DISCHARGE SUMMARY

Name	Baby MRIYA	**UHID**	FDH-00012880
Father/Guardian	Mr PREETHAM M	**Age/Gender**	5 Y / Female
Address	Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020462	**Admission Date**	15-05-2026
Ref Doctor	Self		
Discharge Date	17-05-2026		

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

DIAGNOSIS
ACUTE FEBRILE ILLNESS (PROBABLE DENGUE)
FLU LIKE ILLNESS
VITAMIN D DEFICIENCY

History: Baby MRIYA , 5 Years, old girl presented with the history of moderate grade intermittent fever since 5 days, cough since 3 days, bleeding gum since 1 day, decreased urine output since 1 day, poor oral intake, dull activity prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - Financial District for further management.

Outside investigations: Done on 14.05.2026: Complete blood picture showed Hemoglobin - 12.1 gm%, White Blood Cells - 2.7 cell/cmm, Platelets - 1.56 lakh/cmm, C-Reactive Protein - 16.9 mg/L, Widal - Typhi IgG - Negative.

Examination: She was afebrile (98.2 *F), maintaining saturations at room air (98%). Her heart rate was 108/min, Blood pressure - 87/53 mmHg and Respiratory Rate - 24/min. Capillary Refill Time was <2 secs. 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, she was conscious and alert. Pupils were bilaterally equal and reacting to light.

Weight on admission: 17.7 kilo grams.

Investigations: Enclosed reports

Management: She was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics empirically. She was treated symptomatically with antacids and antipyretics. In view of initial investigations showed leucopenia with mild thrombocytopenia and bleeding manifestations, child was suspected to be a case of probable dengue. Investigations showed negative result for Dengue NS1 and IgM with normal coagulation profile. Her urine output and blood pressure was regularly monitored. In view of bleeding manifestations, she was given Injection Vitamin K. Investigations also revealed vitamin D deficiency, hence she was given Vitamin D megadose of 60, 000 IU. She gradually improved with no fever spikes, normal urine output and no further bleeding manifestations.Serial hemograms showed improved platelet and leucocyte counts.

VBG showed pH of 7.36, pCO2 of 47.8 mmHg, pO2 of 22 mmHg, HCO3 of 27.0 mmol/L and BE of 1.5 mmol/L.

Name	Baby MRIYA	UHID	FDH-00012880
IP No	IP25-00020462	Admission Date	15-05-2026

Initial hemogram showed Hemoglobin of 12.1 gm%, White Blood Cell count of 3.16 cells/cumm, platelet count of 1.80 lakhs/cumm and C-Reactive Protein of 6.40 mg/l. Serum electrolytes showed sodium of 139 mmol/L, potassium of 4.98 mmol/L & Chloride of 102 mmol/L. Serum Creatinine was 0.43 mg/dl. Blood Urea was 20 mg/dl. Liver function test showed total SBR of 0.34 mg/dl with indirect fraction of 0.18 mg/dl, SGOT - 38 U/L, SGPT - 17 U/L, ALP - 163 U/L, protein - 7.1 gm/dl, albumin - 4.1 gm/dl, globulin - 3.0 gm/dl, A/G ratio of 1.37. Coagulation profile showed PT- 14.5 sec, INR- 0.92, APTT - 34.8 sec. Blood culture was sterile.
Repeat hemogram, done on 17.05.2026 showed Hemoglobin of 12.3 gm%, White Blood Cell count of 6.26 cells/cumm, platelet count of 1.89 lakhs/cumm

Dengue NS1 & IgM were negative.

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

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

Advice:
* Syrup. Augmentin DDS (Amoxycillin - 400mg + Potassium Clavulanate – 57mg/5ml) 4.5ml twice daily (1 hour before food or 2 hours after food) for 5 days. (Should be kept in refrigerator after reconstitution, consume within 7-days).
* Syrup. Relent Plus (Cetrizine 5mg, Ambroxol 30mg/5ml) 5 ml twice daily 1 hour before food for 5 days.
* Tablet. Limcee 1tab 500mg once daily for 15 days.
*Drop Vitamin D3 (1ml/800IU) 1ml per ora1 once daily after food for 10 weeks

Name	Baby MRIYA	UHID	FDH-00012880
IP No	IP25-00020462	Admission Date	15-05-2026

*Tablet Lanzol DT (15mg) 1 tablet per oral once daily 30 mins before breakfast for 5 days.

Plan: To do Complete blood picture after 2 days on follow up.

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 5.5 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. Y ARVIND, on Tuesday (19.05.2026) at Finanical 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 **Financial District / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar /** dial just one toll free number **18002122.**

Name	Baby MRIYA	**UHID**	FDH-00012880
IP No	IP25-00020462	**Admission Date**	15-05-2026

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.

Laboratory Report

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9010740264

Baby MRIYA

5 Y

Female

IP25-00020462

FDH-00012880

Dr. Y ARVIND

FD26017474

17-05-2026 08:03 AM

17-05-2026 08:03 AM

3F -PRIVATE ROOM / PVT-306

TEST RESULT STATUS : REPORT ENTERED

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				
HEMOGLOBIN (Colorimetry)	12.3	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	**5.33**	**10^12/L**	H	3.9 - 5.3
PCV/HCT (Calculated)	39.2	VOL%		34 - 40
MCV (Calculated)	73.5	fL		75 - 87
MCH (Calculated)	23.1	pg/cells		24 - 30
MCHC (Calculated)	31.4	g/dL		32 - 36
RDW-CV (Calculated)	**15.5**	**%**	H	11.5 - 15
PLATELET COUNT (DC Detection Method)	189	10^9/L		150 - 450
MPV (Calculated)	**10.6**	**fL**	H	6.5 - 10
WBC COUNT (DC Detection Method)	6.26	10^9/L		5 - 14.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	21.7	%		32 - 54
LYMPHOCYTES (Microscopy, Leishman stain)	**72.5**	**%**	H	28 - 48
MONOCYTES (Microscopy, Leishman stain)	5.3	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	0.3	%		1 - 6

This is an interim report. The final report will be released after 24 hours

Printed Date / Time : 17/05/2026 08:36 AM

Printed By : ARIJIT BISWAS

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 : IP25-00020462 **Admit Date** : 15-May-2026 **Admit Time** : 04:39 PM **UHID** : FDH-00012880

Patient Details :

Patient Name	: Baby MRIYA	**Age**	: 5 Y
Guardian	: Mr PREETHAM M	**DOB**	: 17-12-2020
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 9010740264/
		E-mail	: e@w

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT-306 **Ward Name** : 3F -PRIVATE ROOM

Room No : PVT-306 **Admission Type** : First Visit

Contact Details :

Name	: Mr PREETHAM M	**Relationship**	: Father
Contact Address	: Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: / 9573740074

Signature

Doctor Details :

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

Payment Details :

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

FDH-00012880 IP25-00020462
Baby MRIYA
17-12-2020 5 Y (F)
Dr. Y ARVIND

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mriya Jonnalagadda. Age : 5 years **Gender:** ☐ Male ☑ Female

Date : 15/5/26 Time of Arrival : 3:40 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: 98.2 F PR: 108 b/m BP: 87/53(65) RR: 24 b/m SpO_2: 100%

Chief Complaints: c/o Fever x 5 Days. c/o cold & cough x yesterday. c/o Abdomen pain x yesterday c/o headache

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 : 8:44pm

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 : PRAVEEN

Date & Time : 15/5/26 & 8:44pm

Signature of Triage Nurse : .....

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

FDH-00012880 IP25-00020462
Baby MRIYA
17-12-2020 5 Y (F)
Dr. Y ARVIND

Patient Sticker

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 15/5/26 Time of arrival : 8:40pm

Chief Complaints: c/o Fever x 5 Days, c/o cold & cough, Headache, Pain abdomen x yesterday

Height : ..... Weight : 17.7 kg Head Circumference (<2 years) .....

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

If yes , identify .....

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 02/10 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

☐ Character Mild ☐ Location Head & Abdomen ☐ Frequency on & off ☐ Duration 40min

RISK FOR FALL:

If patient is < 6 years	☑ Yes	☐ No
If **'Yes'** tick below fall risk intervention directly		
If Patient is > 6 years		
If **'Yes'** 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 .....

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

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

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

Time	Nursing Notes
3:42pm	Assessed the pt condition (syp. crocin 7ml given at morning 11Am)
	checked the vital record
	DR. Y. Amned sir seen the pt

Samples collected by: Ankush Time: 4:30pm

Samples sent by : praveen Time: 4:55pm

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 108b/m BP: 77/58 (63) CFT: <2sec	Shift - out from ER to: 306
RR: 25b/m SPO2 at FiO2: 100%	Time of Shift - out: 5:45pm
GCS: 15 Temperature : 98°F	Handover given to: Kusuma (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement Done

Name of the Nurse : Arun Signature of the Nurse : [signature]

Date & Time : 15/5/26

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PEDIATRIC IN-PATIENT MEDICAL RECORD

FDH-00012880 IP25-00020462
Baby MRIYA
17-12-2020 5 Y (F)
Dr. Y ARVIND

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: Mother Relationship / Relative

Chief Presenting Complaints & Duration (Chronologically)

fever :: (5) days
cough :: (3) days
↓ oral acceptance & dull activity :: (1) day
bleeding from gums :: (1) day
↓ urine output :: (1) day

History of present illness :

Fever :: (5) days
High grade
documented
102.5 F for the first (1) day
low grade :: (2) days
Relieved on taking medicine

cough :: (3) days
wet cough
↓ oral acceptance & dull activity :: 0 day

Bleeding from gums :: (1) day

↓ Urine Output :: (1) day

c/o generalised weakness

H/o & Recent travel

H/o & similar c/o in family

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Past History : (Including details of any previous investigation or treatment) 14/05/22

Widal – Typhi IgG, IgM – Negative

CRP – 16.9

Hb – 12.1

PCV –

TLC – 2.7

PLT – 1.56 N-65

L-30

Birth & Neonatal History:

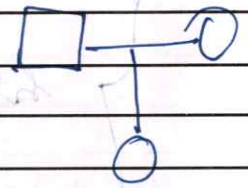
FT | SVD | BCLAD | AGA | B.wt – 3.2k | No NICU stay

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :



PP2

Developmental History :

Developmentally (N)

Immunization History :

All vaccines are given acc to NIS

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 17.715 (Centile _____)

On Examination :

Temperature : 98.2F Pulse Rate : 108bpm B.P. 88/52 (64) SPO2 98/

Resp.rate and type of breathing : RR - 24/min

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

(-)

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds :

Any addes sounds : B/L ↓ air

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S_1 (+), M (-)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : NAD

Ausculation :

Spine : External Genitelia :

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

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : (N)

c/o generalized weak

Motor System:

Nutriton :

Tone: (N) Power 5/5

Co-ordinator :

Posture :

Involuntary Movements : (0)

Reflexes :

DTR B/L Plegia

Superficials:

Plantars

Sensory System :

(N)

Bladder / Bowel : ↓ Urine Output

Clinical Summary & Diagnostic:

Probable Dengue

(P.T.O.)

FDH-00012880 IP25-00020462
Baby MRIYA
17-12-2020 5 Y (F)
Dr. Y ARVIND

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis

Desired goals of the treatment : H. Stability

Planned Labs:

VBG, GHBS
CBP
CRP
LFT
Peripr NS - 1
Dengue IgM
S.C, Blood urea
S. creat
PT | APTT
INR
Blood c/s

Advised by Ayan

Planned Management

Advice

- IV fluids (Full MN)
- Inj Augmentin
- Inj PCM SOS
- Tab. Vit C
- Inj Vit K stat dose
- No Inj. Ibuprofen / Mefenamic
- BP monitoring 2nd hly
- U/O & Input charting

Signature of the Doctor: .....
Name of the Doctor: Dr. Lahari
Date & Time: 15/05/2026

Signature of the Consultant: .....
Name of the Consultant: D.Y. ARVIND
Date & Time: 15/5/26 @ 5:00 pm

FDH-00012880 IP25-00020462
Baby MRIYA
17-12-2020 5 Y (F)
Dr. Y ARVIND

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 9:30 AM	C/S/B Dr Y. Arvind	
	Δ: Acute febrile illness, Dengue, Life illness, No fever	
	O/E	
	CIARS: clear	
	No Pallor	
	JAN: (-)	Nv
	PA: (-)	(1) Vitamin B12 & D
	KN: Soft	on some sample
	Abd	Noted by Mirai 15/5 at 9:30 pm
	Throat: (N)	
		Y. Arvind

EDH-00012880 IP25-00020462
Baby MRIYA
17-12-2020 5 Y (F)
Dr. Y ARVIND

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5 8AM	c/s/o c̄ Mohith	
	O: AFI / Fever: Thrombocytopenia (1.5L)	
	? Probable dengue ? Viral illness	/ Vit D deficiency (20)
	- 1 fever spike at night - oral intake fair - Passed urine twice since admission - No further bleeding C/T	
	O/E Hdstable BP- 93/64 (75) HR- 86/min SpO_2 - 98% RS - clear	Plan (1) DNS - @ 40ml (2) repeat CST (3) (1) Blood c/s (4) Stat Vit D 60k IV (5) Monitor vitals.

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

FDH-00012880 IP25-00020462
Baby MRIYA
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/2026		
9AM	C/S/B Dr. Arvind.	
		Dx: Acute febrile Illness
		(Viral Illness)
		&
		Vitamin D Deficiency
Vitals		
HR: 90/min		Plan
RR: 22/min		1) Vit D_3 weekly once x 10 weeks after T/m stat dose.
SpO2: 99% RA		
temp: 98F		
BP: 90/70 mmHg.		2) NASOCLEAR N/D 2 puffs each nostril
S/E		
CNS: conscious alert		3) IV fluids: DNS + 5ml MVI (Redvice) @ 30ml/hour
CVS: S1 S2 (+)		4) Plan to stop IV fluids by evening if oral intake improves.
RS: B/L AEBS.		
P/A: Soft, ND.		
		5) Rest continue
	Noted by Krishna 16/5/26	6) ~~ARACHITOL stat dose T/m~~
		7) Plan to discharge T/m
		Dr. Arvind

FDH-00012880 IP25-00020462
Baby MRIYA
17-12-2020 5 Y (F)
Dr. Y ARVIND

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/2026	c/s/B Dr. Arvind.	
4pm	c/s/B Dr. Sneha	
	D: AH (viral Illness) with Vit D deficiency.	
	. GC: improving . Hemodynamically stable - No further fever spikes - U/O: Adequate	
	Issue: 1 episode of epistaxis (small quantity) stopped without intervention	
	Vitals HR: 100/min RR: 20/min SpO2: 98% RA temp: 98F BP: 92/60 mmHg.	Plan - continue same as per charting - IV fluids stopped - Continue Vitamin K 5mg i/v - Repeat CBP tm 6Am. OD. Sub. ~~Nalady Arif on 16/5/26~~ @ 4p (D.Y. Arvind)

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

FDH-00012880 IP25-00020462
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/2026	c/s/b Dr. Arvind	
9AM	Dr. Sneha	
	D: Acute febrile illness (viral) with Vitamin D deficiency.	
	Hb: 12.1 → 12.3.	
	PLT: 180 → 189 · GC: improving	
	PCV: 38.5 → 39 · Hemodynamically stable	
	· U/o: 2ml/kg/hr yesterday.	
	· No new bleeding manifestations.	
	· No fever spikes.	
Vitals		
HR: 90/min		Plan.
RR: 20/min		
temp: 98F		– Continue same treatment as per charting
BP: 100/70 mmHg		
S/E		
CNS		– Discharge today on:-
CVS	NAD	1) T. LINCOCIN
R/S		2) Cap. Augmentin
P/A: NAD		3) DROP Vitamin D.
		4) RELENT PLUS syrup.
		5) Lanzol.
		R/V on tuesday c̄ CBP
	(Dr. Y ARVIND)	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

FDH-00012880 IP25-00020462
Baby MRIYA
17-12-2020 5 Y (F)
Dr. Y ARVIND

RESULT SHEET

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

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Date	15/5/26	15/5/26	17/5/26			
Time	oral value	printed				
Hb	12.1	12.1	12.3			
PCV	38.5	38.5	39.2			
RBC	5.24	5.24	5.33			
WBC	3.16	3.16	6.26			
N/L		35/58	21.7/72.5			
Platelets	167	180	189			
CRP	6.40					
ESR						
PCT						
RBS						
Na	139					
K	4.39					
Cl	102					
Ca/Mg						
Phosphate						
Urea	20					
Creatinine	0.43					
ALP	163					
SGPT	17					
SGOT	38					
T.Bill/Conj	0.34 / 0.16 / 0.18					
T.Protein	7.1					
S.Albumin	4.1					
S.Globulin	3.0					
A/G Ratio	1.37					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	14.5/0.92					
APTT	34.8					
CSF Protein/Sugar						
Cells						
N/L						

Date						
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
15/5/26 (o.d)						
Dengue NS1+IGm =>		Neg				
Vit - B12	577					
Vit - D	20.9					

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ....PR.... Shifted to: ....306....

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 PROPOD - CEFPODOXIME	5ML	PO	BD	15-5-26 12PM	☐ 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 : Dr Kasmeera Kasmeera.A

Date & Time : 15-5-2026

Nurse Name & Signature: Aran

Date & Time : 15/5/26 @ 5:45pm

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

FDH-00012880 IP25-00020462
Baby MRIYA
17-12-2020 5 Y (F)
Dr. Y ARVIND

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DRUG CHART

Date of Admission: ..... 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 : INJ PARACETAMOL				Date/Time	15/5 10pm Mild Pain											
Dose	Route	Frequency	Start Date													
260MG	IV	SOS	15-5-26													
Doctor's Signature		Valid Period	Pharm.													
Kasmeera																
Additional Instructions:																

DRUG : SYP CROCIN DS				Date/Time												
Dose	Route	Frequency	Start Date													
5.5ml	P/O	SOS	16/5													
Doctor's Signature		Valid Period	Pharm.													
Additional Instructions: (2hrly/5ml)																

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

Signature

VERIFIED BY : Name

Baby MRIYA IP25-00020462
17-12-2020 5 Y
Dr. Y ARVIND (F)

REGULAR PRESCRIPTIONS

Weight. 17.7 kg Ward. 2nd

DRUG : INJ AMOXYCLAV

Dose	Route	Frequency	Start Date
30MG/KG (500mg)	~~55MG~~ IV	TID	15-5-26

Name & Signature of the Doctor Starting the Drugs: Kasmeera

Additional Instructions: 30 MG/KG/DOSE (55 MG)

Date / Time	15/5	16/5	17/5
2AM	X		
10AM	X		
6PM			

Daily Doctor's Endorsement by a Sign

DRUG : TAB LIMCEE

Dose	Route	Frequency	Start Date
500MG (1 tab)	PO	OD	15-5-26

Name & Signature of the Doctor Starting the Drugs: Kasmeera

Additional Instructions: (1 tab = 500mg)

Date / Time	15/5	16/5
6PM		

Daily Doctor's Endorsement by a Sign

DRUG : SYP RELENT PLUS

Dose	Route	Frequency	Start Date
5ML	PO	BD	15-5-26

Name & Signature of the Doctor Starting the Drugs: Kasmeera

Additional Instructions:

Date / Time	15/5	16/5
10AM	X	
6PM		

Daily Doctor's Endorsement by a Sign

DRUG : NASOCLEAR N/D

Dose	Route	Frequency	Start Date
2 drops	B/N	4 hourly	16/5/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	16/5	17/5
10AM	✓	
6AM	✓	
12PM	✓	
6PM		

Daily Doctor's Endorsement by a Sign

Patient Sticker

Weight. 17.7kg Ward. 3rd A

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.	

Signature

VERIFIED BY : Name

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
15-5-26	4.25 P.M	VIT K	5 MG	IV	Krasmeeg	Praveen Balaram
16-5-26	12 pm	Syp. ARACHIDITOL NANO	5ml {60 KIU}	oral	[illegible]	Sweeta Kusuma

Baby MRIYA
17-12-2020 5 Y (F)
Dr. Y ARVIND

I.V. FLUIDS CHART

Weight. 17.7 kg Ward. 3rd '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
15-5-26	5:45 pm	IVF - DNS (0.9%) + 5 ML MVI	IV	60ML/HR		Aysen / Kusuma	16/5/26 @ 9 pm		Kusuma / Sukanta
16/5/26	9 Am	IVF DNS + 5ml MVI	IV	↓ 30ml/hr		Kusuma / Sukanta	16/5/26 @ 4 pm		

Signature
VERIFIED BY : Name

FDH-00012880 **IP25-00020462**
Baby MRIYA
17-12-2020 **5 Y** **(F)**
Dr. Y ARVIND

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 12.7kg Ward 3rd 'A'

DRUG : INJ Vitamin K

Dose	Route	Frequency	Start Dt.
5mg	I/V	OD	16/5/25

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	
	16/5
5pm	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

(P.T.O.)

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

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

FDH-00012880 IP25-00020462
Baby MRIYA
17-12-2020 5 Y (F)
Dr. Y ARVIND

15/5/26

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

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

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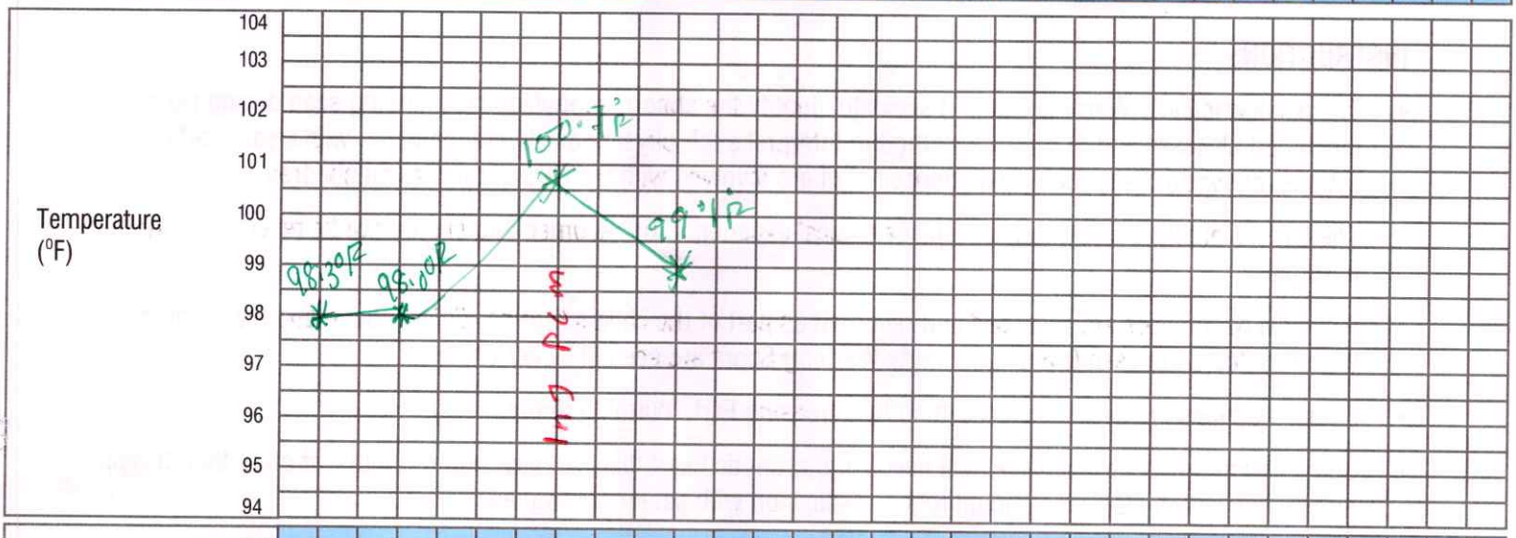
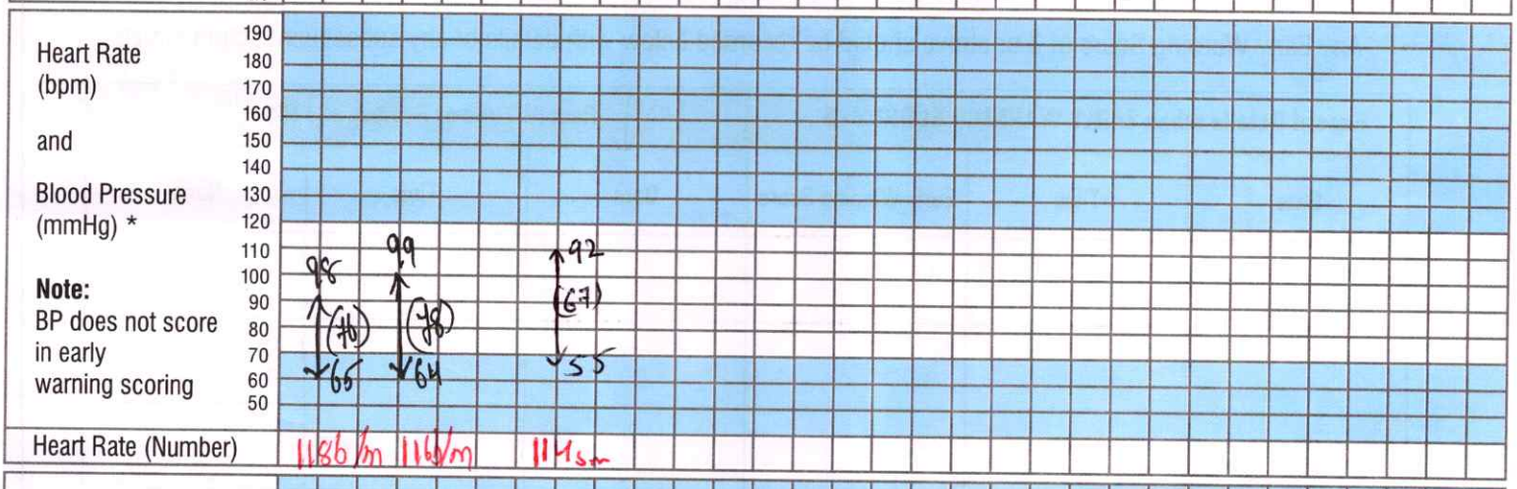
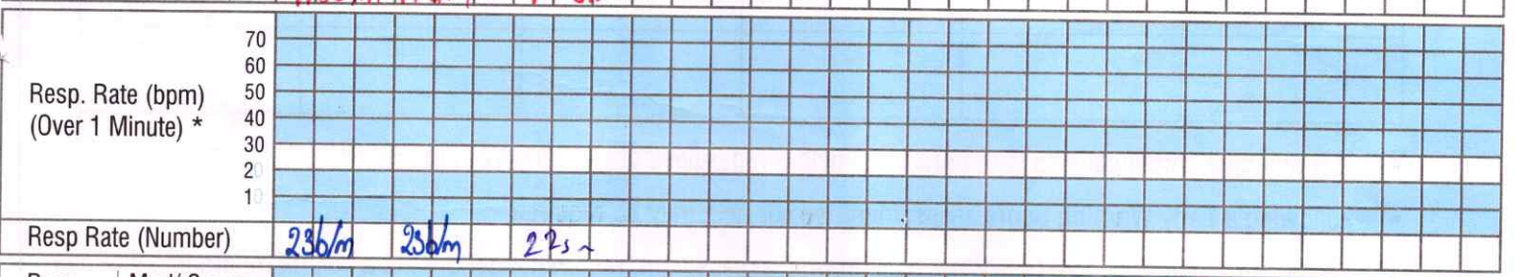
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	6pm	8pm	10 pm	11:30 pm
Doctor / Nurse / Family Concern?				





Heart Rate (Number)	118 b/m	116 b/m	114 b/m



Resp Rate (Number)	23 b/m	23 b/m	22 b/m
Resp Distress: Mod/ Severe / None / Mild	N	N	N
Receiving O_2 (l/min) / O_2 Saturations (%)	100%	99%	98%
Conscious Level: Normal / Altered	N	C	C
GCS *	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	
Observer's Initials	[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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Your Right to a Safe Delivery

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-00012880 IP25-00020462
Baby MRIYA
17-12-2020 5 Y (F)
Dr. Y ARVIND

Doc. No. : RCHBH/ FRM / CLINICAL / 126
16/5/26

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	12	3	5	7	10 Am	12 pm	2 pm	5 pm	7:30 pm	10 pm
Doctor / Nurse / Family Concern?	Am	Am	Am	Am						

Temperature (°F): 98.8 F, 98.2 F, 97.4 F, 97.1 F, 97.0 F, 97.4 F, 97.5 F, 97.4 F, 97.8 F

Heart Rate (bpm) and Blood Pressure (mmHg) *	93 / 59 (70)	89 / 59	91 / 61	93 / 61 (75)	94 / 62 (62)	97 / 65 (74)	99 / 66 (76)	99 / 69	100 / 65	98 / 63
Heart Rate (Number)	104 bpm	94 bpm	84 bpm	74 bpm	86 bpm	80 bpm	92 bpm	96 bpm	100 bpm	97 bpm
Resp. Rate (bpm) (Over 1 Minute) *	22 bpm	20 bpm	21 bpm	21 bpm	23 bpm	24 bpm	25 bpm	28 bpm	21 bpm	20 bpm
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	98%	97%	98%	98%	98%	99%	98%	98%	99%	98%
Conscious Level (Normal / Altered)					C	C	C	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[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
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Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:																															
Doctor / Nurse / Family Concern?		8am		7am																											
Temperature (°F)	104																														
	103																														
	102																														
	101																														
	100																														
	99																														
	98		97.3F		97.4F																										
	97																														
	96																														
	95																														
	94																														
Heart Rate (bpm) and Blood Pressure (mmHg) *	190																														
	180																														
	170																														
	160																														
	150																														
	140																														
	130																														
	120																														
Note: BP does not score in early warning scoring	110																														
	100				100																										
	90																														
	80																														
	70																														
	60																														
	50				67																										
Heart Rate (Number)			98b/M		93b/M																										
Resp. Rate (bpm) (Over 1 Minute) *	70																														
	60																														
	50																														
	40																														
	30																														
	20																														
	10																														
Resp Rate (Number)			21b/M		21b/M																										
Resp Distress: Mod/ Severe																															
Resp Distress: None / Mild			N		N																										
Receiving O_2(l/min)																															
O_2Saturations (%)			98%		100%																										
Conscious Level: Normal			N		N																										
Conscious Level: Altered																															
GCS *			15		15																										
TOTAL SCORE Number of shaded boxes			0		0																										
Pain Score			0		0																										
Observer's Initials			[illegible]		[illegible]																										

ACTIONS NB: Scores 3 should be recorded overleaf	
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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

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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)

FDH-00012880 IP25-00020462
Baby MRIYA
17-12-2020 5 Y (F)
Dr. Y ARVIND

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FLUID CHART

Sheet No. : 1

15/5/26 17.7kgs

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											
15/5/26	05:00 pm											
	06:00 pm	DNS +	Dinato Hpo 100ml	60ml	NO	NO			NO		0	[illegible]
	07:00 pm	MUI		60ml	NO	NO			NO	180ml	0	[illegible]
Total Intake : 100ml						Total Output : U- 180ml						
	08:00 pm	—		—	NO	NO			NO		0	[illegible]
	09:00 pm	DN		60ml	NO	NO			NO		0	[illegible]
	10:00 pm	PCM		25ml	NO	NO			NO		0	[illegible]
	11:00 pm	—	H2O	—	NO	NO			NO		0	[illegible]
	12:00 am	DN +		60ml	NO	NO			NO		0	[illegible]
	01:00 am	MVR		60ml	NO	NO			NO	100ml	0	[illegible]
Total Intake : 205ml						Total Output : M-0				U=100ml		
	02:00 am	Admission		20ml	NO	NO			NO		0	[illegible]
	03:00 am				NO	NO			NO		0	[illegible]
	04:00 am	DN +	H2O	60ml	NO	NO			NO		0	[illegible]
	05:00 am	MVR		60ml	NO	NO			NO		0	[illegible]
	06:00 am			60ml	NO	NO			NO		0	[illegible]
	07:00 am	—		—	NO	NO			NO		0	[illegible]
Total Intake : 200ml						Total Output : M-0				U		

1.97 cc/kg/hr 8 hour

Total 24 hrs. Intake	505ml	Total 24 hrs. Output	M U

28.5 cc/kg/day

1.97 cc/kg/hr (in hour)

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

FDH-00012880 IP25-00020462
Baby MRIYA
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Dr. Y ARVIND

16/5/26

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FLUID CHART

I.V. I key

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: Mouth	Route: I.V	Route: N.G	NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
16/5/26	08:00 am	DN5		–	NO	NO	–	–	NO	–	0	
	09:00 am	+		60	NO	NO	–	–	NO	–	0	
	10:00 am	mVI		30	NO	NO	–	–	NO	–	0	
	11:00 am	DN5	Jelly	30	NO	NO	–	–	NO	–	0	
	12:00 pm	+	+ Biskit	30	NO	NO	–	–	NO	250ml	0	
	01:00 pm	mVI	+ water	30	NO	NO	passed	–	NO	200ml	0	
Total Intake : 180ml + 200ml						Total Output : U – 450 ml M – 1						4.23 cc/k
E	02:00 pm	DN5+ MVI	Egg+	30ml	NO	NO			NO		0	
	03:00 pm	"	Bread	30ml	NO	NO			NO		0	
	04:00 pm	"	DIC + H2O	30ml	NO	NO			NO		0	
	05:00 pm	NO IVF		NO IVF	NO	NO			NO	200ml	0	
	06:00 pm	"		"	NO	NO			NO		0	
	07:00 pm	"		"	NO	NO			NO	50ml	0	
Total Intake : 90ml + 250ml						Total Output : M → 0 U →						
16/5	08:00 pm	No			No	No			No	70ml	0	
	09:00 pm		No		No	No			No		0	
	10:00 pm	IV	Jelly		No	No			No		0	
	11:00 pm	fluids			No	No			No	100	0	
	12:00 am				No	No			No		0	
	01:00 am		No		No	No			No		0	
Total Intake : 200						Total Output : U 170ml M – 170						
17/5	02:00 am				No	No			No		0	
	03:00 am				No	No			No		0	
	04:00 am				No	No			No		0	
	05:00 am				No	No			No		0	
	06:00 am		No		No	No			No		0	
	07:00 am				No	No			No		0	
Total Intake : 90ml						Total Output : M – U –						

Total 24 hrs. Intake	1010	Total 24 hrs. Output	870ml

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 5.45pm Mode of Arrival: walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction No

Body Weight: 17.7 Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
–	–	–

Family History: –

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: 17.7kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.1 HR: 119 RR: 23 BP: .....

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

Fall Risk Assessment: ☐ Yes ☑ No Score: 0/10 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 0/10) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: ..... 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 .....

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 .....

Nurse's Name: Kulsuma ..... Date: 15/5/26 ..... Time: @ 6pm ..... Signature

FDH-00012880 IP25-00020462
Baby MRIYA
17-12-2020 5 Y (F)
Dr. Y ARVIND

306

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 16-05-26 Time: 10:00 AM

Weight: 17.7 Kgs Centile: 25th Centile

Height: – Centile: –

Inference: Well Nourished Child

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

Diet Recommendations: Adised moderate carbohydrates & Adequate protein

Re-Assesment: –

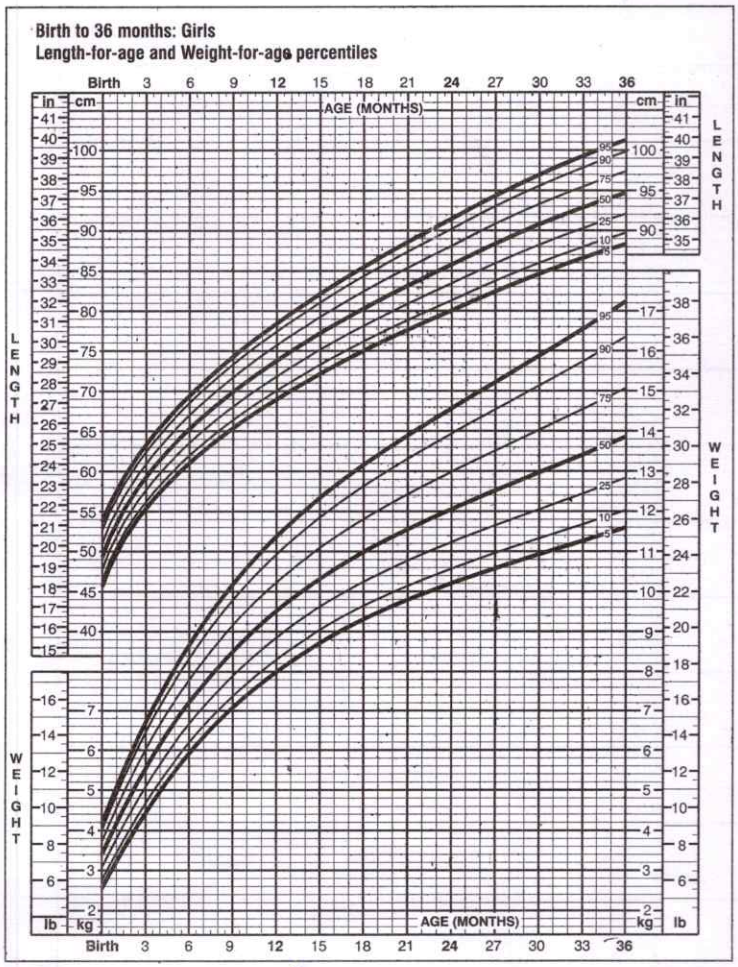
Food Allergies: Nil Veg/Non-veg

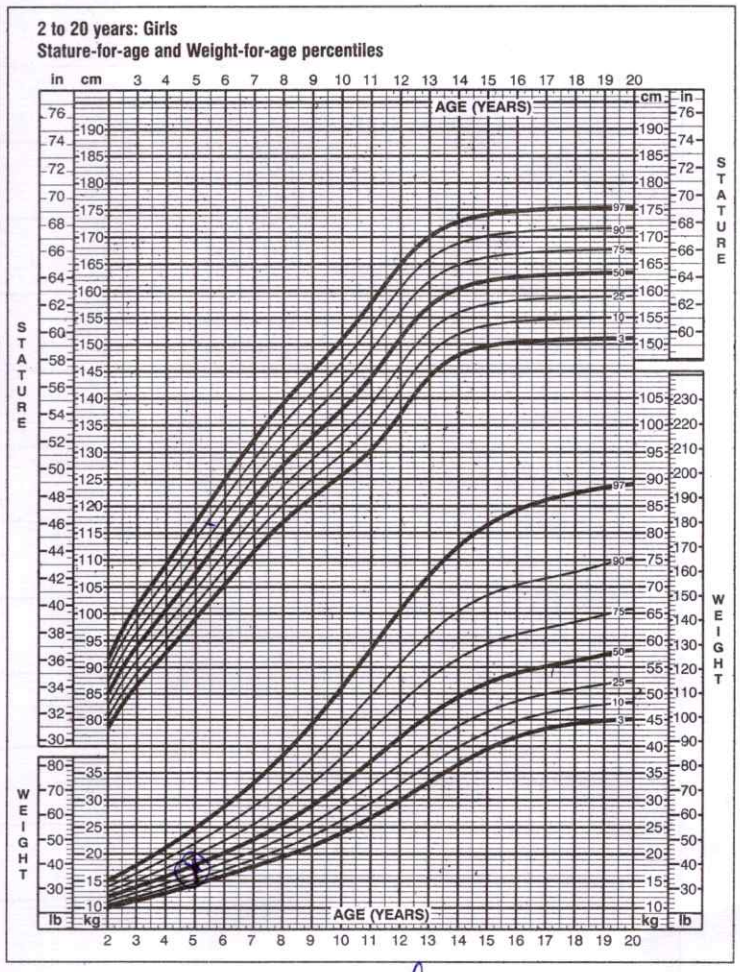
Diagnosis: Probable Dengue

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Shewta

GROWTH CHART (GIRLS)





Dietician's Name Ankiya Dietician's Signature Ankiya

Docu. No. : RCH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes:

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
DH-00012880 IP25-00020462 Baby MRIYA 17-12-2020 5 Y Dr. Y ARVIND (F)	15/5/26 @4:39pm	15/5/26 @ 5:45pm
	Transfer Ordered by	**Reason for Transfer**
	DR. Lahari	Admission
From Unit	**To Unit**	**Information to Attendant**
ER	306	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
14	—	Yes ☑ No ☐ OP file If yes, what ? [signature]

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
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
Arjan	DR. Lahari

Patient & Clinical Records Received by : Kusuma

Date & Time of Patient Received : 15/5/26 @5-45pm

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

Docu. No. : RCH /FRM / CLINICAL / 102