

BAH-00642262 IP5-00174462  
 Master VELJALA SHRIYAN REDDY  
 13-02-2024 2 Y 3 M 16 D (M)  
 Dr. DR.V.V.R.SATYA PRASAD



**ACTIVITY RECORD FOR BILLING**

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

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

Date of Admission: \_\_\_\_\_ Time : \_\_\_\_\_ Date of Discharge : 1/6/16 Time: 10u

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

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
<u>28/5/16</u>	<u>6:15 pm</u>	<u>cc</u>	<u>121</u>	<u>B</u>

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1	<u>Dr. paushya</u>	<u>30/5/16</u>	<u>9635301</u>	<u>Aruna</u>
2				
3				
4				
5				
6				
7				
8				
9				
10				







ADMISSION SHEET

Registration Details :

Admission No : IP5-00174462 Admit Date : 28-May-2026 Admit Time : 05:04 PM UHID : BAH-00642262

Patient Details :

Patient Name : Master VELJALA SHRIYAN REDDY Age : 2 Y 3 M 15 D  
Guardian : Mr VELJALA DINESH REDDY DOB : 13-02-2024  
Gender : Male Religion :  
Occupation : Martial Status : Single  
Address (H) : H NO 2-282, AVANCHA, Nagar Kurnool Phone No : 9505745867 / 6306599263  
Mahabubnagar Telangana INDIA 509209 E-mail : na@gmail.com

Admission Details :

Bed Type : GENERAL WARD Bed No : GW 121 Ward Name : 1F-GENERAL WARD I  
Room No : GW 121 Admission Type : First Visit

Contact Details :

Name : Mr VELJALA DINESH REDDY Relationship : Father  
Contact Address : H NO 2-282, AVANCHA, Nagar Kurnool Phone No : 9505745867 / 6306599263  
Mahabubnagar Telangana INDIA 509209

V. Dinesh Reddy  
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 :

Payment Mode : Cash Deposit Amount : 0.00  
Payor Name : HDFC ERGO GENERAL INSURANCE  
CO LTD



**Rainbow<sup>®</sup>  
Children's  
Hospital**  
It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

BAH-00642262      IP5-00174462  
Master VELJALA SHRIYAN REDDY  
13-02-2024      2 Y 3 M 16 D  
Dr. DR. V. V. R. SATYA PRASAD (M)



Patient Name:

Shriyan dy.

UHID ID:

Department:

Consultant:



### Pediatric Multiorgan History & Physical Examination

**Anthropometry :**

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile) \_\_\_\_\_)

Weight (kgs) ) 10.2 kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 98.7° F Pulse Rate : 120/min B.P. 91/60 mm Hg SPO2 99% JRA

Resp. rate and type of breathing : 24/min

Rash \_\_\_\_\_

Lymphadenopathy ⊖

Oedema : \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

**Respiratory System :**

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

Air entry & breath sounds : BAC ⊕

Any addes sounds : ⊖

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

**Cardiovascular System :**

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

Heart Sounds : S1 S2 ⊕

Any murmur : ⊖

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

**Per Abdomen :**

Inspection \_\_\_\_\_

Palpation : Soft, non tender

Ausculation : Bowel sounds ⊕

Spine : \_\_\_\_\_ External Genitelia : \_\_\_\_\_

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: \_\_\_\_\_ Power \_\_\_\_\_

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

Posture : WAD

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

#### Reflexes :

#### DTR

Plantars \_\_\_\_\_

#### Superficials:

#### Sensory System :

Intact

Bladder / Bowel : Regular

#### Clinical Summary & Diagnostic:

Acute febrile illness

= Acute gastritis.



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complication

Desired goals of the treatment: hemodynamic stability

**Planned Labs:**

- RP
- VBG
- CRP
- Blood c/s
- CVF
- Urine c/s } with foleys catheterisation
- PTH
- USG abdomen.

**Planned Management**

- IV fluids - DNS @ 3/4<sup>th</sup>
- inj CEFTRIAZONE . maint
- Syp POTRATE .
- inj ESOMEPRAZOLE
- inj ONDANSETRON .

24 hours urine for urine, calcium, uric acid, oxalate, phosphate, creatinine

MS  
Shawar  
28/5/26

DR V V R SATYA PRASAD  
Registration No: 43599

Signature of the Doctor: [Signature]

Signature of the Consultant: [Signature]

Name of the Doctor: Sainthi

Name of the Consultant: [Signature]

Date & Time: 28/5/26 . 4:40pm

Date & Time: 28/5/26  
6:10

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 Master VELJALA SHRIYAN REDDY  
 13-02-2024 2 Y 3 M 16 D (M)  
 Dr. DR.V.V.R.SATYA PRASAD



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 5:30 PM	Seen by Dr. Satya Prasad.	Plan -
		1. Continue POTRATE MAG LEFTRIAXONE
		2. continue other medications as charted
		3. foley's catheterization
		Note by SJS Anup
28/5/26 7 PM	C/S/B resident AFJ = Acute gastritis	DR. VVR SATYA PRASAD Registration No: 43599
	Child is alert oral intake - fair vital is hemodynamically stable	Plan
		• foley's on site
		• Cont. POTRATE MAG
		Leftriaxone
		• Cont med/warfarin checks
		Agnihara

00642262  
 or VELJALA SHRIYAN REDDY (M)  
 2 Y 3 M 15 D  
 R.V.V.R.SATYA PRASAD

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 4:30am	<p>CLS/B - Reveal</p> <p>AFT A. general</p>	<p>Plan</p>
	<p>- NO further monitoring / few          few spikes</p> <p>Pain - well</p> <p>- hemodynamically - stable</p> <p>Chest - clear</p> <p>CS - SS</p> <p>PIA - soft</p>	<p>→ cont Ondem / Ceftriaxone /          paracetamol</p> <p>- Trace Urine dg          Blood clots / RFT</p> <p>- Inform SOB</p>
	<p>CLS/B - Dr. SIP</p>	<p>Paracetamol</p>
	<p>Plan</p>	<p>→ to - send - 24 hr: Urine</p> <p>- for Calcium / creatinine          uric acid          Oxalate          PO<sub>4</sub> (phosphate)          Creatinine          protein</p>

DR. VVR SATYA PRASAD  
 Registration No: 43599



00642262 IP5-00174462  
 or VELJALA SHRIYAN REDDY (M)  
 1-2024 2 Y 3 M 15 D  
 R.V.V.R.SATYA PRASAD

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 2pm	S/B Dr. Suttie	
	Care Reviewed No new issues Child comfortable	<u>Ad</u> - Continue same Rx - Medications as per chart - vitals q 4hly.
29/5/26 11:30pm	C/S/B-Reviewed	Suttie
	Excessive cry.	<u>Plan</u> - X-ray Abdomen ordered to look for fecal loading - Inj Teomadol Stat
29/5/26 7:10pm	Seen by Resident. X-Ray abdomen - fecal loading @ Neostomic enema to be given. Remove Foley catheter.	Puroen

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 13-02-2024 2 Y 3 M 16 D  
 Dr. DR.V.V.R.SATYA PRASAD

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 8:00am	CS/B Resident AFI + ac. gastritis	U/O - 11.82 cc/kg/hr - 450 ml / 24hr
	child is afebrile doing well	Plan wt - 10.2 kg
	oral intake - fair no fresh complaint Passed stools once after enema	Plan ① IVF 1/2 DNS + 25ml HCO <sub>3</sub> <sup>-</sup> ② Syrup POTRATE MB <sub>6</sub> ③ Syng ODENSETRON ④ Syng ESMOPRAZOLE ⑤ Syng CEFTRIAXONE (1)
	<u>OIE</u> P/A: Soft CVS: S1S2 (+) RS: BAE (+) xray - fecal loading (+) abd	RU SMUTA.
		Plan ① Syrup EMPTY 10ml HS ② Pmax Omic cl PTH. ③ Repeat COE/TIM 6am VBQ ④ gastroenterologist opinion ⑤ Enema @ 2pm

DR. VVR SATYA PRASAD  
 Registration No: 43599



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/12/26 4:30pm	<u>USIB Resident</u>	
	S AFI + Ac. gastritis	<u>Plan</u>
	child is afebrile hemodynamically stable no fresh complaint	① continue as charted IVF & antibiotics
	Seen by gastro team child is alert & active vitals stable	② Add syp empty } @ night syp colax } ③ COE } T/m <del>COE</del> } 4am } <del>COE</del> } sohel
		④ Trace PTH.
<del>3/1/5</del> 6pm	<u>USIB Dr Satya Prasad</u>	<u>Monday</u> → CBP VBG CRP

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

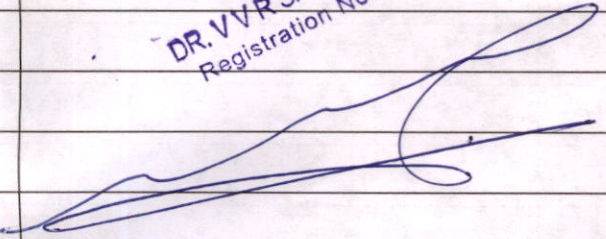


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/24 6:30 am	<u>48h Dr Satyaprasad</u>	
		o Cont Same
		o CBP VBSG } 7/M CRP }
		o Trace w/e
		DR. V. V. R. SATYA PRASAD Registration No: 43599
31/5/24 Even	<u>48h Resolved</u>	
	Dr. Anushma	
	Wt - 10.3 → 10.4 kg	
	ough, abd (+)	Plan <del>o Cont PTM</del>
	passed	o CBP } 7/M
	intch - fair	VBSG } CRP }
	10 - 818ml - 3.2ml/kg	o Cont other med <sup>n</sup>
	dynamically stable	o Cont Empty L Colon

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 13-02-2024 2 Y 3 M 18 D (M)  
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/06/2026	C/S/B	Herident
9 AM	<p>Δ: AFI with Acute gastritis</p> <ul style="list-style-type: none"> <li>- On RA</li> <li>- Hemodynamically stable</li> <li>- Oral intake better</li> <li>- Afebrile</li> <li>- Passed stools</li> <li>- Excessive cry (⊕)</li> </ul>	<p>Plan</p> <ul style="list-style-type: none"> <li>- cont. Medications as charted</li> <li>- INS. LEFT RI AXON (D5)</li> <li>- R/V discharge</li> </ul>
		<p>Med. (Dr. Nandan)</p>
<del>01/06</del>	<del>10:30 AM C/S/B Dr. SP/Dr SB</del>	<del>Adv.</del>
	<p>DR. V. V. R. SATYA PRASAD          Registration No: 43599</p> 	<p>1) Cont Potrate MBB</p> <ul style="list-style-type: none"> <li>- Nodosis 5ml BD</li> <li>- Zipra x (100) 2.5ml BD x 5d</li> <li>- Emty / Colax</li> <li>- Lansol x 5d</li> </ul> <p>2) (D) today</p> <p>R/V 5d c CUE</p> <p>(T) urine output</p>



**ATTENTION FORM**

Doctor Name : Dr. Poukya Sai Date : 30/5/26 Time : .....

Diagnosis : .....

Hospital : .....	<b>Type of Referral :</b>
Referred for : <input checked="" type="checkbox"/> Opinion <input type="checkbox"/> Co-Management <input type="checkbox"/> Transfer of care	<input type="checkbox"/> Emergency
	<input type="checkbox"/> Urgent
	<input type="checkbox"/> Non Urgent

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

inv/lo pain abdomen

Signature: \_\_\_\_\_

**Findings and Recommendations :**

2 yrs 3 months / Male

epo Recurrent OTT / hypercalcemia

epo fever : 2 days

Pain abdomen : 2 days

vomiting - 2-3 episode/day  
NB/NP

No stool since

Plan

1x sup - Empty 15ml/once daily at night  
12ml  
10ml  
x 3 mon.

CUe - Hemolyzed Blood (+)

Calcium oxalate crystals (+)

2x hyp. Colox

8ml/once daily x 1 month  
@ night

Xray - Nonspecific Gaseous distension of bowel  
+ fecal loading

USG Abdomen - (N)

SMA/SMV oval (+)

3x R/v Dr. Poukya  
after 1 month for follow up

**Consultant :**

Name : Dr. Poukya Signature : [Signature] Date & Time : 30/5/26



## RESULT SHEET

Date	28/5	01/06			
Time		5 AM			
Hb	11.8	11.3			
PCV	34.3	34.4			
RBC	4.82	4.66			
WBC	8850	7,860			
N/L	37/55	42.7/47.5			
Platelets	4.19L	3,66,000			
CRP	10	5			
ESR					
PCT					
RBS					
Na	135				
K	4.1				
Cl	105				
Ca/Mg	8.8				
Phosphate	4.4				
Urea	16				
Creatinine	0.5				
ALP	125				
SGPT	31				
SGOT	46				
T.Bill/Conj	0.2	0.1			
T.Protein	5.8	6.1			
S.Albumin	3.5				
S.Globulin	2.29				
A/G Ratio	1.5				
Uric Acid	8.1				
S.Amylase	44				
Sr.Lipase					
Blood Lactate					
S.Cholesterol	66				
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date	28/5	31/5		
Time				
CUE - Alb	Trace	-		
CUE - Sugar	-	-		
CUE - Ketones	3+	-		
CUE - PUS Cells	2-3	3-4		
CUE - RBC Cells	3-4	0		
CUE Blood	hemolyzed	- Crystal (-)		
	calcium oxalate	crystal		
Stool Pus Cell				
OVA / Cyst				
Occult Blood		<u>29/5</u>	<u>30/5</u>	
	24hr U. Ca	28.4	24hr U. Protein	16
	24hr U. Tot Vol	400	24hr Ur. Creatinine	108
	24hr U. Uric acid	230		
	<del>PTH</del> 24hr U. PTH	99.2		
<u>28/5</u>	PTH-	18.5	(N 3.5 - 32)	

Culture and Sensitivities : ..... urine clg - no growth 24hr

Blood clg - no growth 24hr

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI : .....

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



## 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: 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	Syp POTRAFE	3.5ml	PO	BD	28/5 to Am	<input checked="" 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: Santini

Date & Time: 28/5/26 @ 6:52pm

Nurse Name & Signature: Shavani

Date & Time: 28/5/26 @ 6:52pm

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight .....

Ward .....

DRUG : SYP EMPTY				Date Time	30/5/15																	
Dose	Route	Frequency	Start Dt.																			
15ml	1/0	HS	30/5																			
Name & Signature of the Doctor Starting the Drugs:				10pm Sushra Anu Sushra Anu Sushra		Decrease dose Anu Sushra																
Additional Instructions:				15ml @ night																		
Daily Doctor's Endorsement by a Sign				A A																		

DRUG : SYP COLAX				Date Time	30/5/15																	
Dose	Route	Frequency	Start Dt.																			
8ml	PO	OD	30/5																			
Name & Signature of the Doctor Starting the Drugs:				10pm Sushra Anu Sushra Anu Sushra		Anu Sushra																
Additional Instructions:				8ml @ night																		
Daily Doctor's Endorsement by a Sign				A A																		

DRUG : Syp EMPTY				Date Time																		
Dose	Route	Frequency	Start Dt.																			
10ml	PO	HS	1/6																			
Name & Signature of the Doctor Starting the Drugs:				Anu Sushra																		
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 .....





# DRUG CHART

Date of Admission: 28/5/26 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>				Date Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

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

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

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



REGULAR PRESCRIPTIONS

Weight. 10.2 kg Ward. 1st floor

VERIFIED

VERIFIED

VERIFIED

VERIFIED

<b>DRUG :</b> <u>9mg ONDANSETRON</u>				Date Time	28/5	29/5	30/5	31/5	1/6
Dose	Route	Frequency	Start Date						
1.5mg	IV	TID	28/5						
Name & Signature of the Doctor Starting the Drugs: <u>Sahithi</u>									
Additional Instructions: <u>@ 0.15 mg/kg / dose</u>									
Daily Doctor's Endorsement by a Sign									
<b>DRUG :</b> <u>9mg ESOMEPRAZOLE</u>				Date Time	28/5	29/5	30/5	31/5	1/6
Dose	Route	Frequency	Start Date						
10mg	IV	OD	28/5						
Name & Signature of the Doctor Starting the Drugs: <u>Sahithi</u>									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
<b>DRUG :</b> <u>9mg CEFTRIAXONE</u>				Date Time	28/5	29/5	30/5	31/5	
Dose	Route	Frequency	Start Date						
500mg	IV	12th hrly	28/5						
Name & Signature of the Doctor Starting the Drugs: <u>Sahithi</u>									
Additional Instructions: <u>@ 50 mg/kg / dose</u>									
Daily Doctor's Endorsement by a Sign									
<b>DRUG :</b> <u>3.5ml POTRAPEMBG</u>				Date Time	28/5	29/5	30/5	31/5	1/6
Dose	Route	Frequency	Start Date						
3.5ml	PO	12th hrly	28/5						
Name & Signature of the Doctor Starting the Drugs: <u>Sahithi</u>									
Additional Instructions: <u>xcl (5 ml / 100mg)</u>									
Daily Doctor's Endorsement by a Sign									







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

Date : 16/26 Time: \_\_\_\_\_

Doctor / Nurse / Family Concern? 9AM 6AM

Temperature (F)	104		
	103		
	102		
	101		
	100		
	99		
	98		
	97	<u>97.5</u>	<u>96.5</u>
	96		
	95		
	94		

Heart Rate (bpm) and Blood Pressure (mmHg) *	190		
	180		
	170		
	160		
	150		
	140		
	130		
	120		
	110		
	100	<u>95</u>	<u>104</u>
	90	<u>(60)</u>	<u>(78)</u>

**Note:**  
 BP does not score in early warning scoring

Heart Rate (Number) 100b/m 102b/m

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

Resp Rate (Number) 26b/m 26b/m

Resp Distress Mod/ Severe None / Mild

Receiving O<sub>2</sub>(l/min) O<sub>2</sub>Saturations (%) 98% 99%

Conscious Level Normal Altered

GCS \* 15/15 15/15

<b>TOTAL SCORE</b>		
Number of shaded boxes	<u>1</u>	<u>1</u>
Pain Score	<u>0</u>	<u>0</u>
Observer's Initials	<u>0</u>	<u>0</u>

- 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 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.

I	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
S	<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>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)
A	<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.
R	<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)

BAH-00642262  
 Master VELJALA SHRIYAN REDDY  
 13-02-2024 2 Y 3 M 18 D  
 Dr. DR.V.V.R.SATYA PRASAD (M)

Doc. 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 : 31.5.26	Time: 6am	10am	2pm	6pm	10pm	
Doctor / Nurse / Family Concern?	8am					
Daily wt 10.4kg						
Temperature (F)	97.5°F	98.0°F	97.8°F	97.6°F	98.0°F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	97 (68) / 61	95 (#0) / 61	97 (#1) / 62	98 (#0) / 58	108 (80) / 72	91 (55) / 53
Heart Rate (Number)	102blm	104bpm	103blm	104bpm	115blm	112blm
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	26blm	28bpm	26bpm	26bpm	27blm	26blm
Resp Mod/ Severe Distress None / Mild						
Receiving O <sub>2</sub> (l/min) O <sub>2</sub> Saturations (%)	09l	09l	09l	09l	100l	09l
Conscious Level Normal / Altered						
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
<b>TOTAL SCORE</b>						
Number of shaded boxes	1	1	1	1	4	1
Pain Score	0	0	0	0	0	0
Observer's Initials	0	0	0	0	0	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.

## 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.

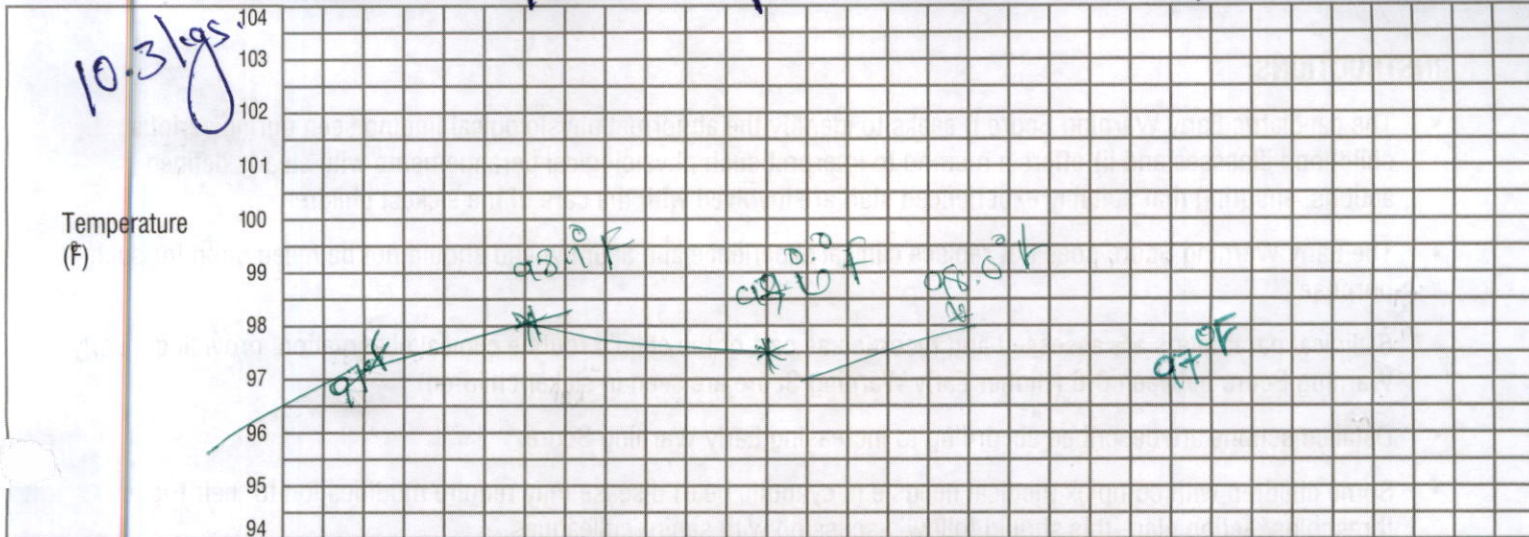
<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
<b>B</b>	<b>BACK GROUND :</b> Child (X) was admitted on (XX 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)



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

Date : 30/1/26 Time: \_\_\_\_\_

Doctor / Nurse / Family Concern? 6am 8am 1pm 6pm 10pm



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

Note: BP does not score in early warning scoring

Time	Heart Rate (bpm)	Blood Pressure (mmHg)
6am	110 bpm	95/46
8am	101 bpm	98/78
1pm	114 bpm	90/60
6pm	105 bpm	110/81
10pm	108 bpm	89/59

Heart Rate (Number) 110 bpm 101 bpm 114 bpm 105 bpm 108 bpm

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

Time	Resp. Rate (bpm)
6am	26 bpm
8am	24 bpm
1pm	28 bpm
6pm	26 bpm
10pm	26 bpm

Resp Rate (Number) 26 bpm 24 bpm 28 bpm 26 bpm 26 bpm

Resp Distress Mod/ Severe None / Mild

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

Conscious Level Normal Altered

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

**TOTAL SCORE**

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

- 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 in charge AND PICU fellow or PICU 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:

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- 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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<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)
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<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)



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

Date :	29/5	Time:	10 am	1 pm	10 pm	2 am
Doctor / Nurse / Family Concern?						
wt <u>10.2 kg</u>  Temperature (F)	104					
	103					
	102					
	101					
	100					
	99					
	98					
	97	97.2 F	* 98.0 F		97.0 F	97.0 F
	96					
	94					
Heart Rate (bpm)  and  Blood Pressure (mmHg) *  <b>Note:</b> 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)	122 bpm	122 bpm	126 bpm	106 bpm		
Sp. Rate (bpm) (over 1 Minute) *	70					
	60					
	50					
	40					
	30					
	20					
	10					
	Resp Rate (Number)	26 blm	26 blm	26 blm	26 blm	
	Resp Mod/ Severe Distress None / Mild					
	Receiving O <sub>2</sub> (l/min)					
O <sub>2</sub> Saturations (%)	100%	100%	99%	99%		
Conscious Level Normal / Altered						
GCS *	15/15	15/15	15/15	15/15		
<b>TOTAL SCORE</b>						
Number of shaded boxes	1	1	1	1		
Pain Score	0	0	0	0		
Observer's Initials	z	.	o	o		

<b>ACTIONS</b>	Score 1 : Continue normal observation by staff nurse
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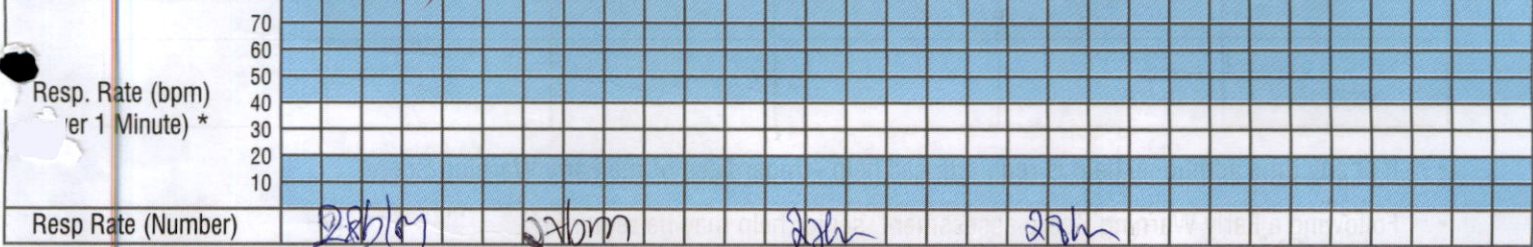
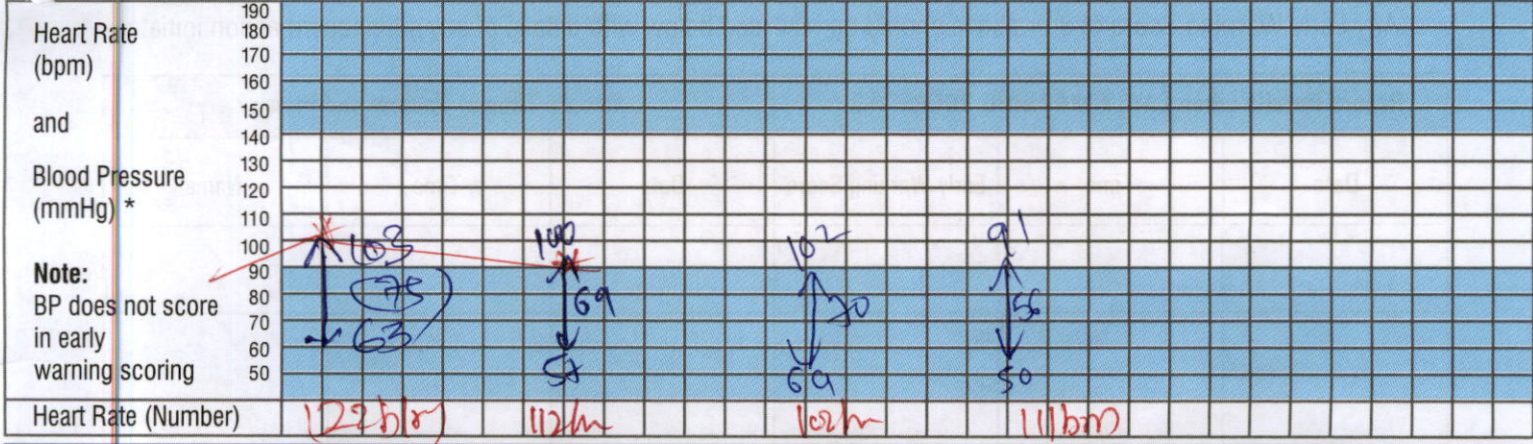
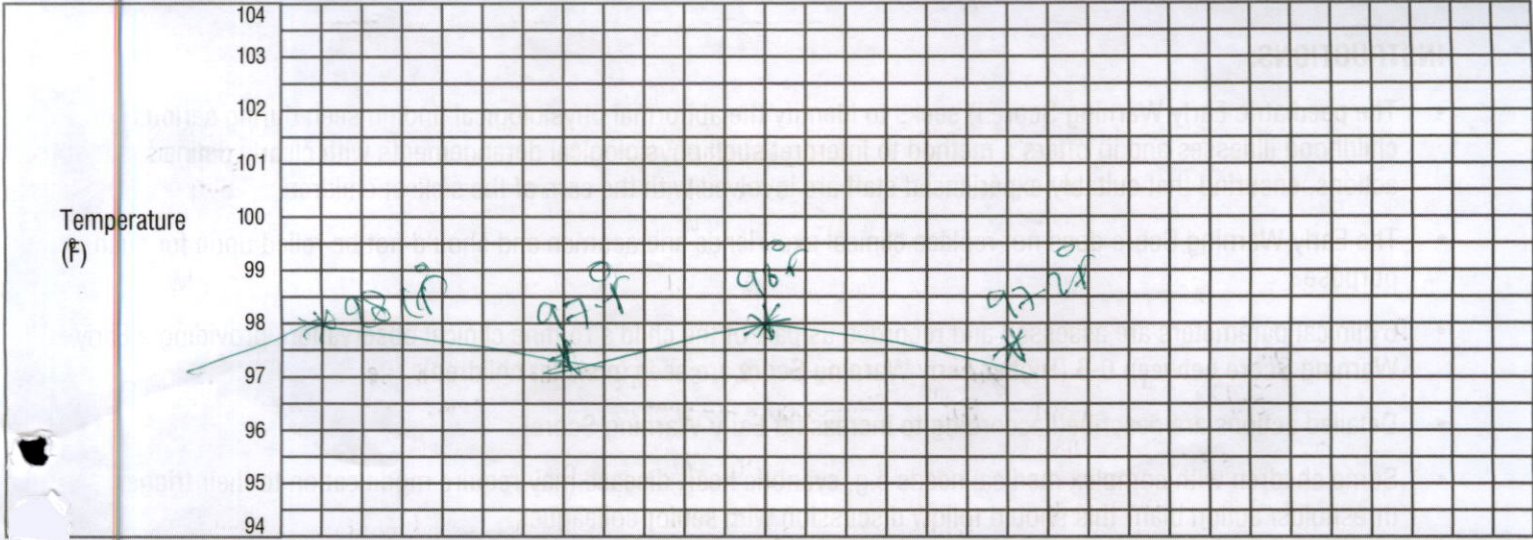
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**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 22/5 Time: 8pm 10pm 2am 6am  
 Doctor / Nurse / Family Concern? 8pm 10pm 2am 6am



Resp Distress	Mod/ Severe				
	None / Mild				
Receiving O <sub>2</sub> (l/min)					
O <sub>2</sub> Saturations (%)		99%	98%	99%	97%
Conscious Level	Normal / Altered				
GCS *		15/15	15/15	15/15	15/15

<b>TOTAL SCORE</b>				
Number of shaded boxes	1	1	1	1
Pain Score	0	0	0	0
Observer's Initials	<u>RS</u>	<u>RS</u>	<u>RS</u>	<u>RS</u>

**ACTIONS**

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BAH-00642262 IP5-00174462  
 Master VELJALA SHRIYAN REDDY  
 13-02-2024 2 Y 3 M 16 D (M)  
 Dr. DR.V.V.R.SATYA PRASAD

Patient



# 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												
	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	Hand											
	11:00 pm	Hand		20ml						30ml			
	12:00 am			20ml									
	01:00 am			20ml									
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am			40ml									
	03:00 am			40ml						25ml			
	04:00 am	Hand		40ml									
	05:00 am	Hand		40ml						30ml			
	06:00 am	Hand		40ml									
	07:00 am			40ml						40ml			
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							



# FLUID CHART



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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
29/5	08:00 am	↑		40ml		/					0	Shree	
	09:00 am	1/2 DNS	240	40ml		/			150ml		0	Shree	
	10:00 am	+ H <sub>2</sub> O		-		/					0	Shree	
	11:00 am	25ml		-		/					0	Shree	
	12:00 pm	HCO <sub>3</sub>		40ml		/			100ml		0	Shree	
	01:00 pm	↓		40ml		/					0	Shree	
<b>Total Intake :</b>						<b>Total Output :</b>							
29/5	02:00 pm	↑				/					0	Shree	
	03:00 pm	1/2 DNS	40ml			/			100ml		0	Shree	
	04:00 pm	+ H <sub>2</sub> O				/					0	Shree	
	05:00 pm	25ml HCO <sub>3</sub>		40ml		/					0	Shree	
	06:00 pm					/					0	Shree	
	07:00 pm	↓		40ml		/					0	Shree	
<b>Total Intake :</b>						<b>Total Output :</b>							
29/5	08:00 pm					/					0	Aruna	
	09:00 pm	1/2 DNS				/	motion.				0	Aruna	
	10:00 pm	+ H <sub>2</sub> O		40ml		/					0	Aruna	
	11:00 pm	25ml		40ml		/					0	Aruna	
	12:00 am	HCO <sub>3</sub>		40ml		/					0	Aruna	
	01:00 am			40ml		/					0	Aruna	
<b>Total Intake :</b>						<b>Total Output :</b>							
30/5	02:00 am			40ml		/					0	Aruna	
	03:00 am	1/2 DNS		40ml		/					0	Aruna	
	04:00 am	+ H <sub>2</sub> O		40ml		/					0	Aruna	
	05:00 am	25ml		40ml		/					0	Aruna	
	06:00 am	HCO <sub>3</sub>		40ml		/					0	Aruna	
	07:00 am					/					0	Aruna	
<b>Total Intake :</b>						<b>Total Output :</b>							

<b>Total 24 hrs. Intake</b>		<b>Total 24 hrs. Output</b>	1,820ml kg/hr
-----------------------------	--	-----------------------------	---------------



# 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 Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
30/5	08:00 am	1/2 DMS	100ml	=	/	/	/	/	175ml		Appu	
	09:00 am	DMS		=	/	/	/	/				
	10:00 am				/	/	/	/				
	11:00 am	25ml HCO3			NA	✓	NA				Cannule Clean 0 0 0 0	
	12:00 pm		40ml		/	/	/	/				
	01:00 pm		40ml		/	/	/	/				
<b>Total Intake :</b>						<b>Total Output :</b>						
30/5	02:00 pm				/	/	/	/	100ml	0	Appu	
	03:00 pm		40ml		/	/	/	/		0		
	04:00 pm	1/2 DMS			/	/	/	/		0	Chitra	
	05:00 pm	+ 25ml HCO3			/	/	/	/		0		
	06:00 pm				/	/	/	/	145ml	0		
	07:00 pm				/	/	/	/		0		
<b>Total Intake :</b>						<b>Total Output :</b>						
30/5	08:00 pm				/	/	/	/	20ml	0	Aruna	
	09:00 pm	1/2 DMS			/	/	/	/		0		
	10:00 pm	+ 25ml HCO3			/	/	/	/	97ml	0	Aruna	
	11:00 pm		40ml		NA	NA	NA			0		
	12:00 am		40ml		/	/	/	/		0		
	01:00 am		40ml		/	/	/	/		0		
<b>Total Intake :</b>						<b>Total Output :</b>						
31/5	02:00 am		40ml		/	/	/	/		0	Aruna	
	03:00 am	1/2 DMS	40ml		/	/	/	/		0		
	04:00 am	+ 25ml HCO3	40ml		/	/	/	/		0	Aruna	
	05:00 am		40ml		NA	NA	NA			0		
	06:00 am				/	/	/	/	metan	0		
	07:00 am				/	/	/	/		0		
<b>Total Intake :</b>						<b>Total Output : 818ml</b>						
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>						
						3.277 cc/kg/hr						



# 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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
3/10/24	08:00 am		10ml	40ml						0	J. Srinivas	
	09:00 am			40ml						0		
	10:00 am	DNS		-			✓	X		0		
	11:00 am	HCO <sub>3</sub>		40ml					Emotion	0		
	12:00 pm			40ml						0		
	01:00 pm			10ml	40ml					0		
<b>Total Intake :</b>						<b>Total Output :</b>						
3/11/24	02:00 pm			40ml						0	J. Srinivas	
	03:00 pm			40ml			✓		Emotion	0		
	04:00 pm	DNS		40ml	NA				106ml	0		
	05:00 pm	HCO <sub>3</sub>		40ml			✓		Emotion	0		
	06:00 pm			-					96ml	0		
	07:00 pm			-						0		
<b>Total Intake :</b>						<b>Total Output :</b>						
3/15/24	08:00 pm			-						0	Aruna	
	09:00 pm	DNS		-					113ml	0		
	10:00 pm	+ 25		-	NA					0		
	11:00 pm	HCO <sub>3</sub>		40ml	NA		NA	NA		0		
	12:00 am			40ml						0		
	01:00 am			40ml						0		
<b>Total Intake :</b>						<b>Total Output :</b>						
3/16/24	02:00 am			40ml						0	Aruna	
	03:00 am	DNS		40ml						0		
	04:00 am	+ 25ml		40ml	NA		NA	NA		0		
	05:00 am	HCO <sub>3</sub>		40ml						0		
	06:00 am			-						0		
	07:00 am			-					119ml	0		
<b>Total Intake :</b>						<b>Total Output : 434ml.</b>						

**Total 24 hrs. Intake**

**Total 24 hrs. Output 1.808cc/kg/hr.**



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# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 29.5.26 Time: 8 AM

Weight: 10.28kgs Centile: 5th

Height: 85cms Centile: >10th

Inference: Underweight child

RDA: - Calories: 1250kcal/d Protein: 29g/d

Diet Recommendations: Gastro diet

Re-Assessment: Avoid Egg, wheat, nuts, Oats, citrus fruits, sugars, fruits/juices, Ragl., Milk.

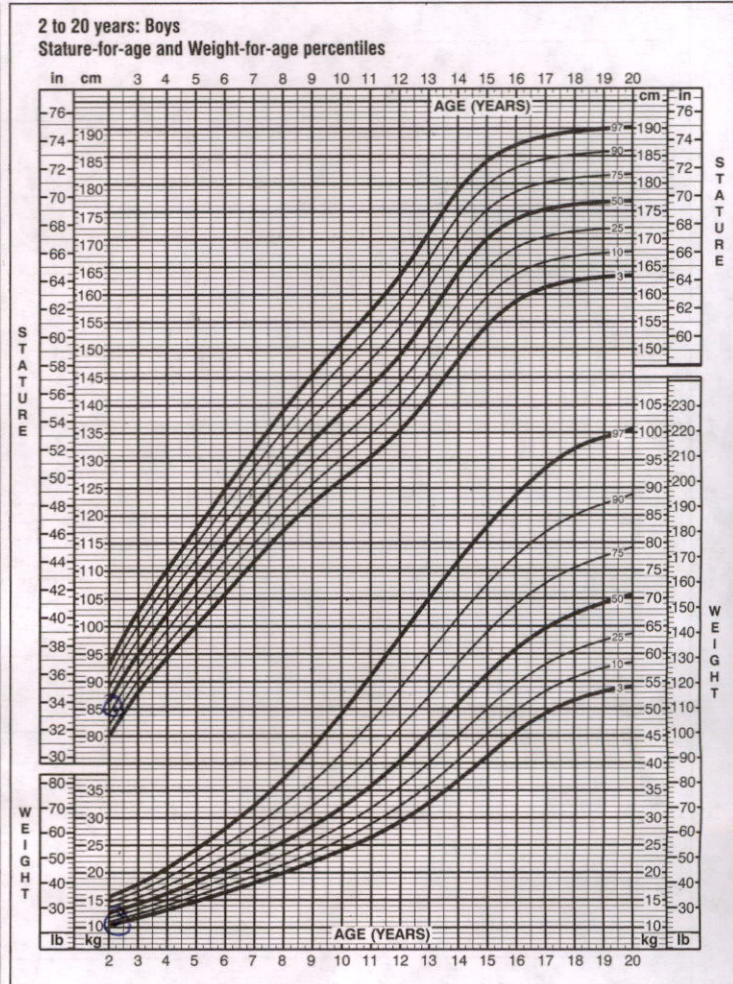
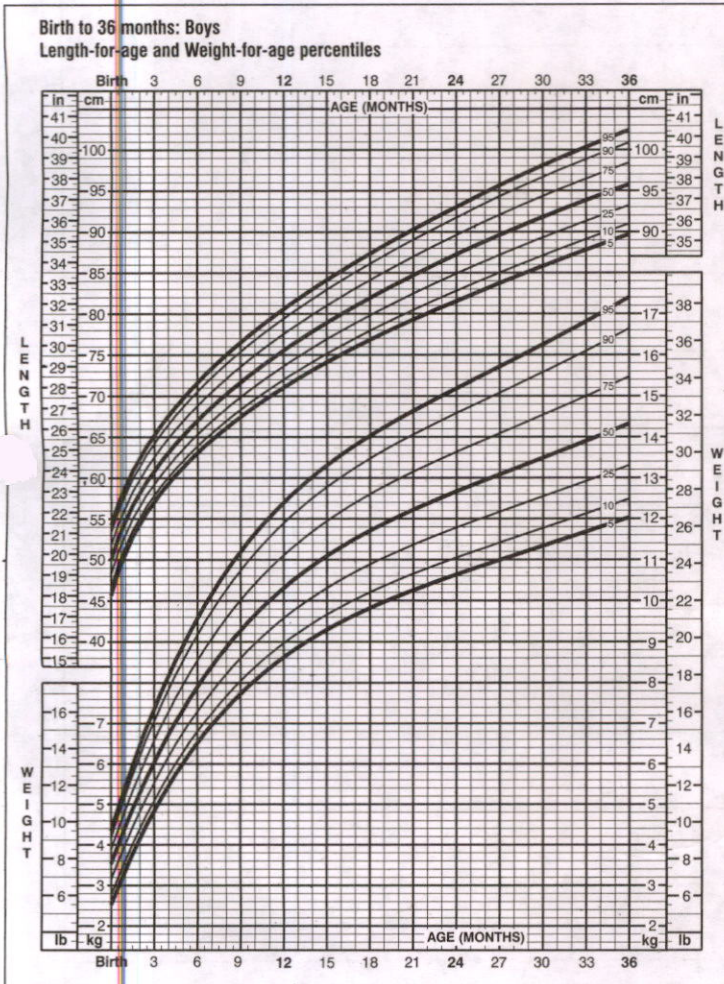
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: AFT & A. Gastritis

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: [Signature]

## GROWTH CHART (BOYS)



Dietician's Name: Mounika

Dietician's Signature: [Signature]

Daily Notes:

30/5/26  
12PM

child is stable. oral intake is fair.

continue  $\bar{c}$  Gastro diet (Rice based foods) - Mounica

31/5/26  
8am

Child is stable. Intake is better

continue  $\bar{c}$  soft diet

Nikitla

1/5/26  
11AM

Child is stable Oral Intake is better

Continue  $\bar{c}$  soft diet.

- NPKitla