

ADMISSION SHEET



Registration Details :

Admission No : IP5-00174512 Admit Date : 29-May-2026 Admit Time : 07:58 PM UHID : BAH-00656447

Patient Details :

Patient Name	: Master VADDI KRITIN NARASIMHA	Age	: 0 Y 9 M 22 D
Guardian	: Mr VADDI SUDERSHAN	DOB	: 07-08-2025 05:30 AM
Gender	: Male	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: FLAT NO 512, KRISHNA BLOCK, GHARONDA CHAMUNDESHWARI APARTMENTS Nallakunta Hyderabad Telangana INDIA 500044	Phone No	: 9676220700/ 9676220700
		E-mail	: sudershanvaddi784@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE Bed No : SPVT 333 Ward Name : 3F-ZONE C
Room No : SPVT 333 Admission Type : First Visit

Contact Details :

Name : Mr VADDI SUDERSHAN Relationship : Father
Contact Address : FLAT NO 512, KRISHNA BLOCK, GHARONDA Phone No : / 9676220700
CHAMUNDESHWARI APARTMENTS Nallakunta
Hyderabad Telangana INDIA 500044

V. Sudershan.

Signature

Doctor Details :

Doctor Name : Dr. VISHAKHA BASAVRAJ KARPE Specialisation : PEDIATRIC NEURO SURGERY
Referral Doctor : Self Phone No :
Co-Consultant : Dr. ABHISHEK RAVINDRA JAIN

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : ICICI LOMBARD GENERAL INSURANCE CO LTD



REQUEST FOR CREDIT FACILITY

To,
The Credit Billing,
Tenet Diagnostics,
Banjara Hills, Hyderabad.

Patient details: **BAH-00656447** **IP5-00174512**
Master VADDI KRITIN NARASIMHA
07-08-2025 **0 Y 9 M 24 D** (M)
Dr. VISHAKHA BASAVRAJ KARPE



Dear Sir/Madam,

We are sending the above mentioned patient for the diagnostic test MRI Brain scanning & contrast - LS spine scanning & contrast in your diagnostic center on credit basis. Request you to kindly do the needful. The bill will be settled by Rainbow Hospital, billing department as per the agreement. For any further queries, please contact the billing manager.

Order ID: 5-0009636853

under sedation.

Thanking you,
Department of Inpatient Billing

Coordinator: Milanjana
Signature: Milanjana
Name: Milanjana
Date & Time: 31/05/26 AK/PM

Billing Executive: [Signature]
Signature: [Signature]
Name: [Signature]
Date & Time: 31/05/26
Mobile (Billing Manager): 9247505898

Manager on Duty (MOD):
Signature: [Signature]
Name: S. Karthik 2:45PM
Date & Time: 31/05/26 + 2:45PM
Mobile: 9676838787

RAINBOW CHILDREN'S MEDICARE LIMITED
8-2-120/108/1, Survey No: 403, Beside Park Hyatt
Road No. 2, Banjara Hills,
Hyderabad - 500 034, Telangana
Phone No: 040-44665495

Docu. No: RCH/ FRM/ GENERAL/ 663

ACTIVITY RECORD FOR BILLING

Name : _____

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

Date of Admission: _____ Tim _____ ge : _____ Time: _____

Room / Bed No : _____ Ward : _____ llable bed type : _____

BAH-00656447
Master VADDI KRITIN NARASIMHA
07-08-2025 0 Y 9 M 22 D
Dr. VISHAKHA BASAVRAJ KARPE (M)



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/05/26	20:00	ER	333	Annals

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
25/5	CBP, CRP, γ B Done on Blood clt	OP Basis 4737	Samsheh
20/5	CSF Analysis	26055100	by
21/5/20	GPBS 91 mg/dl	26055104	Pugh
30/5/20	CSF cultures sensitivity	26055100	Mantle



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00656447 IPS-00174512
Master VADDI KRITIN NARASIMHA
07-08-2026 0 Y 9 M 22 D
Dr. VISHAKHA BASAVRAJ KARPE (M)





Current medical history & Physical Examination

Name : _____ Age/Sex 9mfm

Information given by: Mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

cto dull activity
cto feeding } ∴ 1 day
vomiting

History of present illness :

cto dull activity
cto feeding } ∴ 1 day

also vomiting } ∴ 1 day
non bilious
non projectile
multiple episodes

no h/o fever/seizures

Patient Sticker

BAH-00656447 IP5-00174512
Master VADDI KRITIN NARASIMHA
07-08-2025 0 Y 9 M 22 D (M)
Dr. VISHAKHA BASAVRAJ KARPE



& Physical Examination

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

Handwritten notes: nil

Birth & Neonatal History:

Handwritten notes: APT used also necessary for meningitis
Diagram: A circle labeled 'MCM' with a vertical line extending downwards to a rectangular box with horizontal lines, and an arrow pointing upwards from the box.

Birth & Socio Economic History:

About Father : _____
About Mother : _____
Any additional Information : _____

Developmental History :

Handwritten notes: Site briefly when unable to sit
Roll over ~~partial~~ good
Head holding ~~partial~~ good
Reaching for objects
Babbling ⊕

Immunization History :

Handwritten notes: up to date

BAH-00658447 IPS-00174512
Master VADDI KRITIN NARASIMHA
07-08-2026 0 Y 9 M 22 D (M)
Dr. VISHAKHA BASAVRAJ KARPE



ry & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

CBP
S. Electrolytes
Extra panel,
eBTA
Blood cf
CRP (on OP basis done)
MB Aus
29/10/26

Planned Management

IVE DNE
(800) AP
MB Aus
29/10/26

Signature of the Doctor: _____

Name of the Doctor: _____

Date & Time: _____

Signature of the Consultant: _____

Name of the Consultant: _____

Date & Time: _____

DR. ABHISHEK R JAIN
Registration No: 2757

BAH-00656447 IP5-00174512
 Master VADDI KRITIN NARASIMHA
 07-08-2026 0 Y 9 M 22 D (M)
 Dr. VISHAKHA BASAVRAJ KARPE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Feb Neuro exam</u>	
<u>30/8/26</u>	<p>Activity bit fee</p> <p>- taking well orally.</p> <p><u>st</u> vitals - stable</p> <p>- no-convulsions or pupal ER</p> <p>Mild LL Hypertonia</p> <p>⊕ power - symmetrical</p> <p>anterior gravity movements.</p> <p>- No meningism</p> <p>cerebellar signs.</p> <p>GRBS: <u>11:15AM</u> : 90 mg/dl.</p> <p><u>21(05) CSF Analysis</u></p> <p>App: CLEAR</p> <p>prot: 23 mg/dl.</p> <p>Glucose: 48 mg/dl.</p> <p>Cell Count: 4 - 100% L.</p>	<p>Adm: - LP /</p> <p>- vertebral CSF</p> <p>Analysis.</p> <p>↓</p> <p>To discuss with</p> <p>D. Vishaka.</p>
	<p>DR. ABHISHEK R JAIN Registration No: 2757</p> <p>Abhishek</p>	

BAH-00656447
 Master VADDI KRITIN NARASIMHA (M)
 07-08-2025 0 Y 9 M 23 D
 Dr. VISHAKHA BASAVRAJ KARPE

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 2 pm	<p><u>SIR Dr. Vishalche</u></p> <p>Post op ETV with frequent vomiting yesterday</p> <p>↓</p> <ul style="list-style-type: none"> - No vomiting since yesterday - No Activity improved <p>Obs - Baby Active AF - low Moving all 4 limbs PR - 92bpm R</p>	
	<p>on LP → two samples one xanthochromic/yellow & another clear CSF was tapped</p>	
	<p><u>Plan</u> ① Both samples of lumbar puncture to be sent for analyses and Culture sensitivity</p>	
	<p>② MRI lumbosacral spine with Screening of brain (plain + contrast)</p>	
	<p>noted by hij @ 5 pm</p>	<p>DR. VISHAKHA BASAVRAJ KARPE Registration No. 24394</p>

BAH-00656447
 Master VADDI KRITIN NARASIMHA (M)
 07-08-2025
 Dr. VISHAKHA BASAVRAJ KARPE

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 11 AM	<p>cts Neuro team</p>	
	<p>- No fever spikes - Activity - better.</p>	
	<p><u>cts</u> vitals - stable - AF - compressible. - No sweating, @ tone, pulse - no nuchal or cerebellar signs.</p>	
		<p><u>Adv</u> - vitals - continue IV Antibiotics. MRI tomorrow</p>
		<p>noted by <u>Ravi</u></p>
	<p>DR. ABHISHEK R JAIN Registration No: 2757</p>	<p><u>Abhishek</u></p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26 1:44 PM	SIB Dr. Vishakha	
	Post op ETV	
	No fever	
	.	
	O/A - Baby active	
	Gibsite	
	Wearing on a lens	
P-139		Ach
C-28		- Continue
Celly		By name
WBC-180		- MRI spine (P+C)
		tomorrow
		Noted by Dr. Vishakha
		Dr. VISHAKHA BASAVRAJ KARPE Registration No: 94394

BAH-00656447 IP5-00174512
 Master VADDI KRITIN NARASIMHA
 07-08-2025 0 Y 9 M 24 D (M)
 Dr. VISHAKHA BASAVRAJ KARPE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 6:00am	<p>MR Dr. Vishakha</p> <p>Post op ERV & vomiting.</p> <ul style="list-style-type: none"> - No vomiting last 3 days. - No fever. - Accepting feeds well <p>OK. Baby active & alert</p> <p>AF - low</p> <p>Monitoring all limbs</p>	
		<p>MR Spine (P+C) today</p> <p>↓</p> <p>Further plan according to MR features.</p> <p>DR. VISHAKHA BASAVRAJ KARPE Registration No: 94394</p>

H-00656447 IP5-00174512
 ster VADDI KRITIN NARASIMHA
 08-2025 0 Y 9 M 25 D (M)
 VISHAKHA BASAVRAJ KARPE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
46 Mo 10:05 AM	<p>cts Neurotears</p>	
	<p>- No fever spikes - taking well orally - Symptomatically better</p>	<p>P 139 C 38</p>
	<p>of vitals - stable - ECG fulls No correction - Mild Ht hypertension - Congenital reflux - symmetrical and generally movements</p>	
	<p>DR. ABHISHEK R JAIN Registration No: 2757</p>	<p>sch:- - vitals - Trace mra follow - continue b/w + vams - CSE per in the same sample.</p>
	<p>Abhishek</p>	<p>BMH</p>

H-00658447 IP5-00174512
Mr VADDI KRITIN NARASIMHA
08-2025 0 Y 9 M 25 D (M)
VISHAKHA BASAVRAJ KARPE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/06	plan discharge	
1:35 pm		

BAH-00656447 IP5-00174512
 Master VADDI KRITIN NARASIMHA (M)
 07-08-2025 0 Y 9 M 22 D
 Dr. VISHAKHA BASAVRAJ KARPE

RESULT SHEET

Date	29/5/26			
Time				
Hb	11			
PCV	35.2			
RBC	4.98			
WBC	3.39			
N/L	67			
Platelets	554			
CRP	5.0			
ESR				
PCT				
RBS				
Na				
K				
Cl				
Ca/Mg				
Phosphate				
Urea				
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				

BAH-00656447 IP5-00174512
 Master VADDI KRITIN NARASIMHA
 07-08-2025 0 Y 9 M 22 D (M)
 Dr. VISHAKHA BASAVRAJ KARPE



ION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ICU Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Hauke

Date & Time : 29/5/26 9 pm

Nurse Name & Signature: Annab

Date & Time : 29/05/26 8:24 pm

BAH-00856447
Master VADDI KRITIN NARASIMHA
07-08-2025
Dr. VISHAKHA BASAVRAJ KARPE (M)
IP5-00174512
0 Y 9 M 22 D

DRUG CHART

Date of Admission: 29/05/24 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 : <u>ORIDANSETRON</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>2mg</u>	<u>IV</u>	<u>800</u>	<u>29/5</u>	
Doctor's Signature <u>Deel</u>		Valid Period	Pharm.	
Additional Instructions: <u>for vomiting</u>				

DRUG : <u>INJ. VANCOMYCIN</u>				Date Time
Dose	Route	Frequency	Start Date	
	<u>IV</u>	<u>TID</u>	<u>30/5</u>	
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 _____



REGULAR PRESCRIPTIONS

Weight 8.9 kg Ward 3rd
floor

VERIFIED

VERIFIED

DRUG : <u>2x. CEFTRIAXONE</u>				Date Time	<u>20/5</u>	<u>20/5</u>	<u>21/5</u>	<u>4/6</u>
Dose	Route	Frequency	Start Date					
<u>450mg</u>	<u>IV</u>	<u>BD</u>	<u>29/5</u>					
Name & Signature of the Doctor Starting the Drugs: <u>Okela</u>				<u>1000ml</u> <u>1000ml</u> <u>1000ml</u> <u>1000ml</u>				
Additional Instructions: <u>50 mg/kg/dose</u>				<u>1000ml</u> <u>1000ml</u> <u>1000ml</u> <u>1000ml</u>				
Daily Doctor's Endorsement by a Sign								

DRUG : <u>2x. ESMOPRAZOLE</u>				Date Time	<u>20/5</u>	<u>20/5</u>	<u>31/5</u>	<u>1/6/26</u>
Dose	Route	Frequency	Start Date					
<u>10mg</u>	<u>IV</u>	<u>OD</u>	<u>29/5</u>					
Name & Signature of the Doctor Starting the Drugs: <u>Okela</u>				<u>1000ml</u> <u>1000ml</u> <u>1000ml</u> <u>1000ml</u>				
Additional Instructions:				<u>1000ml</u> <u>1000ml</u> <u>1000ml</u> <u>1000ml</u>				
Daily Doctor's Endorsement by a Sign								

DRUG : <u>3x. VANCOMYCIN</u>				Date Time	<u>30/5</u>	<u>31/5</u>	<u>1/6/26</u>	
Dose	Route	Frequency	Start Date					
<u>135mg</u>	<u>IV</u>	<u>TID</u>	<u>30/5</u>					
Name & Signature of the Doctor Starting the Drugs: <u>Sanj</u>				<u>1000ml</u> <u>1000ml</u> <u>1000ml</u> <u>1000ml</u>				
Additional Instructions: <u>in 50CC NS over 1 hour</u>				<u>1000ml</u> <u>1000ml</u> <u>1000ml</u> <u>1000ml</u>				
Daily Doctor's Endorsement by a Sign								

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

BAH-00658447
 Master: VADDI KRITIN NARASIMHA
 07-08-2025 0 Y 9 M 22 D (M)
 Dr. VISHAKHA BASAVRAJ KARPE

c. No. : RCHBH / FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

29/5/26
EARLY WARNING SCORE: CHILDREN'S UNIT

Date:

2am 6am 8pm 10pm

Doctor/Nurse/Family Concern?

10pm

Temperature (F)

104
103
102
101
100
99
98
97
96
95
94

*98.1F *98.3F *97.8F *98.2F

Heart Rate (bpm)

190
180
170
160
150
140
130
120
110
100
90
80
70
60
50

and Blood Pressure (mmHg) *

Note:
 BP does not score in early warning scoring

* * 93/54 *

Heart Rate (Number)

130b/m 133b/m 128b/m 130b/m

Resp. Rate (bpm) (Over 1 Minute) *

70
60
50
40
30
20
10

* * * *

Resp Rate (Number)

32b/m 30b/m 32b/m 42b/m

Resp Mod/ Severe Distress None / Mild

N N N N

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

100% 99% 100% 99%

Conscious Level Normal Altered

N N N N

GCS *

15/15 15/15 15/15 15/15

TOTAL SCORE

Number of shaded boxes

0 0 0 0

Pain Score

0 0 0 0

Observer's Initials

AK AK AK AK

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 incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

NB: Scores 3 should be recorded overleaf

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

30/5

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 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Doctor/Nurse/Family Concern?	10am	11am	5pm	10pm	2am	6am
Temperature (F)	97.8	98.0	97.8	97.8	97.8	97.9
Heart Rate (bpm) and Blood Pressure (mmHg) *	110	130	125	130	130	130
Heart Rate (Number)	120bpm	130bpm	126bpm	131bpm	142bpm	152bpm
Resp. Rate (bpm) (Over 1 Minute) *	36bpm	30bpm	30bpm	41bpm	38bpm	39
Resp Distress	N	N	N	N	N	N
Receiving O ₂ (l/min)	0	0	0	0	0	0
O ₂ Saturations (%)	98%	99%	100%	99%	99%	99%
Conscious Level	N	N	N	N	N	N
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	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]

ACTIONS

- Score 1 : Continue normal observation by staff nurse
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31/5

IBH / FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

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

Temperature (F)	104						
	103						
	102						
	101						
	100						
	99	98.5	97.5	98.5	R	98.0	98.5
	98	*	*	*	E	*	*
	97						
	96						
	94				F		

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

Heart Rate (Number)	140b/m	144b/m	138b/m	D	110b/m	120b/m
---------------------	--------	--------	--------	---	--------	--------

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

Resp Rate (Number)	35b/m	36b/m	35b/m		40b/m	32b/m
--------------------	-------	-------	-------	--	-------	-------

Resp Distress	Mod/ Severe	None / Mild				
	N	N	N		N	N

Receiving O ₂ (l/min)						
O ₂ Saturations (%)	99%	99%	99%		100%	99%

Conscious Level	Normal	Altered				
	N	N	N		N	N

GCS *	15/15	15/15	15/15		15/15	11/15
-------	-------	-------	-------	--	-------	-------

TOTAL SCORE						
Number of shaded boxes	0	0	0		1	1
Pain Score	0	0	0		2	0
Observer's Initials	Q	Q	Q		S	Q

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 incharge and PICU /NICU fellow or PICU/NICU 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!
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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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm	D	DRF	36ml						0			Laksh
	10:00 pm		DRF	36ml						0			Laksh
	11:00 pm	N		36ml						0			Laksh
	12:00 am	S	DRF	36ml						0			Laksh
	01:00 am									0			Laksh
Total Intake :						Total Output :					0-2ml		
	02:00 am			36ml						0			Laksh
	03:00 am	D	DRF	36ml						0			Laksh
	04:00 am	N		36ml						0			Laksh
	05:00 am		DRF	36ml						0			Laksh
	06:00 am	S		36ml						0			Laksh
	07:00 am		DRF	36ml						0			Laksh
Total Intake :						Total Output :					0-2ml		
Total 24 hrs. Intake		taken				Total 24 hrs. Output		0-4ml					



FLUID CHART

Sheet No. :

30/05/2026

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		
30/05/26	08:00 am			36ml							0	Pign
	09:00 am	D	milk	36ml					✓	0		
	10:00 am	N		36ml						0		
	11:00 am	S	DBF	36ml						0		
	12:00 pm			36ml						0		
	01:00 pm			36ml					✓	0		
Total Intake :						Total Output : 12 2 ml=0						
30/05/26	02:00 pm		DBF	36ml							0	Pign
	03:00 pm	D		36ml						0		
	04:00 pm	N		36ml						0		
	05:00 pm	S	DBF	36ml						0		
	06:00 pm			36ml					✓	0		
	07:00 pm			36ml						0		
Total Intake :						Total Output : 11 ml=0						
	08:00 pm		DBF	30ml					✓	0	Pign	
	09:00 pm			20ml					✓	0		
	10:00 pm	DNS		36ml						0		
	11:00 pm		DBF	36ml					✓	0		
	12:00 am			36ml					✓	0		
	01:00 am		DBF	36ml						0		
Total Intake :						Total Output : 11-4 ml=0						
	02:00 am			36ml						0	Pign	
	03:00 am		DBF	36ml					✓	0		
	04:00 am			36ml						0		
	05:00 am	DNS	DBF	36ml					✓	0		
	06:00 am			36ml						0		
	07:00 am		DBF	36ml					✓	0		
Total Intake :						Total Output : 11-3						

Total 24 hrs. Intake Taken

Total 24 hrs. Output 11-4 ml=0

BAH-00856447 IP5-00174512
 Master VADDI KRITIN NARASIMHA
 07-08-2025 0 Y 9 M 23 D (M)
 Dr. VISHAKHA BASAVRAJ KARPE

31/5

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Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse			
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine					
	08:00 am														
	09:00 am	DBF					✓			✓	0	0	Shilpa		
	10:00 am										0	0			
	11:00 am	DBF									0	0			
	12:00 pm									✓	0	0	Shilpa		
	01:00 pm	DBF									0	0			
Total Intake :						Total Output :						M - 1 U - 2			
	02:00 pm										0	0			
	03:00 pm	DBF					✓			✓	0	0	Shilpa		
	04:00 pm										0	0			
	05:00 pm	DBF					NP				0	0			
	06:00 pm									✓	0	0	Shilpa		
	07:00 pm	DBF									0	0			
Total Intake :						Total Output :						M - 0 U - 2			
	08:00 pm										0	0	Shilpa		
	09:00 pm	DBF					✓			✓	0	0	Shilpa		
	10:00 pm						NP				0	0	Shilpa		
	11:00 pm	DBF					✓			✓	0	0	Shilpa		
	12:00 am						✓				0	0	Shilpa		
	01:00 am	DBF								✓	0	0	Shilpa		
Total Intake :						Total Output :						U - M -			
	02:00 am	D	36ml								0	0	Shilpa		
	03:00 am	water	36ml				✓			✓	0	0	Shilpa		
	04:00 am	N coconut water	36ml				NP				0	0	Shilpa		
	05:00 am		36ml				✓			✓	0	0	Shilpa		
	06:00 am	S NPO	36ml				✓			✓	0	0	Shilpa		
	07:00 am		36ml							✓	0	0	Shilpa		
Total Intake :						Total Output :									
Total 24 hrs. Intake		Take										Total 24 hrs. Output		0 - 10 M - 1	

Patient Sticker

FLUID CHART



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	08:00 am													
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	02:00 pm													
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	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
Total Intake :						Total Output :								
	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
Total Intake :						Total Output :								
	02:00 am													
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am													
	07:00 am													
Total Intake :						Total Output :								
Total 24 hrs. Intake						Total 24 hrs. Output								

CONSENT FOR SPECIAL PROCEDURES

Patient Name : Master Vaddi Kritin Nassimha Gender: Male Female
UHID No : BAH-0065647 Department : pediatric Neurology Date : 30/5/2026
I S/D/W/O

Here by give consent for procedure of :

For my patient, Named : Lumbar Ancture

The doctors have clearly explained to me that the procedure has following possible complications:

hypotension bradycardia, pain

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure:

Patient Attendant :

Signature : ch. Jyothi

Name : ch. Jyothi

Relationship with Patient: Mother

Date & Time : 30/5/26 3pm

Witness :

Signature : [Signature]

Name : [Name]

Date & Time : 30/5/26 3pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : [Name]

Date & Time :



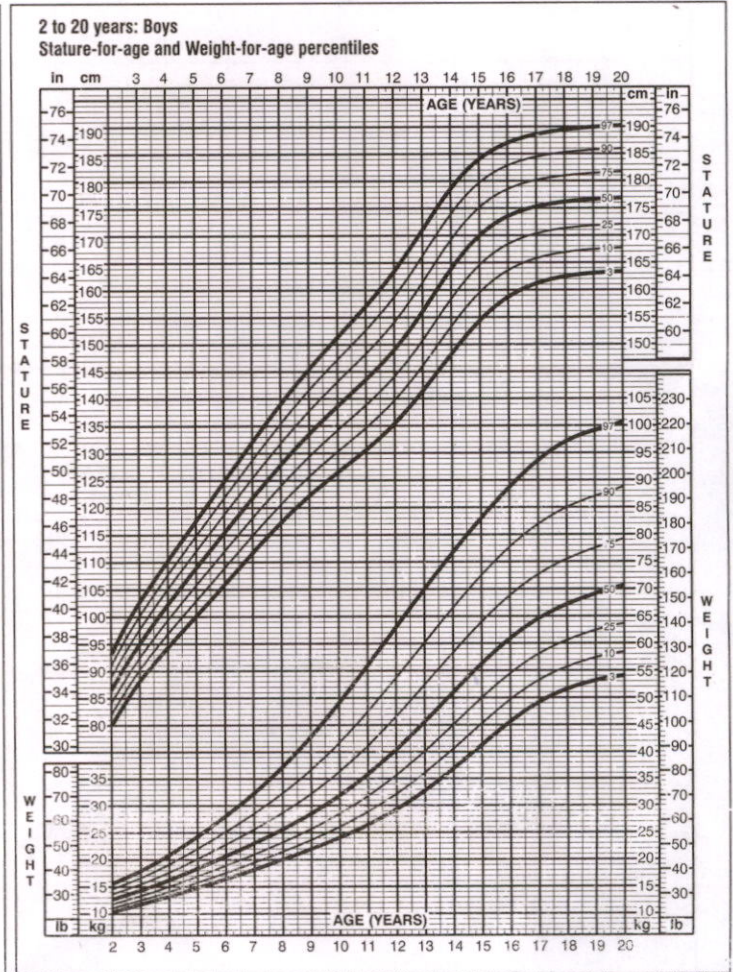
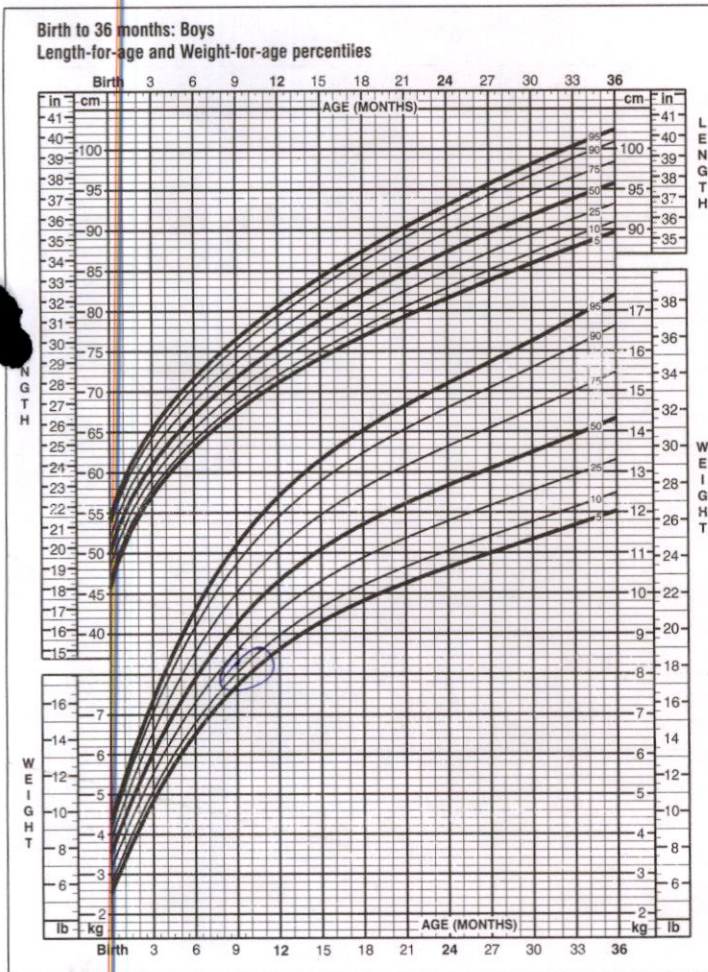
333

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 30/5/26 Time: 9am

Weight: 8.9 kg Centile: 71^{0th}
 Height: 50 cm Centile: 71^{0th}
 Inference: underweight child
 RDA: Calories: 98 kcal/kg/d Protein: 1.6 kg/d
 Diet Recommendations: PBM feeds
 Re-Assesment: Stage - II weaning foods [HCE advised]
 Food Allergies: NO Veg/Non-veg: Veg
 Diagnosis: Acute onset cephalopathy (?sepsis)
 Nutritional Intervention - Oral Enteral Parenteral
 Patient's Signature: ch. Jyothi

GROWTH CHART (BOYS)



Dietician's Name: *laine*

Dietician's Signature: *laine*

