BAH-00329944 IP5-00174990
Master DUDEKULA CHEHARE
29-07-2013 12 Y 10 M 12 D (M)
Dr. DR.V.V.R.SATYA PRASAD

ACTIVITY RECORD FOR BILLING

Name : ______________________________

UHID No. : __________ IP N[illegible] ...nt: ____________ Dept : __________

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Dr. DR.V.V.R.SATYA PRASAD

Date of Admission: _______ ...Discharge : ________ Time: __________

Room / Bed No : __________ Ward : __________ Suggested Billable bed type : _______________

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6	6pm	ER	119	Pramy

Cross Consultation Visit

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

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
10/06	Blood c/s, calcium.	58617	Isray
10/06	CBP, CRP, RPR, urine c/s		Isray
	(done on op Basis)		
11/6	electrolytes	26058875	[illegible]
11/6			

DC

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
10/6	Infusoon pump	6pm	stop	963784	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/06	iv placement	1	51585	[illegible]
9/6/2	NHB	[illegible]	9151206.	[illegible]

ANY OTHER INFORMATION

....

....

....

....

....

....

Date : 11/6/26 Time : 11:10AM Prepared By : Sravanthi

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sravanthi			

Rainbow Children's Hospital BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174990 **Admit Date** : 10-Jun-2026 **Admit Time** : 03:27 PM **UHID** : BAH-00329944

Patient Details :

Patient Name	: Master DUDEKULA CHEHARE FIRDOUS	**Age**	: 12 Y 10 M 12 D
Guardian	: Mr DUDEKULA RAVINDRA	**DOB**	: 29-07-2013
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO-15-316, HOSPITAL COLONY, KONA ROAD,VTC: Yadiki Anantapur Andhra Pradesh INDIA 515408	**Phone No**	: 9491989260/ 9963212260
		E-mail	: na123@rainbowhospitals.in

Admission Details :

Bed Type : GENERAL WARD **Bed No** : GW 119 **Ward Name** : 1F-GENERAL WARD I

Room No : GW 119 **Admission Type** : First Visit

Contact Details :

Name	: Mr DUDEKULA RAVINDRA	**Relationship**	: Father
Contact Address	: H.NO-15-316, HOSPITAL COLONY, KONA ROAD,VTC: Yadiki Anantapur Andhra Pradesh INDIA 515408	**Phone No**	: 9491989260 / 9963212260

Signature

Doctor Details :

Doctor Name	: Dr. DR.V.V.R.SATYA PRASAD	**Specialisation**	: PEDIATRIC NEPHROLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	: Dr. SRUTHI BALLA		

Payment Details :

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

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: ______________________

UHID ID: ______________________

Department: ______________________

Consultant: ______________________

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Master DUDEKULA CHEHARE
29-07-2013 12 Y 10 M 12 D (M)
Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Information given by: ______ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

Fever since 5days.

History of present illness :

Child is apparently normal 5days ago. child developed above mentioned complaints since 5days.

Fever - Highgrade - 101°F (max)
- ~~[illegible]~~ 2spikes/day
- Red c̄ oral medication.

Previously operated for PUJ obstruction.

No H/o vomitings, loose stools, ~~vomitings~~ cold, cough.

10/6/26 Bicarb = 25
Creatinine = 0.6
S. Elect - 139/5.5/103.
CRP = 13.
CBP = 12.9 / 39.3 / 5.34 / 42/48 / 3.09L

CUE => Puscells = 20-25
leucocytes (+2)

8/1/10 USG Abd => Pyeloplasty for PUJ obstruction left kidney.
USG reveals → Mild to moderate residual left hydronephrosis
Irregular UB wall thickening

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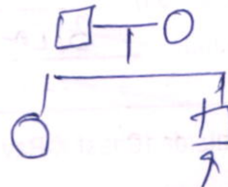
Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

3.2kg / NVD / (N) transition



Birth & Socio Economic History:

About Father :
About Mother : } Upper middle class.
Any additional Information :

Developmental History :

(N) development

Immunization History :

Vaccinations till date

(P.T.O.)

(P.T.O.)

Master DUDEKULA CHEHARE
29-07-2013 12 Y 10 M 12 D (M)
Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) ________ (Centile ________) Height

Weight (kgs)) 22.2kg (Centile

On Exami

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Master DUDEKULA CHEHARE
29-07-2013 12 Y 10 M 12 D (M)
Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP
CRP } Done on OPD basis.
RP2
Urine C/s

Blood Culture } to send from ER
Calcium

N/B

Planned Management

Inj Ceftriaxone
Levolin 3rd hrly.
K-bind PR sachet BD × 1day
Send S. Electrolytes — T/M (free flow sample) (Sample only)

Signature of the Doctor: Ramya
Name of the Doctor: Dr. RAMYA
Date & Time: 10/6/26 ; 3:30pm.

Signature of the Consultant:
Name of the Consultant: DR. V V R SATYA PRASAD Registration No: 43599
Date & Time:

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6 8pm	C/S/B Resident	
	Δ: Recurrent UTI hyperkalemia	Adv:
		KBIND ②
	no symptoms of hyperkalemia	→ Levolin 3hrly to continue
	afebrile	→ Send free flow S/E t/m 6am
	O/E: alert vitals stable chest clear. no murmur	Inform if $K^+ > 5.5$
		→ continue remaining medications
		Akhila

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 9:30am	C/S/B Resident	
	Δ: Recurrent UTI hyperkalemia	Adv,
	→ K^+ - 5.5 → 4.8 → u/o - 1050ml/24h. → 200ml → passed stools	1) ~~R/v plan~~ Ⓓ today
	O/E: alert stable vitals chest clear. abdomen soft.	1.) Neb Levolin 4hrly × 2 ↓ 6hrly × 3d
		2.) R/v 5d. (Thu) CBP CRP RP2 CUE 25 OH Vit D_3
	DR. V.V.R SATYA PRASAD Registration No: 43533	5.) Ziprax 6ml BD × 7d Stop Desmopressin Stop K Bind

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RESULT SHEET

Date	11/6	11/6				
Time						
Hb	12.9					
PCV						
RBC						
WBC	5340					
N/L	48/44					
Platelets	3 L					
CRP	13					
ESR						
PCT						
RBS						
Na	139	138				
K	5.5	4.8				
Cl	103	105				
Ca/Mg	9.7					
Phosphate						
Urea	19					
Creatinine	0.6					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L HCO_3^-	25					

Date	10/6					
Time						
CUE - Alb	–					
CUE - Sugar	–					
CUE - Ketones	–					
CUE - PUS Cells	20-25					
CUE - RBC Cells	0					
CUE	2+ leukocytes					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

Others (ECG, Contrast Studies etc.,) : ....

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MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER .... Shifted to: Ward. ....

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	Tab Desmopressin	1tab	PO	HS		☐ C ☐ DC
2	Syp. Lupizyme	5ml	PO	BD		☐ C ☐ DC
3	MUOUT powder	2scoops	PO	Hs.		☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : [signature] Dr: RAMYA

Date & Time : 10/6/26 ; 3:30pm.

Nurse Name & Signature: Pramee [signature]

Date & Time : 10/06/26 ie 5pm

Docu. No. : RCHBH /FRM / GENERAL / 090

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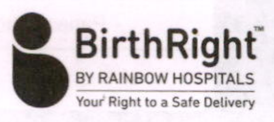
. DR.V.V.R.SATYA PRASAD



Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 22.2 kg Ward ....

DRUG : K-BIND Sachet

Dose	Route	Frequency	Start Dt.
1 sachet	PR	BD	10/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

Additional Instructions: Only for 1 day: ie (24 hrs)

Daily Doctor's Endorsement by a Sign

Date / Time	10/6/16
6am	X Pravi Aniketa
5pm	Sravani

DRUG : MUCUT POWDER

Dose	Route	Frequency	Start Dt.
2 scoops	PO	HS	10/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. Ramya

Additional Instructions: 2 scoops + 120ml water

Daily Doctor's Endorsement by a Sign

Date / Time	10/6
10 pm	Pravi Aniketa

DRUG : Syp. LUPIZYME

Dose	Route	Frequency	Start Dt.
5ml	PO	BD	10/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	10/6
10 Am	X
10 pm	Pravi Aniketa

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

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Dr. DR.V.V.R.SATYA PRASAD

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight ..22.2kg.......... Ward ....

DRUG :				Date ▸ / Time ▾														
Dose	Route	Frequency	Start Dt.															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		

DRUG :				Date ▸ / Time ▾														
Dose	Route	Frequency	Start Dt.															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		

DRUG :				Date ▸ / Time ▾														
Dose	Route	Frequency	Start Dt.															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		

DRUG :				Date ▸ / Time ▾														
Dose	Route	Frequency	Start Dt.															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		

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

Master DUDEKULA CHEHARE
29-07-2013 12 Y 10 M 12 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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DRUG CHART

Date of Admission: 10/6 Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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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Dr. DR.V.V.R.SATYA PRASAD

REGULAR PRESCRIPTIONS

Weight. 22.2kg. Ward. ....

DRUG: Inj CEFTRIAXONE				Date / Time	10/6	11/6
Dose	Route	Frequency	Start Date			
1.0 gm	IV	BD	10/6/26	6AM	X	prav / Anitha
Name & Signature of the Doctor Starting the Drugs: Dr. Ramya						
Additional Instructions:				6pm	Das / Swarn	
Daily Doctor's Endorsement by a Sign					[signature]	[signature]

DRUG: Inj ESOMEPRAZOLE				Date / Time	10/6	11/6
Dose	Route	Frequency	Start Date			
20mg	IV	OD	10/6/26			
Name & Signature of the Doctor Starting the Drugs: Dr. Ramya				6AM	Das / Swarn	prav / Anil
Additional Instructions:						
Daily Doctor's Endorsement by a Sign					[signature]	[signature]

DRUG: Tab DESMOPRESSIN				Date / Time	10/6	
Dose	Route	Frequency	Start Date			
1 tab	PO	HS	10/6/26			
Name & Signature of the Doctor Starting the Drugs: Dr. Ramya				9pm	prav / Anitha	
Additional Instructions: 1 tab = 0.2mg.						
Daily Doctor's Endorsement by a Sign					[signature]	[signature]

DRUG: LEVOLIN 0.63mg				Date / Time	10/6	
Dose	Route	Frequency	Start Date			
1 resp	Nasal	3rd hrly	10/6/26			
Name & Signature of the Doctor Starting the Drugs: Dr. Ramya				3PM	[illegible]	
				6PM	Souk	
Additional Instructions:				9PM	Anitha	
				12AM	Anitha	
				3AM	Anitha	
				6AM	Ankitha	
Daily Doctor's Endorsement by a Sign				9PM / 12PM	[signature]	

Weight. 22.2Kg Ward. ....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Master DUDEKULA CHEHARE
29-07-2013 12 Y 10 M 12 D (M)
Dr. DR.V.V.R.SATYA PRASAD

IPS-00174990
BAH-0032844

I.V. FLUIDS CHART

Weight. 22.2kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/6/26	5:30pm	DNS. (½ maintainence)	IV	32	[signature]	[signature]	[signature]	[signature]	[signature]

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

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Master DUDEKULA CHEHARE
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Dr. DR.V.V.R.SATYA PRASAD

. No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ...1/6........ Time:	10AM
Doctor / Nurse / Family Concern?	
Temperature (°F) 104–94	98.5 F
Heart Rate (bpm) and Blood Pressure (mmHg) * 190–50 Note: BP does not score in early warning scoring	95/54 (62)
Heart Rate (Number)	105b/m
Resp. Rate (bpm) (Over 1 Minute) 70–10	
Resp Rate (Number)	28b/m
Resp Distress — Mod/ Severe	
Resp Distress — None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	100%
Conscious Level — Normal	
Conscious Level — Altered	
GCS *	15/15
TOTAL SCORE Number of shaded boxes	1
Pain Score	0
Observer's Initials	6

Today wt
21.7 kgs

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given 02/ 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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Dr. DR.V.V.R.SATYA PRASAD

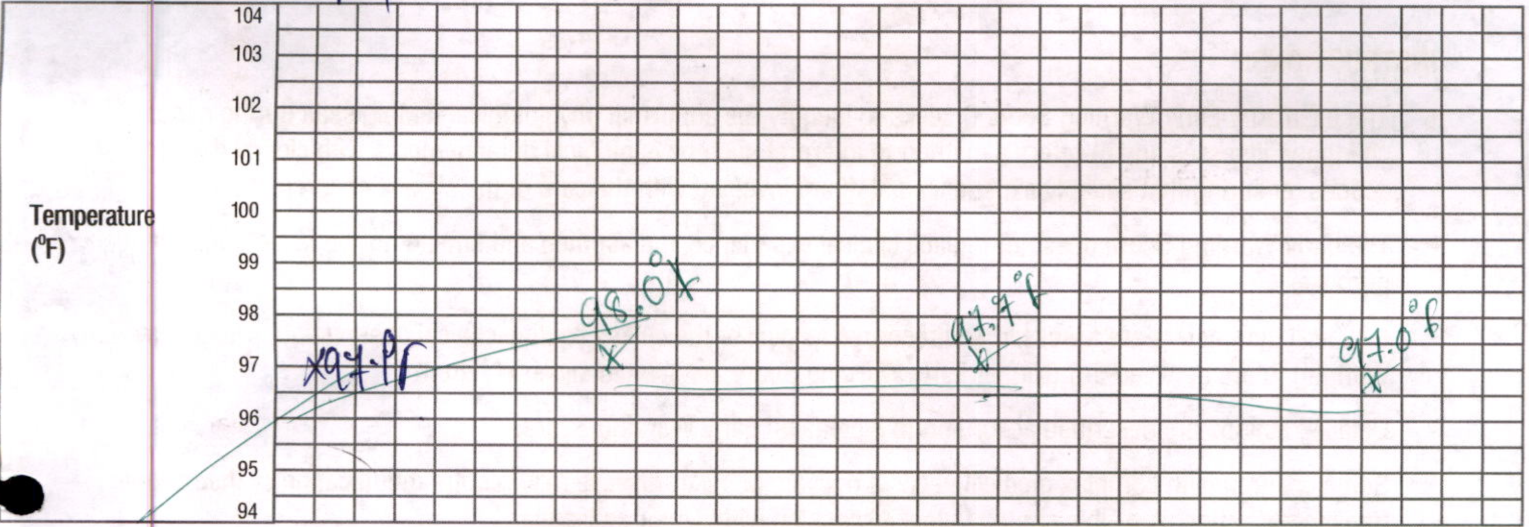
No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/6 .... Time:			11/06/26	
Doctor / Nurse / Family Concern?	6 PM	10Pm	2am	6am

Temperature (^{0}F) — 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94



	6 PM	10Pm	2am	6am
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) Note: BP does not score in early warning scoring	110/67 (84)	100/53 (62)	96/70 (80)	108/59 (73)
Heart Rate (Number)	105	101b/m	99b/m	108b/m
Resp. Rate (bpm) Over 1 Minute (70–10)	24			
Resp Rate (Number)	24	26b/m	26b/m	26b/m
Resp Distress — Mod/ Severe				
Resp Distress — None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	99%	100%	99%	100%
Conscious Level — Normal				
Conscious Level — Altered				
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1	1
Pain Score	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00329944 IP5-00174990
Master DUDEKULA CHEHARE
29-07-2013 12 Y 10 M 12 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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FLUID CHART

Sheet No. : ....

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				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am						ER					
	12:00 pm											
	01:00 pm											
Total Intake :								Total Output :				
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm			30ml						150ml	0	
10/6	06:00 pm	DNS	Juice	30ml							0	[illegible]
	07:00 pm			30						200	0	
Total Intake :								Total Output :				
	08:00 pm			30ml						200ml	0	
	09:00 pm			30ml							0	[illegible]
	10:00 pm			30ml			nil				0	
10/6	11:00 pm	DNS	Meals	30ml							0	[illegible]
	12:00 am			—							0	
	01:00 am			—							0	[illegible]
Total Intake :								Total Output :				
	02:00 am			30ml							0	
	03:00 am			30ml						300ml	0	[illegible]
11/6	04:00 am	DNS		30ml			nil				0	
	05:00 am			—							0	[illegible]
	06:00 am			—							0	
	07:00 am			—						200ml	0	[illegible]
Total Intake :								Total Output :		1050ml		

Total 24 hrs. Intake	

Total 24 hrs. Output	

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FLUID CHART

Sheet No. : ....

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.
3. 24 hrs. total to be entered in the kardex in RED.

		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							
	08:00 am									200		
	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 :						**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**	

Docu. No. : RCHBH/FRM/CLINICAL/092

BAH-00329944 IP5-00174990
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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 11/6/26 Time: 9Am

Weight: 22.2kgs Centile: <5th

Height: 137cms Centile: <5th

Inference: underweight child

RDA: — Calories: 1750kcals/d Protein: 31g/d

Diet Recommendations: Normal diet c plenty of liquids

Re-Assesment: Avoid spicy, chilled and outside foods

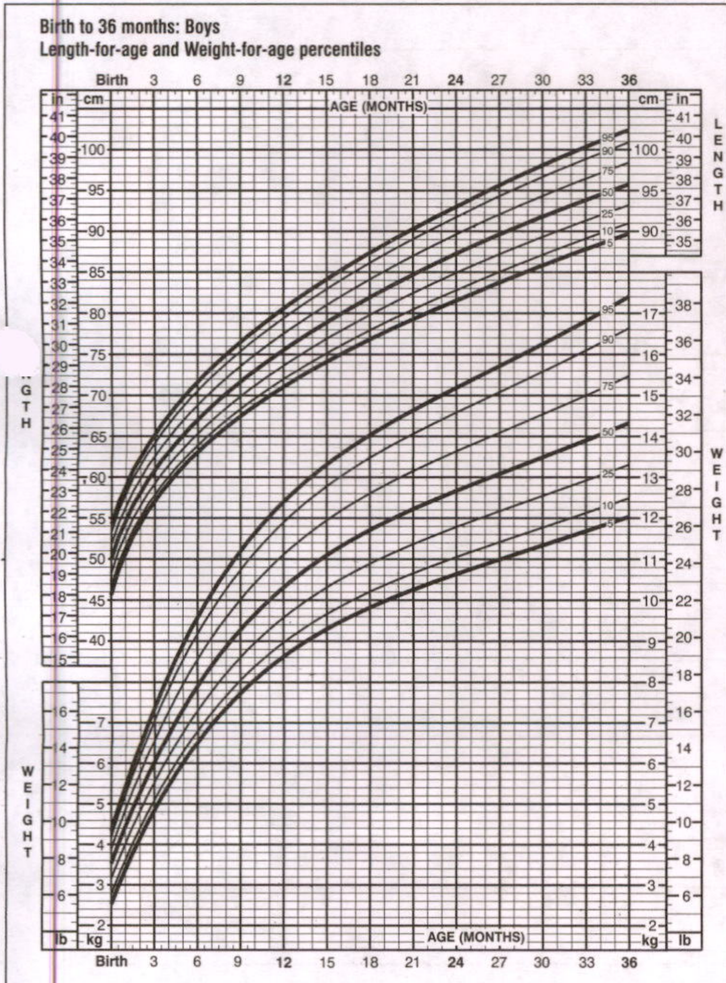
Food Allergies: NO Veg/Non-veg non-veg

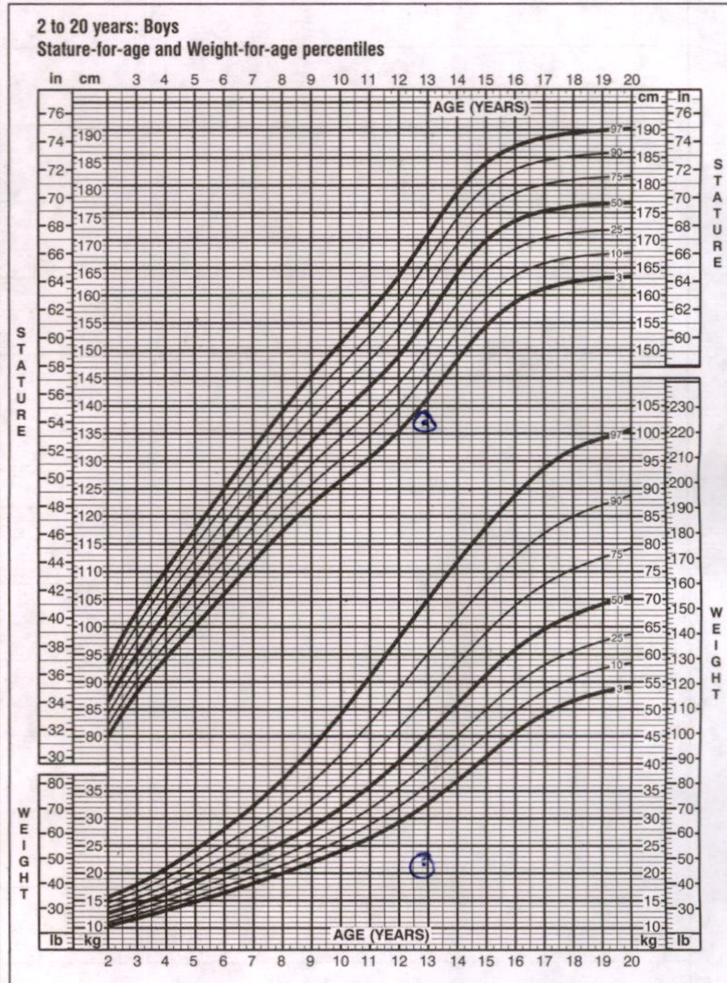
Diagnosis: Recurrent UTI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: K. Fareeda

GROWTH CHART (BOYS)





Dietician's Name Monika Dietician's Signature Monika

Daily Notes: