

**ACTIVITY RECORD FOR BILLING**

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

UHID No. : \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

BAH-00347495 IP5-00174981  
Master DEVAGIRI ADITYA REDDY  
29-07-2017 8 Y 10 M 12 D (M)  
Dr. SIRISHA RANI



**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
10/06	2.40 pm	ER	103	Rani

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1	PVL on duty	11/6/2028	965670	SH
2				
3				
4				
5				
6				
7				
8				
9				
10				









ADMISSION SHEET



Registration Details :

Admission No : IP5-00174981

Admit Date : 10-Jun-2026

Admit Time : 01:45 PM UHID : BAH-00347495

Patient Details :

Patient Name : Master DEVAGIRI ADITYA REDDY  
 Guardian : Mr DEVAGIRI SRINIVAS REDDY  
 Gender : Male  
 Occupation :  
 Address (H) : FLAT NO-17 LH 601,LANCO HILLS, Manikonda  
 Hyderabad Telangana INDIA 500089

Age : 8 Y 10 M 12 D  
 DOB : 29-07-2017  
 Religion : Hindu  
 Martial Status : Single  
 Phone No : 6305976348/ 9440667636  
 E-mail : DEVAGIRISONY6@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE  
 Room No : SPVT 103

Bed No : SPVT 103  
 Admission Type : First Visit

Ward Name : 1F-VIBGYOR

Contact Details :

Name : Mr DEVAGIRI SRINIVAS REDDY  
 Contact Address : FLAT NO-17 LH 601,LANCO HILLS,  
 Manikonda Hyderabad Telangana INDIA 500089

Relationship : Father  
 Phone No : 9440667636

*D. Sory*  
 Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI  
 Referral Doctor : Self  
 Co-Consultant : Dr. SANDHYA VADDADI

Specialisation : HEMATO ONCOLOGY  
 Phone No :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.64  
 Payor Name : NIVA BUPA HEALTH INSURANCE  
 COMPANY LTD





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

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: D- Aditya Reddy

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

BAH-00347495 IP5-00174981  
Master DEVAGIRI ADITYA REDDY  
29-07-2017 8 Y 10 M 12 D (M)  
Dr. SIRISHA RANI

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



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



### Pediatric Multiorgan History & Physical Examination

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

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

#### Chief Presenting Complaints & Duration (Chronologically)

Fever  
Cold, cough  
Earache & discharge } since 3-4 days.

#### History of present illness :

Child is apparently normal 4 days ago. Child developed above mentioned complaints

Fever - High grade, max 102°F  
- 2-3 spikes/day

Cough, cold - more @ night  
not associated w post tussive vomiting.

Earache, discharge since 3-4 days  
purulent discharge  
Pain ⊕ blunt & dull

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29-07-2017 8 Y 10 M 12 D (M)  
Dr. SIRISHA RANI



### Pediatric Multiorgan History & Physical Examination

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

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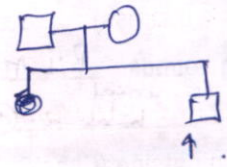
**Birth & Neonatal History:**

2-5kg / hscs / (N) transition

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**Birth & Socio Economic History:**

About Father : \_\_\_\_\_  
About Mother : \_\_\_\_\_ } Upper middle class  
Any additional Information : \_\_\_\_\_

**Developmental History :**

(N) development

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**Immunization History :**

As per date

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### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)  
Weight (kgs) 35.4kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 97.9°F Pulse Rate : 107/min B.P. 94/56(66) SPO2 100% on RA  
Resp.rate and type of breathing : \_\_\_\_\_

Rash \_\_\_\_\_  
Lymphadenopathy } NIL  
Oedema : \_\_\_\_\_  
Allergies (if any): \_\_\_\_\_

#### Respiratory System :

Inspection (any s/o distress) : \_\_\_\_\_  
Air entry & breath sounds : BILAE (+)  
Any addes sounds : minimal wheeze (+) crackles (+)  
Relevant data from outside (Chest X-Ray, ABG, etc.,) \_\_\_\_\_

#### Cardiovascular System :

Inspection of procordium : \_\_\_\_\_  
Heart Sounds : S1S2 (+)  
Any murmur : \_\_\_\_\_  
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : \_\_\_\_\_

#### Per Abdomen :

Inspection \_\_\_\_\_  
Palpation : Soft, NT.  
Ausculation : \_\_\_\_\_  
Spine : \_\_\_\_\_ External Genitelia : \_\_\_\_\_  
Relevant data from outside (CT, USG etc.,) \_\_\_\_\_

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### Pediatric Multiorgan History & Physical Examination

#### Central Nervous System :

Level of Consciousness : AVPU/GCS score : \_\_\_\_\_

Cranial Nerves : \_\_\_\_\_

#### Motor System:

Nutriton : \_\_\_\_\_

Tone: \_\_\_\_\_ Power \_\_\_\_\_

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

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

Involuntary Movements : \_\_\_\_\_

#### Reflexes :

#### DTR

#### Superficials:

Plantars \_\_\_\_\_

#### Sensory System :

Bladder / Bowel : \_\_\_\_\_

#### Clinical Summary & Diagnostic:

AFI  $\bar{c}$  ? CSOM of Right Ear



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: \_\_\_\_\_

Desired goals of the treatment : \_\_\_\_\_

**Planned Labs:**

~~CBP~~  
~~Serum IgG levels~~  
~~Pus Cx from Ear~~ N/B  
~~Tamiflu~~

**Planned Management**

100mg Augmentin  
WIG -  
Dr. PVLN Musthy - ENT Consultation

Signature of the Doctor: Ranya

Name of the Doctor: Dr. RANYA

Date & Time: 10/6/2017 2:15pm

Signature of the Consultant: \_\_\_\_\_

Name of the Consultant: \_\_\_\_\_

Date & Time: \_\_\_\_\_

PVLN Musthy







# CROSS CONSULTATION FORM

Doctor Name : P.V. Lakshmi Date : 11/6/26 Time : .....

Diagnosis : (RP) - ASOM

Hospital : .....

Referred for :  Opinion  Co-Management  Transfer of care

Type of Referral :  
 Emergency  
 Urgent  
 Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: .....

## Findings and Recommendations :

(RP) Ear discharge  
Infection clearance done

Ry

(RP) Ear 1. CIPLX - D Ear drops  
5 drops 3 times  
- 1wk

## Consultant :

Name : P.V. Lakshmi Signature : [Signature] Date & Time : 11/6/26

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 Master DEVAGIRI ADITYA REDDY  
 26-07-2017 8 Y 10 M 12 D (M)  
 Dr. SIRISHA RANI



## RESULT SHEET

Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
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					

*Handwritten signature in blue ink*



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 Master DEVAGIRI ADITYA REDDY  
 29-07-2017 8 Y 10 M 12 D (M)  
 Dr. SIRISHA RANI



## 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: ..... 1031 .....

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	Syp. Bactrim	7ml	PO	OD		<input type="checkbox"/> C <input type="checkbox"/> DC
2	Syp. Calamex plus	7ml	PO	OD		<input type="checkbox"/> C <input type="checkbox"/> DC
3	Syp. Zincovit	7ml	PO	OD		<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. RANAYA .....

Date & Time : ..... 10/6/26, 2pm .....

Nurse Name & Signature: ..... Ranay .....

Date & Time : ..... 10/06/26 @ 2.40 pm .....



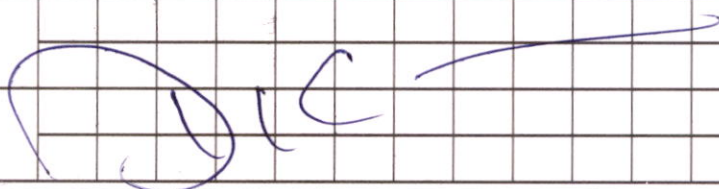
## DRUG CHART

Date of Admission: 16/6 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 **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)

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					
<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					
<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

VERIFIED BY : Name .....





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

<b>VARIABLE DOSE</b>		Date	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
<b>DRUG :</b>		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/6/26	4 pm	Inj AVIL	0.8ml	IV	<i>h</i>	<i>Amulya</i>
10/6/26	4 pm	Inj HYDROCORTISONE	70mg	IV	<i>h</i>	<i>Amulya</i>
10/6/26	4:5 pm	IV IG infusion	20gms - over 6hrs	IV	<i>h</i>	<i>Amulya</i>
			1ml for 15 min			
			2ml for 15 min			
			3ml for 15 min			
			4ml for 15 min			
			38ml/hr next 5 hrs			

VERIFIED BY: *Amulya* Signature



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CHBH/ FRM/ CLINICAL / 126

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

**Rainbow Children's Hospital**  
 It takes a lot to treat the little.

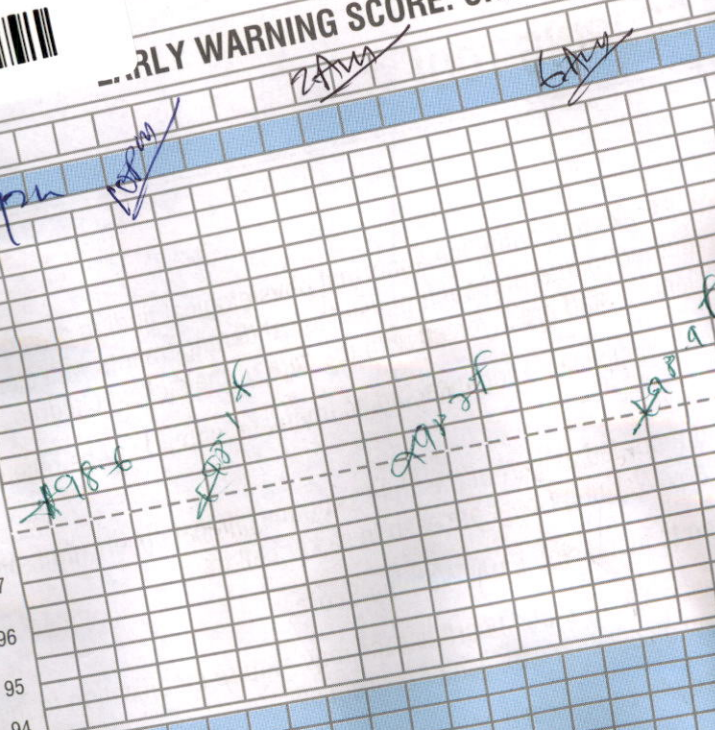
**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

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

Date: 08.08.17 Time: 10:30 AM  
 Doctor / Nurse / Family Concern? Cpu

Temperature (F)

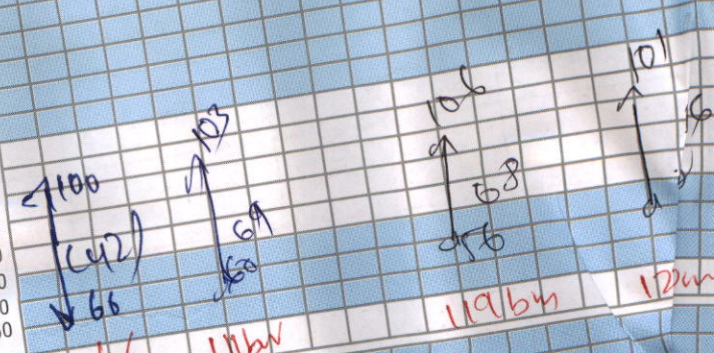
104  
103  
102  
101  
100  
99  
98  
97  
96  
95  
94



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

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

**Note:**  
 BP does not score in early warning scoring



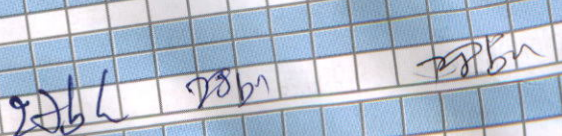
Heart Rate (Number)



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

70  
60  
50  
40  
30  
20  
10

Resp Rate (Number)



Resp Distress Mod/ Severe None / Mild

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



Conscious Level Normal Altered

GCS \*

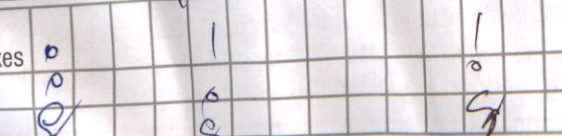


**TOTAL SCORE**

Number of shaded boxes

Pain Score

Observer's Initials



**ACTIONS**

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue
- Score 3 : Shift in charge AND ER doctor/Floor Registrar to
- Score 4 : Shift in charge AND treating consultant(till 8 PM)
- Score 5 & 6 : Shift in charge AND PICU fellow or PICU consul

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



BAH-00347495 IPS-00174981  
 Master DEVAGIRI ADITYA REDDY (M)  
 29-07-2017 8 Y 10 M 12 D  
 Dr. SIRISHA RANI



# FLUID CHART

Sheet No. : .....

- 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												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							

BAH-00347495  
 Master DEVAGIRI ADITYA REDDY  
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IP5-00174981

# 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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Route	NG	Diarrhoea	Vomit	Drainage	Urine				
			Oral	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
<b>Total Intake :</b>			<b>Total Output :</b>									
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>			<b>Total Output :</b>									
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>			<b>Total Output :</b>									
	02:00 am											
	03:00											
	04:00											
	05:00											
	06:00											
	07:00											
<b>Total Intake :</b>			<b>Total Output :</b>									

Total Intake

Total 24 hrs. Output

Total 24

Docu. No

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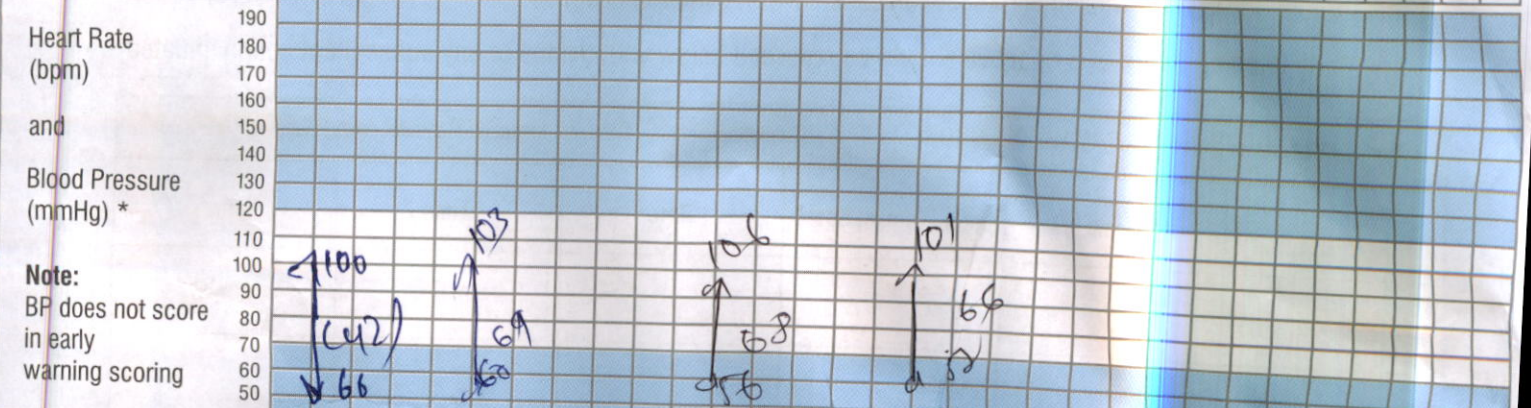
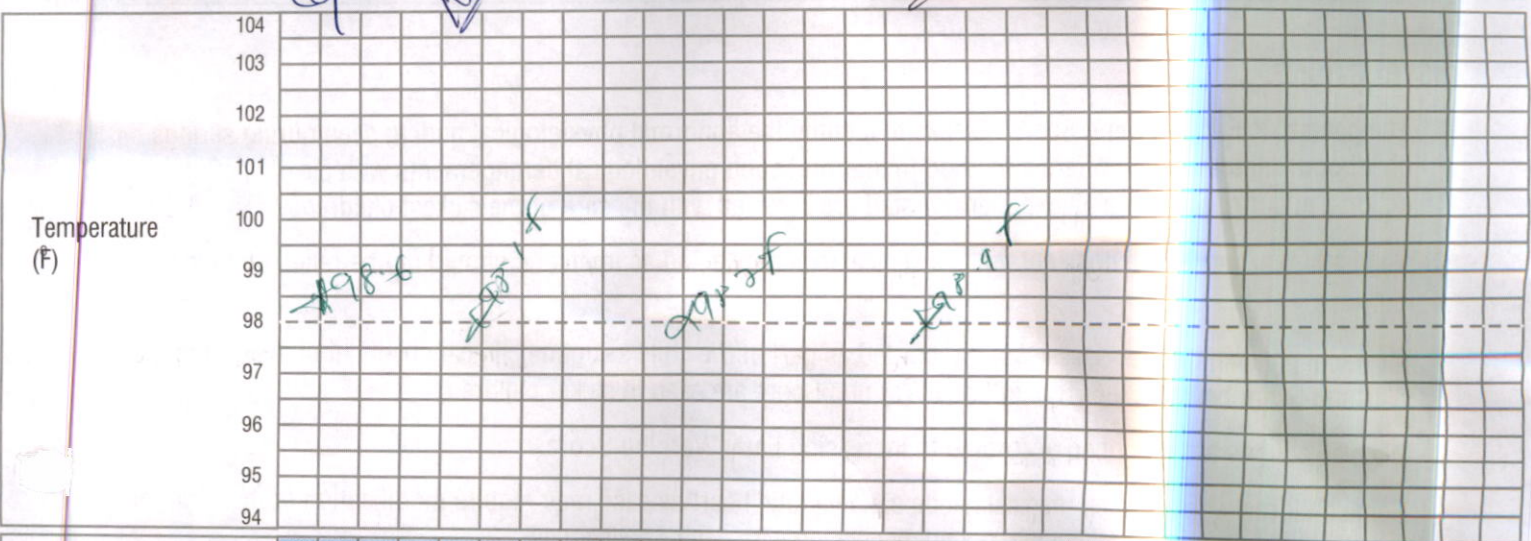
**SCHOOL AGE (5-12 years)**  
**Children's Observation & Early Warning Scoring Chart**



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

Date : 01/06 Time: 2 AM

Doctor / Nurse / Family Concern? Gpn Norm Gpn



Heart Rate (Number) 111 bpm 112 bpm 119 bpm 120 bpm



Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 100% 99% 99% 98%

Conscious Level Normal Altered GCS \* 15 15 15 16

**TOTAL SCORE**  
 Number of shaded boxes 0 1 1 1  
 Pain Score 0 0 0 0  
 Observer's Initials G S S S

**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 obsns
- Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and hly to hourly Observ
- Score 4 : Shift in charge AND treating consultant (till 8 PM) or On call consultant to see
- Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be in PICU team.

9. If GCS is below 12 or the Oxygen requirement is >3 Lit./min., then irrespective of rest of the score, the Nurse Mx 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	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
S	<b>SITUATION:</b> I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	<b>BACKGROUND:</b> Child (X) admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation) and (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	<b>ASSESSMENT:</b> I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	<b>RECOMMENDATION:</b> I would like you to ... come to see the child in the next (XX mins) AND I need to do in the meantime (e.g. stop the fluid/ repeat observation)

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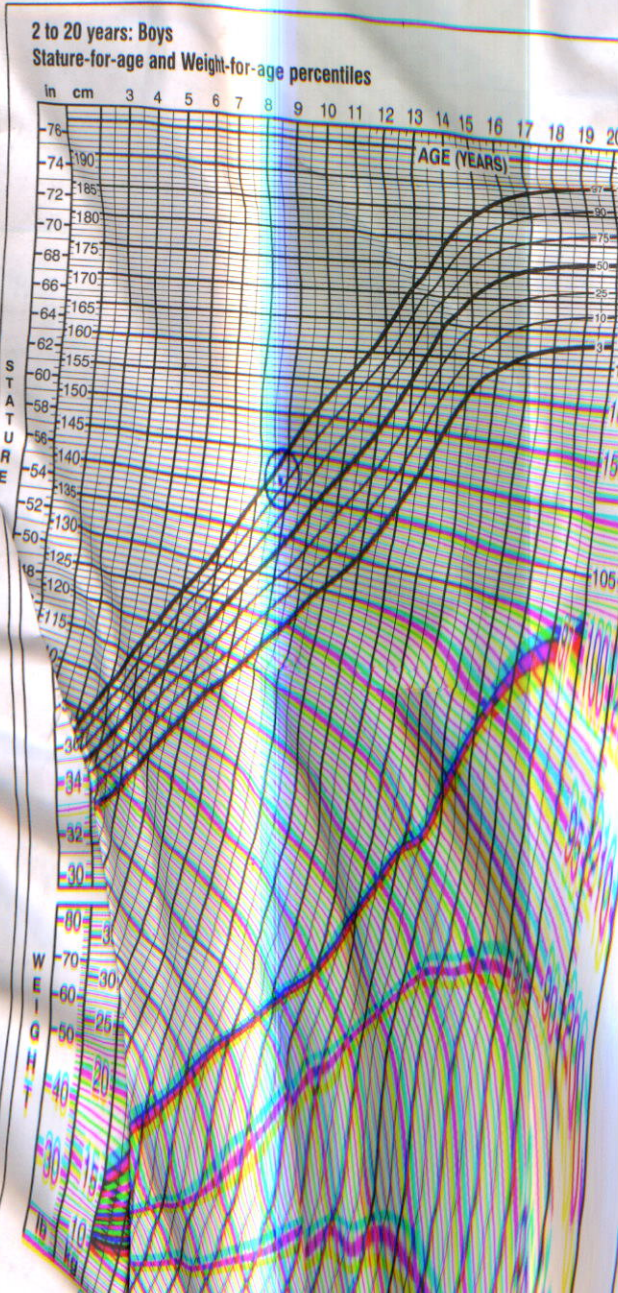
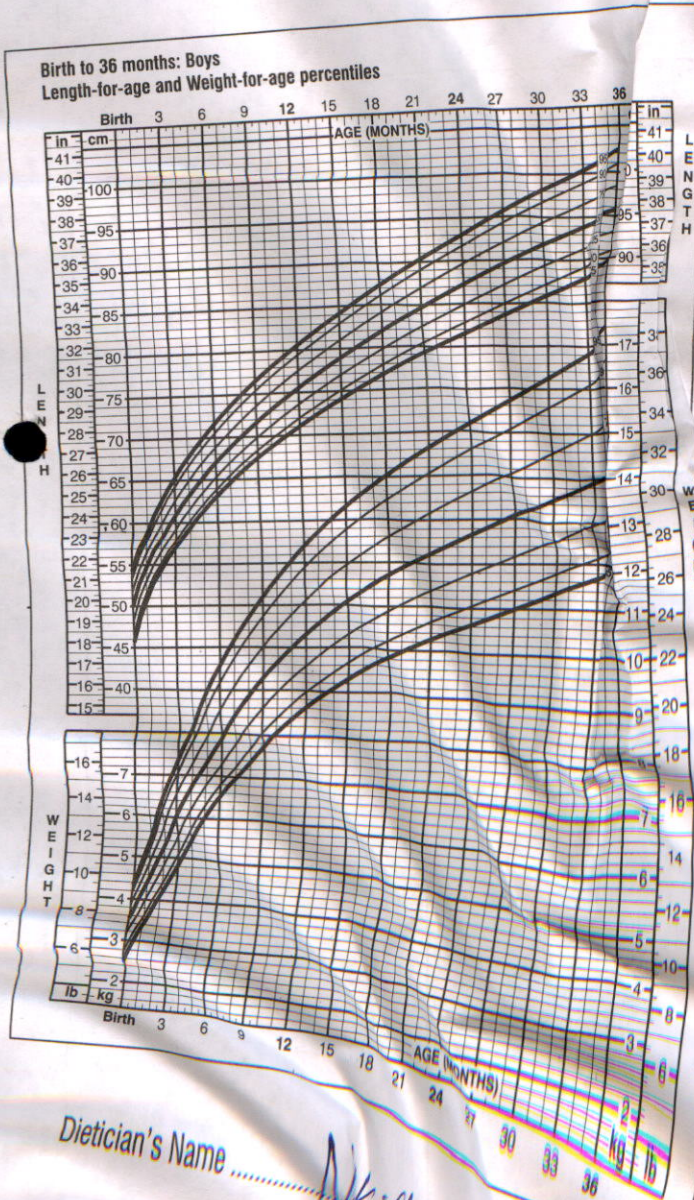
110

# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 10/6/26 Time: 3pm

Weight: 35.4 kgs Centile: 90<sup>th</sup>  
 Height: 141.5 cm Centile: >90<sup>th</sup>  
 Inference: Overweight child  
 RDA: - Calories: 1550 kcal/d Protein: 27g/d  
 Diet Recommendations: Normal high protein diet  
 Avoid spicy, Chilled, outside foods  
 Re-Assessment: - Veg/Non-veg: Non-Veg  
 Food Allergies: No  
 Diagnosis: All ? com of @ toe  
 Nutritional Intervention -  Oral  Enteral  Parenteral  
 Patient's Signature: Parents dont want dietitian. Do not charge for

## GROWTH CHART (BOYS)



Dietician's Name: Nikitha





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## NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 10/6/26 Time: 3pm

Weight: 35.4 kgs Centile: 90<sup>th</sup>

Height: 141.5 cm Centile: >90<sup>th</sup>

Inference: Overweight child

RDA: - Calories: 1550 kcal/d Protein: 27g/d

Diet Recommendations: Normal high protein diet

Re-Assessment: Avoid spicy, Chilled, outside foods

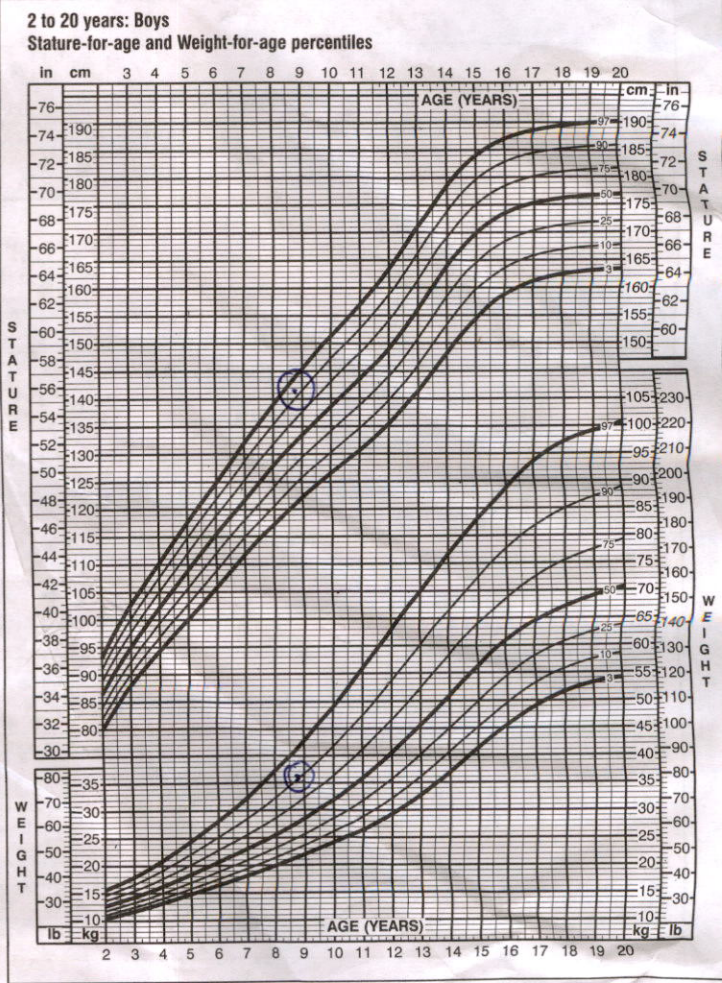
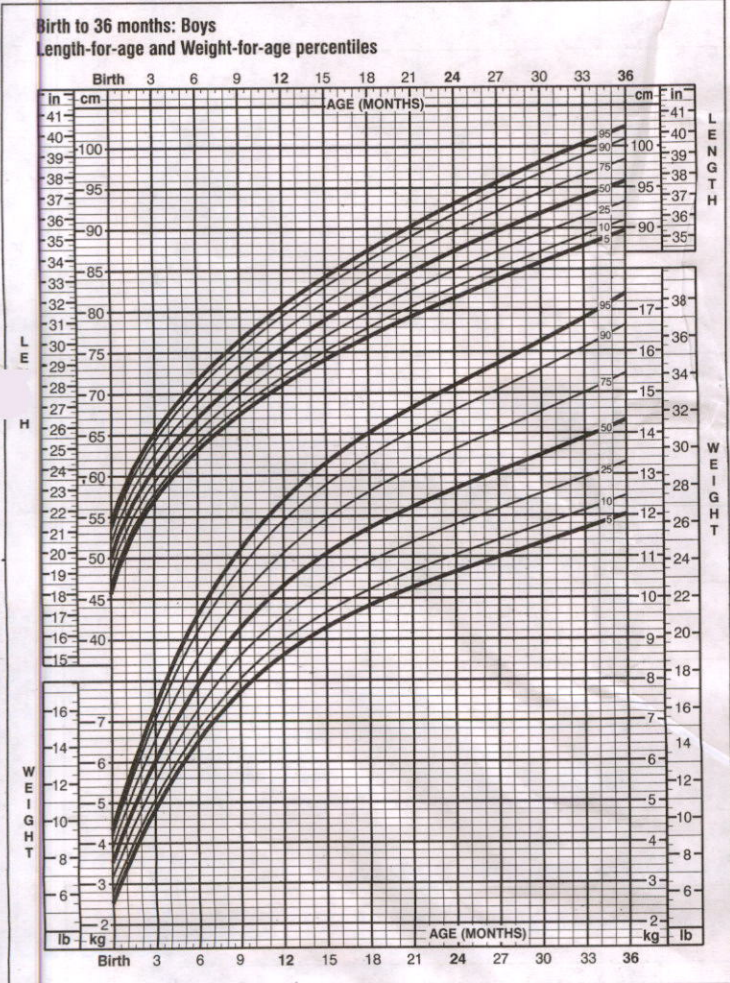
Food Allergies: No Veg/Non-veg Non-Veg

Diagnosis: All ? com of @ tax

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: Parents dont want dietitian. Do not charge for NHA

### GROWTH CHART (BOYS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha



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 Master DEVAGIRI ADITYA REDDY  
 28-07-2017 8 Y 10 M 13 D (M)  
 Dr. SIRISHA RANI



CHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

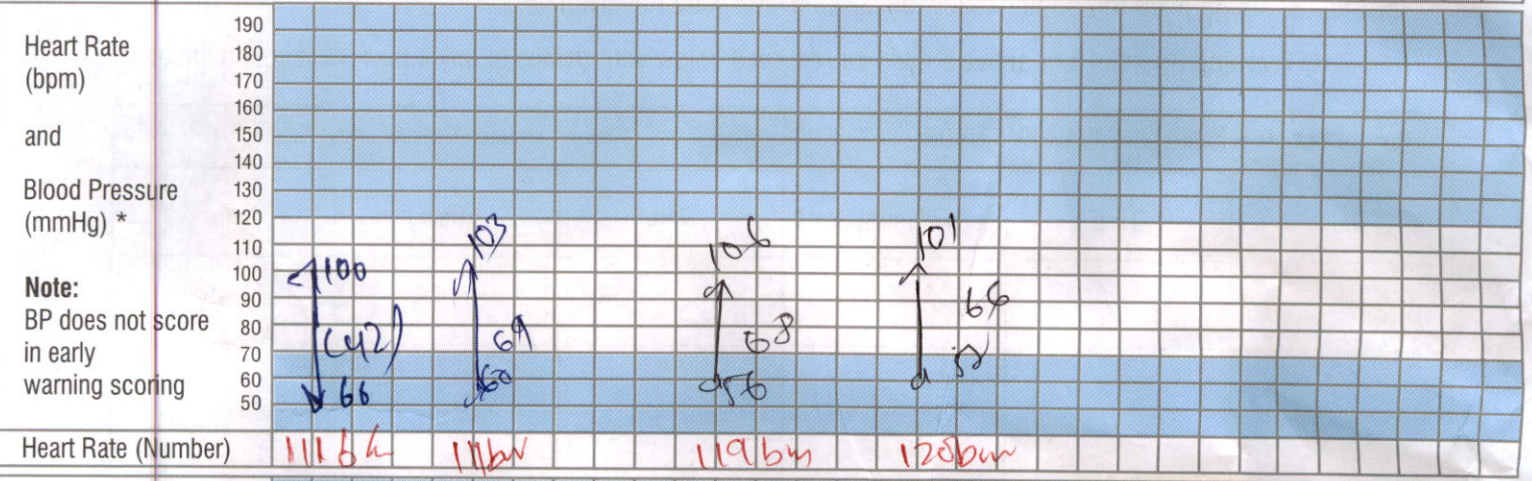
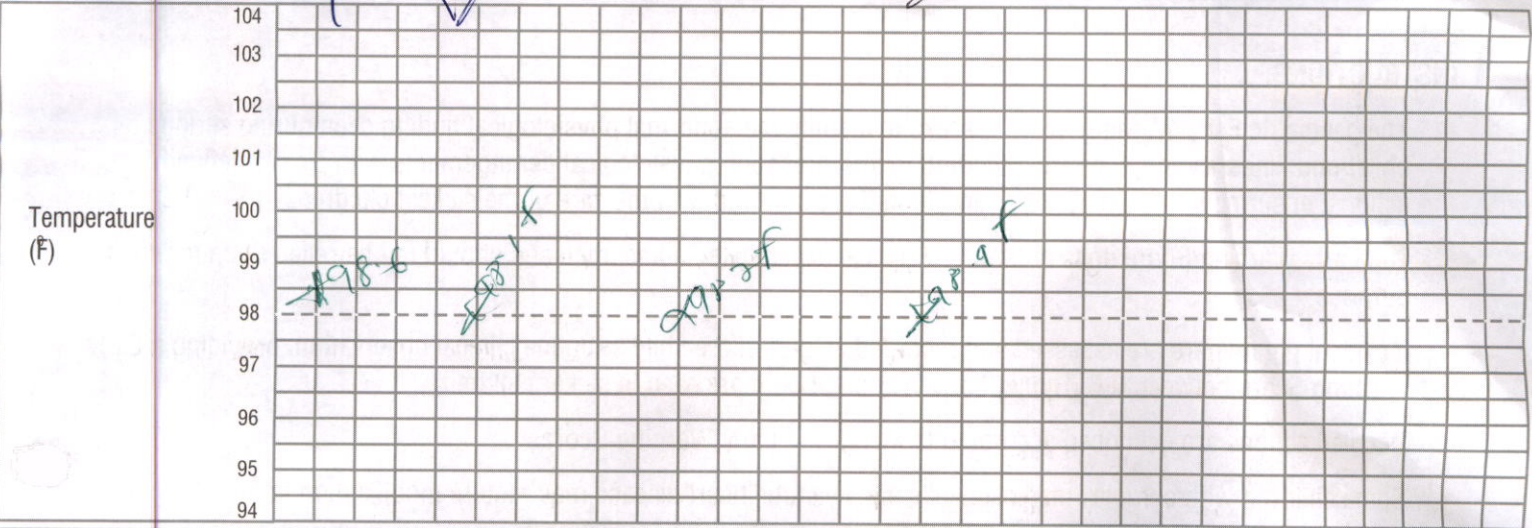
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/8 Time: 2:45 PM

Doctor / Nurse / Family Concern? Copn 10:30 AM 2:45 PM 6:45 PM



Resp Distress	Mod/ Severe	None / Mild
Receiving O <sub>2</sub> (l/min)	0	
O <sub>2</sub> Saturations (%)	100%	
Conscious Level	Normal	
GCS *	15/15	

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

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

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

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

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

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 Master DEVAGIRI ADITYA REDDY  
 29-07-2017 8 Y 10 M 12 D (M)  
 Dr. SIRISHA RANI



# 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	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												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm	1											
	03:00 pm												
10/06/20	04:00 pm	NO									0	check	
	05:00 pm	SWE									0		
	06:00 pm										0	check	
	07:00 pm	1									0		
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm										0		
	09:00 pm										0	Sushma	
	10:00 pm	ABO									0		
	11:00 pm	1 VFA									0	Sushma	
	12:00 am										0		
	01:00 am										0		
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am										0		
	03:00 am										0	Sushma	
	04:00 am										0		
	05:00 am	1 VFA									0		
	06:00 am										0	Sushma	
	07:00 am										0		
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							

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 Master DEVAGIRI ADITYA REDDY  
 29-07-2017 8 Y 10 M 12 D (M)  
 Dr. SIRISHA RANI



# 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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
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	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>													
<b>Total 24 hrs. Output</b>													