508

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Ref. No. F/INPR/12

Patient Name MAH-00381170 IP2-00056595
Master NEHANTH SARVGNA
21-02-2025 1 Y 3 M 28 D (M)
Dr. DR.M KIRANMAYI

Registration N

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
18/6/26	10.00pm	Neb - Levolin 0.3 + Budecort	(2) 94 7223	
	1.00 5:20pm	Neb. Levolin 0.3 + $\bar{C}O_2$		
	2.00 9pm	Neb - Levolin 0.3 + $\bar{C}O_2$		
19/6	3.00 2Am	Neb - Levolin 0.3 + Budecort	94 7235 (3)	
	4.00 7Am	Neb - Levolin 0.8 + 3% NS $\bar{C}O_2$		
	5.00			
	6.00			
20/6/26	4.30pm	Neb. Levolin + ~~Budecort~~ + 3% NS $\bar{C}O_2$	94 7596	
20/6/26	8.00 7.30AM	Neb. Levolin + Budecort $\bar{C}O_2$	94 7732	
	9.00			
	10.00			
	11.00			
	12.00	Cross Checked done by present		
	13.00		20/6/26	
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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ACTIVITY RECORD FOR BILLING

MAH-00381170 IP2-00056595
Master NEHANTH SARVGNA
21-02-2025 1 Y 3 M 28 D (M)
Dr. DR.M KIRANMAYI

Name: ---------- ----------

UHID No : ---------- IP No : ---------- ------- Dept : ----------

Date of Admission : ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6/26	12:44 pm	ER.	508	Smitha/Sandhya
20/6/26	2 AM	5th	~~508~~	Manisha/Sandhya

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
18/06	CBP, CRP, S/E, Blood c/s, Respiratory Panel.	26008494	[signature]
	SNER cross checked by Smita.		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/6/26	Infusion pump	12.45pm	19/6/26 6 AM	94.7149	Sandhya
	Cross Checked done by peer 20/6/26 at 8:04				
18/06	Chest x-ray	01	-	2874	Sunita
	On ER cross checked by Sunita				
19/6/26	USG neck	01		2885	Chy
	Cross checked by Sandhya 20/6/26 @12p.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
18/06/26	IV cannulation	01	947122	Sunita
	ER cross checked by Sunita			
18/6/26	NHA	(1)	947224	pooney
	Cross checked by Sandhya 20/6/26 @7AM			

ANY OTHER INFORMATION Op file given to parents.

Date : 18/06/26 Time : 12:29pm Prepared By : Sunita

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sunita	ER to 508 Sandhya		

Ref.No. F/IN/PR/10

Rainbow®
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Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

MAH-00381170 IP2-00056595
Master NEHANTH SARVGNA
21-02-2025 1 Y 3 M 28 D (M)
Dr. DR.M KIRANMAYI

Patient Name : NEHANTH

Patient ID# :

Consultant : Dr. KIRANMAYI.

Final Diagnosis : BRONCHIOLITIS

Pediatric Multiorgan History & Physical Examination

Name : NCHANTH. Age/Sex 1yr/3months

Informant ~~Mo~~ Father. Reliability fair

Chief Presenting Complaints & Duration (Chronologically):

Fever :. 1day
Fast-breathing :. 3days
cold / cough | 1week.

History of present illness :

pt was apparently normal 1week back 4 of

Cold :. 1week. runny nose present.
No seasonal / diurnal variation

cough :. 1week

Fever :. 1day, high-grade, continuous
Not an c chills and rigors.

Fast-breathing :. 3days.

~~No h/o of vomiting, loose stools.~~

O/E - dull
Local intelce.

right side / mild swelling of cheek present

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

achieved milestones as per age

Immunization History :

immunized as per age

Pediatric Multiorgan History & Physical Examination

Anthropometry

Head Circum (cms)_____(Centile _____) Height (cm) : _____ (Centile _____)

Weight (kgs) 9.8 kg (Centile _____)

On Examination :

Temperature : 101.5°F Pulse Rate: 150/min Description _____

B.P. 96/67 SPO2 97% at _____

Resp. rate and type of breathing : increased for age.

Rash _____

Lymphadenopathy } No.

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : B/L AE (+)

Any addes sounds : B/L crepts (+)

Relevant data from outside (Chest X-Ray, ABG, etc.,) B/L wheeze (+)

tachypnea (+)

Cardiovasclular System :

Inspection of procordium : (N)

Heart Sounds : S1 S2 (+)

Any murmur : _____

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) _____

Per Abdomen :

Inspection (N)

Palpation : soft, non tender.

Ausculation : _____

Spine: _____ External Genitelia : _____

Relevant data from outside (CT, USG etc.,) _____

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR (N) **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

BRONCHEOLITIS.

_____

_____

_____

_____

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP, CRP,

Chest x-ray

Sr. Electrolytes

Blood c/s.

Throat swab for resp panel.

Noted by [illegible]

Planned Management :

1) ~~IVF DNS (1/2 maint)~~

2) NEB c̄ levolin (0.31mg) 4th hrly + (3ml 3% NS).

3) NEB Budecort BD

4) Nasoclear drops.

5) Suctioning 3-4th hrly.

6) Monitor vitals

7) watch for RD
confirm if RR > 40/min
SpO2 < 94%)

8) O2 supp (SOS) (if SpO2 < 92%)

Please fill up the following details

1. Name of the Referring Doctor :
2. Name of the Referring Hospital :
   (Including the name of City)
3. Contact number of the Referring Doctor :
   (Preferring Mobile #)
4. Name of the doctor in Rainbow Team ______ on whose name the patient is being referred

Doctor's Signature Name [signature] Date 18/6. Time 11:45 AM

MAH-00381170 IP2-00056595
Master NEHANTH SARVGNA
21-02-2025 1 Y 3 M 28 D (M)
Dr. DR.M KIRANMAYI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Reg	
18/6	Δ - BRONCHIOLITIS.	
3:30pm		
	FEVER spikes	Advice
	present	1) adding INJ ceftriaxone.
Rt side	cold (+)	2) Cont NEB Levolin 4th hrly
cheek region	cough (+).	3) Budecort BD
swelling	maint satt.	4) suctioning 3-4th hrly.
present.	O/E	5) watch for RD.
		Inform if RR>40/min
	RS - BIAE(+)	SPO2<94%)
	B/L crepts(+)	6) O2 support (SOS) (if SPO2<92%)
	~~B/L wheeze (+)~~	7) Monitor vitals
	RD (+)	
	(mild) tachypnea (+)	
	CVS - S1S2(+)	Dr.
	P/A - soft, non tender.	18/6

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

MAH-00381170 IP2-00056595
Master NEHANTH SARVGNA
21-02-2025 1 Y 3 M 28 D (M)
Dr. DR.M KIRANMAYI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/2026 4:20 PM	S/B Dr Kiranmayi A: Bronchiolitis - c ? Acute Fever day 2.	clinical lymphadenitis
	O/E - Fullness + Rt neck. Tender ? lymphnodal swelling.	
	Chest: ~~AE BE~~ CMPKS P	~~Adv~~ • Continue same
	P/A - soft	• USG neck tomorrow
	Dr Kiranmayi	
	Noted by pgrs on 18/6/26 at 4:20pm	

MAH-00381170 IP2-00056595
Master NEHANTH SARVGNA
21-02-2025 1 Y 3 M 28 D (M)
Dr. DR.M KIRANMAYI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 10 Am		
	Δ = LRTI c̄ cervical lymphadenitis	
	Fever spikes ↑	
	O/E - Tender cut cervical lymphnodal swelling	
	P/A - soft	Adv
	no organomegaly	◦ neb 8hly (Levolin)
	Chest : Clear	
	active.	◦ USG neck.
		◦ Trace throat swab report
Kiranmayi	Noted by [illegible] 19/6/26 @ 10Am	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/06 3pm	DR41 c̄ anterior cervical lymphadenitis.	
	One fever spike @ 12pm	Plan
		→ c/t same
	- activity / intake | better	→ IVF - SOS
		→ Encourage orally
	BAE (+)	→ Trace report.
	conducted sounds (+)	
		Bhavya
	P/A - soft	
19/6/2026 9PM	S/B Dr Kiranmayee	
	fever spikes ↓ed	Adv
	neck swelling ↓ed	
	O/E - stable	o ? D/c tomorrow
	Lungs: AEBE Clear	o I.V fluids SOS
	Kiranmay	

Noted by Manisha 9pm

MAH-00381170 IP2-00056595
Master NEHANTH SARVGNA
21-02-2025 1 Y 3 M 30 D (M)
Dr. DR.M KIRANMAYI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 7:40AM	S/B DR. Kiranmayi	
	d/- Bronchiolitis. c̄ Acute cervical lymphadenitis	
	No fever spike @ 12:00PM	
	activity } better intake }	
	O/E - stable.	
	lymphnodal swelling ↓ed	Adv • D/c today
	no inflammation -	syp - Clampkid Forte (5ml/400mg) 2.5ml — 2.5ml × 5days
	Chest = Clear	• Levolin (0.31mg) + 2ml 3% - Saline neb 8hy × 3days
	noted by Sandhya 20/6/26 @ 7:40am	F/U Monday

(P.T.O)

Patient Sticker

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

MAH-00381170 IP2-00056595
Master NEHANTH SARVGNA
21-02-2025 1 Y 3 M 28 D (M)
Dr. DR.M KIRANMAYI

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RESULT SHEET

Date	13/6/26					
Time	@ 12:23pm					
Hb	11.2					
PCV	34.6					
RBC	5.89					
WBC	21.81 ↑					
N/L						
Platelets	516					
CRP	45 ↑					
ESR						
PCT						
RBS						
Na	135					
K	4.7					
Cl	101					
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Respiratory Panel						
Flu - A	Negative					
Flu - B						
RSV						
Covid-19						
Adenovirus	Negative					

18/6/26 at 12:30pm

Culture and Sensitivities : Blood cls 18/6/26 at 12:30pm →

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

MAH-00381170 IP2-00056595
Master NEHANTH SARVGNA
21-02-2025 1 Y 3 M 28 D (M)
Dr. DR.M KIRANMAYI

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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: ..... ER ..... Shifted to: .....

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						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ALA

Date & Time : 18/06/26, 12:32 pm

Nurse Name & Signature: Smita Murg

Date & Time : 18/06/26, 12:33 pm

Inj: Ceftriaxone

* $\frac{500mg \times 5ml\ Dilution}{500mg} = 5ml$

MAH-00381170 IP2-00056595
Master NEHANTH SARVGNA (M)
21-02-2025 1 Y 3 M 28 D
Dr. DR.M KIRANMAYI

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DRUG CHART

Date of Admission: 18/6. Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG: SYP CROCIN-DS.				Date / Time: 18/6/25 — 5PM (Pooja, Lavanya) ; 19/6 — 12:45 (Pooja)
Dose	Route	Frequency	Start Date	
3ml	oral	SOS	18/6.	
Doctor's Signature	Valid Period	Pharm.		
[signature]				
Additional Instructions: (5ml/240mg) (min 6th hly in N1) if T>100.1°F				

DRUG: SYP IBUGESIC.				Date / Time: 18/06 — 11:45 AM (Swathi) ; 9:40pm (Keshav, Manish)
Dose	Route	Frequency	Start Date	
4ml	oral	SOS.	18/6.	
Doctor's Signature	Valid Period	Pharm.		
[signature]				
Additional Instructions: (5ml/100mg) (min 6th hly in N1) if T>102.1°F				

DRUG:				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions:				

VERIFIED BY : Name .... Signature ....

Docu. No. : RCH /FRM / CLINICAL / 118

MAH-00381170 IP2-00056595
Master NEHANTH SARVGNA
21-02-2025 1 Y 3 M 28 D (M)
Dr. DR.M KIRANMAYI

REGULAR PRESCRIPTIONS

Weight. 9.8 kg Ward. ....

DRUG : NEB LEVOLIN 0.31mg

Dose	Route	Frequency	Start Date
0.31mg	NEB	4th hrly	18/6.

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions: (+ 3ml 3% NS)

Daily Doctor's Endorsement by a Sign

SEE THE CHART

DRUG : NEB BUDECORT 0.5mg

Dose	Route	Frequency	Start Date
0.5mg	NEB	BD.	18/6.

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions: (+ 3ml 3% NS).

Daily Doctor's Endorsement by a Sign

SEE THE CHART

DRUG : NASOCLEAR DROPS.

Dose	Route	Frequency	Start Date
2 drops	Nasal	6th hrly	18/6

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	18/6/25	19/6	20/6
12Am	X	[signature]	Sandhya
6Am	X	[signature]	Sandhya
12pm	X	Pooja [signature]	
6pm	poonam Laxmi	[signature]	

DRUG : INJ CEFTRIAXONE

Dose	Route	Frequency	Start Date
500mg	IV	BD	18/6.

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions: 100mg/kg/day.

Daily Doctor's Endorsement by a Sign

Date / Time	18/6/25	19/6	20/6
6Am	X	sushma [signature]	X
6pm / 4pm	poonam Laxmi	Sandhya [signature]	

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BirthRight
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Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

CIN : U85110 TG1998 PTC029914

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Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

CIN : U85110 TG1998 PTC029914

Patient Sticker

Weight. ..... Ward. .....

VARIABLE DOSE	Date ➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date ➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature ..... Name .....

VERIFIED BY

MAH-00381170 IP2-00056595
Master NEHANTH SARVGNA
21-02-2025 1 Y 3 M 28 D (M)
Dr. DR.M KIRANMAYI

I.V. FLUIDS CHART

Weight. 9.8 kg ..... Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
18/6	12:40 PM	D/F D/S (1/2 Maint)	IV	20 ml/hr	DR	Sandhya Geetha	clear 20/6/25	DR	DR

VERIFIED BY : Name ..... Signature .....

Patient Sticker

Nchanth Sarugna
1Y3m

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 18/6/24 Time: 5pm

Weight: 9.8kg Centile: 65th Centile

Height: — Centile: —

Inference: Nourished

RDA: Calories: 1000cals/day Protein: 15gm/day

Diet Recommendations: Soft diet

Re-Assesment:

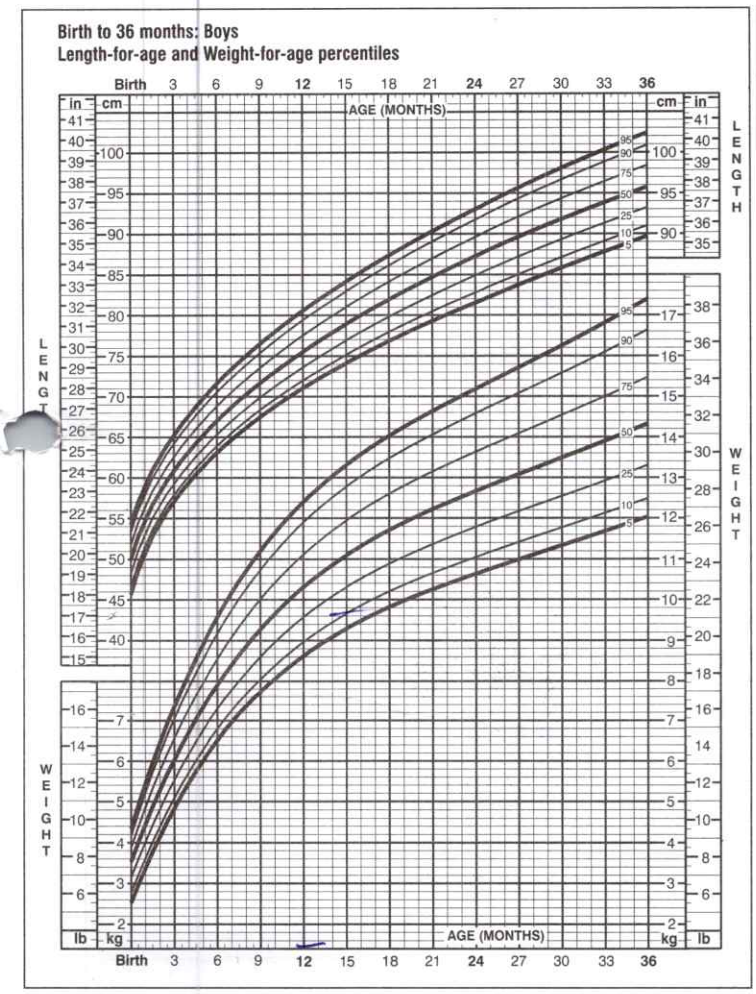
Food Allergies: NO allergies Veg/Non-veg

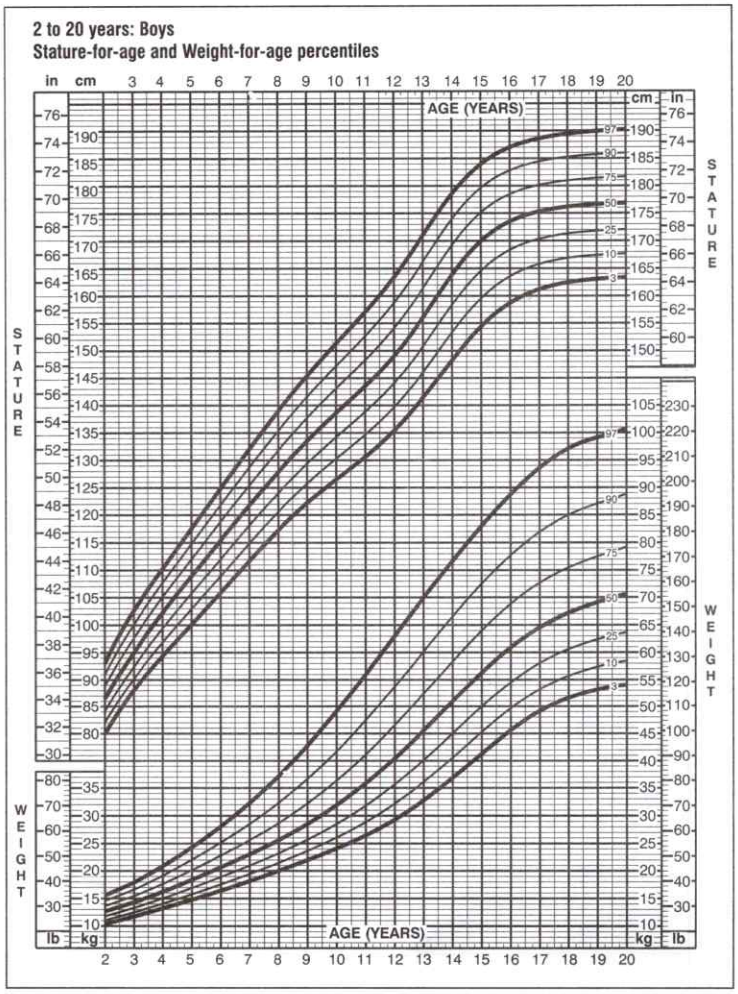
Diagnosis: Bronchiolitis

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: KS

GROWTH CHART (BOYS)





Dietician's Name Lakshmi Dietician's Signature

Docu. No. : RCH / FRM / CLINICAL / 160

(P.T.O.)

Daily Notes:

.Pulse Rate : Normal Rate by Age (beats/minute) Reference:PALS Guidelines, 2015

Age	Awake Rate	Sleeping Rate	
Neonate(<28days)	100-205	90-160	
Infant (1 month-1yr)	100-180	90-160	
Toddler (1-2yr)	98-140	80-120	
Preschool (3-5 yr)	80-120	65-100	
School -age (6-11yr)	75-118	58-90	
Adolescent (12-15yr)	60-100	50-90	

Respiratory Rate: Normal Respiratory Rate by Age (breaths/minute) Reference:PALS Guidelines, 2015

Age	Normal Respiratory Rate		
Infant (1 month-1yr)	30-53		
Toddler (1-2yr)	22-37		
Preschool (3-5 yr)	20-28		
School -age (6-11yr)	18-25		
Adolescent (12-15yr)	12-20		

Blood Pressure:Normal Blood Pressure by Age (mm/hg) Reference:PALS Guidelines, 2015

Age	Systolic Pressure	Diastolic Pressure	Systolic Hypo tension
Birth	39-59	16-76	<40-50
Birth	60-76	31-45	<50
Neonate(<28days)	67-84	35-53	<60
Infant (1 month-1yr)	72-104	37-56	<70
Toddler (1-2yr)	86-106	42-63	<70 + (age in years x 2)
Preschool (3-5 yr)	89-112	46-72	<70 + (age in years x 2)
School -age (6-11yr)	97-115	57-76	<70 + (age in years x 2)
Pre-adolescent (10-11y)	102-120	67-80	<90
Adolescent (12-15yr)	110-132	64-83	<90

Temperature :Normal Temperature Range by Method Reference: CPS Position Statement on Temperature Measurement in Pediatrics, 2015

Method	Normal Range (^{0}C)	Normal Range (^{0}F)
Rectal	36.6-38	97.8-100.4 ^{0}F
Ear	35.8-38	96.4-100.4 ^{0}F
Oral	35.5-37.5	95.9-99.5 ^{0}F
Axillary	36.5-37.5	97.7-99.5 ^{0}F

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Master NEHANTH SARVGNA
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Dr. DR.M KIRANMAYI

.: RCHBH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 18/06.... Time: 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7

Doctor / Nurse / Family Concern?

Temperature (°F) 104 103 102 101 100 99 98 97 96 95 94

Heart Rate (bpm) and Blood Pressure (mmHg) * 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

Heart Rate (Number) 150 152 153 141

Resp. Rate (bpm) (Over 1 Minute) * 70 60 50 40 30 20 10

Resp Rate (Number) 32 32 39 39

Resp Distress	Mod/ Severe / None / Mild		RA	RA	RA
Receiving O_2(l/min) O_2Saturations (%)		97	98	98	99
Conscious Level	Normal / Altered				
GCS *		15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes			2	0	0
Pain Score		0	0	0	0
Observer's Initials					

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

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

Patient Sticker

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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)

19/02/26

Ref No. : F / HW/ EWS / 02

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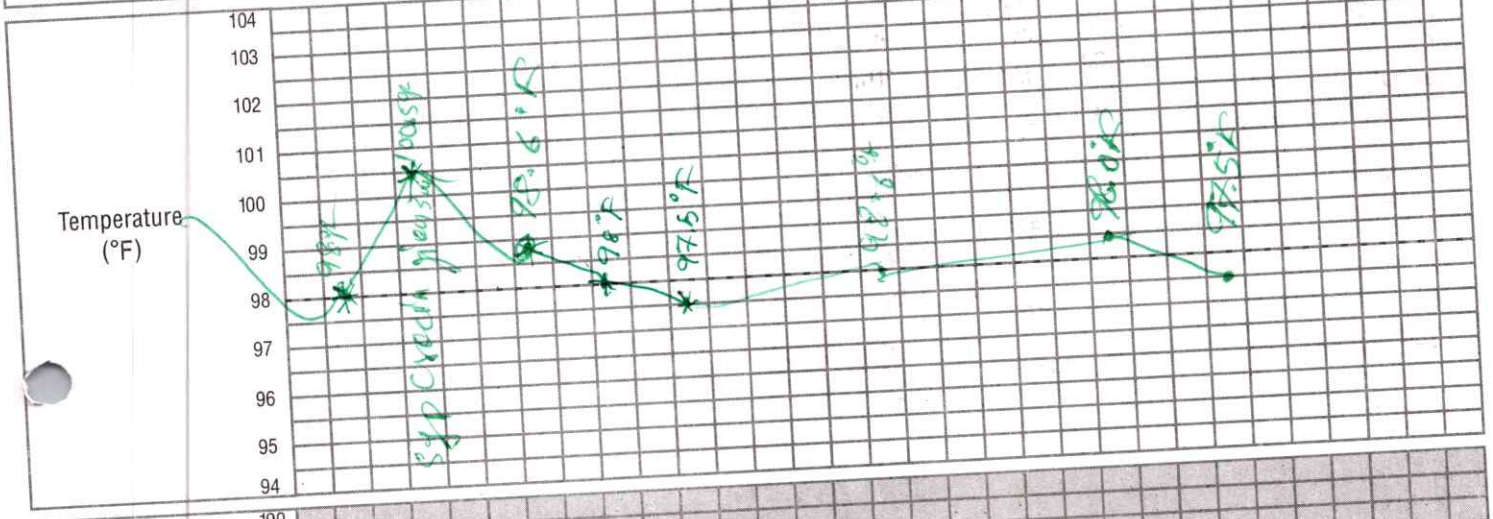
PRESCHOOL (1-5 years)

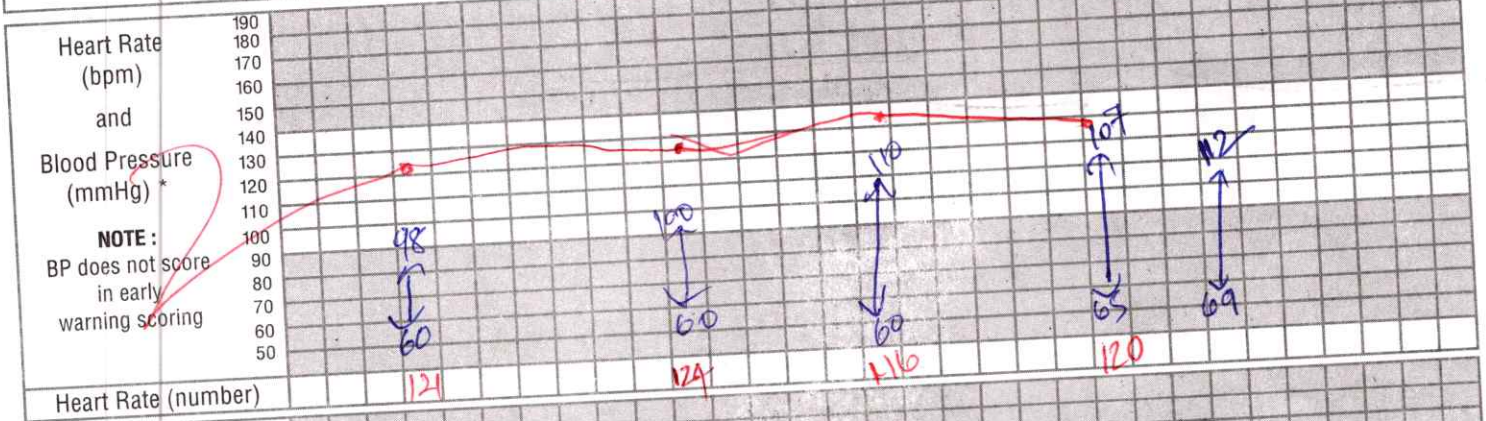
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

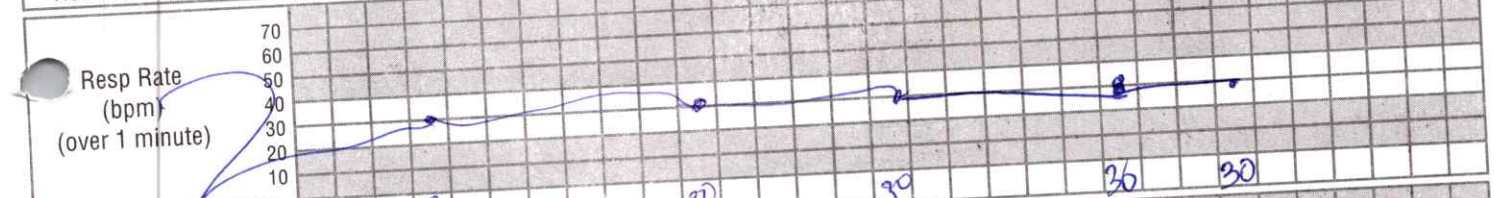
Date : ..... Time: 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8

Doctor / Nurse / Family Concern?





Heart Rate (number) 124 124 116 120



Resp Rate (number) 30 30 30 36 30

Resp. Mod/Severe Distress None/Mild	RA	RA	RA	RA	RA
Receiving O2 (L/min) O2 saturations (%)	97%	98%	99%	99%	99%
Conscious Normal Level Decreased					
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Observer's initials					

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

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

CIN : L85110 TG1998 PLC029914

20/06/26

Parent are refused web at 1:Am =

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FLUID CHART

Sheet No. : 1

18/6/26

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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am										0	
	09:00 am											
	10:00 am										0	
	11:00 am											
	12:00 pm										0	
	01:00 pm	DNS	-	20ml								
Total Intake : DNS. 20 ml						**Total Output :** U- 0 M-0						
	02:00 pm	D		-								
	03:00 pm		Cerelac	-						✓	0	
	04:00 pm	N		20ml							0	
	05:00 pm			20ml							0	
	06:00 pm	S		20ml						✓	0	
	07:00 pm			-								
Total Intake : Cerelac, DNS 60ml						**Total Output :** U- 2 m- 0						
	08:00 pm										0	
	09:00 pm	D	Cerelac H2O	20ml								
	10:00 pm			20ml						✓	0	
	11:00 pm	N		20ml								
	12:00 am										0	
	01:00 am	S										
Total Intake : Cerlac H2O DNS = 60ml						**Total Output :** U=1 m=0						
	02:00 am										0	
	03:00 am	D										
	04:00 am	N		20ml						✓	0	
	05:00 am			20ml								
	06:00 am	S		20ml							0	
	07:00 am											
Total Intake : DNS = 60ml H2O						**Total Output :** U=1 m=0						

Total 24 hrs. Intake	cerlac + H2O DBM DNS = 200ml	Total 24 hrs. Output	U=4 m=0

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FLUID CHART

Sheet No. : (2)

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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am										0	
	09:00 am		Scorlac							✓		
	10:00 am		H2O								0	PO
	11:00 am		makhana							✓		
	12:00 pm		DBM								0	
	01:00 pm										0	
Total Intake : Scorlac + makhana + H2O						**Total Output :** U – 2 m – 0						
	02:00 pm										0	
	03:00 pm		Ceralac									
	04:00 pm		+ H2O							✓	0	
	05:00 pm		+ DBM									
	06:00 pm										0	
	07:00 pm											
Total Intake : Ceralac + H2O DBM						**Total Output :** U – 1 m – 0						
	08:00 pm										0	
	09:00 pm		Ceralac									
	10:00 pm		H2O							✓		
	11:00 pm		DBM								0	NPO
	12:00 am											
	01:00 am										0	
Total Intake : Ceralac H2O DBM						**Total Output :** U = 1 M = 0						
	02:00 am										0	
	03:00 am		Scralac									
	04:00 am		+									
	05:00 am		H2O								0	
	06:00 am		+									
	07:00 am		DBM								0	
Total Intake : Scralac + H2O + DBM						**Total Output** U – 0 m – 0						

Total 24 hrs. Intake	Scralac + makhana + H2O + DBM	Total 24 hrs. Output	U – 04 m – 0