BAH-00623151 IP5-00175989
Master SHAIK LUQMAN
24-03-2025 1 Y 3 M 11 D (M)
Dr. UJJWALA DESAI

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/7/26	2:50pm	ER	17	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
05/07	CBP, CRP, S/E, Blood cls.	67295	Israel
	X-ray chest	33388	
	Spinal panel	67295	Israel

DC

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7	infusion pump	6pm		9686386	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
05/07	iv placement	1	88860.	Ismail
5/7	NHA	1	688906	

ANY OTHER INFORMATION

1. X-ray Chest

Date : 6/7/25 Time : @ 5pm Prepared By : Chandan

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Chandan	G.W.-I		

Rainbow Children's Hospital

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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 : IP5-00175989 **Admit Date** : 05-Jul-2026 **Admit Time** : 01:58 PM **UHID** : BAH-00623151

Patient Details :

Patient Name	: Master SHAIK LUQMAN	**Age**	: 1 Y 3 M 11 D
Guardian	: Mr SAIK MUSTAFA	**DOB**	: 24-03-2025 05:07 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO -607, BLOCK-B, SATTVA MAGNUS APARTMENT 'S, Golconda Hyderabad Telangana INDIA 500008	**Phone No**	: 8885306942/ 7386459276
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD **Bed No** : GW 117 **Ward Name** : 1F-GENERAL WARD I

Room No : GW 117 **Admission Type** : First Visit

Contact Details :

Name : Mr SAIK MUSTAFA **Relationship** : Father

Contact Address : FLAT NO -607, BLOCK-B, SATTVA MAGNUS APARTMENT 'S, Golconda Hyderabad Telangana INDIA 500008 **Phone No** : 8885306942 / 7386459276

Signature

Doctor Details :

Doctor Name : Dr. UJJWALA DESAI **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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BAH-00623151 IP5-00175989
Master SHAIK LUQMAN
24-03-2025 1 Y 3 M 12 D (M)
Dr. UJJWALA DESAI

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	3			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	1			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery	1			
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	Anaestesia 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	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	~~Bed side~~ check list	1/2			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note	1			
43	BP Monitoring chart				
44	RBS monitoring chart				
	Extra	6			
	Total No. of Pages	24			

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

Signature and Date :
8/7/26

(P.T.O)

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00623151 IP5-00175989
Master SHAIK LUQMAN
24-03-2025 1 Y 3 M 11 D (M)
Dr. UJJWALA DESAI

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00623151 IP5-00175989
Master SHAIK LUQMAN
24-03-2025 1 Y 3 M 11 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

C/o Runny nose x 2days
C/o Cough since last night

History of present illness :

1) C/o Runny nose since 2days
mild

2) C/o cough since last night
moderate
no post tussive vomiting
also 3) ✗ complaints c/o Fast Breathing since last night

No C/o fever
no loose stools / vomiting

feeds - poor intake
Activity - good.
U/o - fair.

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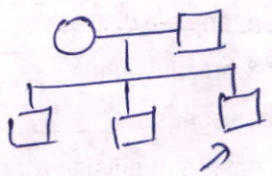
Pediatric Multiorgan History & Physical Examination

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

nil

Birth & Neonatal History:

Term / 4.75kg / LSCS / no NO NICU stay



Birth & Socio Economic History:

About Father : middle
About Mother :
Any additional Information :

Developmental History :

appropriate for age

Immunization History :

vaccinated IPV date

(P.T.O.)

BAH-00623151 IP5-00175989
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24-03-2026 1 Y 3 M 11 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))__11.69kgs__(Centile _____)

On Examination :

Temperature : 97.9°F Pulse Rate : 160/min B.P. 72/52 SPO2 93-94% ↓ Room air

Resp.rate and type of breathing : 35/min

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : Bilateral wheeze

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S_1S_2 (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : soft

Ausculation :

Spine : External Genitelia :

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

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24-03-2025 1 Y 3 M 11 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements : NAD

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Wheeze associated LRTI

(P.T.O.)

BAH-00623151 IP5-00175989
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24-03-2025 1 Y 3 M 11 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: ~~Resolution~~ Respiratory failure

Desired goals of the treatment : Resolution of symptoms

Planned Labs:

~~CBP, CRP, S/E~~ → N/B
~~Blood C/s.~~ → Isnuf

~~Chest X-Ray~~ →
~~5 viral panel~~ → N/B
Isnuf.

Planned Management

1. hydrocortisone 4mg/kg TID
2. Ceftriaxone
3. Clomeprazole
4. Levolin 4th hrly
5. Trace labs and inform
6. low flow oxygen

Signature of the Doctor: Madhavi

Name of the Doctor: Madhavi

Date & Time: [illegible] 5/7/26

Signature of the Consultant: [signature]

Name of the Consultant: Dr Ujjwala

Date & Time: 5pm

5/7/26.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26		
	WALRE	
	On Low flow oxygen.	continue
		Nebulization 4th hrly
		Dsw
		Drujjwala
		5pm.
5/7/26 8AM	SIB Resident	
		plan.
	A: WALRI	① cont. medication as per chart
	no fever	② cont. nebs.
	taking orally	③ taper and stop oxygen
		④ monitor vitals
	O/E: Child alert	⑤ Inform SOS
	vitals stable	⑥ Trace Adeno at 2pm
	no distress	
verbal	RS- BLAE ⊕	
Flupanel neg	CVS- S1S2 Ⓝ	
awaited Adeno	P/A- soft	
		Madhu
	WALRI	↓ Nebulization
	Distress Resolving.	Levolin 0.63 mg
		Ipravent - 6 hrly
		Dsw
		Drujjwala
		9a

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		→ to decide on D/C in evening after reviewing
		→ • Omnacortil forte 2.5ml BD × 3days
		• Levolin 6 hrly } x 3days
		• Budecort BD }
		• Histafree 2.5ml BD
		• Zanzol
		• Zipsax
		R/v after – wednesday

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RESULT SHEET

Date	5/7/26					
Time						
Hb	10.6					
PCV	34					
RBC	4.3					
WBC	13,860					
N/L	70.6/22.7					
Platelets	3.47 lakh					
CRP	5					
ESR						
PCT						
RBS						
Na	141					
K	4.9					
Cl	108					
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						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
		Swab- Influenza A B RSV COVID } neg				

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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24-03-2025 1 Y 3 M 11 D (M)
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DRUG CHART

Date of Admission: 05/07/26 Drug Allergies: — ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : SYRUP. CROCIN DS				Date / Time
Dose: 4ml	Route: P/O	Frequency: SOS	Start Date: 5/7/26	
Doctor's Signature: Madhu	Valid Period:	Pharm.: [signature]		
Additional Instructions: max 6th hrly (5ml/240mg) 2 doses				

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 Signature

Master SHAIK LUQMAN
24-03-2025 1 Y 3 M 11 D (M)
Dr. UJJWALA DESAI

REGULAR PRESCRIPTIONS

Weight. 11.69 kgs Ward. ....

VERIFIED

DRUG : INJ. CEFTRIAXONE				Date/Time	5/7	6/7
Dose	Route	Frequency	Start Date			
600mg	I/V	BD	5/7/26	6 AM	X	5am SM
Name & Signature of the Doctor Starting the Drugs: Madhu						
Additional Instructions:				6pm	[illegible] 9pm	
Daily Doctor's Endorsement by a Sign						

VERIFIED

DRUG : INJ. OMEPRAZOLE				Date/Time	5/7	6/7
Dose	Route	Frequency	Start Date			
12mg	I/V	OD	5/7/26			
Name & Signature of the Doctor Starting the Drugs: Madhu				6AM	ER 12:40pm	5am SM
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

VERIFIED

DRUG : INJ. HYDROCORTISONE				Date/Time	5/7	6/7
Dose	Route	Frequency	Start Date			
45mg	I/V	TID	5/7/26	6AM	X	5am SM
Name & Signature of the Doctor Starting the Drugs: Madhu				2pm	ER 12:40pm	[illegible]
Additional Instructions:				10pm	10pm SM	
Daily Doctor's Endorsement by a Sign						

DRUG : NEB WITH LEVOLIN				Date/Time	5/7	6/07
Dose	Route	Frequency	Start Date			
0.63mg	NEB	Q 4Hrly	5/7/26	2AM	X	[illegible]
Name & Signature of the Doctor Starting the Drugs: Madhu				6AM	X	[illegible]
				10AM	X	
Additional Instructions:				2pm	ER	
				6pm	[illegible]	
				10pm		
Daily Doctor's Endorsement by a Sign						

Stop changing freq. Madhu 5/7/26 at 10AM

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 11.69 kg Ward .....

DRUG : SYRUP. HISTAFREE

Dose	Route	Frequency	Start Dt.
2ml	P/O	BD	5/7/26

Name & Signature of the Doctor Starting the Drugs: Madhu'

Additional Instructions:

Date / Time: 5/7 6/7 | 6pm X | 9pm | 6pm

Daily Doctor's Endorsement by a Sign

DRUG : NEB WITH LEVOLIN

Dose	Route	Frequency	Start Dt.
0.63mg	NEB	Q 6H x 4	5/7/26

Name & Signature of the Doctor Starting the Drugs: Madhu'

Additional Instructions:

Date / Time: 6/7 10:00 pm | 12pm | 6pm | 12am X

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time:

Daily Doctor's Endorsement by a Sign

VERIFIED Signature .....

VERIFIED BY : Nurse

Patient Sticker

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

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

Dr. UJJWALA DESAI

Weight. ..... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
5/2/26	12:40PM	INJ. HYDROCORTISONE	50mg	IV		
5/2/26	12:40pm	INJ. PANTOPRAZOLE	12mg	IV		

Signature

VERIFIED BY : Name .....

24-03-2025 1 Y 3 M 11 D (M)
Dr. UJJWALA DESAI

I.V. FLUIDS CHART

Weight. 11.69 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
3/1/26	3 PM	DNS (2/3rd maintanance)	I/V	30ml/hr		SJ Pinta			

Signature .....

VERIFIED BY : Name .....

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24-03-2025 1 Y 3 M 11 D (M)
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Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 06/02/26 Time: 2am 6am 10am 1pm

Doctor / Nurse / Family Concern?

Temperature (F)
104 103 102 101 100 99 98 97 96 95 94
98.4°F 98.1°F 97.7°F 98.2°F

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

Note: BP does not score in early warning scoring

98/61/58 105/(82)/70 107/(72)/63 102/(85)/61

Heart Rate (Number) 111bpm 112bpm 85b/m 101b/m

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

Resp Rate (Number) 24bpm 28bpm 26b/m 28b/m

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min) O_2Saturations (%)
O_2 2l/m O_2 2 litre
98% 98% 97% 98%

Conscious Level: Normal | Altered

GCS * 15/15 15/15 15/15 15/15

TOTAL SCORE
Number of shaded boxes 1 1 1 1
Pain Score 0 0 0 0
Observer's Initials

ACTIONS
NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00623151 IP5-00175989
Master SHAIK LUQMAN
24-03-2025 1 Y 3 M 11 D (M)
Dr. UJJWALA DESAI

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 5/7..... Time: 8 PM 10PM

Doctor / Nurse / Family Concern?

Temperature (F): 104 103 102 101 100 99 98 97 96 95 94 — 98.6F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

Heart Rate (Number): 125bpm

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

Resp Rate (Number): 30bpm

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min): RA

O_2 Saturations (%): 100%

Conscious Level: Normal | Altered

GCS *: 15/15

TOTAL SCORE
Number of shaded boxes: 1
Pain Score: 0
Observer's Initials: D.

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
5/7	02:00 pm										0	Sirisha
	03:00 pm			30ml						✓	0	
	04:00 pm			30ml							0	
	05:00 pm	DNS		30ml			ND				0	Sirisha
	06:00 pm			30ml							0	
	07:00 pm			30ml							0	
Total Intake :						**Total Output :**						
05/07	08:00 pm		upma	30ml							0	
	09:00 pm			30ml			✓			✓	0	Sravy
	10:00 pm	DNS	H_2O	30ml							0	
	11:00 pm			-						✓	0	Sravy
	12:00 am			-							0	
	01:00 am			-							0	Sravy
Total Intake :						**Total Output :**						
06/07	02:00 am		milk	30ml							0	
	03:00 am			30ml						✓	0	Sravy
	04:00 am	DNS		30ml							0	
	05:00 am			30ml							0	Sravy
	06:00 am									✓	0	
	07:00 am										0	Sravy
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

FLUID CHART

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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	Intake				Output						
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
6/7/16		DNS									0	
	08:00 am			-						—	0	
	09:00 am			-							0	
	10:00 am			30ml							0	
	11:00 am			-						—	0	
	12:00 pm			30ml							0	
	01:00 pm			30ml							0	
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
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Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
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Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 5/7/25 Time: 2:30pm

Weight: 11.69kgs Centile: >50th

Height: 80 cms Centile: >50th

Inference: Well child

RDA: - Calories: 1200 kcal/d Protein: 20g/d

Diet Recommendations: Soft high protein diet

Re-Assesment: Avoid spicy, Chilled, Outside foods

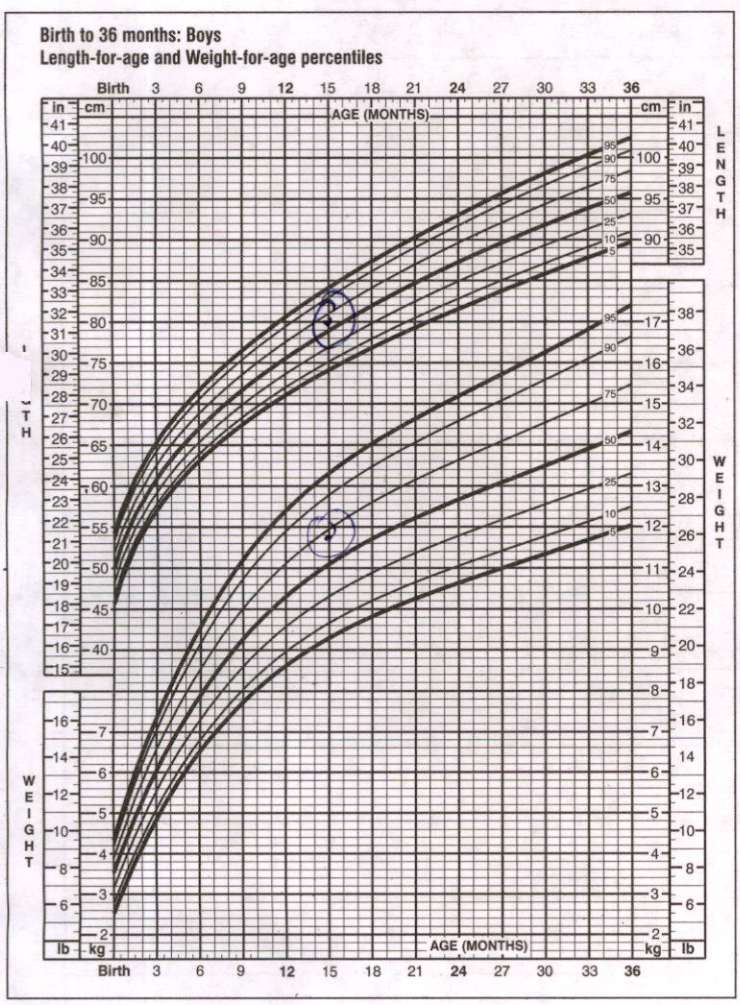
Food Allergies: NO Veg/Non-veg Non-veg

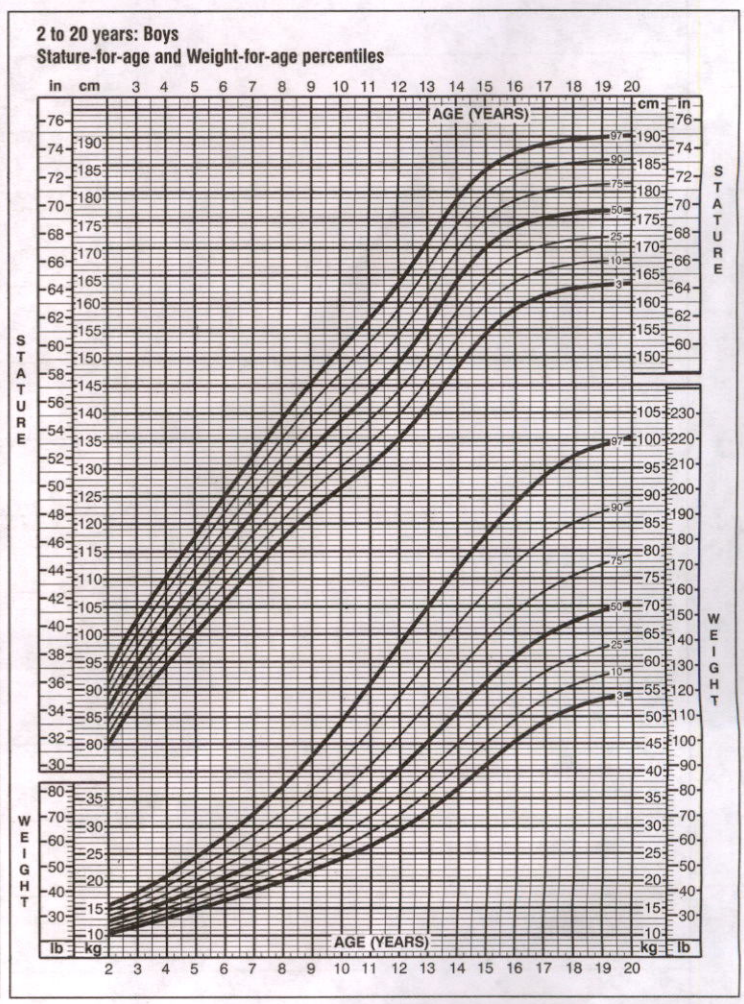
Diagnosis: Wheeze Associated URTI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Afreen dari

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Daily Notes:

8/7/26 10Am Child is Stable Oral Intake is Optimal
Continue c̄ Soft High Protein diet. - Moredea