

**ADMISSION SHEET**



**Registration Details :**

**Admission No :** IP5-00174581      **Admit Date :** 31-May-2026      **Admit Time :** 10:42 PM      **UHID :** KOH-00303401

**Patient Details :**

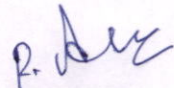
<b>Patient Name</b> :	Master RAVIPALLI AVYUKTHSENA REDDY	<b>Age</b> :	2 Y 5 M 16 D
<b>Guardian</b> :	Mr RAVIPALLI ARJUNSENA REDDY R	<b>DOB</b> :	15-12-2023
<b>Gender</b> :	Male	<b>Religion</b> :	
<b>Occupation</b> :		<b>Marital Status</b> :	Single
<b>Address (H)</b> :	FLAT NO 201, KODALI HARMONY, SILPA PARK, MAHARSHI MARG, Kondapur Hyderabad Telangana INDIA 500084	<b>Phone No</b> :	9542301214/ 9704334819
		<b>E-mail</b> :	soniyareddyjukanti@gmail.com

**Admission Details :**

**Bed Type** : PRIVATE ROOM      **Bed No** : PVT 302      **Ward Name** : 3F-ZONE B  
**Room No** : PVT 302      **Admission Type** : First Visit

**Contact Details :**

**Name** : Mr RAVIPALLI ARJUNSENA REDDY R      **Relationship** : Father  
**Contact Address** : FLAT NO 201, KODALI HARMONY, SILPA PARK, MAHARSHI MARG, Kondapur Hyderabad Telangana INDIA 500084      **Phone No** : 9704334819 / 9704334819

  
 Signature

**Doctor Details :**

**Doctor Name** : Dr. SANDEEP REDDY      **Specialisation** : GENERAL PEDIATRICS  
**Referral Doctor** : SELF      **Phone No** :  
**Co-Consultant** :

**Payment Details :**

**Payment Mode** : Cash      **Deposit Amount** : 0.06  
**Payor Name** : ICICI LOMBARD GENERAL INSURANCE CO LTD

### ACTIVITY RECORD FOR BILLING

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

UHID No. : \_\_\_\_\_ IP No \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission: \_\_\_\_\_ charge : \_\_\_\_\_ Time: \_\_\_\_\_

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

KOH-00303401 IP5-00174581  
Master RAVIPALU AVYUKTHSENA  
15-12-2023 2 Y 6 M 16 D (M)  
Dr. SANDEEP REDDY



### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
31/12/23	11:50p	ER	302	JF

### Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. madhusri nareen	16/12/23	9639675	Jullu?
2				
3				
4				
5				
6				
7				
8				
9				
10				

# INVESTIGATIONS

Date	Investigations	Order No.	Signature
	CBP, blood clts, CRP	155404	<u>Mark A</u>
3/15/20	S. electrolytes, urea		
	creatinine, bicarbonate		
1/6/26	CSE - C/S	26055487	Linda







# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

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

*Avyukth Sena*

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

KOH-00303401      IPS-00174581  
Master RAVIPALLI AVYUKTHSENA  
15-12-2023      2 Y 5 M 16 D      (M)  
Dr. SANDEEP REDDY

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



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



### Pediatric Multiorgan History & Physical Examination

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

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

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

C/O Fever :: 2 days  
loose stools :: 1 day  
vomiting, abdominal since yesterday  
decreased oral intake. evening

#### History of present illness :

premorbidly well child, ~~PO~~ S/P forehead  
laceration suturing POD-6.

C/O fever :: 2 days - not documented,  
not a/w chills.

no diurnal variations.  
was on antibiotics till. 29/5/26.

C/O loose stools 2-3 episodes/day - passing  
watery stools

associated with pain abdomen.

C/O vomitings - non bilious, non projectile,  
non bloody. with food as content

poor oral intake since today  
decreased water intake.

dull activity since today.

No outside food intake

Similar complaints in other sibling



**Pediatric History & Physical Examination**

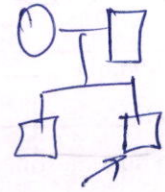
**Past History :** (Including details of any previous investigation or treatment)

*0*

*Handwritten notes in Telugu script, including 'వ్యాధి', 'మందులు', 'పరీక్షలు', 'ఫలితం', 'మందులు', 'పరీక్షలు', 'ఫలితం', 'మందులు', 'పరీక్షలు', 'ఫలితం'.*

**Birth & Neonatal History:**

*FT / (D) perinatal transition*



**Birth & Socio Economic History:**

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

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

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

**Developmental History :**

*Developed as per age.*

**Immunization History :**

*Immunised as per age.*



### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile) \_\_\_\_\_  
Weight (kgs) ) 13 kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 99.8° F Pulse Rate : 128/min B.P. 114/58 (71) SPO2 98/min

Resp. rate and type of breathing : 26/mi

Rash \_\_\_\_\_ dull looking, eyes sunken.

Lymphadenopathy \_\_\_\_\_ peripherics warm

Oedema : \_\_\_\_\_ pulse well felt.

Allergies (if any): \_\_\_\_\_ perfusion good.

#### Respiratory System :

Inspection (any s/o distress) : \_\_\_\_\_

Air entry & breath sounds : BAC ⊕, clear

Any addes sounds : ○

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

#### Cardiovascular System :

Inspection of procordium : \_\_\_\_\_

Heart Sounds : S1S2 ⊕

Any murmur : ○

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

#### Per Abdomen :

Inspection \_\_\_\_\_

Palpation : Soft, non tender

Ausculation : ⊕

Spine : \_\_\_\_\_ External Genitalia : /

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



### Pediatric Multiorgan History & Physical Examination

**Central Nervous System :**

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

Cranial Nerves : (N)

**Motor System:**

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

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

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

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

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

**Reflexes :**

**DTR**

**Superficials:**

Plantars \_\_\_\_\_

**Sensory System :**

Intact

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

**Clinical Summary & Diagnostic:**

Acute febrile illness ±  
Acute gastroenteritis ± some dehydrat



**Pediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment: Dehydration

Desired goals of the treatment: hemodynamic stability

**Planned Labs:**

- CBP, Blood cfs.
- CRP
- S-Electrolytes
- urea, creat
- CVE, CSE
- urea, creat, Bicarbonat

**Planned Management**

- IV fluids @ 100%
- IV Ceftriaxone
- 4ij Ondansetron
- PROG6 Sachet
- fever management
- 4ij Paracetamol
- 4ij Pantoprazole
- Plastic Surgeon
- Dr. Madhuk
- Neutal
- appointment
- T/M to be for
- laccubon

Noted by  
 K. Thiruv  
 21/5/23  
 @ 11:20 PM

Stool culture.

Signature of the Doctor: [Signature]

Signature of the Consultant: [Signature]

Name of the Doctor: Sahithi

Name of the Consultant: [Signature]

Date & Time: 21/5/23 11 PM

Date & Time: [Signature]

Dr. Sandeep Reddy

KOH-00303401 IP5-00174581  
 Master RAVIPALLI AVYUKTHSENA  
 15-12-2023 2 Y 5 M 16 D (M)  
 Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 1 AM	<p>Seen by Resident: Dr Santini</p> <p>AFI =</p> <p>Acute gastroenteritis = dehydration</p> <p>labs reviewed</p> <p>child asleep</p> <p>hemodynamically stable</p> <p>perfusion good,</p> <p>peripheries warm</p> <p>pulse volume good.</p>	<p>Plan:</p> <ol style="list-style-type: none"> <li>1. Continue 100% IV fluids.</li> <li>2. watch for urine output RIV NS bolus SOS.</li> <li>3. Continue other medications</li> </ol> <p>Santini</p>
		<p>noted by          Celestia 020253          @ 1 AM</p>
11/6/26 8 AM	<p>C/S/B</p> <p>PIU-fellow.</p> <p>ΔPS:- Acute Gastroenteritis</p> <p>some dehydration</p> <p>no fever spikes.</p> <p>3 loose stools since admission</p> <p>W/O vomitings.</p> <p>pulse volume - good</p> <p>peripheries - warm.</p>	<p>plan.</p> <ol style="list-style-type: none"> <li>1. continue 100% IV fluids.</li> <li>2. w/7 loose stools.</li> <li>3. monitor vitals.</li> <li>4. Dr Naveen plastic surgeon Review.</li> <li>5. Trace CSE.</li> </ol>
		<p>Dr Naveen          1/6/26</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/06/2023		
4pm	o/e	
	Hyphelia-fail	Plan
	P/A - soft	1) Check CSE
	Parox 3-4 times daily	2) Continue ongoing medications
	ongoing	3) Inform SOS
	1) Inj Ceftriaxone	4) IVF- 50% to continue. Dr. Kestula
	ZED	5) Encourage orally
	Pro SS	
	on 50% IVF	Noted by Juvie
11/6/23	C/S/B Resident	
4:20 pm		
	o/e Pain & Burning	Plan
	sensation after	
	Passing stools	Add
		oint PROCTOGUARD
	OIE:	for CIA
	Diaper Rash (+)	
	Perianal Redness (+)	Sohele
		CDr. Sohele
	Vitals Stable	

KOH-00303401 IP5-00174581  
 Master RAVIPALLI AVYUKTHSENA  
 15-12-2023 2 Y 5 M 17 D (M)  
 Dr. SANDEEP REDDY



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 6pm	<p>els/B Dr. pratynika</p> <p>AC:- Acute diarrhea</p> <p>on room air</p> <p>hemodynamically stable</p> <p>Systemic exam<sup>n</sup> - (N)</p> <p>No. s/o dehydration</p>	<p><u>Plan</u></p> <p>1) continue 50% maintenance IV fluids</p> <p>2) w/f s/o dehydration</p> <p>3) encourage orally + ORS</p>
		Dr. pratynika
11/6/26 11:50pm	<p><u>CIS/B PICU fellow.</u></p> <p><u>Issues:-</u></p> <p>loose stools - episodes since 6pm</p> <p>pulse volume - good</p> <p>peripheries - warm.</p> <p>urine output - good.</p>	<p><u>plan</u></p> <p>1. w/f loose stools</p> <p>2. w/f signs of dehydration.</p> <p>3. monitor vitals.</p> <p>4. continue IV fluids (100% maintenance)</p> <p style="text-align: right;">by Dr. Mathan</p> <p>noted by peer.</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26	<u>CSIB PICU fellow.</u>	
8:30 AM	Acute gastroenteritis	
	with dehydration	<u>plan.</u>
	on 200ml ABG	1. continue IV fluids
	hemodynamically stable	100% maintenance.
	No fever spikes.	2. Monitor vitals.
Blood CU	B-to 10 loose stools since	
24 hrs	yesterday evening.	3. encourage oral intake.
NO growth	p/x volume - good.	4. Trace CUE.
Stool on pending	peripheries - warm.	
	on IV ceftriaxone - Day 3.	Dr. Kothare
		Noted by Suman
02/06/2026	<u>CSIB Mr. Sandeep</u>	
12 PM	- 2 stool since morning	<u>Plan:</u>
	(semi solid)	1) Encourage Orally
	- Oral Intake - improved	2) Milk & fruit juice
	RT forehead wound - healed	Restricted diet
		3) Discharge today
		4) Cefixime
		Zinc, ORS
		Bath cream
		P/GG
		P/GG
		P/GG
		P/GG
		P/GG
		P/GG
		P/GG
		P/GG



# CROSS CONSULTATION FORM

Doctor Name : Dr. madhu venkat Date : 1/6/26 Time : 12:30pm

Diagnosis : Acute diarrhea

Hospital : RCH, Banjara Hills

Type of Referral :  
 Emergency  
 Urgent  
 Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Review for scalp lactation

Signature: Dr. Prabhakara

Findings and Recommendations :

SI BBL under Reddy

good health

1/6/26

- CONTRACT OBBX

ob/mab

Three daily 5mg

tablets

after 2week

Consultant :

Name : Ms. Swarna Signature : [Signature] Date & Time : 1/6/26 @ 12

KOH-0030341 IP5-00174581  
 Master RAVALLI AVYUKTHSENA  
 15-12-2023 2 Y 5 M 16 D (M)  
 Dr. BANDEP REDDY

## RESULT SHEET

Date	2/5/26			
Time	11:30pm			
Hb	11.9			
PCV	69			
RBC	5.7			
WBC	7.4			
N/L	54/37			
Platelets	229			
CRP	14			
ESR				
PCT				
RBS				
Na	132			
K	4.1			
Cl	104			
Ca/Mg				
Phosphate				
Urea	18			
Creatinine	0.3			
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	Hco <sub>2</sub>	13		

Date	1/6/26				
Time					
CUE - Alb	Ketom 2+				
CUE - Sugar	Blood ⊖				
CUE - Ketones	Leucocytes ⊖				
CUE - PUS Cells	Pus Cell 2-4				
CUE - RBC Cells	epithelial cell 1-2				
CUE	* Budding yeast cell with pseudohyphae mucic threads ⊕				
Stool Pus Cell	2-3				
OVA / Cyst	-				
Occult Blood					
RBC	1-2				
Fat globules	⊕				
Starch	⊕				

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

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

KOH-00303401  
 Master RAVIPALLI AVYUKTHSENA  
 15-12-2023 2 Y 5 M 18 D (M)  
 Dr. SANDEEP REDDY



## 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: 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: Sainthi &

Date & Time: 31/5/26 11 PM

Nurse Name & Signature: Keuthare &

Date & Time: 31/5/26 @ 11 PM

KOH-00303401  
 Master RAVIPALLI AVYUKTHSENA  
 15-12-2023 2 Y 5 M 18 D (M)  
 Dr. SANDEEP REDDY

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 13 kg

Ward .....

DRUG: <u>PROGG Sachet</u>				Date Time	<u>3/15</u>	<u>1/16</u>	<u>2/16</u>													
Dose	Route	Frequency	Start Dt.																	
<u>1 Sachet</u>	<u>PO</u>	<u>12 hourly</u>	<u>3/15</u>		<u>10 AM</u>	<u>11 AM</u>	<u>12 PM</u>													
Name & Signature of the Doctor Starting the Drugs: <u>S. Sainithi</u>																				
Additional Instructions:				<u>10 PM 10 AM</u> <u>11 AM</u> <u>12 PM</u>																
Daily Doctor's Endorsement by a Sign																				

DRUG: <u>Z 4 D drops.</u>				Date Time	<u>3/15</u>	<u>1/16</u>														
Dose	Route	Frequency	Start Dt.																	
<u>5 ml</u>	<u>PO</u>	<u>OD</u>	<u>3/15</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>S. Sainithi</u>																				
Additional Instructions:				<u>6 PM 12 AM</u> <u>11 AM</u> <u>12 PM</u>																
Daily Doctor's Endorsement by a Sign																				

DRUG: <u>ECONORM Sachet</u>				Date Time	<u>3/15</u>	<u>1/16</u>	<u>2/16</u>													
Dose	Route	Frequency	Start Dt.																	
<u>1 Sachet</u>	<u>PO</u>	<u>12 hourly</u>	<u>3/15</u>		<u>10 AM</u>	<u>11 AM</u>	<u>12 PM</u>													
Name & Signature of the Doctor Starting the Drugs: <u>S. Sainithi</u>																				
Additional Instructions:				<u>10 PM 10 AM</u> <u>11 AM</u> <u>12 PM</u>																
Daily Doctor's Endorsement by a Sign																				

DRUG: <u>PROCTO GUARD OM</u>				Date Time	<u>1/16</u>	<u>2/16</u>														
Dose	Route	Frequency	Start Dt.																	
<u>1 IA</u>	<u>PIR</u>	<u>TID</u>	<u>1/16/26</u>		<u>5 AM</u>	<u>11 AM</u>	<u>12 PM</u>													
Name & Signature of the Doctor Starting the Drugs: <u>Soheli</u>																				
Additional Instructions: <u>Local application and Perianal wash.</u>				<u>10 PM</u>																
Daily Doctor's Endorsement by a Sign																				

VERIFIED

Signature

VERIFIED

KOH-00303401 IP5-00174581  
 Master RAVIPALLI AVYUKTHSENA (M)  
 15-12-2023 2 Y 6 M 17 D  
 Dr. SANDEEP REDDY



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward .....

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

<b>DRUG :</b> Tab. LANZOL Pr				Date Time	2/6														
Dose	Route	Frequency	Start Dt.																
15mg	PO	OD	2/6/26																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
<b>Daily Doctor's Endorsement by a Sign</b>																			

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

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

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

KO-00303401 IP5-00174581  
 Master RAVIPALLI AVUKTHSENA  
 15-2-2023 2 Y 5 M 16 D (M)  
 Dr. BANDEEP REDDY



# DRUG CHART

Date of Admission: 31/5/26 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)

<b>DRUG :</b> <u>Syp PARACETAMOL</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>4 ml</u>	<u>PO</u>	<u>6 hrly</u>	<u>31/5</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>Sarithi</u>		<u>48 hrs</u>																		
Additional Instructions:																				
<u>temp &gt; 100F</u> <u>(5ml/200mg)</u>																				

<b>DRUG :</b> <u>Syp METAL</u>				Date Time																	
Dose	Route	Frequency	Start Date																		
<u>6 ml</u>	<u>PO</u>	<u>8 hrly</u>	<u>31/5</u>																		
Doctor's Signature		Valid Period	Pharm.																		
<u>Sarithi</u>		<u>48 hrs</u>																			
Additional Instructions:																					
<u>temp &gt; 102F</u> <u>(5ml/100mg)</u>																					

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

nature  
VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight 13kg Ward .....

VERIFIED

**DRUG:** Am CEFTRIAXONE Date/Time 31/5 116  
 Dose 650mg Route IV Frequency 12 hly Start Date 31/5  
 Name & Signature of the Doctor Starting the Drugs: Sainthi  
 Additional Instructions: @ 50 mg/kg/dose  
 Daily Doctor's Endorsement by a Sign

**DRUG:** Am PARACETAMOL Date/Time 31/5  
 Dose 15mg Route IV Frequency OD Start Date 31/5  
 Name & Signature of the Doctor Starting the Drugs: Sainthi  
 Additional Instructions: ~ @ 1 mg/kg/dose  
 Daily Doctor's Endorsement by a Sign

**DRUG:** Am ONDANSETRON Date/Time 31/5 116  
 Dose 2mg Route IV Frequency 8 hly Start Date 31/5  
 Name & Signature of the Doctor Starting the Drugs: Sainthi  
 Additional Instructions: 0.15 mg/kg/dose  
 Daily Doctor's Endorsement by a Sign

**DRUG:** Am PANTOPRAZOLE Date/Time 31/5  
 Dose 15mg Route IV Frequency OD Start Date 31/5  
 Name & Signature of the Doctor Starting the Drugs: Sainthi  
 Additional Instructions: ~ @ 1 mg/kg/dose  
 Daily Doctor's Endorsement by a Sign

VERIFIED





KOH-0303401 IP5-00174581  
 Master RAVIPALU AVYUKTHSENA  
 15-12-2023 2 Y 5 M 16 D (M)  
 Dr. SANDEEP REDDY

16/25  
 o. : RCHBH / FRM / CLINICAL / 125

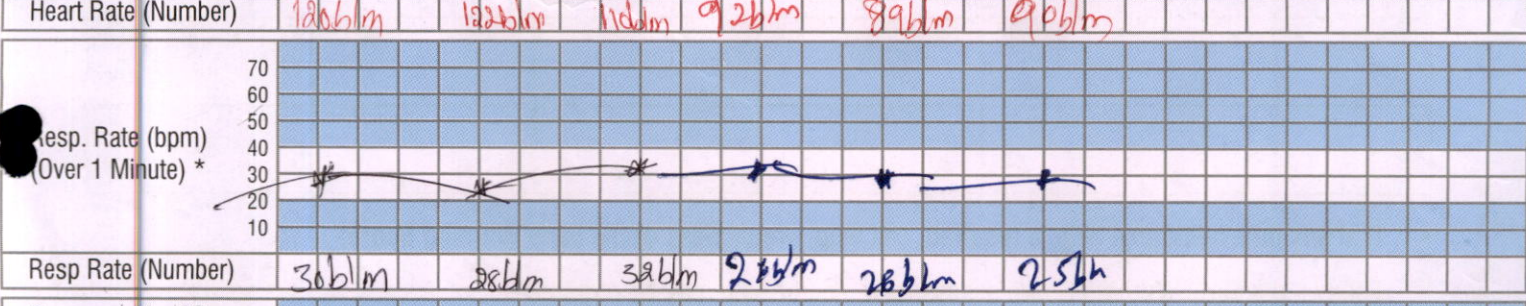
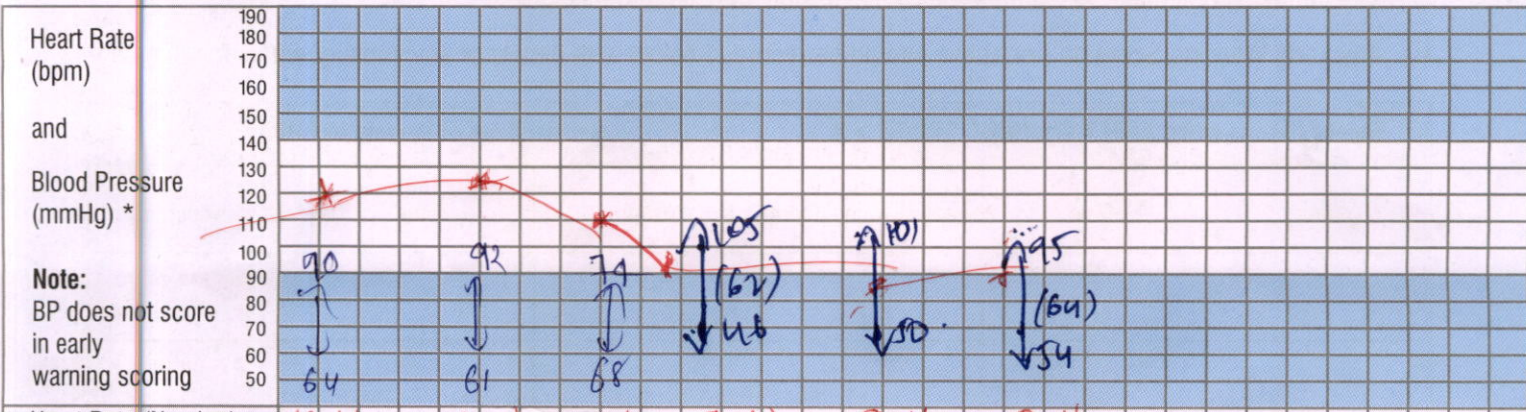
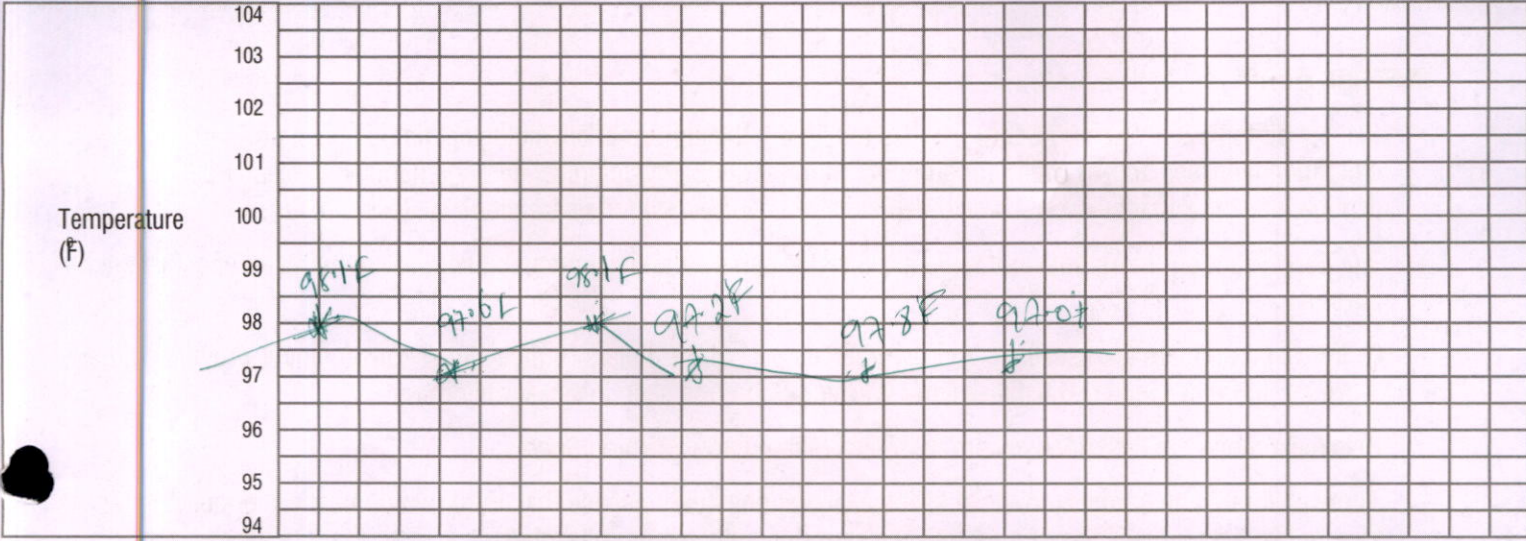
**PRESCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**



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

Date : ..... Time: 12pm 3pm 6pm 10pm 2am 6am

Doctor / Nurse / Family Concern?



Resp Mod/ Severe Distress None / Mild  
 Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%)  
 Conscious Level Normal Altered  
 GCS \*

**TOTAL SCORE**  
 Number of shaded boxes  
 Pain Score  
 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.

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

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

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

KOH-00303401 IP5-00174581  
 Master RAVIPALLI AVYUKTHSENA  
 15-12-2023 2 Y 5 M 16 D (M)  
 Dr. SANDEEP REDDY



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

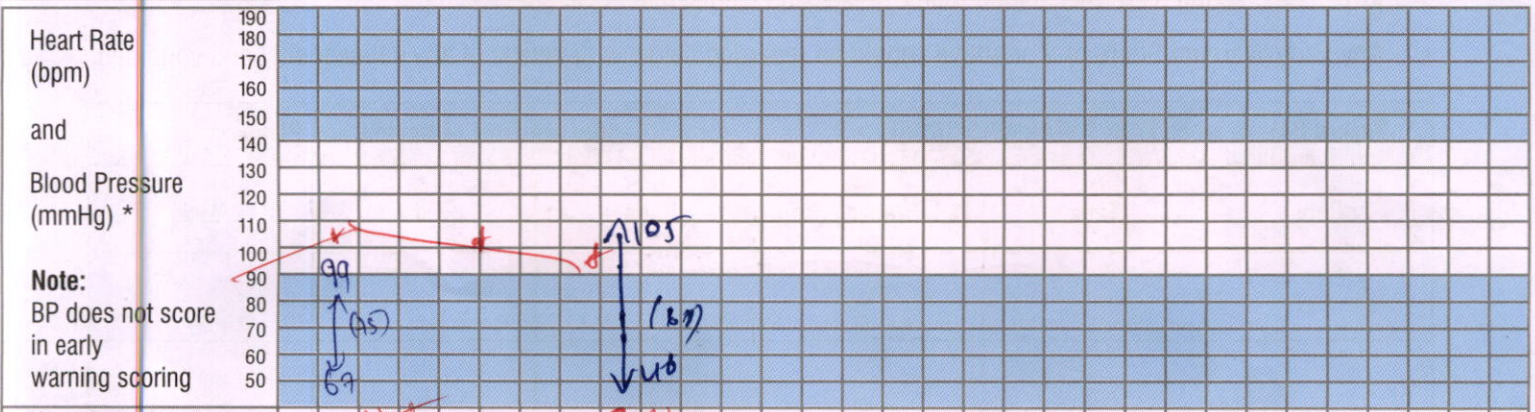
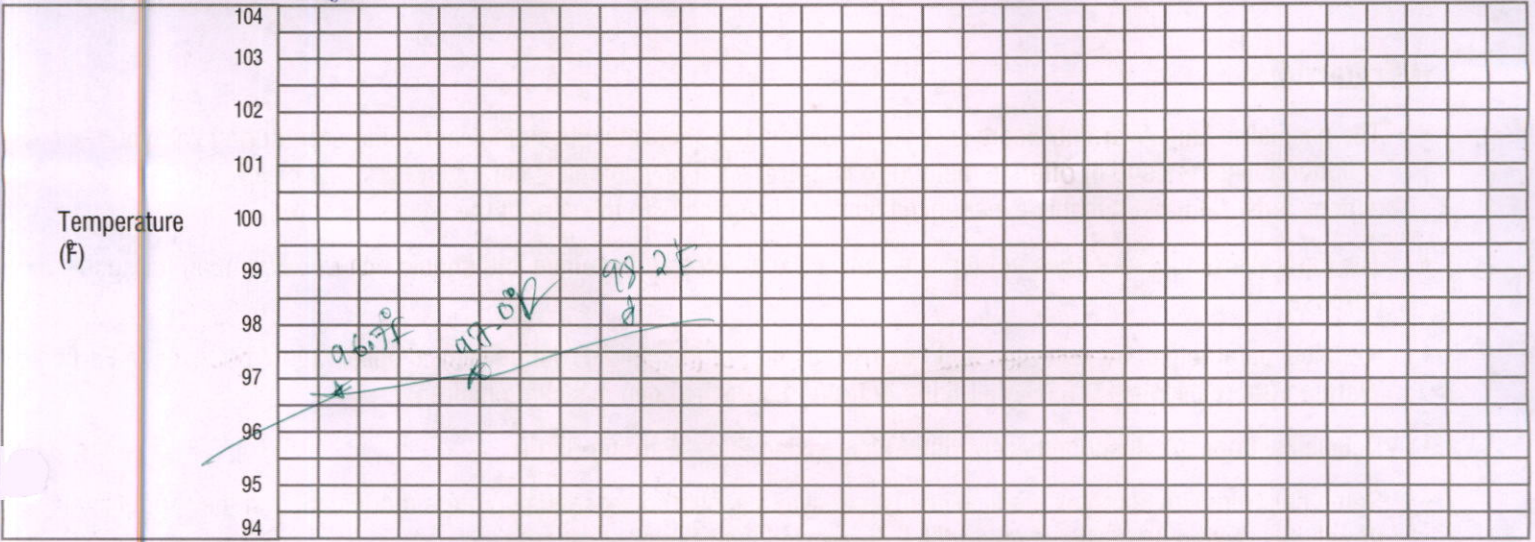
**PRESCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**



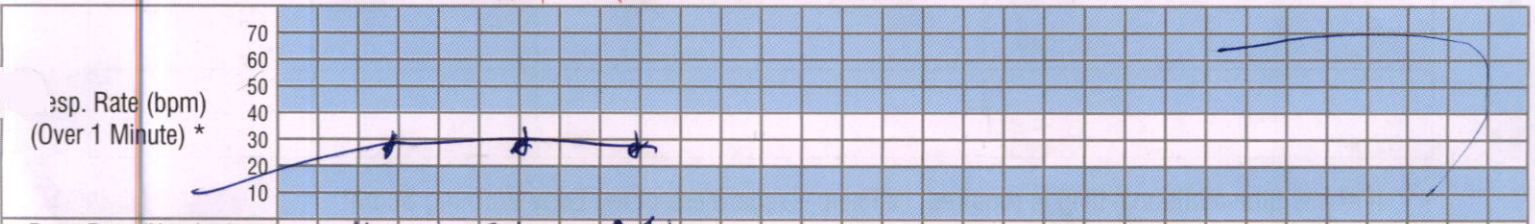
1/6/26. **EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : ..... Time: 9:40 AM 5PM 10PM

Doctor / Nurse / Family Concern? AM



Heart Rate (Number) 102bpm 102bpm 98bpm



Resp Rate (Number) 28bpm 28bpm 25bpm

Resp Distress Mod/ Severe None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 100% 100% 91%

Conscious Level Normal Altered

GCS \* 15/15/15 15/15/15 16/15/15

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

- ACTIONS**
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Patient Sticker

KOH-00303401 IP5-00174581  
 Master RAVIPALU AVYUKTHSENA  
 15-12-2023 2 Y 8 M 16 D (M)  
 Dr. SANDEEP REDDY

31526



# FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm	DNS	150	45ml									
	12:00 am			45ml						0		100ml	
	01:00 am			45ml						0		100ml	
<b>Total Intake :</b>						<b>Total Output :</b> U: 1, M: 1							
	02:00 am									0		100ml	
	03:00 am									0		100ml	
	04:00 am									0		100ml	
	05:00 am	DNS		45ml						0		100ml	
	06:00 am			45ml						0		100ml	
	07:00 am			45ml						0		100ml	
<b>Total Intake :</b>						<b>Total Output :</b> U: 1, M: 3							
<b>Total 24 hrs. Intake</b>			T=450ml			<b>Total 24 hrs. Output</b>			U: 2, M: 4				



1/6/26

# FLUID CHART



Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am			45ml							0	Julli?	
	09:00 am	↓		45ml			///				0	Julli?	
	10:00 am	↓	H <sub>2</sub> O	45ml			///		✓		0	Julli?	
	11:00 am			45ml			///		✓		0	Julli?	
	12:00 pm	↑	H <sub>2</sub> O	23ml			///		✓		0	Julli?	
	01:00 pm			23ml			///		✓		0	Julli?	
<b>Total Intake :</b>						<b>Total Output :</b>						U-3 M-7	
	02:00 pm	↓		23ml			✓		✓		0	Durga	
	03:00 pm	↓	H <sub>2</sub> O	23ml			✓				0	Durga	
	04:00 pm	↓		23ml			✓		✓		0	Durga	
	05:00 pm	↓	H <sub>2</sub> O				✓		✓		0	Durga	
	06:00 pm			23ml			✓				0	Durga	
	07:00 pm		H <sub>2</sub> O	23ml							0	Durga	
<b>Total Intake :</b>						<b>Total Output :</b>						U-3 M-7	
	08:00 pm	↓		23ml							0	Pooja	
	09:00 pm	↓		23ml			✓		✓		0	Pooja	
	10:00 pm	↓	H <sub>2</sub> O	23ml			✓		✓		0	Pooja	
	11:00 pm	↓		45ml			✓		✓		0	Pooja	
	12:00 am			45ml							0	Pooja	
	01:00 am			45ml							0	Pooja	
<b>Total Intake :</b>						<b>Total Output :</b>						U-2 M-3	
	02:00 am	↓		45ml					✓		0	Pooja	
	03:00 am	↓		45ml							0	Pooja	
	04:00 am	↓	H <sub>2</sub> O	45ml			✓				0	Pooja	
	05:00 am	↓		45ml							0	Pooja	
	06:00 am	↓		45ml							0	Pooja	
	07:00 am	↓		45ml							0	Pooja	
<b>Total Intake :</b>						<b>Total Output :</b>						U-1 M-0	

**Total 24 hrs. Intake**

**Total 24 hrs. Output** U-9 M-14



21/6/20

# FLUID CHART

Sheet No. : .....

- All measurements in ml.
- 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						✓				0	Smrath	
	09:00 am	DMS	4x	45ml					✓		0	Smrath	
	10:00 am		95ml								0	Smrath	
	11:00 am			95ml					✓		0	Smrath	
	12:00 pm		4x	9ml							0	Smrath	
	01:00 pm			-									
<b>Total Intake :</b>						<b>Total Output :</b> U - 2 M - 1							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

Patient Sticker

# FLUID CHART



Sheet No. : .....

1. All measurements in ml.
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Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
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	02:00 pm													
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	08:00 pm													
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	02:00 am													
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am													
	07:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>								

Ravipalli' 2y5m

302

# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 1/6/26 Time: 9am

Weight: 13kg Centile: 72<sup>sd</sup>

Height: 90cm Centile: 72<sup>sd</sup>

Inference: obese child

RDA: — Calories: 1250kcal/d Protein: 21g/d

Diet Recommendations: Gastro diet [can have Oks plain wtd, sagowater, rice and food]

Re-Assesment: [Avoid - milk, wheat, egg, nuts, oats, citrus, kaji & sugary]

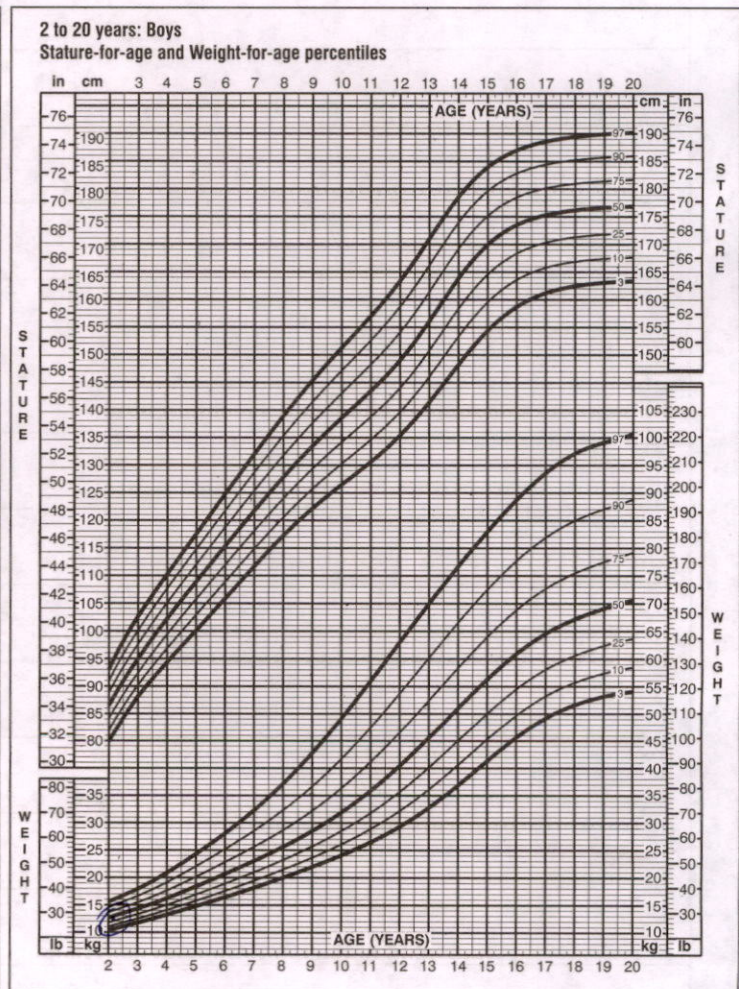
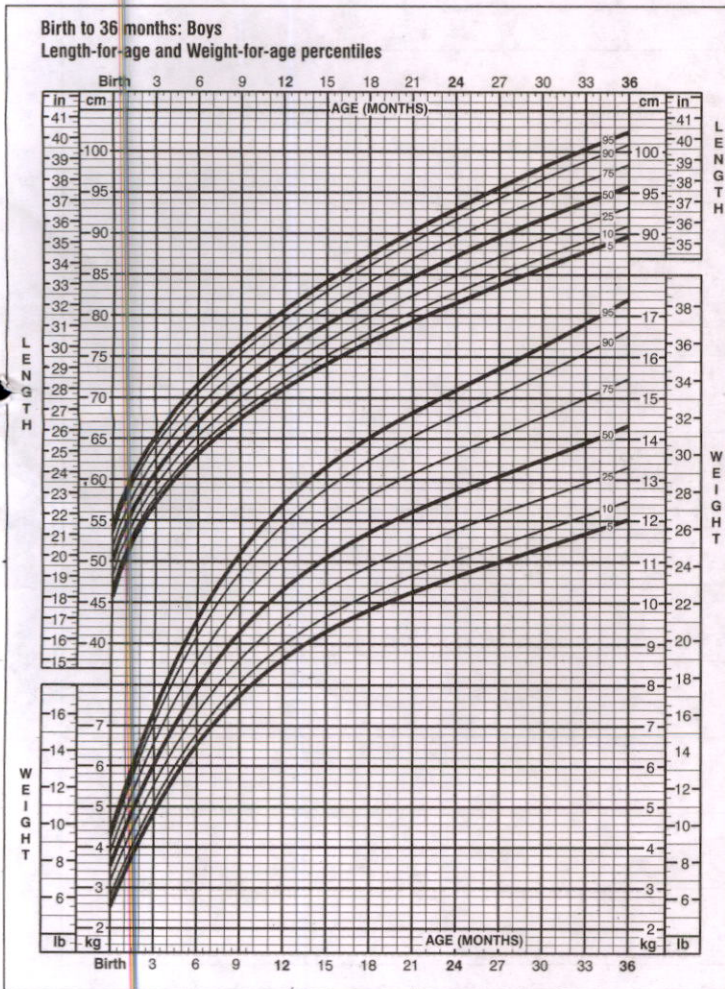
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: An e AGE

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: R. Jona

## GROWTH CHART (BOYS)



Dietician's Name: Salma

Dietician's Signature: Salm

