

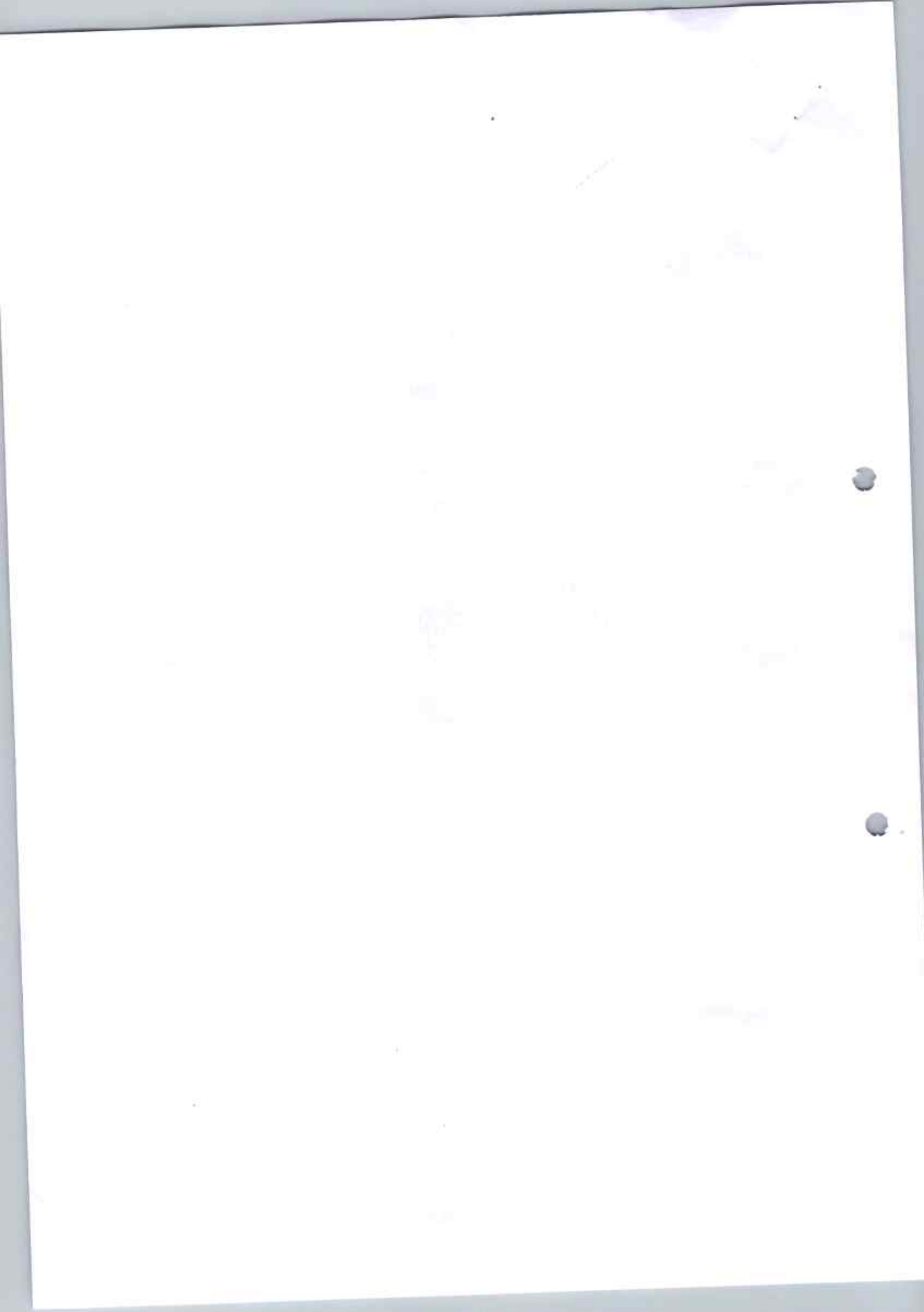
ANC-00018222 IP28-00004559
 Master ABHINAV KHANNA
 14-08-2018 7 Y 10 M 0 D (M)
 Dr. KRITHIKA P



DISCHARGE TRACKING SHEET

UHID : FLOOR: CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		15/6/26 (u) 10:45 AM	85 arrived	
Activity Sheet updated by Pharmacy	15/6/26 at 11:15 AM	15/6/26 at 11:30 AM	Puys	



ACTIVIT

ANC-00016222 IP28-00004559
Master ABHINAV KHANNA
14-08-2018 7 Y 9 M 28 D (M)
Dr. KRITHIKA P

LING



Name:



UHID No: IP No: Consultant: 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
10/6/2026	12.30 AM	ER	M15	[Signature]

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. K. H. S. S. S.	12/6/26	To be raised	[Signature]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
11/6/2026	IV line placement	1	149887	Signature
12/6/26	CECT (Scans world), Abelment contrast	①	4379	Signature
13/6/26	Nutritional Assessment	1		Signature
19/6/26	IV line placement	1	50252	Signature

ANY OTHER INFORMATION:

.....

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.....

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Date: 15/6/26 Time: 10:45 AM Prepared By: Sugashini 017987

Staff Nurse <i>Sys 01781</i>	Shift / Ward <i>Sys 21M</i>	Billing Assistant	Billing Supervisor
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ANC-00018222 IP28-00004559
 Master ABHINAV KHANNA
 14-08-2018 7 Y 9 M 28 D (M)
 Dr. KRITHIKA P



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/8/26 8:30 AM	<p>S/B Dr. Auresh</p> <p>9 Acute Pancreatitis</p>	
	<ul style="list-style-type: none"> - Abdomen pain (+) diffuse type continuous. - No vomiting after admission. - No fever / spiking 	
	<p>child dull looking in pain pulm well felt CRT < 3 sec.</p>	
	<p>S/E - P/A - soft guarding (+) Tenderness (+) diffuse. no distension. other systems (-N)</p> <p>Amylase - 504 lipase - 3503</p>	
	<p>Plan to get CECT done 10 AM appointment</p>	
		<p>Auresh 163765</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 3:15 PM	S/B Dr. Aneesh	
	<p>ACUTE PANCREATITIS</p>	
	<p>Abd pain persisting, intensity red. No further vomiting, fever Had coconut water Passing urine frequently Child alert Hydration fair pulses well felt P/A - soft tender (↓) no guarding Epigastric → (R) hypochondrium → Lumb</p> <p>Rs - B/LAE ⊕ CVS - SS ⊕ CNS - NFD</p>	
	<p>Dr. Keethivasan in opinion To continue the same I/O monitoring</p>	<p>Aneesh 163765</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/2018	O/B Dr. Krithika	
5:30 PM		
	→ Continue IVF, IV PAN EMERET	
	N Paracetamol	
	IV Tramadol 500	
	→ 14th mmny → CRP, CRP, RA2,	
	Se. Anglax / 1.0 gm.	
	Fentanyl 1p.d. 1mtable	
	Vitamin D ₃ 1PTM	
	→ No chart	
		K. Krithika
12/6/2018	O/B DR. HANSA VC	12/6/18
→ 9:55 PM		
	ACUTE PANCREATITIS	
	C/o Abdominal pain - Epigastric region	
	But relieved now	
	no other complaints	
	O/S - Improved	
	U/O - adequate	
	O/S	Vitals stable.
	Alert, active, captable	
	Hydration - good	
		+++ / ++ CRP < 3n



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order				
	s/e					
	P/A - soft, tenderness (+) in epigastrium.	BS (+).				
	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>cr</td> <td rowspan="3" style="text-align: center;">(N)</td> </tr> <tr> <td>ur</td> </tr> <tr> <td>urc</td> </tr> </table>	cr	(N)	ur	urc	
cr	(N)					
ur						
urc						
		<p style="text-align: center;"><u>Advice</u></p> <ul style="list-style-type: none"> Continue the scan Sample showed sent on 14/6/2026 morning please see Dr. Krishan's order. 				
	V.S.U (Dr. Hamman) 9:00 AM					
13/6/26 8:40 AM	S/B Dr. Aneshw					
	<p style="text-align: center;"><u>Acute Pancreatitis</u></p> <ul style="list-style-type: none"> - Abd pain red - No vomiting, fever, loose stools. - O/R - improving - U/R - passing well. <p>Child alert pulse well felt CRT < 3 sec</p>	<p style="text-align: center;">1236 / 840 (P) / (N)</p>				
	P/A - soft tenderness red					
	No guarding No distension					
	o/tm system (N)					
		<p>Aneshw 163765</p>				

ANC-00016222 IP2E-00004559
 Master ABHINAV KHANNA
 14-08-2018 7 Y 9 M 30 D (M)
 Dr. KRITHIKA P



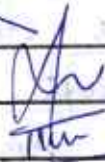
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 4:15pm	S/B Dr. Aneshu	
	<u>Acute Pancreatitis</u>	
	Abd pain ↓.	
	No fresh complaints	
	O/I - Improving passing urine well.	
	Child alert	
	pulses well felt	
	CRT < 3 sec.	
	Vitals stable	
	P/A - soft non tender	
	Other system (N)	
	To do: CBC, CRP, RP ₂ , Cr. Amylase / Lipase.	
	Fasting lipid profile.	
	Vit-D ₃ / PTH.	

Aneshu
163765





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/8/26 8am	S/B Dr. Sameera	
	child reviewed Had abdominal pain last night - No - food	
14/8/26 9am	O/E Abdomen comfortable R: NVRN P/A: Soft - No tend	
	Plan: To start 2g Piptax To start 2mg morphine To give Dr. Kunte Varn	
14/8/26 10am	S/B Dr. Binaya	see
	Case of Acute Pancreatitis No further yr Abdominal pain Afebrile Active Appetite - good Hydration - good	

Master ABHINAV KHANNA
 14-08-2018 7 Y 9 M 30 D (M)
 Dr. KRITHIKA P



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/K Vital stable	
	RS ↑ NAT aus ↓	
	PIA - soft.	
	Amylase, hepase, Vd D, PTH hepase profile - Awaited	
		 10/17
	Continue INS PIPITAZ / INS Pantop / INS Pantop Paracetamol	
4/6/18		
11:30am	D/W Dr. Krithika P.	
	Amylase ↑ 507 → 115 ↓ hepase - 3503 → 467 ↓ CRP - 138	
	To continue INS PIPITAZ INS Paracetamol INS Pantop	
	To add Antacid TDS hepase profile, Vd D - Awaited.	 11/17



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/20	EIBDn. Milture	
6 PM	Abial Red	
	NO PUR ISSUES	
	No stomach pain (+) - del	
	Tolerating soft diet well	
	o/e: good.	
	Stool: POUND TURIN	Lipid Profile - (W) Informal (6)
	SITU MONGY	VLDL - 15.6 - Dr. Karthikeyan
	o/e: Alert	
	Afebrile	
	PPWF	
	o/e: PLA: soft.	
	Plan: To continue soft diet	
	Dr. Karthikeyan	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 8:45 AM	S/B Dr. Aneesh	
	Acute Pancreatitis	
	- No further abd. pain	CRP-138 (14/6)
	Vomiting	↓
	- No fever	50 (15/6)
	- No fresh complaints	Amylase- 115 (14/6) (507)
	Child alert active	Lipase - 467 (14/6) (3503)
	pulses well felt	
	CRT < 3sec	
	P/A - soft non tender	
	CNS - NS (P)	
	RS - B/C/AE (P)	
	CNS - NFND.	
	To continue the same	
	Soft non spicy / non oily	Aneesh
	4-5 times a day	163765



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 10 AM	S/B Dr. Sameera main Discharge plan.	
	On Thursday	
	S. Amylase	
	S. Lipase	
	CRP	
	Intact PTH. (to be stored in Ice)	
	S/B Dr. Krithika	
	On Friday	
	S/B Dr. Keethivasan	
	S/B PTH abn Plan for Dr. Swathi next	
	S/B Primary Paediatrician next week.	
		Aneesh 163765

ANC-00016222 IP28-00004559
 Master ABHINAV KHANNA
 14-08-2018 7 Y 9 M 29 D (M)
 Dr. KRITHIKA P



RESULT SHEET

Date	12/6/26	14/6/26	15/6/26			
Time						
Hb	11.2	11.9				
PCV	41					
RBC	5.45	4.61				
WBC	12.11	10.50				
N/L	26/6	65/19				
Platelets	307	287				
CRP	8	138	→ 50			
ESR						
PCT						
RBS		91				
Na	134	134				
K	4.8	3.8				
Cl	100	97				
Ca/Mg	iCa 1.10	1.20				
Phosphate						
Urea	32	23				
Creatinine	0.27	0.32				
ALP	281					
SGPT	27					
SGOT	31					
T.Bill/Conj	0.7/0.1					
T.Protein	7.5					
S.Albumin	4.8					
S.Globulin	3.2					
A/G Ratio	1.8					
Uric Acid						
S.Amylase	507	115				
Sr.Lipase	3503	467				
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Bicarb - 24 04

Ca - 9.4

Date	12/6/15				
Time					
CUE - Alb					
CUE - Sugar					
CUE - Ketones					
CUE - PUS Cells					
CUE - RBC Cells					
CUE					
Stool Pus Cell					
OVA / Cyst					
Occult Blood					
Lipase	8508				
Amylase	507				

Culture and Sensitivities : 14/6 T. cholesterol - 125
..... ~~Lipase~~ - Trigglyceride - 91
..... Vit-D₂ - 15.8 HDL - 40
..... Non-HD Cholesterol - 85
..... LDL - 65
..... VLDL - 20

Radiology : USG :
X-Ray :
ECHO :
CT :
MRI :
Others (ECG, Contrast Studies etc..) :

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

ANC-00016222 IP28-00004559
 Master ABHINAV KHANNA
 14-08-2018 7 Y 9 M 28 D (M)
 Dr. KRITHIKA P



Patient Name : Age :

Gender M F - Hospital No. :

Consultant :

Date of Admission : 11/6/24

DRUG ALLERGIES : Nil

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 :				Date	Time
100 - PARACETAMOL				13/2	
Dose	Route	Frequency	Start Dt.		
330mg	IV	Q6H	13/6	12 PM	STOP
Doctor's Signature		Valid Period	Pharm.		
Aneesh 15765					
Additional Instructions					
DRUG :				Date	Time
100 - EMESET					
Dose	Route	Frequency	Start Dt.		
2mg	IV	Q8H	13/6		
Doctor's Signature		Valid Period	Pharm.		
Aneesh 15765					
Additional Instructions					
DRUG :				Date	Time
Dose	Route	Frequency	Start Dt.		
Doctor's Signature		Valid Period	Pharm.		
Additional Instructions					



Sheet No:

REGULAR PRESCRIPTIONS

Weight 22kg Ward 1115

DRUG :	Dose	Route	Frequency	Start Dt.	Date-Time		
<u>Py. PIPERACILLIN TAZOBACTAM</u>	<u>2g</u>	<u>IV</u>	<u>Q8H</u>	<u>14/6</u>	<u>14/6</u>	<u>9:55 AM</u>	<u>15/6/20</u>
Name & Signature of the Doctor Starting the Drugs: <u>Aneesh 163765</u>					<u>5:45 PM</u>	<u>9:55 AM</u>	<u>15/6/20</u>
Additional Instructions: <u>@100mg/kg/dose</u>					<u>5 PM</u>		
Daily Doctor's Endorsement by a Sign							
<u>T. ANTOXIPAN</u>	<u>1</u>	<u>PO</u>	<u>TDS</u>	<u>14/6/20</u>	<u>14/6</u>	<u>9:55 AM</u>	<u>15/6/20</u>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. JUBAICT</u>					<u>3 PM</u>	<u>9:55 AM</u>	<u>15/6/20</u>
Additional Instructions:					<u>11 PM</u>		
Daily Doctor's Endorsement by a Sign							
<u>INT. PARACETAMOL</u>	<u>350mg</u>	<u>IV</u>	<u>Q8H</u>	<u>14/6/20</u>	<u>14/6</u>	<u>12:30 PM</u>	<u>15/6/20</u>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. JUBAICT</u>					<u>9:55 PM</u>	<u>5:55 AM</u>	<u>15/6/20</u>
Additional Instructions:					<u>1 PM</u>	<u>9 PM</u>	<u>15/6/20</u>
Daily Doctor's Endorsement by a Sign							
<u>DRUG :</u>					<u>Date-Time</u>		
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

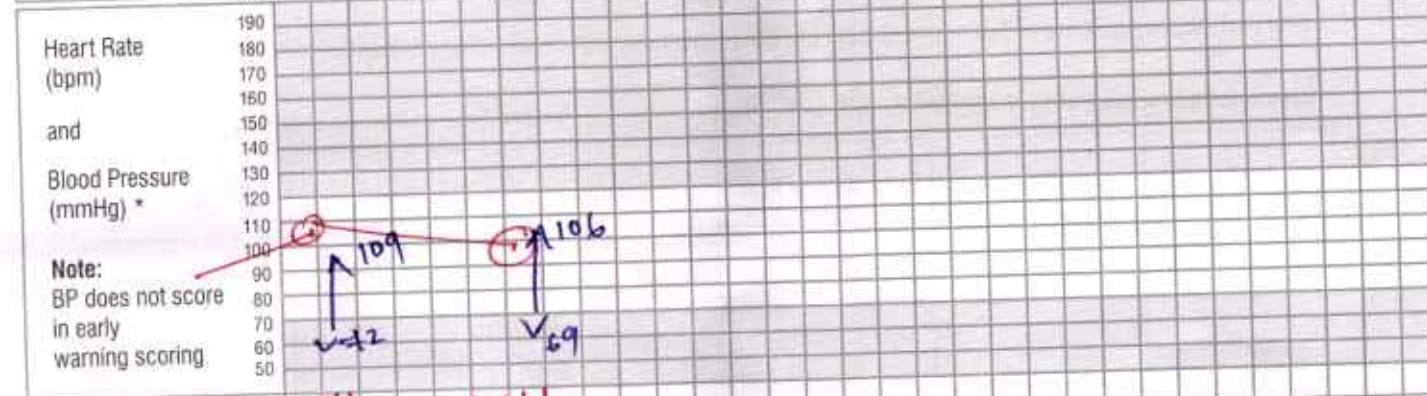
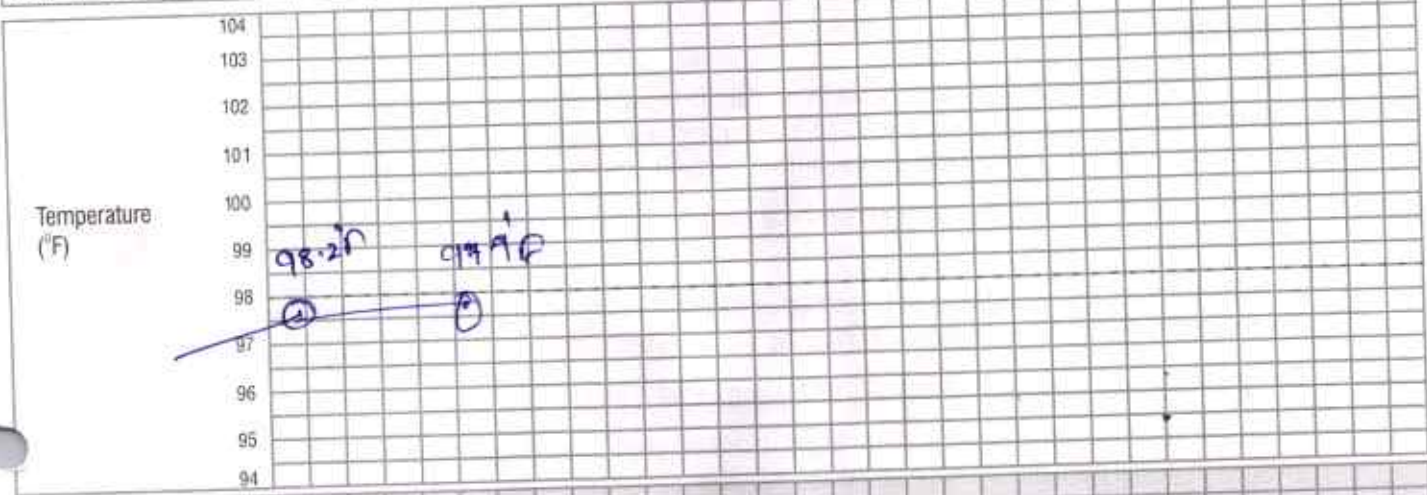
Signature

VERIFIED BY: Name



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/6/20 Time: 1 AM 1 AM
 Doctor / Nurse / Family Concern? ✓ ✓



Resp Rate (Number)	24 bpm	22 bpm
Resp Distress	Mod/ Severe	None / Mild
Receiving O ₂ (l/min)	✓	✓
O ₂ Saturations (%)	99%	98%
Conscious Level	Normal	Altered
GCS *	4/5	4/5
TOTAL SCORE	0/1	0/1
Number of shaded boxes	0/10	0/10
Pain Score	0/10	0/10
Observer's Initials	AK	AK

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

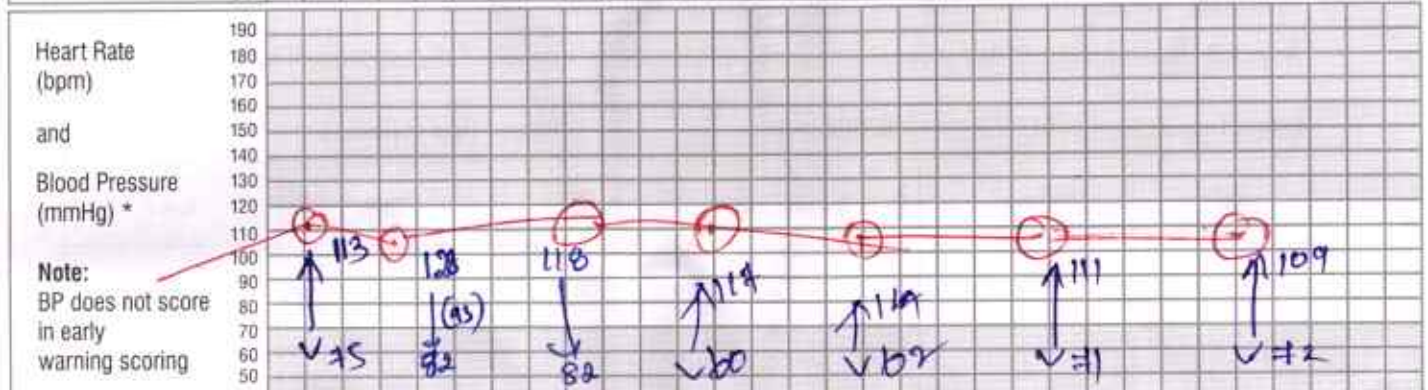
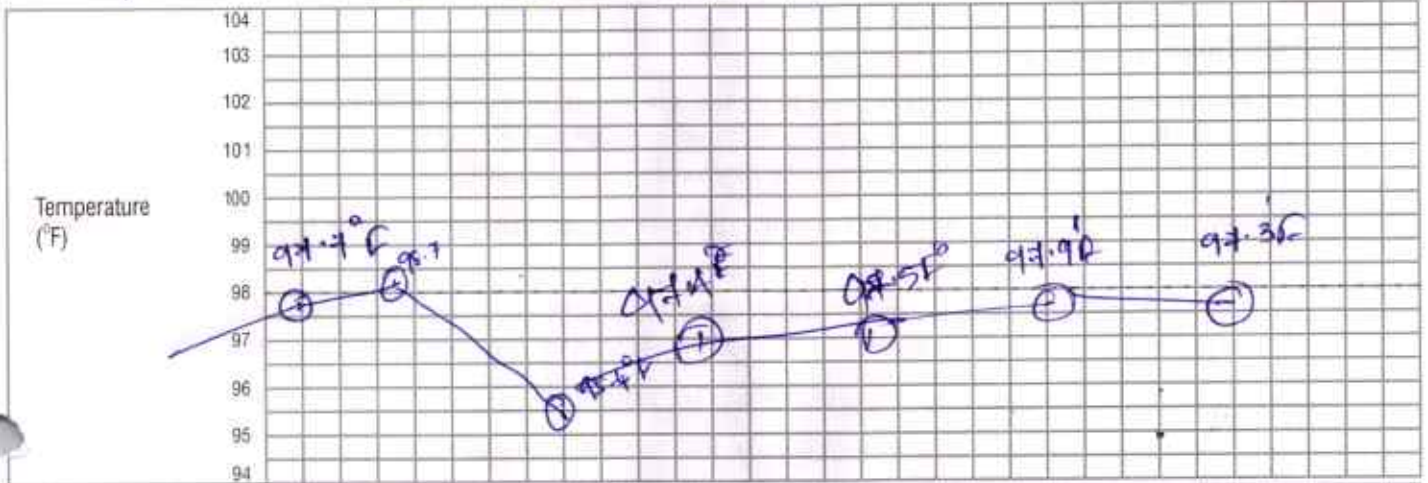
- If at any time additional help is required, call help – regardless of the Early Warning Score!
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The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 12/8/18	Time: 8AM	9AM	10PM	11PM	8PM	12 AM	4PM
Doctor / Nurse / Family Concern?	✓	✓	✓	✓	✓	✓	✓



Heart Rate (Number)	110b/m	109b/m	110b/m	110b/m	108b/m	110b/m	109b/m
---------------------	--------	--------	--------	--------	--------	--------	--------



Resp Rate (Number)	26b/m	26b/m	22b/m	22b/m	26b/m	26b/m	24b/m
--------------------	-------	-------	-------	-------	-------	-------	-------

Resp Mod/ Severe Distress None / Mild	✓	✓	✓	✓	✓	✓	✓
Receiving O ₂ (l/min)							
O ₂ Saturations (%)	99.1	95.1	95.1	98.1	98.1	97.1	98.1
Conscious Level Normal / Altered	✓	✓	✓	✓	✓	✓	✓
GCS *	4/5	5/5	5/5	5/5	5/5	5/5	4/5

TOTAL SCORE							
Number of shaded boxes	0/1	0/1	0/1	0/1	0/1	0/1	0/1
Pain Score	0/10	0/10	0/10	0/10	0/10	0/10	0/10
Observer's Initials	KA	KA	KA	KA	KA	KA	KA

ACTIONS NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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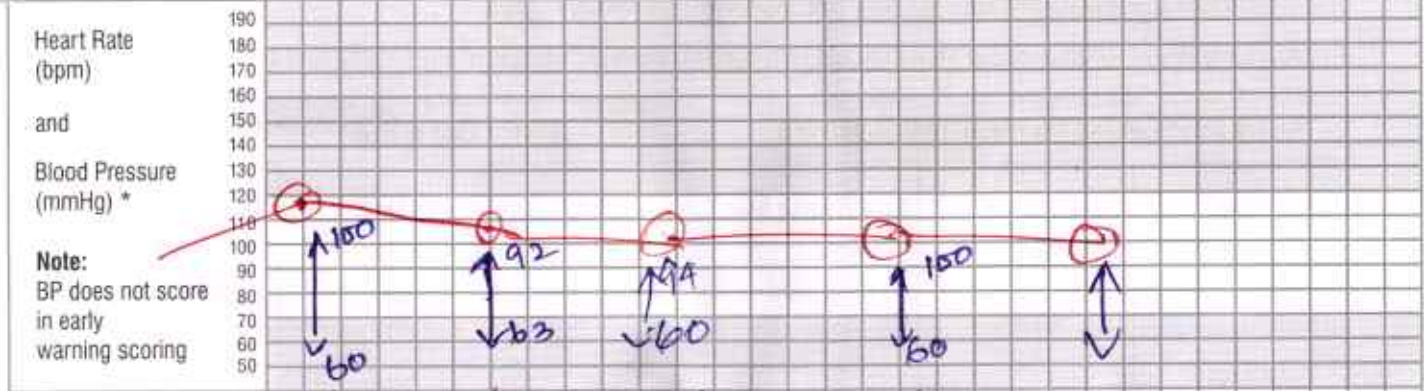
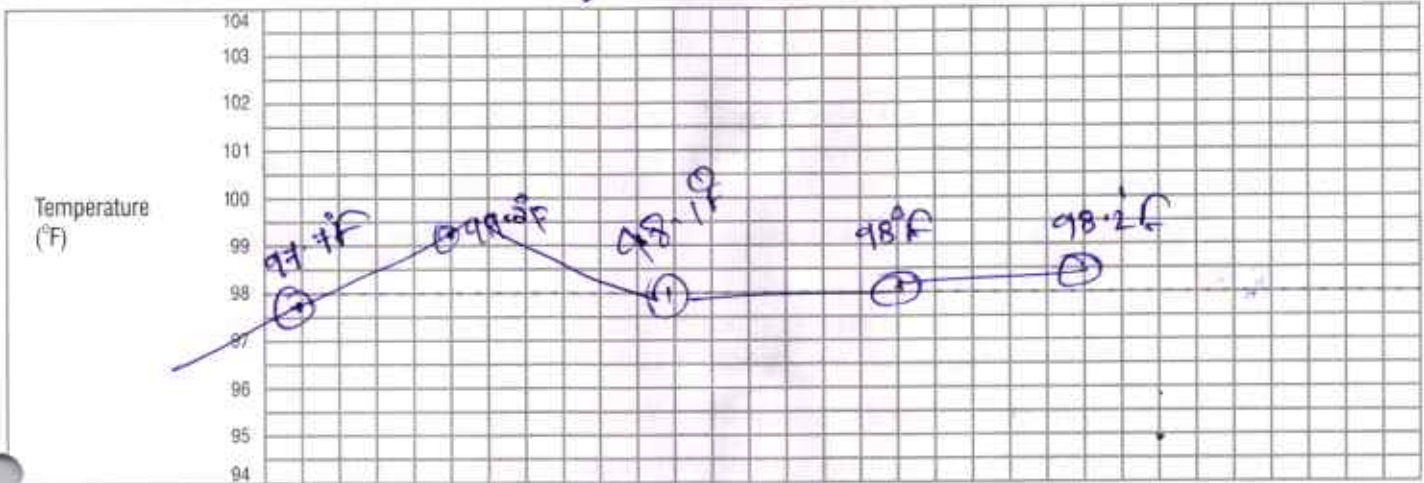
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R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 13/8/20	Time: 8AM	12 PM	4 PM	8 PM	12 AM	1 AM
Doctor / Nurse / Family Concern?	✓	✓	✓	✓	✓	✓



Heart Rate (Number)	118b/m	122b/m	102b/m	109b/m	118b/m
---------------------	--------	--------	--------	--------	--------



Resp Rate (Number)	24b/m	22b/m	24b/m	24b/m	24b/m
--------------------	-------	-------	-------	-------	-------

Resp Distress	None / Mild	None / Mild	None / Mild	None / Mild	None / Mild
---------------	-------------	-------------	-------------	-------------	-------------

Receiving O ₂ (l/min)	98%	99%	98%	99%	98%
----------------------------------	-----	-----	-----	-----	-----

O ₂ Saturations (%)	98%	99%	98%	99%	98%
--------------------------------	-----	-----	-----	-----	-----

Conscious Level	Normal / Altered	Normal / Altered	Normal / Altered	Normal / Altered	Normal / Altered
-----------------	------------------	------------------	------------------	------------------	------------------

GCS *	5/5	5/5	5/5	5/5	4/5
-------	-----	-----	-----	-----	-----

TOTAL SCORE	01	06	01	01	01
-------------	----	----	----	----	----

Number of shaded boxes	01	06	01	01	01
------------------------	----	----	----	----	----

Pain Score	0/10	0/10	0/10	0/10	0/10
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Observer's Initials	KP	KP	KP	KP	KP
---------------------	----	----	----	----	----

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.
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- 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

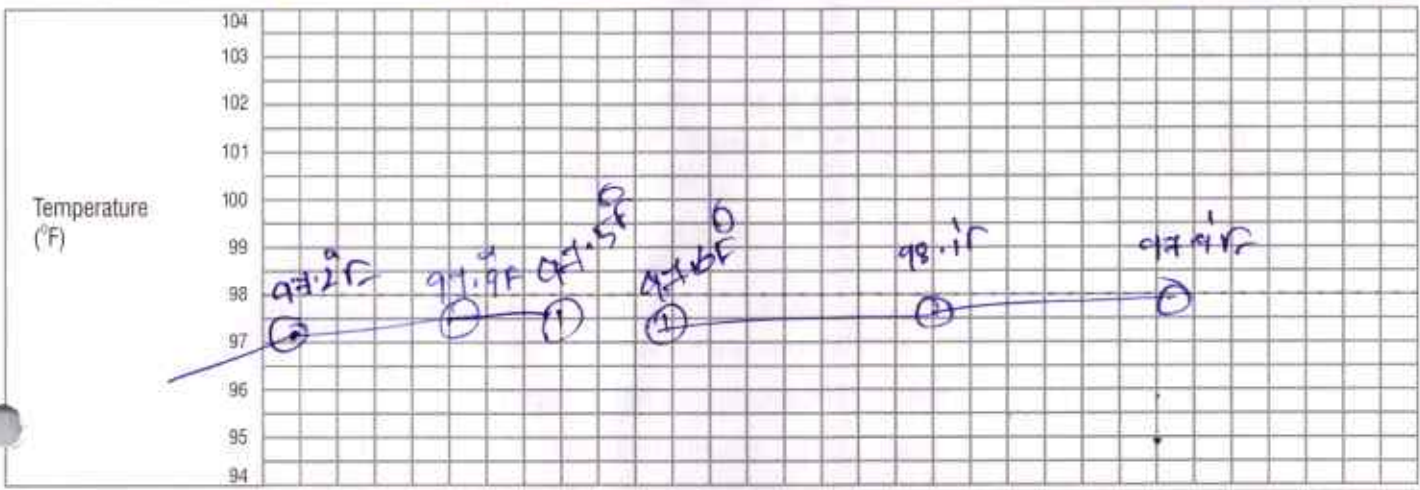
The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
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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)
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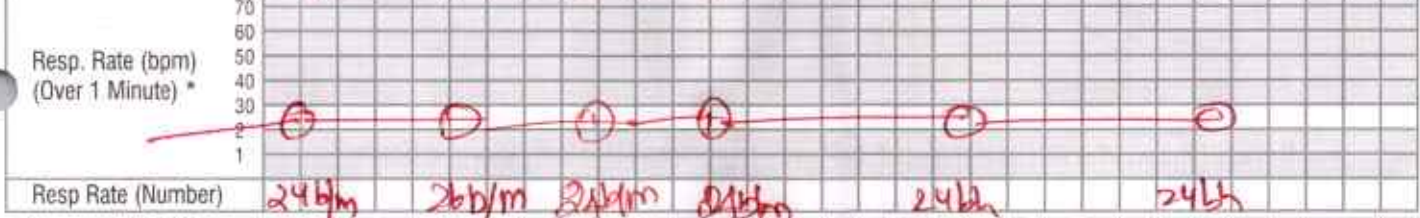


EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 14/08/20 Time: 8AM 12PM 4PM 8PM 12AM 4AM
 Doctor / Nurse / Family Concern?



Note: BP does not score in early warning scoring



Resp Mod/ Severe Distress None / Mild	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Receiving O ₂ (l/min)						
O ₂ Saturations (%)	99%	99%	99%	99%	99%	98%
Conscious Level Normal / Altered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GCS *	4/5	5/5	5/5	5/5	4/5	4/5

TOTAL SCORE						
Number of shaded boxes	01	01	01	01	01	01
Pain Score	0/10	0/10	0/10	0/10	0/10	0/10
Observer's Initials	AK	SS	AK	AK	AK	AK

- ACTIONS**
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ANC-00016222 IP28-00004559
 Master ABHINAV KHANNA
 14-08-2018 7 Y 10 M 0 D (M)
 Dr. KRITHIKA P



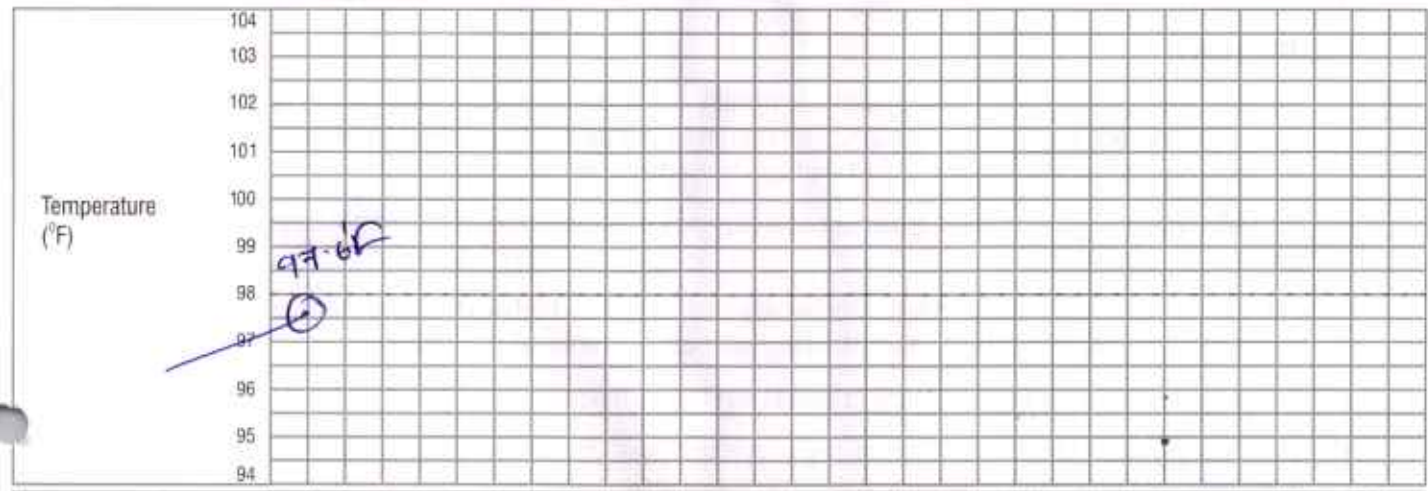
RCH/FRM/CLINICAL/126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 10/10/20 Time: 7 AM
 Doctor / Nurse / Family Concern?



Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

Heart Rate (Number) 102 bpm

Blood Pressure (Number) 100/70

Resp. Rate (bpm) (Over 1 Minute) *

Resp Rate (Number) 24 bpm

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 98%

Conscious Level Normal / Altered

GCS * 4/5

TOTAL SCORE

Number of shaded boxes 01

Pain Score 0/10

Observer's Initials [Signature]

ACTIONS

NB: Scores 3 should be recorded overleaf

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



FLUID CHART

Sheet No. : (1)

12/8/20

- 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			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :			124ml			Total Output :					4-0		
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :			200 + 310 = 510ml			Total Output :					4-0		
Total 24 hrs. Intake		Total = 634 ml											
Total 24 hrs. Output		U - 41ml M - 0											

FLUID CHART

Sheet No. : 2

- 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			
12/6/16	08:00 am										0	S	
	09:00 am								✓		0	01799	
	10:00 am										0		
	11:00 am										0		
	12:00 pm										0	S	
	01:00 pm	Juice 80ml		20ml	33ml - Dairy - para					230ml	0	01804	
Total Intake : 80ml + 53ml ⇒ 133ml						Total Output : U - 1 time + 2 20ml							
	02:00 pm										0		
	03:00 pm	H ₂ O 200ml									0		
	04:00 pm				62ml					240ml	0	6	
	05:00 pm	H ₂ O 120ml									0	01804	
	06:00 pm				53ml					250ml	0		
	07:00 pm										0		
Total Intake : 215ml + 150ml ⇒ 365ml						Total Output : 240ml							
	08:00 pm										0		
	09:00 pm	H ₂ O 100ml								170ml	0		
	10:00 pm				62ml						0		
	11:00 pm				62ml						0		
	12:00 am	H ₂ O 100ml			33ml in para						0		
	01:00 am				20ml in xone						0		
Total Intake : 200 + 177 = 377ml						Total Output : U - 170ml							
	02:00 am				62ml						0		
	03:00 am	H ₂ O 100ml			0						0		
	04:00 am				0						0		
	05:00 am				0						0		
	06:00 am				62ml						0		
	07:00 am				62ml						0		
Total Intake : 100 + 186 = 286						Total Output : U - -							
Total 24 hrs. Intake			Total - 1236 ml			Total 24 hrs. Output			U - 840ml M - 0				



FLUID CHART

Sheet No. : 3

13/6/26

- 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			
										310ml			
	08:00 am			DC									
	09:00 am	H ₂ O	10ml	62ml									
	10:00 am			62ml									
	11:00 am	Juice	20ml	62ml									
	12:00 pm	Stool	20ml	62ml						320ml			
	01:00 pm			62ml									
Total Intake :			$40 + 310ml = 350ml$			Total Output :			$U = 630ml$				
	02:00 pm			62ml									
	03:00 pm	H ₂ O	100ml	62ml						210ml			
	04:00 pm												
	05:00 pm	H ₂ O	80ml										
	06:00 pm									840ml			
	07:00 pm												
Total Intake :			$590ml + 124ml = 714ml$			Total Output :			$1200ml$				
	08:00 pm												
	09:00 pm	H ₂ O	100ml	100ml in tramadol									
	10:00 pm			62ml									
	11:00 pm			62ml									
	12:00 am			62ml									
	01:00 am			62ml									
Total Intake :			$100 + 248 = 348ml$			Total Output :							
	02:00 am			62ml									
	03:00 am	H ₂ O	100ml	62ml									
	04:00 am			DC									
	05:00 am			DC									
	06:00 am			DC						210ml			
	07:00 am			62ml									
Total Intake :			$100 + 186 = 286ml$			Total Output :			$210ml$				
Total 24 hrs. Intake						Total 24 hrs. Output							



FLUID CHART

Sheet No. : 4

14/6/26

- 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 Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	rc water	220ml	62ml						0	8	
	09:00 am	Juice	250ml	62ml					120ml	0	017/18	
	10:00 am	H2O	100ml	62ml						0		
	11:00 am			62ml					260ml	0	8	
	12:00 pm									0	8	
	01:00 pm			62ml						0	over	
Total Intake :			270ml + 310ml = 580ml			m=0			Total Output : 380ml			
	02:00 pm			62ml						0		
	03:00 pm	H2O	250ml						200ml	0		
	04:00 pm									0		
	05:00 pm	H2O	200ml							0	8	
	06:00 pm	H2O	100ml						200ml	0	over	
	07:00 pm									0		
Total Intake :			225ml + 62ml + 287ml						Total Output : 480			
	08:00 pm									0		
	09:00 pm	the	200ml	33ml in panca						0		
	10:00 pm								240ml	0	018/19	
	11:00 pm	the	200ml							0		
	12:00 am									0		
	01:00 am			100ml in pipette						0		
Total Intake :			100 + 133ml = 233ml						Total Output : 240ml			
	02:00 am			62ml						0		
	03:00 am			62ml						0		
	04:00 am			62ml						0		
	05:00 am			62ml						0		
	06:00 am			62ml						0		
	07:00 am	Te 200ml		62ml						0		
Total Intake :			200 + 310ml = 510ml						Total Output :			
Total 24 hrs. Intake		Total =				Total 24 hrs. Output		U - 1100 ml		M - 0		