

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173572 Admit Date : 08-May-2026 Admit Time : 11:17 PM UHID : BAH-00594191

Patient Details :

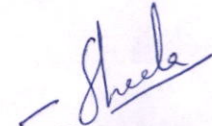
Patient Name : Baby DIVYANSHA SHARMA Age : 9 Y 2 M 24 D
Guardian : Mr SANDEEP KUMAR SHARMA DOB : 14-02-2017
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : TIRTHA SINGATURE-2, ARAMGHAR, SHIVRAMPALLY Svpnpa Hyderabad
Telangana INDIA 500052 Phone No : 8185067647 / 7730029998
E-mail : SHARMASANDEEPM.PHARM@GMAIL.

Admission Details :

Bed Type : BASINET Bed No : CRDL-DLX315-1 Ward Name : 3F-ZONE A
Room No : CRDL-DLX315-1 Admission Type : First Visit

Contact Details :

Name : Mr SANDEEP KUMAR SHARMA Relationship : Father
Contact Address : TIRTHA SINGATURE-2, ARAMGHAR, SHIVRAMPALLY Svpnpa Hyderabad Telangana
INDIA 500052 Phone No : 8185067647 / 7730029998


Signature

Doctor Details :

Doctor Name : Dr. VIJAYANAND JAMALPURI Specialisation : GENERAL PEDIATRICS
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : NMDC LIMITED

ACTIVITY RECORD FOR BILLING

Name : _____
 UHID No. : _____ IP No. : _____ Dept : _____
 Date of Admission: _____ Time : _____ Time: _____
 Room / Bed No : _____ Ward : _____ ed type : _____

BAH-00594191
 Baby DIVYANSHA SHARMA
 14-02-2017 9 Y 2 M 24 D
 Dr. VIJAYANAND JAMALPURI (F)
 IPS-00173572

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
8/5/26	12:10Am	ER	315-B	Annab

Cross Consultation Visit

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



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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

BAH-00594191 IP5-00173572
Baby DIVYANSHA SHARMA
14-02-2017 9 Y 2 M 24 D (F)
Dr. VIJAYANAND JAMALPURI



Patient Name:

Divyansha Sharma

UHID ID:

Department:

Consultant:



Pediatric Multiorgan History & Physical Examination

Name : Divyansha Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

no fever x 3 days

History of present illness :

fever x 3 days
moderate to high grade
not altw chills

no headache / generalised

no vomiting

no abdomen pain / loose stools

* no sorethroat / pain while swallowing.

no burning micturition

8/5/20

Hb - 11.2

TC - 19,000

N - 77 / W - 15

Pt - 3.34 l/min

CRP - 25

ASO - negative

Slide method | typhi 'o' - } 1:160
 | 'H' }



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 37.8 kg (Centile _____)

On Examination :

Temperature : 100.9 F Pulse Rate : 130/min B.P. 111/66 (74) SPO2 98% @ RA
Resp. rate and type of breathing : 26/min

Rash _____ throat - congested / No pus points
Lymphadenopathy _____ ALL grade 3 tonsillar enlargement (+)
Oedema : left > right cervical lymphadenopathy
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : Blue (+) clear
Any addes sounds : 2/2 (+) No
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of precordium : _____
Heart Sounds : 2/2 (+)
Any murmur : No
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection _____
Palpation : soft, No organomegaly
Ausculation : _____
Spine : _____ External Genitalia : _____
Relevant data from outside (CT, USG etc.,) _____

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Baby DIVYANSHA SHARMA
14-02-2017 9 Y 2 M 24 D (F)
Dr. VIJAYANAND JAMALPURI



Pediatric

Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : no meningeal signs
no focal deficit

Motor System:

Nutrition : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : Ⓝ

Involuntary Movements : no

Reflexes :

DTR

Plantars ↓ ↓

Superficials:

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

acute febrile illness - D3
acute Tonsillopharyngitis

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Sepsis

Desired goals of the treatment: _____

defencescence

Planned Labs:

- CBP
- CRP
- creatinine
- LFT
- Blood cts
- CVE
- flu panel
- (centra plain)

Planned Management

- 1ly ceftriaxone BD
- syp Mucaine gel BD
- wfluids- maintainen
- syp CROCIN-OR SOL.

M B Annab
 9/5/26
 12:10 pm

M B Annab
 9/5/26
 12:10 pm

Signature of the Doctor: *d*

Signature of the Consultant: _____

Name of the Doctor: *harvini*

Name of the Consultant: _____

Date & Time: *8/5/26 11:30pm*

Date & Time: *9/5/26 10:15 AM*

Dr. VIJAYANAND JAMALPURI
 Reg. No. 10526



DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet				
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	4			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet	1			
9	General consent for treatment				
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	5			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	3			
32	Investigation Values (result sheet)	1			
33	Nebulization chart	1			
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	2			
38	Braden Q Scale	2			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart	2			
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart	2			
Total No. of Pages		38			17/2/20

Signature and Date :

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE


BAH-00594191 IP5-00173572
 Baby DIVYANSHA SHARMA
 14-02-2017 9 Y 2 M 24 D (F)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26 11:30 AM	Seen by Resident	
	Af1 = Tonsillopharyngitis	Plan
a/w	c/o fever :: 3d	1. Continue CEFTRIAXONE
	low throat & pain @ deglutition	2. Trace CBP, ECG, blood C/S, flu panel.
	labs reviewed	3. Send CUE.
	Child hemodynamically stable	3. & monitor vitals w/ further episodes of fever.
	CRP - 126	
		noted by Jessie Sathithi
9/5/26	Seen by Resident : Dr Sathithi	
	Af1 = tonsillopharyngitis	Plan
	No fever spikes :: admission	1. continue CEFTRIAXONE
	throat pain ⊕	2. Trace CUE, blood C/S, flu panel.
	oral intake poor fair	3. monitor vitals & inform SOS
	O/E child active, afebrile	4. RIV to add NASOCLEAR drops
	Vitals stable	
	CUE - S1, S2 ⊕	
	RS - ⊕ BAE ⊕, conducted sounds ⊕	noted by Jessie Sathithi
	PA - 60H	
	CRP - 126	
	WBC - 19.5K	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 10:45 AM	Seen By Dr. Vijayanand Sir.	
	fever : 4d throat pain ⊕ Intermittent headache no vomiting	Plan. 1- Continue w antibiotics 2- Send throat swab 3- Soft diet
	O/E alert, no neck stiffness moderately enlarged tonsils	
		Dr. VIJAYANAND JAMALPUR Reg. No: 40526  S. Salunhi
9/5/26 3:00 PM	Seen by Dr. vijayanand sir	
	No fever spikes : morning oral intake ⊕	Plan continue IV antibiotics
		NOTED by 2021199 P. mo

BAH-00594191 IP5-00173572
 Baby DIVYANSHA SHARMA
 14-02-2017 9 Y 2 M 26 D (F)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26 9:30 AM	Seen by Resident: A. Sainithi / Dr. Vijayanand	
	2 fever spikes yesterday with chills. oral intake fair throat pain better. O/E Alert, no respiratory distress Chest clear abdomen soft	Plan 1. Continue IV antibiotics 2. (C.R.P.) Tomorrow at 6 AM CRP) +1 extra plain 3. Trace blood c/s, throat swab c/s.
		Noted by Joun? Sainithi Dr. VIJAYANAND JAMALPURI Reg. No: 40526
11/5/26 8 PM	Seen by Resident ASis - AFI Db. Tonsillopharyngitis	Plan
	multiple fever spikes yesterday 10 Am - 102° F 10 PM - 103.5 11:30 PM - 102° F throat pain better	1. Continue CEFTRIAXONE 2. AIV auto upgrade antibiotic. 3. Trace CRP. 4. Trace throat swab c/s.
	O/E child active Vitals stable CVS - S, S2 @ RS - BAE @ Chest - clear Abdomen soft	Blood c/s - NG. noted by Swape Sainithi

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 Baby DIVYANSHA SHARMA (F)
 14-02-2017 9 Y 2 M 26 D
 Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/10/26 8:30 AM		plan
	Morning review by Dr. Sahitri noted	① To add Biliary scan Enterafate dose.
	Go Cash; Day	② Add widal to same sample
	O/E - Afebrile	
	No neck stiffness Chest - ✓	③ Trace CRP
		④ continue IV ceftriaxone
		⑤ Trace Blood CS Throat swab CS results
11/10/26 2:35 PM	Seen by Resident Adis - AFI. No fever spikes since morning throat pain better Oral intake fair O/E Alert, active afebrile Hemodynamically stable. CRP - 126 → 89 throat swab CS - NG.	Noted by Sweep Plan 1. Continue CEFTRIAXON AZITHROMYcin 2. Trace Widal 3. monitor vitals uniform SDS. Sahitri - Noted All

Dr. VIJAYANAND JAMALPURI
 Reg. No: 40526

BAH-00594191 IP5-00173572
 Baby DIVYANSHA SHARMA (F)
 14-02-2017 9 Y 2 M 28 D
 Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26. 5:30 PM	Seen by Resident Dr. Vijayanand No fever since morning	Continue IV antibiotics by discharge tomorrow
		§ Lactin
		Noted by Dr. VIJAYANAND JAMALPURI Reg. No: 40526
12/5/26 8:10 AM	Seen by Resident: Dr. Gaitan Aeri - Af	Plan
	1 fever spike - 101°F @ 7 AM - oral intake fair O/E child active, afebrile, hemodynamically stable chest clear abdomen soft	1. Continue CEFTRIAXONE AZITHROMYCIN 2. Plan OK today (hold)
Widal neg		§ Lactin
12/5/26 9:25 AM	C/S/B Dr. Vijayanand One fever spike	Adv: plan
	DE - ALBA No neck stiffness chest ✓	① continue antibiotics, ② Add blood for mp; Wcrl-felxo ③ stop IV Phids. to some sample.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/20 4:30 PM	C/S/B Resident	
	<u>A: AFI(D7)</u>	
	afebrile since 24 hrs.	<u>Adv.</u>
	orally accepting activity + better	1) Trace Weil-Felix Report f/m
MP - neg	u/o - good passed stools	2) Stop IVF 3) Encourage orally
	O/E: child alert vitals stable chest clear conducted sounds (+)	4) If Weil Felix negative, to stop Azithromycin
	abdomen soft	5) Ceftriaxone D5 Azithromycin D3 (enteric dose)
		6) (P) f/m <u>Active</u>
		7) CBP/CRP if cannula out/ next prick
		<u>Active</u>

BAH-00594191 IP5-00173572
 Baby DIVYANSHA SHARMA
 14-02-2017 9 Y 2 M 28 D (F)
 Dr. VIJAYANAND JAMALPURI



NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 5:05 AM	seen by Dr. Vijayanand	
	No fever spikes in morning	Plan - - CBP, CRP in morning - Continue antibiotics - Don't put new cannula if it's out
		Bheeth Noted by Sneha 6:00 AM 12/5/26 @ 8 PM
13/5/26 8:10 AM	C/S/B Dr. Vijayanand	Adv. (D) today
<ul style="list-style-type: none"> - afebrile for > 24h. - activity good. 		Syp Azee last dose today Syp Cefixime for 3 days
<ul style="list-style-type: none"> - vitals stable - chest clear. - abdomen soft 	R/v Friday	Dr. VIJAYANAND JAMALPURI Reg. No. 40526

BAH-00594191 IP5-00173572
 Baby DIVYANSHA SHARMA
 14-02-2017 9 Y 2 M 24 D (F)
 Dr. VIJAYANAND JAMALPURI



RESULT SHEET

Date	9/5/26	11/5/26			
Time					
Hb	11.5	11.8			
PCV	36.3	37.5			
RBC	4.85	4.95			
WBC	19.5k.	12.11			
N/L	78/12	20/10			
Platelets	3.14L	3.06			
CRP	126.	89.↓			
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine	0.6.				
ALP	206				
SGPT	15				
SGOT	29				
T.Bill/Conj	1.2/0.1				
T.Protein	7.5				
S.Albumin	4.4				
S.Globulin	3.1				
A/G Ratio	1.4				
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

BAH-00594191 IP5-00173572
 Baby DIVYANSHA SHARMA
 14-02-2017 9 Y 2 M 24 D (F)
 Dr. VIJAYANAND JAMALPURI



MEDICATION RECONCILIATION FORM

Drug Allergies: nil 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: ICU Shifted to: ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : A. Sarani

Date & Time : 8/5/26 11:40 pm

Nurse Name & Signature: Anneb A

Date & Time : 9/5/26 12:10 Am

BAH-00594191 IP5-00173572
 Baby DIVYANSHA SHARMA (F)
 14-02-2017 9 Y 2 M 24 D
 Dr. VIJAYANAND JAMALPURI



DRUG CHART

Date of Admission: 8/5/26 Drug Allergies: nil 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 : <u>Syp CROCCIN - DS</u>				Date/Time																
Dose	Route	Frequency	Start Date																	
<u>12ml</u>	<u>PO</u>	<u>SOS</u>	<u>8/5</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>Sanjay</u>		<u>3 days</u>	<u>[Signature]</u>																	
Additional Instructions:																				
<u>T > 100°F max 6th hely</u>																				

DRUG : <u>Syp MEFTAL (5/100)</u>				Date/Time	<u>9/5</u>	<u>10/5</u>	<u>11/5</u>													
Dose	Route	Frequency	Start Date																	
<u>15ml</u>	<u>PO</u>	<u>SOS</u>	<u>8/5</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>Sanjay</u>			<u>[Signature]</u>																	
Additional Instructions:																				
<u>T > 102°F</u>																				

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

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. 37.8 kg... Ward.

DRUG : <u>1g CEFTRIAXONE</u>				Date	Time
Dose	Route	Frequency	Start Date		
1.0 gm	IV	BD	8/5	10 AM	9/5
Name & Signature of the Doctor Starting the Drugs: <u>Harani</u>				changed dose Sainthi 9/5/26	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>1g ESCMOLE</u>				Date	Time
Dose	Route	Frequency	Start Date	8/5	9/5
40mg	IV	Q24h	8/5	10/5	11/5
Name & Signature of the Doctor Starting the Drugs: <u>Harani</u>				12/5	13/5
Additional Instructions:				6 AM	12 AM
Daily Doctor's Endorsement by a Sign					
DRUG : <u>1g MUCANE GEL</u>				Date	Time
Dose	Route	Frequency	Start Date	8/5	9/5
10ml	PO	BD	8/5	10/5	11/5
Name & Signature of the Doctor Starting the Drugs: <u>Harani</u>				12/5	13/5
Additional Instructions:				10 AM	12 AM
Daily Doctor's Endorsement by a Sign					
DRUG : <u>2g CEFTRIAXONE</u>				Date	Time
Dose	Route	Frequency	Start Date	9/5	10/5
2g	IV	BD	9/5	11/5	12/5
Name & Signature of the Doctor Starting the Drugs: <u>Sainthi</u>				10 PM	12 AM
Additional Instructions: <u>50 mg/kg dose</u>				10 PM	12 AM
Daily Doctor's Endorsement by a Sign					

VERIFIED

VERIFIED

VERIFIED

BAH-00594191 IP5-00173572
 Baby DIVYANSHA SHARMA
 14-02-2017 09 Y 2 M 25 D (F)
 Dr. VIJAYANAND JAMALPURI



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

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

Signature
 VERIFIED BY: Name

BAH-00594191 IP5-00173572
 Baby DIVYANSHA SHARMA
 14-02-2017 9 Y 2 M 25 D (F)
 Dr. VIJAYANAND JAMALPURI

9/5/26

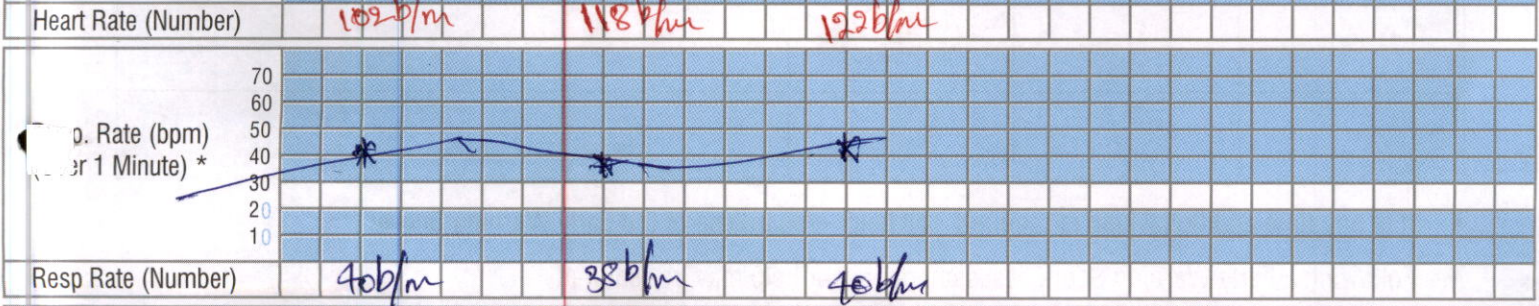
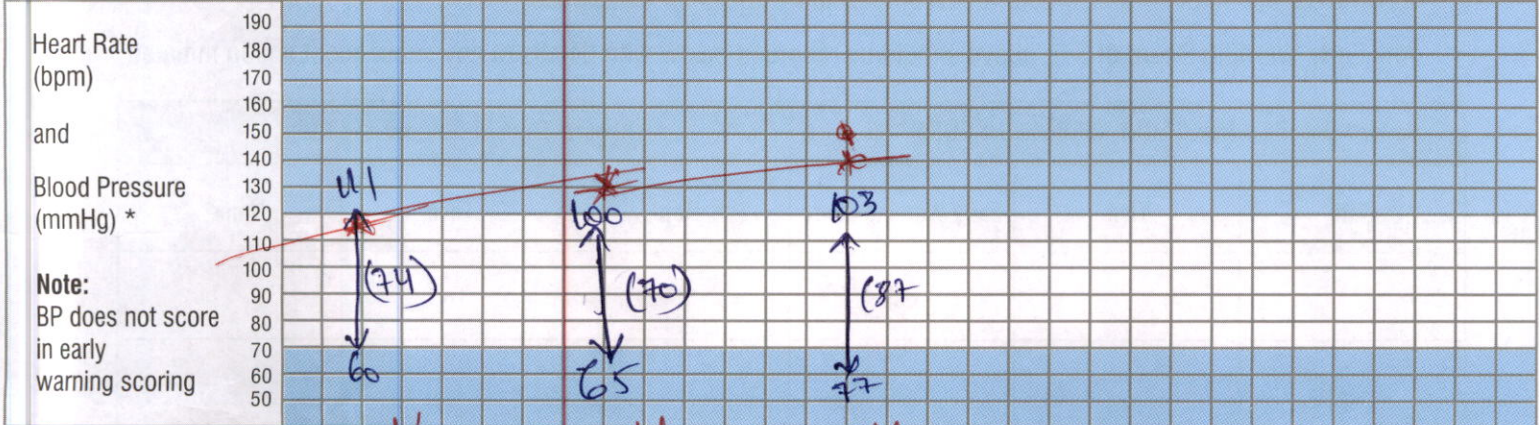
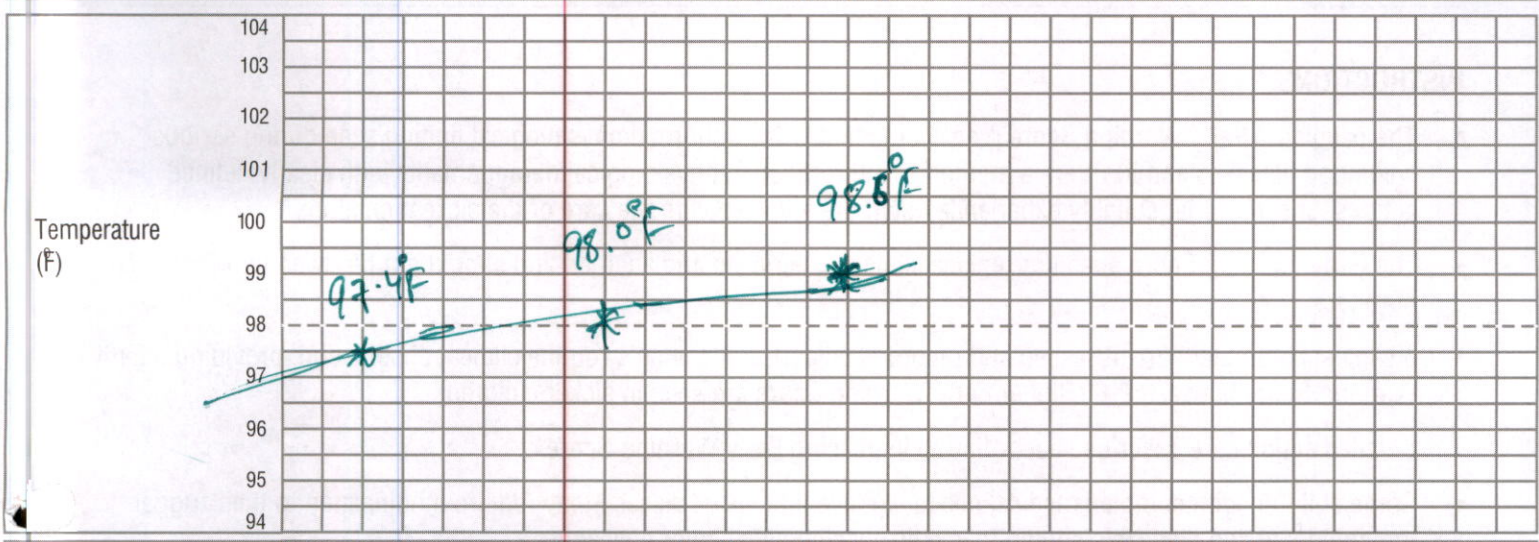
Doc. No. : RCHBH/ FRM / CLINICAL / 126

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: **1AM** **3AM** **6AM** **10AM** **4AM**
 Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe None / Mild			
Receiving O ₂ (l/min)	O ₂ Saturations (%)	100%	100%	100%
Conscious Level	Normal / Altered	✓	✓	✓
GCS *		(15/15)	(15/15)	(15/15)

TOTAL SCORE			
Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	[Signature]	[Signature]	[Signature]

ACTIONS

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

NB: Scores 3 should be recorded overleaf

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
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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)
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BAH-00594191 IP5-00173572
 Baby DIVYANSHA SHARMA
 14-02-2017 9 Y 2 M 25 D (F)
 Dr. VIJAYANAND JAMALPURI

9/15
 HBH/FRM/CLINICAL/126

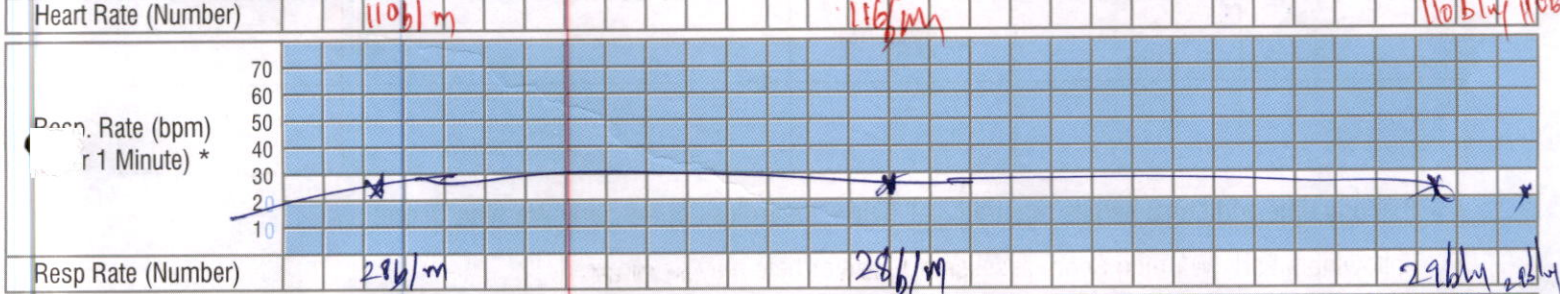
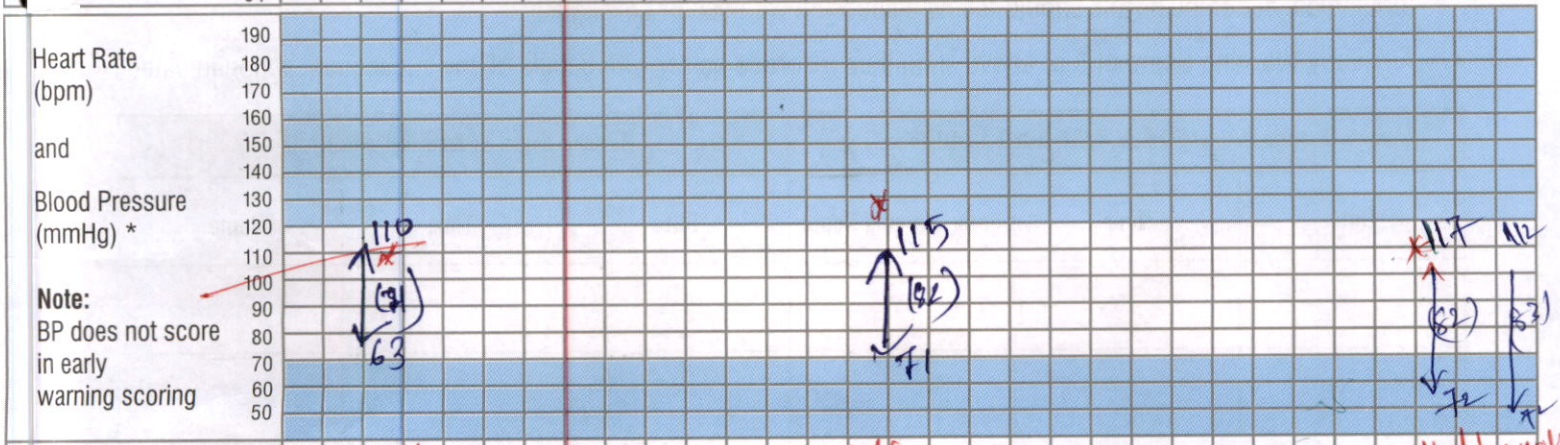
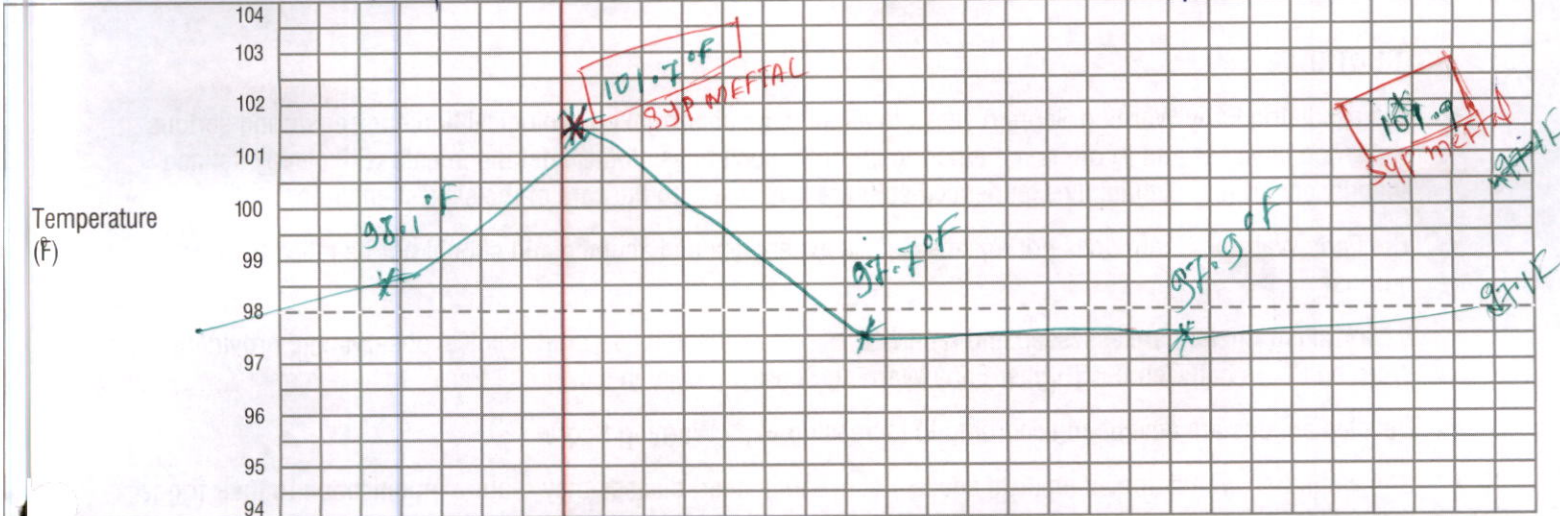
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 10 AM 1:30 PM 3:30 PM 7 PM 9 PM 12 PM
 Doctor / Nurse / Family Concern? Am Pm Pm Pm Pm Pm



Resp Distress	Mod/ Severe None / Mild				
Receiving O ₂ (l/min)					
O ₂ Saturations (%)		100%	100%	100%	100%
Conscious Level	Normal / Altered				
GCS *		15	15	15	15
TOTAL SCORE	Number of shaded boxes	0	0	0	0
Pain Score		0	0	0	0
Observer's Initials		Rim	Rim	Ry	Ry

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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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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BAH-00594191 IP5-00173572
 Baby DIVYANSHA SHARMA
 14-02-2017 9 Y 2 M 26 D (F)
 Dr. VIJAYANAND JAMALPURI



IC: RCHBH/FRM/CLINICAL/126

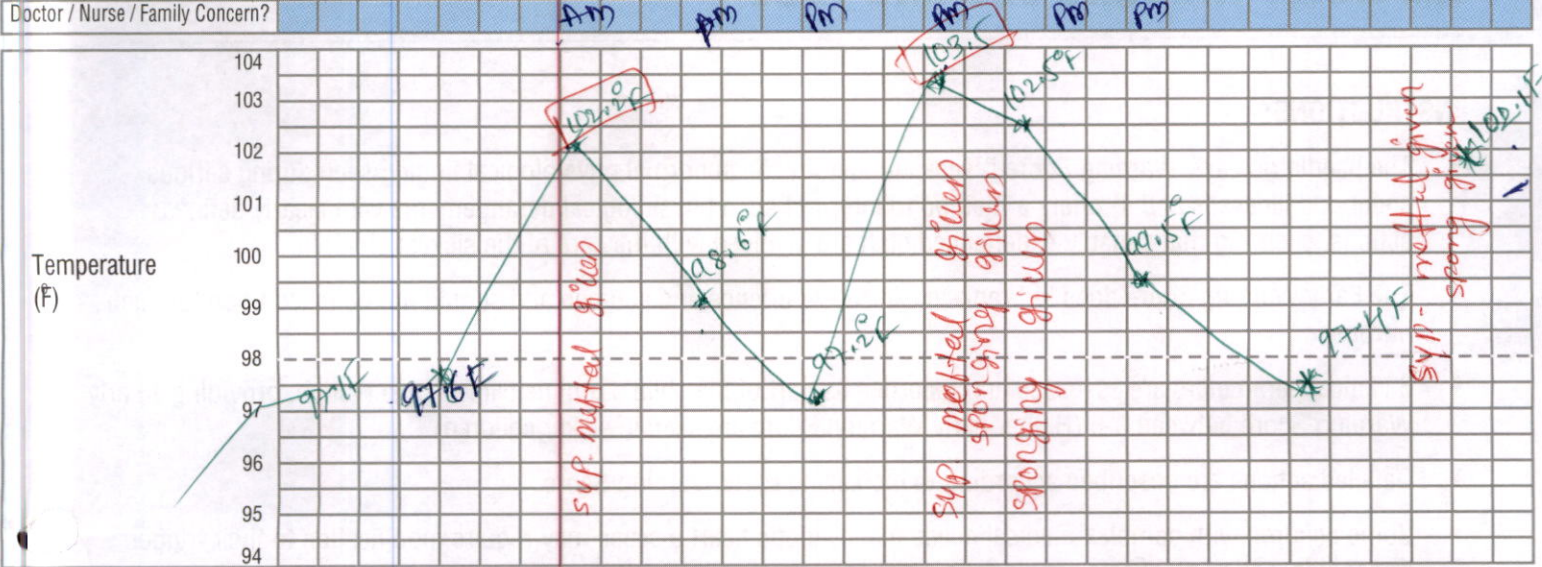
10/5/26

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 4:30 AM 6:30 AM 10:20 AM 12:00 PM 1 PM 5 PM 5:35 PM 6:30 PM 10:50 PM 11:30 PM
 Doctor / Nurse / Family Concern? [] [] [] [] [] [] [] [] [] [] []



Heart Rate (bpm)	Blood Pressure (mmHg) *
110 bpm	103/61
111 bpm	102/69
112 bpm	112/69
102 bpm	97/69
102 bpm	103/68

Note: BP does not score in early warning scoring

Resp Rate (Number)
30 bpm
29 bpm
26 bpm
26 bpm
28 bpm
28 bpm

Resp Distress	Mod/ Severe	None / Mild
Receiving O ₂ (l/min)	O ₂ Saturations (%)	
	99	
	100 - 100%	
	98%	
	99	
Conscious Level	Normal	Altered
GCS *	✓	✓

TOTAL SCORE
Number of shaded boxes
Pain Score
Observer's Initials

ACTIONS

Score 1 : Continue normal observation by staff nurse
 Score 2 : Shift in charge nurse to be informed and continue hourly observations
 Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
 Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
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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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11/5/26

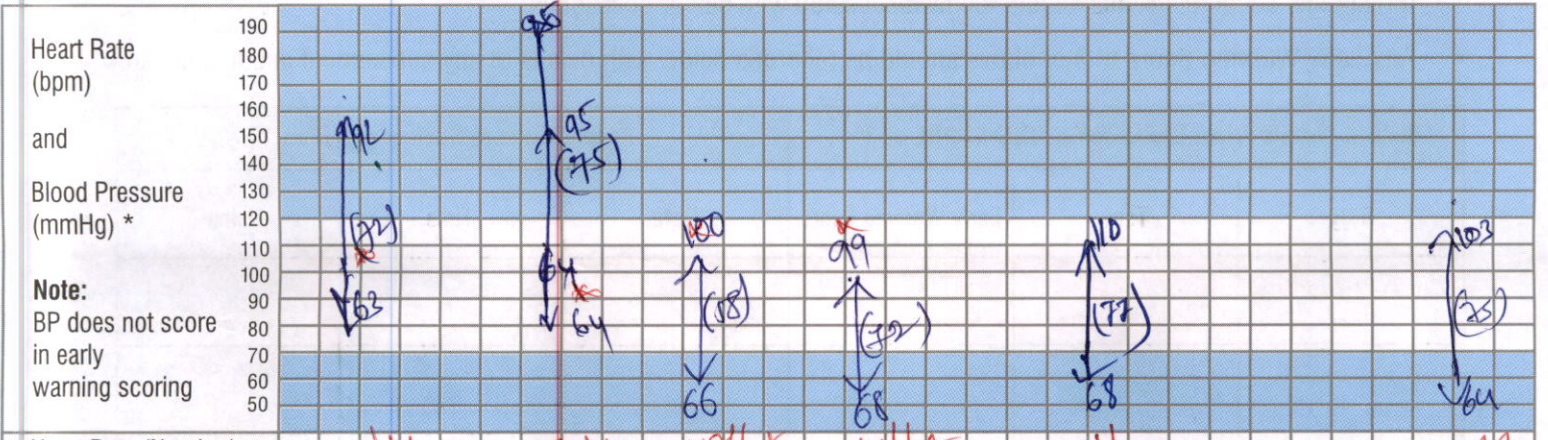
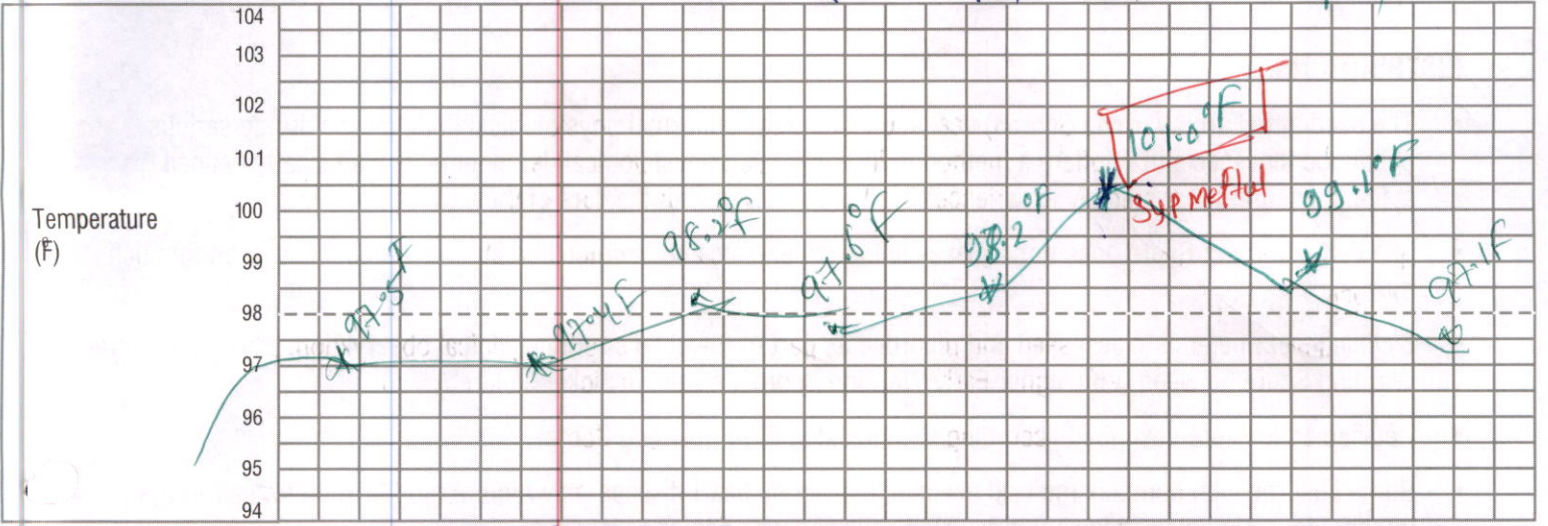
Doc. No. : RCHBH/FRM / CLINICAL / 126

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

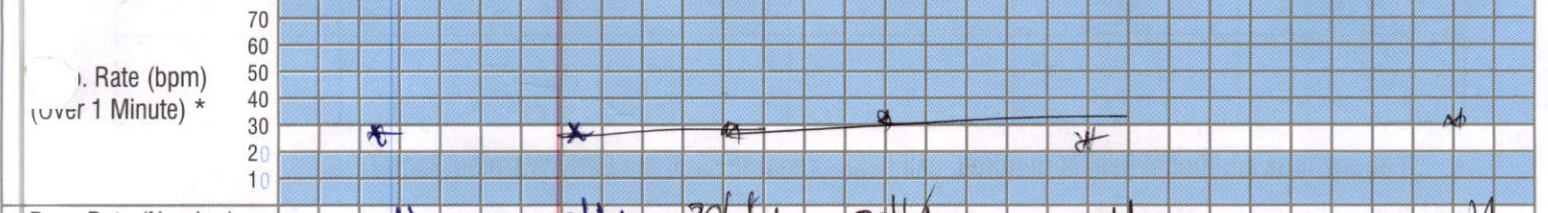


EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 9:30 AM 6 AM 10 AM PM PM PM PM PM 11 PM
 Doctor / Nurse / Family Concern?



Heart Rate (Number) 126/124 126/124 118/118 116/116 112/112 112/112



Resp Rate (Number) 26/124 26/124 30/124 30/124 30/124 30/124

Resp Distress	Mod/ Severe	None / Mild
Receiving O ₂ (l/min)		
O ₂ Saturations (%)	99	
Conscious Level	Normal	
GCS *	1	

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

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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Date	Time	Early Warning Score	Date	Time	Name

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BAH-00594191 IP5-00173572
 Baby DIVYANSHA SHARMA
 14-02-2017 9 Y 2 M 26 D (F)
 Dr. VIJAYANAND JAMALPURI

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

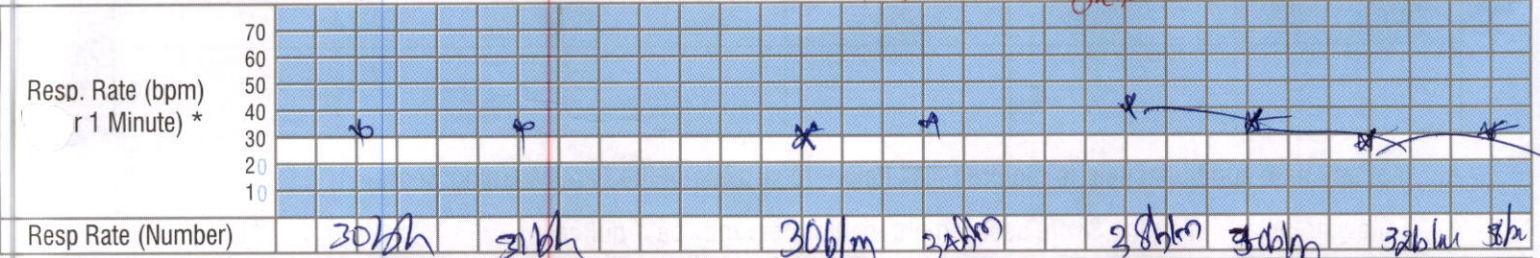
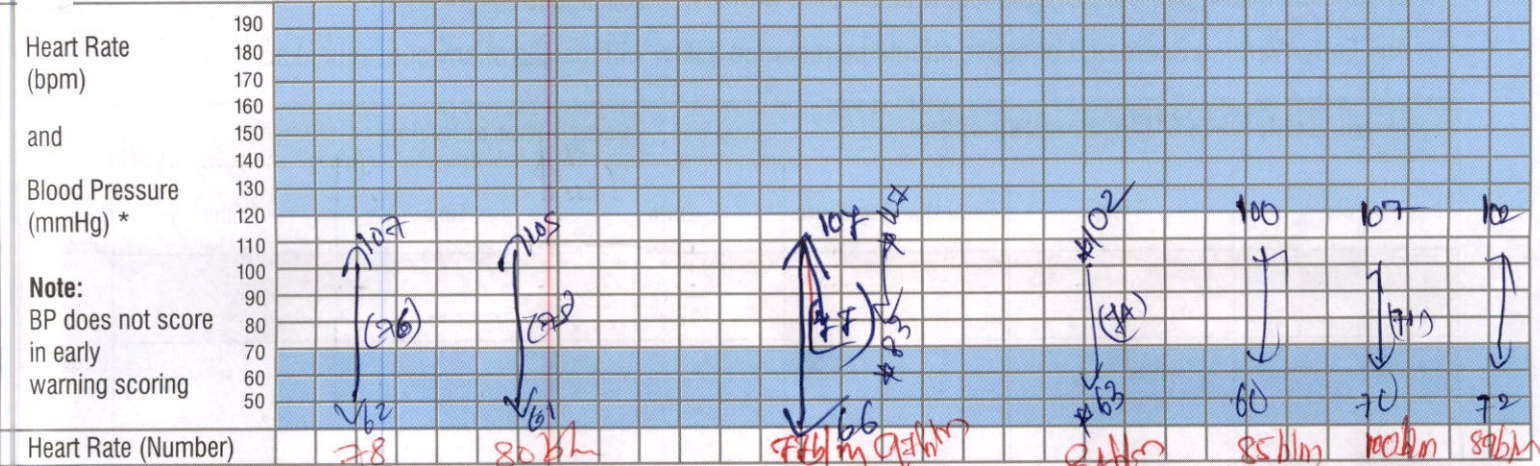
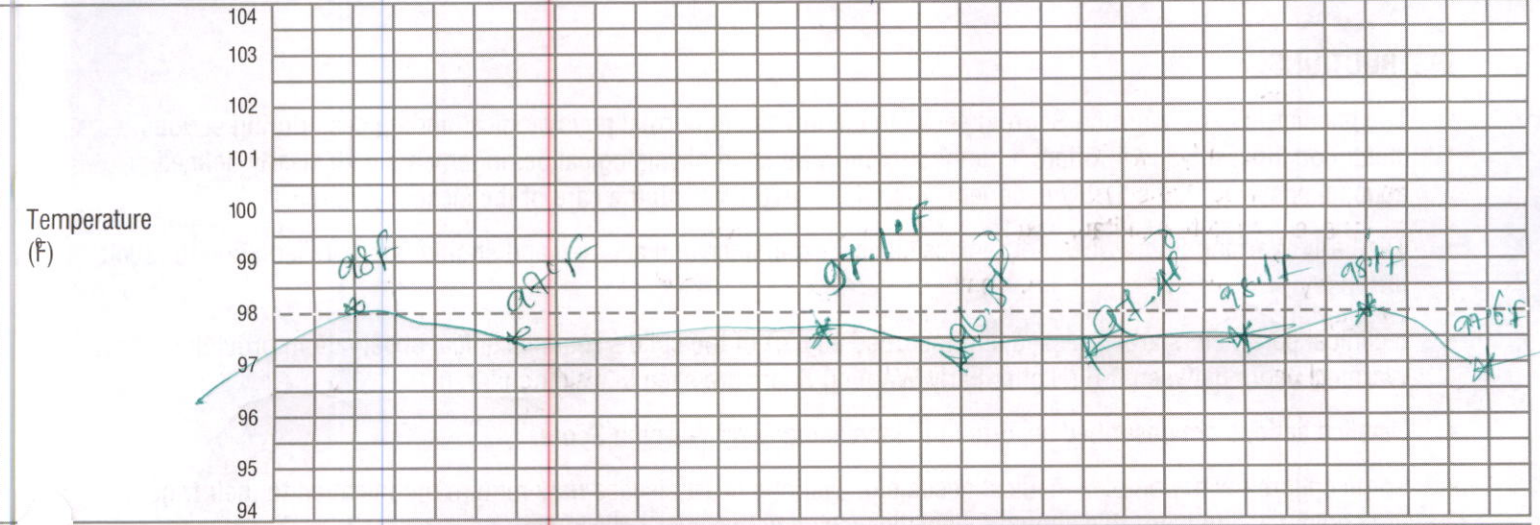
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BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 1 Am 6 Am 11 Am 3 pm 6 pm 9 pm 2 Am 6 Am
 Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe None / Mild							
Receiving O ₂ (l/min)	O ₂ Saturations (%)	99	100%	100%	98%	99%	99%	99%
Conscious Level	Normal Altered			(M)	(M)	(M)	(M)	(M)
GCS *		10	10	(M)	(M)	(M)	(M)	(M)
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		A	E	Rim	R	R	B	B

ACTIONS

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Patient Sticker

BAH-00594191 IP5-00173572
 Baby DIVYANSHA SHARMA
 14-02-2017 9 Y 2 M 24 D (F)
 Dr. VIJAYANAND JAMALPURI



JID CHART

8/5/26

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	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	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												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm	NA											
	12:00 am	H2O								NA	0	Jessie	
	01:00 am										0	Jessie	
Total Intake :			Taken			Total Output :					U-0	M-0	
	02:00 am									✓	0	Jessie	
	03:00 am	↓	70ml								0	Jessie	
	04:00 am	D	70ml								0	Jessie	
	05:00 am	W	70ml								0	Jessie	
	06:00 am	S	70ml							✓	0	Jessie	
	07:00 am	↑	70ml								0	Jessie	
Total Intake :			350ml			Total Output :					U-2	M-0	
Total 24 hrs. Intake		350ml		Total 24 hrs. Output		U-2		M-0					

FLUID CHART



Sheet No. : (2)

9/5/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am			Foml							✓	0	Rim
	09:00 am		H2O	Foml								0	Rim
	10:00 am	DNS		AB			NP					0	Rim
	11:00 am			—								0	Rim
	12:00 pm		H2O	—							✓	0	Rim
	01:00 pm			—								0	Rim
Total Intake :						Total Output : U - 2 M - 0							
	02:00 pm			Foml								0	Rim
	03:00 pm		H2O	Foml							✓	0	Rim
	04:00 pm	DNS		Foml			NP					0	Rim
	05:00 pm			Foml							✓	0	Rim
	06:00 pm		H2O	Foml								0	Rim
	07:00 pm			Foml								0	Rim
Total Intake :						Total Output : U - 3 M - 0							
9/5/26	08:00 pm											0	Sangee
	09:00 pm											0	Sangee
	10:00 pm	DNS	H2O	Foml			NP				✓	0	Sangee
	11:00 pm			Foml								0	Sangee
	12:00 am		H2O	Foml								0	Sangee
	01:00 am	DNS		Foml								0	Sangee
Total Intake :						Total Output : U - 1 M - 0							
10/5	02:00 am											0	Sangee
	03:00 am	DNS	H2O	Foml							✓	0	Sangee
	04:00 am	DNS		Foml			NP					0	Sangee
	05:00 am		H2O									0	Sangee
	06:00 am	DNS		Foml								0	Sangee
	07:00 am											0	Sangee
Total Intake :						Total Output : U - 1 M - 0							
Total 24 hrs. Intake						Total 24 hrs. Output							
						M - 0 U - 4							

BAH-00594191
 Baby DIVYANSHA SHARMA
 14-02-2017 9 Y 2 M 28 D (F)
 Dr. VIJAYANAND JAMALPURI

IPS-00173572

FLUID CHART

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

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 Your Right to a Safe Delivery

Sheet No. :

10/5/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am			70ml						/	0	Julli	
	09:00 am	↓	H2O	70ml						/	0	Julli	
	10:00 am	DNS		Abx			✓			/	0	Julli	
	11:00 am		H2O	-							0	Julli	
	12:00 pm	↑		70ml						/	0	Julli	
	01:00 pm	↓	H2O	70ml							0	Julli	
Total Intake :						Total Output :					0-3	m-1	Canule
	02:00 pm	↓		-						✓	0	Julli	
	03:00 pm	↓		-			1			✓	0	Julli	
	04:00 pm	DNS		70ml			NA				0	Julli	
	05:00 pm			70ml						✓	0	Julli	
	06:00 pm	↑		70ml			1			✓	0	Julli	
	07:00 pm	↑		70ml							0	Julli	
Total Intake :						Total Output :					0-2	m-0	
	08:00 pm	↓		70ml			1				0	Singer	
	09:00 pm	↓	H2O	70ml			1			→	0	Singer	
	10:00 pm	DNS						✓			0	Singer	
	11:00 pm	↑	H2O	70ml			1			→	0	Singer	
	12:00 am						1				0	Singer	
	01:00 am		H2O	70ml			1				0	Singer	
Total Intake :						Total Output :							
	02:00 am	↓		70ml			1				0	Singer	
	03:00 am	↓	H2O				1			→	0	Singer	
	04:00 am	DNS		70ml							0	Singer	
	05:00 am	↑	H2O				1			✓	0	Singer	
	06:00 am			70ml			1				0	Singer	
	07:00 am	↓	H2O				1				0	Singer	
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output					m-0	0-4	

BAH-00594191
 Baby DIVYANSHA SHARMA
 14-02-2017 8 Y 2 M 25 D
 Dr. VIJAYANAND JAMALPURI (F)



FLUID CHART

Sheet No. : *26/26*

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am						✓			✓	0	<i>Gay</i>	
	09:00 am	<i>H₂O</i>	<i>FOM</i>								0	<i>Gay</i>	
	10:00 am		<i>FOM</i>								0	<i>Gay</i>	
	11:00 am	<i>H₂O</i>	<i>FOM</i>								0	<i>Gay</i>	
	12:00 pm		—				✓			✓	0	<i>Gay</i>	
	01:00 pm	<i>H₂O</i>	—								0	<i>Gay</i>	
Total Intake :						Total Output : <i>2m 2</i>							
	02:00 pm		<i>FOM</i>							✓	0	<i>Rim</i>	
	03:00 pm	<i>H₂O</i>	<i>FOM</i>							✓	0	<i>Rim</i>	
	04:00 pm		—				<i>MP</i>			✓	0	<i>Rim</i>	
	05:00 pm	<i>H₂O</i>	—							✓	0	<i>Rim</i>	
	06:00 pm		—							✓	0	<i>Rim</i>	
	07:00 pm	<i>H₂O</i>	—								0	<i>Rim</i>	
Total Intake :						Total Output : <i>U - 3 M - 0</i>							
	08:00 pm	<i>Dng</i>		<i>20ml</i>							0	<i>Jyothi</i>	
	09:00 pm	<i>Dng</i>	<i>H₂O</i>	<i>20ml</i>							0	<i>Jyothi</i>	
	10:00 pm	<i>Dng</i>		<i>20ml</i>						✓	0	<i>Jyothi</i>	
	11:00 pm		<i>H₂O</i>				<i>MP</i>				0	<i>Jyothi</i>	
	12:00 am										0	<i>Jyothi</i>	
	01:00 am									✓	0	<i>Jyothi</i>	
Total Intake :						Total Output : <i>U - 1 M - 0</i>							
	02:00 am		<i>H₂O</i>							✓	0	<i>Jyothi</i>	
	03:00 am										0	<i>Jyothi</i>	
	04:00 am		<i>H₂O</i>				<i>MP</i>			✓	0	<i>Jyothi</i>	
	05:00 am									✓	0	<i>Jyothi</i>	
	06:00 am		<i>H₂O</i>								0	<i>Jyothi</i>	
	07:00 am										0	<i>Jyothi</i>	
Total Intake :						Total Output : <i>U - 0 M - 0</i>							
Total 24 hrs. Intake						Total 24 hrs. Output <i>U - 0 M - 2</i>							



FLUID CHART

12/5/26

Sheet No. : 5

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am									✓	0	Rm
	09:00 am		H2O								0	Rm
	10:00 am	NG IVF					NP				0	Rm
	11:00 am										0	Rm
	12:00 pm		H2O							✓	0	Rm
	01:00 pm										0	
Total Intake :						Total Output : U - 2 M - 0						
	02:00 pm										0	Suck
	03:00 pm		H2O				✓			✓	0	Suck
	04:00 pm	NO IVF									0	Suck
	05:00 pm		H2O							✓	0	Suck
	06:00 pm										0	Suck
	07:00 pm		H2O								0	Suck
Total Intake :						Total Output : M - 1 U - 2						
	08:00 pm										0	Waith
	09:00 pm		H2O							✓	0	Waith
	10:00 pm										0	Waith
	11:00 pm	NO IVF					NP			✓	0	Waith
	12:00 am										0	Waith
	01:00 am		H2O								0	Waith
Total Intake :						Total Output : U: 2 M: 0						
	02:00 am											Waith
	03:00 am		H2O									Waith
	04:00 am	NO IVF					NP					Waith
	05:00 am									NP		Waith
	06:00 am		H2O									Waith
	07:00 am											Waith
Total Intake :						Total Output : U: 0 M: 0						
Total 24 hrs. Intake						Total 24 hrs. Output					U: 6 M: 1	

BAH-00594191 IP5-00173572
 Baby DIVYANSHA SHARMA
 14-02-2017 9 Y 2 M 28 D (F)
 Dr. VIJAYANAND JAMALPURI



FLUID CHART



Sheet No. : 0

13/5/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
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 []

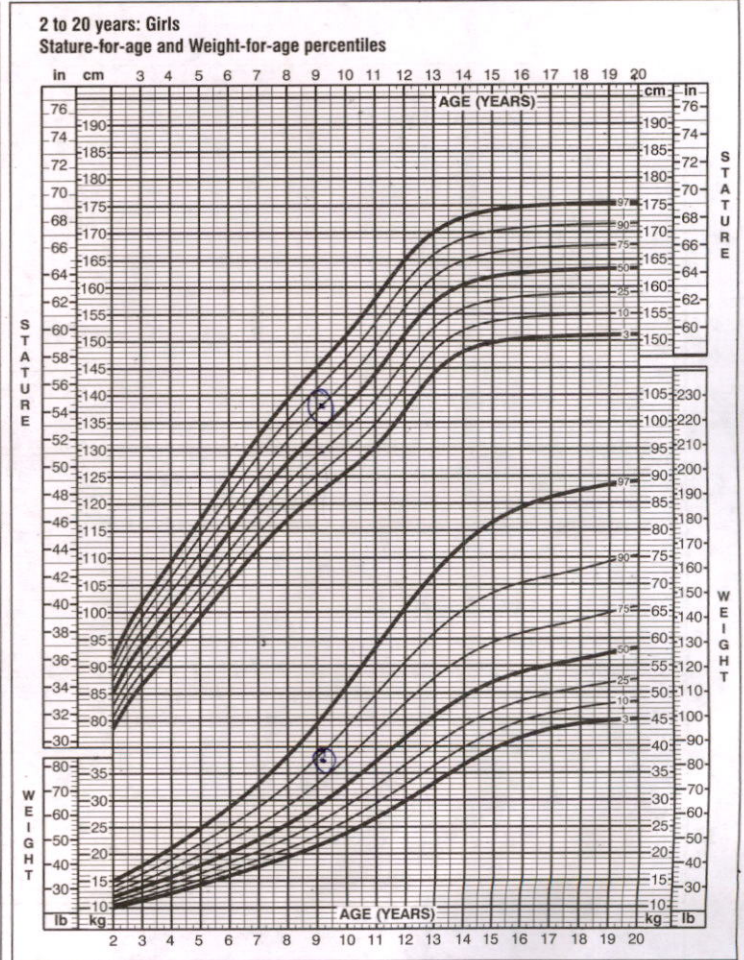
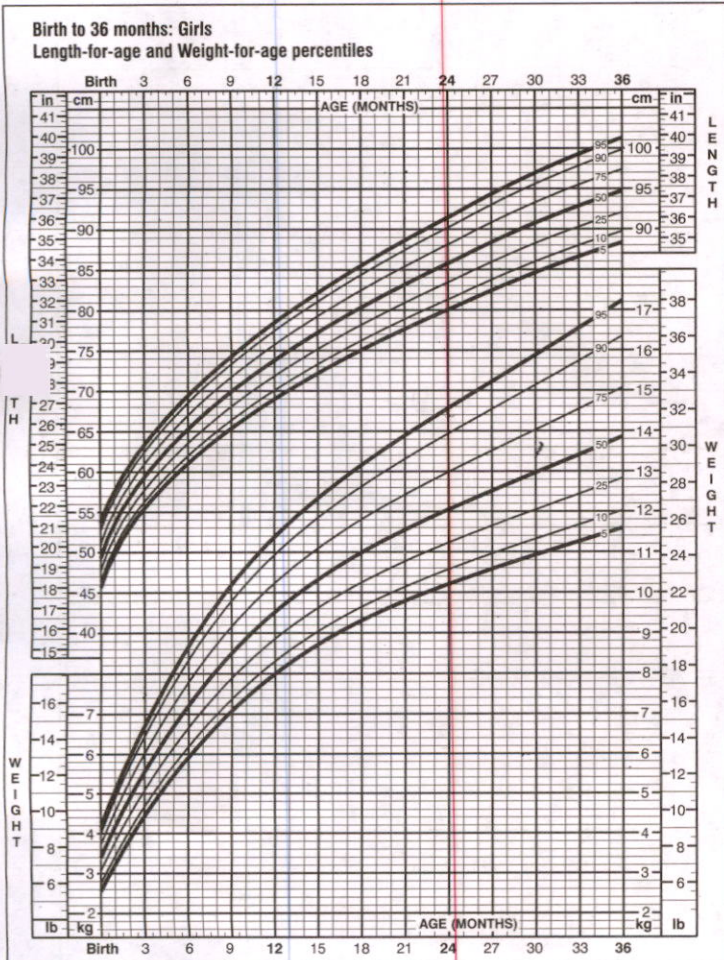
215 B

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 9/5/26 Time: 8am

Weight: 37 kg Centile: > 75th
 Height: 138 cm Centile: 75th
 Inference: - overweight child
 RDA: - Calories: 1800 kcal/d Protein: 28g/d
 Diet Recommendations: Normal diet
 Re-Assessment: Avoid spicy, chilled, outside foods
 Food Allergies: NO Veg/Non-veg: Non-veg
 Diagnosis: APL & Tonsillopharyngitis
 Nutritional Intervention - Oral Enteral Parenteral
 Patient's Signature: *Shreya*

GROWTH CHART (GIRLS)



Dietician's Name: *Nikitha*

Dietician's Signature: *Nikitha*

