BAH-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 23 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/5/26	5:44pm	ER	121A	

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
30/05	Calcium, Uric acid, Blood cl	55080	Ismail
	CBP, CRP, Creat, Urea	Done on OP Basis	Ismail
	USG abdomen		
2/5	Spot urine · Calcium oxicul	29350	
31/5	CBP, CRP, RP2	260378	
2/6	CRP	29212	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/08/16	Infusion pump	6.00pm	S/M	240532	Shanthi

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/5	IV placement	1	35056	[illegible]
31/5	HHO	1	78[illegible]	[illegible]

[illegible] 1/6/26

ANY OTHER INFORMATION

USG

Urine C/S — (1) specimen

Date : 02/06/26 Time : 10:30am Prepared By : Sravanthi

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sravanthi	General ward - I 121 - A		

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 : IP5-00174543 **Admit Date** : 30-May-2026 **Admit Time** : 04:38 PM **UHID** : BAH-00655169

Patient Details :

Patient Name	: Master SHRISH LAXMIKANT SWAMI	**Age**	: 1 Y 3 M 23 D
Guardian	: Mr LAXMIKANT MALLAYA SWAMI	**DOB**	: 07-02-2025 04:34 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 209-1, SAMBHAJINAGAR, PUNE CITY Bhosarigaon Pune Maharashtra INDIA 411039	**Phone No**	: 9158190504/ 7507900065
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD **Bed No** : GW 121 A **Ward Name** : 1F-GENERAL WARD I

Room No : GW 121 A **Admission Type** : First Visit

Contact Details :

Name : Mr LAXMIKANT MALLAYA SWAMI **Relationship** : Father

Contact Address : H NO 209-1, SAMBHAJINAGAR, PUNE CITY Bhosarigaon Pune Maharashtra INDIA 411039 **Phone No** : 9158190504

Signature

Doctor Details :

Doctor Name : Dr. DR.V.V.R.SATYA PRASAD **Specialisation** : PEDIATRIC NEPHROLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. SRUTHI BALLA

Payment Details :

Deposit Amount : 0.00

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

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Master\Shrish Laxmikant Swamo

UHID ID: Bah-00655169

Department: _____

Consultant: _____

07-02-2025 1 Y 3 M 23 D (M)
Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o - fever x 5 days
- Excessive cry while passing urine x 2 days

History of present illness :

K/c/o VACTREL anomaly
UTI (E.coli) → may 26

c/o - fever since 5 days
high grade, no chills,
highest documented temperature 102°F

Pain while passing urine since 2 days
↓
CUE → 8-10 pus cells
urine Uc → E.coli } 19/5/26
On oral antibiotics for 5 days followed by prophylaxis
in view of recurrence of fever
Child brought to OPD, RCH, Bowenpally

BAH-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 23 D (M)
Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan History & Physical Examination

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

TEF operated
Grade IV VUR Right kidney
Grade III VUR left kidney

Birth & Neonatal History:

Term/ CIAB/ No NICU

Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information :

Developmental History :

Appropriate for age

Immunization History :

Immunized till date

(P.T.O.)

BAH-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 23 D (M)
Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 6.73kg (Centile _____)

On Examination :

Temperature : 98 Pulse Rate : 126/min B.P. ~~95~~/61 (70) mm Hg SPO2 100% @RA

Resp.rate and type of breathing : 32/min

Regular

Rash -

Lymphadenopathy -

Oedema : -

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BAE (+)

Any addes sounds : Clear

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : No

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

Per Abdomen :

Inspection (N)

Palpation : Soft

Ausculation : BS (+)

Spine : External Genitelia :

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

BAH-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 23 D (M)
Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

(N)

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

(N)

Reflexes :

DTR **Superficials:**

Plantars flexor

Sensory System :

(N)

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

K/C/o VACTREL Anomaly
now with UTI (E.coli)

(P.T.O.)

BAH-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 23 D (M)
Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: ~~Vent~~

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

Serum calcium, serum uric acid
Blood cls
Spot urine — calcium, uricacid, creatinine
Now
N/B
Tomorrow

CBP, CRP, S. Creatinine, S. urea
USG Abdomen
OPD basis
N/B
Tomorrow

Planned Management

1) Inj. meropenam 1gram IV BBH
2) Inj. ~~pan~~ Esomeprazole 6mg IV OD
3) Ivf. 1/2 DNS + 20ml HCO3 @ 25ml/hr
4) Syp. Crocin-DS 2ml plo SOS
5) fever management
6) Vital monitoring 2nd hourly

Signature of the Doctor: .....
Name of the Doctor: Sai
Date & Time: 30/5/26

Signature of the Consultant: .....
Name of the Consultant: DR. V V R SATYA PRASAD
Registration No: 42599
Date & Time: .....

BAH-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 23 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/25 6.30pm	CB	[illegible]
		[illegible]
		[illegible]
		[illegible]
		CBP / CRP / RBL
		On 1/6/25
	Noted by [illegible]	

DR. V V R SATYA PRASAD
Registration No: 43599

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

BAH-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 23 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/5/26 6am	C/S/B Resident Dr. Ayushman	
		Plan
	VACTERL, Now c UTI	CBP, CRP, RFT → Gen T/M
	2 e/o fever — 101.2°F (5:30 pm), 3 ... 104°F	
		• Cont med^n as per chart
	U/O — 50 ml (8pm–6am)	• [illegible] I/O charting
		• vital monitoring
	Oral intake – Fair	Ayushman
	Child is hemodynamically stable	
	C/S/B Dr Satyaprasad	
31/5/26 6:35		• CBP, CRP, RFT → T/M
		• CITRALKA 2.5 ml BD
		DR. V V R SATYA PRASAD, Registration No: 43595
		noted by [illegible]

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 @ AM	Seen by Resident: Dr Sahithi	
	Δ sis- VACTREL now c UTI.	Plan
	2 fever spikes yesterday- 4 AM - 100°F 10PM - 100°F	1. Continue medication as charted. MEROPENEM Dr
	wt - 6.8 → 6.7 kg	2. Input output charting.
	U/O - 405 ml in 24 hrs 2.5 cc/kg/hr.	3. Vitals monitoring.
	oral intake fair	4. R/V Levolin Nebs.
	O/E	
	child alert / afebrile	Sahithi
	vitals stable.	
	chest clear	
	abdomen soft.	
	CRP: 2/4.	
	urea - 66 → 36.	
1/6/26 10:30 am	C/S/B Dr. Satyaprasad / Dr. Sruthi	
		Adv: (T) CBP
		Check PTH levels repo if sent on OP basis
	- Add Syp Nodosis 5ml BD	- Dr. Mainak Deb consult toda
	- To do:	
	CRP on 2/6 t/m 6am	- (T) urine c/s.
		CBP / CRP on 3/3/26
	DR. V V R SATYA PRASAD Registration No: 43598	
		N/t by Rajini 1/6/26 @ 10:30

BAH-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 24 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/2026 2pm	S/B Dr - Smitha	
	Case Reviewed Afebrile Acute child Hemodynamically stable	Ad - Continue same - Vitals 3 hrly - ~~HB~~ labs T/M CRP Smitha
	C/S/B	Resident (Dr. Nandan)
1/6/2026 5pm	VALTERAL Anomaly now with ~~RD~~ K. Pneumoniae UTI On Room Air Hemodynamically stable No fever No growth issues	Plan - Continue medication as charted INJ. MEROPENAM-Bd - Monitor vitals 4 3 hourly - I/O charting - CRP T/M Nandan (Dr. Nandan)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/06/26 8.30AM	S/B/ Resident (Dr. Nandan) VACTERL anomaly now with UTI On Room Air Hemodynamically stable Active Good oral intake Afebrile for > 30 hrs U/O - Adequate CRP → decreasing Urine C/S → Carbapenem resistant K. Pneumoniae (2 colonisers) Blood C/S - sterile after 24 hrs	Plan - R/V discharge with IV antibiotics - Dr. Mainu Sir seen & consultation → Advise F/U in OP Mail. (Dr. Nandan)
2/6/26 10.15AM	Seen by Dr Satyaprasad	Plan DIC Today Inj Meropenem 300 mg BD x 5d Nodosis continue R/V - ~~Friday~~ Saturday c CBP, CRP, PT&H, RP2, CUE. Citralka Continue. DR. V V R SATYA PRASAD Registration No: 43509

BAH-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 26 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 23 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	OP basis	~~31/5~~	31/5	02/06			
Time	8015		9.30PM	6 AM			
Hb	9.2		8.5				
PCV	31.4		27.8				
RBC	4.59		4.14				
WBC	24340		21,610				
N/L	34/60		39/55				
Platelets	3.52		3,70,000				
CRP	216.4	~~214~~	214	135↓			
ESR							
PCT							
RBS							
Na	136	137	137				
K	5.4	5.2	5.2				
Cl	104	107	107				
Ca/Mg	10.2	10.2	~~10.2~~				
Phosphate							
Urea	62	36	36				
Creatinine	0.6	0.5	0.5				
ALP							
SGPT							
SGOT							
T.Bil/Conj							
T.Protein							
S.Albumin							
S.Globulin							
A/G Ratio							
Uric Acid		3.5					
S.Amylase							
Sr.Lipase							
Blood Lactate							
S.Cholesterol							
PT/INR							
APTT							
CSF Protein / Sugar							
Cells							
~~N/L~~ Bicarbonate	18	~~18~~	18				

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Spot urine foroic Acid	24.2					
Spot creatinene	11.6					
Spot calcium	1.6					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 23 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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						☐ 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 : Jayasri (JSI)

Date & Time : 30/05/26 @ 4:30 PM

Nurse Name & Signature: Bhavani B

Date & Time : 30/5/26 @ 5:44 pm

BAH-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 26 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : SYP NODOSIS				Date ▸ Time ▾	1/6
Dose	Route	Frequency	Start Dt.		10am 7pm Soni Mr. 10pm [illegible]
5ml	PO	BID	1/5		
Name & Signature of the Doctor Starting the Drugs: [signature]					
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					

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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				

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

Docu. No. : RCHBH /FRM / CLINICAL / 108

(P.T.O)

BAH-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 23 D (M)
Dr. DR.V.V.R.SATYA PRASAD

121A

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 30/05/26. Drug Allergies; ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : Syp. CROCIN-DS				Date/Time
Dose	Route	Frequency	Start Date	
2.5ml	PO	SOS	30/5	
Doctor's Signature	Valid Period	Pharm.		
Sai				
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:				

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

Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 23 D (M)
Dr. DR.V.V.R.SATYA PRASAD

REGULAR PRESCRIPTIONS

Weight. 6.73kg Ward. ....

DRUG : Inj. MEROPENEM

Dose	Route	Frequency	Start Date
250mg	IV	TID	30/5

Name & Signature of the Doctor Starting the Drugs: Jayasri

Additional Instructions:

Date / Time	30/5	31/5	1/6	2/6
6AM	X	Sudha NTK	Sudha Swarna	Pranali Sushu
2pm	X	(NA) Divya	Soni Niki	
10pm	8pm Priyanka Stuti	Sudha Swarna	Pranali Sushu	

Daily Doctor's Endorsement by a Sign — 30/5: [signature]; 31/5: [signature]; 1/6: [signature]

DRUG : Inj ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
7mg	IV	OD	30/5

Name & Signature of the Doctor Starting the Drugs: Jayasri

Additional Instructions:

Date / Time	30/5	31/5	1/6	2/6
6AM	8pm Priyanka	Sudha NTK	Sudha Swarna	Pranali Sushu

Daily Doctor's Endorsement by a Sign — 30/5: [signature]; 31/5: [signature]; 1/6: [signature]

DRUG : Naso clear saline drops

Dose	Route	Frequency	Start Date
2 drop	Each nostril	Q6H	30/5

Name & Signature of the Doctor Starting the Drugs: Sai

Additional Instructions:

Date / Time	30/5	31/5	1/6	2/6
6AM	Refused			✓
12pm	X	✓	✓	
6pm	X	Sudha	Sudha	
12AM	X	Refused	Sudha	

Daily Doctor's Endorsement by a Sign — 30/5: [signature]; 31/5: [signature]; 1/6: [signature]

DRUG : Syp. CITRALK A

Dose	Route	Frequency	Start Date
2.5ml	P/O	BD	31/5

Name & Signature of the Doctor Starting the Drugs: Ayushman

Additional Instructions: in 15 ml water

Date / Time	31/5	1/6
10am	(NA) Divya	Soni Niki
10pm	Sudha Swarna	Pranali Sushu

Daily Doctor's Endorsement by a Sign — 31/5: [signature]; 1/6: [signature]

Dr. DR.V.V.R.SATYA PRASAD

Weight. 6.73kg Ward. .....

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

07-02-2026 1 Y 3 M 23 D (M)

Dr. DR.V.V.R.SATYA PRASAD

BAH-006551691

I.V. FLUIDS CHART

Weight. 6.73 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
30/05	6.30 PM	IVF ½ DNS + 20ml $+HCO_3^-$	IV	25	Jayasri	Ponna shanty	31/05		

Signature .....

VERIFIED BY : Name .....

BAH-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 26 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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

PRESCHOOL (1-5 years)

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:

Doctor / Nurse / Family Concern? 2 AM 6 AM

wt 6.94 kg

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

99.4 F 98.2 F

Heart Rate (bpm) and Blood Pressure (mmHg) *

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

Note: BP does not score in early warning scoring

97 / 69 / 60 99 / 78 / 62

Heart Rate (Number) 128 bpm 125 bpm

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

70 60 50 40 30 20 10

Resp Rate (Number) 28 bpm 28 bpm

Resp Distress | Mod/ Severe / None / Mild

Receiving O_2(l/min)

O_2Saturations (%) 98% 96%

Conscious Level | Normal / Altered

GCS * 14/15 14/15

TOTAL SCORE

Number of shaded boxes 1 1

Pain Score 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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 24 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/6/25 Time:

Doctor / Nurse / Family Concern? 2am 6am 10am 1pm 5pm 10pm

Today wt 6.7kg

Temperature (F)

104	103	102	101	100	99	98	97	96	95	94

98.3F 96.8F 95.6F 96.0F 97.5F 98.6F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

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

(84) (64) Crying Crying Crying 98 90 60

Heart Rate (Number) 107 135 113bpm 117bpm

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

70	60	50	40	30	20	10

Resp Rate (Number) 28bpm 33bpm 30bpm 29bpm

Resp Distress: None / Mild | Mod/ Severe

Receiving O_2(l/min)

O_2Saturations (%) 100% 100% 100% 99% 97% 100% 98%

Conscious Level: Normal | Altered

GCS * 15/15 15/15 15/15 15/15 15/15 15/15 14/15

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 23 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 31/5 Time: 6am 10:30pm 11:10pm 12pm 1:20pm 6pm 10pm 11pm

Doctor / Nurse / Family Concern?

Wt 6.8 kg

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

98.2F 99.5F 99.9F (Syp.crocin) 98.6F 98.3F 100.2F (Syp.crocin) 98.3F

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

106/95/88 101/(69)/65 113/(73)/69 (crying) 98/(75)/62

Note: BP does not score in early warning scoring

Heart Rate (Number) 130bpm 128/m 140/m 135b/m

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

Resp Rate (Number) 22bpm 28/m 28/m 30b/m

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)

O_2Saturations (%) 97% 98% 98% 100%

Conscious Level: Normal | Altered

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

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

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

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 23 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

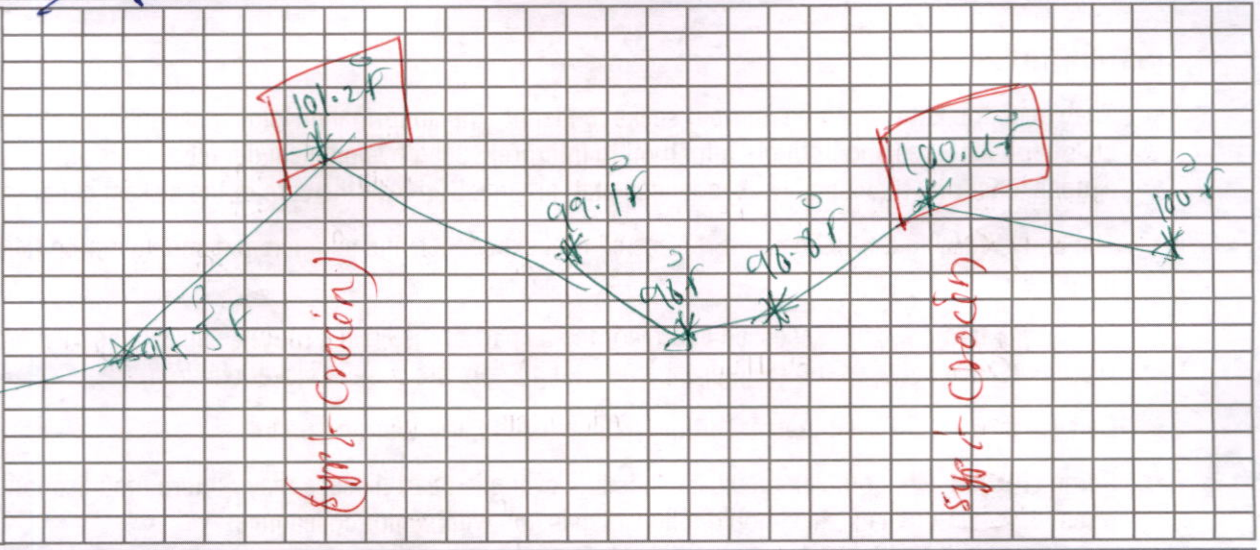
Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

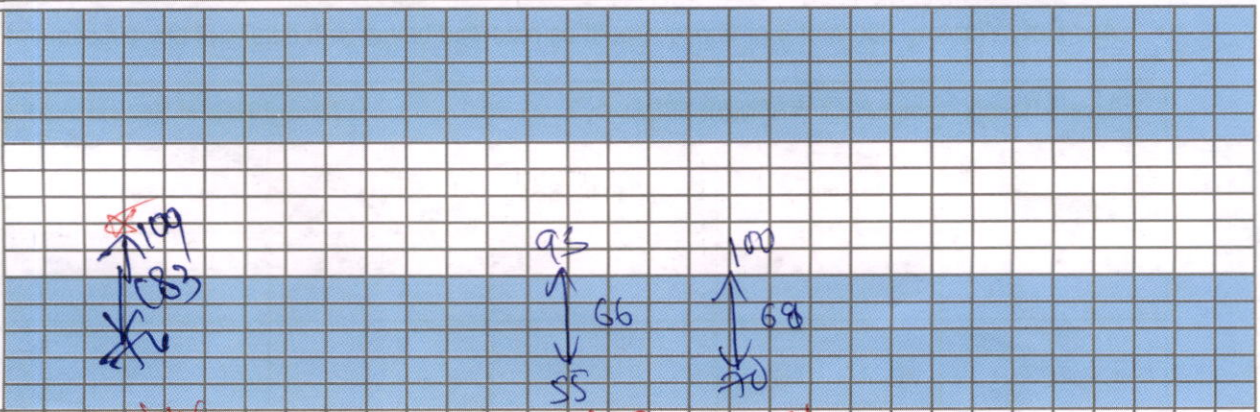
Date : 30/08/26 Time:	6:30 pm	8:50	10 pm	11pm	2Am	3:47 Am	4:30 pm
Doctor / Nurse / Family Concern?							

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



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

Note: BP does not score in early warning scoring



	6:30 pm	10 pm	2Am
Heart Rate (Number)	110bm	130bm	125bm
Resp. Rate (bpm) (Over 1 Minute) * — 70, 60, 50, 40, 30, 20, 10			
Resp Rate (Number)	28bm	28bm	22bm
Resp Distress — Mod/ Severe			
Resp Distress — None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	100%	100%	99%
Conscious Level — Normal			
Conscious Level — Altered			
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	1	1
Pain Score	0	0	0
Observer's Initials	0.		

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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)

Patient Sticker

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:																																	
Doctor / Nurse / Family Concern?																																	
Temperature (F)	104																																
	103																																
	102																																
	101																																
	100																																
	99																																
	98																																
	97																																
	96																																
	95																																
	94																																
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190																																
	180																																
	170																																
	160																																
	150																																
	140																																
	130																																
	120																																
	110																																
	100																																
	90																																
	80																																
	70																																
	60																																
	50																																
Heart Rate (Number)																																	
Resp. Rate (bpm) (Over 1 Minute) *	70																																
	60																																
	50																																
	40																																
	30																																
	20																																
	10																																
Resp Rate (Number)																																	
Resp Distress: Mod/ Severe																																	
Resp Distress: None / Mild																																	
Receiving O_2 (l/min)																																	
O_2 Saturations (%)																																	
Conscious Level: Normal																																	
Conscious Level: 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.

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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)

Pat

BAH-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 23 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm			-							0	
	09:00 pm			25ml							0	
	10:00 pm	K2DHY		25ml			✓			1 murit	0	Nikita
	11:00 pm	+2ONM		25ml							0	
30/5	12:00 am	+HCO3		25ml							0	Nikita
	01:00 am			25ml							0	
Total Intake :						**Total Output :**						
	02:00 am			25ml							0	
	03:00 am	½DNS		25ml						55ml	0	Nikita
31/5	04:00 am	+2ONM		25ml							0	
	05:00 am	+HCO3		—							0	
	06:00 am			—			✓			1 murit	0	Nikita
	07:00 am			—							0	
Total Intake :						**Total Output :**				55ml		

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 23 D (M)
Dr. DR.V.V.R.SATYA PRASAD

FLUID CHART

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

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							
3/5	08:00 am			25ml							0	
	09:00 am			25ml						12 ml	0	
	10:00 am	DNS		—						Enough	0	
	11:00 am			—							0	
	12:00 pm										0	
	01:00 pm											
Total Intake :						**Total Output :**						
3/5	02:00 pm			25ml						121ml	0	
	03:00 pm			25ml							0	
	04:00 pm	DNS		25ml							0	
	05:00 pm			—						122ml	0	
	06:00 pm			—						Enough	0	
	07:00 pm			—							—	
Total Intake :						**Total Output :**						
3/5	08:00 pm			—						Bed	—	
	09:00 pm	1/2	DBM	—							2	change.
	10:00 pm	DNS		Nodo							0	
	11:00 pm	+		25ml							0	
	12:00 am	20 KCl3	DBM	25ml							0	
	01:00 am			25ml							0	
Total Intake :						**Total Output :**						
4/5	02:00 am			25							0	
	03:00 am	1/2	DBM	25ml						41ml	0	Sol
	04:00 am	DNS		25ml							0	
	05:00 am	+	DBM	—							0	Sol
	06:00 am	20 KCl3		—							0	
	07:00 am			—						Enough	0	Sol
Total Intake :						**Total Output :**				405		

Total 24 hrs. Intake		Total 24 hrs. Output	2.5 lcc/kg

BAH-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 24 D (M)
Dr. DR.V.V.R.SATYA PRASAD

FLUID CHART

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

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							
1/6	08:00 am	½ DNS + 20ml HCO3		-			✓			40ml	0	Ravina
	09:00 am			25ml			✓				0	
	10:00 am			-				PA		12ml	0	
	11:00 am			35ml	PA						0	Ravina
	12:00 pm			25ml						50ml	0	
	01:00 pm										0	Ravina
Total Intake :						**Total Output :**						
1/6	02:00 pm			25ml						110ml	0	S
	03:00 pm	½ DNS + HCO3		25ml						10l	0	
	04:00 pm			25ml			✓				0	
	05:00 pm			25ml							0	
	06:00 pm			25ml							0	Nitish
	07:00 pm									190	0	
Total Intake :						**Total Output :**						
1/6	08:00 pm			25ml							0	Sushma
	09:00 pm			25ml							0	
	10:00 pm	½ DNS + HCO3		-						87ml	0	Sushma
	11:00 pm			-							0	
	12:00 am			25ml							0	Sushma
	01:00 am			25ml						156ml	0	
Total Intake :						**Total Output :**						
2/6	02:00 am			25ml							0	
	03:00 am			25ml							0	Sushma
	04:00 am	½ DNS + HCO3		25ml							0	
	05:00 am			25ml							0	Sushma
	06:00 am			-						191ml	0	
	07:00 am			✓							0	Sushma
Total Intake :						**Total Output :**				1046		

Total 24 hrs. Intake		Total 24 hrs. Output	6.2 cc/kg

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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**	

Shrish

BAH-00655169 IP5-00174543
Master SHRISH LAXMIKANT SWAMI
07-02-2025 1 Y 3 M 24 D (M)
Dr. DR.V.V.R.SATYA PRASAD

12TH

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

...IONAL HEALTH ASSESSMENT - BOYS

Date: 31/5/26 Time: 9am

Weight: 6.78kgs Centile: <5th

Height: 70 cms Centile: <5th

Inference: underweight child

RDA: ... Calories: 1200 Kcal/d Protein: 21g/d

Diet Recommendations: Soft diet & plenty of oral liquids

Re-Assesment: Avoid spicy, chilled, outside foods

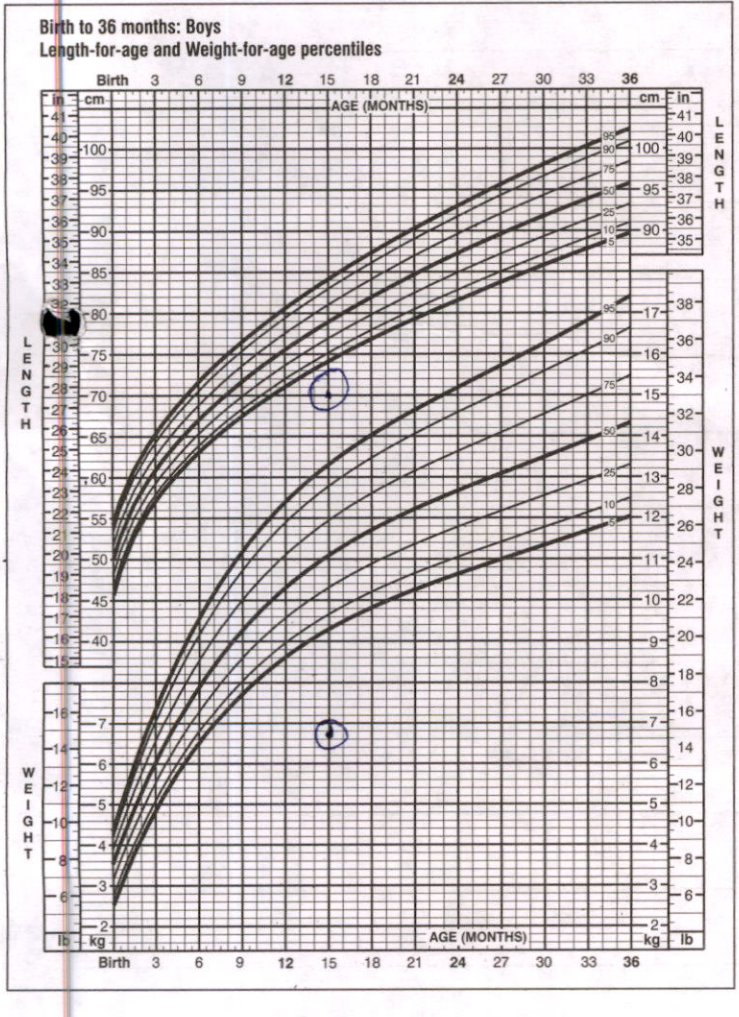
...ood Allergies: NO Veg/Non-veg Veg

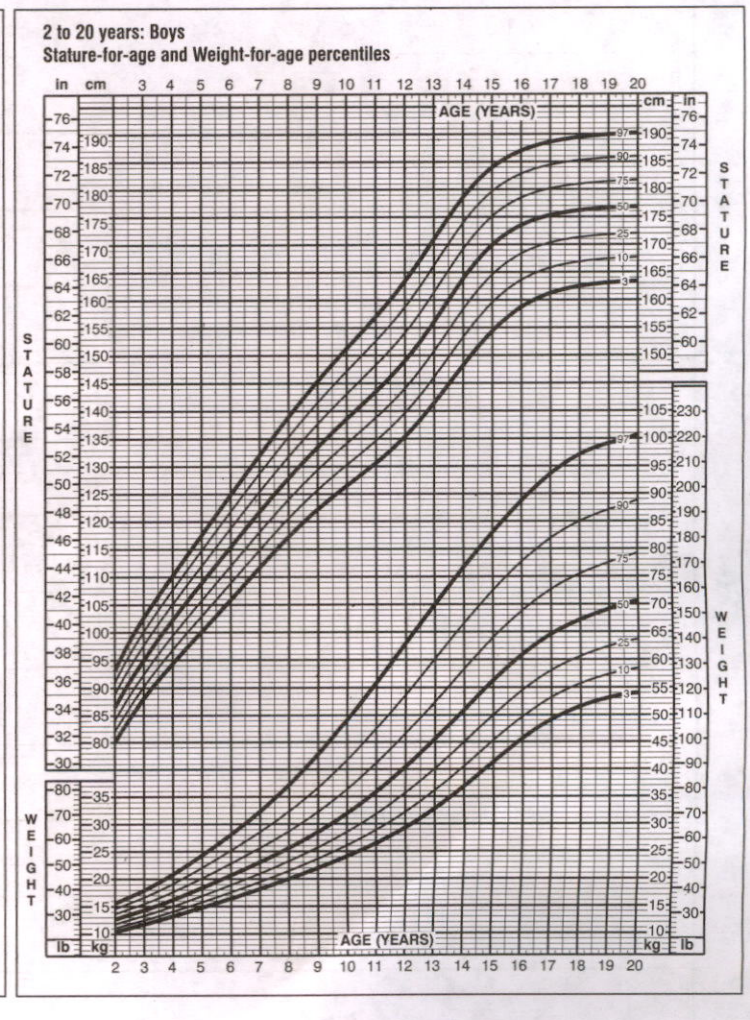
Diagnosis: K/C/O vactrel Anamoly now & UTI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: ...

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Daily Notes: