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ACTIVITY RE

VIH-00205719 IP-00060287
Baby Of ROSHINI
05-06-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

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

UHID No : ------- .. ... . ---- Consultant : ---------- Dept : ---ER.---------

Date of Admission : 9/6/26 ------- Time : ---5:38 PM Date of Discharge : ---------- Time: ----------

Room / Bed No : --218------- Ward : --2nd floor-- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/26	6:25PM	ER	218	

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
10/6/26	SBR	26019906	
—	Cases checked alone by Dr — 10/06/26		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/6/26	DSPT		10/06/26 @ 4p	3088530	[signature]
	Name :- Someshwar	M. Ingole			
	Date :- 9/6/2026				
	Time :- 6:50 pm				
	Sign :- [signature]				
	Relationship :-	Father			
—	Case Closed	done	by [signature]		10/06/26 @

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : 10/06/26 Time : 15:27 pm Prepared By : 10/6/26 @ 15:27 pm

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sis. Padma	Sis.		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00205719 IP-00060287
Baby Of ROSHINI
05-06-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

Patient Name

Ward:

IP.No: 60287

DOA: 9/6/26

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	2	✓	✓	
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Trasfer Forms	1	✓	✓	
5	In-patient Medical Record	3	✓	✓	
6	Doctors Progress Sheets	1	✓	✓	
7	Nurses Progress notes	2	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	2	✓	✓	
26	Intake and Output chart (fluid Chart)	2	✓	✓	
	Drug Chart (Regular prescription)	3	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
35	the Humpty Dumpty Scale	1	✓	✓	
36	Braden Scale	1	✓	✓	
37	Pain Assessment	1	✓	✓	
38	New Born Detail	1	✓	✓	
39	other	5	✓	-	
	Total No. of Pages	29 pages			

Signature and Date : 9/6/26

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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-00060287 **Admit Date** : 09-Jun-2026 **Admit Time** : 05:38 PM **UHID** : VIH-00205719

Patient Details :

Patient Name	: Baby Of ROSHINI	**Age**	: 0 Y 0 M 4 D
Guardian	: Mr SOMESHWAR MANOHAR INGOLE	**DOB**	: 05-06-2026 05:30 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: bharghavi residency street no 6, habsiguda Habsiguda Hyderabad Telangana INDIA 500007	**Phone No**	: 8421911075/
		E-mail	: na@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 102 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name : Mr SOMESHWAR MANOHAR INGOLE **Relationship** : Father

Contact Address : **Phone No** : 8421911075 / 9834791170

Signature

Doctor Details :

Doctor Name : Dr. SIVA NARAYANA REDDY VENNAPUSA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00205719 IP-00060287 Baby Of ROSHINI 05-06-2026 0 Y 0 M 4 D (M) Dr. SIVA NARAYANA REDDY	9/6/26 @ 5:38 pm	Rea... @ 6:15pm
	Transfer Ordered by ~~Adm~~ Dr Sameera	Admission
From Unit ER	To Unit 218	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films –	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.	Nil	
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Dr. Sameera.

Name & Signature of Person who Transferring	Name of Person Ordered Transfer
Sr Gayan	Dr Sameera

Patient & Clinical Records Received : Sony

Date & Time of Patient ... : 9/6/26 @ 6:15 pm Sony

If the transfer ... Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailability of ... ☐ Nurse not Available ☐ Available Bed not ready

VIH-00205719 IP-00060287
Baby Of ROSHINI
05-06-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

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wt:- 2.517kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/o Roshini Age : 4 days Gender: ☑ Male ☐ Female

Date : 9/6/26 Time of Arrival : 5:09pm

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: 98.2°F PR: 127b/M BP 68/46(54) RR: 30b/M SpO: 97%

Chief Complaints: Yellowish discoloration skin and eyes

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☐ Normal ☑ Abnormal ☐ Bleeding — Yellowish discoloration skin and eyes

Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS

☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☑ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 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 of Parent / Guardian

Triage Completion Time : 5:13pm

Communicable Disease Triage Screening

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

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. 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

1. 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: .....
2. 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 : Swathi

Signature of Triage Nurse : .....

Date & Time : 9/6/26 @ 5:13

VIH-00205719 IP-00060287
Baby Of ROSHINI
05-06-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 6/9/26 Time of arrival : 5:14 pm

Chief Complaints: Yellowish discoloration skin and eyes RBS: —

Height : — Weight : 2.51 kg BMI : — Head Circumference (<2 years) —

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 —

RISK FOR FALL:

☑ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

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 : 5:18 pm

Patient Name : B/O. Baby Of ROSHINI UHID : VIH-00205719 IPD : IP-00060287 Gender : Male Age : 0 Y 0 M 4 D

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

Time	Nursing Notes
5:9PM	✡ patient came to ER
5:13PM	✡ vital checked & Recorded
5:17PM	✡ Doctor seen the doctor Adviced Admission
5:21P	✡ Admission process done
	✡ total Bilirubin : 15.9 mg/dl (SBR done opp Basis)
	✡ patient shifted to the ward (218)

Samples collected by: — Time: —

Samples sent by : — Time: —

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
			N.I.L		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 103bl/M BP: 95/68/72 CFT: Yessen	Shift - out from ER to: 218
RR: 30bl/M SPO_2 : 100%	Time of Shift - out: 9/6/26 @ 6:10pm
GCS: 15/15 Temperature : 98.6°F	Handover given to: SR. Soni
Pain Score: "0"	(Nurse's Name) BY. by sr sushila.
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): —

—

Name of the Nurse : Sushila Signature of the Nurse : Sushila

Date & Time : 9/6/26 @ 6:10pm

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ VIH-00205719 IP-00060287 _____
Baby Of ROSHINI
05-06-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

UHID ID: _____ _____

Department: _____

Consultant: _____

VIH-00205719 IP-00060287
Baby Of ROSHINI
05-06-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Name : B/o Roshini Age/Sex 4D / M

Information given by: Mother Relationship Mother.

Chief Presenting Complaints & Duration (Chronologically)

c/o yellowish discoloration of skin

History of present illness :

B/o Roshini is a Early Term (37w4) / SGA / IUGR / baby boy / asymptomatic Hypoglycemia / Breech / LSCS

DOM : 5.6.26 : 8.29AM

B.wt : 2.64 kg

MBG
BBG } A+ve.

9.6.26 : Apollo

SBR : 15.9 / D - 1.4
I - 14.6

For the above complaint he was admitted for double surface phototherapy.

VIH-00205719 IP-00060287
Baby Of ROSHINI
05-06-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

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

Nil significant

Birth & Neonatal History:

Admitted in NICU for 2 days
for asymptomatic hypoglycemia

Birth & Socio Economic History:

About Father : Class - II
About Mother :
Any additional Information :

Developmental History :

N/A

Immunization History :

Immunized at Health

(P.T.O.)

VIH-00205719 IP-00060287
Baby Of ROSHINI
05-06-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 2.51 kg (Centile _____)

On Examination :

Temperature : (N) Pulse Rate : 130/min B.P. 68/46(54) SPO2 97 % RA

Resp.rate and type of breathing : 40/min

Rash

Lymphadenopathy icterus upto lower limb.

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 : S1 S2 (+)

Any murmur : no murmur.

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

Per Abdomen :

Inspection

Palpation : soft, no organomegaly

Ausculation :

Spine : External Genitelia :

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

VIH-00205719 IP-00060287
Baby Of ROSHINI
05-06-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : conscious.

Cranial Nerves : Intact.

Motor System:

Nutriton :

Tone: (N) Power 4/5 all limb.

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes : +4 | ++ / +2 | +0

DTR **Superficials:**

Plantars

Sensory System : (N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

Neonatal Hypoglycemia

(P.T.O.)

VIH-00205719 IP-00060287
Baby Of ROSHINI
05-06-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: N/A.

Desired goals of the treatment : Treat the jaundice

Planned Labs:

→ SBR T/m 4:00PM

→ OAE (after confirming from attenders)

Noted by Sr (Uma 240
9/6/26 @ 5:90 PM

Planned Management

→ DSPT

→ DBM

→ Warm care

Signature of the Doctor: Sameera

Name of the Doctor: Dr. Sameera

Date & Time: 9:6:26 5:15PM

Signature of the Consultant:

Name of the Consultant: Dr. Shiva Narayana Reddy Reg. No: 48300

Date & Time: 10/6/26 10am

VIH-00205719 IP-00060287
Baby Of ROSHINI
05-06-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10.6.26 9.00 am	S/B Regular	
	Neonatal Hyperbilirubinemia	
	On DSPT	
	O/E baby warm	
	cry, tone, activity } (N)	Plan
	H/L - NAD	→ DBM
	P/A - soft	→ Warm care
		→ SBR at 3.00 PM today
	B. wt: 2.51 kg	
	T. wt: 2.46 kg (↓50gm)	→ OAE (after rounds)
	HBG, BBG } A+ve	
	Sameera (Dr. Sameera)	
	Dr. Shiva Narayana Reddy Reg. No: 48000 — 10/6/26 10A	Noted by kousalya 10/6/26 @ 10 am

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

IP-00060287
Baby Of ROSHINI (M)
05-06-2026 0 Y 0 M 4 D
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00205719 IP-00060287
Baby Of ROSHINI
05-06-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

Patier

INICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

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

Doctor/Nurse/Family Concern? PM PM AM AM

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) 130 159 140 154

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

Resp Rate (Number) 41 53 49 55

Resp Distress	Mod/ Severe / None / Mild			
Receiving O_2 (l/min) O_2 Saturations (%)	99	99	97	98
Conscious Level	Normal / Altered	N	N	N
GCS *				
TOTAL SCORE Number of shaded boxes	6	0	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 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.

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Baby Of ROSHINI
05-06-2026 0 Y 0 M 4 D (M)
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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)

VIH-00205719
Baby Of ROSHINI
05-06-2026
Dr. SIVA NARAYANA REDDY
IP-00060287
0 Y 0 M 4 D
(M)

Doc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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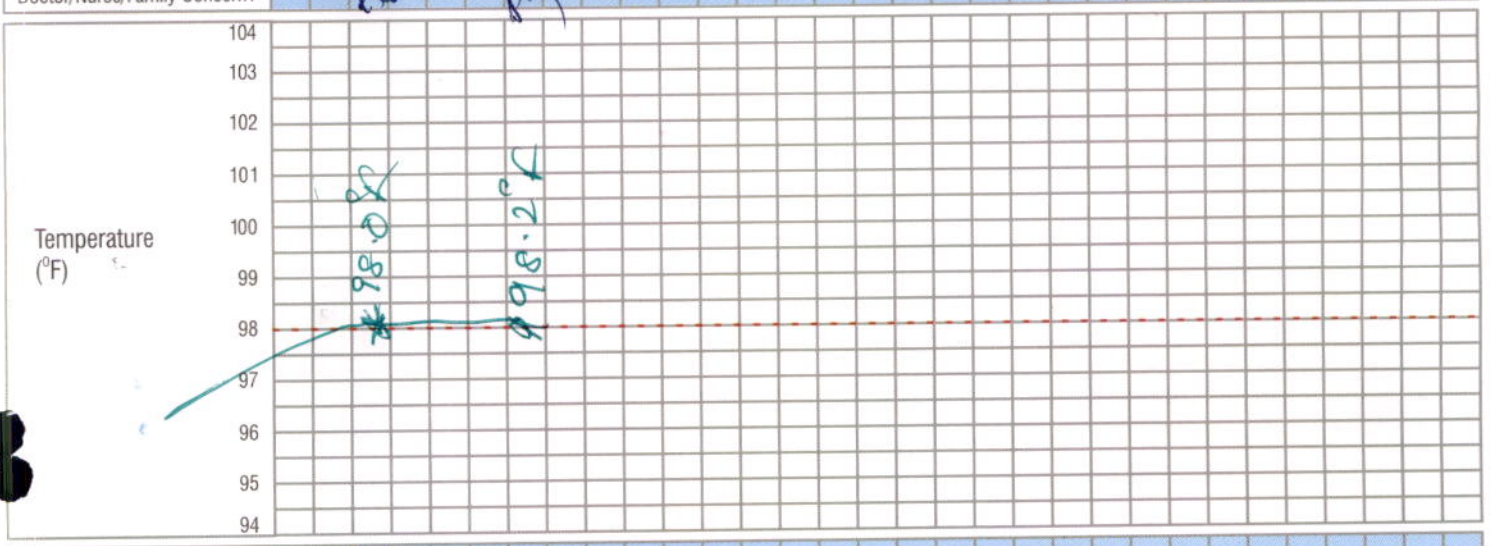
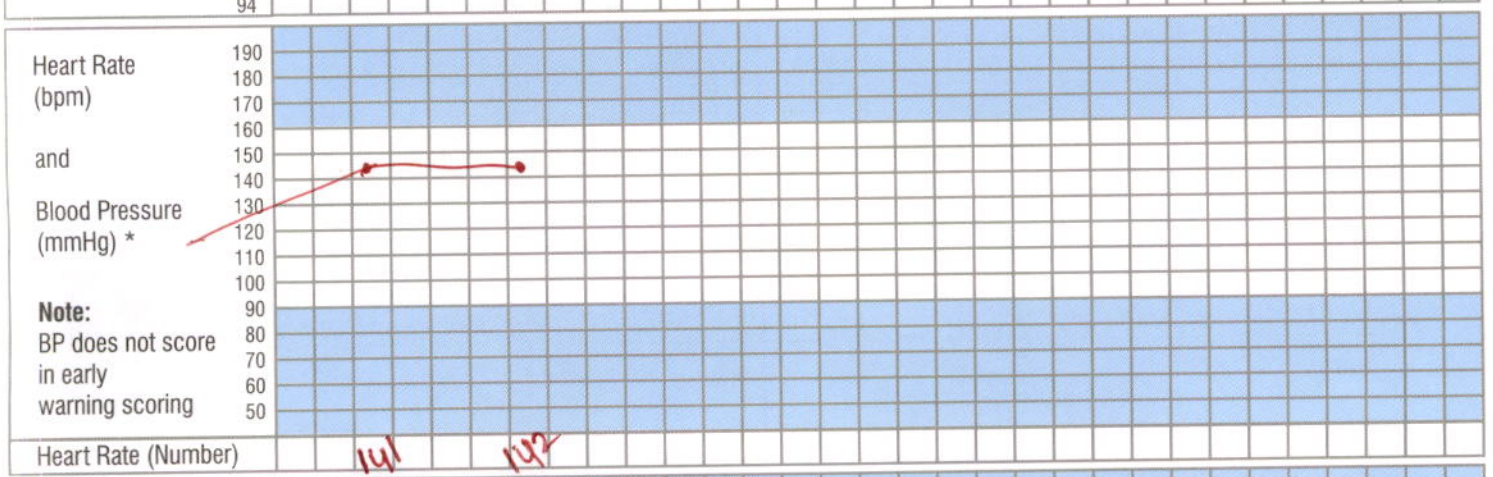
EARLY WARNING SCORE: CHILDREN'S UNIT

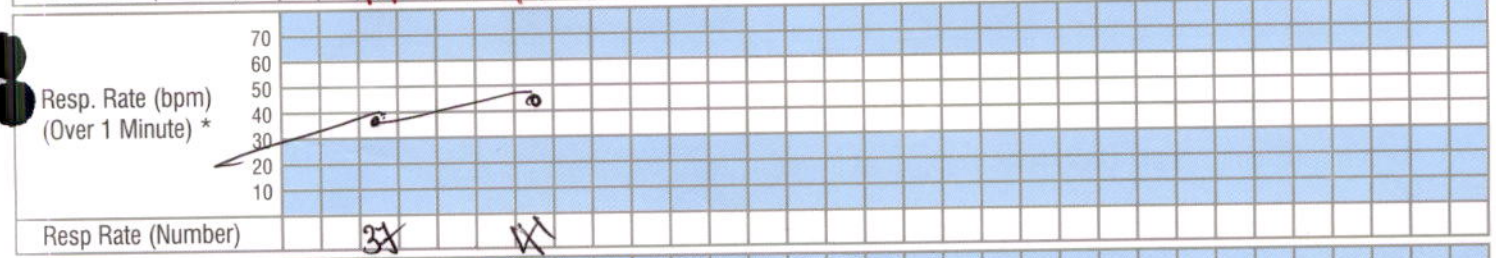
Date: 10/6/26 Time: 10 2

Doctor/Nurse/Family Concern? Elan pm





Heart Rate (Number) 141 142



Resp Rate (Number) 37

Resp Distress	Mod/ Severe / None / Mild	
Receiving O_2 (l/min)		
O_2 Saturations (%)		99% 99%
Conscious Level	Normal / Altered	C C
GCS *		15
TOTAL SCORE Number of shaded boxes		– 0
Pain Score		– 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 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.

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Baby Of ROSHINI
05-05-2026 0 Y 0 M 4 D (M)
Dr. SIVA NARAYANA REDDY

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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)

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FLUID CHART

Sheet No. : .....

9/6/26

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
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am					NVI						
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
9/6/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm		DBF-HF							✓		Sony 9/6/26 @ 8pm
	07:00 pm											
Total Intake :						**Total Output :**						
9/6/26	08:00 pm											
	09:00 pm		DBF-HF									
	10:00 pm									✓		Roja @ 10/6/26 @ AM
	11:00 pm						✓					
	12:00 am		DBF-HF									
	01:00 am											
Total Intake :						**Total Output :**						
10/6/26	02:00 am											
	03:00 am		DBF-HF									
	04:00 am									✓		Roja @ 10/6/26 @ 8AM
	05:00 am											
	06:00 am		DBF-HF							✓		
	07:00 am							✓				
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 2

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
10/6/26	08:00 am		ff									Akanksha 10/6/26 @2pm.
	09:00 am									✓		
	10:00 am		ff				✓					
	11:00 am											
	12:00 pm											
	01:00 pm		ff							✓		
Total Intake :						**Total Output :**						
10/6	02:00 pm											Poolma 10/6/26 @
	03:00 pm		ff							✓		
	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 :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil ..... ☐ 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: ..... 218 .....

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		Nil				☐ 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 : Dr. Sameera / Sameera

Date & Time : 9/6/26 @ 6PM

Nurse Name & Signature: Samuel / Sam

Date & Time : 9/6/26 @ 6PM

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DRUG CHART

Date of Admission: 9/6/26 Drug Allergies: Nil ☑ 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 **/** 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 :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

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

VERIFIED BY : Name Signature

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REGULAR PRESCRIPTIONS

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

DRUG :

Date➤ / Time

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date➤ / Time

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date➤ / Time

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date➤ / Time

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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

VARIABLE DOSE

DRUG :	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
Route / Start Date		Dose		Dose		Dose		Dose	
Name & Signature of the Doctor		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 .....

VERIFIED BY : Name .....

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I.V. FLUIDS CHART

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

Date	Time	ition 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

Signature .....

VERIFIED BY : Name .....