

ACTIVITY

VIH-00205781 IP-00060296
Baby B/O A ANUSHA
10-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. KODICHERLA VISHNU VARDHAN



Name: -----

UHID No : ----- Consultant : ----- Dept : -----

Date of Admission : 10/6/26 Time : 10:45 AM Date of Discharge : ----- Time: -----

Room / Bed No : 226-1 Ward : MICU Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	2:40 PM	MICU	Room (104)	

Cross Consultation Visit

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



Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :



Admission No : IP-00060296 Admit Date : 10-Jun-2026 Admit Time : 10:48 AM UHID : VIH-00205781

Patient Details :

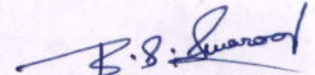
Patient Name : Baby B/O A ANUSHA Age : 0 D
Guardian : Mr SWAROOP DOB : 10-06-2026 09:08 AM
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : H NO:9-37,VENKATESHWARA NAGAR Phone No : 8008453737
Malkajgiri Hyderabad Telangana INDIA E-mail : ANUSHREE.596@GMAIL.COM
500047

Admission Details :

Bed Type : BASINET Bed No : CRDL-MICU-226-1 Ward Name : N 2F-MICU
Room No : CRDL-MICU-226-1 Admission Type : First Visit

Contact Details :

Name : Mr SWAROOP Relationship : Father
Contact Address : H NO:9-37,VENKATESHWARA NAGAR Phone No : 8008453737
Malkajgiri Hyderabad Telangana INDIA 500047


Signature


Doctor Details :

Doctor Name : Dr. KODICHERLA VISHNU VARDHAN Specialisation : NEONATOLOGY
REDDY
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

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

PATIENT TRANSFER FORM

Patient Name: VIH-00205781 IP-00060296 Baby B/O A ANUSHA 10-06-2026 0 Y 0 M 0 D 5 H (F) Dr. KODICHERLA VISHNU VARDHAN 		Date & Time of Admission 10/6/26 @	Date & Time of Transfer Order 10/6/26 @ 2:45 PM
		Transfer Ordered by DR. Vishnu sir	Reason for Transfer observation
From Unit MLCU	To Unit Room (104)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 28	Number of Imaging Films -	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 knives	1	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring DR. Vishnu sir		Name of Person Ordered Transfer DR. Vishnu sir	
Patient & Clinical Records Received by : Manasa			
Date & Time of Patient Received : 10/6/26 @ 2:45 PM			

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-00205781 IP-00060296
Baby B/O A ANUSHA
10-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. KODICHERLA VISHNU VARDHAN



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O - A. ANUSHA Mother's Name: MOS. A. ANUSHA
Date of Birth: 10/6/20 Time of Birth: 9:08 AM Gender: Male Female
Birth Weight: 3.098kg Kgs HC: cm Length: cm
Meconium in Liquor: Yes No Cried at Birth: Yes No
Term / Pre-term / Post-term: Term
Resuscitated: Yes No Blood Group: Mother: B+ positive Baby:
Feeding: Breast Feeding Formula Both First Feed Time: 11:30 AM

VIH-00205781 IP-00060296
Baby B/O A ANUSHA
10-06-2026 0 Y 0 M 0 D 2 H (F)
Dr. KODICHERLA VISHNU VARDHAN

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

Physical Assessment of New Born:

Temp: 98.1f °C HR: 165b/min /Min RR: 39b/min /Min BP: SpO₂: 99%
Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: Yes No Score: 15 (Fill the Humpty Dumpty Sheet)
Risk in Pressure Sore: Yes No (Braden Q Score) (Fill the Braden Q Sheet)
Behaviour Status on admission: Sleeping Crying Calm Drowsy

Findings:

General Appearance: Posture: Well-Flexed Asymmetry
Skin: Pink Meconium Stain Others, Specify:

Nursing Management: (Please strike through if not applicable e.g. Yes / ~~No~~)

Vitamin K 1 mg I.M Administered: ~~Yes~~ / No
Routine Care Provided: ~~Yes~~ / No
Capillary Blood Glucose Monitoring Done: Yes / ~~No~~

Neonatal Screening Done: ~~Yes~~ / No

1. Nutritional Screening: Feeding Problem Yes / No
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / ~~No~~
3. Socio History: Siblings ~~Yes~~ / No
All information obtained from Mother Father Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Manal Signature: [Signature] Date & Time: 10/6/20 11 AM



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : A. Anushe Age : 30yrs Father's Name : Age :
 Date of Birth : 05-06-96 Date of Admission : UHID No. :
 NICU Consultant : Dr. Vignu Referring Consultant : Dr. Bharane
Transferring Unit : OT Labour Room ER Ward
Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/O Anushe Mother's Blood Group : 'B' Positive
 Gender : M F Blood Group : Birth Weight (gms) : 3098g Length (cms) :
 Date of Birth : 10/06/26 Time of Birth : 09:08:19 AM OFC (cms) :
 Place of Birth : Red VHP. Estimated Gesth Age : 38⁺ wk

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 30yrs Ht : 156 Wt : 91 kg BMI : Married Life : 8yrs LMP : 13/9/25 EDD : 23/6/26

Conception : Spontaneous with Rx :

Booked at what GA : 5⁺ wk. AN Steroids Drugs / Doses :

Last Scans Details : 18/5. SUUF/34⁺6 / cephalic Pl. Anterior / AF - 13.5 cm / AC - 27.1.

EFV - 2.476 kg / Doppler ⊕

TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <18 yrs > 35yrs -
 Consanguinity : Yes No
 If yes, degree of consanguinity : 1 2 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

Controlled or not, recent values, HbA1 values :

Compliance with Rx :

Scans : LGA, TIFFA, Fetal Echo : → oligogenic focus in LV.

H/o Hypothyroidism : when diagnosed ? Medication?

⊕ 1 C (62.5 mcg).

Any other Chronic Medical Problems, when detected

drugs ?
 (Anemia, SLE, Jaundice, CHD, Heart Disease) 8-12 wk

Infection : H/O, Fever

(Malaria UTI TORCH TB HIV HBV)

UTI : when : Any culture :

PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :

Medication during Pregnancy : Duration :

PAST OBSTETRIC HISTORY

G: 2 P: 1 A: 0 L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G ₁	Full	2.5y	15kg	M	3.25y	Acute
G ₂	P/P	Spontaneous				

PERINATAL HISTORY

Treating Obstetrician : Dr. Bharani Hospital : RUP VEP Inborn Outborn

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

APGAR SCORE

Gestational Age : Weeks :

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

	1 Minute	5 Minutes	10 Minutes
TOTAL	7/10	9/10	

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP		<input checked="" type="checkbox"/>	
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 : ci AB



Equipment check done

↓
R/o Anusha delivered via ~~l~~ forceps

↓
female

↓
CIAB

↓
DCC done for Coctee

↓
received into preheated warmer

↓
Secretions cleared mouth → Nose

↓
Dried and Stimulated

↓
Cord clamp cut 2A+V ⊕

↓

Investigation details in previous Hospital :

Lij-vit K inj given.

at 3' of 1st fe

SpO₂ - 55 | HR > 100 | mild SCR ⊕
Grunt ⊕

↓
given SR-CPAP - FiO₂ - 35

↓ for 3 min PEEP - 6

Feeding History :

at 6' of 1st fe

SpO₂ - 88 | HR > 100 | SCR ⊕ ↓

Grunt intermittent

↓

Past History :

continued low flow O₂

↓
observed for 30 min

↓
Grunt ↓ ; SCR ⊕, mild tachynea.

Family History :

↓
observed for 20 min.

Socio Economic History :



GENERAL EXAMINATION ON ADMISSION

General Disposition :

Crny - grows
Tone - (2)
Activity - good flexion of UL, LL

VITALS : Temperature : 36.5 °C HR : 165/min RR : 30/min NIBP : CFT : 2/3/2

Color of the extremities : Acrocyanosis

Jaundice : Pallor : SpO2 :

Anthropometry : Birth Weight : 3098g Length : HC : Present Weight :

Ponderal Index : (AGA) SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD :
Fontanelles :
Sutures : AF @ 6w4
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :

Facies :
(Any Facial
Dysmorphism)

NECK and
CLAVICLES :
Range of Motion :
Asymmetry : (2)
Masses :

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

EARS, NOSE
MOUTH and
THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency :
Palate :
Gums :
Lips :
Tongue : } (2)

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 Dr. KODICHERLA VISHNU VARDHAN

THORAX
 BREASTS :

and Number :

72 in @ Position

ABDOMEN and
 UMBILICUS :

Shape :
 Organomegaly :
 Bowel Sounds :
 Umbilical Stump :
 Discharge :

2A HV ⊕

GENITILIA :

Labia / Hymen :
 Testicles/penis :
 Anus :

HERNIAL ORIFICES

free

TRUNK and SPINE :

⊕

SKIN LESIONS :

EXTREMITIES :

Fingers / Toes :
 Deformities :
 Hip Joint Examination :

10f + 10r ⊕

Arms / Legs :
 Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : 40-45 (SCR) ICR / See - Saw breathing : mild

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

Mention if baby is on : Hood box CPAP Ventilator

Settings :

SpO₂ : 99% RA Auscultation : RA ⊕ Breath Sounds : NURS ⊕ Added Sounds :

Cardiovascular System :

HR : 165/min

BP :

Precordial Activity :

Femoral Pulses :

Murmurs :

Other Peripheral Pulses :

Signs of Cardiac Failure :

Abdomen :

Shape :

Hernia orifice :

Palpation :

soft

Anal Patency : ⊕

Palpable masses :

Umbilical Cord :

Abdominal girth :

Moving passed :

Meconium passed :

2A HV ⊕
 passed

Doctor:

Date & Time: _____
Page: 6/8

Name: _____
Signature: _____
Consultant: _____

Talson B
Soc. Law
etc.



Right Side :



Left Side :

FOOT PRINTS

Diagnosis : _____
Hypertonia / Hypotonia / Normal

Any Congenital Anomalies : _____
Skull and Spine :

ATNR : _____
Moro's : _____

Grasp : Palmar Plantar Sucking Rooting Crossed adductor : DTR : _____

Neonatal Reflexes : _____
Active Tone : _____

Passive Tone : _____
Motor System : _____

Nerves : _____

Prechtl Score : _____

State of wakefulness : _____
Nervous System : Higher intellectual functions (Sensorium) : _____

VIH-00205781 IP-00060296
Baby B/O A ANUSHA
10-08-2026 0 Y 0 M 2 D (F)
Dr. KODICHERLA VISHNU VARDHAN

DISCHARGE

- 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:

.....

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.....

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.....

.....

.....

.....

Breastfeeding Exclusively Breastfeeding and Formula Feeding Formula Feeding

Vitamin K given: Yes No

Vaccinations given BCG Hepatitis B Others:

Neonatal Screen Taken: Yes No, parents advised to have Neonatal Screen at National screening program center on:/...../.....

Hearing Test: Yes No

Jaundice: NIL Slight Moderate

Passed Urine: Yes No

Passed Meconium: Yes No

Weight at discharge:

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

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

Discharge to Home Other:


Against Medical Advice: Yes No

Referred to another hospital: Yes No

Discharge Medications: Yes No

Details:

Final Diagnosis:
- Shift to mother side
- immunization
- Df 2nd hly
- OAE/SRB/ARS Rf etc
- 2D Echo Rf etc. I/vio ECG/ECG focus on LW.

Doctor Signature: 

Doctor Name: Dr. Shrikar

Date & Time: 10:17 am 10/6/26

VH-00205781
 Baby B/O A ANUSHA IP-00060296
 10-08-2026 0 Y 0 M 2 D
 Dr. KODICHERLA VISHNU VARDHAN (F)

THORAX and Breasts: 2 in @ position
 and Number:

ABDOMEN and UMBILICUS :
 Shape :
 Organomegaly :
 Bowel Sounds : 2A HV ⊕
 Umbilical Stump :
 Discharge :

GENITALIA :
 Labia / Hymen : ✓
 Testicles/penis :
 Anus :

HERNIAL ORIFICES free

TRUNK and SPINE : ⊖

SKIN LESIONS :

EXTREMITIES :
 Fingers / Toes : }
 Deformities : } 10f + 10r ⊕
 Hip Joint Examination : }
 Arms / Legs :
 Mobility :

SYSTEMIC EXAMINATION

Respiratory System :
 Breathing Pattern Regular Periodic Shallow Gasping
 Mention If baby has Respiratory distress : RR : 40-45 mild SCR/ICR/See - Saw breathing :
 Scoring of respiratory distress if present (Silverman or Downe's) :
 Mention if baby is on : Hood box CPAP Ventilator
 Settings :
 SpO₂ : 99% RA Auscultation : RA ⊕ Breath Sounds : NURS ⊕ Added Sounds :

Cardiovascular System :
 HR : 165/min BP :
 Femoral Pulses : ⊕
 Other Peripheral Pulses : ⊕
 Precordial Activity : ⊖
 Murmurs :
 Signs of Cardiac Failure :

Abdomen :
 Shape :
 Palpation : soft
 Palpable masses :
 Abdominal girth :
 Hernia orifice :
 Anal Patency : ⊕
 Umbilical Cord : 2A PLVP
 First urine passed : passed
 Meconium passed :

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : *R/L Moros equivalent complex* DTR : *(+)*

ATNR : Skull and Spine :

Any Congenital Anomalies :

Diagnosis : *↓*
AT ETUSK / Hypothyroid / ten 2098g / A.A / ? TTB.
month

FOOT PRINTS

Left Side :



Right Side :



*Taken By
 S. Vanitha*

Resident Doctor :
 Signature :
 Name :
 Date & Time :

Consultant :
 Signature : *[Signature]*
 Name :
 Date & Time :



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 4:30pm	<p><u>CL/B Resident</u></p> <p>Fem (38+1wks) ELUSS Tottm Baby girl</p> <p>Wt: 3.09kg, TTMB, 42PLU Cephalic.</p> <p>HOL: 7hrs.</p>	
Wt: 3.09kg.	<p><u>O/E</u></p> <p>Child Alert & Active Vitals Stable</p> <p>CU: S/S ⊕ M: BUA ⊕</p> <p>PIA: 10/1 CNS: NAD CTA: Good CRT: 3sec.</p>	<p><u>Plan</u></p> <ul style="list-style-type: none"> - D/B f/b burp and hwy - Check red reflex - Immunization - if m - OAE - if m. - SBR, NBS @ 48hrs - 2D swi/v/oologic facilin iv
MBG + Binc BBG +		
8-prahata		
<p>noted by manasa 10/6 4:30pm</p>		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11.6.26 10.00 AM	S/B <u>Dr. Vishnu</u>	
	Term (38' wL) / AGA / baby girl / HOL-24 / Echocardiogram done in LV / Septal thickness normal	
	o/e baby warm cry tone } (N) activity } H/L - NAD P/L - soft	Plan → DBM + FF → Warm care → TCB before DC → OAE today
	Moro ✓ Moro ✓ B wt: 3.09 kg T. wt: 2.89 kg Red reflex: present & symmetrical	
		Noted by Benwika 11/6 @ 2pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26	Lactation	
	<u>Lactation Notes (Mrs. Ranjitha)</u>	
	2nd time Mother	
	Mother looks so restless & tired	
	Normal breast condition	
	Prose of milk seen	
	TF introduced on advice of pediatrician	
	Strategies to improve supply discussed	
	To track due feeding in due sheet given	
	The	
	M. Khan -	
12/6/26	<u>Lactation notes (Mrs. Ranjitha)</u>	
	Mother supply improved	
	Baby is on d/bf	
	12:15pm	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>12/6/20</u>	cls/B	
	Term / Aca / baby girl	48 hrs glite
	Bwt: 3.09 kgs	TTNIB Cephalic
	Twt: 2.902 kgs (↑ 12 gms)	
	(6-31 wks)	
	T (B) 9.7 mg/dL	
	Pl: B/LAEE	
	PlA: CH	plan
	CNE: NAD	- DBT f/b bumpier and heavy
	Dr. Prakash	+ff. - OAC - today
<u>12/6/24</u> <u>10:00 AM</u>	cls/B Dr. Vishnu	- NBs on flu.
	- POs w/ i/v/o & clojure to u (LV) to be done	- warmth and see
	flu on monday.	- momentary
		- Jyoti (5/1)

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IN-SHIFT HAND OVER FORM

SITUATION		Diagnosis: <i>T1CM- EC- LSCS Hypothroid</i> <i>Len 3.098 AGA TIMB</i>						
Surgery / Procedure:		Post OP Day:						
BACKGROUND	Date	<i>10/6/26</i>	<i>10/6</i>	<i>10/6/26</i>	<i>11/6/26</i>	<i>11/06/26</i>	<i>11/6</i>	
	Shift	<i>M</i>	<i>E</i>	<i>Night</i>	<i>M</i>	<i>E</i>	<i>N.</i>	
Medical Condition (Any special condition to be noted):		<i>-</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	
Diet:		<i>DBF</i>	<i>DBM</i>	<i>DBM</i>	<i>DBM</i>	<i>DBM</i>	<i>DBM</i>	
ASSESSMENT	Allergy:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>R.A</i>	<i>R.A</i>	
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.1f</i>	<i>98.6f</i>	<i>98.6f</i>	<i>97.6f</i>	<i>98.6f</i>	<i>98.4f</i>
		Res:	<i>39b/m</i>	<i>38b/m</i>	<i>40b/m</i>	<i>39b/m</i>	<i>40b/m</i>	<i>38b/m</i>
	SpO ₂ :	<i>99%</i>	<i>98%</i>	<i>100%</i>	<i>99%</i>	<i>100%</i>	<i>98%</i>	
	Pulse:	<i>165b/m</i>	<i>140b/m</i>	<i>123b/m</i>	<i>143b/m</i>	<i>146b/m</i>	<i>132b/m</i>	
	BP:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	
	LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	
	Fall Risk Score:	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	
Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>		
Skin Integrity	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<i>-</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	
	Others Specify:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<i>DBF</i>	<i>DBM</i>	<i>DBM</i>	<i>DBM</i>	<i>DBM</i>	<i>DBM</i>	
	Critical Lab Test / Values:	<i>-</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	
	Other Special Orders / Medications:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PU Prophylaxis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
DVT Prophylaxis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>		
Post Operative Procedure Special Orders:		<i>DBF 2nd hourly.</i>	<i>DBT 2nd hourly</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	
Handed Over By Name :		<i>Manasa</i>	<i>Manasa</i>	<i>Subham</i>	<i>Berwinika</i>	<i>Manasa</i>	<i>Subham</i>	
Signature / ID :		<i>020573</i>	<i>010459</i>	<i>010444</i>	<i>010727</i>	<i>010444</i>	<i>010444</i>	
Date:		<i>10/6/26</i>	<i>10/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>12/6/26</i>	
Time:		<i>@ 2:40pm</i>	<i>@ 8pm</i>	<i>@ 8am</i>	<i>@ 2pm</i>	<i>8pm</i>	<i>@ 8AM</i>	
Taken Over By Name :		<i>Manasa</i>	<i>Subham</i>	<i>Berwinika</i>	<i>Manasa</i>	<i>Subham</i>	<i>Indu</i>	
Signature / ID :		<i>010459</i>	<i>010444</i>	<i>010727</i>	<i>010444</i>	<i>010444</i>	<i>010444</i>	
Date:		<i>10/6</i>	<i>10/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>12/6/26</i>	
Time:		<i>@ 3:00pm</i>	<i>@ 8pm</i>	<i>@ 8am</i>	<i>2pm</i>	<i>@ 8pm</i>	<i>@ 8AM</i>	

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>Term - AS LGS Hypothyroidism</i>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known					
	<i>3.098 Age TTND</i>	If Yes Specify: <i>nil</i>					
	Surgery / Procedure: <i>nil</i>	Post OP Day: <i>nil</i>					
BACKGROUND	Date	<i>12/6</i>					
	Shift	<i>M</i>					
	Medical Condition (Any special condition to be noted):	<i>nil</i>					
	Diet:	<i>BB+D</i>					
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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):	<i>RS</i>					
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:	Temp: <i>98.6f</i>					
		Res: <i>30b/m</i>					
		SpO ₂ : <i>98%</i>					
		Pulse: <i>138b/m</i>					
		BP: <i>-</i>					
		LOC: <i>conscious</i>					
		Fall Risk Score: <i>15</i>					
	Pain Score: <i>0</i>						
	Skin Integrity: <i>Intact</i>						
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Physiotherapy:	<i>nil</i>					
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Special Diet:	<i>BB+D</i>					
	Critical Lab Test / Values:	<i>nil</i>					
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ADL (Dependent / Non Dependent):	<i>depend</i>						
Post Operative Procedure Special Orders:	<i>nil</i>						
Handed Over By Name :	<i>Red</i>						
Signature / ID :	<i>P66608</i>						
Date:	<i>12/6/24</i>						
Time:	<i>0910</i>						
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

noted by Red
12/6

NURSING CARE RECORD

Date: 10/6/26

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: PBF

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	11:30 AM	Ensure safety	11:30 AM	To provide circle care	To prevent fall	Baby is good	[Signature] 10/6/26 @ 30 PM
	12 PM	Maintain fluid balance	12 PM	PBF 2nd hourly	Maintained fluid intake	Baby is safe	
Afternoon	4 PM	→ Feeding	4:30 PM	→ Breast feed is given for every 2nd hourly	→ To maintain oral intake	→ baby is stable	[Signature] manasa
Night	9 PM	→ Good care	9 PM	→ Provided by good care and warm care	→ To prevent infection	→ baby is stable	Subhna 11/6/26 @ 8 PM
	10 PM	→ maintain good nutritional	10 PM	→ Feed DDM given every 2nd hourly	→ Feeding well		

NURSING CARE RECORD

Date:

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	12Pm	Feeding	1Pm	Breast feeding and FF given once every 2 hours	To maintain oral intake	Baby is stable	Benamika 11/6/26 @-2:30
Afternoon	4Pm	→ DBF 2nd hourly. → encourage orally. → Administer warm care.	5Pm	Breast feeding & FF given every 2nd hourly. Baby is wrapped well with blanket	To prevent from dehydration	Baby is stable	GA
Night	10Pm	- DBF 2nd hourly - Encourage orally. - Administer warm care.		Breast feeding & FF given every 2nd hourly Baby is wrapped with blanket	To prevent from dehydration	Baby is stable	Saban & vijay @8Pm

VIH-00205781 IP-00060296
 Baby B/O A ANUSHA
 10-08-2026 0 Y 0 M 1 D (F)
 Dr. KODICHERLA VISHNU VARDHAN

NURSING CARE RECORD

Date: 12/5/20

- 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	11:00	discharge notes:- stable advice		OR care for discharge	rounds	performed	
Afternoon							
Night							

noted by [Signature]
12/6/20

VIH-00205781 IP-00060296
 Baby B/O A ANUSHA
 10-08-2026 0 Y 0 M 2 D (F)
 Dr. KODICHERLA VISHNU VARDHAN



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							



HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			10/6/26	10/6	10/6	11/6	11/6
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3	-	4	4	4	4
	7 to less than 13 years old	2	-				
	13 years old and above	1	-				
Gender	Male	2	-				
	Female	1	1	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	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	3	3	3	3	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	
Total			15	15	15	15	15

Intervention:

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	Yes	10/6	10/6	11/6	11/6	11/6
Call device within reach	-	✓	✓	✓	✓	✓
Wheels Locked	Yes	✓	✓	✓	✓	✓
Room free of clutter	-	✓	✓	✓	✓	✓
Adequate lighting	-	✓	✓	✓	✓	✓
Wheel chair support	-	✓	✓	✓	✓	✓
Other Intervention(s) Specify	-	✓	✓	✓	✓	✓
Nurse's Name:		Manasa	Subhr	Subhr	Manasa	
Signature:		[Signature]	[Signature]	[Signature]	[Signature]	
Date:		10/6/26	10/6	11/6	11/6	11/6
Time:		11:00 AM	2 PM	12 AM	8 PM	4 PM

VH-00205781 IP-00060296
 Baby B/O A ANUSHA
 10-06-2026 0 Y 0 M 0 5 H (F)
 Dr. KODICHERLA VISHNU VARDHAN

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



Patient St

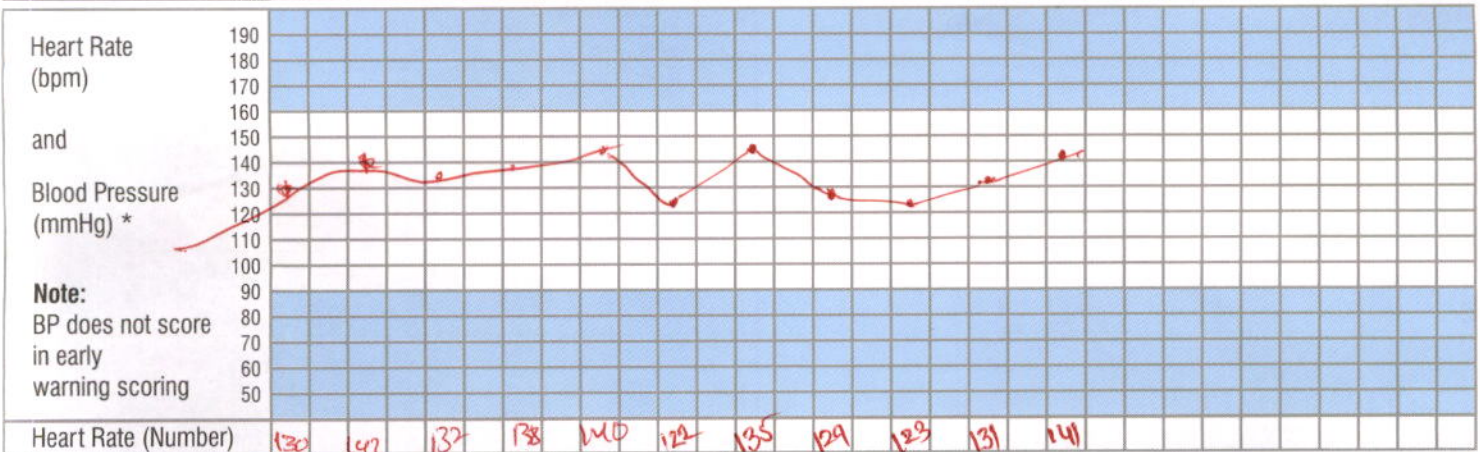
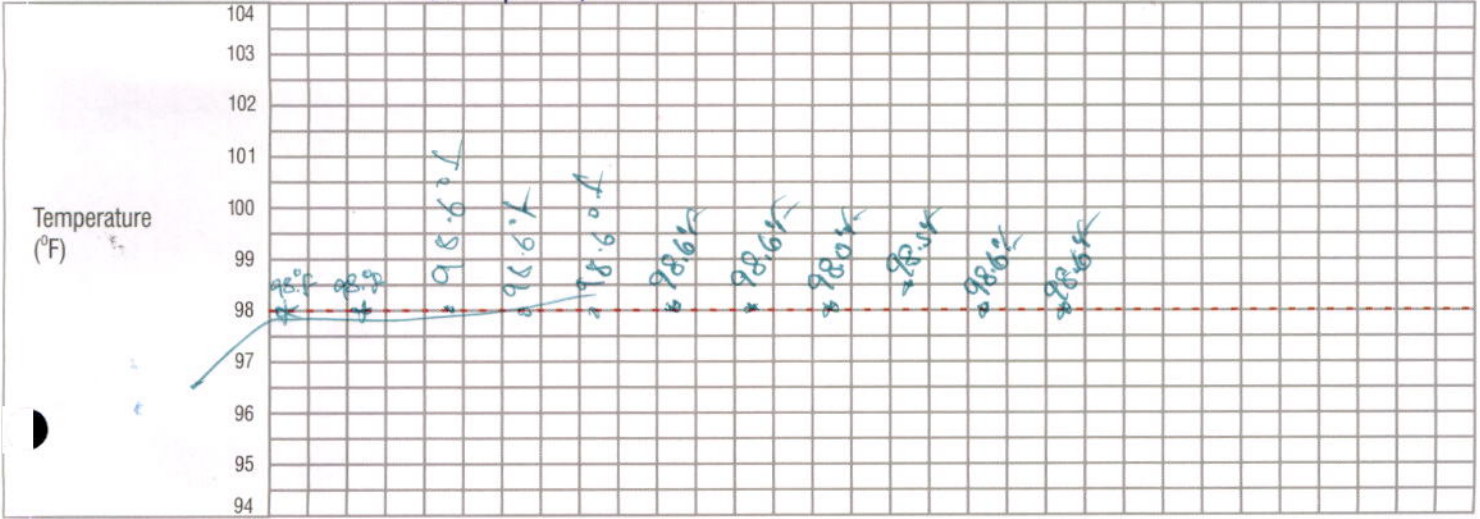
JAL / 124



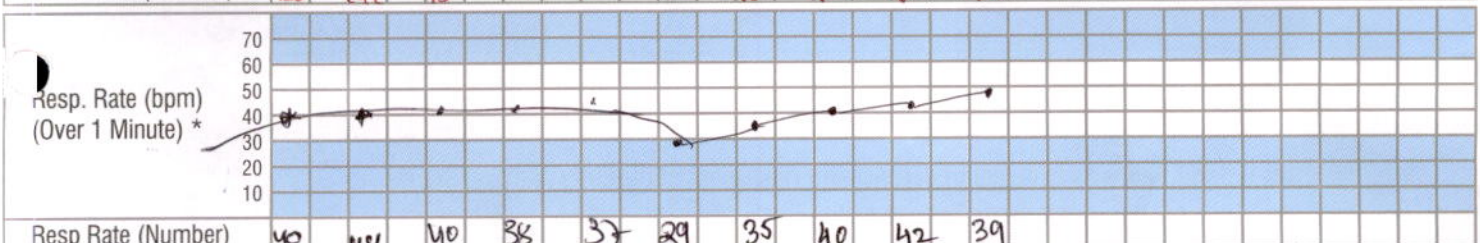
WELSHING SCORE: CHILDREN'S UNIT

Date: 10/6/26 Time: 11 1 3 5 7 10 12 1 3 5 7

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



Note:
 BP does not score
 in early
 warning scoring



Heart Rate (Number)	130	142	137	138	140	122	135	129	129	131	141
Resp Rate (Number)	40	44	40	38	37	29	35	40	42	39	
Resp Distress	None	None	Mod	Mod	Mod	Severe	Severe	Severe	Severe	Severe	Severe
Receiving O ₂ (l/min)	0	0	0	0	0	0	0	0	0	0	0
O ₂ Saturations (%)	99	99	98	97	97	100	99	97	95	100	99
Conscious Level	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15

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

ACTIONS

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
- Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
- Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
- Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

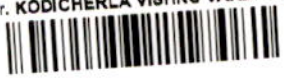
- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION: I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



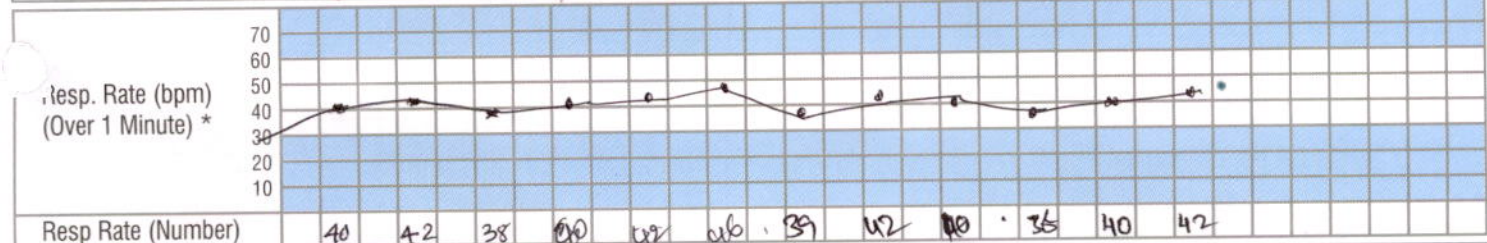
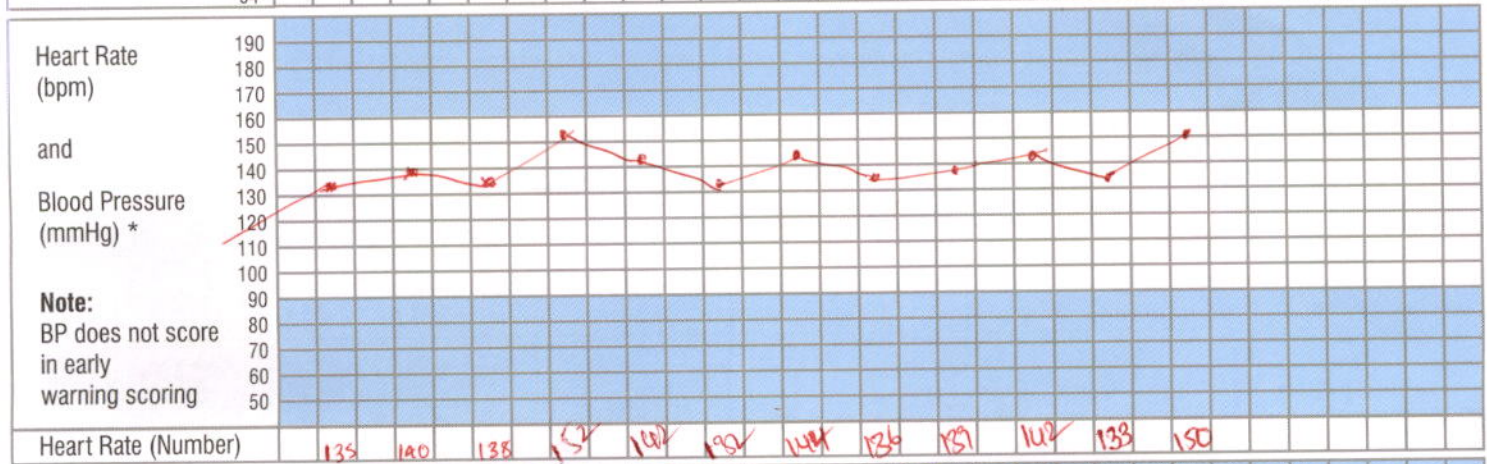
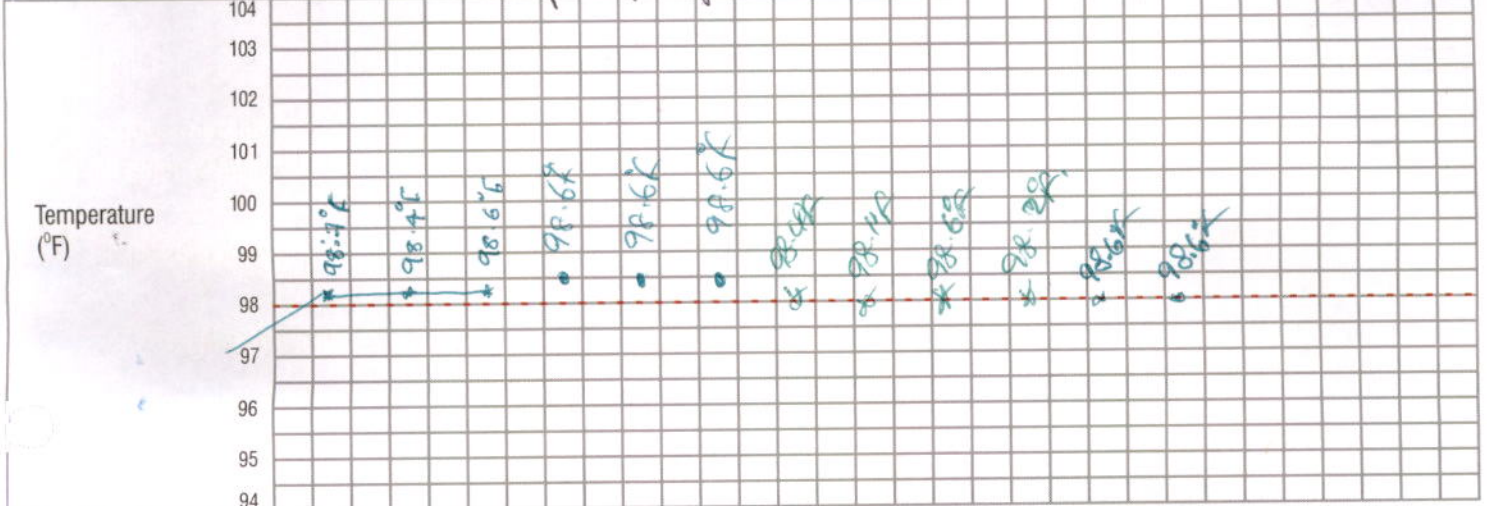
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 11/6/26 Time: 9 11 1 3 5 7 9 11 1 3 5 7

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



Resp Distress	Mod/ Severe None / Mild	N	N	N	N	N	N	N	N	N	N	N
Receiving O ₂ (l/min)	O ₂ Saturations (%)	0	0	0	0	0	0	0	0	0	0	0
Conscious Level	Normal Altered	N	N	N	N	N	N	N	N	N	N	N
GCS *		15	15	15	15	15	15	15	15	15	15	15

TOTAL SCORE		0	0	0	0	0	0	0	0	0	0	0
Number of shaded boxes		0	0	0	0	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0	0	0	0
Observer's Initials		B	B	VB	V	V	V	S	S	S	S	SK

ACTIONS

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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min., then irrespective of rest of the score, the Nurse MUST inform the PICU team.

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.
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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

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R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 12/6/26	Time: 9:15			
Doctor/Nurse/Family Concern?		A	A	
Temperature (°F)	104			
	103			
	102			
	101			
	100	98.6	98.3	
	99			
	98			
	97			
	96			
	95			
94				
Heart Rate (bpm) and Blood Pressure (mmHg) *	190			
	180			
	170			
	160			
	150			
	140			
	130			
	120			
	110			
	100			
Note: BP does not score in early warning scoring				
Heart Rate (Number)	140	138		
Resp. Rate (bpm) (Over 1 Minute) *	70			
	60			
	50			
	40			
	30			
	20			
	10			
	Resp Rate (Number)	30	28	
	Resp Distress	Mod/ Severe	None / Mild	
	Receiving O ₂ (l/min)			
O ₂ Saturations (%)	98	98		
Conscious Level	Normal	Altered		
GCS *	5	5		
TOTAL SCORE				
Number of shaded boxes	0	0		
Pain Score	0	0		
Observer's Initials	Q	A		

Noted by Dr. Sridhar
 @ 11:05
 12/6/26

- 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.

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION: I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00205781 IP-00060296
 Baby B/O A ANUSHA
 10-06-2026 0 Y 0 M 0 D 5 H (F)
 Dr. KODICHERLA VISHNU VARDHAN



FLUID CHART

Sheet No. :

1

10/6/26

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 Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
10/6	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am	DBF								✓			
	12:00 pm									✓			
	01:00 pm									✓			
Total Intake :						Total Output :							
10/6	02:00 pm	PBF								✓			
	03:00 pm												
	04:00 pm	DBM								✓			
	05:00 pm												
	06:00 pm												
	07:00 pm	DBM											
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm	DBM											
	10:00 pm												
	11:00 pm												
	12:00 am	DBM											
	01:00 am												
Total Intake :						Total Output :							
11/6/26	02:00 am	DBM								✓			
	03:00 am												
	04:00 am	DBM											
	05:00 am												
	06:00 am	DBM								✓			
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output 6 times

FLUID CHART

Sheet No. : (2)

11/6/26.

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
11/6			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	DBM							✓			
	10:00 am											
	11:00 am	DBM					✓					Bevanita
	12:00 pm	+FF							✓			11/6
01:00 pm												@2pm
Total Intake :					Total Output :							
11/6	02:00 pm	DBM										
	03:00 pm	APTAMILK										Manasa
	04:00 pm							✓	✓			11/6/26
	05:00 pm	(15ml) APTAMILK										@8pm
	06:00 pm											
	07:00 pm	DBM+FF										
Total Intake :					Total Output :							
11/6	08:00 pm											
	09:00 pm	DBM							✓			
	10:00 pm											
	11:00 pm	DBM+FF.										Siddhan
	12:00 am								✓			11/6
	01:00 am	DBM.										@2pm
Total Intake :					Total Output :							
11/6	02:00 am					✓						
	03:00 am	DBM+							✓			
	04:00 am	FF										Siddhan
	05:00 am	DBM.										11/6
	06:00 am											@8pm
	07:00 am											
Total Intake :					Total Output :							
Total 24 hrs. Intake		Total 24 hrs. Output										
		6 time										



FLUID CHART

Sheet No. : 3

6/26/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
<i>12/6</i>	08:00 am												
	09:00 am		<i>DBF</i>										
	10:00 am												
	11:00 am		<i>DBF</i>										
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Noted by *Dr. ...*
12/6/26

Total 24 hrs. Intake

Total 24 hrs. Output

