

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

BAH-00657835 IP5-00174618
Master AILENI ADVITH REDDY
17-02-2023 3 Y 3 M 16 D (M)
Dr. PILLARISETTI NAVEEN SARADHI

Attendant: _____ Dept : _____

Date of Admission: _____ of Discharge : _____ Time: _____



Room / Bed No : _____ Suggested Billable bed type : _____

WARD TRANSFERS

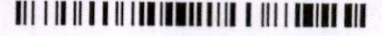
Date	Time	From	To	Signature of Nurse
11/6/26	7:30 AM	EE	14)	[Signature]

Cross Consultation Visit

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

**Rainbow Children's Hospital - Banjara Hills**

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad
,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET**Registration Details :**

Admission No : IP5-00174618 Admit Date : 01-Jun-2026 Admit Time : 07:05 PM UHID : BAH-00657835

Patient Details :

Patient Name : Master AILENI ADVITH REDDY Age : 3 Y 3 M 15 D
Guardian : Mr AILENI LINGA REDDY DOB : 17-02-2023
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H NO 2-98, NEAR GRAM PANCHAYATH Raikal Phone No : 6281769538/ 6302121775
Karimnagar Telangana INDIA 505480 E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD Bed No : GW 141 Ward Name : 1F-GENERAL WARD II
Room No : GW 141 Admission Type : First Visit

Contact Details :

Name : Mr AILENI LINGA REDDY Relationship : Father
Contact Address : H NO 2-98, NEAR GRAM PANCHAYATH Phone No : 6281769538
Raikal Karimnagar Telangana INDIA 505480

A. Lijeddy
Signature

Doctor Details :

Doctor Name : Dr. PILLARISETTI NAVEEN SARADHI Specialisation : PULMONOLOGY
Referral Doctor : Self Phone No :
Co-Consultant : Dr. SHRUTI KOTAPALLI

Payment Details :

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

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____
Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Cough since last 2 weeks.

History of present illness :

Cough since last 2 weeks.

Post tussive vomiting ⊕ - 2 episodes / day (today)

No H/O fever.

No H/O previous recurrent cough.

gnx - CXR (29/5/23) - Bil mild hyperinflation
Chest - RML
Lingular opacities ⊕.

RR - 1 w/ Pantop
on sensor) 1 stat gives. No vomiting
2 episodes

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Per

Physical Examination

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

Birth & Neonatal History:

□ TO
→ □

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

normal for age

Immunization History :

immunized till age .



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): 93 (Centile _____)
Weight (kgs) 11.72 (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 108/m² B.P. 112/58 SPO2 98% C R/A

Resp. rate and type of breathing : _____

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any addes sounds : _____

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

Bk wheezes ⊕
Bk crackles ⊕
Bk AFB.

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : _____

Any murmur : _____

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

S2 ⊕

Per Abdomen :

Inspection _____

Palpation : _____

Ausculation : _____

Spine : _____ External Genitalia : _____

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

Sabd

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Master ALENI ADVITH REDDY
17-02-2023 3 Y 3 M 15 D (M)
Dr. PILLARISETTI NAVEEN SARADHI



& Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____ *ALOK*

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

*(RT) i - wheez ? Pneumonia
? Foreign body*

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Cupellation

Desired goals of the treatment: Resolution of symptoms -

Planned Labs:

- CBP
 - CRP
 - 1 Extra plain } not cultured
 - 1 Extra EDTA }
 - Bordetella pertussis PCR
- N/B Anus 1/6/25

Planned Management

- PAC
 - Flexible bronchoscopy (MLB) Tomorrow
 - inj. Moxpenem
 - inj. Methyl prednisolone 25mg OD
 - Syr. Azee
 - Levofloxacin Neb 0.53 mg @ 6 hourly
 - Budecort Neb 0.5 mg 12 hourly
 - NPO from 5am
 - Influid tomorrow
- N/B Anus 1/6/25

Signature of the Doctor: N.P
 Name of the Doctor: N. Pearwshu
 Date & Time: 01/06/25, 6 PM

Signature of the Consultant: [Signature]
 Name of the Consultant: Dr. Naveen Saradhi
 Date & Time: 1/6/25



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 9:50am	<p>C/S/B Dr. Shunti Kotapalli <u>C/O Pneumonia</u></p>	<p><u>Adv</u></p>
	<p>Afebrile Vitals stable SpO₂ - 100% (RA) Chest - Op mild wheeze, B/L AE +. CVS - NAD P/A - soft, non-tender cough ↓ than before.</p>	<p>- Hold bronchoscopy today - Mucopenem - Azel - Metylpred - Neb - unolin 6h budesal BD</p>
		<p>- Plan for flexible bronchoscopy tomorrow - Trace Bordetella pertussis PCR - Esomeprazole / Ondans</p>
		<p style="text-align: right;">Adv</p>
2/6/26	<p>C/S/B Dr. Shunti <u>C/O pneumonia</u></p> <p>afebrile since O/E - stable vitals SpO₂ - 99% on RA chest: BAE ⊕ B/L mild wheeze ⊕</p>	<p>N.B Nitika</p> <p><u>Adv</u></p> <p>→ NPO from 8am Bronchoscopy tm 2pm → Continue antibiotics & MPS & nebs as charted → Trace Bordetella PCR.</p> <p style="text-align: right;">Adv</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/16/26 9am	US/B Dr Naveen Saradhi/ Dr Shanti Kotapalli c/o Pneumonia / Pertussis	Adv
	Afabrule Vitals stable SpO ₂ - 98% (RA) Chest - B/L conducted sounds, B/L wheeze, B/L AE + CVS - NAD P/A - soft, non-tender cough & vomitings reduced.	- amoxicillin - Azel - Methylpred - Neb - levolin 6h budesal BD - Esomeprazole / Ondans / Lenoct - Hold bronchoscopy
	Bordetella pertussis PCR (+) (verbal report)	S3
		[Signature]
3/16/26 6pm	US/B Pulmo team Afabrule Vitals stable SpO ₂ - 98% (RA) Chest - B/L AE +	Adv continue same
		[Signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/20 9am	<p><u>US/B Dr Naveen Saradhi</u> <u>No Pertussis</u></p>	<p><u>Adv</u></p>
	<p>Afebrile Vitals stable SpO₂ - 99% (RA) Chest - B/L VBS, B/L AE + cough & wheezings ↓. CVS - NAD P/A - soft, non-tender</p>	<p>- Amoxicillin - Azee - Metylpred - Neb - levofin budesal - Esomeprazole / Ondem / Levocet ↓ <u>Discharge Today.</u></p>
		<p><i>[Signature]</i></p>

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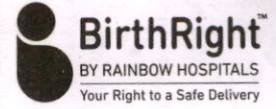


RESULT SHEET

Date	1/6/26			
Time				
Hb	12.3			
PCV	36.7			
RBC	4.54			
WBC	16780			
N/L	35/59			
Platelets	402			
CRP	5			
ESR				
PCT				
RBS				
Na				
K				
Cl				
Ca/Mg				
Phosphate				
Urea				
Creatinine				
ALP				
SGPT				
SGOT				
T.Bil/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				

DC

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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: 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: N. Prathishw. N.P.

Date & Time: 01/06/2023 6pm

Nurse Name & Signature: Aradh [Signature]

Date & Time: 1/6/2023 6:pm

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Sheet No:

REGULAR PRESCRIPTIONS

Weight 11.72kg Ward

DRUG : BUDESAL . NEB				Date Time	1/6	2/6	3/6													
Dose	Route	Frequency	Start Dt.																	
0.5mg	NEB	12H	01/06																	
Name & Signature of the Doctor Starting the Drugs: N. Prathish				10AM X 10AM 11AM 12PM 1PM 2PM 3PM 4PM 5PM 6PM 7PM 8PM 9PM 10PM 11PM 12AM																
Additional Instructions:				10PM 10PM 11PM 12AM 1AM 2AM 3AM 4AM 5AM 6AM 7AM 8AM 9AM 10AM 11AM 12PM 1PM 2PM 3PM 4PM 5PM 6PM 7PM 8PM 9PM 10PM 11PM 12AM																
Daily Doctor's Endorsement by a Sign																				
DRUG : INJ ESOME PRAZOLE				Date Time	2/6	3/6	4/6													
Dose	Route	Frequency	Start Dt.																	
10mg	IV	OD	2/6																	
Name & Signature of the Doctor Starting the Drugs: Somasheela				6AM 2PM 6AM 7AM 8AM 9AM 10AM 11AM 12PM 1PM 2PM 3PM 4PM 5PM 6PM 7PM 8PM 9PM 10PM 11PM 12AM																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : INJ OMEZ				Date Time	2/6	3/6	4/6													
Dose	Route	Frequency	Start Dt.																	
2mg	IV	TID	2/6																	
Name & Signature of the Doctor Starting the Drugs: Somasheela				6AM 2PM 6AM 7AM 8AM 9AM 10AM 11AM 12PM 1PM 2PM 3PM 4PM 5PM 6PM 7PM 8PM 9PM 10PM 11PM 12AM																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : SYR LEVOCAT				Date Time	3/6															
Dose	Route	Frequency	Start Dt.																	
5ml	PO/TSD	OD	3/6																	
Name & Signature of the Doctor Starting the Drugs: Somasheela				10PM 10PM 11PM 12AM 1AM 2AM 3AM 4AM 5AM 6AM 7AM 8AM 9AM 10AM 11AM 12PM 1PM 2PM 3PM 4PM 5PM 6PM 7PM 8PM 9PM 10PM 11PM 12AM																
Additional Instructions: 5ml = 2.5mg																				
Daily Doctor's Endorsement by a Sign																				

VERIFIED BY: Nat... Signature

DC

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 17-02-2023 3 Y 3 M 15 D (M)
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Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

VERIFIED BY : Name Signature

BAH-00657835 IP5-00174618
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 17-02-2023 3 Y 3 M 16 D (M)
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DRUG CHART

Date of Admission: 1/6/23 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 :				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

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

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

VERIFIED BY : Name Sign



REGULAR PRESCRIPTIONS

Weight: 11.725 Ward:

DRUG : <u>LY. MEROPENEM</u>				Date	1/6	2/6	3/6	4/6												
				Time																
Dose	Route	Frequency	Start Date																	
440mg	IV	8H	01/06	6AM X pramed Chandu pramed pramed pramed																
Name & Signature of the Doctor Starting the Drugs:																				
N. Prathishu				2PM X pramed Chandu pramed pramed																
Additional Instructions:																				
40mg/kg/dose				10PM pramed Chandu pramed pramed																
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>LY. METHYLPREDNISOLONE</u>				Date	1/6	2/6	3/6													
				Time																
Dose	Route	Frequency	Start Date																	
25mg	IV	OD	01/06	10PM pramed Chandu pramed pramed																
Name & Signature of the Doctor Starting the Drugs:																				
N. Prathishu																				
Additional Instructions:																				
1																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>SYP. AZITHROMYCIN</u>				Date	1/6	2/6	3/6													
				Time																
Dose	Route	Frequency	Start Date																	
3ml	PO	OD	01/06	10PM pramed Chandu pramed pramed																
Name & Signature of the Doctor Starting the Drugs:																				
N. Prathishu																				
Additional Instructions:																				
(5ml/200mg)																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>LEUOVU NEB</u>				Date	1/6	2/6	3/6	4/6												
				Time																
Dose	Route	Frequency	Start Date																	
0.63mg	NEB	6H	01/06	6AM X Chandu Chandu Chandu																
Name & Signature of the Doctor Starting the Drugs:																				
N. Prathishu				12PM X Chandu Chandu Chandu																
Additional Instructions:																				
				6PM X Chandu Chandu Chandu																
				12AM Chandu Chandu Chandu																
Daily Doctor's Endorsement by a Sign																				

BAH-00657335 IP5-00174618
Master AILENI ADVITH REDDY
17-02-2023 3 Y 3 M 16 D (M)
Dr. PILLARISETTI NAVEEN SARADHI



141

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
02/06/26	00.00	Nebuliser:- Budesal (10pm)	Shariya (3)	
03/06/26	01.00	Nebuliser:- levolin (12am/6am)	Shariya	9640323
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
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	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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 17-02-2023 3 Y 3 M 18 D (M)
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No. : RCHBH/ FRM / CLINICAL / 126

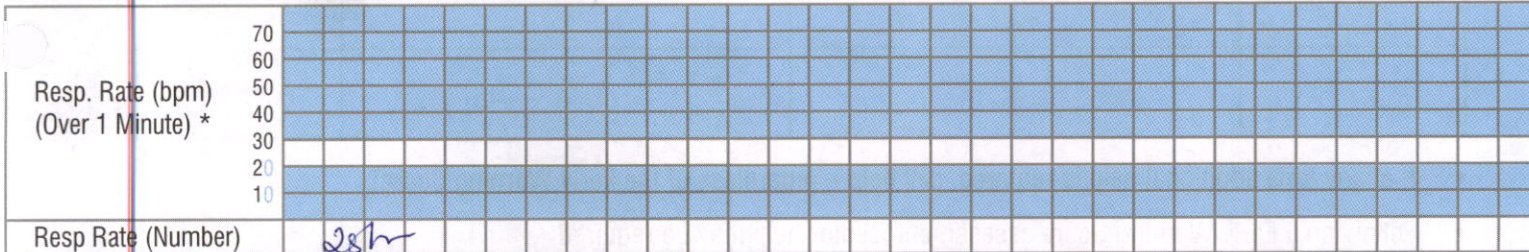
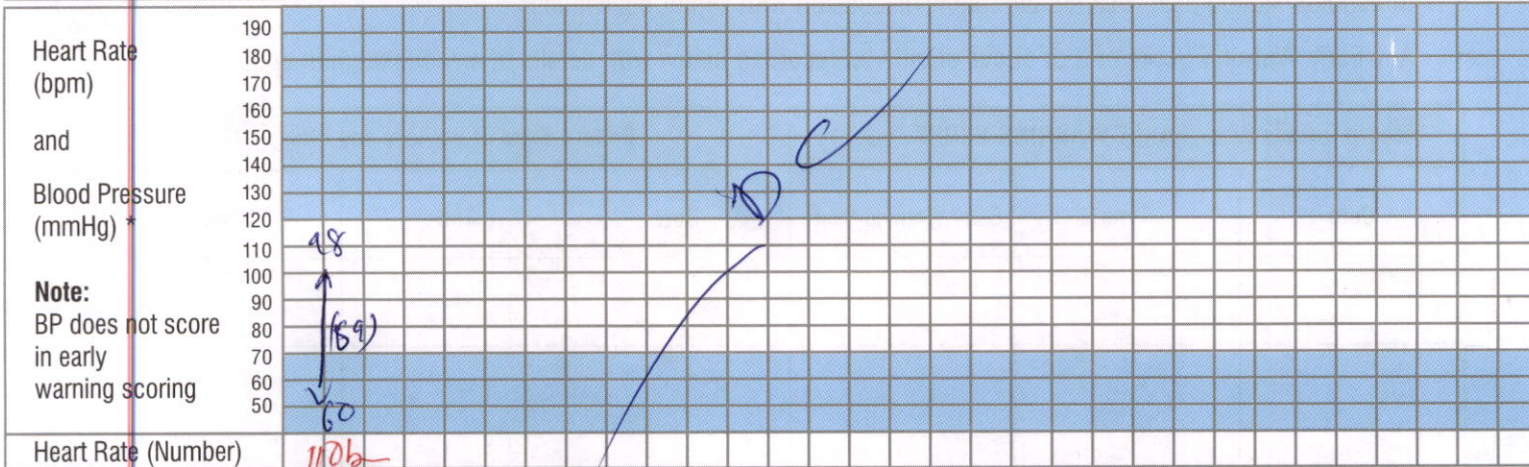
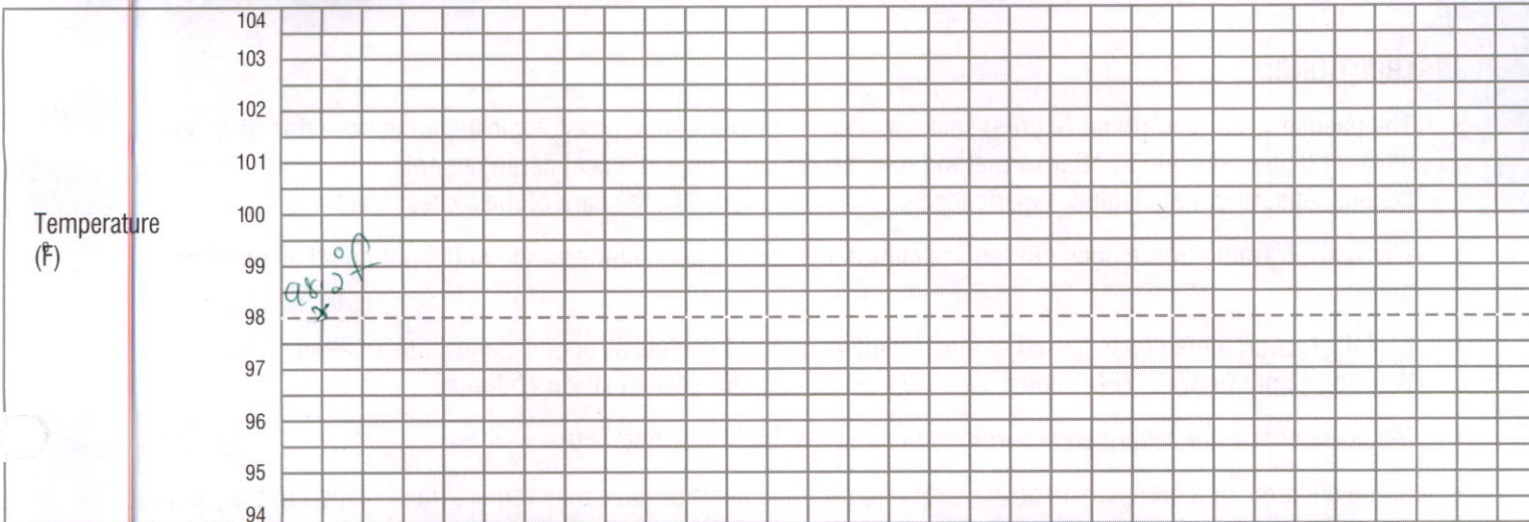
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time:

Doctor / Nurse / Family Concern? *Am*



Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) *99%*

Conscious Level Normal Altered

GCS * *15/15*

TOTAL SCORE
 Number of shaded boxes *1*
 Pain Score *2*
 Observer's Initials *SD*

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.

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

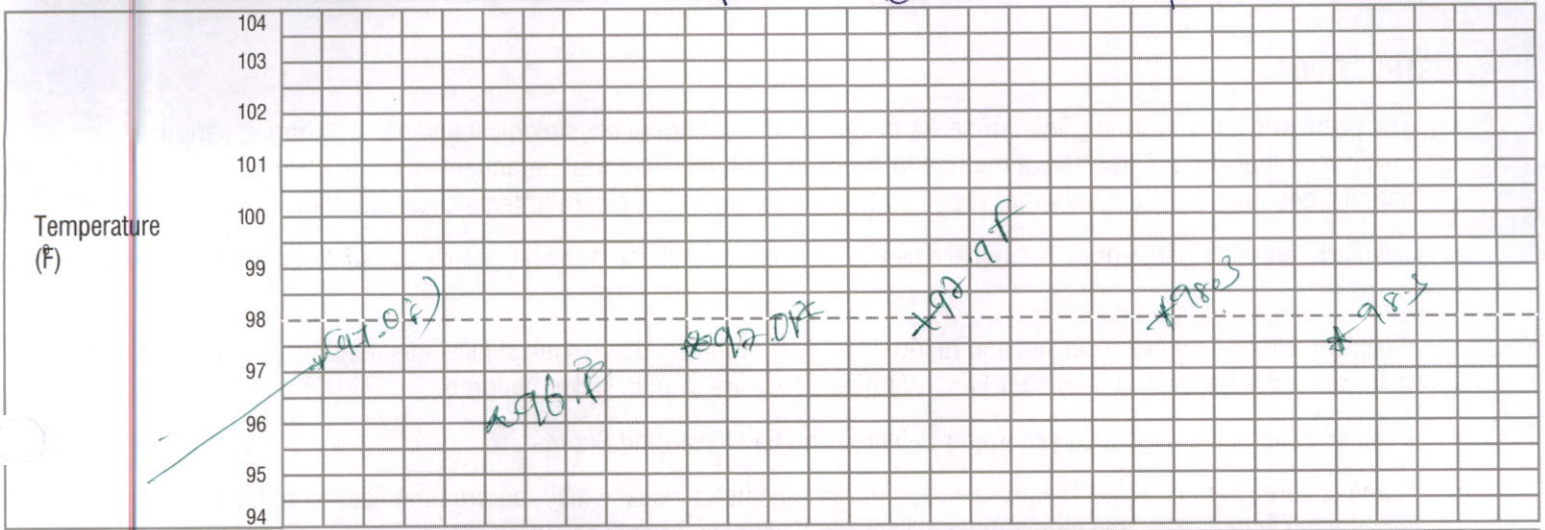
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 03/06/26 Time: 6 am 10 am 1 pm 6 pm 10 pm 9 am
 Doctor / Nurse / Family Concern?



Heart Rate (bpm)	Blood Pressure (mmHg) *
124 bpm	105 / 83
117 bpm	102 / 85
117 bpm	108 / 85
118 bpm	106 / 89
111 bpm	104 / 89
115 bpm	99 / 82

Note: BP does not score in early warning scoring

Resp. Rate (bpm) (Over 1 Minute) *	Resp Rate (Number)
28 bpm	28 bpm
26 bpm	26 bpm
26 bpm	26 bpm
25 bpm	25 bpm
26 bpm	26 bpm
28 bpm	28 bpm

Resp Distress	Mod/ Severe None / Mild
Receiving O ₂ (l/min)	98%
O ₂ Saturations (%)	100%
Conscious Level	Normal / Altered
GCS *	15/15

TOTAL SCORE	Number of shaded boxes	Pain Score	Observer's Initials
Score 1	1	0	
Score 2	1	0	
Score 3	1	0	
Score 4	0	0	
Score 5 & 6	0	0	

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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- 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.
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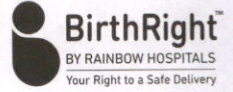
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BAH-00657435 IP5-00174618
 Master AILENI ADVITH REDDY
 17-02-2023 3 Y 3 M 16 D (M)
 Dr. PILLARISETTI NAVEEN SARADHI

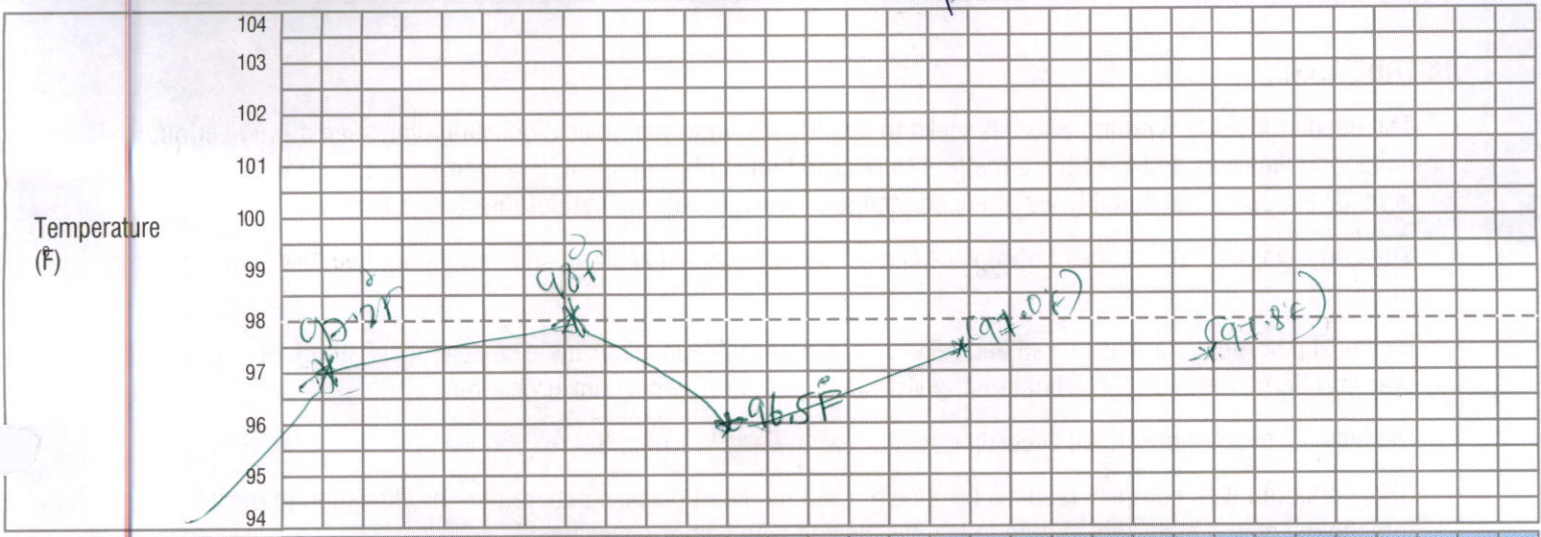
Doc. No. : RCHBH/ FRM / CLINICAL / 126

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/2/23 Time: 10am 2pm 6pm 10pm 2am
 Doctor / Nurse / Family Concern?



Heart Rate (bpm)	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50
Blood Pressure (mmHg) *	100	90	80	70	60	50									
Heart Rate (Number)	102bpm	119bpm	108bpm	101bpm	102bpm										

Note: BP does not score in early warning scoring

Resp. Rate (bpm) (Over 1 Minute) *	70	60	50	40	30	20	10
Resp Rate (Number)	22bpm	22bpm	26bpm	26bpm	26bpm		

Resp Mod/ Severe Distress None / Mild					
Receiving O ₂ (l/min) O ₂ Saturations (%)	99%	100%	99%	100%	100%
Conscious Level Normal / Altered					
GCS *	15/15	15/15	15/15	15/15	15/15

TOTAL SCORE	1	1	1	1	1
Number of shaded boxes	0	0	0	0	0
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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BAH-00657835 IP5-00174618
 Master ALLENI ADVITH REDDY
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oc. No. : RCHBH/ FRM / CLINICAL / 126

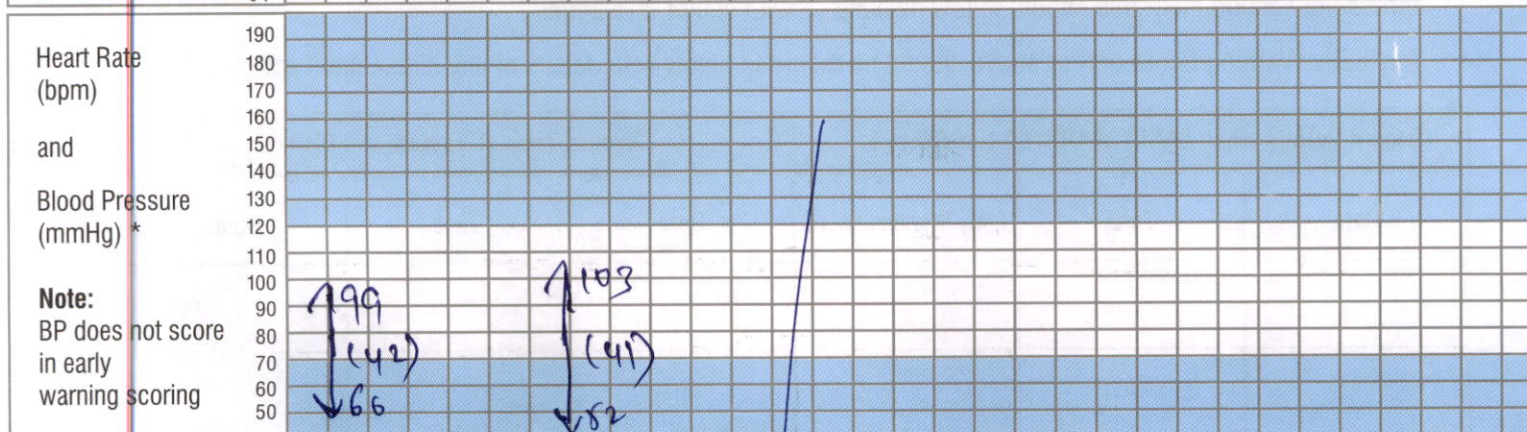
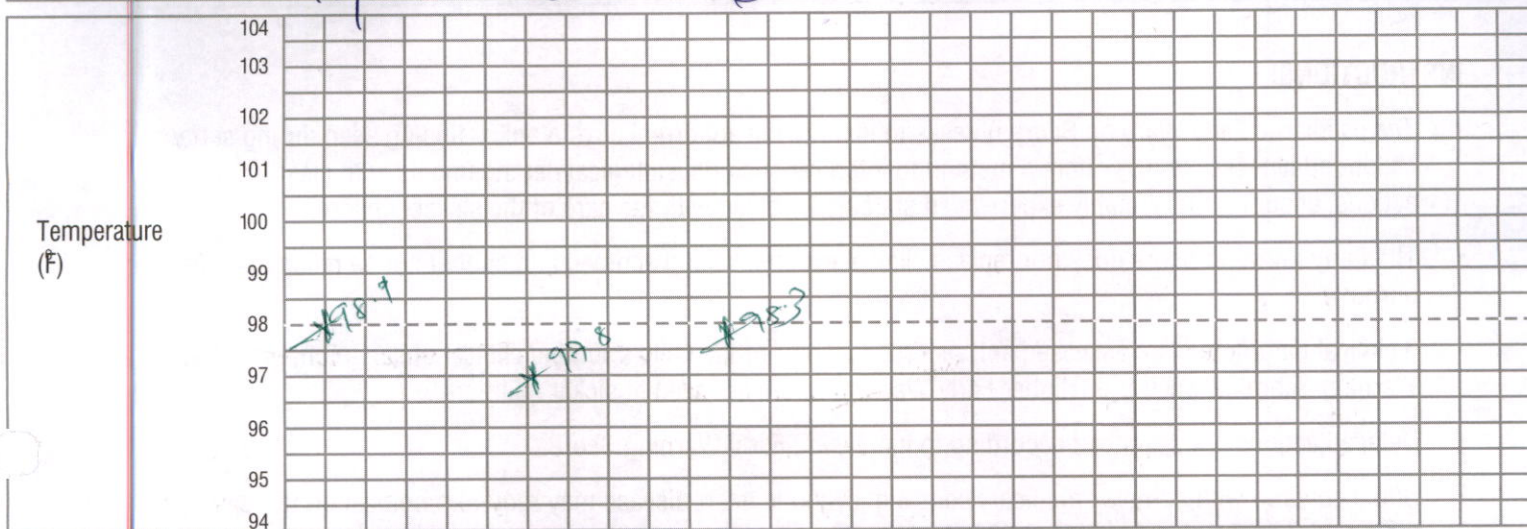
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



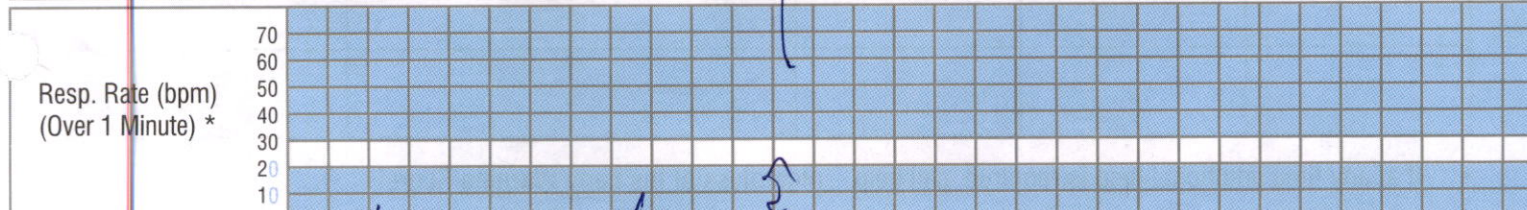
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16..... Time: 2:16

Doctor / Nurse / Family Concern? 10pm 2am 6am



Heart Rate (Number) ,



Resp Rate (Number) 24, 26, 27

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99%, 100%, 100%

Conscious Level Normal / Altered 13/15, 13/15, 13/15

TOTAL SCORE
 Number of shaded boxes 0, 0, 0
 Pain Score 0, 0, 0
 Observer's Initials e, e, e

ACTIONS
 NB: Scores 3 should be recorded overleaf

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BAH-00657835 IP5-00174618
 Master AJENI ADVITH REDDY
 17-02-2023 3 Y 3 M 15 D (M)
 Dr. PILLARISETTI NAVEEN SARADHI



FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
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	1	Flu										0 Check
	10:00 pm												0 Check
	11:00 pm	NO FLU											0 Check
	12:00 am												0 Check
	01:00 am												0 Check
Total Intake :						Total Output :							
	02:00 am												
	03:00 am	1											Check
	04:00 am												
	05:00 am	DNB	NPO	30ml									Check
	06:00 am	1		30ml									
	07:00 am			30ml									
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. :

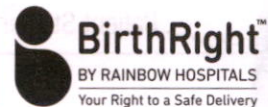
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
2/6	08:00 am	DNS		30ml	/	/	/	/	/	/	0	Nishi		
	09:00 am			30ml							✓		0	
	10:00 am			-										0
	11:00 am			-										0
	12:00 pm			-										0
	01:00 pm			-										0
Total Intake :						Total Output :								
2/6	02:00 pm	DNS water Rice		30ml	/	/	/	/	/	/	0	Rishi		
	03:00 pm			30ml							✓		0	
	04:00 pm			-							✓		0	
	05:00 pm			-							✓		0	
	06:00 pm			30ml							✓		0	
	07:00 pm			30ml							✓		0	
Total Intake :						Total Output :								
02/06	08:00 pm	DNS		30ml	/	/	/	/	/	/	0	Shay		
	09:00 pm			-							✓		0	
	10:00 pm			-							✓		0	
	11:00 pm			-							✓		0	
	12:00 am			30ml							✓		0	
	01:00 am			30ml							✓		0	
Total Intake :						Total Output :								
02/06	02:00 am	DNS		30ml	/	/	/	/	/	/	0	Shay		
	03:00 am			30ml							✓		0	
	04:00 am			30ml							✓		0	
	05:00 am			30ml							✓		0	
	06:00 am			-							✓		0	
	07:00 am			-							✓		0	
Total Intake :						Total Output :								

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00557835 IP5-00174618
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FLUID CHART

Sheet No. : 2

- 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			
3/6	08:00 am												
	09:00 am			30ml									SP
	10:00 am	DNS		30ml									SP
	11:00 am			30ml									
	12:00 pm			30ml									
	01:00 pm												
Total Intake :						Total Output :							
3/6	02:00 pm												
	03:00 pm			30ml									SP
	04:00 pm	DNS		30ml									
	05:00 pm			30ml									SP
	06:00 pm			30ml									
	07:00 pm												
Total Intake :						Total Output :							
3/6	08:00 pm			30ml									Chend
	09:00 pm			30ml									
	10:00 pm	DNS											Chend
	11:00 pm												
	12:00 am												Chend
	01:00 am				30ml								
Total Intake :						Total Output :							
4/6	02:00 am			30ml									
	03:00 am			30ml									Chend
	04:00 am	DNS		30ml									Chend
	05:00 am			30ml									Chend
	06:00 am			30ml									
	07:00 am				30ml								
Total Intake :						Total Output :							
Total 24 hrs. Intake			Total 24 hrs. Output										

BAH-00657835 IP5-00174618
 Master ALENI ADVITH REDDY
 17-02-2023 3 Y 3 M 18 D (M)
 Dr. PILLARISETTI NAVEEN SARADHI

FLUID CHART



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Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
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Total Intake :						Total Output :							
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	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



141



NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 2/6/26 Time: 8:30Am

Weight: 11.72kgs Centile: <5th

Height: 93cms Centile: >10th

Inference: underweight child.

RDA: - Calories: 1300kcal/d Protein: 22g/d

Diet Recommendations: child is on NPO

Re-Assessment:

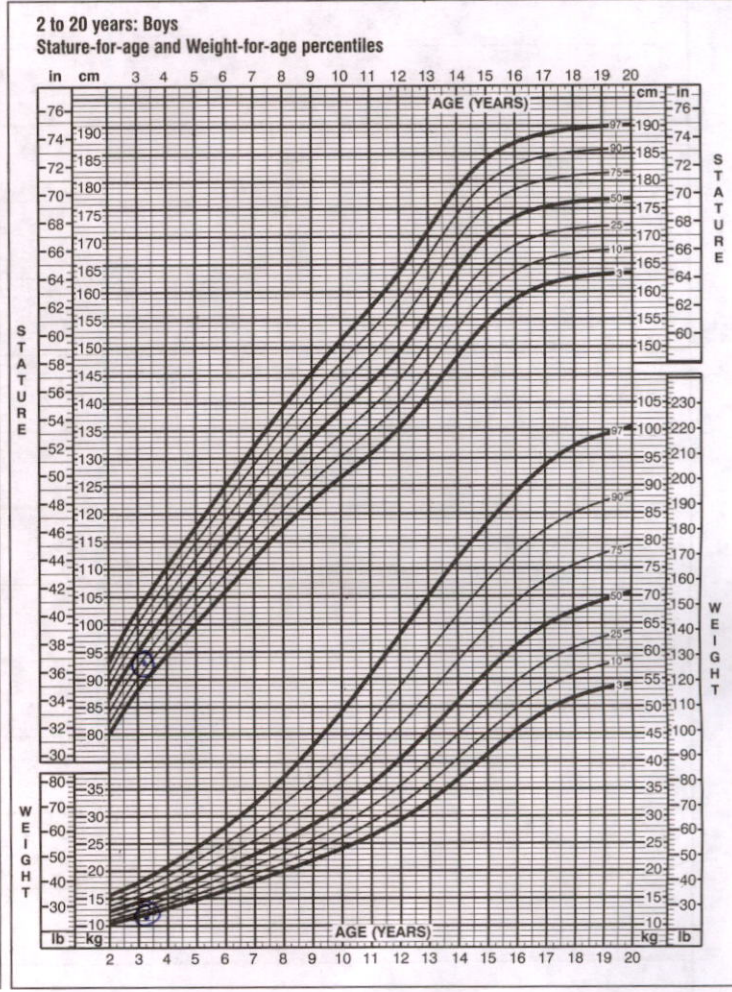
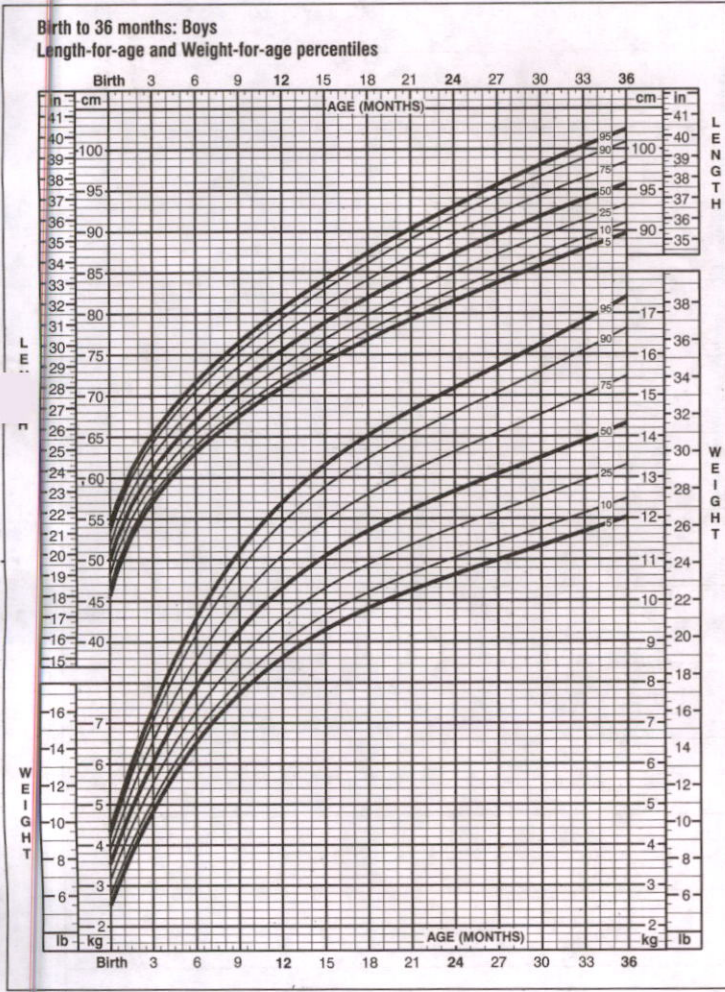
Food Allergies: No Veg/Non-veg: veg

Diagnosis: LRTI w wheeze? pneumonia? Foreign body.

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: A. S. S. S.

GROWTH CHART (BOYS)



Dietician's Name: Mounica

Dietician's Signature: Mounica

Daily Notes:

3/6/26
12pm

Child is stable Oral. Tubate is better

Continue to soft diet.

now