

**ACTIVITY RECORD FOR BILLING**

Name : Novika

UHID No. : \_\_\_\_\_ IP | **BAH-00657954** **IPS-00174668**  
Baby POLLAPALLI NOVIKA ANAND (F)  
17-08-2021 4 Y 9 M 17 D  
Dr. ANNAPOORNA TADAVARTHY

Date of Admission: \_\_\_\_\_ Discharge : 4/6/26 Time: \_\_\_\_\_

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

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
3/6/26	6:30am	ER	ward	B

**Cross Consultation Visit**

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
2/6/26	20 placements	①	840377	Augi
3/6/26	NHA	1	964262	①

**ANY OTHER INFORMATION**

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USGI Abdomen 1

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Date: 2/6/26      Time: 9:05 am      Prepared By: *Sueh*

<p>Staff Nurse</p> <p><i>Sueh</i></p>	<p>Shift / Ward</p> <p>143</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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### ADMISSION SHEET



#### Registration Details :

Admission No : IP5-00174668      Admit Date : 03-Jun-2026      Admit Time : 05:28 AM      UHID : BAH-00657954

#### Patient Details :

Patient Name : Baby POLLAPALLI NOVIKA ANAND      Age : 4 Y 9 M 17 D  
Guardian : Mr POLLAPALLI ANAND KUMAR      DOB : 17-08-2021  
Gender : Female      Religion :  
Occupation :      Martial Status : Single  
Address (H) : #8-3-199/D , FLAT NO 101, SHIVAM LAND      Phone No : 8464949405/ 7995130424  
MARK APTS Vengalrao Nagar.Hyd Hyderabad      E-mail : nomailid@gmail.com  
Telangana INDIA 500038

#### Admission Details :

Bed Type : GENERAL WARD      Bed No : GW 143      Ward Name : 1F-GENERAL WARD II  
Room No : GW 143      Admission Type : First Visit

#### Contact Details :

Name : Mr POLLAPALLI ANAND KUMAR      Relationship : Father  
Contact Address : #8-3-199/D , FLAT NO 101, SHIVAM LAND      Phone No : 8464949405 / 7995130424  
MARK APTS Vengalrao Nagar Hyd Hyderabad  
Telangana INDIA 500038

  
Signature

#### Doctor Details :

Doctor Name : Dr. UJJWALA DESAI      Specialisation : GENERAL PEDIATRICS  
Referral Doctor : Self      Phone No :  
Co-Consultant : Dr. FAISAL B NAHDI

#### Payment Details :

Payment Mode : DC/CC Card      Deposit Amount : 5000.00  
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD



**Rainbow<sup>®</sup>  
Children's  
Hospital**  
It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

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

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

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

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

BAH-00657954      IPS-00174668  
Baby POLLAPALLI NOVIKA ANAND  
17-08-2021      4 Y 9 M 17 D (F)  
Dr. ANNAPOORNA TADAVARTHY



### Pediatric Multiorgan History & Physical Examination

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

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

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

no loose motions  
pain abdomen | 2 day.  
fever

#### History of present illness :

02/06/26, 10 am  
no loose motions - 15-20 episodes 1 day back  
Watery, large volume stool, foul smelling  
1 episode of stool with minimal blood stained  
associated with pain abdomen (03/06/26 4:30 am)

Fever - High grade, not associated with chills & Rigors  
Responding with paracetamol, white blood count is normal.

Pain abdomen - Intermittent, Diffuse from 1 day

Swallowing  
took ~~paracetamol~~ & ~~acet~~

NO H/o vomiting

NO H/o Cough, cold.

H/o outside food intake 2 days back.

No H/o similar illness to family.

H/o Genzyme (weekly 9H) took from 3 months, last injection  
injections taken (took on April 2026.)  
(Yulo - less hercut)



### Pediatric Multiorgan History & Physical Examination

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

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**Birth & Neonatal History:**

LCU / 2.3 kg / No NICU stay  
CIAB.



**Birth & Socio Economic History:**

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_

Any additional Information : \_\_\_\_\_

**Developmental History :**

Normal for age

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**Immunization History :**

Immunized till age (Pnt) 5yrs.  
Last vaccine —

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### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)  
Weight (kgs) ) 14.5 (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 99.2°F Pulse Rate : 130/min B.P. 94/49 (60) SPO2 97.1% RA  
Resp. rate and type of breathing : 34/min.

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

Sunken eyes ⊕  
Tachycardia ⊕

#### Respiratory System :

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

B/c  
Air Entry ⊕

#### Cardiovascular System :

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

S1S2 ⊕

#### Per Abdomen :

Inspection \_\_\_\_\_  
Palpation : \_\_\_\_\_  
Auscultation : \_\_\_\_\_  
Spine : \_\_\_\_\_ External Genitalia : \_\_\_\_\_  
Relevant data from outside (CT, USG etc.,) \_\_\_\_\_

soft, non tender



### Pediatric Multiorgan History & Physical Examination

#### Central Nervous System :

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

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

#### Motor System:

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

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

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

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

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

#### Reflexes :

#### DTR

#### Superficials:

Plantars \_\_\_\_\_

#### Sensory System :

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

Clinical Summary & Diagnostic: *AGE 5 some delay in action*

**Pediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment: Resolution of symptoms

Desired goals of the treatment: Hemodynamic stability

**Planned Labs:**

CBP  
 CP, S-Electrolytes  
 GSE, Widal, PT/INR/APTT  
 stools, Bloods  
 X-Ray erect abdomen - ~~AS~~  
 USG abdomen

Extraplain

**Planned Management**

w fluids  
 w ceftriaxone  
 w pantop  
 Z & D syrup  
 ORL packets  
 S/P. Convulsions  
 ANB Amended

Signature of the Doctor: N.P.D

Name of the Doctor: N. Prathish

Date & Time: 03/06/20  
03:30

Signature of the Consultant: DR. UJJWALA DESAI

Name of the Consultant: DR. Ujjwala Desai

Date & Time: 3/6/20  
@ 4 PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6 5:30am	<p><u>C/S/B Resident</u>  <u>Δ: AGE / Dysentery</u></p>	
	<p>40 loose stools                  x yesterday                  - 20-25 episodes                  5-6 large stools                  - watery, greenish                  - 1 episode with blood                  nausea on &amp; off                  undocumented fever                  O/E: alert                  some dehydration (+)                  sunken eyes (+)                  dry tongue                  P/A: soft / BS (+)                  NOT                  R/S: clear</p>	<p><u>Adv.</u>                  → send CUE (CSE)                  Stool C/S                  → USG abdomen today                  → Gastro diet only                  → Continue Ceftriaxone                  2 &amp; D                  → ↑ se to full maintenance                  → Enterofermina to add                  → Monitor for dehydr.</p>
3/6/21	<p>Enterocolitis</p>	<p>USG abdomen                  CSE &amp; culture</p> <p style="text-align: right;">Akhil</p>
		<p>DR. UJJWALA DESAI                  Registration No: 90550</p> <p style="text-align: right;">Dr. Ujjwal</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/24 8PM.	Seen by Resident: Dr. Salithi	
	-Acute gastroenteritis	Plan
	Dysentery. 1/2 episodes of watery loose stools today.	1. Continue medications as charted.
	No vomiting no blood.	2. Send CSE now.
	O/E child afebrile, alert hemodynamically stable	3. Monitor vitals & inform SOS, watch for further loose stools.
	Hydration good Chest clear	
	Abdomen soft, non tender.	
	USG abdomen - descending & sigmoid colon wall thickening	\$ Salithi
	non-mesenteric LN, specific.	
	C/E - crystals & casts (+).	
		<p>DR. UJJWALA DESAI        Registration No: 90558        3/6/24.</p>

BAH-00657954  
 Baby POLLAPALLI NOVIKA ANAND  
 17-08-2021 4 Y 9 M 18 D (F)  
 Dr. UJJWALA DESAI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/20 8 AM	Seen by Resident. ASIS - Acute gastroenteritis = Dysentery.	
	No loose stools ∴ yesterday afternoon	Plan
	pain abdomen better. V/o adequate.	1. continue medications as charted
	No vomiting subsided Oral intake improving	2. Plan Dr today - Ceftriaxone OD done today
	O/E child asleep afebrile	Ziproax 3d. Lantel
	hemodynamically stable chest clear	Enterogermina ORS
	abd. soft- hydration good	Zinc
		↓ Sainthi
4/6.	Culdic Ask qk	Plan
Culd	i Hydration on Adm	Continue Same
(8.45)	No fever No vom	Gastro clear
		Can be discharged
		Flu ID on up on study

DR. FAISAL B NAHDI  
 Registration No: 66228



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RESULT SHEET

Date	3/6				
Time					
Hb	11.1				
PCV	36.4				
RBC	5.7				
WBC	11050				
N/L	76/19				
Platelets	3.4L				
CRP	15				
ESR					
PCT					
RBS					
Na	135				
K	4.7				
Cl	106				
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR	16/1.2				
APTT	40				
CSF Protein / Sugar					
Cells					
N/L					

Date	3/6/26.					
Time	10Am					
CUE - Alb	Trace.					
CUE - Sugar	⊖					
CUE - Ketones	++					
CUE - PUS Cells	3-4					
CUE - RBC Cells	Occasional					
CUE	ep. cells-1-2.					
amorphous urate crystals ⊕						
granular casts ⊕						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

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.....

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Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

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

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 Baby POLLAPALLI NOVIKA ANAND  
 17-08-2021 4 Y 9 M 17 D (F)  
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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	<u>Ecosom Sachets</u>	<u>1sachet</u>	<u>PO</u>	<u>1-1-1</u>		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
						<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
						<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. Perumal N.R.

Date & Time: 03/06/26 5:50 AM

Nurse Name & Signature: Prasanna C

Date & Time: 03/06/26 @ 6am

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 17-08-2021 4 Y 9 M 18 D (F)  
 Dr. UJJWALA DESAI



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Dept. .... Ward.....

<b>DRUG :</b> ENTEROGERMINA				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
1vid	PO	BID	3/8																	
Name & Signature of the Doctor starting the Drugs:				100m 11:30 AM																
Additional Instructions:				10pm powder																
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG :</b>				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:				De																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

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

<b>DRUG :</b>				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

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 Baby POLLAPALLI NOVIKA ANAND  
 17-08-2021 4 Y 9 M 18 D (F)  
 Dr. UJJWALA DESAI



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Dept. .... Ward.....

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

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

BAH-00657954 IP5-00174668  
 Baby POLLAPALLI NOVIKA ANAND  
 17-08-2021 4 Y 9 M 17 D (F)  
 Dr. ANNAPOORNA TADAVARTHY



# 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)

<b>DRUG :</b> SYP-CROUN DS				Date Time																
Dose	Route	Frequency	Start Date																	
4ml	PO	SOS	03/6																	
Doctor's Signature		Valid Period	Pharm.																	
N. P. R.																				
Additional Instructions:																				
(4ml/240mg) if Temp > 100°F																				

<b>DRUG :</b> IM ONDANSETRON				Date Time																	
Dose	Route	Frequency	Start Date																		
3mg IV		SOS	3/6																		
Doctor's Signature		Valid Period	Pharm.																		
[Signature]																					
Additional Instructions:																					

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

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



REGULAR PRESCRIPTIONS

Weight 14.5kg. Ward .....

<b>DRUG :</b> <u>IV-CEFTRIAXONE</u>				Date/Time
				<u>2/5</u>
Dose	Route	Frequency	Start Date	
<u>700mg</u>	<u>IV</u>	<u>12H</u>	<u>03/6</u>	
Name & Signature of the Doctor Starting the Drugs: <u>N. Prathish</u>				<u>10am 9:30 am</u> <u>10pm prathish</u> <u>Prathish</u>
Additional Instructions:				<u>STOP Salbutamol</u> <u>4/6/26</u>
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>

<b>DRUG :</b> <u>IV-PANTOPRAZOLE</u>				Date/Time
				<u>03/06 4/6</u>
Dose	Route	Frequency	Start Date	
<u>20mg</u>	<u>IV</u>	<u>24H</u>	<u>03/6</u>	
Name & Signature of the Doctor Starting the Drugs: <u>N. Prathish</u>				<u>5:40 am</u> <u>6AM Prathish</u> <u>Prathish</u>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>

<b>DRUG</b> <u>Iband D Syrup</u>				Date/Time
				<u>3/6</u>
Dose	Route	Frequency	Start Date	
<u>5ml</u>	<u>PO</u>	<u>24H</u>	<u>03/6</u>	
Name & Signature of the Doctor Starting the Drugs: <u>N. Prathish</u>				<u>10am prathish</u> <u>Prathish</u>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>

<b>DRUG :</b> <u>ORS SACHETS</u>				Date/Time
				<u>03/6 4/6</u>
Dose	Route	Frequency	Start Date	
	<u>PO</u>	<u>8H</u>	<u>03/6</u>	
Name & Signature of the Doctor Starting the Drugs: <u>N. Prathish</u>				<u>6am 9:30 am</u> <u>Prathish</u> <u>Prathish</u>
Additional Instructions: <u>1-1-1</u>				<u>2pm Prathish</u> <u>10pm Prathish</u>
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>



Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
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DRUG :	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
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	Dose	Dose	Dose	Dose	
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Start Date	Dose	Dose	Dose	Dose	
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Name & Signature of the Doctor	Dose	Dose	Dose	Dose	
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Additional Instructions:	Dose	Dose	Dose	Dose	
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
03/06/26	5:42 am	IVF NS	100ml 30ws over 30min	IV	N.P.M	[Signature]
4/6/26	10 AM	Levofloxacin	1.4 mg	IV	[Signature]	Suman B Suresh.

Signature  
Name

I.V. FLUIDS CHART

Weight: 14.5 kg Ward: .....



Position of I.V. Fluid (If necessary, mention ml/hr = Mcg/kg/min. etc)		Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
02/06/26	7Am DNS	IV	30	N.P.D	[Signature]	3/6	[Signature]	[Signature]
3/6	IVF DNS (full maintenance)	IV	50	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]

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



## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

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

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

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

Date : 3/6/26	Time: 7AM	10AM	1PM	6PM	10PM	2am
Doctor / Nurse / Family Concern?						
Temperature (F)	98.6 F	98.2 F	98.9 F	98.2 F	97.8 F	98.5 F
Heart Rate (bpm) and Blood Pressure (mmHg) *	106 / 62	102 / 62	107 / 69	110 / 69	99 / 62	111 / 60
Heart Rate (Number)	116b/m	112	117b/m	112b/m	116b/c	114b/c
Resp. Rate (bpm) (Over 1 Minute) *	26b/m	26	28b/m	28	29b/c	29b/c
Resp Mod/ Severe Distress None / Mild						
Receiving O <sub>2</sub> (l/min) O <sub>2</sub> Saturations (%)	100%	99%	98%	92%	99%	100%
Conscious Level Normal / Altered					13/16	13/16
GCS *	15/15	14/15	14/15	14/15	13/16	13/16
<b>TOTAL SCORE</b>	0	1	1	1	0	0
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	A	S	R	S	S	O

**ACTIONS**

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

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

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

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

BAH-00657954 IP5-00174668  
 Baby POLLAPALLI NOVIKA ANAND  
 17-08-2021 4 Y 9 M 17 D (F)  
 Dr. ANNAPOORNA TADAVARTH Y

# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm			50ml							0		Susho
	03:00 pm			50ml							0		Susho
	04:00 pm			50ml							0		Susho
	05:00 pm	DMS		50ml							0		Susho
	06:00 pm			-							0		Susho
	07:00 pm			-							0		Susho
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm			50ml							0		Chand
	09:00 pm			50ml							0		Chand
	10:00 pm	DMS		50ml							0		Chand
	11:00 pm			-							0		Chand
	12:00 am			-							0		Chand
	01:00 am			-							0		Chand
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am			50ml							0		Chand
	03:00 am			50ml							0		Chand
	04:00 am			50ml							0		Chand
	05:00 am	DMS		50ml							0		Chand
	06:00 am			50ml							0		Chand
	07:00 am			-							0		Chand
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							

BAH-00657954 IP5-00174668  
 Baby POLLAPALLI NOVIKA ANAND  
 17-08-2021 4 Y 9 M 18 D (F)  
 Dr. UJJWALA DESAI

# FLUID CHART



Sheet No. : .....

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

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

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



LAB

# NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 3/6/26 Time: 12pm

Weight: 14.5kgs Centile: 35th

Height: 103cms Centile: 210th

Inference: underweight child

RDA: - Calories: 1350kcal/d Protein: 23g/d

Diet Recommendations: Gastro diet

Re-Assessment: Avoid Spicy, Eggs, Milk, Oats, Ragi, wheat, stone fruits, nuts, sugar.

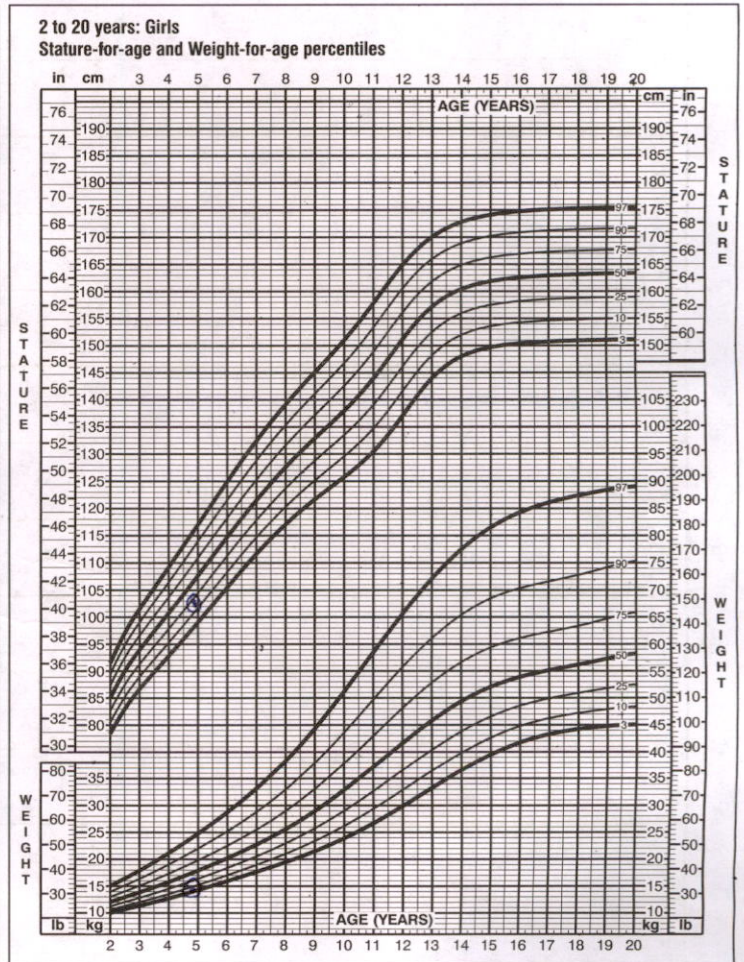
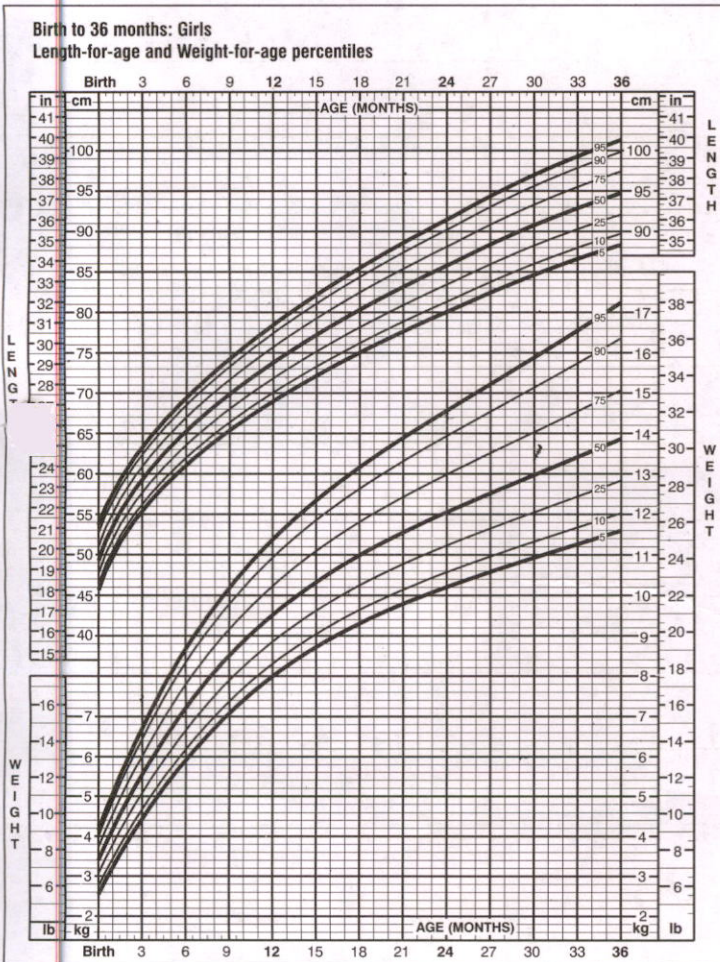
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: AGE T dehydration

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: Mallika

## GROWTH CHART (GIRLS)



Dietician's Name: Maula

Dietician's Signature: Maula

