

VIH-00206039 IP-00060461  
Baby B/O RAMA MANASA  
18-06-2026 0 Y 0 M 6 D (F)  
Dr. JARJAPU KIREETI



**ACTIVITY RECORD FOR BILLING**

Name: -----  
UHID No : ----- IP No : ----- Consultant : ----- Dept: Pediatrics  
Date of Admission : 24/6/26 Time : 2:43 PM Date of Discharge : ----- Time: -----  
Room / Bed No : 108 Ward : 1st Floor Suggested Billable bed type : -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
<u>24/6/26</u>	<u>3:25 PM</u>	<u>ER</u>	<u>108 (1st Floor)</u>	<u>[Signature]</u>

**Cross Consultation Visit**

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







Name	Baby B/O RAMA MANASA	UHID	VIH-00206039
Father/Guardian	Mr SRI TEJA DIXITH	Age/Gender	0 Y 0 M 7 D/Female
Address	2-19-80/a/2, RAGHAVENDRA NAGAR COLONY, KALYANPURI, Uppal, Hyderabad, Telangana, INDIA, 500039		
IP No	IP-00060461	Admission Date	24-06-2026
Ref Doctor		Discharge Date	25-06-2026

### DISCHARGE SUMMARY

#### Consultant:

#### Dr. JARJAPU KIREETI

MBBS MD (Pediatrics) DrNB (Neonatology)  
Fellowship in Neonatology  
(Oxford University Hospitals, U.K) MRCPCH (UK)  
APMC/FMR/80261

#### Diagnosis: Neonatal hyperbilirubinemia

**History:** Baby of RAMA MANASA is a 7 days old term, baby girl delivered by elective LSCS on 18.06.2026 at 1:44 pm. Birth weight was 2.99 kgs. Baby cried immediately after birth. On day-6 of life, baby was found to have yellowish discolouration of skin and eyes. For the above complaints, she was investigated on OPD basis. In view of jaundice, she was admitted to Rainbow Children's Hospital for further management.

**OPD basis investigations:** Serum bilirubin was 17.4 mg/dl with direct fraction of 0.2 mg/dl and indirect fraction of 17.2mg/dl.

**Examination:** She was euthermic, euvoletic & maintaining saturations at room air. HR- 130/min, BP - 60/40 mmHg and RR- 30/min. Icterus was present upto lower limbs. Chest was clear with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Name

Baby B/O RAMA  
MANASA

UHID

VIH-00206039

Weight on Admission : 2.90 kgs.  
Weight on Discharge : 2.99 kgs.  
Mother blood group : "O" Positive  
Baby blood group : "B" Positive

**Investigations:** Enclosed.

**Management:** She was admitted in ward. She was started on double surface phototherapy. Baby was continued on demand breastfeed + top up formula feed.

Hemogram showed Hb of 15.2 gm%, WBC count of 11,670 cells/cumm and platelet count of 3.21 lakhs/cumm. DCT was sent - report awaited.

Her serum bilirubin gradually decreased and her repeat bilirubin at the time of discharge is 6.8 mg/dl with indirect fraction of 6.7 mg/dl, hence phototherapy stopped. She remained hemodynamically stable and is being discharged with the following advice.

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

**Advice:**

1. Warmth care.
2. Breastfeeding + top up formula feed as advised.
3. Burping after each feed.
4. Immunization to be given as per schedule.
5. Vitamin D3 drops (1ml=800 IU), 0.5 ml once daily till 1 year of age.
6. Trace DCT report.
7. Kindly consult Dr. Jarjapu Kireeti, Consultant Pediatrician & Neonatologist, on 27.06.2026 (Saturday) in OPD with prior appointment (This consultation will be charged).

Name

Baby B/O RAMA  
MANASA

UHID

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

**BirthRight™**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

**To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to [www.rainbowhospitals.in](http://www.rainbowhospitals.in)**

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

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

Name :

Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr. Sameera  
DEO : MD Younus Pasha

**Registrar/Resident/C.M.O**

  
**Dr. JARJAPU KIREETI**

MBBS MD (Pediatrics) DrNB (Neonatology)  
Fellowship in Neonatology  
(Oxford University Hospitals, U.K) MRCPCH (UK)  
APMC/FMR/80261

PatientName : Baby B/O RAMA MANASA  
 Age/Gender : 0 Y 0 M 7 D/ Female  
 Ward/Bed : N 0 GF-EMERGENCY/ ER 101

Inpatient No. : IP-00060461  
 Admit Date : 24-06-2026  
 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
<b>BILIRUBIN (INDIRECT / DIRECT) (Specimen : SERUM)</b>			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :25-06-2026 13:36
TOTAL BILIRUBIN (Azobilirubin)	6.8	mg/dl	<10.5
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.6
UNCONJUGATED BILIRUBIN (Spectrophotometric)	6.7	mg/dl	0.6 - 10



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b>			TEST RESULT STATUS : REPORT ENTERED
			Order Date :25-06-2026 13:36
LYMPHOCYTES (Microscopy, Leishman stain)	50.5	%	H 26 - 36
RBC COUNT (DC detection method)	4.09	10 <sup>12</sup> /L	3.9 - 6.3
MONOCYTES (Microscopy, Leishman stain)	13.8	%	7 - 18
EOSINOPHILS (Microscopy, Leishman stain)	5.9	%	H 1 - 4
PCV/HCT (Calculated)	40.3	VOL%	42 - 66
MCV (Calculated)	98.4	fL	88 - 126
MCH (Calculated)	37.1	pg/cells	28 - 40
MCHC (Calculated)	37.7	g/dL	28 - 38
RDW-CV (Calculated)	14.0	%	13 - 18
PLATELET COUNT (DC Detection Method)	321	10 <sup>9</sup> /L	150 - 450
MPV (Calculated)	9.1	fL	6.5 - 10
WBC COUNT (DC Detection Method)	11.67	10 <sup>9</sup> /L	5 - 21
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	28.9	%	19 - 49
HEMOGLOBIN (Colorimetry)	15.2	g/dL	13.5 - 19.5



# ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE



## ADMISSION SHEET

### Registration Details :



Admission No : IP-00060461

Admit Date : 24-Jun-2026

Admit Time : 02:43 PM UHID : VIH-00206039

### Patient Details :

Patient Name : Baby B/O RAMA MANASA

Age : 0 Y 0 M 6 D

Guardian : Mr SRI TEJA DIXITH

DOB : 18-06-2026 01:44 PM

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : 2-19-80/a/2,RAGHAVENDRA NAGAR COLONY,  
KALYANPURI Uppal Hyderabad Telangana  
INDIA 500039

Phone No : 9966901487/

E-mail : na@gmail.com

### Admission Details :

Bed Type : SHARED WARD

Bed No : ER 101

Ward Name : N 0 GF-EMERGENCY

Room No : ER 101

Admission Type : First Visit

### Contact Details :

Name : Mr SRI TEJA DIXITH

Relationship : Father

Contact Address : 2-19-80/a/2,RAGHAVENDRA NAGAR  
COLONY,KALYANPURI Uppal Hyderabad  
Telangana INDIA 500039

Phone No : 9966901487 / 9849935327



Signature

### Doctor Details :

Doctor Name : Dr. JARJAPU KIREETI

Specialisation : GENERAL PEDIATRICS

Referral Doctor :

Phone No :

Co-Consultant :

### Payment Details :

Payment Mode : Cash

Deposit Amount : 0.59

Payor Name : MEDI ASSIST INSURANCE TPA PVT  
LTD

VIH-00206039 IP-00060461  
 Baby B/O RAMA MANASA  
 18-06-2026 0 Y 0 M 6 D (F)  
 Dr. JARJAPU KIREETI



wgt - 2.9 Kg



### EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/o Rama Manasa Age : 6 days Gender:  Male  Female

Date : 24/6/26 Time of Arrival : 2:11 pm

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

Source of Information :  Parents  Others (Specify):

Mode of Arrival :  Ambulatory  Wheelchair  Ambulance

Initial Vital Signs: Temp: 97.4°F PR: 134b/m BP: 58/49(52) RR: 34b/m SpO<sub>2</sub>: 99%

Chief Complaints: Cl. yellowish discoloration of skin and eye

<b>INITIAL PHYSIOLOGICAL CATEGORIZATION</b> Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding <u>yellowish</u>		Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea	<b>INITIAL PHYSIOLOGICAL STATUS</b> <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening
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Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

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

\* CTAS - Canadian Triage and Acuity Scale

[Signature]  
 Signature of Parent / Guardian  
 Triage Completion Time : 2:15 pm

### Communicable Disease Triage Screening

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

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

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

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

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

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

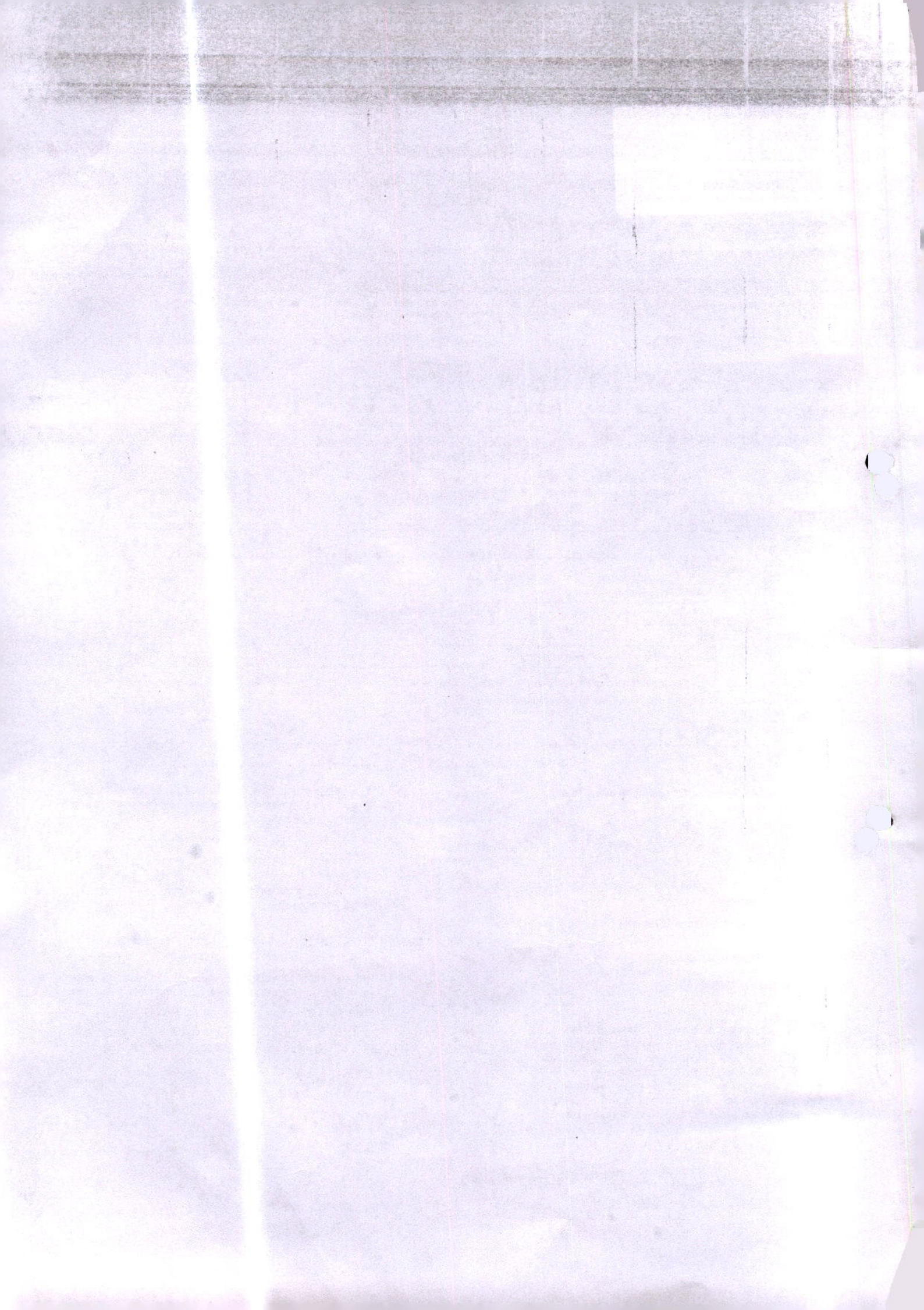
**PART D. ACTION / INTERVENTION:** (for positive suspected communicable disease triage screening)

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

Name of Triage Nurse : [Signature]

Signature of Triage Nurse : [Signature]

Date & Time : 24/6/26 @ 2:15 pm



6 D

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 Baby B/O RAMA MANASA  
 18-06-2026 0 Y 0 M 6 D (F)  
 Dr. JARJAPU KIREETI



**NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM**

Date : 24/6/26 Time of arrival : 2:16 Pm  
 Chief Complaints : Cl<sup>o</sup> yellowish descration of skin and eye RBS: —  
 Height : — Weight : 2.9 kg BMI : — Head Circumference (<2 years) : 35 cm  
 Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other: —  
 If yes, identify —

Pain Screening:  Yes  No If Yes, Pain Score: '0' Pain Tool Used:  N Pass  FLACC  Wong Baker  
 Character —  Location —  Frequency —  Duration —

<p><b>RISK FOR FALL:</b></p> <p><input checked="" type="checkbox"/> If patient is &lt; 6 years                  tick below fall risk intervention directly</p> <p><input type="checkbox"/> If Patient is &gt; 6 years                  Assess the below parameters</p> <p>History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Ambulatory Aids:</b></p> <ul style="list-style-type: none"> <li>Wheelchair <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Uses furniture for support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Gait/Transferring:</b></p> <ul style="list-style-type: none"> <li>Bedrest / immobile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Weak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Impaired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Mental Status:</b> Forgets limitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>IF YES FOR ANY CATEGORY = RISK FOR FALLING</b></p> <p><b>Fall Risk Intervention:</b></p> <ul style="list-style-type: none"> <li>Escort while ambulating <input type="checkbox"/></li> <li>Assist Patient <input type="checkbox"/></li> <li>Educate patient and family on fall precautions/prevention <input checked="" type="checkbox"/></li> </ul>	<p><b>Functional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li>Mobility Problem <input type="checkbox"/></li> <li>Walking Problem <input type="checkbox"/></li> <li>Developmental Delay <input type="checkbox"/></li> <li>Musculoskeletal Congenital Abnormality <input type="checkbox"/></li> </ul> <p><b>Inform consultant for positive criteria</b></p> <p>.....</p> <p><b>Nutritional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li>Underweight <input type="checkbox"/></li> <li>Overweight <input type="checkbox"/></li> <li>Feeding Problem <input type="checkbox"/></li> <li>Special diet <input type="checkbox"/></li> <li>Special feeding method <input type="checkbox"/></li> </ul> <p><b>Inform consultant for positive criteria</b></p>
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Psychological Screening:  No Significant Findings  
 Unusual concerns about patient's Psychological Status:  Yes  No

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

Social History: Lives With Family

Siblings in household  Yes  No (if yes How Many?) .....

Time of Initial assessment completed by ER Nurse : 24/6/26 @ 2:20 Pm

Patient Name : B/O. RAMA MANASA UHID : VIH-00206039 IPD : IP-00060461 Gender : Male Age : 0 Y 0 M 6 D

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

Time	Nursing Notes
2:11pm	=> Patient come to the ER.
2:15pm	=> vitals checked and Recorded.
2:17pm	=> Dr Sameera has been to the pt.
2:20pm	=> Dr Advice Admission
2:50pm	=> Admission done.
	=> SBR done on OPD Basis - 17.2mg/dL.
3:25pm	=> Patient shifted to the ward.

Samples collected by: } —  
 Samples sent by: } —

Time: } —  
 Time: } —

**Medication given in ER:**

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
<del>nil</del>					

Condition of patient at time of shift - out :	Details of Shift - out
HR: 136b/m BP: 120/80 CFT: 4354	Shift - out from ER to: 108
RR: 34b/m SPO <sub>2</sub> : 99%	Time of Shift - out: 24/6/26 @
GCS: 15/15 Temperature: 98.1F	Handover given to: S2 Manasa 3:25 pm
Pain Score: 1/1	(Nurse's Name) by S2 Architha
Repeat RBS (if applicable):	

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse: Architha Signature of the Nurse: AS  
 Date & Time: 24/6/26 at 3:25pm

VIH-00206039 IP-00060461  
 Baby B/O RAMA MANASA (F)  
 18-06-2026 0 Y 0 M 6 D  
 Dr. JARJAPU KIREETI



## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Rama manasa Mother's Name: Rama manasa  
 Date of Birth: 18/6/26 Time of Birth: 1:44 PM Gender:  Male  Female  
 Birth Weight: 2.9 Kgs HC: 34 cm Length: 49 cm  
 Meconium in Liquor:  Yes  No Cried at Birth:  Yes  No  
 Term / Pre-term / Post-term: \_\_\_\_\_  
 Resuscitated:  Yes  No Blood Group: Mother: 0+ve Baby: B+ve  
 Feeding:  Breast Feeding  Formula  Both First Feed Time: \_\_\_\_\_

VIH-00206039 IP-00060461  
 Baby B/O RAMA MANASA (F)  
 18-06-2026 0 Y 0 M 6 D  
 Dr. JARJAPU KIREETI

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

**Physical Assessment of New Born:**

Temp: 98.6 °C HR: 132 b/Min RR: 32 b/Min BP: \_\_\_\_\_ SpO<sub>2</sub>: 98%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment:  Yes  No Score: 14 (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: manasa

Signature: [Signature]

Date & Time: 24/6 @ 3:30 PM

# PATIENT TRANSFER FORM

VIH-00206039 IP-00060461 Baby B/O RAMA MANASA 18-06-2026 0 Y 0 M 6 D (F) Dr. JARJAPU KIREETI 		Date & Time of Admission <b>24/6/26 @ 2:43pm</b>	Date & Time of Transfer Order <b>24/6/26 @ 3:25 PM</b>
		Transfer Ordered by <b>Dr. Sameera.</b>	Reason for Transfer <b>Admission</b>
From Unit <b>EMR</b>	To Unit <b>108</b>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File <b>(2)</b>	Number of Imaging Films <b>-</b>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ? <b>OPD file given</b>	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Name & Signature of Person who is Transferring <b>Bhargava / Shy</b>		Name of Person Ordered Transfer <b>Dr. Sameera.</b>	
Patient & Clinical Records Received by : <b>manasa</b>			
Date & Time of Patient Received : <b>24/6/26 @ 3:35 PM</b>			

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



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

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

VIH-00206039      IP-00060461  
Baby B/O RAMA MANASA  
18-06-2026      0 Y 0 M 6 D      (F)  
Dr. JARJAPU KIREETI



Patient Name: \_\_\_\_\_

UHID ID: \_\_\_\_\_

Department: \_\_\_\_\_

Consultant: \_\_\_\_\_





### Pediatric Multiorgan History & Physical Examination

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ *Nil reported.* \_\_\_\_\_

\_\_\_\_\_

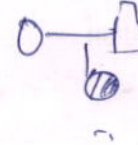
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Birth & Neonatal History:**

*Easy Term (37<sup>+</sup>6 wk) / AGA / LSCS /  
ACIAA / in NICU for 2 days.  
i/y/o RD - JTNA - CPAP.*



**Birth & Socio Economic History:**

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_ } *Class - II*

Any additional Information : \_\_\_\_\_

\_\_\_\_\_

**Developmental History :**

\_\_\_\_\_ *N/A* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Immunization History :**

\_\_\_\_\_ *Immunised at birth.* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)

Weight (kgs) ) 2.90 kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 97.4° F Pulse Rate : 135/min B.P. 59/49 (152) mmHg SPO2 99% RA

Resp. rate and type of breathing : 30/min

Rash \_\_\_\_\_

Lymphadenopathy no icterus upto legs

Oedema : \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

#### Respiratory System :

Inspection (any s/o distress) : \_\_\_\_\_

Air entry & breath sounds : BAE (+)

Any addes sounds : clear

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

#### Cardiovascular System :

Inspection of procordium : \_\_\_\_\_

Heart Sounds : SA (+)

Any murmur : no no murmurs

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

#### Per Abdomen :

Inspection \_\_\_\_\_

Palpation : soft, no organomegaly

Auscultation : \_\_\_\_\_

Spine : \_\_\_\_\_ External Genitalia : \_\_\_\_\_

Relevant data from outside (CT, USG etc.,) \_\_\_\_\_

VH-00206039 IP-00060461  
Baby B/O RAMA MANASA  
18-06-2026 0 Y 0 M 6 D (F)  
Dr. JARJAPU KIREETI



### Pediatric Multiorgan History & Physical Examination

**Central Nervous System :**

Level of Consciousness : AVPU/GCS score : conscious

Cranial Nerves : Intact

**Motor System:**

Nutriton : \_\_\_\_\_

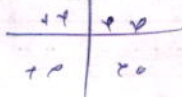
Tone: \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

**Reflexes :**



**DTR**

**Superficials:**

Plantars \_\_\_\_\_

**Sensory System :**

Bladder / Bowel : \_\_\_\_\_

**Clinical Summary & Diagnostic:**

Neonatal Hyperbilirubinemia

### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: N/A

Desired goals of the treatment : Treat the jaundice.

**Planned Labs:**

D/w Dr. Shreedhi

**Planned Management**

→ SBR T/w 12.00 PM

→ DB19 + FIE

→ DSPT

→ Vital 4<sup>th</sup> huly

Noted by Sr. Kiran  
24/6/26  
@ 8 pm

Signature of the Doctor: Samira T.

Signature of the Consultant: J. Kireet

Name of the Doctor: Dr. Samira

Name of the Consultant: K. Kireeti

Date & Time: 24.6.26 2.30 PM

Date & Time: 24/6/26



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
	NNHB	
24/6/26 4pm	37+6wlc / ABA / Cscs / IDM.	
	O/E	M: O+K
	Baby warm	B: B+Kc.
	CI/A good	
	CLT < 3scs	
Urine } stool }	CVR-RAS (+)	
	RFS - RAE (+)	
	PLA - RST	
		Plan
		1) DBM + PF
		2) cntue DSPT
		3) warmth
		4) Repeat SBR f/m <del>1pm</del>
		CBP
		OCT
Dr. Vishwak		
		noted by manasa
		24/6 4PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25.6.26 9.00am	S/A Requinta	
	<u>Neonatal Hypocalcaemia</u>	
	Am DSP7	
	o/e baby exam	
	reg.	
	low } (14)	
	actively	Plan
	cvs - 5, 9, 17	→ CBP, DCT
	RS - BACD, clear	SBR TX at
	P/A - soft	1.00PM today
		→ DBM + FF
	Y. wt: 2.90 kg	→ (SOS) discharge
	T. wt: 2.99 kg	
	MBG: +ve	→ IF SBR CR
	BBG: +ve	↓
	Sameera (Dr. Sameera)	→ O/E today
		P/A Monday
	noted by manasa 25/6 02pm	
		Jitendra Kireeti
		25/6/26



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Neonatal Hyperbilirubinemia		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known				
	Surgery / Procedure:		If Yes Specify: _____ Post OP Day:				
BACKGROUND	Date	24/6/26 Evening	24/6 E	24/6 N	25/6 M		
	Shift						
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil		
	Diet:	DBF/FF	DBF/FF	DBF/FF	DBF		
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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RIA	RI	RA	RI		
	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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	97.4°F	97.8°F	98.6°F	98.3°F	
		Res:	34b/m	30b/m	28b/m	20b/m	
		SpO <sub>2</sub> :	99%	98%	99%	98%	
		Pulse:	134b/m	130b/m	132b/m	130b/m	
		BP:	58/49(52)	-	-	-	
		LOC:	conscious	conscious	conscious	conscious	
		Fall Risk Score:	14	14	14	14	
	Pain Score:	0	0	0	0		
	Skin Integrity	Intact	Intact	Intact	Intact		
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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	Nil	Nil	Nil	Nil		
	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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	DBF/FF	DBF-FF	DBF-FF	DBF		
	Critical Lab Test / Values:	Billirubin - 17.2mg/dl	0.2-17.2	17.2mg/dl			
	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 type="checkbox"/> No <input type="checkbox"/> Yes <input 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 type="checkbox"/> No <input type="checkbox"/> Yes <input 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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent			
Post Operative Procedure Special Orders:	Nil	Nil	Nil	Nil			
Handed Over By Name :	Archi	Manasa	Besornika	Subham			
Signature / ID :	18/020612	01010912	018721	11000			
Date:	24/6	24/6	25/6	25/6			
Time:	@ 3:25 PM	@ 8 PM	@ 8 AM	@ 2 PM			
Taken Over By Name :	Manasa	Besornika	Subham				
Signature / ID :	010497	018721	11000				
Date:	24/6	24/6	25/6/26				
Time:	@ 3:30 PM	@ 8 PM	@ 8 AM				

## 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:								

VIH-00206039 IP-00060461  
 Baby B/O RAMA MANASA  
 18-06-2026 0 Y 0 M 6 D (F)  
 Dr. JARJAPU KIREETI



# NURSING CARE RECORD



Date: 25/6

**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	→ Ensure Safety → Feeding	5:30 PM	→ Side baths → Feeding is given for every 2nd hourly	→ To maintain oral intake	→ baby is stable	Mary
Night	8 PM	- Ensure safety - Feeds	8 PM	- kept sock rails - DBF / FF Feeding 2nd hrly.	- To maintain orally intake & I/O chart	- Baby is stable	Beonika 25/6/24 @ 8 PM

B/O Parvashan

# NURSING CARE RECORD



Date: 2/16

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	9:00	maintain aseptic technique	9:00	maintained aseptic technique	prevent from Infection	patient is stable	Rendu 2pm Rflu
	11:00	Ensure safety	11:00	side rails kept up	prevent from falls risk	no fresh Complaint	
Afternoon		Discharge notes :-		Doctor came for bands discharge	a advice for		
Night							

noted by  
subham  
25/16  
elr



### THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			24/6/26	25/6/26	26/6/26		
Age	Less than 3 years old	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					
	Female	1	1	1	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	1		
Cognitive Impairments	Not aware of Limitations	3	3	3	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	2	2	2		
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2	2	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	1	1	1		
<b>Total</b>			14	14	14		

**Intervention:**

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	✓	✓	✓	✓		
Call device within reach	✓	✓	✓	✓		
Wheels Locked	✓	✓	✓	✓		
Room free of clutter	✓	✓	✓	✓		
Adequate lighting	✓	✓	✓	✓		
Wheel chair support	x	x	x	✓		
Other Intervention(s) Specify						
Nurse's Name:	Arshika	Belonika	Belonika	Arshika		
Signature:	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	24/6	24/6	25/6	26/6		
Time:	2:45 PM	11 PM	7 AM	10 AM		



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 Baby B/D RAMA MANASA  
 18-06-2026 0 Y 0 M 6 D (F)  
 Dr. JARJAPU KIREETI



RCH/ FRM / CLINICAL / 124

1

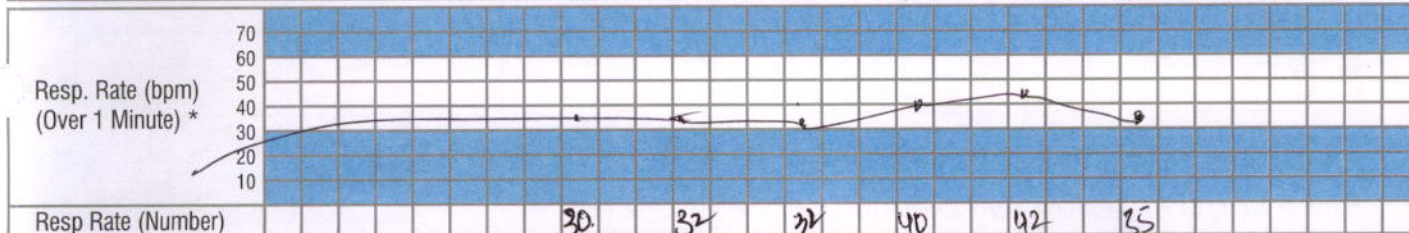
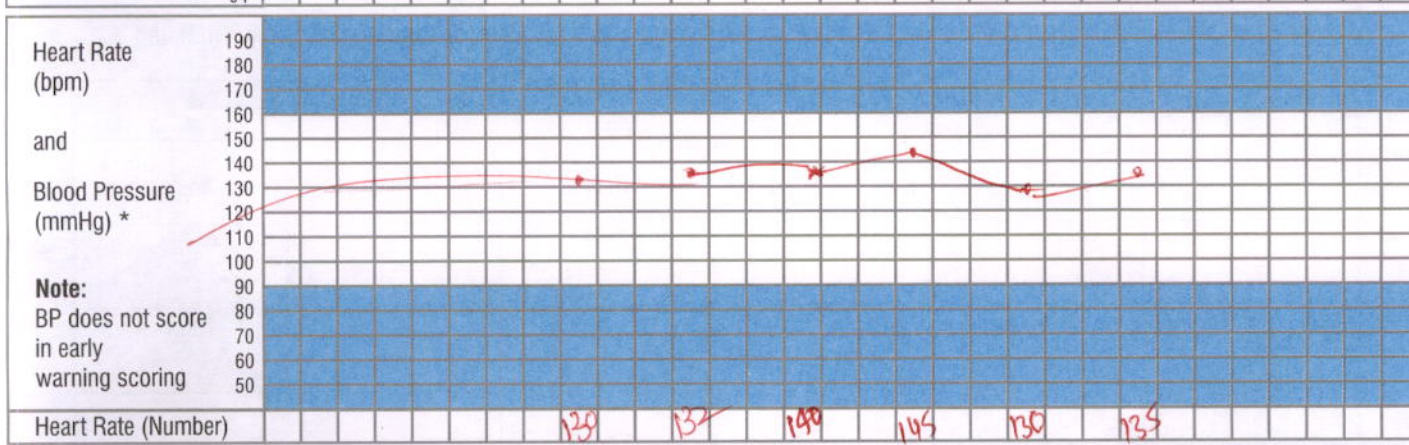
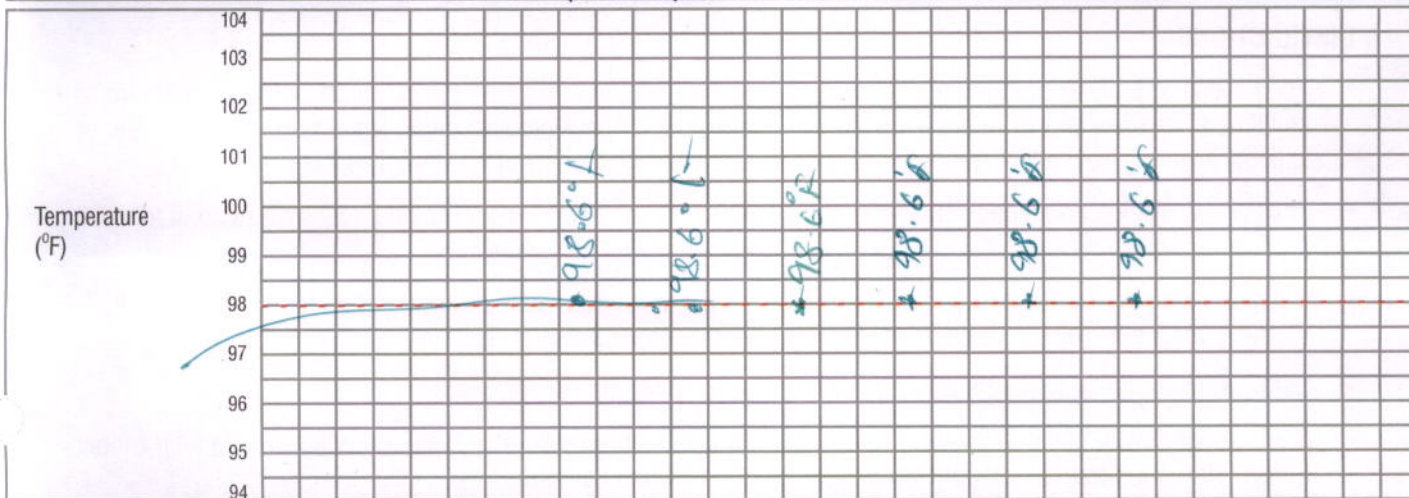
**INFANT (<1 year)**  
**Children's Observation & Early Warning Scoring Chart**



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

Date: 2 Jul 2026 Time: 4 PM 7 PM 10 PM 1 AM 4 AM 7 AM

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



Heart Rate (Number)	129	132	140	145	130	135
Resp Rate (Number)	30	32	31	40	42	35
Resp Mod/ Severe Distress						
None / Mild						
Receiving O <sub>2</sub> (l/min)						
O <sub>2</sub> Saturations (%)	97	98	97	99	100	99
Conscious Level	N	N	N	N	N	N
Normal / Altered						
GCS *	15	15	15	15	15	15
<b>TOTAL SCORE</b>						
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	me	M	V	B	B	B

**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: Scores 3 should be recorded overleaf

\* 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)

VIH-00206039 IP-00060461  
 Baby B/O RAMA MANASA  
 18-08-2026 0 Y 0 M 6 D (F)  
 Dr. JARJAPU KIREETI

/ FRM / CLINICAL / 124

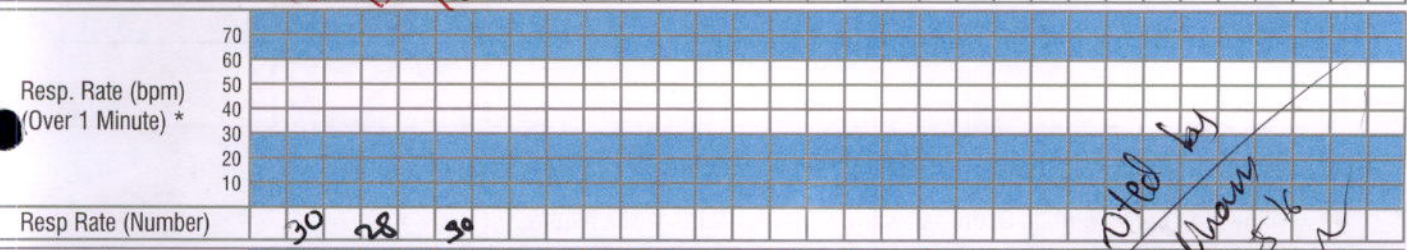
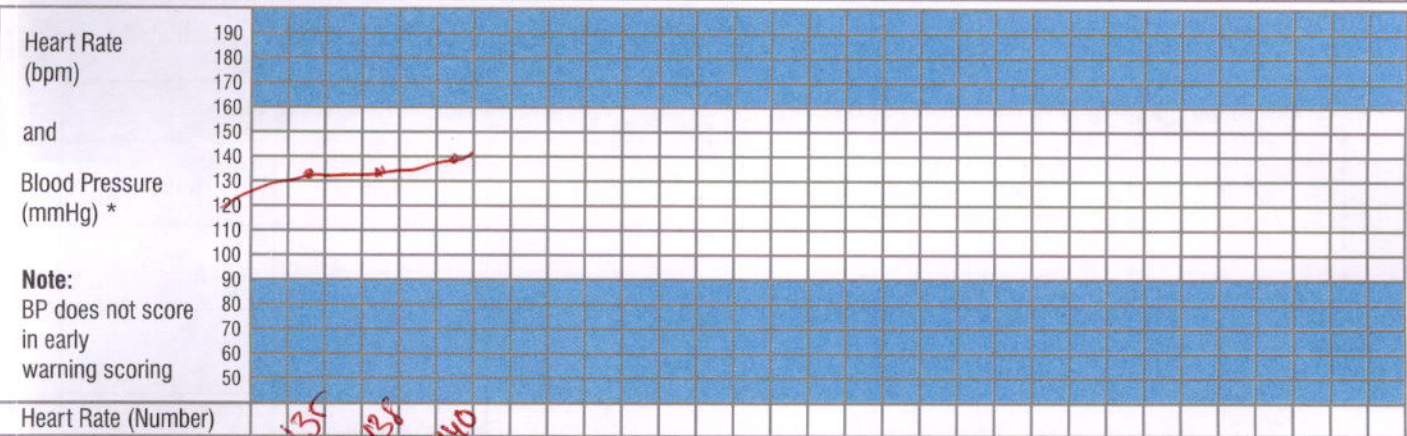
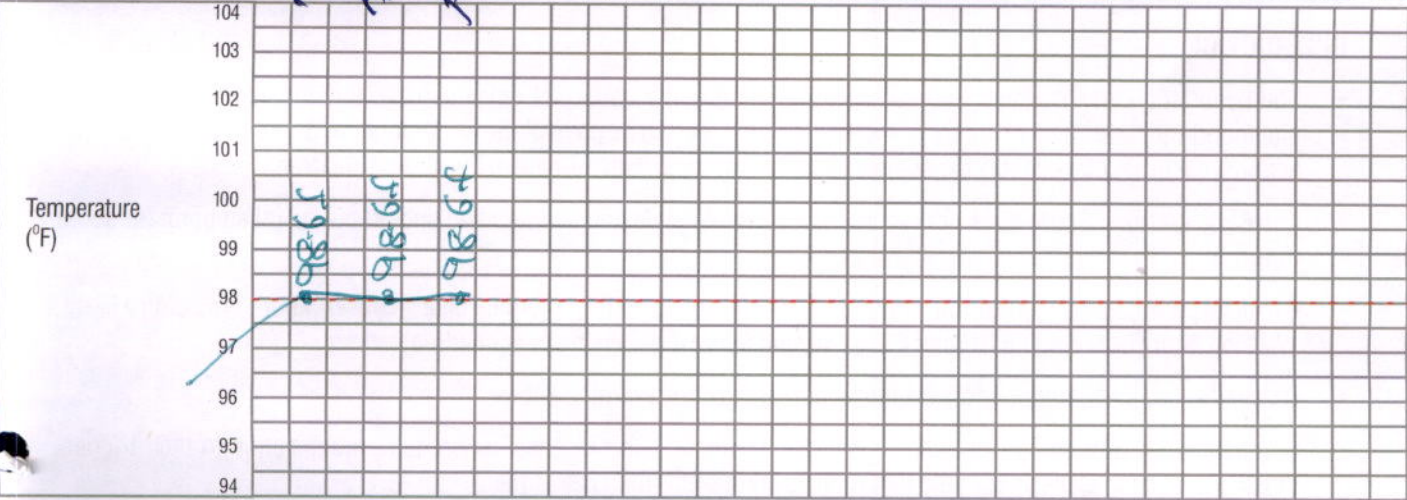
# INFANT (<1 year) Children's Observation & Early Warning Scoring Chart



## EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 18/08/2026 Time: 09:17 AM

Doctor/Nurse/Family Concern? [Handwritten initials]



Resp Distress	Mod/ Severe None / Mild	
Receiving O <sub>2</sub> (l/min)		
O <sub>2</sub> Saturations (%)	98 97 98	
Conscious Level	Normal Altered	2 2 2
GCS *		15 15 15

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

**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: Scores 3 should be recorded overleaf

*Noted by  
 Arathorn  
 5/8  
 Ardu*

\* 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!
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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.

<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)

Baby B/O RAMA MANASA 18-08-2026 0 Y 0 M 6 D Dr. JARJAPU KIREETI

18-08-2026 0 Y 0 M 6 D

Dr. JARJAPU KIREETI



# FLUID CHART

Sheet No. : .....

24/6/26

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	DB F								✓			} Manasa sub 07:00
	05:00 pm												
	06:00 pm	DB FF											
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm	DBF + FF					✓			✓			} Deshika 24/6/26 @ 2AM
	10:00 pm												
	11:00 pm												
	12:00 am	DBF + FF											
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am	DBF + FF					✓			✓			} Deshika 25/6/26 @ 2AM
	04:00 am												
	05:00 am												
	06:00 am	DBF + FF					✓			✓			
	07:00 am						✓			✓			
<b>Total Intake :</b>						<b>Total Output :</b>							

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker

Blo Raon manca

# 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.

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
25/6	08:00 am									✓	12 0 12 22pm 25/6	[Signature]	
	09:00 am	DEF											
	10:00 am	x											
	11:00 am												
	12:00 pm	DEF								✓			
	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>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

**DECLARATION FORM**

Name of the Hospital: Rainbow Children's Hospital Date of Admission: 24/6/2026

Address: .....

PATIENT NAME/INSURED NAME (BLOCK LETTERS):..... AGE/SEX .....

**(To be filled by the Insured/policy holder/Attendant)**

1. Do you have an Insurance policy? YES/NO

If yes, then please mention the insurance name :

Policy No \_\_\_\_\_

TPA Name \_\_\_\_\_

TPA card No: \_\_\_\_\_

2. Have you contacted TPA or Insurance Company for cashless facility? YES/NO

3) Whether patient opted for Eligible Room Category under Policy: YES/NO

If No, then kindly mention the opted room category:.....

On my own option, I wish to avail above facility and I hereby agree to pay on my free will, after being explained in detail by the Hospital authority in my own and understandable language about the above mentioned Facility/Procedure/Treatment and associated cost of it, which is over and above the agreed tariff for the treatment. Further, if I opt to go for final bill reimbursement with insurance company, respective insurance company will reimburse only as per agreed tariff for the treatment and balance amount will be borne by me / patient only.

I have also been explained that when room service of a category other than eligible room rent is availed by the patient, not only the difference in room rent but also an equal proportion of all other charges associated with the treatment shall be borne by me/ patient only

Signature:.....  
Name of the Patient/Patient's attendant:

Signature:.....  
Name of the Hospital Representative & Hospital Seal:

Mobile No.....

E-Mail.....

PAN / Form 60: .....

Aadhar Card Number.....



## MEDICATION RECONCILIATION FORM

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

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

Shifting From: BR ..... Shifted to: 108 .....

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

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Sameera / Sameera .....

Date & Time : 24.6.26 @ 2:37pm .....

Nurse Name & Signature: Swagatika / Swagatika .....

Date & Time : 24.6.26 @ 2:37pm .....