Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

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ACTIVI VIH-00176524 IP-00060228 **NG**
Master JACOB AASHRAY SALAGALA
29-01-2024 2 Y 4 M 6 D (M)
Dr. PREETHAM KUMAR

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

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

Date of Admission : 4/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 110 Ward : 1st floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
4/6/26	9.25pm	ER	110.	shm.

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
4/6/26	CBP, S/E, Creatinine, urea	26019363	
	VBG	26019364	
	Cross Checked by	5/6/26	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
4/6	Infusion pump	9:20 pm	5/6 @7am.	3086988	[signature]
	Cardiac monitor	9:38 pm	5/6 12pm	3086993	[signature]
	Cross	checked by [signature]	5/6/26		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
4/6/26	Iv placement	(1)	3086989	Shm.
	Cross checked by		5/6/26.	
5/6/26.	RBS	(2)	2087156	
	cross checked by		5/6/26.	

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	5/6/26 @12pm.		

Ref. No. F/INPR/12

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Patient Name: VIH-00176524 IP-00060229
Master JACOB AASHRAY SALAGALA
29-01-2024 2 Y 4 M 7 D (M)
Dr. PREETHAM KUMAR

Registration

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
4/6/26	~~00.00~~	4:40pm Neb. budecort	Sreelakshmi	
5/6/26	1.00	10:30 Neb budecort	Smitha	
	2.00	② 2087156.		
	3.00			
	4.00			
	5.00			
	6.00			
	7.00			
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

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ADMISSION SHEET

Registration Details :

Admission No : IP-00060229 **Admit Date** : 04-Jun-2026 **Admit Time** : 08:04 PM **UHID** : VIH-00176524

Patient Details :

Patient Name	: Master JACOB AASHRAY SALAGALA	**Age**	: 2 Y 4 M 6 D
Guardian	: Mr S PRASANA KUMAR	**DOB**	: 29-01-2024
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: PLOT NO.12 , RAHUL ENCLAVE Trimulgherry Hyderabad Telangana INDIA 500015	**Phone No**	: 9966780510
		E-mail	: VEENA.NAYOMI@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 S PRASANA KUMAR **Relationship** : Father

Contact Address : PLOT NO.12 , RAHUL ENCLAVE Trimulgherry Hyderabad Telangana INDIA 500015 **Phone No** : 9966780510 / 9849554432

Signature

Doctor Details :

Doctor Name	: Dr. PREETHAM KUMAR	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

Patient Name : Mast. JACOB AASHRAY SALAGALA UHID : VIH-00176524 IPD : IP-00060229 Gender : Male
Age : 2 Y 4 M 6 D

VIH-00176524 IP-00060229
Master JACOB AASHRAY SALAGALA
29-01-2024 2 Y 4 M 6 D (M)
Dr. PREETHAM KUMAR

WLC

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

EMERGENCY ROOM TRIAGE FORM

wt :- 11.4 Kg

Patient's Name : Mast. Jacob Aashray Age : 2yrs Gender: ☑ Male ☐ Female

Date : 4/6/26 Time of Arrival : 7:01 pm

Allergies: ☐ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98°F PR: 140b/m BP: crying RR: 24b/mt SpO2: 99%

Chief Complaints: c/o Accidentally ingestion of Dettol liquid

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

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

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☑ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 7:05 pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Aschitha

Signature of Triage Nurse : As

Date & Time : 4/6/26 @ 7:05 pm

Docu. No. : RCH /FRM / CLINICAL / 085

Patient Name : Mast. JACOB AASHRAY SALAGALA UHID : VIH-00176524 IPD : IP-00060229 Gender : Male
Age : 2 Y 4 M 6 D

VIH-00176524 IP-00060229
Master JACOB AASHRAY SALAGALA
29-01-2024 2 Y 4 M 6 D (M)
Dr. PREETHAM KUMAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 4/6/26 Time of arrival : 7:07 PM

Chief Complaints: c/o Accidentally ingestion of Dettol RBS: -

Height : ..... Weight : 11.4 Kg BMI : ..... Head Circumference (<2 years) .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

☐ Character - ☐ Location - ☐ Frequency — ☐ Duration -

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: — (Date/Time): —

Social History: Lives With Family

Siblings in household ☑ Yes ☐ No (if yes How Many?) 1 (Brother)

Time of Initial assessment completed by ER Nurse : 7:11 PM

Patient Name : Mast. JACOB AASHRAY SALAGALA UHID : VIH-00176524 IPD : IP-00060229 Gender : Male
Age : 2 Y 4 M 6 D

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

Time	Nursing Notes
7:1pm	* patient came to ER
7:05pm	* vitals checked and Recorded
7:10pm	* Dr. prashanthi Seen the patient and
8.4pm	adviced admission
	* Admission process Done
8.30pm	* IV cannulation Done
8.30pm	* collected the Samples & Send to lab
9.20pm	* patient Shifted to ward

Samples collected by: Sr Sahani
Samples sent by : (same)

Time: 8.30 pm
Time: (same)

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
			Nil		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 140b/min BP: Crying CFT: <3Sec	Shift - out from ER to: Wo
RR: 24b/min SPO₂ : [illegible]	Time of Shift - out: 4/6/26 at 9.20pm
GCS: 15/15 Temperature : 98.6°F	Handover given to: (Nurse's Name) Br S[illegible] by Jagruti
Pain Score: 0	
Repeat RBS (if applicable): ——	

Tick as applicable: ☐MLC ☐LAMA ☐BROUGHT DEAD

Procedures done with details (if any): Iv cannulation Done

Name of the Nurse : Sr Jagruti

Signature of the Nurse : [signature]

Date & Time : 4/6/26 at 9.20pm

VIH-00176524 IP-00060229
Master JACOB AASHRAY SALAGALA
29-01-2024 2 Y 4 M 6 D (M)
Dr. PREETHAM KUMAR

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Accidental Ingestion of Antiseptic Liquid (Dettol)

Arrival Time: 9:25 p.m. Mode of Arrival: by Mother Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 11.4 Kg

Nil Height: ..... cm

.....

Past Medical History: Obtained From ☐ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: Nil

.....

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list, ...

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: .....

.....

Are the child's immunization up to date? ☑ Yes ☐ No

Current Medication: ☑ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: 11.4 kgs Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.6°F HR: 110 b/m RR: 25 b/m BP: 102/60 (72)

Pain Score: 0 Specify Site: — (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 12 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 26) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

Character of Pain — Location — Frequency — Duration —

FUNCTIONAL SCREENING:

☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: ..... (Date/Time): .....

Social History: Lives With ..... Family .....

Siblings in household ☑ Yes ☐ No (if yes How Many?) ..... 1 .....

All Information Obtained From ☐ Patient ☑ Mother ☑ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... mother .....

Nurse's Name: ..... Beronika ..... Date: ..... 4/6/26 ..... Time: ..... 9:30pm ..... Signature

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PATIENT TRANSFER FORM

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VIH-00176524 IP-00060229
Master JACOB AASHRAY SALAGALA
29-01-2024 2 Y 4 M 6 D (M)
Dr. PREETHAM KUMAR

Date & Time of Admission	Date & Time of Transfer Order
4/6/26 @ 8.4pm	4/6/26 @ 9.25pm
Transfer Ordered by	**Reason for Transfer**
DR. prashanthi	for admission
From Unit	**To Unit**	**Information to Attendant**
ER	110	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
21	VBG - 1	Yes ☑ No ☐
		If yes, what ? of file given to

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.	← NIL	
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
shanthi / sign	DR. prashanthi.

Patient & Clinical Records Received by : Sreekanth

Date & Time of Patient Received : 4/6/2026 @ 9:25 pm

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: VIH-00176524 IP-00060229
Master JACOB AASHRAY SALAGALA
29-01-2024 2 Y 4 M 6 D (M)
Dr. PREETHAM KUMAR

UHID ID:

Department: _____

Consultant: _____

VIH-00176524 IP-00060228
Master JACOB AASHRAY SALAGALA
29-01-2024 2 Y 4 M 6 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Accidental Ingestion of Antiseptic liquid - Dettol of unknown quantity.

History of present illness :

Child came c/o
Accidental Ingestion of Antiseptic liquid - ~~Dettol~~
of unknown quantity - @ 7:00pm at his grandparents residence.

While the event happened - mother was unaware about the quantity.
- parents noticed smell of dettol from mouth & clothes.
- No c/o vomiting, cough, difficulty in breathing.

Throat pain (+nt) No c/o drowsiness.
Congestion (+nt)
Irritation in the eye (+)nt.

c/o/w c cmc poison protocol.
& explained the Adverse effects of ingestion of dettol.

- Upper GI upset
- shudder
- mild CNS symptoms.

Advised → Npo for 6hrs.

VIH-00176524 IP-00060229
Master JACOB AASHRAY SALAGALA
29-01-2024 2 Y 4 M 6 D (M)
Dr. PREETHAM KUMAR

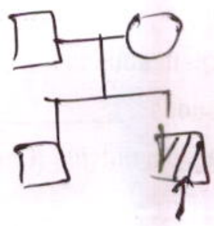
Pediatric Multiorgan History & Physical Examination

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

Not significant.

Birth & Neonatal History:

Term baby / 2.4kg / LSCS,
CIAB, NICU Admission i/v/o



Birth & Socio Economic History:

About Father :
About Mother : } Class III.
Any additional Information :

Developmental History :

Development achieved as per Age in all domains.

Immunization History :

Immunised as per Age.

(P.T.O.)

VIH-00176524 IP-00060229
Master JACOB AASHRAY SALAGALA
29-01-2024 2 Y 4 M 6 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 11.4kgs (Centile _____)

On Examination :

Temperature : 97.5f Pulse Rate : 140b/m B.P. _____ SPO2 99%

Resp.rate and type of breathing : _____

Rash _____

Lymphadenopathy _____

Oedema : _____ Thwat Conjunction (+nt)

Allergies (if any): _____

Respiratory System :

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

Air entry & breath sounds : BLAE (+)

Any addes sounds : (-).

Relevant data from outside (Chest X-Ray, ABG,etc.,) _____

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : (-).

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

Per Abdomen :

Inspection (N)

Palpation : P/A : NAD

Ausculation : (N)

Spine : (N) External Genitelia : (N)

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

VIH-00176524 IP-00060229
Master JACOB AASHRAY SALAGALA
29-01-2024 2 Y 4 M 6 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : (N)

Motor System:

Nutriton : (P) (L)

Tone: (N) Power 4/5 4/5

Co-ordinator :

Posture :

Involuntary Movements : (-)

Reflexes :

DTR +nt **Superficials:** +nt

Plantars flexors

Sensory System :

(N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

Accidental Ingestion of Antiseptic liquid (Dettol)

(P.T.O.)

VIH-00176524 IP-00060229
Master JACOB AASHRAY SALAGALA
29-01-2024 2 Y 4 M 6 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications.

Desired goals of the treatment : To treat the present symptoms.

Planned Labs:

CBP, S/E, S.creat, S.urea, VBG.

noted by Shruthi 4/6/26 @ 8:53pm

Planned Management

- IVF
- Inj. Pantoprazole - oncedaily
- Inj. paracetamol - 8thly.
- NPO - till 6hrs.

+

After that to be decided based on child condition.

noted by Shruthi 4/6/26 @ 8:53pm

Signature of the Doctor: [signature]

Name of the Doctor: Dr. prashanth

Date & Time: 4/6/26, 8:15pm.

Signature of the Consultant: [signature]

Name of the Consultant: Dr Preetham

Date & Time: 5/6/26 9am

VIH-00176524 IP-00060229
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29-01-2024 2 Y 4 M 6 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/24 11:00 PM	C/S/TB Resident	
	Vitals stable.	
	No new concerns.	
	↓	
	child is on NPO.	Plan
	↓	
	Oral liquids after 4hrs.	→ Continue IVF.
		- To be decided on Oral Intake after 4hrs. ↓ based on clinical condition.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/24 8:30AM	C/S/B Resident	
	D/S: Accidental Ingestion of Antiseptic liquid Dettol.	
	Child is on oral liquids – tolerating well.	
	Periorbital swelling ↑nt → Minimal.	
	O/E	
	Child Alert & Active	
	Vitals stable	
	CVS: S1 S2 (+)	
Dr. prashanth	RS: BLAE (+)	Plan
	P/A: Soft	
	CNS: NAD.	– Inj. pantoprazole
		– Inj. paracetamol.
		– Neb. Budesonide.
		– Continuous monitoring
		– Inform (SOS).
5/6/24 [signature]		– Stat on soft diet.
		– D/C after obtaining
		✓
		till 11:00pm
		& d/c.

Noted by Anitha 5/6 @12:30pm

VIH-00176524 IP-00060229
Master JACOB AASHRAY SALAGALA
29-01-2024 2 Y 4 M 7 D (M)
Dr. PREETHAM KUMAR

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/6/26 Time:	10	12	2	4	6
Doctor / Nurse / Family Concern?	Am	Am	Am	Am	Am
Temperature (°F)	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	101/55-69				100/59-62
Heart Rate (Number)	125	116	112	121	112
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	24	26	25	24	28
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99	98	99	100	98
Conscious Level: Normal / Altered	N	N	N	N	N
GCS *	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	[illegible]				

Note: BP does not score in early warning scoring

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)

VIH-00176524 IP-00060228
Master JACOB AASHRAY SALAGALA
29-01-2024 2 Y 4 M 6 D (M)
Dr. PREETHAM KUMAR

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	9	11
Doctor / Nurse / Family Concern?	AM	AM

5/6

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

97.9°F 98.4°F

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

99/71/69

Heart Rate (Number)	112	109

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

70 60 50 40 30 20 10

Resp Rate (Number)	24	26
Resp Distress: Mod/ Severe / None / Mild	N	N
Receiving O_2 (l/min)		
O_2 Saturations (%)	98	99
Conscious Level: Normal / Altered	N	N
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	[illegible]	[illegible]

Noted by Anitha 5/6/26 @12.30 pm

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

VIH-00176524 IP-00060229
Master JACOB AASHRAY SALAGALA
29-01-2024 2 Y 4 M 6 D (M)
Dr. PREETHAM KUMAR

(1)

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FLUID CHART

Sheet No. : (1) 4/6/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
4/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
4/6/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
4/6/26	08:00 pm											
	09:00 pm											
	10:00 pm			42ml								
	11:00 pm			42ml						✓		
	12:00 am			42ml								
	01:00 am			42ml								
Total Intake :				168ml		Total Output :					0	Veronika 5/6/26 @7am
	02:00 am		ORS water	42ml								
	03:00 am			42ml								
	04:00 am			42ml								
	05:00 am			42ml						✓		
	06:00 am			42ml								
	07:00 am			42ml								
Total Intake : 252ml						Total Output :						

Total 24 hrs. Intake	420ml	Total 24 hrs. Output	2 time

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FLUID CHART

Sheet No. : ....

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2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
5/6/26	08:00 am											
	09:00 am		Upma							✓		
	10:00 am		water								0	Anitha 5/6 @
	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 :						

Noted by Anitha 5/6/26 @12:30pm

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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FLUID CHART

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		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											
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	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**	

VIH-00176524 IP-00060229
Master JACOB AASHRAY SALAGALA (M)
29-01-2024 2 Y 4 M 6 D
Dr. PREETHAM KUMAR

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MLC

DRUG CHART

Date of Admission: 4/6/26 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 / 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 .... Sign ....

VIH-00176524 IP-00060228
Master JACOB AASHRAY SALAGALA
29-01-2024 2 Y 4 M 6 D (M)
Dr. PREETHAM KUMAR

REGULAR PRESCRIPTIONS

Weight. 11.4 kg Ward. 110

DRUG : NEB BUDESONIDE

Dose	Route	Frequency	Start Date
0.5mg	P/N	12th hrly	4/6/26

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

Additional Instructions: 1 repeat = 0.5mg,

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG : NEB ± BUDESONIDE

Dose	Route	Frequency	Start Date
0.5mg	P/N	~~TDS~~ 12 hrly	4/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
10 mg	IV	ONCE DAILY	4/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time 4/6

6 AM Kalp Esw

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Date
150mg	IV	8th hrly	4/6

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

Additional Instructions: 15 mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Date/Time 4/6 5/6

6 AM Kalp Esw

2 PM

10 PM

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

5/6/26 9:30pm
Ei[illegible] 6

DRUG : Refresh eyedrops

Dose	Route	Frequency	Start Dt.
2 drops	RA	8th hourly	5/6/22.

Date ▸ / Time ▾: 6 AM, 2 pm, 10 pm.

Name & Signature of the Doctor Starting the Drugs:
Dr. prashanth·

Additional Instructions:
2 DROP IN EACH EYE·

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... 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 ....

Patient Sticker

Weight. 11.4kg Ward. 110

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature

VERIFIED BY : Name

VIH-00176524 IP-00060228
Master JACOB AASHRAY SALAGALA
29-01-2024 2 Y 4 M 6 D (M)
Dr. PREETHAM KUMAR

I.V. FLUIDS CHART

Weight. 11.4 kg Ward. 110

		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
3.6.26	01.00PM	DNS	IV	42					

Signature .....

VERIFIED BY : Name .....