Rainbow® Children's Hospital

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DISCHARGE SUMMARY

Name	Master ARYAN PANDEY	**UHID**	FDH-00046242
Father/Guardian	Mr ABHISHEK PANDEY	**Age/Gender**	7 Y 5 M 9 D/ Male
Address	AP Police Academy PO, Hyderabad, Telangana, INDIA, 500091		
IP No	IP25-00020602	**Admission Date**	24-05-2026
Ref Doctor			
Discharge Date	27-05-2026		

Consultant:
Dr. Y. Arvind,
MBBS, MD Pediatrics, FEPM
Consultant Pediatrician & Pediatric Emergencies
Reg. No. 84564.

DIAGNOSIS

ENTERIC FEVER

History: Master ARYAN PANDEY, 7 Years, 5 Months, 9 Days, old boy presented with history of moderate to high grade intermittent fever since 4 days, poor oral intake, dull activity prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - Financial District for further management.

Outside investigations: Done on 22.05.2026: CBP showed Hemoglobin - 11.3 gm%, **White blood cells - 3100 cell/cmm,** Platelets - 1.95 lakh/cmm,

Name	Master ARYAN PANDEY	**UHID**	FDH00046248
IP No	IP25-00020602	**Admission Date**	24-05-2026

C-Reactive Protein - 65.7 mg/L. Salmoneall Thyphi IgM - Positive, Urine routine - Leucocytes +, Pus cells 8-10.

Examination: At the time of admission child was febrile (103.5 *F), maintaining saturations at room air (97%). His heart rate was 120/min, Blood pressure - 110/62 mmHg and Respiratory Rate - 30/min. Capillary Refill Time was <2 secs. Throat - Mild congestion. Peripheries were warm & pulses well felt. On auscultation, air entry was bilaterally equal present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light.

Weight on admission: 20 kilo grams.

Investigations: Enclosed reports.

Management: He was admitted in the ward and was started on Intra Venous fluids and Intra Venous antibiotics. He was treated symptomatically with antacids and antipyretics.

Initial hemogram showed Initial hemogram showed Hemoglobin of 9.2 gm%, White Blood Cell count of 2.08 cells/cumm, platelet count of 1.44 lakhs/cumm **C-Reactive Protein of 268.0 mg/l**. Serum electrolytes showed sodium of 131 mmol/L, potassium of 4.0 mmol/L & Chloride of 99 mmol/L. Serum Creatinine was 0.6 mg/dl. Blood Urea was 17 mg/dl. Blood culture was no growth after 24 hrs of incubation. Urine culture No growth after 24 hrs of incubation.

Ultrasound abdomen was showed :

- Long segment bowel wall thickening noted in the RIF with mesentric lymphadenopathy- likely infective/inflamatory etiology
- Gall bladder wall edema.

Name	Master ARYAN PANDEY	**UHID**	HDH-00046212
IP No	IP25-00020602	**Admission Date**	24-05-2026

- Mild ascites.

He was regularly monitored for fever spikes, hemodynamic status, vital parameters. His fever spikes and other symptoms gradually settled. Child maintaining saturations on room air.

He remained hemodynamically stable during the hospital stay. He improved with the above line of management and is being discharged with the following advice.

At the time of discharge : He is active, afebrile and hemodynamically stable.

Advice:
* Injection Ceftriaxone 1 gram twice daily intravenous for 2 days (till 29/5/2026)
* Syrup. Zinconia 5 ml once daily for 7 days.
* Tab. Azee 400 mg once daily for 7 days (till 3/6/2026)
* Tablet.Pantoprazole - 20mg 1 tablet once daily 30 minutes before breakfast for 10 days.
* Enterogermina (2 billion cells of Bacillus Claussi Spores/5ml), 1 vial twice daily (immediately after food) for 5 days.

Plan: To blood culture report on follow up.
To decide on oral iron supplements on follow up

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 6 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tablet. Ondem 4mg twice daily 1 hour before food SOS for vomiting.
* Syrup. Ibugesic 7 ml SOS.

* Tepid sponging if fever > 101 *F.

Review consultation with Dr. Y ARVIND, on 30/5/2026 Saturday at Financial District in OPD with prior appointment **(Review consultation will be charged)**.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 8121039503 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikrampuri / LB Nagar / Financial District** dial just one toll free number **18002122.**

Name	Master ARYAN PANDEY	**UHID**	RDH-00046242
IP No	IP25-00020602	**Admission Date**	24-05-2026

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You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Consultant:
Dr. Y. Arvind,
MBBS, MD Pediatrics, FEPM
Consultant Pediatrician & Pediatric Emergencies
Reg. No. 84564.

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospitals - Financial District

Survey No 74, Nanakramaguda village, Serilingampally(M) ,Hyderabad ,Telangana, INDIA ,500032.
TEL NO :040-44665555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP25-00020602 **Admit Date** : 24-May-2026 **Admit Time** : 06:07 PM **UHID** : FDH-00046242

Patient Details :

Patient Name	: Master ARYAN PANDEY	**Age**	: 7 Y 5 M 8 D
Guardian	: Mr ABHISHEK PANDEY	**DOB**	: 16-12-2018
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: AP Police Academy PO Hyderabad Telangana INDIA 500091	**Phone No**	: 8019229663
		E-mail	:

Admission Details :

Bed Type : TWIN SHARING **Bed No** : TS-301B **Ward Name** : 3F -TWIN SHARING

Room No : TS-301B **Admission Type** : First Visit

Contact Details :

Name : Mr ABHISHEK PANDEY **Relationship** : Father

Contact Address : AP Police Academy PO Hyderabad Telangana INDIA 500091 **Phone No** : / 7038036706

Signature

Doctor Details :

Doctor Name : Dr. Y ARVIND **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD

FDH-00046242 IP25-00020602
Master ARYAN PANDEY
18-12-2018 7 Y 5 M 8 D (M)
Dr. Y ARVIND

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mr:- Aryan Panday Age : 7.5 years **Gender:** ☑ Male ☐ Female

Date : 24-5-26 Time of Arrival : 5:40 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: 103.5 F PR: 120 b/m BP: 110/62 (85) RR: 30 b/m SpO_2: 97 %

Chief Complaints: c/o fever 7 x 4 days

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

Anjali P.
Signature of Parent / Guardian

Triage Completion Time : 5:42 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 : YASEEN

Signature of Triage Nurse : .....

Date & Time : 24-5-26 @ 5:42 PM

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

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Master ARYAN PANDEY
18-12-2018 7 Y 5 M 8 D (M)
Dr. Y ARVIND

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 24-5-26 Time of arrival : 5:40 PM

Chief Complaints: fever X 4 days RBS: 110 c

Height : ..... Weight : 20 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: ..... 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 Parent

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

Time of Initial assessment completed by ER Nurse : .....

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

Time	Nursing Notes
5:41 PM	Assessed the condition check the vital Sign And Inform to doctor. / ~~AT HOM~~ S4P:PCM 6 ml 12.30 PM

Samples collected by: YASEEN

Samples sent by :

Time:

Time: 6:30 PM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
5:47 PM	S4P:- Ibugesic	oral	8 ml		YASEEN

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 120 b/m BP: 108/ CFT: 2s	Shift - out from ER to: 301 (A)
RR: 22 b/m SPO_2 : 99%	Time of Shift - out: 6.50 pm
GCS: 15 Temperature : 100.3F	Handover given to: Keka (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable): Not Applicable	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Placement

Name of the Nurse : YASEEN Signature of the Nurse :

Date & Time : 25-5-26

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ACTIVITY RECORD FOR BILLING

Name: ---------- FDH-00046242 IP25-00020602
Master ARYAN PANDEY
18-12-2018 7 Y 5 M 8 D (M)
Dr. Y ARVIND

UHID No : ---------- nsultant : ---------- Dept : ----------

Date of Admission : --- --- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29(5)20	6.30 pm	ER	301(B)	YASEEN

30(B to Billing

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
24/5/26	CRP, BICLS, Creat, Urea, S/E	8297	Sewvary
	GRBS - 107 mg/dl	8297	
24/5	Urine Culture	8301	Keka
25/5	USG Abdomen	6807	[illegible]
26/5/26	CBP, CRP, PCT	8436	Kusuma

cross checked by [illegible] 27/05/26 9am

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/5	Infusion pump	6:50pm	27/05/26 9Am	9584	Keka
21/5	Syringe pump	7:30pm			Keka

cross checked done 27/05/26 9Am

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
24/5/26	Sw placement	01	95655	Gwarye
25/05/26	NHA	01	80115	Kusimy

cross checked done 27/05/26 9AM

ANY OTHER INFORMATION

Date : 24-5-26 Time : 6:30PM Prepared By : YASEEN

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
YASEEN	301-B		

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

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Master ARYAN PANDEY
16-12-2018 7 Y 5 M 8 D (M)
Dr. Y ARVIND

UHID ID: _____

Department: _____

Consultant: _____

FDH-00046242 IP25-00020602
Master ARYAN PANDEY
16-12-2018 7 Y 5 M 8 D (M)
Dr. Y ARVIND

Pediatric Multiorgan History & Physical Examination

Name : ____________________ Age/Sex ________

Information given by: ____________________ Relationship ________

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

Child was brought with complaints of fever since last 4 days which was high grade a/w chills.

No c/o cough /cold /chemical breathing.
No c/o vomiting / loose stools
No h/o seizures.

Child was shown @ local hospital on 22/5/26
Hb - 11.3
TC - 3100 [65/30/2/3]
Plt - 1,95,000
CRP - 65.7
Salmonella typhi IgM [+ve]

Urine routine → leucocyte ⊕
↳ Pus - 8 to 10

Syp: Taxim given for 2 days.

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Master ARYAN PANDEY
16-12-2018 7 Y 5 M 8 D (M)
Dr. Y ARVIND

Pediatric Multiorgan History & Physical Examination

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

Nil significant

Birth & Neonatal History:

Uneventful

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Appropriate for age

Immunization History :

Upto date

(P.T.O.)

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Master ARYAN PANDEY
16-12-2018 7 Y 5 M 8 D (M)
Dr. Y ARVIND

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 20 kg (Centile _____)

On Examination :

Temperature : 103·5 Pulse Rate : 120/min B.P. 110/62 SPO2 97%

Resp.rate and type of breathing : 30/min

Rash

Lymphadenopathy (N) throat - mild congestion.

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : Bil AE (+)

Any addes sounds : NVBS

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur : No murmur

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

Per Abdomen :

Inspection

Palpation : Soft

Ausculation : non tender

Spine : External Genitelia :

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

FDH-00046242 IP25-00020602
Master ARYAN PANDEY
16-12-2018 7 Y 5 M 8 D (M)
Dr. Y ARVIND

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System:

Nutriton : WNL

Tone: Power

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars WNL

Sensory System : WNL

Bladder / Bowel :

Clinical Summary & Diagnostic:

Salmonella Typhi Fever

(P.T.O.)

FDH-00046242 IP25-00020602
Master ARYAN PANDEY
16-12-2018 7 Y 5 M 8 D (M)
Dr. Y ARVIND

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis

Desired goals of the treatment : Resolution of symptoms

Planned Labs:

CBP | CRP | Blood CS | Urine culture | RFT | Serum electrolytes

note by / ASFEW 25-5-26 6:30 PM

Planned Management

INJ. CEFTRIAXONE
INJ. PARACETAMOL
INJ. PANTOPRAZOLE
TAB. AZEE
IVF

Signature of the Doctor: .....
Name of the Doctor: .....
Date & Time: .....

Signature of the Consultant: .....
Name of the Consultant: D.Y. ANAND
Date & Time: 25/5/26 @ 9:15 AM

FDH-00046242 IP25-00020602
Master ARYAN PANDEY
16-12-2018 7 Y 5 M 8 D (M)
Dr. Y ARVIND

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/12/26 8:10am.	C/W/B Dr. Aishwarya / Dr. Y. ARVIND	
	Δ Typhi fever	
	Child had 2 fever spikes since admission	
	C/o loose stools - 2-3 episodes	
	Oral intake - moderate	
	O/E: HR - 92/min	
	BP - 100/55 mmHg	
	RR - 20/min	
	S/E: CVS: S1S2 ⊕, No murmur.	
	RS: B/L AE ⊕, NVBS	
	P/A: Soft	
	CNS: NAD	
		Plan
		- Trace Blood / urine culture.
	USG Abdomen Today	- Medications as charted
	GASTRO DIET.	- W/f oral intake
		- W/f fever spikes
	(D. Y. Arvind)	Aishwarya. NB Tulasi

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

FDH-00046242 IP2?-00 206
Master ARYAN PANDEY
1? 12-2015 7 Y? M ? D
Dr. ARVIND

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/b Dr. Owais / Dr. Y. Arvind	
25/5/24 5:30 pm	? Enteric fever.	Plan
	- No fresh complaints at present	- continue same line of management
	- No loose stools	
	orally - ok	
	o/e - afebrile / alert	- Encourage orally
	hemodynamically stable -	- TPR charting
		- Inform SOS
		- Gastro diet
	Owais /	Noted by [illegible] 25/5 @ 25/5
		(D. Y Arvind)
26/5 7AM	c/s/b Dr Mohith D/w Dr Arvind	
	IV line out	
Noted by Kushma 26/5/26	Plan	
	send CBP, CRP, PCT	
		[signature]

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Master ARYAN PANDEY
16-12-2018 7 Y 5 M 10 D (M)
Dr. Y ARVIND

(8)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 8:55AM		C/S/B Dr. Y. Arvind
		C/I Enteric Fever,
		No fever / Vomit - 1 Episode
	O/E	
	Chest :- Clear	
	No Distress	
	CVS : (N)	Adv
	RS : (N)	(1) TLC Reports
	P/A : Soft, Distended.	(2) Continue Rest
	Mild Tenderness (+)	
	Alert	(3) To Add Laxative if Not Passing Stool
26/05/26		Noted by [illegible]
		(Dr. Y Arvind)

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

FDH-00046242 IP25-00020602
Master ARYAN PANDEY
16-12-2018 7 Y 5 M 10 D (M)
Dr. Y ARVIND

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 4:30 pm	C/S/B Dr. Owais	
	No fresh complaints at present	Plan
	No loose stools / vomiting	- continue same line of management
	orally - accepting	
	passed stool.	
	O/E - afebrile / alert	- Encourage orally
	hemodynamically stable	- w/b fever spikes & activity
		- Inform SOS
		Noted by [illegible] 26/05/26 5pm

Docu. No. : RCH /FRM / CLINICAL / 088

FDH-00046242 IP25-00020602
Master ARYAN PANDEY
16-12-2018 7 Y 5 M 10 D (M)
Dr. Y ARVIND

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/25 9:00 am		C/S/B Dr. Y. ARVIND
		O: Enteric fever
	O/E CHEST: Clear No Distress HR: (N) Ref: (N) P/A: Soft. A tab.	Adv (1) D/C on IV CEFTRIAXONE 27/5/25. (2) Oral AZITHROMYCIN for 10 days (3/6/25) (3) Syp. ZERODOL. (4) Syp. Probio (5) T-CALPOL x 10 days
	F/U on 30/5/25	
		[signature] (Dr. Y Arvind)

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

FDH-00046242 IP25-00020602
Master ARYAN PANDEY (M)
16-12-2018 7 Y 5 M 8 D
Dr. Y ARVIND

RESULT SHEET

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Date	22/5/26	24/5/26	26/05/26			
Time	(op basis)					
Hb	11.3		9.9			
PCV	31.9		29.0			
RBC	4.07		3.68			
WBC	3100		2.08			
N/L	65/30		44.1/51			
Platelets	1.95		144			
CRP	65.7	268.0	262.0			
ESR						
PCT			4.24			
RBS						
Na		131				
K		4.0				
Cl		99				
Ca/Mg						
Phosphate						
Urea		17				
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						

Date	22/5/26					
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells	8-10					
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
(Widal) Salmonella Typhi – positive						

Culture and Sensitivities : Blood c/s → Negative 24 hours

Urine c/s → Negative 24 hours

Radiology: USG :

X-Ray:

ECHO:

CT:

MRI

Others (ECG, Contrast Studies etc.,) :

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Master ARYAN PANDEY
16-12-2018 7 Y 5 M 8 D (M)
Dr. Y ARVIND

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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: 301-B

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-Taxim	5ml	PO	BD	24/5/26	☐ C ☑ DC
2						☐ C ☐ DC
3						☐ 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 : .....

Date & Time : 24/5/26

Nurse Name & Signature: MASEEW

Date & Time : 24-5-26 @ 6:30 PM

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

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DRUG CHART

Date of Admission: 24/5/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : SYP. IBUGESIC

Dose	Route	Frequency	Start Date
7ml	PO	SOS	24/5/26

Doctor's Signature: [signature] | Valid Period | Pharm.

Additional Instructions: 1

Date	Time																
25/5	6:30am	Sister Fatima															

DRUG : INJ. ONDEM

Dose	Route	Frequency	Start Date
4mg	IV	SOS	24/5/26

Doctor's Signature: [signature] | Valid Period | Pharm.

Additional Instructions:

Date	Time																
24/5	10pm	Sanitha Kalyana															

DRUG : INJ Paracetamol

Dose	Route	Frequency	Start Date
300mg	IV	SOS	25/5

Doctor's Signature: [signature] | Valid Period | Pharm.

Additional Instructions:

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

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Master ARYAN PANDEY
16-12-2018 7 Y 5 M 8 D (M)
Dr. Y ARVIND

REGULAR PRESCRIPTIONS

Weight. 20 Kgs Ward. 3rd A

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
1 gm	IV	Q12H	24/5/26

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	24/5	25/5	26/5	27/5
9 Am	X	[signature]	[signature]	[signature]
9 pm	7:30pm [signature]	[signature]	[signature]	

DRUG : INJ. PANTOP

Dose	Route	Frequency	Start Date
20mg	IV	Q24H	24/5/26

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	24/5	25/5	26/5	27/5
6 Am	7:30pm [signature]	[signature]	[signature]	[signature]

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Date
300mg	IV	Q6H	24/5/26

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	24/5	25/5
3 Am	X	[signature]
9 Am	X	[signature]
3 pm	X	[signature]
9 pm	[signature]	

SOS [signature] 25/5/26

DRUG : TAB. AZEE

Dose	Route	Frequency	Start Date
400mg	P/O	OD	24/5/26

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	24/5	25/5	26/5
7pm	7:30pm [signature]	[signature]	[signature]

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 20 kg Ward 3rd fl

DRUG: ENTEROGERMINA				Date ▸ / Time ▾
Dose	Route	Frequency	Start Dt.	25/5
①	P/O	OD	25/5/25	10 AM / 7:30 AM Santhi — Stop
Name & Signature of the Doctor Starting the Drugs: [signature]				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG: Syp ZINCONIA				Date ▸ / Time ▾
Dose	Route	Frequency	Start Dt.	25/5, 26/5
5 ml	P/O	ONCE	25/5	10 AM [illegible] ⊘ Kalai Ezhil
Name & Signature of the Doctor Starting the Drugs: [signature]				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG: ENTEROGERMINA				Date ▸ / Time ▾
Dose	Route	Frequency	Start Dt.	25/5, 26/5
1 vial	P/O	TWICE	25/5	9 AM ✗ Kalai Ezhil
Name & Signature of the Doctor Starting the Drugs: [signature]				9 pm Sathi Kesna / Mirnai Tulasi
Additional Instructions: 1 vial = 5 ml				
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 ....

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Dr. Y ARVIND

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 20 kg Ward Isolati

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. 20kg Ward. 3rd M)

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

Name

VERIFIED

Master ARYAN PANDEY
18-12-2018 7 Y 5 M 8 D (M)
Dr. Y ARVIND

I.V. FLUIDS CHART

Weight. 20 kgs Ward. 3 'A'

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
24/5/26	6:50 PM	DNS	IV	@ 60ml/hr			25/5/26 T: 6 am		
25/5/26	9:15 AM	DNS	IV	40			25/5/26 05 pm		
25/5/26	5 pm	DNS	IV	1 L 25ml/hr					

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

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16-12-2018 7 Y 5 M 8 D (M)
Dr. Y ARVIND

Doc. No. : RCHBH/ FRM / CLINICAL / 126

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 24/05/26. Time:	10:30 pm	
Doctor / Nurse / Family Concern?		
Temperature (°F)	99°	97.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	100 (68) 55	
Heart Rate (Number)	96/m	95/m
Resp. Rate (bpm) (Over 1 Minute) *		
Resp Rate (Number)	22/m	23/m
Resp Distress: Mod/ Severe / None / Mild	N	N
Receiving O_2(l/min) O_2Saturations (%)	99%	98%
Conscious Level: Normal / Altered	N	C
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
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 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)

Master ARYAN PANDEY
16-12-2018 7 Y 5 M 8 D (M)
Dr. Y ARVIND

25/5/26

Doc. No. : RCHBH/ FRM / CLINICAL / 126

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

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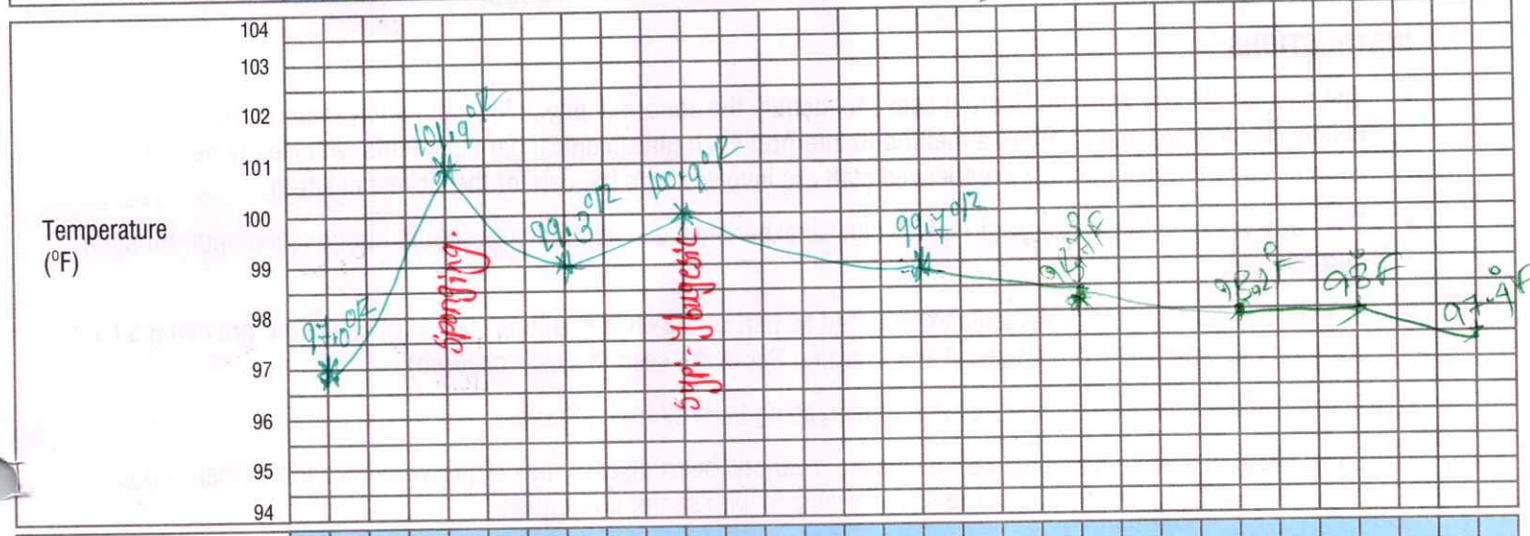
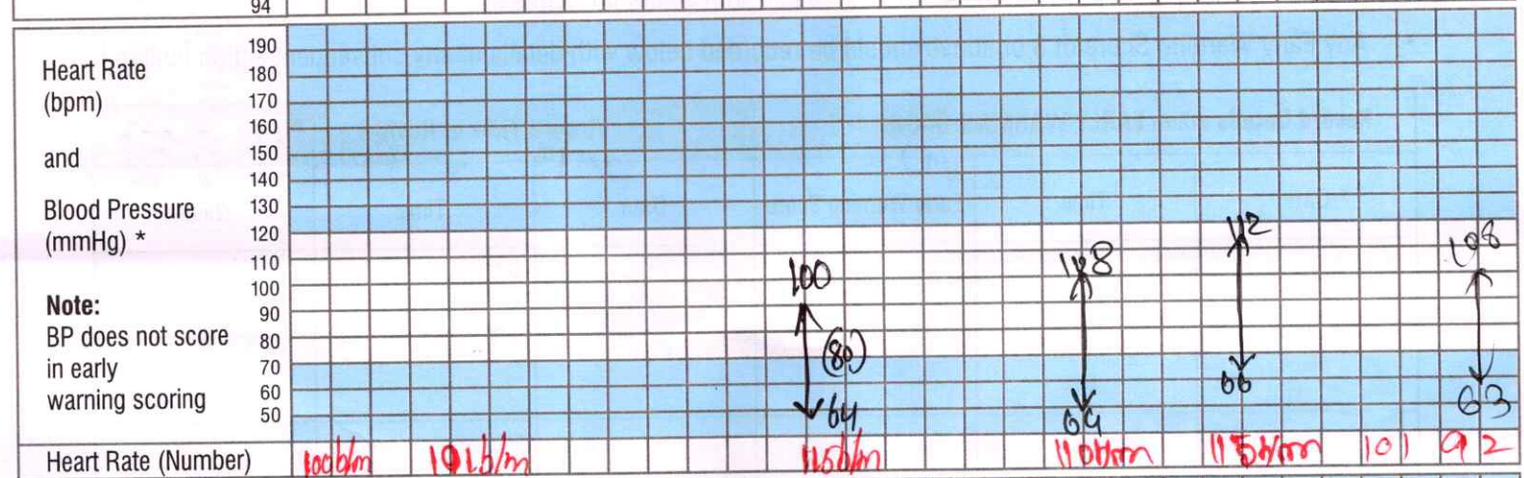
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 25/05/26 Time: 2Am 3.45Am 5Am 6.30Am 7Am 7.30Am 10PM 1PM 4 8

Doctor / Nurse / Family Concern?





Note: BP does not score in early warning scoring

Heart Rate (Number)	100/m	102/m	116/m	110/m	112/m	101	92

Resp Rate (Number)	24/m	24/m	24/m	28/m	23/m	23	24
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	97%	98%	97%	Room	100%	99%	98%
Conscious Level (Normal / Altered)	C	C	C	C	C	C	C
GCS *	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[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

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- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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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)

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Master ARYAN PANDEY
16-12-2018 7 Y 5 M 10 D (M)
Dr. Y ARVIND

25/5/26

Doc. No. : RCH/ FRM / CLINICAL / 126

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

9

Date : 25.05.26 Time: 10pm

Doctor / Nurse / Family Concern?

Temperature (F) 104 103 102 101 100 99 98 97 96 95 94

98.4°F

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

113 (66) 58

Heart Rate (Number) 106bpm

Resp. Rate (bpm) (Over 1 Minute) * 70 60 50 40 30 20 10

Resp Rate (Number) 24bpm

Resp Distress	Mod/ Severe / None / Mild	N
Receiving O_2(l/min)	O_2Saturations (%)	100%
Conscious Level	Normal / Altered	C
GCS *		15
TOTAL SCORE Number of shaded boxes		0
Pain Score		0
Observer's Initials		BS

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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* 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:

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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)

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Master ARYAN PANDEY
16-12-2018 7 Y 5 M 10 D (M)
Dr. Y ARVIND

26/5/26

Doc. No. : RCH/ FRM / CLINICAL / 126

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 26/05/26 Time: 3pm 7pm WNL 12.30pm 3pm 7pm 10pm

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

97.0°F 98.2°F 98.4°F 97.8°F 98°F 98.3°F 98.5°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 (61) 50 | 99 58 | 113 64

Heart Rate (Number): 110/m 110/m 109/m 106/m 102/m 99/m 104/m

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

70 60 50 40 30 20 10

Resp Rate (Number): 24/m 24/m 22/m 22/m 24/m 22/min

Resp Distress	Mod/ Severe / None / Mild	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)		98%	98%	99%	99%	100%	100%
Conscious Level	Normal / Altered	C	C	N	N	N	N
GCS *		15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	0	0	0
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 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)

FDH-00046242 IP25-00020602
Master ARYAN PANDEY
16-12-2018 7 Y 5 M 10 D (M)
Dr. Y ARVIND

27/08/26

Doc. No. : RCH/ FRM / CLINICAL / 126

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

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05

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 24/05/26 Time: 1900 4AM 7AM

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.2F 98.5F 98.4F

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

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

107/68 110/66 105/65

Note: BP does not score in early warning scoring

Heart Rate (Number) 114bpm 110bpm 107bpm

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

70 60 50 40 30 20 10

Resp Rate (Number) 20bpm 22bpm 20bpm

Resp Distress	Mod/ Severe / None / Mild	N	N	N
Receiving O_2(l/min) O_2Saturations (%)		Room	100%	100%
Conscious Level	Normal / Altered	C	C	C
GCS *		15	15	15
TOTAL SCORE Number of shaded boxes		0	0	0
Pain Score		0	0	0
Observer's Initials		A	A	A

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

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

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

FDH-00046242 IP25-00020602
Master ARYAN PANDEY
16-12-2018 7 Y 5 M 8 D (M)
Dr. Y ARVIND

24/5/26

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm	—	—	—	—	Shifting	—	—	—	—	—	—
24/5	06:00 pm											
	07:00 pm	DNS		60ml	NO	NO			NO	✓	0	
Total Intake :		T – 80ml				**Total Output :**						
	08:00 pm	DNS	Rice, Dhal	60	NO	NO			NO		0	Kumu
	09:00 pm	DNS	Half	60	NO	NO			NO		0	kumu
24/5 N	10:00 pm	DNS	100ml	60	NO	NO		✓	NO	✓	0	kumu
	11:00 pm	DNS	Sambar	60	NO	NO			NO		0	kumu
	12:00 am	DNS	Curd	60	NO	NO			NO		0	kumu
	01:00 am	DNS		60	NO	NO			NO	✓	0	kumu
Total Intake :		100ml + 360ml = 460ml				**Total Output :**						
	02:00 am	DNS		60	NO	NO	✓		NO		0	kusuma
	03:00 am	DNS		60	NO	NO		✓	NO		0	kusuma
24/5 N	04:00 am	DNS		60	NO	NO			NO		0	kusuma
	05:00 am	DNS		60	NO	NO	✓		NO	✓	0	kumu
	06:00 am	DNS		60	NO	NO			NO		0	kumu
	07:00 am	DNS		60	NO	NO			NO		0	kumu
Total Intake :		360ml				**Total Output :**						

Total 24 hrs. Intake	880ml.	Total 24 hrs. Output	m-2 v-2 u-4

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

FDH-00046242 IP25-00020602
Master ARYAN PANDEY
16-12-2018 7 Y 5 M 9 D (M)
Dr. Y ARVIND

(25/05/26)

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FLUID CHART

Sheet No. : (2)

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							
25/5 M	08:00 am	DNS		60	NO	NO	✓		NO	✓	0	
	09:00 am	DNS	Dost +	—	NO	NO			NO		0	
	10:00 am	DNS	H2O	40	NO	NO			NO		0	
	11:00 am	DNS		40	NO	NO			NO		0	
	12:00 pm	DNS	water melon	40	NO	NO			NO	✓	0	
	01:00 pm	DNS		—	NO	NO			NO		0	
Total Intake : I-P (80+150ml = 230ml						Total Output : M-2 U-2						
25/5 E	02:00 pm	DNS	rice + H2O	40ml	NO	NO			NO		0	
	03:00 pm	DNS		40ml	NO	NO			NO		0	
	04:00 pm	DN		40ml	NO	NO			NO	✓	0	
	05:00 pm	DNS		40ml	NO	NO			NO		0	
	06:00 pm	DNS	soup	40ml	NO	NO			NO		0	
	07:00 pm	DNS		40ml	NO	NO			NO		0	
Total Intake : 240ml + 100ml = 340ml						Total Output : M-0 U-1						
25/5 N	08:00 pm	DNS	rice 1 cup	—	NO	NO			NO		0	
	09:00 pm	DNS	chapathi 1/4	25	NO	NO		✓	NO	✓	0	
	10:00 pm	DNS		25	NO	NO	Loose		NO		0	
	11:00 pm	DNS	Apple ½	25	NO	NO			NO		0	
	12:00 am	DNS	H2O	25	NO	NO			NO	✓	0	
	01:00 am	DNS	100ml	25	NO	NO			NO		0	
Total Intake : 100ml + 125ml = 225ml						Total Output : M-1 U-2 V-1						
25/5 N	02:00 am	DNS		25	NO	NO			NO		0	
	03:00 am	DNS		25	NO	NO			NO		0	
	04:00 am	DNS		35	NO	NO			NO	✓	0	
	05:00 am	DNS		25	NO	NO			NO		0	
	06:00 am	DNS		25	NO	NO			NO		0	
	07:00 am	DNS		25	NO	NO			NO		0	
Total Intake : 150ml						Total Output : M- U-1						

Total 24 hrs. Intake	1045ml.	Total 24 hrs. Output	M-2 U-6 V-1

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Master ARYAN PANDEY
16-12-2018 7 Y 5 M 10 D (M)
Dr. Y ARVIND

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FLUID CHART

Sheet No. : 03

26/05/2026

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							
26/05	08:00 am	DNS	Dosa	25ml	No	No	Loose	No	No	✓	0	
	09:00 am	DNS		25ml	No	No		No	No		0	
	10:00 am	DNS	apple	25ml	No	No		No	No	✓	0	
	11:00 am	DNS		—	No	No		No	No		0	
	12:00 pm	DNS		25ml	No	No	Loose	No	No	✓	0	
	01:00 pm			25ml	No	No			No		0	
Total Intake : 125ml						Total Output : M-(2), U-(3)						
26/05	02:00 pm	DNS	Biscuit	25ml	No	No		No	No		0	
	03:00 pm	DNS	Lunch	25ml	No	No		No	No		0	
	04:00 pm	DNS	Curd	-	No	No		No	No		0	
	05:00 pm	DNS		25ml	No	No		No	No		0	
	06:00 pm	DNS	Dinner	25ml	No	No		No	No	✓	0	
	07:00 pm	DNS		25	No	No		No	No		0	
Total Intake : 125ml						Total Output : M-(1), U-(2)						
26/5	08:00 pm	DNS	Curd rice	25	NO	NO			NO		0	Tulsin
	09:00 pm	DNS		—	NO	NO			NO		0	Tulsin
	10:00 pm	DNS	+ H2O	25	NO	NO			NO	✓	0	Tulsin
	11:00 pm	DNS		25	NO	NO			NO		0	Tulsin
	12:00 am	DNS		25	NO	NO			NO	✓	0	Tulsin
	01:00 am	DNS		25	NO	NO			NO		0	Tulsin
Total Intake : T-1(25+25ml						Total Output : U-2						
26/5	02:00 am	DNS		25	NO	NO			NO		0	Tulsin
	03:00 am	DNS		25	NO	NO			NO		0	Tulsin
	04:00 am	DNS		25	NO	NO			NO		0	Tulsin
	05:00 am	DNS		25	NO	NO			NO	✓	0	Tulsin
	06:00 am	DNS		25	NO	NO			NO		0	Tulsin
	07:00 am	DNS		25	NO	NO			NO		0	Tulsin
Total Intake : T-1200ml						Total Output : U-1						

Total 24 hrs. Intake	T-1025ml	Total 24 hrs. Output	M-2 U-7

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

PDH-00048242 IP25-00020602
Master ARYAN PANDEY
16-12-2018 7 Y 5 M 8 D (M)
Dr. Y ARVIND

(27/05/26)

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FLUID CHART

Sheet No. : 6

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							
27/05	08:00 am	DNS		25 ml	No	No			No		0	
	09:00 am	DNS		25 ml	No	No			No		0	
	10:00 am	DNS			No	No			No		0	
	11:00 am	DNS			No	No			No		0	
	12:00 pm				No	No			No		0	
	01:00 pm				No	No			No		0	
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**	

FDH-00040242 IP25-00020602
Master ARYAN PANDEY
16-12-2018 7 Y 5 M 8 D (M)
Dr. Y ARVIND

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 6:50pm Mode of Arrival: walk Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: NO

Body Weight: 20 Kgs Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NO	NO	NO

Family History: NO

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: 20kgs Length: ..... Head Circumference (< 2 years): .....

Temp.: 100° HR: 130 RR: 27 BP: 100/67

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

Fall Risk Assessment: ☐ Yes ☐ No Score: 10 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 21) (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?) .....

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 ..... parents .....

Nurse's Name: ..... Date: ..... 24/5 ..... Time: @ 7:05pm Signature

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00046242 IP25-00020602 Master ARYAN PANDEY 18-12-2018 7 Y 5 M 8 D (M) Dr. Y ARVIND	24-5-26 @ 6.07 P.M.	24-5-26 @ 6.50 P.M.
	Transfer Ordered by DR. Aishwarya.	Reason for Transfer Admission
From Unit ER	To Unit 301 (B)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 11	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ? OP file & mobile PP.

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS & Intrafix	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
YASEEN	DR. Aishwarya.

Patient & Clinical Records Received by : Reena

Date & Time of Patient Received : 24/5 @6:50pm

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

FDH-00046242 IP25-00020602
Master ARYAN PANDEY
16-12-2018 7 Y 5 M 9 D (M)
Dr. Y ARVIND

3018

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 25/05/26 Time: 10:00Am

Weight: 20kgs Centile: 3rd Centile

Height: – Centile: –

Inference: Well Nourished Child

RDA: 1700KCAL Calories: 1700KCAL Protein: 19.0gms

Diet Recommendations: Advised Gastro diet + moderate protein + plenty of oral liquids

Re-Assesment: –

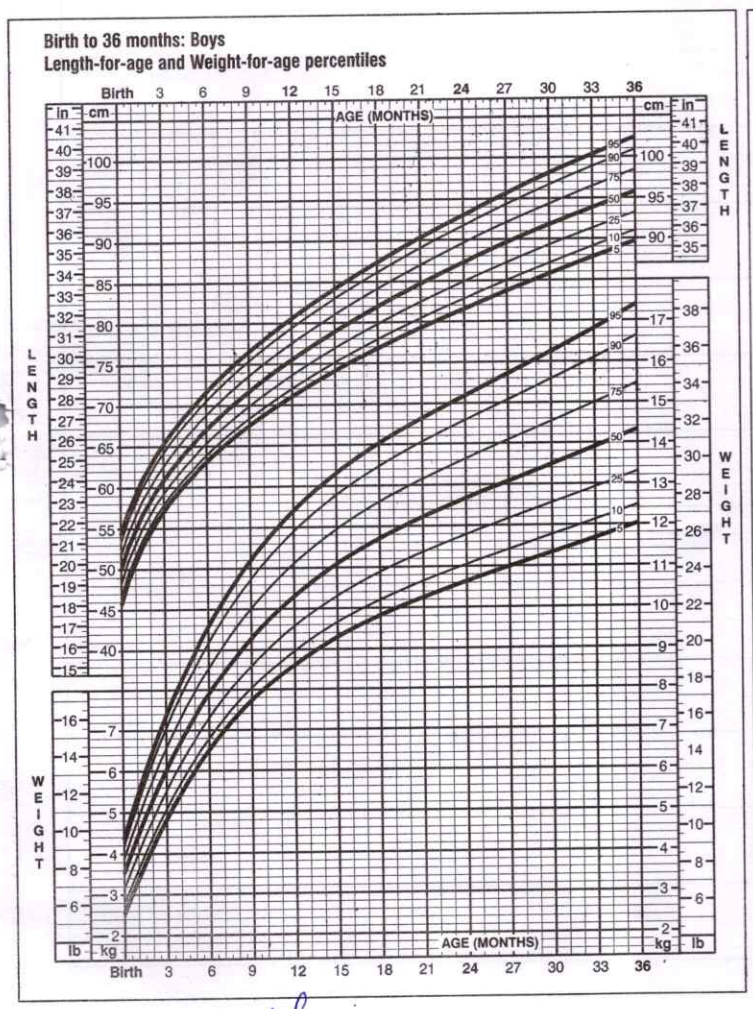
Food Allergies: Nil Veg/Non-veg

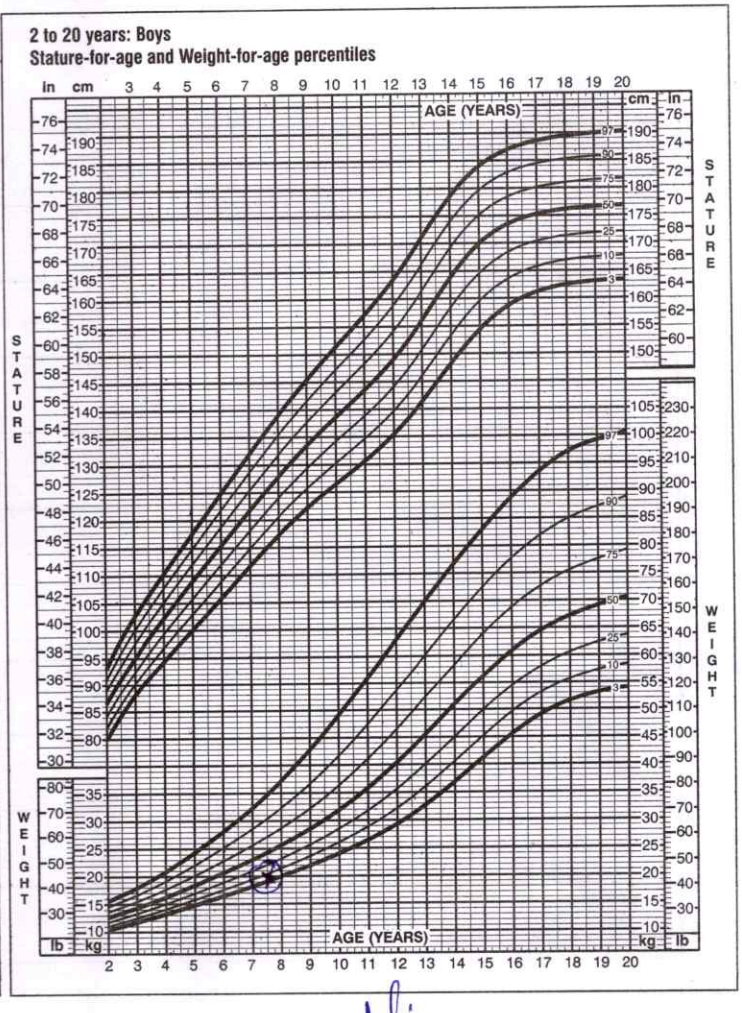
Diagnosis: Typhoid

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Anjali Pandey

GROWTH CHART (BOYS)





Dietician's Name: Ashiya

Dietician's Signature: Ashi

Docu. No. : RCH / FRM / CLINICAL / 160

(P.T.O.)

Daily Notes: