BAH-00613522 IP5-00176707
Master AYANSH SINGH
26-08-2022 3 Y 10 M 26 D (M)
Dr. SIRISHA RANI

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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	2			
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	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	4			
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	2			
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				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Entries	5			
	Total No. of Pages	29			

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

Signature and Date :
22/7/26

(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

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 : IP5-00176707 **Admit Date** : 21-Jul-2026 **Admit Time** : 11:58 AM **UHID** : BAH-00613522

Patient Details :

Patient Name	: Master AYANSH SINGH	**Age**	: 3 Y 10 M 25 D
Guardian	: Mr NISHANT ROSHAN	**DOB**	: 26-08-2022
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO:8-3-169/60/125/1,INDIRA NAGAR, NEAR TEMPLE,PHASE-2, Borabanda Hyderabad Telangana INDIA 500018	**Phone No**	: 7780384690
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : FOUR SHARING **Bed No** : FSW 136 **Ward Name** : 1F-HEMATO-ONCOLOGY

Room No : FSW 136 **Admission Type** : First Visit

Contact Details :

Name : Mr NISHANT ROSHAN **Relationship** : Father

Contact Address : H NO:8-3-169/60/125/1,INDIRA NAGAR, NEAR TEMPLE,PHASE-2, Borabanda Hyderabad Telangana INDIA 500018 **Phone No** : 7780384690

Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI **Specialisation** : HEMATO ONCOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. NALLA ANURAAG REDDY

Payment Details :

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

Payor Name : ICICI LOMBARD GENERAL INSURANCE CO LTD

BAH-00613522 IP5-00176707
Master AYANSH SINGH
26-08-2022 3 Y 10 M 25 D (M)
Dr. SIRISHA RANI

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ADMISSION CRITERIA – ONCOLOGY

Admission / Transfer from:

☑ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: .....

Tick (✓) any of the following criteria requiring admission / transfer to ONCOLOGY

- ☑ For Chemotherapy-Day Care or IP Admission as per the Type of Chemotherapy
- ☐ Febrile Neutropenias (ANC <500 cells / mm3)
- ☐ Netropenic Enterocolitis
- ☐ Mucositis Induced Significant Diarrohea or Pain
- ☐ Neurological Complications (like Seizures, Bleeding, Thrombosis) that can arise while on Chemotherapy Treatment or at the Time of Presentation and also for other Systemic Problems like Pancreatitis during Chemotherapy
- ☐ Management of Oncological Emergencies
- ☐ Bleeding Problems (where it is indicated)
- ☐ Evaluation and Management of Severe Anemias
- ☐ Day Care Admissions for PRBC Transfusions
- ☐ Evaluation and Management of Sick Children who come with Hematological Problems like Severe Anemia like Autoimmune Hemolytic Anemia/ Bleeding/ Others
- ☐ Primary Immunodeficiency Disorders with Infections that Warrants Hospitalisation
- ☐ Management and Evaluation of Hemophagocytic LymphoHisticytosis
- ☐ Any Systemic Disorders with Significant Hematological issues like JRA / SLE with Secondary HLH

Signature of the Doctor: .....

Name of the Doctor: T Pavan

Date & Time: 21/07/20 @ 12pm

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DISCHARGE CRITERIA – ONCOLOGY

Discharge to:

☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☑ Others: .....

Tick (✓) any of the following criteria requiring discharge / transfer from ONCOLOGY

☑ Completion of chemotherapy, with no debilitating side effects.

☐ Resolution of febrile episode, with no fever>24hrs and Absolute Neutrophil count (ANC)> 500cells/mm3.

☐ Admitted patients - Once the admitting problem gets resolved or made a plan to manage further on out-patient basis.

Signature of the Doctor: .....

Name of the Doctor : TPaw

Date & Time: 22/7/26 @ 10.00 am

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Ayansh Singh

UHID ID:

BAH-00613522 IP5-00176707
Master AYANSH SINGH
26-08-2022 3 Y 10 M 25 D (M)
Dr. SIRISHA RANI

Department:

Consultant:

BAH-00613522 IP5-00176707
Master AYANSH SINGH
26-08-2022 3 Y 10 M 25 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Name : Ayansh singh Age/Sex 3y/M

Information given by: Relationship Mother

Chief Presenting Complaints & Duration (Chronologically)

No fresh issues
R/C/O B-cell ALL now admitted for LP

History of present illness :

No fresh issues.
↓
R/C/O B-cell ALL
↓
Now admitted for LP

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Pediatric Multiorgan History & Physical Examination

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

K/C/O B-cell ALL

Birth & Neonatal History:

NOT significant.

Birth & Socio Economic History:

About Father : Lower middle class
About Mother :
Any additional Information :

Developmental History :

Achieved as per age

Immunization History :

Completely immunized as per schedule

(P.T.O.)

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26-08-2022 3 Y 10 M 25 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 16.1 Kg (Centile _____)

On Examination :

Temperature : 98.3°F Pulse Rate : 126/Pm B.P. 98/ SPO2 _____

Resp.rate and type of breathing : 26 brl/min, ND Signs of RD

Rash

Lymphadenopathy (-)

Oedema :

Allergies (if any): NKDA

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L AEBE, clear

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation :

Ausculation : SOFT, NDn distended

Spine : External Genitelia :

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

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26-08-2022 3 Y 10 M 25 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System:

Nutriton :

Tone: Power WNL

Co-ordinator :

Posture : WNL

Involuntary Movements :

Reflexes :

DTR WNL **Superficials:** WNL

Plantars

Sensory System : WNL

Bladder / Bowel :

Clinical Summary & Diagnostic:

K/C/O B cell ALL

(P.T.O.)

BAH-00613522 IP5-00176707
Master AYANSH SINGH
26-08-2022 3 Y 10 M 25 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:
Bleeding, sepsis.

Desired goals of the treatment :
Resolution

Planned Labs:

- CBP - done on OP Basis
- Extra plain

NIB
Abhishek

Planned Management

- NPO as advised
- LP & ~~chemotherapy~~ today
- Inj. ondansetron
- 6 MP
- Septran.

Signature of the Doctor: [signature]
Name of the Doctor: Dr. Nandan
Date & Time: 21/07/2026, 11:15AM

Signature of the Consultant: [signature]
Name of the Consultant: [signature]
Date & Time: 21/7/26 @ 9.10.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	procedure notes.	
21/7/26 2:30 pm	After taking written consent, under strict aseptic condition, under short sedation lumbar puncture done and intrathecal chemotherapy given. procedure uneventful. Vitals stable. Child shifted to ward	
		Vishwaj'c
22/7/26 8:30AM	Bcell ALL on maintenance. No fresh issues. V, hls (N). S/E - S/PA/UF, CFT L [illegible]. CVS, RS, P/A (N)	Adv 1) D/C 2) f/u → 1 w c CBP. Dhanalaks. ACB Divya. 22/7 @ 9 Am
	Dr. Anuraj 22/7/26 @ 9.20 am	

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

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26-08-2022 3 Y 10 M 25 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
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						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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26-08-2022 3 Y 10 M 26 D (M)
Dr. SIRISHA RANI

Ayansh singh.

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DRUG CHART

Date of Admission: 21/07/2026 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:				

Sig...e .....

VERIFIED BY : Name .....

BAH-00613522 IP5-00176707
Master AYANSH SINGH
26-09-2022 3 Y 10 M 25 D (M)
Dr. SIRISHA RANI

REGULAR PRESCRIPTIONS

Weight 16.1 kg Ward .....

DRUG : INJ. ONDANSETRON

Dose	Route	Frequency	Start Date
3mg	IV	BD	21/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Nanda

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7
	6AM	8
	1pm	
	Veena Correct Subha	
	6pm	
	Subha	

DRUG : SYP. SEPTRAN

Dose	Route	Frequency	Start Date
3ml	PO	BD	21/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Nanda

Additional Instructions: On monday, wednesday Friday

Daily Doctor's Endorsement by a Sign

Date / Time	21/7
8AM	X
8pm	X

DRUG : TAB - 6 MP

Dose	Route	Frequency	Start Date
	PO	OD	21/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 1 tab = 10 mg, 2 tabs on mon/wed/friday & 1 tab on remaining days

Daily Doctor's Endorsement by a Sign

Date / Time	21/7
6AM/Anu	

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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Master AYANSH SINGH
26-08-2022 3 Y 10 M 25 D (M)
Dr. SIRISHA RANI

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

DRUG :	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
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
01/9	1pm	INJ. MIDAZOLAM	1mg	IV		Veera Somu

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

BAH-00613522
Master AYANSH SINGH
26-08-2022 3 Y 10 M 25 D (M)
Dr. SIRISHA RANI

I.V. FLUIDS CHART

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

		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

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

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : ____ BAH-00013522 IP5-00176707
Master AYANSH SINGH
26-08-2022 3 Y 10 M 25 D (M)
Dr. SIRISHA RANI
___Consultant: _____ Dept : _____

Date of Admission ___Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/7/26	12:15 AM	ER	oneo	Anna

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

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7/20	IV placement	(1)	4173	Chavan
21/7/20	Lumbar puncture conscious sedation	(1)	9715649.	Veena

ANY OTHER INFORMATION

Don't charge for NHA — Nikitha

Date : 22/7 Time : 11 AM Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sivy	Morng ONCO		

BAH-00613522
Master AYANSH SINGH
26-08-2022
Dr. SIRISHA RANI
IP5-00176707
3 Y 10 M 26 D (M)

Ayansh Singh

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MEDICATION RECONCILIATION FORM

Drug Allergies: NO ☑ 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: Hemat-onology

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	TAB 6MP	10mg	PO	OD	20/7/26 9AM	☑ C ☐ DC
2	Syp. SEPTRAN	3ml	PO	BD on mon,wed & friday	20/7/26 9PM	☑ 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 : Dr. Nanda

Date & Time : 21/07/2026, 10.30 AM

Nurse Name & Signature: Abhishek

Date & Time : 21/7/26 @ 11:30 Am

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26-08-2022 3 Y 10 M 26 D (M)
Dr. SIRISHA RANI

(2)

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 : 22/7/... Time: 9PM

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

97 98.3F

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

198 78 100

Heart Rate (Number) 108

Resp. Rate (bpm) (1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number) 32

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2(l/min)		
O_2Saturations (%)		99%
Conscious Level	Normal	
	Altered	
GCS *		15
TOTAL SCORE Number of shaded boxes		0
Pain Score		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-00613522 IP5-00176707
Master AYANSH SINGH
26-08-2022 3 Y 10 M 25 D (M)
Dr. SIRISHA RANI

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 : 21/7 ..... Time:	1pm	4pm	7pm	10PM	3AM	6AM
Doctor / Nurse / Family Concern?						
Temperature (F)	98.6F	98.6F	98.6F	98.6F	98.5F	98.6F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	100/71 60	95/61 54	99/71 60	98 (90) 60	96 (70) 66	98 (78) 68
Heart Rate (Number)	106b/m	110b/m	99b/m	100b/m	105bm	105bm
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	26b/m	24b/m	23b/m	22b/m	24bm	26bm
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	99%	100%	100%
Conscious Level: Normal / Altered	C	C	C	C	C	C
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	
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)

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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 :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

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FLUID CHART

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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.
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							
21/8/26	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	H2o	100ml							200ml	0	
	04:00 pm	Rice									0	
	05:00 pm										0	
	06:00 pm	H2o	100ml								0	
	07:00 pm									200ml	0	
Total Intake : 200 ml						Total Output : 400 ml						
	08:00 pm										0	
	09:00 pm	Rice 1up								150M	0	
	10:00 pm	H2O	150M								0	
	11:00 pm										0	
	12:00 am									180M	0	
	01:00 am										0	
Total Intake : 150ML						Total Output : 330ML						
	02:00 am										0	
	03:00 am									200M	0	
	04:00 am										0	
	05:00 am										0	
	06:00 am									200M	0	
	07:00 am										0	
Total Intake :						Total Output : 400M						

Total 24 hrs. Intake	350: 2100ml	Total 24 hrs. Output	1130: 2900ml

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 21/7/26 Time: 12:30PM

Weight: 16.1 kgs Centile: >50th

Height: 102 cms Centile: >50th

Inference: well child

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

Diet Recommendations: soft high protein diet

Re-Assesment: Avoid spicy, chilled & outside foods

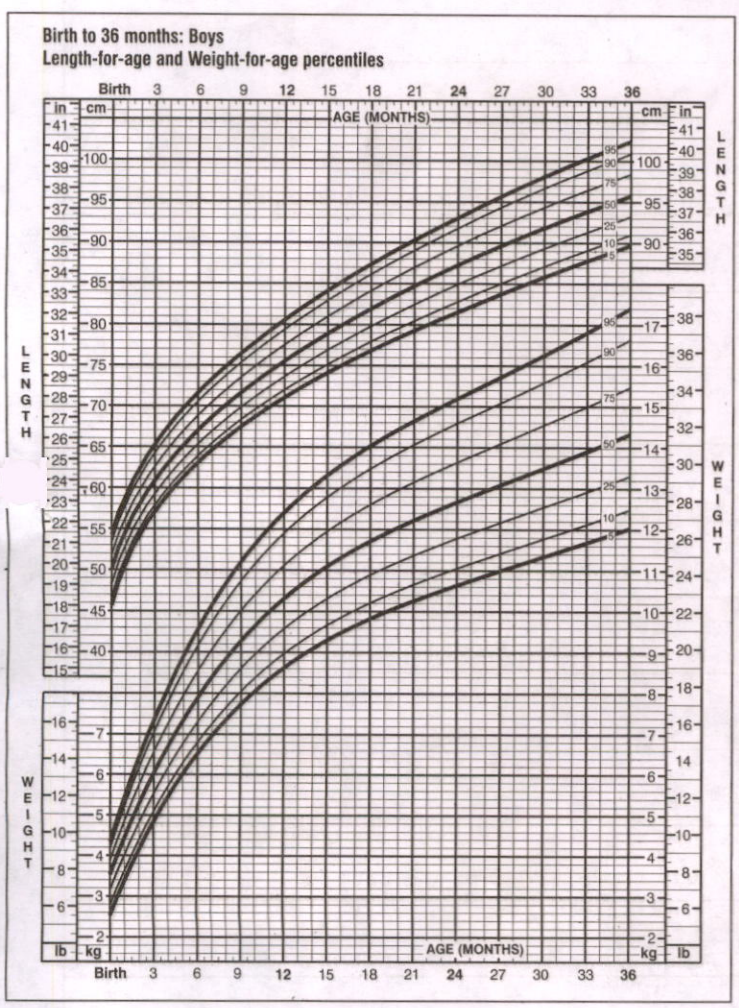
Food Allergies: NO Veg/Non-veg Non-veg

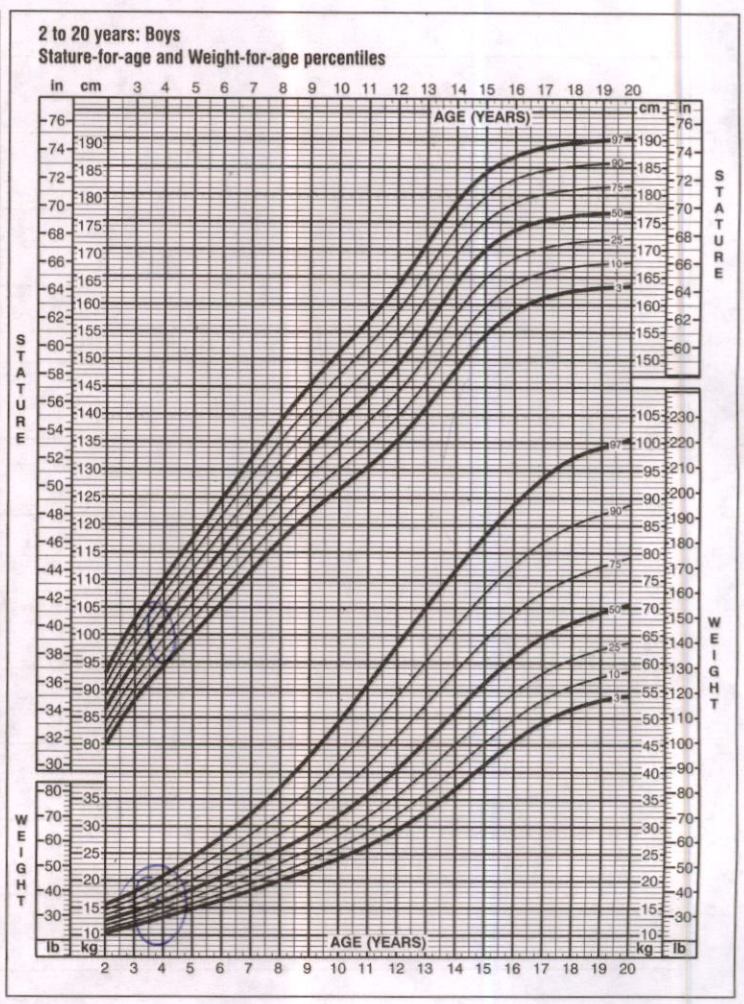
Diagnosis: ELC10 BCell ALL

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: parent's don't need dietitian. Don't charge for NHA

GROWTH CHART (BOYS)





Dietician's Name Nikitha

Dietician's Signature Nikitha

Daily Notes: