly	Maintained de hydration.	Baby is safe.	J 19/6/26
Night	9 PM	ensure safety	9:10 PM	⇒ provided cradle & warm care	⇒ patient safety	⇒ Baby safe & comfortable	J 19/6/26
	12 AM	Maintain fluid balance	12 AM	* DR every 2 <sup>nd</sup> hourly	* TO prevent dehydration	* Baby is safe & sucking very well	Souf 19/6/26 @ 8 AM



# NURSING CARE RECORD

Date: 20/6/26

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	* Maintain good nutritional status * Ensure safety	10 AM 11 AM	* Feeding & Burping given every 2nd hour Baby is on crib	* Prevent dehydration * Baby is safe	* Re-Assessment done. Baby is stable.	Shankar 20/6/26 @ 2pm
Afternoon	3pm 5pm	* Ensure safety * Maintain Good Nutritional safety	3:15 PM 5:15 PM	Baby is on crib Feeding & Burping given Every 2nd hourly	Baby is safe Prevent dehydration	Reassessment Done. Baby is safe	Shankar 20/6/26 @ 4pm
Night	9pm	* Maintain fluid balance	11pm	* Every 2nd feeding & Burping is given	* prevent dehydration	Baby is safe & comfortable	Sony 21/6/26 @ 11pm

# NURSING CARE RECORD

Date: .....

**Goals**

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

VIH-00206088 IP-00080414  
Baby B/O MUNIRA SHAHPURWALA  
19-06-2026 0 Y 0 M 0 D 10 H (M)  
Dr. ATLURI KUNDANA PRIYA



VIH-00206068 IP-00060414  
 Baby B/O MUNIRA SHAHPURWALA  
 19-06-2026 0 Y 0 M 0 D 10 H (M)  
 Dr. ATLURI KUNDANA PRIYA



# NURSING CARE RECORD



Date: .....

**Goals**

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby B/O MUNIRA SHAHPURWALA Age : 0 Y 0 M 0 D 2 H
IP No: IP-00060414 Sex: Male
Consultant: Dr. ATLURI KUNDANA PRIYA 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 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.
(Receivers Signature:.....)

- 3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Mustali

Relationship: Father

Date: 19/6/26

Witness Name:

Witness Signature: Eteay

Patient Address:

plot no-12-noor villa mubaram colony
Gough Lines Hyderabad Telangana
INDIA 500015

Time: 5-01 pm



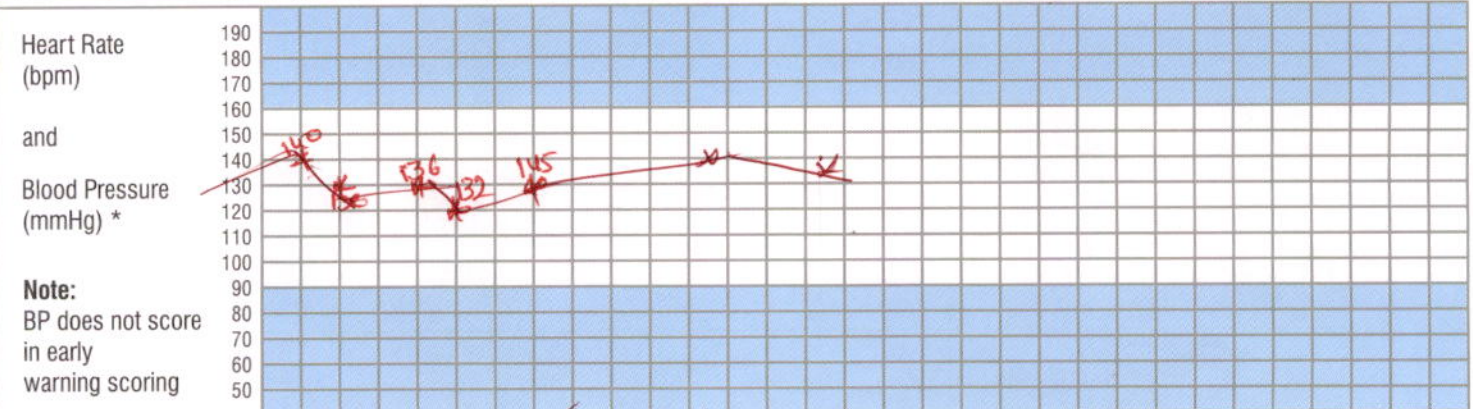
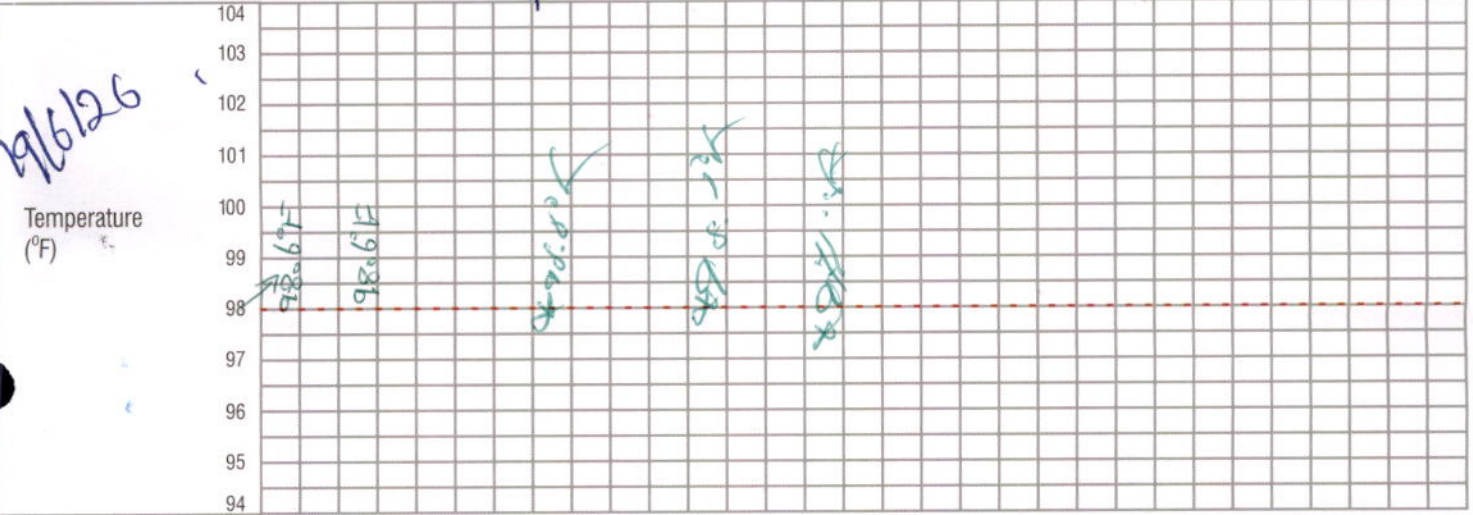
**INFANT (<1 year)**  
 Children's Observation &  
 Early Warning Scoring Chart



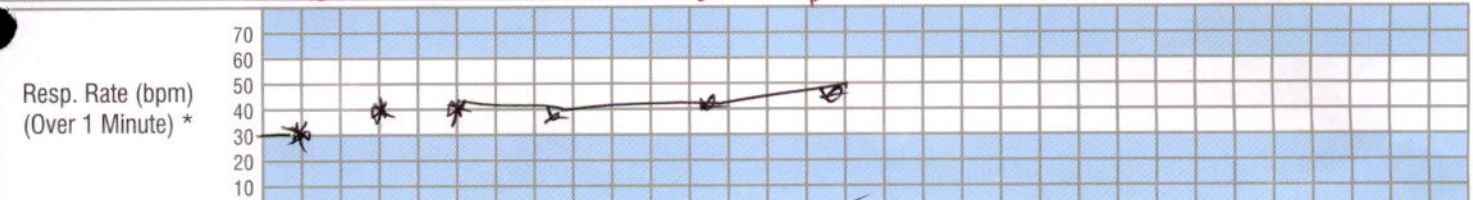
**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 19/6/26 Time: U 5 6 7 8 11 4 8  
 pm am am

Doctor/Nurse/Family Concern?



Heart Rate (Number) 140 136 132 145 140 135



Resp Rate (Number) 38 40 40 37 41 45

Resp Distress: Mod/ Severe None / Mild  
 ✓ ✓ ✓

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%)  
 99 99 99 91 99 99

Conscious Level: Normal Altered  
 NA NA NA NA NA NA

GCS \*  
 NA NA NA NA NA NA

**TOTAL SCORE**  
 Number of shaded boxes: 0 0 0 0 0 0  
 Pain Score: 0 0 0 0 0 0  
 Observer's Initials: [Handwritten initials]

- 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

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-00206088 IP-00060414  
 Baby B/O MUNIRA SHAHPURWALA  
 18-06-2026 0 Y 0 M 0 D 10 H (M)  
 Dr. ATLURI KUNDANA PRIYA



# CLINICAL 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION:</b> 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>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 20/6/26	Time:	10	2	4	6	8	12	4	7
Doctor/Nurse/Family Concern?		AB	AN	AN	AN	AN	AN	AN	AN
Temperature (°F)		98.0	97.2	98.2	98.0	98.0	98.0	98.0	98.0
Heart Rate (bpm)		141	149	143	145	140	134	141	141
Blood Pressure (mmHg) *									
Resp. Rate (bpm) (Over 1 Minute) *		43	41	42	40	40	41	41	37
Resp Mod/ Severe Distress None / Mild									
Receiving O <sub>2</sub> (l/min) O <sub>2</sub> Saturations (%)		0%	0%	0%	0%	0%	0%	0%	0%
Conscious Level Normal / Altered		C	C	C	C	C	C	C	C
GCS *									
<b>TOTAL SCORE</b>		0	0	0	0	0	0	0	0
Number of shaded boxes		0	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0
Observer's Initials		AB	AN	AN	AN	AN	AN	AN	AN

**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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION:</b> 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>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> 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)



## 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)



**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.

19/6/26

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	DBF										
	04:00 pm	DBF										
	05:00 pm											
	06:00 pm	DBF										
	07:00 pm	DBF										

Total Intake :

Total Output : Passed

	08:00 pm											
	09:00 pm	DBF ✓										
	10:00 pm											
	11:00 pm	DBF										
	12:00 am											
	01:00 am	DBF										

Total Intake :

Total Output :

	02:00 am											
	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

# FLUID CHART

Sheet No. : .....

20/6/26

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

		Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
20/6/26	08:00 am										}	}
	09:00 am	DBF										
	10:00 am					✓			✓			
	11:00 am	DBF										
	12:00 pm											
	01:00 pm	DBF										
<b>Total Intake :</b>					<b>Total Output :</b>							
20/6/26	02:00 pm										}	}
	03:00 pm	DBF							✓			
	04:00 pm						✓					
	05:00 pm	DBF										
	06:00 pm								✓			
	07:00 pm	DBF										
<b>Total Intake :</b>					<b>Total Output :</b>							
20/6	08:00 pm										}	}
	09:00 pm	DBF										
	10:00 pm											
	11:00 pm	DBF					✓		✓			
	12:00 am											
	01:00 am	DBF										
<b>Total Intake :</b>					<b>Total Output :</b>							
21/6	02:00 am										}	}
	03:00 am	DBF										
	04:00 am								✓			
	05:00 am	DBF										
	06:00 am						✓					
	07:00 am	DBF										
<b>Total Intake :</b>					<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

VIH-00206068 IP-00060414  
 Baby B/O MUNIRA SHAHPURWALA  
 19-08-2026 0 Y 0 M 0 D 10 H (M)  
 Dr. ATLURI KUNDANA PRIYA



# 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			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							



VIH-00206068 IP-00060414  
 Baby B/O MUNIRA SHAHPURWALA  
 19-06-2028 0 Y 0 M 0 D 3 H (M)  
 Dr. ATLURI KUNDANA PRIYA



## 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					





### HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			19/6/26	19/6/26	20/6/26	20/6/26	20/6/26
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3	-	-	-	-	-
	7 to less than 13 years old	2	-	-	-	-	-
	13 years old and above	1	-	-	-	-	-
Gender	Male	2	2	2	2	2	2
	Female	1	-	-	-	-	-
Diagnosis	Neurological Diagnosis	4	-	-	-	-	-
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	-	-	-	-	-
	Psych / Behavioral Disorders	2	-	-	-	-	-
	Other Diagnosis	1	1	1	2	1	1
Cognitive Impairments	Not aware of Limitations	3	-	-	-	-	-
	Forget Limitations	2	-	-	-	-	-
	Oriented to own ability	1	-	-	-	-	-
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	-	-	-	-	-
	Patient Placed in Bed	2	-	-	-	-	-
	Outpatient Area	1	-	-	-	-	-
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	-	-	-	-	-
	Within 48 hours	2	-	-	-	-	-
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	-	-	-	-	-
	Hypnotics	3	-	-	-	-	-
	Barbiturates	3	-	-	-	-	-
	Phenothiazines	3	-	-	-	-	-
	Antidepressants	3	-	-	-	-	-
	Laxatives / Diuretics	3	-	-	-	-	-
	Narcotics	3	-	-	-	-	-
	One of the Meds listed above	2	-	-	-	-	-
	Other Medications / None	1	1	1	1	1	1
<b>Total</b>			16	16	16	16	16

**Intervention:**

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		code	code	code	code	code
Call device within reach		-	-	-	-	-
Wheels Locked		yes	-	-	-	-
Room free of clutter		-	-	-	-	-
Adequate lighting		-	-	-	-	-
Wheel chair support		-	-	-	-	-
Other Intervention(s) Specify		-	-	-	-	-
Nurse's Name:		Delin	Ran	Sony	Aly	Aly
Signature:		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		19/6/26	19/6/26	20/6/26	20/6/26	20/6/26
Time:		3pm	8am	4pm	12pm	8pm

1. The first part of the document

2. The second part of the document

3. The third part of the document

4. The fourth part of the document

5. The fifth part of the document

6. The sixth part of the document

7. The seventh part of the document

8. The eighth part of the document

9. The ninth part of the document

10. The tenth part of the document

11. The eleventh part of the document

12. The twelfth part of the document

13. The thirteenth part of the document



### THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1					
<b>Total</b>		<b>16</b>					

**Intervention:**

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	OK						
Call device within reach							
Wheels Locked							
Room free of clutter							
Adequate lighting							
Wheel chair safe							
Other Intervention(s) Specify							
Nurse's Name:		Shruti					
Signature:		[Signature]					
Date:		21/6					
Time:		4:00 PM					

# Neonatal / Infant Braden Q Scale

VIH-00206088 IP-00060414  
Baby B/O MUNIRA SHAHPURWALA  
18-06-2026 0 Y 0 M 0 D 10 H (M)  
Dr. ATLURI KUNDANA PRIYA

Patient Name : ...

Age.....

Ref. No.: F/HW/BRD-Q/NSG/04

20/6 @ 1 AM

Intensity and Duration of Pressure					Score
<b>General Physical Condition</b>	<b>1. Gestational Age ≤ 28 weeks</b>	<b>1. Gestational Age &gt; 28 weeks and ≤ 33 weeks</b>	<b>1. Gestational Age &gt; 33 weeks and ≤ 38 weeks</b>	<b>1. Gestational Age &gt; 38 weeks</b>	1
<b>Mobility :</b> The ability to change and control body position	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position due to sedation or paralytic medication	<b>2. Very Limited:</b> Makes occasional slight changes in body or extremity position.	<b>3. Slightly Limited:</b> Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities.	<b>4. No Limitations:</b> Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc)	3
<b>Activity:</b> The degree of physical activity	<b>1. Bedfast :</b> Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment	<b>2. Very Limited:</b> Tolerates position changes, may be lifted to reposition but is not out of bed	<b>3. Slightly Limited:</b> Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care.	<b>4. No Limitations:</b> Can be repositioned or held freely, OOB to mat, chair, swing, scheduled play times	3
<b>Sensory perception:</b> The ability to respond in a developmentally appropriate way to pressure-related discomfort	<b>1. Completely Limited:</b> Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication	<b>2. Very Limited:</b> Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm	<b>3. Slightly Limited:</b> Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming	<b>4. No Impairment:</b> Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors.	3
<b>Tolerance of the Skin and Supporting Structure</b>					
<b>Moisture</b> Degree to which skin is exposed to moisture	<b>1. Constantly Moist:</b> Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Limited :</b> Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output (diarrhea or urine).	<b>3. Occasionally Moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely Moist :</b> Skin is usually dry, routine diaper change, linen only requires changing every 24 hours.	3
<b>Friction - Shear</b> Friction: occurs when skin moves against support surfaces Shear occurs when skin and adjacent bony surface slide across one another	<b>1. Significant Problem:</b> Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces.	<b>2. Problem :</b> Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning.	<b>3. Potential Problem :</b> During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down.	<b>4. No Apparent Problem :</b> Able to completely lift patient during a position change. Maintains good position in bed or chair at all times.	9
<b>Nutrition</b> Usual food intake pattern	<b>1. Very poor:</b> NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight.	<b>2. Inadequate :</b> Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight.	<b>3. Adequate :</b> Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day.	<b>4. Excellent :</b> Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/kg/day < 2kg weight or 20gm/day/ ≥ 2kg	7
<b>Tissue Perfusion and Oxygenation</b>	<b>1. Extremely Compromised:</b> Hypotensive (MAP < 50mmHg; < 40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements.	<b>2. Compromised:</b> Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be < 95%; Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is < 7.40, unstable body temperature, oxygen	<b>3. Adequate :</b> Normotensive by self or compensated; Oxygen saturation may be < 95 % Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is normal, stable body temperature, oxygen	<b>4. Excellent:</b> Normotensive by self, Oxygen saturation > 95%; Normal Hgb; Capillary refill < 2 seconds, no oxygen, stable body temperature.	4

Total: If < 20 at Risk for Skin Breakdown



# Neonatal / Infant Braden Q Scale

Patient Name : .....

Age..... Gender :  M  F IP No. : .....

20/6/2000

Intensity and Duration of Pressure					Score
General Physical Condition	1. Gestational Age ≤ 28 weeks	1. Gestational Age > 28 weeks and ≤ 33 weeks	1. Gestational Age > 33 weeks and ≤ 38 weeks	1. Gestational Age > 38 weeks	
<b>Mobility :</b> The ability to change and control body position	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position due to sedation or paralytic medication	<b>2. Very Limited:</b> Makes occasional slight changes in body or extremity position.	<b>3. Slightly Limited:</b> Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities.	<b>4. No Limitations:</b> Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc)	1 3
<b>Activity:</b> The degree of physical activity	<b>1. Bedfast :</b> Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment	<b>2. Very Limited:</b> Tolerates position changes, may be lifted to reposition but is not out of bed	<b>3. Slightly Limited:</b> Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care.	<b>4. No Limitations:</b> Can be repositioned or held freely, OOB to mat, chair, swing, scheduled play times	3
<b>Sensory perception:</b> The ability to respond in a developmentally appropriate way to pressure-related discomfort	<b>1. Completely Limited:</b> Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication	<b>2. Very Limited:</b> Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm	<b>3. Slightly Limited:</b> Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming	<b>4. No Impairment:</b> Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors.	3
Tolerance of the Skin and Supporting Structure					
<b>Moisture</b> Degree to which skin is exposed to moisture	<b>1. Constantly Moist:</b> Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Limited :</b> Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output (diarrhea or urine).	<b>3. Occasionally Moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely Moist :</b> Skin is usually dry, routine diaper change, linen only requires changing every 24 hours.	3
<b>Friction - Shear</b> Friction: occurs when skin moves against support surfaces Sliear occurs when skin and adjacent bony surface slide across one another	<b>1. Significant Problem:</b> Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces.	<b>2. Problem :</b> Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning.	<b>3. Potential Problem :</b> During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down.	<b>4. No Apparent Problem :</b> Able to completely lift patient during a position change. Maintains good position in bed or chair at all times.	4
<b>Nutrition</b> Usual food intake pattern	<b>1. Very poor:</b> NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight.	<b>2. Inadequate :</b> Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight.	<b>3. Adequate :</b> Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day.	<b>4. Excellent :</b> Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/kg/day < 2kg weight or 20gm/day/ ≥ 2kg	3
<b>Tissue Perfusion and Oxygenation</b>	<b>1. Extremely Compromised:</b> Hypotensive (MAP < 50mmHg; < 40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements.	<b>2. Compromised:</b> Normotensive but compensated; extremities cool, cardiac defects. Oxygen saturation may be < 95%; Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is < 7.40, unstable body temperature, oxygen	<b>3. Adequate :</b> Normotensive by self or compensated; Oxygen saturation may be < 95 % Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is normal, stable body temperature, oxygen	<b>4. Excellent:</b> Normotensive by self, Oxygen saturation > 95%; Normal Hgb; Capillary refill < 2 seconds, no oxygen, stable body temperature.	4

Total: If < 20 at Risk for Skin Breakdown

24

# Neonatal / Infant Braden Q Scale

Patient Name : .....

Age..... Gender :  M  F IP No. : .....

20/6 @ 5pm

Intensity and Duration of Pressure					Score
General Physical Condition	1. Gestational Age ≤ 28 weeks	1. Gestational Age > 28 weeks and ≤ 33 weeks	1. Gestational Age > 33 weeks and ≤ 38 weeks	1. Gestational Age > 38 weeks	
<b>Mobility :</b> The ability to change and control body position	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position due to sedation or paralytic medication	<b>2. Very Limited:</b> Makes occasional slight changes in body or extremity position.	<b>3. Slightly Limited:</b> Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities.	<b>4. No Limitations:</b> Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc)	1 3
<b>Activity:</b> The degree of physical activity	<b>1. Bedfast :</b> Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment	<b>2. Very Limited:</b> Tolerates position changes, may be lifted to reposition but is not out of bed	<b>3. Slightly Limited:</b> Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care.	<b>4. No Limitations:</b> Can be repositioned or held freely, OOB to mat, chair, swing, scheduled play times	3
<b>Sensory perception:</b> The ability to respond in a developmentally appropriate way to pressure-related discomfort	<b>1. Completely Limited:</b> Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication	<b>2. Very Limited:</b> Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm	<b>3. Slightly Limited:</b> Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming	<b>4. No Impairment:</b> Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors.	3
Tolerance of the Skin and Supporting Structure					
<b>Moisture</b> Degree to which skin is exposed to moisture	<b>1. Constantly Moist:</b> Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Limited :</b> Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output (diarrhea or urine).	<b>3. Occasionally Moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely Moist :</b> Skin is usually dry, routine diaper change, linen only requires changing every 24 hours.	3
<b>Friction - Shear</b> Friction: occurs when skin moves against support surfaces Shear occurs when skin and adjacent bony surface slide across one another	<b>1. Significant Problem:</b> Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces.	<b>2. Problem :</b> Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning.	<b>3. Potential Problem :</b> During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down.	<b>4. No Apparent Problem :</b> Able to completely lift patient during a position change. Maintains good position in bed or chair at all times.	4
<b>Nutrition</b> Usual food intake pattern	<b>1. Very poor:</b> NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight.	<b>2. Inadequate :</b> Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight.	<b>3. Adequate :</b> Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day.	<b>4. Excellent :</b> Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/kg/day < 2kg weight or 20gm/day/ ≥ 2kg	3
<b>Tissue Perfusion and Oxygenation</b>	<b>1. Extremely Compromised:</b> Hypotensive (MAP < 50mmHg; < 40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements.	<b>2. Compromised:</b> Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be < 95%; Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is < 7.40, unstable body temperature, oxygen	<b>3. Adequate :</b> Normotensive by self or compensated; Oxygen saturation may be < 95 % Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is normal, stable body temperature, oxygen	<b>4. Excellent:</b> Normotensive by self, Oxygen saturation > 95%; Normal Hgb; Capillary refill < 2 seconds, no oxygen, stable body temperature.	4

Total: If < 20 at Risk for Skin Breakdown

24

# Neonatal / Infant Braden Q Scale

Patient Name : .....  
Age..... Gender :  M  F IP No. : .....

2/16 @ 1 AM

Intensity and Duration of Pressure					Score
General Physical Condition	1. Gestational Age ≤ 28 weeks	1. Gestational Age > 28 weeks and ≤ 33 weeks	1. Gestational Age > 33 weeks and ≤ 38 weeks	1. Gestational Age > 38 weeks	
<b>Mobility :</b> The ability to change and control body position	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position due to sedation or paralytic medication	<b>2. Very Limited:</b> Makes occasional slight changes in body or extremity position.	<b>3. Slightly Limited:</b> Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities.	<b>4. No Limitations:</b> Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc)	1 3
<b>Activity:</b> The degree of physical activity	<b>1. Bedfast :</b> Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment	<b>2. Very Limited:</b> Tolerates position changes, may be lifted to reposition but is not out of bed	<b>3. Slightly Limited:</b> Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care.	<b>4. No Limitations:</b> Can be repositioned or held freely, OOB to mat, chair, swing, scheduled play times	3
<b>Sensory perception:</b> The ability to respond in a developmentally appropriate way to pressure-related discomfort	<b>1. Completely Limited:</b> Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication	<b>2. Very Limited:</b> Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm	<b>3. Slightly Limited:</b> Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming	<b>4. No Impairment:</b> Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors.	3
Tolerance of the Skin and Supporting Structure					
<b>Moisture</b> Degree to which skin is exposed to moisture	<b>1. Constantly Moist:</b> Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Limited :</b> Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output (diarrhea or urine).	<b>3. Occasionally Moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely Moist :</b> Skin is usually dry, routine diaper change, linen only requires changing every 24 hours.	3
<b>Friction - Shear</b> Friction: occurs when skin moves against support surfaces Shear occurs when skin and adjacent bony surface slide across one another	<b>1. Significant Problem:</b> Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces.	<b>2. Problem :</b> Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning.	<b>3. Potential Problem :</b> During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down.	<b>4. No Apparent Problem :</b> Able to completely lift patient during a position change. Maintains good position in bed or chair at all times.	4
<b>Nutrition</b> Usual food intake pattern	<b>1. Very poor:</b> NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight.	<b>2. Inadequate :</b> Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight.	<b>3. Adequate :</b> Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day.	<b>4. Excellent :</b> Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/kg/day < 2kg weight or 20gm/day/ ≥ 2kg	3
<b>Tissue Perfusion and Oxygenation</b>	<b>1. Extremely Compromised:</b> Hypotensive (MAP < 50mmHg; < 40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements.	<b>2. Compromised:</b> Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be < 95%; Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is < 7.40, unstable body temperature, oxygen	<b>3. Adequate :</b> Normotensive by self or compensated; Oxygen saturation may be < 95 % Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is normal, stable body temperature, oxygen	<b>4. Excellent:</b> Normotensive by self, Oxygen saturation > 95%; Normal Hgb; Capillary refill < 2 seconds, no oxygen, stable body temperature.	4

Total: If < 20 at Risk for Skin Breakdown



## PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/6	1Am	6	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	Sony
20/6	9Am	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	0	Sony
20/6	5pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	Sony
21/6	1Am	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	-	Sony
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Re-assessment Frequency:**

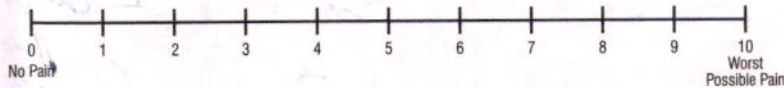
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
  - At least every 2 hours for the first 24 hours
  - Then every 4 hours.
  - Prior to pain pain-relieving intervention.
  - Within 30 – 60 minutes after pain relief intervention.

# PAIN ASSESSMENT TOOLS

## FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

### Numerical Pain Scale (Obstetric and Gynecology)



## Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
<b>Crying Irritability</b>	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
<b>Behavior State</b>	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
<b>Extremities Tone</b>	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
<b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b>	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

### Wong - Baker (Pediatrics) Above 7 Years

