

**ACTIVITY RECORD FOR BILLING**

VIH-00205585 IP-00060219  
Master KATHI THANUSH  
29-05-2015 11 Y 0 M 5 D (M)  
Dr. SIVA NARAYANA REDDY

Name: -----

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

Date of Admission : 3/6/26 Time : ----- Date of Discharge : ----- Time: -----

Room / Bed No : 112 Ward : 1st floor Suggested Billable bed type : -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
<u>3/6/26</u>	<u>2 PM</u>	<u>ER</u>	<u>112</u>	<u>[Signature]</u>




**Cross Consultation Visit**

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
3/6/1	IV Placement	1	3086649	
Cross checked by Coalpang sls @ 5/6/26				
6/6	iv placement	①	3087351	
Cross checked by  6/6/26				

**ANY OTHER INFORMATION**

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.....

.....


.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward  6/6/26 @ 12pm.	Billing Assistant	Billing Supervisor
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**ADMISSION SHEET**

**Registration Details :**



Admission No : IP-00060219

Admit Date : 03-Jun-2026

Admit Time : 12:44 PM - UHID : VIH-00205585

**Patient Details :**

Patient Name : Master KATHI THANUSH

Age : 11 Y 0 M 5 D

Guardian : Mr HARI BABU

DOB : 29-05-2015

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : Bholakpur Bholakpur Hyderabad Telangana INDIA 500080

Phone No : 9989229090

E-mail : na@gmail.com

**Admission Details :**

Bed Type : SHARED WARD

Bed No : ER 101

Ward Name : N 0 GF-EMERGENCY

Room No : ER 101

Admission Type : First Visit

**Contact Details :**

Name : Mr HARI BABU

Relationship : S/O

Contact Address : Bholakpur Bholakpur Hyderabad Telangana INDIA 500080

Phone No : 9989229090 / 9951621111

  
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 : CARE HEALTH INSURANCE LIMITED

Patient Name : Mast. KATHI THANUSH UHID : VIH-00205585 IPD : IP-00060219 Gender : Male Age : 11 Y 0

VIH-00205585 IP-00060219  
Master KATHI THANUSH  
29-05-2015 11 Y 0 M 5 D (M)  
Dr. SIVA NARAYANA REDDY



### NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 3/6/2016 Time of arrival : 12:36 pm  
 Chief Complaints : e.c.o. Fever Since 4 days, Vomiting Since 3 days, loose stools since yesterday.  
 Height : 136 cm Weight : 25 kg 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 \_\_\_\_\_

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

Unusual concerns about patient's Psychological Status:  Yes  No

If Yes Consultant Notified: \_\_\_\_\_ (Date/Time): \_\_\_\_\_

Social History: Lives With Parents

Siblings in household  Yes  No (if yes How Many?) 2 (1 brother, 1 Sister)

Time of Initial assessment completed by ER Nurse : @ 12:42 pm

Patient Name : Mast. KATHI THANUSH UHID : VIH-00205585 IPD : IP-00060219 Gender : Male Age : 11 Y 0 M 5 D

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

Time	Nursing Notes
@12:30pm	* Patient come to ER, vitals checked & recorded.
12:37pm	* Dr. Vishwaja seen the patient.
	* Advice both admission, admission done.
	* IV placement done.
	* Sample collected & send to Lab.
	* Covid Rat - Negative.
	* Patient shifted to ward (112)

Samples collected by: Dr. Jyothi rami

Time: @

Samples sent by: Dr. Swagatika

Time: @

**Medication given in ER:**

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
12:41 pm	Sup. Crocin	po	8ml	Dr. Vishwaja	Swagatika

Condition of patient at time of shift - out :	Details of Shift - out
HR: 108b/m BP: 101/72 (88) CFT: 22sec	Shift - out from ER to: Ward - 112
RR: 26b/m - SPO <sub>2</sub> : 100%	Time of Shift - out: @ 2PM
GCS: 4, 5, 6 Temperature: 98.2°F	Handover given to: Dr. Aniltha
Pain Score: .....	(Nurse's Name)
Repeat RBS (if applicable): .....	

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any):

IV placement.

Name of the Nurse : Vaishnavi

Signature of the Nurse : Vaishnavi

Date & Time : 3/6/26 @ 2PM

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 29-05-2015 11 Y 0 M 3 D (M)  
 Dr. SIVA NARAYANA REDDY

wt - 25.80 kgs.  
 Ht - 136 cm.



### EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Thanush Age : 11y 5Days Gender :  Male  Female  
 Date : 31/6/20 Time of Arrival : 12:30pm

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: 100.9°P PR: 120b/m BP: 102/78 (87) RR: 25b/m SpO<sub>2</sub>: 100%

Chief Complaints: 210. Fever since 4 days, loose stools since stomach pain, yesterday - vomiting

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

**NOTE:** All immunocompromised children and preterm babies to be considered Level 2.  
 All Children less than 2 years age with high fever to be considered Level 3.  
 \* CTAS - Canadian Triage and Acuity Scale  
 Signature of Parent / Guardian : K. Kavitha  
 Triage Completion Time : 12:34p

### Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Swagath Signature of Triage Nurse : [Signature]  
 Date & Time : 31/6/20 12:34pm

# PATIENT TRANSFER FORM



VIH-00205585 IP-00060219

Master KATHI THANUSH  
29-05-2013 11 Y 0 M 5 D (M)  
Dr. SIVA NARAYANA REDDY



Date & Time of Admission <i>3/6/26 @ 12:44pm</i>		Date & Time of Transfer Order <i>3/6/26 @ 2PM</i>
Transfer Ordered by <i>Dr. Vishwaja</i>		Reason for Transfer <i>Admission</i>
From Unit <i>ER</i>	To Unit <i>112</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>25</i>	Number of Imaging Films <i>USG abdomen</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?
Medications / Consumables / Surgicals / Hand over <i>op. Pils give to attend K. Kavitha</i>		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Name & Signature of Person who is Transferring <i>Dr. Vishwaja Vaishna</i>		Name of Person Ordered Transfer <i>Dr. Vishwaja</i>
Patient & Clinical Records Received by : <i>Anette</i>		
Date & Time of Patient Received : <i>@ 2-10pm</i>		

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

Unavailable Bed

Nurse not Available

Available Bed not ready



# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

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

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

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

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

VIH-00205585 IP-00060219

Master KATHI THANUSH  
29-05-2015 11 Y 0 M 5 D (M)  
Dr. SIVA NARAYANA REDDY





## Pediatric Multiorgan History & Physical Examination

Name : Thanush. Age/Sex 11y / male

Information given by: mother Relationship \_\_\_\_\_

### Chief Presenting Complaints & Duration (Chronologically)

c/o Fever since 4 days

a/w Vomitings

loose stools since yesterday

↓ Oral intake

### History of present illness :

child was apparently healthy 4 days back then (since Sunday)  
developed Fever since 4 days

moderate to high grade

continuous

not responding on medications

a/w vomitings - since 4 days

↳ NP/NB/ non Blood stained

5-6 episodes/day

content - food, water

↓

consulted outside hospital - on Monday

started on Syp. eudem, PCM / meftal, monocet (2 doses)

↓

Child developed loose stools since yesterday

Episodes - watery, yellowish, non Bloodstained

a/w tenderness in RIF and LIF

c/o ↓ oral intake since 4 days

↓

in/v/o Persistent symptoms - admitted in RHT



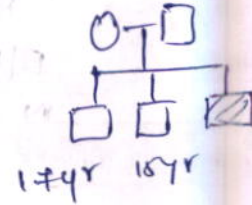
### Pediatric Multiorgan History & Physical Examination

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

H/o Surgery @ 3 months of age  
? Entussception (No records available)  
(H/o Blood on stool (+))

**Birth & Neonatal History:**

Term / LSC / 2.5kg / NO NICU stays



**Birth & Socio Economic History:**

About Father : \_\_\_\_\_  
About Mother : \_\_\_\_\_ } class III  
Any additional Information : \_\_\_\_\_

**Developmental History :**

Appropriate for age in all 4 domains

**Immunization History :**

Received Vaccination upto date



### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)  
Weight (kgs) 25.7kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 100.9 F Pulse Rate : 120/min B.P. 102/78 SPO2 100%  
Resp. rate and type of breathing : 27/min

Rash ⊖  
Lymphadenopathy throat congestion ⊕  
Oedema : ⊖  
Allergies (if any): ⊖

#### Respiratory System :

Inspection (any s/o distress) : Bilateral symmetrical chest movement  
Air entry & breath sounds : R/LAE ⊕  
Any addes sounds : NO  
Relevant data from outside (Chest X-Ray, ABG, etc.,) \_\_\_\_\_

#### Cardiovascular System :

Inspection of procordium : ⊖  
Heart Sounds : CIS2 ⊕  
Any murmur : NO  
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : \_\_\_\_\_

#### Per Abdomen :

Inspection ⊖  
Palpation : SOFT tenderness in RIF & LIF  
Auscultation : BS ⊕  
Spine : ⊖ External Genitelia : \_\_\_\_\_  
Relevant data from outside (CT, USG etc.,) \_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

**Central Nervous System :**

Level of Consciousness : AVPU/GCS score : 15/15 awake

Cranial Nerves : Intact

**Motor System:**

Nutrition : \_\_\_\_\_

Tone : \_\_\_\_\_ Power 4/5 all limbs

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

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

Involuntary Movements : NO

**Reflexes :**

DTR +

Superficials: +

Plantars flexor

**Sensory System :** +

Bladder / Bowel : ↑ Bowel movements

**Clinical Summary & Diagnostic:**

Acute Gastro Enteritis + dehydration



**Pediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment: To prevent further complications.

Desired goals of the treatment: To treat current condition

**Planned Labs:**

- CBP ✓
- CRP ✓
- S/E ✓
- B/Cls ✓
- S. creat ✓
- LFT ✓
- S. Amylase ✓
- USG abdomen ✓

**Planned Management**

- By Dr. Siva Sir*
- 1) Nibolus - 10mg/kg
  - 2) IV fluids
  - 3) Puj ceftazoxime
  - 4) Puj Amoxicillin
  - 5) Puj metrogyl
  - 6) Puj Zofenol
  - 7) Econorm Solut

Noted by  
 Sr Gyaan  
 3/6/26 @ 1:10P

Signature of the Doctor: Col  
 Name of the Doctor: Dr. Wickhaji  
 Date & Time: 3/6/26

Signature of the Consultant: [Signature]  
 Name of the Consultant: Dr. Siva  
 Date & Time: 3/6/26

[Signature]

VIH-00205585 IP-00060219  
 Master KATHI THANUSH  
 29-05-2015 11 Y 0 M 5 D (M)  
 Dr. SIVA NARAYANA REDDY



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/24 4:00 pm	C/S/B Resident AGE - Dehydration.	
CRP → 55 WBC → 7.61.	No fever spikes -> Admission. No vomit/diarr	
Dr. Prakashantini	O/E Child Alert & Active Vitals stable CM: S/S (A) M: B/L/A/E (A) P/A: GOK CNS: WAD -	<p style="text-align: center;"><u>Plan</u></p> <ul style="list-style-type: none"> <li>- Ij. cephixone-DI</li> <li>- Ij. Amikacin</li> <li>- Ij. metronidazole</li> <li>- Econorm sachet</li> <li>- Trace B/Us.</li> <li>- Monitor vitals</li> <li>- Inform (P.I.)</li> </ul>
	<p style="text-align: center;">6 for follow up 3/6/26 G.R.</p>	<p style="text-align: center;">-</p>

Noted by  
 Manisha  
 3/6/26  
 @ 8 pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/24 4:00pm.	<p><u>C/S/B Resident</u></p> <p>Dis. Acute dehydration</p> <p>1 fever spike @ 4pm (100.0f)</p> <p>3-4 spinning loose stools - many.</p> <p>No spinning vomiting.</p> <p>Purku → Good volume.</p> <p>O/I → (4)</p> <p>U/O → Adequate.</p>	
	<p>O/E</p> <p>Child Alert &amp; Active</p> <p>Vital Stable</p> <p>CX</p> <p>M</p> <p>P/A } JAD</p> <p>CNS }</p>	
		<p><u>Plan</u></p> <p>- DO do CSB &amp; VP 1/m</p> <p>- Inf. Lipizone - D2</p> <p>- Inf. Amikacin } D2</p> <p>- Inf. metronidazole }</p> <p>- Continue IVF</p> <p>- monitor vitals</p> <p>- Tubex (as)</p>
<p><u>Dr. Prabhakar</u></p>		<p>Noted</p> <p>by          namitha          reddy          29/5/24</p> <p>(P.T.O)</p>

VIH-00205585 IP-00060219  
 Master KATHI THANUSH  
 29-05-2015 11 Y 0 M 5 D (M)  
 Dr. SIVA NARAYANA REDDY



...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 8:00 AM	<p><u>C/I/B Resident</u>            Dis: ACEE Dehydration.            2 fever spikes            @ 4pm &amp; 12:35 Am.            (100.7) (101.5)</p>	
O/I → Betku	Novomhys.	
4/0 → Adequate.	3-4 spindles of lookboots - yesterday.	
	<p><u>O/E</u>            Child Alert &amp; Active            vitals stable</p>	<p><u>Plan</u></p>
Dr. Mahanki	<p>CM: S1S2 (P)            M: B1A6A            P/A: soft            CNS: WAD.</p>	<p>Trace Blets -            - Inj. ceftriaxone - D2            - Inj. Amikacin - D2            - Inj. methimazole - D2            - Trace stool culture.            - monitor vitals            - Inform (sos).</p>
<p>55            ↓            CRP 33.</p>		
	<p>@ Dr. Siva            5/6/26            10:00 AM</p>	
		<p>noted by Anetha            5/6            @ 2 pm</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 3pm	<p><u>CL/B Resident</u></p> <p><u>AGE @ Dehydration</u></p>	
	<p>1 episode of fever spike at 3pm          &amp; 1 episode of loose stool</p>	
	<p>O/E Cascis          Mebric          CS - S<sub>2</sub> ⊙          R - BLAD ⊙          PA - S<sub>7</sub></p>	<p><u>Adv</u></p> <p>- Continue same          - vitals minity          - Send W/DAL</p>
	<p>Vibry stool</p>	<p>- from same sample          - Stop Mehogel          Add Azithromycin</p>
		<p>(Signature)          Ashwani</p>
		<p>Noted by          manish          5/6/26          @ 8pm          (P.T.O)</p>

VH-00205585 IP-00060219  
 Master KATHI THANUSH (M)  
 29-05-2015 11 Y 0 M 7 D  
 Dr. SIVA NARAYANA REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26	S/B Resident.	
8 AM	Asis - Afebrile dehydration	
	afebrile > 15 hours.	
	NO vomitings	
	NO stools	
	oral intake better.	
	urine (+)	
	O/E	
	Child alert	
	euthermic	
	vitals stable	
	CVS - S1S2 (+)	
	Rf - BAE (+)	
	PLA - EDgt	
	Widal: negative	Plan
		1) Duj ceftriaxone - D3
		2) Duj Amoxicillin D3
		3) Econorm Sachet
		4) Tab Azithromycin (20mg/kg/dose)
		5) Trace widal report
		flup monday on IV medication 1 day

(3)

Noted by Deepika If  
 6/6/26 @ 8 AM



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>AAC &amp; dehydration</u>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure: <u>—</u>	Post OP Day:						
BACKGROUND	Date	<u>3/6/26</u>	<u>3/6/26</u>	<u>3/6/26</u>	<u>4/6</u>	<u>4/6/26</u>	<u>5/6/2026</u>	
	Shift	<u>M</u>	<u>E</u>	<u>N</u>	<u>M</u>	<u>E</u>	<u>N</u>	
	Medical Condition (Any special condition to be noted):	<u>—</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	
ASSESSMENT	Diet:	<u>Gasrodiar diet</u>	<u>G. diet</u>	<u>G. diet</u>	<u>G. diet</u>	<u>G. diet</u>	<u>G. diet</u>	
	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):	<u>—</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>100.9 F</u>	<u>98.6 F</u>	<u>98.6 F</u>	<u>98.8 F</u>	<u>98.7 F</u>	<u>98.6 F</u>
		Res:	<u>25b/m</u>	<u>26b/m</u>	<u>20b/m</u>	<u>20b/m</u>	<u>25b/m</u>	<u>24b/m</u>
		SpO <sub>2</sub> :	<u>99%</u>	<u>99%</u>	<u>98%</u>	<u>97%</u>	<u>99%</u>	<u>98%</u>
		Pulse:	<u>120b/m</u>	<u>110b/m</u>	<u>102b/m</u>	<u>100b/m</u>	<u>108b/m</u>	<u>108b/m</u>
		BP:	<u>102/78 (8)</u>	<u>109/77 (6)</u>	<u>107/64 (7)</u>	<u>100/60 (7)</u>	<u>105/77 (6)</u>	<u>98/50 (6)</u>
		LOC:	<u>Alert</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
		Fall Risk Score:	<u>9</u>	<u>9</u>	<u>9</u>	<u>9</u>	<u>9</u>	<u>9</u>
		Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Skin Integrity	<u>intact</u>	<u>intact</u>	<u>intact</u>	<u>intact</u>	<u>intact</u>	<u>intact</u>	
	Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Physiotherapy:	<u>—</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Special Diet:		<u>Gasro</u>	<u>G. diet</u>	<u>G. diet</u>	<u>G. diet</u>	<u>G. diet</u>	<u>G. diet</u>	
Critical Lab Test / Values:		<u>—</u>	<u>—</u>	<u>—</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	
Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):			<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	
Post Operative Procedure Special Orders:	<u>—</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>		
Handed Over By Name :	<u>Manisha</u>	<u>Manisha</u>	<u>Seekant</u>	<u>Manasa</u>	<u>Manisha</u>	<u>Seekant</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>3/6/26</u>	<u>3/6/26</u>	<u>4/6/26</u>	<u>4/6/26</u>	<u>4/6/26</u>	<u>5/6/2026</u>		
Time:	<u>@ 2 PM</u>	<u>@ 3 PM</u>	<u>@ 8 AM</u>	<u>@ 2 PM</u>	<u>@ 3 PM</u>	<u>@ 8 AM</u>		
Taken Over By Name :	<u>Manisha</u>	<u>Seekant</u>	<u>Manasa</u>	<u>Manisha</u>	<u>Seekant</u>	<u>Anitha</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>3/6/26</u>	<u>3/6/26</u>	<u>4/6/26</u>	<u>4/6/26</u>	<u>4/6/2026</u>	<u>5/6/26</u>		
Time:	<u>@ 2 PM</u>	<u>@ 3 PM</u>	<u>@ 8 AM</u>	<u>@ 2 PM</u>	<u>@ 3 PM</u>			



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <b>AGE c dehydration</b>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....				
	Surgery / Procedure: <b>-</b>		Post OP Day:				
BACKGROUND	Date	<b>5/6/26</b>	<b>5/6/26</b>	<b>5/6/26</b>	<b>6/6/26</b>		
	Shift	<b>M</b>	<b>E</b>	<b>N</b>	<b>M</b>		
ASSESSMENT	Medical Condition (Any special condition to be noted):	<b>Nil</b>	<b>Nil</b>	<b>Nil</b>	<b>Nil</b>		
	Diet:	<b>Go diet</b>	<b>Go diet</b>	<b>Go diet</b>	<b>Go diet</b>		
RECOMMENDATIONS	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<b>RA</b>	<b>RA</b>	<b>RA</b>	<b>RA</b>		
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<b>98.4F</b>	<b>97.4F</b>	<b>98.6F</b>	<b>98.6F</b>	
		Res:	<b>22 b/m</b>	<b>23 b/m</b>	<b>24 b/m</b>	<b>24 b/m</b>	
		SpO <sub>2</sub> :	<b>98%</b>	<b>98%</b>	<b>98%</b>	<b>99%</b>	
		Pulse:	<b>114 b/m</b>	<b>115 b/m</b>	<b>116 b/m</b>	<b>76 b/m</b>	
		BP:	<b>93/66/75</b>	<b>104/68/75</b>	<b>91/70/73</b>	<b>91/70/72</b>	
	LOC:	<b>conscious</b>	<b>conscious</b>	<b>conscious</b>	<b>conscious</b>		
	Fall Risk Score:	<b>9</b>	<b>8</b>	<b>8</b>	<b>8</b>		
Pain Score:	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Skin Integrity	<b>Intact</b>	<b>Intact</b>	<b>Intact</b>	<b>Intact</b>			
Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
Physiotherapy:	<b>Nil</b>	<b>Nil</b>	<b>Nil</b>	<b>Nil</b>			
Others Specify:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Diet:	<b>Go diet</b>	<b>Go diet</b>	<b>Go diet</b>	<b>Go diet</b>			
Critical Lab Test / Values:	<b>Nil</b>	<b>Nil</b>	<b>Nil</b>	<b>Nil</b>			
Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<b>Dependent</b>	<b>Dependent</b>	<b>Dependent</b>	<b>dependent</b>			
Post Operative Procedure Special Orders:	<b>Nil</b>	<b>Nil</b>	<b>Nil</b>	<b>Nil</b>			
Handed Over By Name :	<b>Anitha</b>	<b>Manisha</b>	<b>Sheekanth</b>	<b>Deepika</b>			
Signature / ID :	<b>deepasol</b>	<b>mq9psdlur</b>	<b>607317</b>	<b>607469</b>			
Date:	<b>5/6/26</b>	<b>5/6/26</b>	<b>6/6/26</b>	<b>6/6/26</b>			
Time:	<b>@2pm</b>	<b>@8pm</b>	<b>@8AM</b>	<b>@2pm</b>			
Taken Over By Name :	<b>Manisha</b>	<b>Sheekanth</b>	<b>Deepika</b>	<b>File sending to</b>			
Signature / ID :	<b>mq9psdlur</b>	<b>607317</b>	<b>607469</b>	<b>File sending to</b>			
Date:	<b>5/6/26</b>	<b>6/6/26</b>	<b>6/6/26</b>	<b>Billing</b>			
Time:	<b>@2pm</b>	<b>@8PM</b>	<b>@8AM</b>	<b>Noted by Deepika 6/6/26 @ 2pm</b>			



NICAL / 126

**SCHOOL AGE (5-12 years)**

**Children's Observation & Early Warning Scoring Chart**

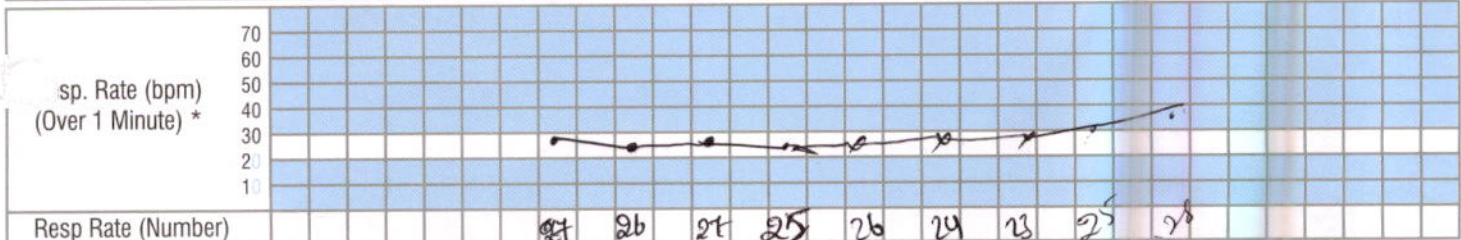
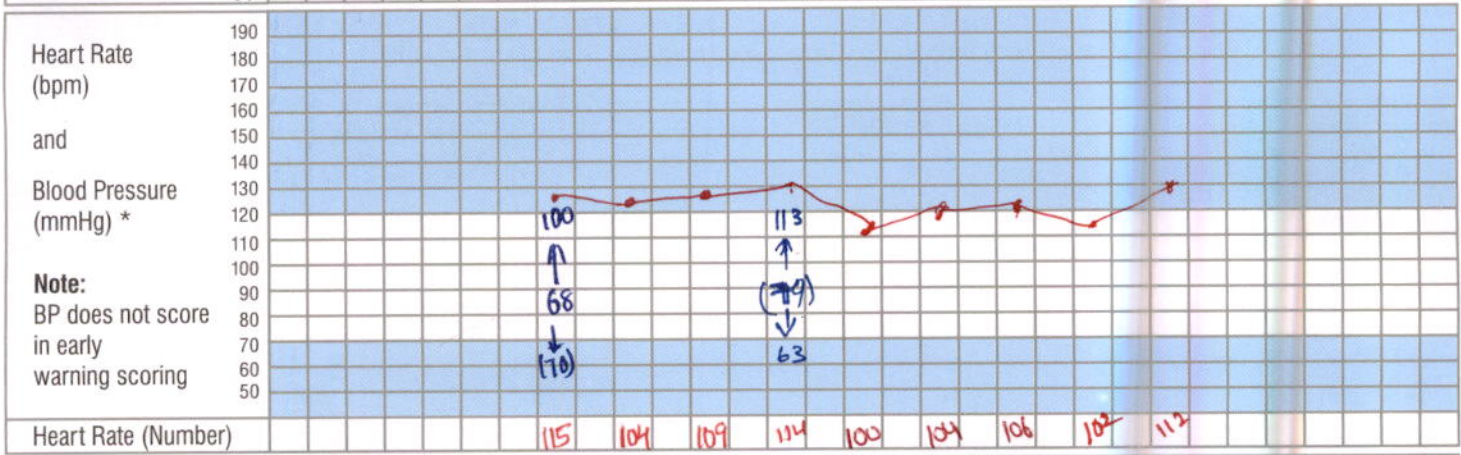
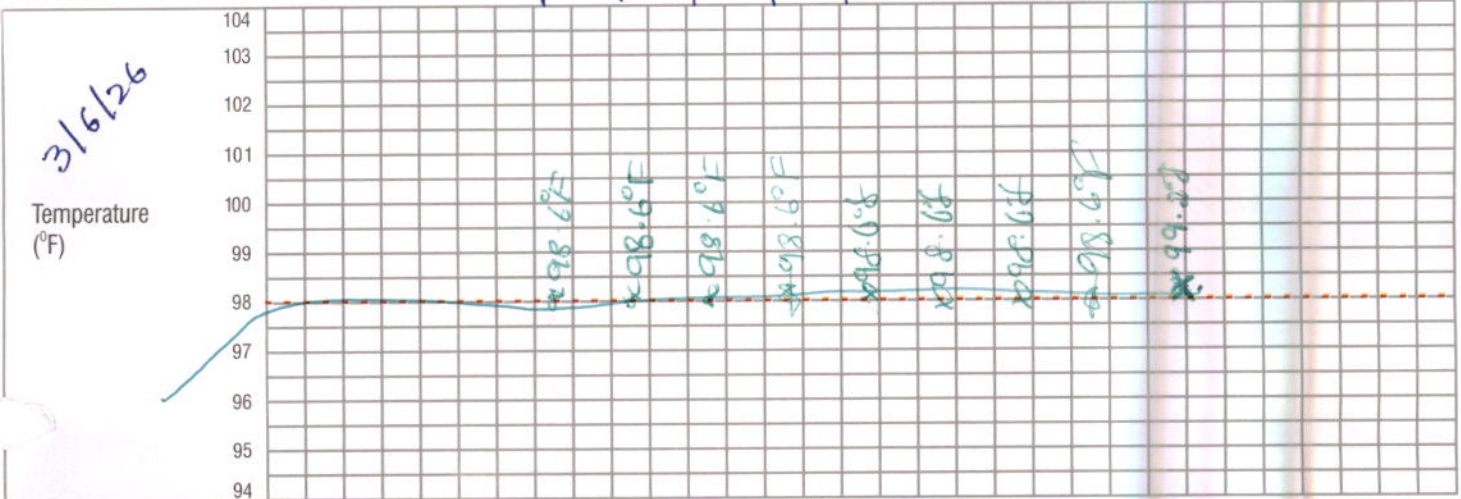


Patient

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

Date : ..... Time: 3 5 8 9 11 1 3 5 7

Doctor / Nurse / Family Concern? pm pm pm pm pm Am Am Am Am



Resp Distress	Mod/ Severe None / Mild	N	N	N	N	N	N	N	N
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	99	98	99	99	99	98	100	97
Conscious Level	Normal / Altered	N	N	N	N	N	N	N	N
GCS *		15	15	15	15	15	15	15	15

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

<b>ACTIONS</b>	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.

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

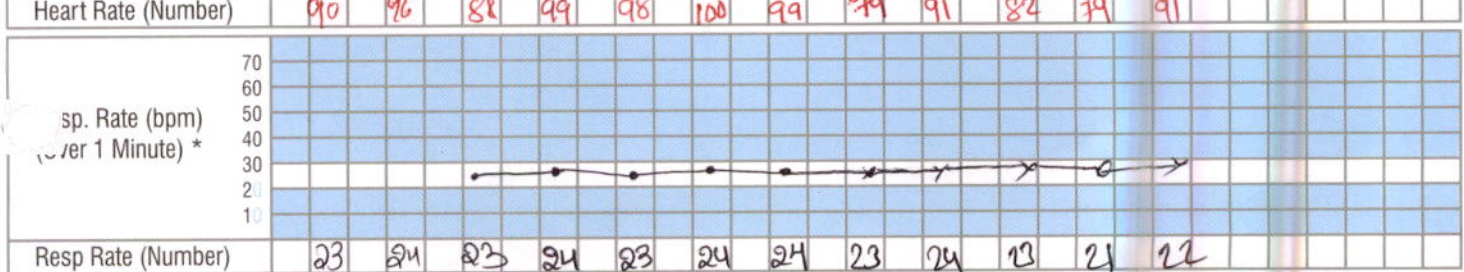
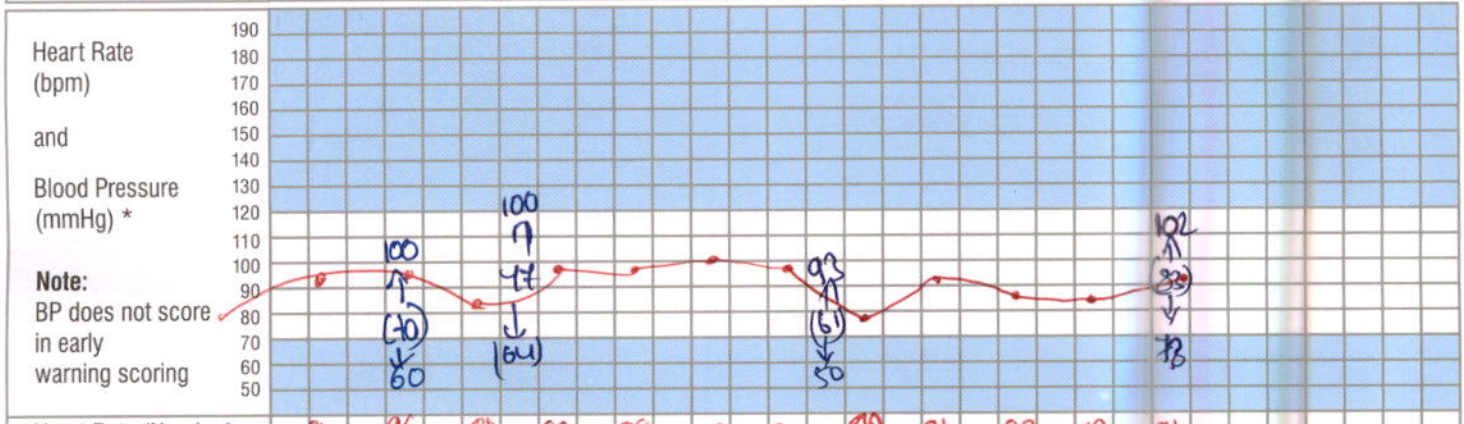
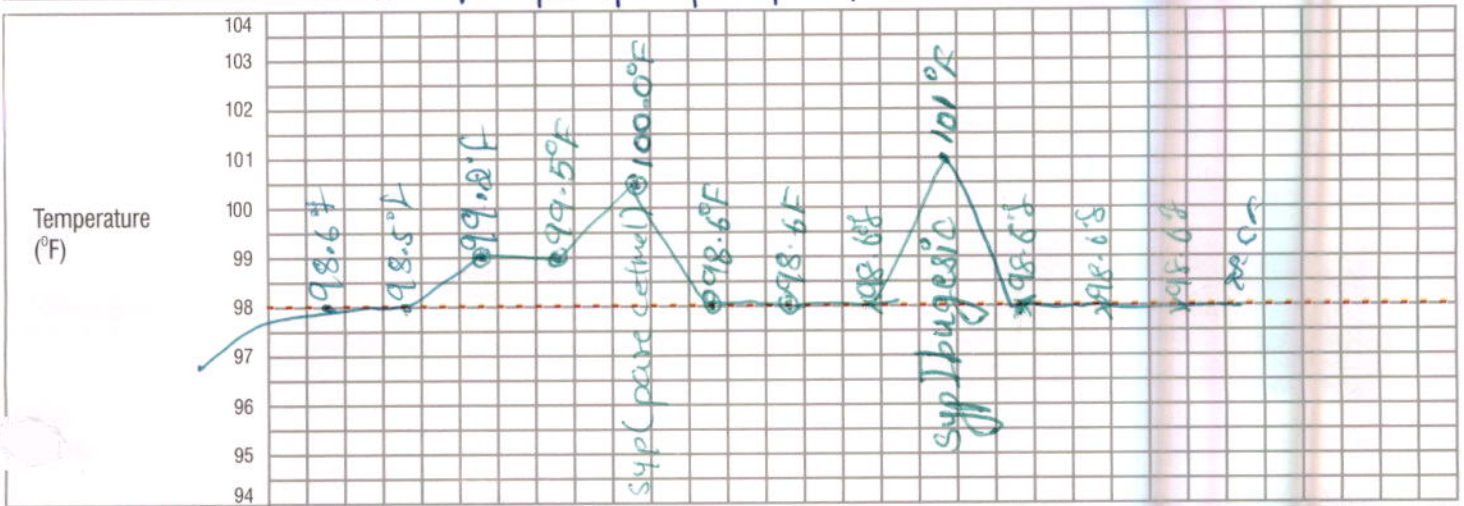
The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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



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

Date : <u>16/6</u> Time: <u>9</u> <u>11</u> <u>1</u> <u>2</u> <u>4</u> <u>6</u> <u>8</u> <u>10</u> <u>12:35</u> <u>2</u> <u>4</u> <u>6</u> <u>8</u>
Doctor / Nurse / Family Concern? <u>Am</u> <u>Am</u> <u>pm</u> <u>pm</u> <u>pm</u> <u>pm</u> <u>pm</u> <u>pm</u> <u>pm</u> <u>Am</u> <u>Am</u> <u>Am</u> <u>Am</u> <u>Am</u>



Resp Mod/ Severe Distress	None / Mild
Receiving O <sub>2</sub> (l/min)	
O <sub>2</sub> Saturations (%)	99 98 99 99 98 99 99 98 99 100 99 98
Conscious Level	Normal / Altered
GCS *	15 15 15 15 15 15 15 15 15 15 15 15

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

<b>ACTIONS</b> NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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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:

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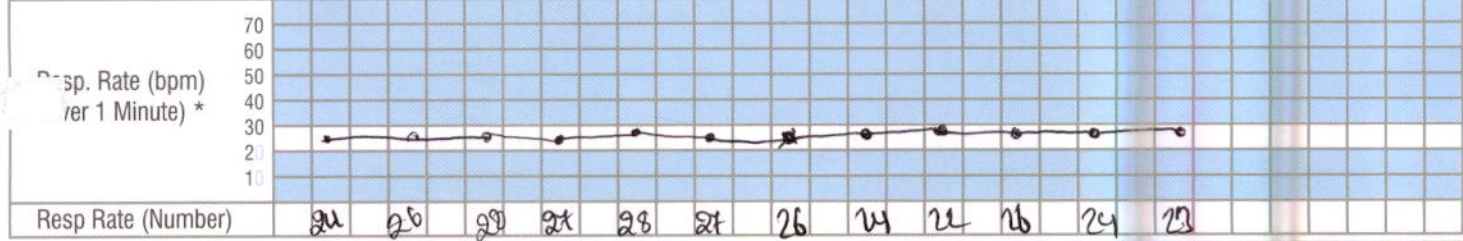
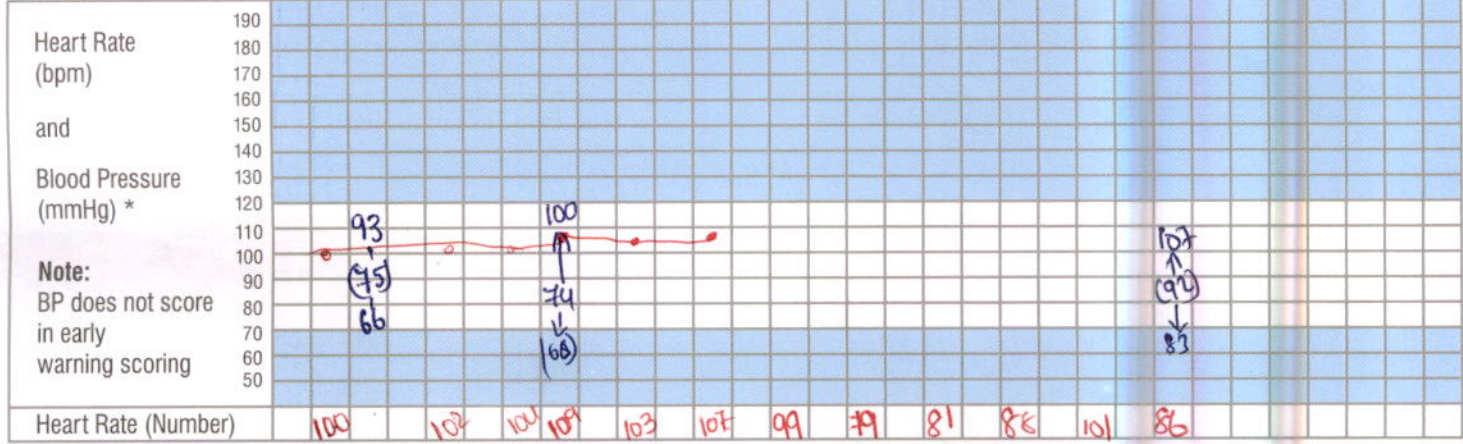
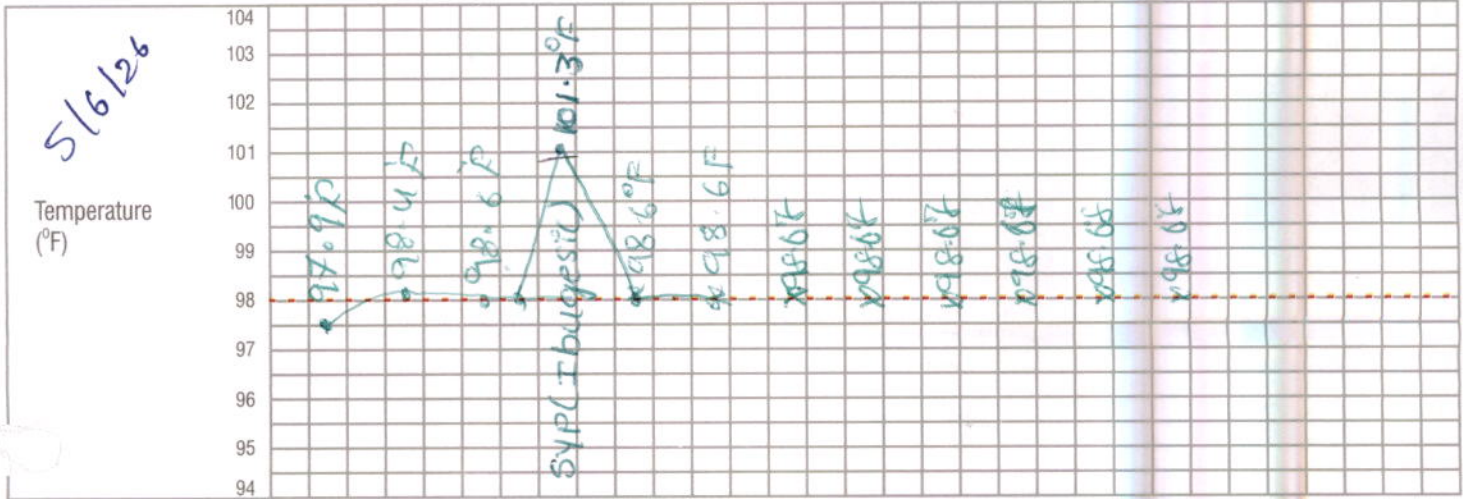
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<b>A</b>	<b>ASSESSMENT :</b> I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



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

Date : .....	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 <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	98	98	99	99	98	99	98	99	98	98	100
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

<b>TOTAL SCORE</b>												
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		AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK

<b>ACTIONS</b> NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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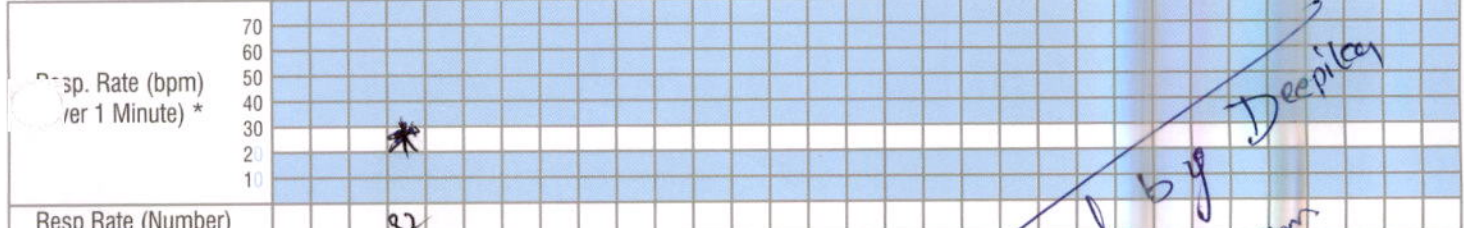
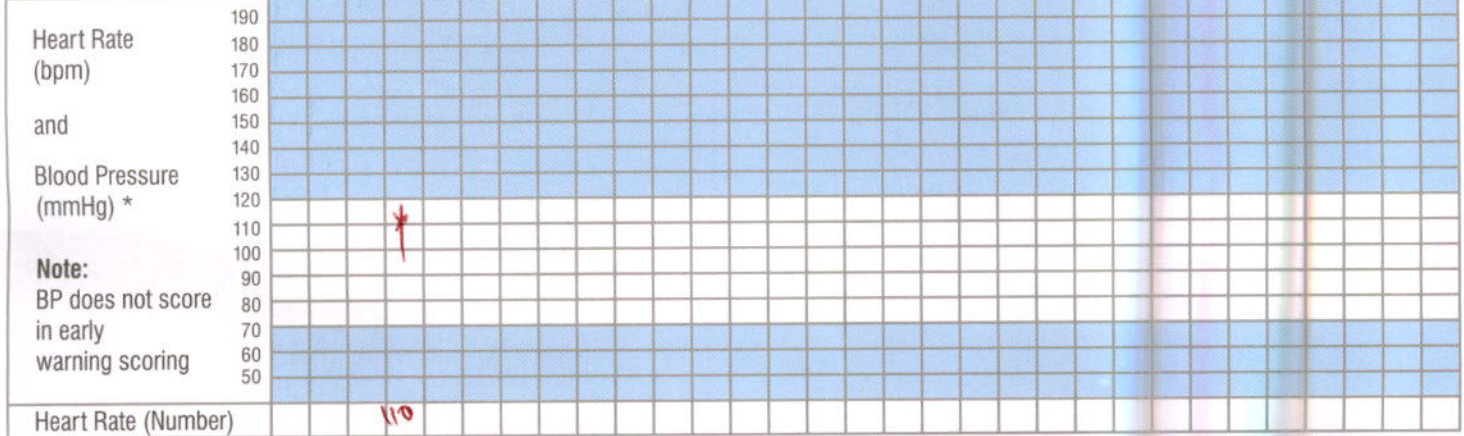
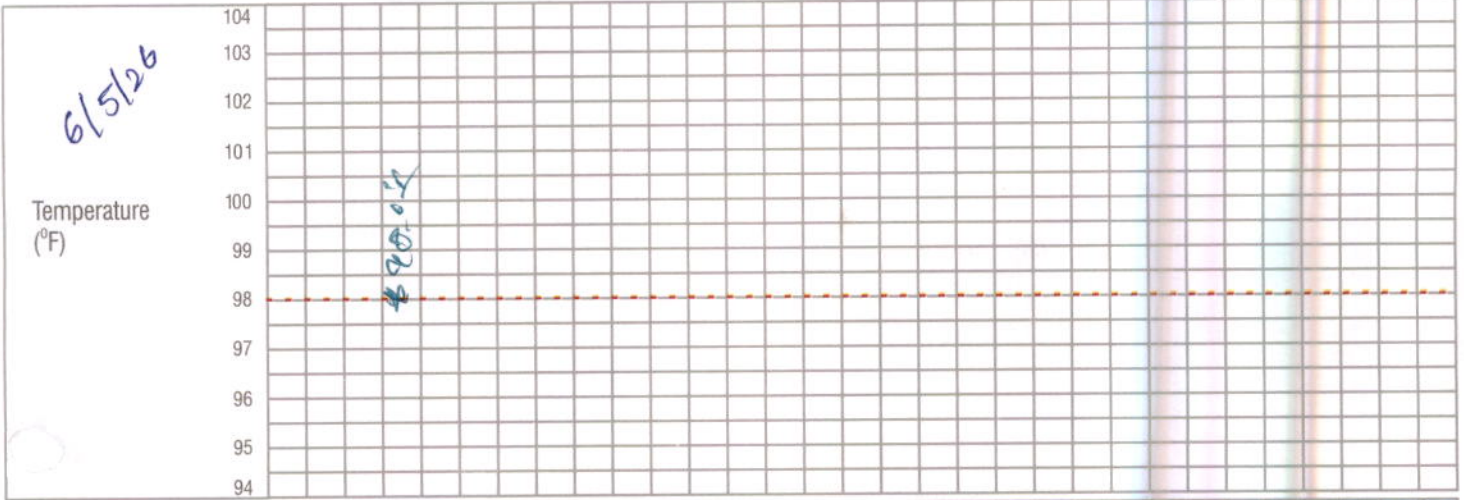
<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION:</b> I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
<b>B</b>	<b>BACK GROUND:</b> Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
<b>A</b>	<b>ASSESSMENT:</b> I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
<b>R</b>	<b>RECOMMENDATION:</b> I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time: **10:00**

Doctor / Nurse / Family Concern? **DM**



Resp Distress Mod/ Severe None / Mild **N**

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) **98**

Conscious Level Normal Altered **N**

GCS \* **1**

**TOTAL SCORE** **0**

Number of shaded boxes **0**

Pain Score **0**

Observer's Initials **D**

Noted by Deepika  
 6/6/26 @ 2pm

**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.

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

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

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

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

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

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



①

**FLUID CHART**

Sheet No. : ..... ① .....

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				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
3/6/26	02:30 pm	Rice		43ml							1	} pmanisha 3/6/26 @ 8 pm		
	03:00 pm	water		43ml						✓	1			
	04:00 pm			43ml							0			
	05:00 pm			43ml							1			
	06:00 pm			43ml						✓	1			
	07:00 pm			43ml							1			
<b>Total Intake :</b> 215ml						<b>Total Output :</b> 2hrs								
2/6/26	08:00 pm										1	} pmanisha 02/6/26 @ 8 PM		
	09:00 pm									✓	1			
	10:00 pm										0			
	11:00 pm			43ml							1			
	12:00 am			43ml						✓	1			
	01:00 am			43ml							1			
<b>Total Intake :</b> 129ml						<b>Total Output :</b> 2hrs								
4/6/26	02:00 am										1	} pmanisha 04/6/26 @ 8 AM		
	03:00 am									✓	1			
	04:00 am										0			
	05:00 am										1			
	06:00 am									✓	1			
	07:00 am										1			
<b>Total Intake :</b>						<b>Total Output :</b> 2hrs								
<b>Total 24 hrs. Intake</b>		<b>344ml</b>										<b>Total 24 hrs. Output</b>		<b>6 times</b>



# FLUID CHART

Sheet No. : .....

4/6/26

- 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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
4/6	08:00 am												
	09:00 am		Billy							✓			} manage uls @ 1pm
	10:00 am		water										
	11:00 am												
	12:00 pm			43ml									
	01:00 pm			43ml									
Total Intake :			86ml			Total Output :					1 time		
4/6/26	02:00 pm												} manisha 4/6/26 @ 3pm
	03:00 pm			43ml						✓			
	04:00 pm			43ml									
	05:00 pm			43ml									
	06:00 pm												
	07:00 pm										✓		
Total Intake :			129 ml			Total Output :					2 times		
4/6/26	08:00 pm												} Szeleah on 5/6/2026 at 8 AM
	09:00 pm									✓			
	10:00 pm			30ml									
	11:00 pm			30ml									
	12:00 am			30ml									
	01:00 am			30ml									
Total Intake :			120ml			Total Output :					1 time.		
5/6/26	02:00 am			30ml									} Szeleah on 5/6/2026 at 8 AM
	03:00 am			30ml									
	04:00 am			30ml									
	05:00 am			30ml						✓			
	06:00 am			30ml									
	07:00 am			30ml									
Total Intake :			180ml			Total Output :					1 time.		
Total 24 hrs. Intake		<u>515ml</u>											
Total 24 hrs. Output		5 times											

# FLUID CHART

Sheet No. : .....

5/6/26

- 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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
5/6/26	08:00 am									✓	Anitha 5/6/26 @ 2pm	
	09:00 am											
	10:00 am	Bdly	30ml									
	11:00 am	water	30ml							✓		
	12:00 pm		30 ml									
	01:00 pm		30 ml									
Total Intake :			120 ml			Total Output :					2 times	
	02:00 pm	rice	30ml								Anitha 5/6/26 @ 2pm	
	03:00 pm	water	30ml						✓			
	04:00 pm		30ml			✓						
	05:00 pm											
	06:00 pm											
	07:00 pm								✓			
Total Intake :			90ml			Total Output :					2 times	
	08:00 pm		30ml								Anitha 5/6/26 @ 2pm	
	09:00 pm	Rice	30ml						✓			
	10:00 pm	water	30ml									
	11:00 pm		30ml									
	12:00 am		30ml						✓			
	01:00 am		30ml						✓			
Total Intake :			150ml			Total Output :					2 times	
	02:00 am										Anitha 5/6/26 @ 2pm	
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am								✓			
Total Intake :						Total Output :					1 time	
Total 24 hrs. Intake		<u>360 ml</u>										
Total 24 hrs. Output		<u>7 times</u>										



# DRUG CHART

Date of Admission: 3/6/26 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)

Signature: Chou 3/6/26  
 Verified By: 3/6/26

DRUG : <u>INJ. ONDANSETRON</u>				Date Time
Dose <u>4mg</u>	Route <u>IV</u>	Frequency <u>as required</u>	Start Date <u>3/6</u>	
Doctor's Signature <u>G. V</u>		Valid Period <u>max 8th hrs</u>	Pharm. <u>Dr. J. J. Reddy</u>	
Additional Instructions: <u>2mg/kg/dose if vomit (+)</u>				

DRUG : <u>SYP. PARACETAMOL</u>				Date Time
Dose <u>8ml</u>	Route <u>PO</u>	Frequency <u>as required</u>	Start Date <u>3/6</u>	<u>12-100</u>
Doctor's Signature <u>V</u>		Valid Period <u>max 6th hrs</u>	Pharm. <u>Dr. J. J. Reddy</u>	<u>P/O</u>
Additional Instructions: <u>5ml = 240mg</u> <u>15mg/kg/dose if temp &gt; 100F</u>				

DRUG : <u>SYP. DIBUPROFEN</u>				Date Time
Dose <u>12ml</u>	Route <u>PO</u>	Frequency <u>as required</u>	Start Date <u>3/6</u>	<u>12-5PM</u> <u>Echo</u>
Doctor's Signature <u>V</u>		Valid Period <u>max 8th hrs</u>	Pharm. <u>Dr. J. J. Reddy</u>	<u>3PM</u> <u>3/4</u>
Additional Instructions: <u>5ml = 100mg</u> <u>10mg/kg/dose if temp &gt; 102F</u>				

REGULAR PRESCRIPTIONS

Weight. 25.7kg Ward. 112

<b>DRUG : INJ. CEFTRIAXONE</b>				Date Time	3/6	4/6	5/6	6/6		
Dose	Route	Frequency	Start Date	6 am	6 am	6 am	6 am	6 am		
1.2g	IV	12th hourly	3/6							
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja				4pm	6 pm	6 pm	6 pm	6 pm		
Additional Instructions: after test dose 50mg/kg/dose				6 pm	6 pm	6 pm	6 pm	6 pm		
Daily Doctor's Endorsement by a Sign										
<b>DRUG : INJ. AMIKACIN</b>				Date Time	3/6	4/6	5/6	6/6		
Dose	Route	Frequency	Start Date	6 am	6 am	6 am	6 am	6 am		
190mg	IV	12th hourly	3/6							
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja				4pm	6 pm	6 pm	6 pm	6 pm		
Additional Instructions: 7.5mg/kg/dose				6 pm	6 pm	6 pm	6 pm	6 pm		
Daily Doctor's Endorsement by a Sign										
<b>DRUG : INJ. METRONIDAZOLE</b>				Date Time	3/6	4/6	5/6	6/6		
Dose	Route	Frequency	Start Date	6 am	6 am	6 am	6 am	6 am		
250mg	W	8th hourly	3/6							
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja				2 pm	4 pm	6 pm	6 pm	6 pm		
Additional Instructions: 10mg/kg/dose				6 pm	6 pm	6 pm	6 pm	6 pm		
Daily Doctor's Endorsement by a Sign										
<b>DRUG : ECONORM SACHET</b>				Date Time	3/6	4/6	5/6	6/6		
Dose	Route	Frequency	Start Date	6 am	6 am	6 am	6 am	6 am		
1sachet	PO	12th hourly	3/6							
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja				4pm	6 pm	6 pm	6 pm	6 pm		
Additional Instructions: 1sachet in 20ml water				6 pm	6 pm	6 pm	6 pm	6 pm		
Daily Doctor's Endorsement by a Sign										

Dr. Vishwaja  
3/6/26

Dr. Vishwaja  
3/6/26

Dr. Vishwaja  
3/6/26

Dr. Vishwaja  
3/6/26

Stop  
10:30am

VIH-00205585 IP-00080219  
 Master KATHI THANUSH  
 29-05-2015 11 Y 0 M 7 D (M)  
 Dr. SIVA NARAYANA REDDY



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 25.7kg Ward 112

<b>DRUG :</b> <u>SYP AZITHROMYCIN</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>6ml</u>	<u>PO</u>	<u>mce</u>		
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
<b>Daily Doctor's Endorsement by a Sign</b>				
<b>DRUG :</b> <u>TAB AZITHROMYCIN</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>500mg</u>	<u>PO</u>	<u>mce</u>	<u>5/6</u>	
Name & Signature of the Doctor Starting the Drugs:				<u>10 PM</u> <u>ESD</u> 
Additional Instructions:				
<u>1 Tab = 500mg</u> <u>20mg/kg/dose</u> <u>entire dose</u>				
<b>Daily Doctor's Endorsement by a Sign</b>				
<b>DRUG :</b>				Date/Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
<b>Daily Doctor's Endorsement by a Sign</b>				
<b>DRUG :</b>				Date/Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
<b>Daily Doctor's Endorsement by a Sign</b>				

Dr. J. Ashwini  
 Asper Doctor  
 Dr. J. Ashwini  
 Dr. J. Ashwini  
 5/6/16

VERIFIED BY : Name







112

Patient Name : -

VIH-00205585 IP-00060219  
Master KATHI THANUSH  
29-05-2015 11 Y 0 M 5 D (M) -  
Dr. SIVA NARAYANA REDDY -

Registration No.:



**MEDICATION NEBULISATION CHART**

Date	Time	Drug	Nurse	Parents Signature
4/6/26	00.00	6am		
	1.00	Inj CEFTRIAXONE 1.2gm (BD)	K	K. Kavitha
	2.00	Inj AMIKACIN 190mg (BD)		
	3.00	Inj METRONIDAZOLE 250mg (TID)		
	4.00	ECONORM 1 SACHET (BD)		
	5.00			
	6.00			
	7.00	2pm		
	8.00	Inj METRONIDAZOLE 250mg (TID)		
	9.00			
	10.00			
	11.00	6pm		
	12.00	Inj CEFTRIAXONE 1.2gm (BD)		
	13.00	Inj AMIKACIN 190mg (BD)		
	14.00	ECONORM 1 SACHET (BD)		
	15.00			
	16.00	10pm		
	17.00	Inj METRONIDAZOLE 250mg (TID)		
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			