Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP5-00174643 **Admit Date** : 02-Jun-2026 **Admit Time** : 12:35 PM **UHID** : BAH-00657884

Patient Details :

Patient Name	: Master BHUKYA VIKSHITH VIHAAN NAIK	**Age**	: 2 Y 4 M 12 D
Guardian	: Mr NAGESHWAR RAO	**DOB**	: 21-01-2024
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: VILLAGE:KALME THANDA (JANAPHAD), MANDAL: PALAKEEDU DISTRICT:SURYAPET Neredi Cherla Nalgonda Telangana INDIA 508218	**Phone No**	: 9573412072/ 7675076308
		E-mail	: B.NAGA207@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 103 **Ward Name** : 1F-VIBGYOR

Room No : SPVT 103 **Admission Type** : First Visit

Contact Details :

Name : Mr NAGESHWAR RAO **Relationship** : Father

Contact Address : **Phone No** : 9573412072 / 7675076308

Signature

Doctor Details :

Doctor Name : Dr. DINESH KUMAR CHIRLA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : HEALTH ASSIST INSURANCE TPA PVT. LTD

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ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00057884 IP5-00174643
Master BHUKYA VIKSHITH VIHAAN
21-01-2024 2 Y 4 M 12 D (M)
Dr. DINESH KUMAR CHIRLA

UHID No. : _____ IP ant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
02/05/24	1:30pm	ER	308	

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
2/6	CBP, CRP, S/E, urea,	55988	Samshy
	creat		
2/6	CSF, stool culture	26056038	Yamuna

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29th	Infusion pump	2:10pm		9639608	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/6	IV Placement	(1)	30154	Samhy

ANY OTHER INFORMATION

Patient are not willing for blood test they want blood test after 8AM in the morning.

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00657884 IP5-00174643
Master BHUKYA VIKSHITH VIHAAN
21-01-2024 2 Y 4 M 12 D (M)
Dr. DINESH KUMAR CHIRLA

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

Patie

BAH-00657884 IP5-00174643
Master BHUKYA VIKSHITH VIHAAN
21-01-2024 2 Y 4 M 12 D (M)
Dr. DINESH KUMAR CHIRLA

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Vomitings.
Loosemotions. / ✱ 3 days.
fever :- 1day.

History of present illness :

Vomitings. - 4-5 times :- 1day contain food particles.
non Bilious,

Loosemotions - 15-20 times / day, loose watery, huge quantity, foul smelling, non Blood stained, not Associated with pain abdomen.

fever on and off

No H/o Constipation

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Master BHUKYA VIKSHITH VIHAAN
21-01-2024 2 Y 4 M 12 D (M)
Dr. DINESH KUMAR CHIRLA

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

LSCS/ NO NICU admission. CIAB.

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal for age.

Immunization History :

Immunized till date (Govt)
1½ year back

(P.T.O.)

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21-01-2024 2 Y 4 M 12 D (M)
Dr. DINESH KUMAR CHIRLA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 12.4 kg (Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate : 116/min B.P. _____ SPO2 98% on RA

Resp.rate and type of breathing : 28/min.

Rash –

Lymphadenopathy –

Oedema : –

Allergies (if any): Sunken eyes (+)

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds :

Any addes sounds :

Relevant data from outside (Chest X-Ray, ABG,etc.,) B/L Air entry (+)

Cardiovascular System :

Inspection of procordium :

Heart Sounds :

Any murmur :

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : S_1S_2 (+)

Per Abdomen :

Inspection

Palpation :

Ausculation :

Spine : External Genitelia :

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

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21-01-2024 2 Y 4 M 12 D (M)
Dr. DINESH KUMAR CHIRLA

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: Acute Gastro Enteritis

(P.T.O.)

Pa

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Master BHUKYA VIKSHITH VIHAAN
21-01-2024 2 Y 4 M 12 D (M)
Dr. DINESH KUMAR CHIRLA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Infection

Desired goals of the treatment : Resolution of symptoms.

Planned Labs:

CBP
CRP
Electrolytes
Urea
Creatinine
CUE
Stool/culture.

Planned Management

IV Fluids
IV ceftriaxone
IV ondan
IV esomeprazole
Enterogermina
Zn syrup.

N/B
Renuka
2/6/26

Signature of the Doctor: N. Pra

Name of the Doctor: N. Prathvish

Date & Time: 02/06/26

Signature of the Consultant: [signature]

Name of the Consultant: Dinesh Chirla

Date & Time: 2/6/26

Dr. DINESH KUMAR CHIRLA
Registration No: 66227

BAH-00657884 IP5-00174643
Master BHUKYA VIKSHITH VIHAAN (M)
21-01-2024 2 Y 4 M 12 D
Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26		
3:30pm	C/S/B Resident	
	Δ: AGE with some dehydration	
	no vomitings / fever.	
	ongoing loose stools	Adv:
	- small	1) Send CSE & stool C/S ✓
	- watery	
	- greenish	2) Continue IVF DNS at 40ml/hr.
	U/O - decreased	
	not accepting orally.	3) Inj Ceftriaxone D1
	O/E :- alert	4) Gastrodiet.
	- mild dehydration (+)	
	- ~~CRT <~~ 2s/. sunken eyes (+)	5) Monitor urine output, wf/ signs of worsening dehydration
	- irritable.	
	- skin pinch quick.	
	- CRT < 2s.	
	- pulses - well felt, warm peripheries	
	- abdomen soft.	
	- chest clear.	Noted by Yamuna @ 6665 hrs

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/06/26 8:00am	CS/B Resident	
	D: AGE with	
	Some dehydration	
	child is afebrile	Plan
	Stool output – 4-5 epi since night	(1) Continue IV Antibiotics
	Pain after Passing Stools	(2) IVF ↓ to 2/3 MF
	oral intake – fair	
	U/O – good	(3) Trace CSE CRP } T/M CBP
	O/E	
	CVS: S1 S2 (+)	
	RS: BDE (+)	Sohel
	Vitals stable	
		DR. DINESH KUMAR CHIRLA Registration No: 66227
		Noted BY Sumana

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6	C/S/B Resident	
	Δ: AGE with some dehydration	Plan
		① INJ CEFTRIAXONE BID
	Child is afebrile	② INJ ONDENSETRON TID
	stools → semi liquid	③ INJ ESMOPRAZOLE OD
	3-4 epi since ~~morng~~ afternoon	④ Z&D SYP OD
		⑤ ENTEROGERMINA SUSP 1VIAL BID
	1 large in quantity	
	NO vomiting	⑥ IVF DNS 2/3 MF @ 30ml/hr.
	Nausea ⊕	
	Urine output - adequate	
	Oral intake - Fair	Sohel
	O/E: child alert & active	Plan
	CVS - S_1S_2 ⊕	CBP } TM Ⓐ 6am
	RS - BAE ⊕, airway clear	CRP } or on next prick.
	P/A - Soft.	
	B.P - 103/62	Trace stool c/s
		d/c TM Sohel
		① Oral ~~Diaf~~-DS 3ml. BID×5days
		- Vedio consultation 2days (saturday)
		- Oral ~~Orofer~~ Tonoferon 2.5ml.
		- Vit D 2doses 60,000K 2 doses
		- MVT Syp - 5ml 4weeks

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

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21-01-2024 2 Y 4 M 13 D (M)
Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 8:00am	CSB Resident	
	Δ: AGE with some dehydration	
		Plan gastro diet continue
	loose stool → (+). 6-7 spi on 3/6	1. Inj CEFTRIAXONE (D2)
	some semisolid stool (+)	2. Z&D drops
	small in Quantity	3. Inj ESMOPRAZOLE
	nausea (+)	4. ENTEROGERMINA
	NO vomiting	5. Inj ONDENSETRON
	No fever spike	6. IVF @ 30ml/hr.
	Hemodynamically stable	
		Soluble
	Vitals	
	BP- 102/62	~~Trace~~
	RR- 26 bpm	~~stool e/s~~ Trace stool e/s
	RS- BAE (+), airway clear	~~CBP~~
	P/A- soft	~~CRP~~ TO send
	CVS- S1S2 (+)	CVE - today.
	ENT- clear	

Dr. VENKATALAKSHMI A Reg. No: 50115

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RESULT SHEET

Date	2/6	4/6				
Time						
Hb	8.8	9.5				
PCV	30%	32.8				
RBC	4.56	4.88				
WBC	9160	8950				
N/L	41/49	26/66				
Platelets	4.69L	5.12L				
CRP	29	5				
ESR						
PCT						
RBS						
Na	1383					
K	4.3					
Cl	105					
Ca/Mg						
Phosphate						
Urea	18					
Creatinine	0.4					
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	3/6/26					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell	2-3					
OVA / Cyst	—					
Occult Blood	-					
Yeast	+					

Culture and Sensitivities : ..... Stool C/S .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Patien

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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: ....ER........ Shifted to: ....308........

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						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : N. Prathish. N.pn

Date & Time : 02/06/26, 1pm.

Nurse Name & Signature: Renuka

Date & Time : 02/06/26 & 1:10pm

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

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Master BHUKYA VIKSHITH VIHAAN
21-01-2024 2 Y 4 M 12 D (M)
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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight 12.4 kg Ward ....

DRUG : ENTEROGERMINA SUSPENSION				Date / Time	2/6	3/6
Dose	Route	Frequency	Start Dt.			
1 via	PO	12H	02/6	10AM	4pm [signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: N. Prathibha.						
Additional Instructions: 1 Respoule				10Pm	[signature]	[signature]
Daily Doctor's Endorsement by a Sign					[signature]	

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 ....

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Master BHUKYA VIKSHITH VIHAAN
21-01-2024 2 Y 4 M 12 D (M)
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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

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

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				

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Master BHUKYA VIKSHITH VIHAAN
21-01-2024 2 Y 4 M 12 D (M)
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DRUG CHART

Date of Admission: 2/6/16 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 : CROCIN DS				Date / Time
Dose	Route	Frequency	Start Date	
3ml	PO	SOS	2/6	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions: (5ml/240mg)				

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 .....

Dr. DINESH KUMAR CHIRLA

REGULAR PRESCRIPTIONS

Weight. 12.4kg Ward. ....

DRUG : Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Date
600mg	IV	12H	02/6

Name & Signature of the Doctor Starting the Drugs: N. Preethisha.

Additional Instructions:

Date / Time	2/6	3/6	4/6
6Am	X	[signatures]	[signatures]
6pm	4pm [signatures]	[signatures]	

Daily Doctor's Endorsement by a Sign [signature]

DRUG : Inj. ONDANSETRON

Dose	Route	Frequency	Start Date
2mg	IV	8H	02/6

Name & Signature of the Doctor Starting the Drugs: N. Preethisha.

Additional Instructions:

Date / Time	2/6	3/6	4/6
6Am	X	[signatures]	[signatures]
2pm	3:30pm [signature]	[signatures]	
10pm	[signatures]	[signatures]	

Daily Doctor's Endorsement by a Sign [signature]

DRUG : Inj. ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
15mg	IV	24H	02/6

Name & Signature of the Doctor Starting the Drugs: N. Preethisha.

Additional Instructions:

Date / Time	2/6	3/6	4/6
6Am	4pm [signature]	[signatures]	[signatures]

Daily Doctor's Endorsement by a Sign [signature]

DRUG : Z & D SYRUP

Dose	Route	Frequency	Start Date
1ml	PO	24H	02/6

Name & Signature of the Doctor Starting the Drugs: N. Preethisha.

Additional Instructions:

Date / Time	2/6	3/6
4pm	[signature]	[signatures]

Daily Doctor's Endorsement by a Sign [signature]

Dr. DINESH KUMAR CHIRLA

I.V. FLUIDS CHART

Weight. 12.4Kg 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
02/6/26	2pm	DNS	IV	40	N.PD		3/6		
3/6/26	8am	IVF DNS	IV	30 ml/hr					

Signature .....

VERIFIED BY : Name .....

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
2/6/24	2/06	INF NS	100ml over 30mins	IV	N.Pn	Pranuf

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Master BHUKYA VIKSHITH VIHAAN
21-01-2024 2 Y 4 M 12 D (M)
Dr. DINESH KUMAR CHIRLA

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

2/6/26

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:	3pm	6pm	10pm	2am	6am
Doctor / Nurse / Family Concern?					
Temperature (F) (scale 94–104)	98.1F	98.1F	98.0F	98.1F	97.4F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)					
Heart Rate (Number)	128 bpm	147 bpm	122 b/m	119 b/m	132 b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)					
Resp Rate (Number)	30 bpm	30 bpm	32 b/m	29 b/m	28 b/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)	100%	100%	98%	99%	97%
Conscious Level: Normal / Altered					
GCS *	(15/15)	(15/15)	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	2	2	0	0	0
Observer's Initials			[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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BAH-00657884 IP5-00174643
Master BHUKYA VIKSHITH VIHAAN
21-01-2024 2 Y 4 M 12 D (M)
Dr. DINESH KUMAR CHIRLA

3/5/26

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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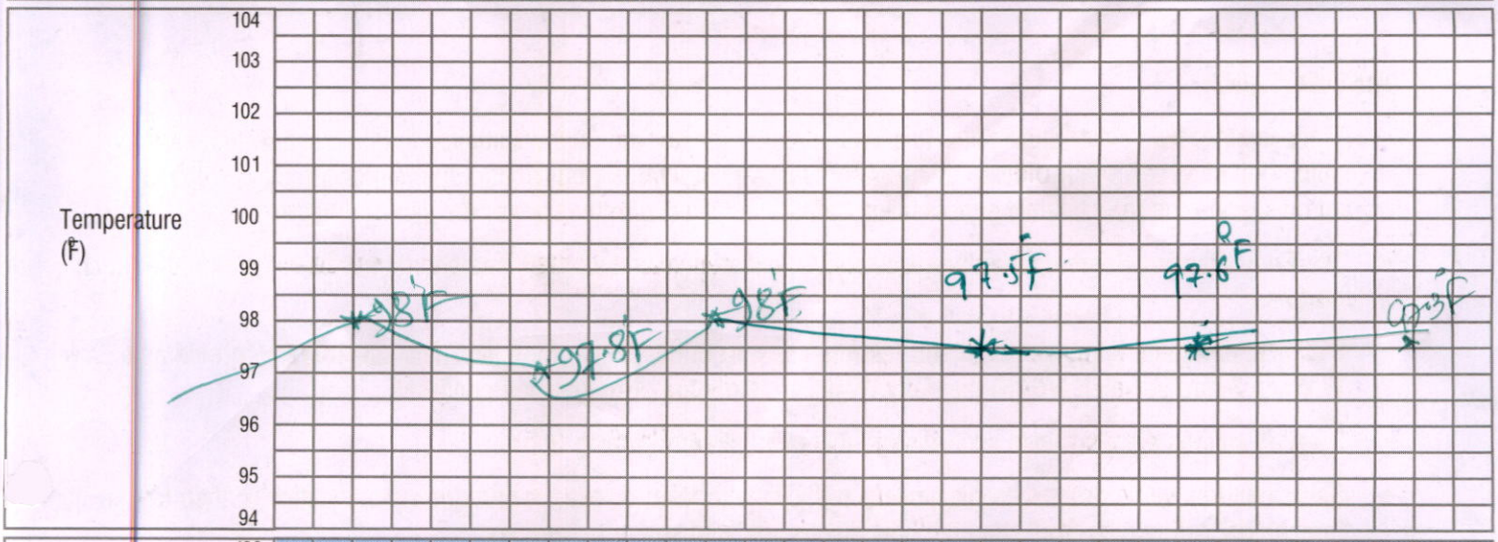
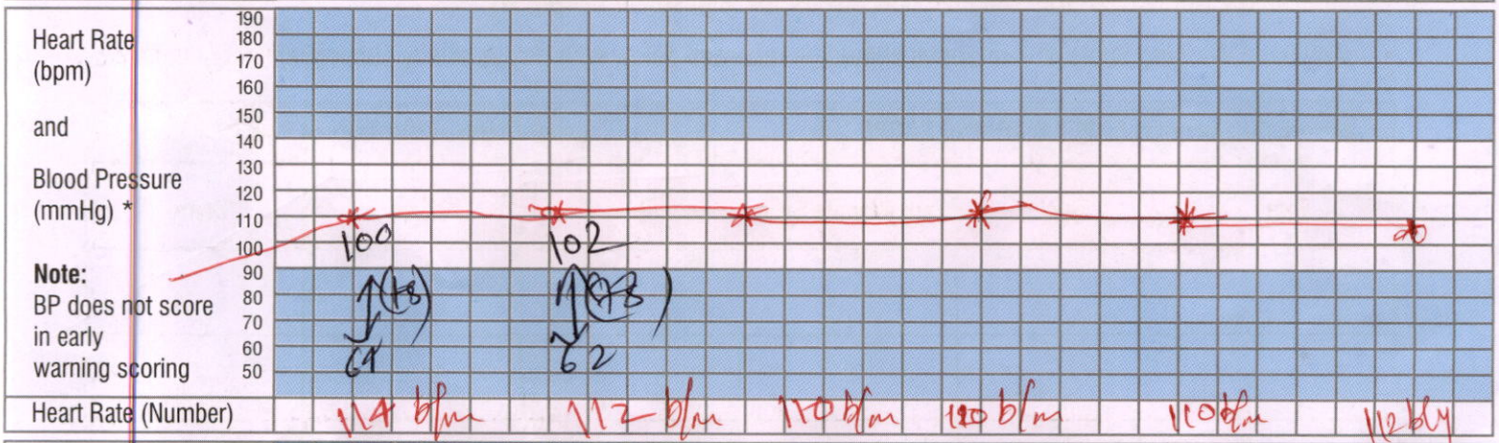
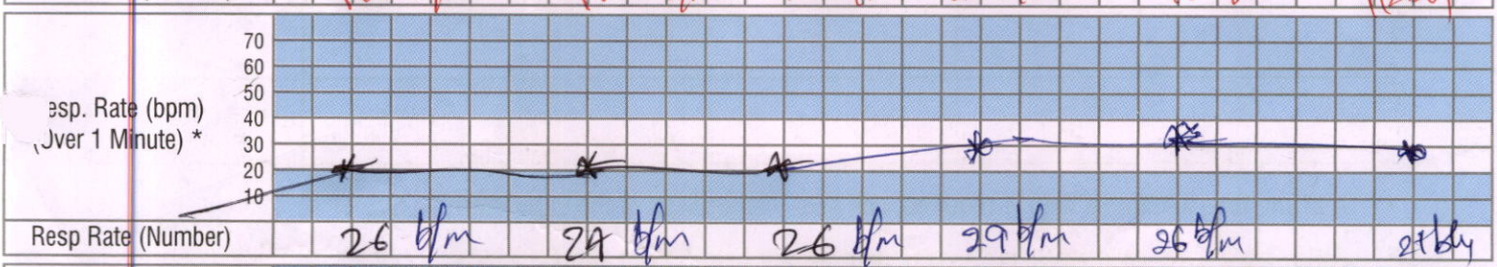
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	10AM	3PM	6PM	10pm	2AM	7AM
Doctor / Nurse / Family Concern?						





Heart Rate (Number)	114 b/m	112 b/m	110 b/m	120 b/m	110 b/m	112 b/m



Resp Rate (Number)	26 b/m	24 b/m	26 b/m	29 b/m	26 b/m	27 b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	99%	98%	98%	98%
Conscious Level: Normal / Altered	—	—	—	—	—	—
GCS *	(15/15)	(15/15)	(15/15)	(15/15)	(15/15)	(15/15)
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

ACTIONS NB: Scores 3 should be recorded overleaf	
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BAH-00657884 IP5-00174643
Master BHUKYA VIKSHITH VIHAAN
21-01-2024 2 Y 4 M 13 D (M)
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CH/ 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 : ..... Time: Start

Doctor / Nurse / Family Concern?

Temperature (F) 104 103 102 101 100 99 98 97 96 95 94 — 98.2F

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

Note: BP does not score in early warning scoring

Heart Rate (Number) — 164 Holy

Resp. Rate (bpm) (Over 1 Minute) * 70 60 50 40 30 20 10 — 24

Resp Rate (Number) — 24 bly

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2 (l/min)		
O_2 Saturations (%)		98%
Conscious Level	Normal	
	Altered	
GCS *		(14/15)
TOTAL SCORE Number of shaded boxes		0
Pain Score		0
Observer's Initials		G

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Patient

BAH-00657884 IP5-00174643
Master BHUKYA VIKSHITH VIHAAN
21-01-2024 2 Y 4 M 12 D (M)
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FLUID CHART

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

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00657884 IPS-00174643
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3/6/26

FLUID CHART

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 2

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

		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			30ml							0	sman
	09:00 am		H2O	30ml							0	sman
	10:00 am	DNS		30ml							0	sman
	11:00 am			30ml							0	sm
	12:00 pm		H2O	30ml							0	sm
	01:00 pm										0	sm
Total Intake :		150 ml				**Total Output :** U – 2 M – 0						
	02:00 pm			30ml							0	sman
	03:00 pm		H2O	30ml							0	sman
	04:00 pm	DNS		30ml			✓			✓	0	sman
	05:00 pm						✓				0	sm
	06:00 pm		H2O				✓				0	S
	07:00 pm										0	S
Total Intake :		90 ml				**Total Output :** U – 1 M 3						
	08:00 pm			30ml			✓				0	Jeni
	09:00 pm		H2O	30ml			✓			✓	0	Jeni
	10:00 pm	DNS		30ml			✓				0	Jeni
	11:00 pm		H2O								0	Jeni
	12:00 am			30ml						✓	0	Jeni
	01:00 am		H2O	30ml			✓				0	Jeni
Total Intake :		160 ml				**Total Output :** U – 2 m 4						
	02:00 am			30ml							0	Jeni
	03:00 am		H2O	30ml			✓			✓	0	Jeni
	04:00 am	DNS		30ml							0	Jeni
	05:00 am			30ml			✓			✓	0	Jeni
	06:00 am		H2O								0	Jeni
	07:00 am									✓	0	Jeni
Total Intake :		120 ml				**Total Output :** U – 3 m – 2						

Total 24 hrs. Intake	520 ml	Total 24 hrs. Output	U – 8 m – 9

BAH-00657884 IP5-00174643
Master BHUKYA VIKSHITH VIHAAN
21-01-2024 2 Y 4 M 12 D (M)
Dr. DINESH KUMAR CHIRLA

308 - B

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 2/6/26 Time: 2:30pm

Weight: 12.4kg's Centile: >25th

Height: 92cm Centile: >50th

Inference: well child

RDA: — Calories: 1250kcal/D Protein: 21gm/D

Diet Recommendations: gastro diet (avoid milk, wheat, oats, ragi, nuts, fruits & fruit Juices, eggs & sugar)

Re-Assesment:

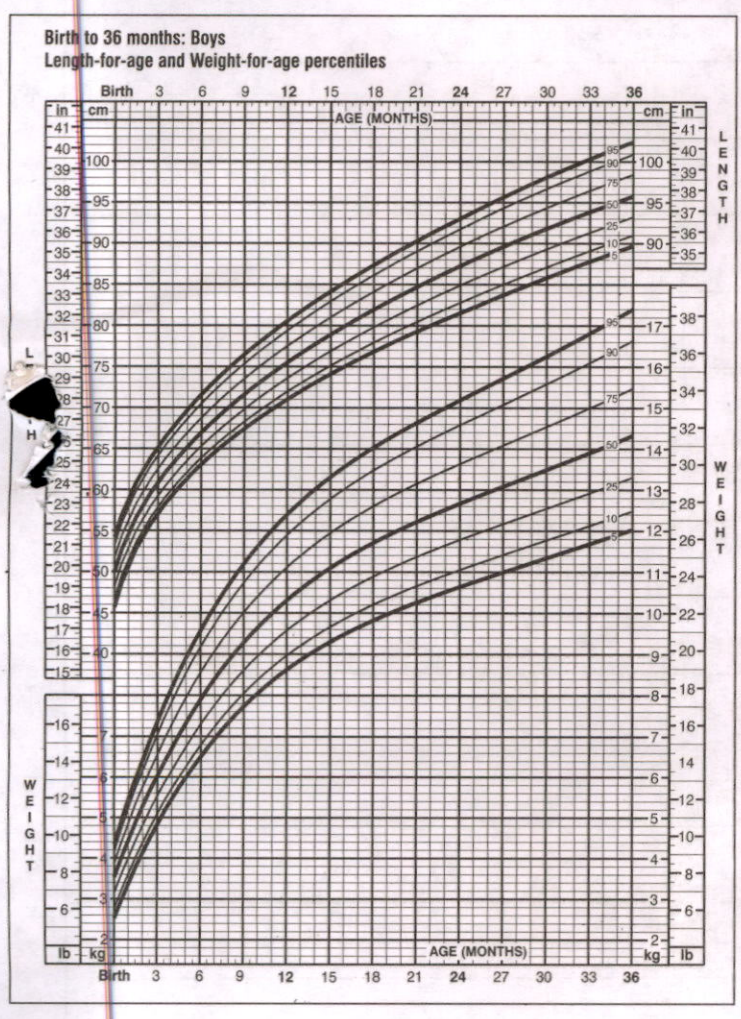
Food Allergies: No Veg/Non-veg veg

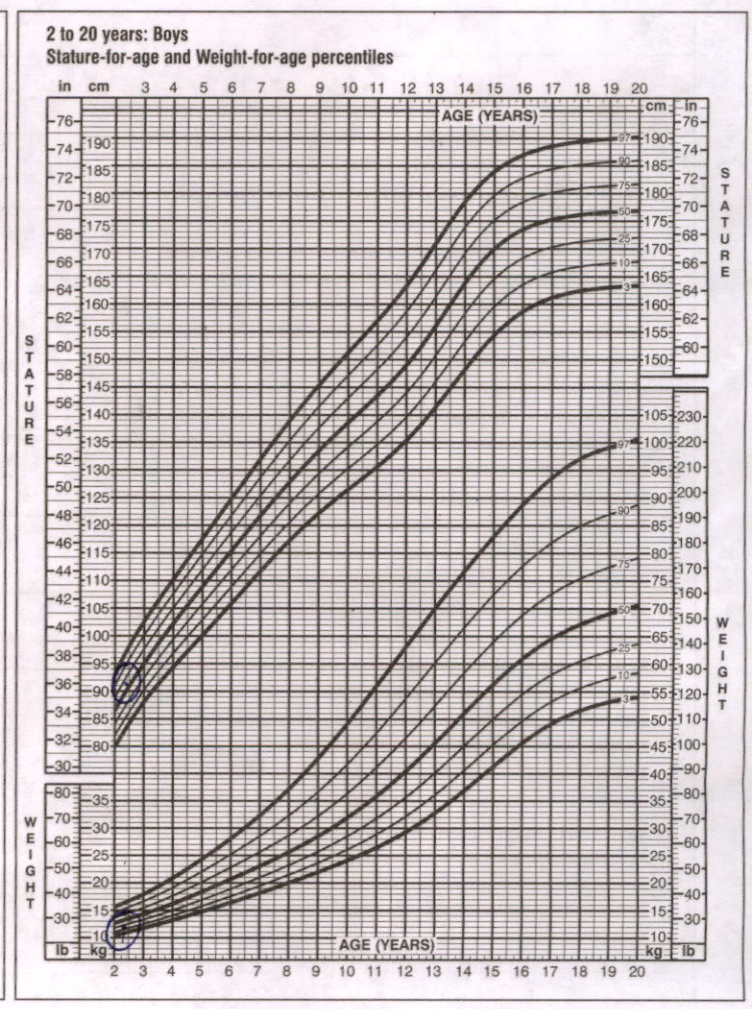
Diagnosis: Acute Gastroenteritis

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: B-Swetha

GROWTH CHART (BOYS)





Dietician's Name Nikitha

Dietician's Signature Nikitha

Daily Notes:

3/8/26 child is stable, oral intake is optimal Same

continue gastro diet