

### ACTIVITY RECORD FOR BILLING

Name : \_\_\_\_\_  
 UHID No. : \_\_\_\_\_ IP No. : \_\_\_\_\_ Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_  
 Date of Admission: \_\_\_\_\_ Time \_\_\_\_\_ e : \_\_\_\_\_ Time: \_\_\_\_\_  
 Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ ble bed type : \_\_\_\_\_

BAH-00572822 IP5-00173505  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 9 M 23 D (F)  
 Dr. SIRISHA RANI



### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/07/23	3:10 pm	ER	143	Augi

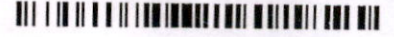
### Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. - Sandi Ramya	11/05/2026	9602518.	Shariuf
2				
3				
4				
5				
6				
7				
8				
9				
10				



ADMISSION SHEET

Registration Details :



Admission No : IP5-00173505 Admit Date : 07-May-2026 Admit Time : 02:13 PM UHID : BAH-00572822

Patient Details :

Patient Name : Baby VAMIKA SHINDE Age : 2 Y 9 M 23 D  
Guardian : Mr SAI KRISHNA SHINDE DOB : 14-07-2023  
Gender : Female Religion :  
Occupation : Martial Status : Single  
Address (H) : H NO 38-217/1 , CHENNA REDDY NAGAR, Phone No : 9700369239/ 9059083471  
BEHIND MASJID Jagadgirigutta Hyderabad E-mail : SAI018043@GMAIL.COM  
Telangana INDIA 500037

Admission Details :

Bed Type : GENERAL WARD Bed No : GW 143 Ward Name : 1F-GENERAL WARD II  
Room No : GW 143 Admission Type : First Visit

Contact Details :

Name : Mr SAI KRISHNA SHINDE Relationship : Father  
Contact Address : H NO 38-217/1 , CHENNA REDDY NAGAR, Phone No : 9700369239  
BEHIND MASJID Jagadgirigutta Hyderabad  
Telangana INDIA 500037

*Reddy Sai Krishna*  
Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI Specialisation : HEMATO ONCOLOGY  
Referral Doctor : Self Phone No :  
Co-Consultant : Dr. NALLA ANURAAG REDDY

Payment Details :

Payment Mode : Cash Deposit Amount : 0.92  
Payor Name : SELFPAY



26/11/2019  
2019-11-26  
2019-11-26

2019

### ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /  
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

2019-11-26



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

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:


*Vamika*

UHID ID:

Department:

Consultant:

BAH-00572822 IP5-00173505  
Baby VAMIKA SHINDE  
14-07-2023 2 Y 9 M 23 D (F)  
Dr. SIRISHA RANI



### Pediatric Multiorgan History & Physical Examination

Name : Vanika Age/Sex 2 / F  
Information given by: mother Relationship good

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

W/o DBA sp 2nd Haplo HSCT + PTLy.  
(D + 17)  
now - a transaminitis

#### History of present illness :

no sp fever/vomiting  
(N) activity  
no further seizures.

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Baby VAMIKA SHINDE  
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Dr. SIRISHA RANI



**Pediatric Multiorgan History & Physical Examination**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Birth & Neonatal History:**

② perinatal transition

\_\_\_\_\_

\_\_\_\_\_

**Birth & Socio Economic History:**

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

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

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

\_\_\_\_\_

**Developmental History :**

②

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Immunization History :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**paediatric Multiorgan History & Physical Examination**

**Anthropometry :**

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

Weight (kgs) ) 8.69 kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 98.4°F Pulse Rate : 116/min B.P. 99/47 SPO2 97%

Resp.rate and type of breathing : 28/min

Rash \_\_\_\_\_

Lymphadenopathy ⊖

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

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

**Respiratory System :**

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

Air entry & breath sounds : AsAE ⊕

Any addes sounds : clear

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

**Cardiovascular System :**

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

Heart Sounds : Ⓜ

Any murmur : none

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

**Per Abdomen :**

Inspection \_\_\_\_\_

Palpation : soft / NT

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 : alut

Cranial Nerves : \_\_\_\_\_

**Motor System:**

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

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

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

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

Involuntary Movements : (N)

**Reflexes :**

**DTR**

**Superficials:**

Plantars \_\_\_\_\_

**Sensory System :**

Bladder / Bowel : (N)

**Clinical Summary & Diagnostic:**

Klcyo DBA / sp 2nd haplo Hsct &  
PTCyl (D+178)  
+ grade IV GUHD gut  
transaminitis

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Dr. SIRISHA RANI



**& Physical Examination**

Preventive aspects of the treatment: liver failure

Desired goals of the treatment: resolution of transaminitis

**Planned Labs:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Planned Management**

① Medications as per chart  
NAC infusion  
abd  
Anti  
7/5/26 2:30 PM

Signature of the Doctor: Akhila  
Name of the Doctor: Akhila  
Date & Time: 7/5/26

DR. SAIKUMAR MADDADI  
Registration No: 71664  
Signature of the Consultant: [Signature]  
Name of the Consultant: Dr. Sirisha Rani  
Date & Time: 8/5/26 @ 10:00 AM



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5/24 3:30 pm	Post Haplo MCT for PBA Day+178. Cli- gut GVHD PRES. No clinical signs loose stools - reduced vitals stable	Plan 1. Continue IV antibiotics 2. Bp 4th hourly <i>Admit</i>
8/5/24 9 am	Post Haplo MCT for PBA Day+179. gut grade 3-4 GVHD. (recovered) Cli- PRES No clinical signs No fever No loose stools vitals stable Bp- 93/68 (77) mmHg. • Meropenem - D14. B- • Linezolid - D14. V- Valgan F- Voriflu GVHD - Puno 1/4. Prednisolone 2.5ml leupit / lacosmide	Plan 1. Continue IV antibiotics. 2. Rlv. CBP, LFT, creat n/w. <del>feritis</del> TTT. 3. To optimise antihypertensives 4. strict Bp monitoring. 5. continue NAC infusion. Plan to discharge abx Amiodipine BD Rasoxan

*Dr. Sirisha Rani*

*DR. SANDHYA VADDADI*  
 Registration No. 100004  
 8/5/24 5:00 pm  
 (P.T.O.)

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 Dr. SIRISHA RANI



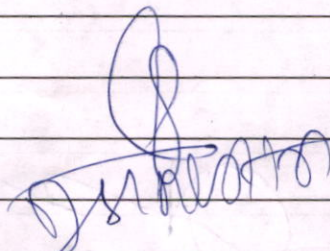
## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/24 4pm	Evening rounds	
	No fever	
	No loose stools	
	o/i	
	Baby alert	Plan
	Vitals stable	1. Continue IV antibiotics
	BP - 73/39(57)mmHg	2. BP 4th hourly.
		3. Allow orally.
		4. check BP after 1 hour
		fincon. <span style="float: right;">Saran</span>

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 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 9 M 23 D (F)  
 Dr. SIRISHA RANI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 9 AM	Post Haplo MCT for diamond blaygan anemia cli- PRES gut GHO grade 3-4	e PCTY (P180) 3-10 4-25
	No loose stools No active sinuses	
		Plan
BP - 116/45 (102) mmHg		1. change IV antibiotics to oral from 11/5/26.
vitals - stable		2. continue hemipil lacosamide
		3. strict BP monitoring
		4. CBP } LFT } Tuesday
		 Sirisha
Up	<u>Evening Rounds</u>	
	No complaints vitals	Plan
		① CBP, LFT - Tuesday
		② Cont Supportive Care
		Note

BAH-00572822 IP5-00173505  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 9 M 23 D (F)  
 Dr. SIRISHA RANI



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26		
9 AM	Post Haplo HSCT for	DBA Day (181)
	di- PRES	
	grade 3 GVHD (recurred)	
	No clinical signs	
	Bp < 90th centile	
		Plan
	vitals stable	1. Review oral antibiotics.
		2. Continue supportive care.
		3. Continue Antidipiro.
		Review
		<del>chest X R</del>
		Right knee X Ray
		(T/M) <span style="display: inline-block; border-left: 1px solid black; padding-left: 5px;">AP lateral</span>

*[Signature]*

A. Anurag

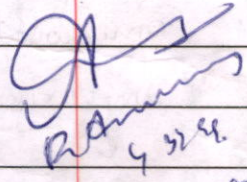
43799 @ 1:50 pm

Dr. Anurag Beddy

BAH-00572822 IP5-00173505  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 9 M 24 D (F)  
 Dr. SIRISHA RANI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/20 8 AM	Post Haplo HCT with cli. grade 3 GVHD (reconciling)	PTCY for DBA Day 182
	PRES-	
	<ul style="list-style-type: none"> <li>• clinical seizures - 3 episodes.</li> </ul>	
	<ul style="list-style-type: none"> <li>• 1 focal spike - 100F.</li> </ul>	
	staring look, with loss of awareness - 3 episodes weakness of right u.l. for min post seizures	lastly 1-2 min
	of	
	Now no FND.	Plan
	BP-86/58 (64) mmHg.	1. continue IV antibiotics
		2. Neurology series -
		3. EEG today
	lenipil (580 <sup>mg</sup> 1x1/day)	4. continue lenipil &
	lacosamide (1-3 1x1/day)	lacosamide.
		5. Restart IV meropenem.
		dasani
		- CBP, Ca, Mg, SE, CRP
		
	Dr. Anurag Reddy	

Patient Sticker

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 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 9 M 25 D (F)  
 Dr. SIRISHA RANI



NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/05/26 4 PM	<p>Afternoon Runday</p> <p>NO further seizures</p> <p>Activity ⊕</p> <p>ORS, LRS</p> <p>PIA ⊕</p> <p>TUC ⊕</p>	<p>R</p> <p>① Don't supportive care</p> <p>② TO do EEG today</p> <p>↓</p> <p>Neww ⊕</p> <p>③ Levipil to IV</p> <p>④ monitor vitals</p>
		<p>Ⓟ</p> <p>Ⓟ</p>
12/5/26 11 AM	<p>post Haplo HCT for DBA Day</p> <p>2 fever spikes yesterday 3:30 AM</p> <p>No further seizures.</p>	<p>DBA Day</p> <p>Plan</p>
<p>o/f</p> <p>child active</p> <p>afebrile</p> <p>vitals stable</p>		<p>1. ↑ levetiracetam dose   ct level uacc</p> <p>2. RLv ASM with Neuro team</p> <p>3. Continue IV antibiotics</p> <p>4. Omega oil 2x 1.5ml OD x 1 week</p> <p>2ml OD x 1 week. x 1 week Satap.</p> <p>↓</p> <p>1.5ml OD</p> <p>5. Continue IV antibiotics</p> <p>6. SOS - UP if child has fever spikes.</p> <p>- level uacc uacc real ju</p>

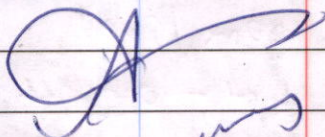
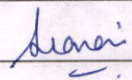
T.M

*[Handwritten signature]*

BAH-00572822 IP5-00173505  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 9 M 27 D (F)  
 Dr. SIRISHA RANI



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26	Energy sounds	
4pm		
	No fever	
	No further clinical signs.	
	vital. stable	
		<u>Plan</u>
	Sp - 91/55 (64)mmHg.	1. Continue Lacosamide
		1.5ml — 1.5ml
		2. Xray reporting today.
		3. continue on macortel.
	 Dr. Anurag Reddy 14/7/26	 Dr. Sirisha Rani
	Dr. Anurag Reddy	

BAH-00572822 IP5-00173505  
 Baby VAMIKA SHINDE (F)  
 14-07-2023 2 Y 9 M 27 D  
 Dr. SIRISHA RANI

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/2023	S/A Dr. Sirisha / Dr. Anurag	
11 AM	A:	
	- no new seizures	
	- intak stable	
	as /	
	s /	
	pl /	

Dr. Anurag  
 11 AM

adh  
 - STP CBPA XIME (100mg / 5ml)  
 4ml - 0 - 4ml  
 - Carbamazepine sos if seizure  
 - X Ray reporting  
 - plan etc



# CROSS CONSULTATION FORM

Doctor Name : ..... Date : ..... Time : .....

Diagnosis : .....

Hospital : .....

**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:

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

**Findings and Recommendations :**

A 2y 9m/F child K/C/O DBA on repeated  
w/o PRSE in march PRBE transfusion  
EKG visual negative of s/p-HSCT  
- c/o paroxysmal events

March 2026 → cont. left gaze preference for 3-4 hrs  
also subacute consciousness

April → 1 sp. of sudden behavioural change also subacute awareness  
yest. → 3 similar episodes  
today's sp.

1 sp. of staring look also tonic posturing of all limbs for 2 mins

**Consultant :**

Name : ..... Signature : *[Signature]* Date & Time : .....

0/2                      investigation ⊕  
 child conscious              FTT ⊕  
 somnolent  
 no facial weakness  
 speech good  
 good anti-gravity movements

Epilepsy, ⊕ neurodevelopment

- 1) GTCS
- 2) focal non motor, impaired consciousness
- 3) focal motor

plus  
 ⊕ EEG  
 awake sleep  
 sleep  
 awake

BAH-00572822 IP5-00173505  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 9 M 23 D (F)  
 Dr. SIRISHA RANI



## RESULT SHEET

Date	<i>outside</i>				
Time	<i>5/4/26</i>	<i>8/5</i>			
Hb	<i>12.7</i>	<i>11.7</i>			
PCV		<i>ml - 105</i>			
RBC					
WBC	<i>5650</i>	<i>5980</i>			
N/L	<i>15/72</i>	<i>37/57</i>			
Platelets	<i>2.44 lakh</i>	<i>2.38 lakh</i>			
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine		<i>0.2</i>			
ALP					
SGPT	<i>425</i>	<i>291</i>			
SGOT	<i>552</i>	<i>127</i>			
T.Bill/Conj	<i>0.4</i>	<i>0.6</i>			
T.Protein	<i>7.6</i>	<i>7.1</i>			
S.Albumin	<i>4.2</i>	<i>4.6</i>			
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells	<i>fluid - 2799</i>				
N/L	<i>(6/5)</i>				



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## 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: ONCOLOGY

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	Inj MEROPENAM 500mg		IV	BID	6/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	Inj Syp LINEZOLID 4ml		PO	TID	6/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	Tab VALGANCICLOVIR 1/4 tab		PO	BID	6/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	Syp LEVIPIL 2.5ml		PO	BID	6/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	Syp LACOSAMIDE 0.5ml		PO	BID	6/5	<input checked="" 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: Ankita Aphile

Date & Time: 7/5/26

Nurse Name & Signature: [Signature]

Date & Time: 7/5/26 09:10

BAH-00572822 IP5-00173505  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 9 M 23 D (F)  
 Dr. SIRISHA RANI



# DRUG CHART

Date of Admission: 7/5/26 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>Syr cecocin -os</u>				Date/Time																	
Dose	Route	Frequency	Start Date																		
<u>2.5ml</u>	<u>PO</u>	<u>POD</u>	<u>7/5</u>																		
Doctor's Signature		Valid Period	Pharm.																		
<u>Sirani</u>		<u>2 days</u>	<u>[Signature]</u>																		
Additional Instructions:																					

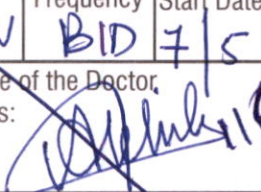
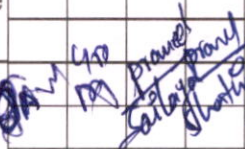
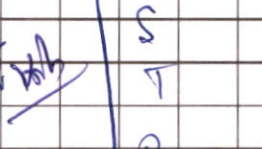
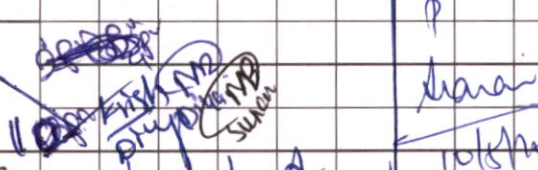
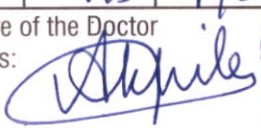
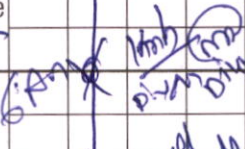
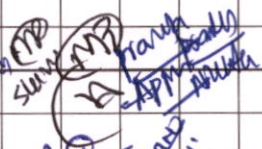
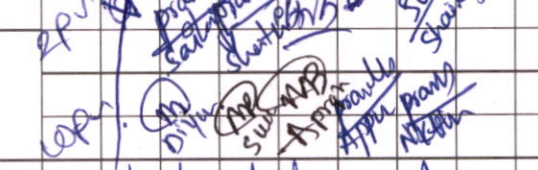
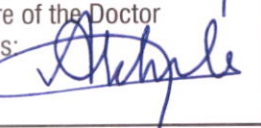
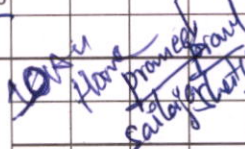
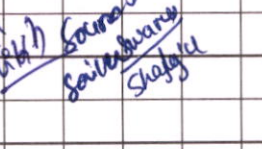
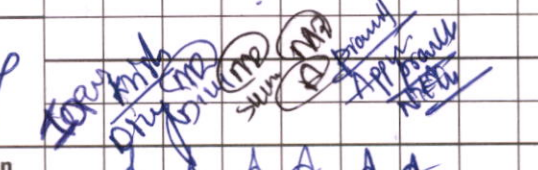
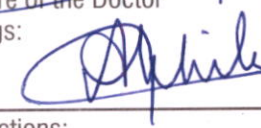
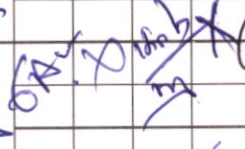
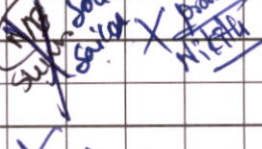
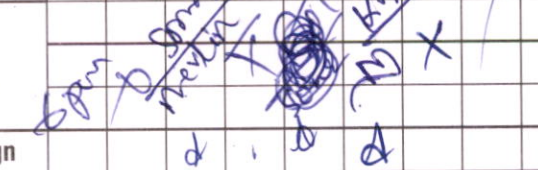
<b>DRUG :</b>				Date/Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

<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: 8.8kg Ward: .....

<b>DRUG :</b> <u>Liq MEROPENAM</u>				Date/Time	<u>7/5</u>	<u>8/5</u>	<u>9/5</u>	<u>10/5</u>			
Dose	Route	Frequency	Start Date								
<u>500mg</u>	<u>IV</u>	<u>BID</u>	<u>7/5</u>								
Name & Signature of the Doctor Starting the Drugs:				  							
Additional Instructions:											
Daily Doctor's Endorsement by a Sign											
<b>DRUG :</b> <u>Syp LINEZOLID</u>				Date/Time	<u>7/5</u>	<u>8/5</u>	<u>9/5</u>	<u>10/5</u>	<u>11/5</u>	<u>12/5</u>	<u>13/5</u>
Dose	Route	Frequency	Start Date								
<u>Amf</u>	<u>PO</u>	<u>TID</u>	<u>7/5</u>								
Name & Signature of the Doctor Starting the Drugs:				  							
Additional Instructions:											
Daily Doctor's Endorsement by a Sign											
<b>DRUG :</b> <u>Tab VALGANCICLOVIR</u>				Date/Time	<u>7/5</u>	<u>8/5</u>	<u>9/5</u>	<u>10/5</u>	<u>11/5</u>	<u>12/5</u>	<u>13/5</u>
Dose	Route	Frequency	Start Date								
<u>1/4</u>	<u>PO</u>	<u>BID</u>	<u>7/5</u>								
Name & Signature of the Doctor Starting the Drugs:				  							
Additional Instructions:											
Daily Doctor's Endorsement by a Sign											
<b>DRUG :</b> <u>Syp SEP TRAN</u>				Date/Time	<u>7/5</u>	<u>8/5</u>	<u>9/5</u>	<u>10/5</u>	<u>11/5</u>	<u>12/5</u>	<u>13/5</u>
Dose	Route	Frequency	Start Date								
<u>2.5ml</u>	<u>PO</u>	<u>BD</u>	<u>7/5</u>								
Name & Signature of the Doctor Starting the Drugs:				  							
Additional Instructions:											
Daily Doctor's Endorsement by a Sign											

VERIFIED

VERIFIED

VERIFIED

BAH-00572822 IP5-00173505  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 9 M 23 D (F)  
 Dr. SIRISHA RANI



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 8.61kg Ward .....

VERIFIED

VERIFIED

VERIFIED

VERIFIED

VERIFIED

VERIFIED

**DRUG:** Syp LEVIPIL **Date/Time:** 7/5 8/5 9/5 10/5 11/5

**Dose:** 2.5ml **Route:** PO **Frequency:** BD **Start Dt.:** 7/5

**Name & Signature of the Doctor Starting the Drugs:** Akhila

**Additional Instructions:**

**Daily Doctor's Endorsement by a Sign:** A D D D

**DRUG:** Syp LAOSAMID **Date/Time:** 7/5 8/5 9/5 10/5 11/5

**Dose:** 0.5ml **Route:** PO **Frequency:** BD **Start Dt.:** 7/5

**Name & Signature of the Doctor Starting the Drugs:** Akhila

**Additional Instructions:**

**Daily Doctor's Endorsement by a Sign:** A D D D

**DRUG:** Tab CLONIDINE **Date/Time:** 7/5 8/5 9/5 10/5 11/5 12/5

**Dose:** 1ml **Route:** PO **Frequency:** BD **Start Dt.:** 7/5

**Name & Signature of the Doctor Starting the Drugs:** Akhila

**Additional Instructions:** dissolve 1 tab in 100ml water & give 1ml. 1 tab = 100ug

**Daily Doctor's Endorsement by a Sign:** A D X X X

**DRUG:** Tab AMLODIPINE **Date/Time:** 7/5

**Dose:** 2.5mg **Route:** PO **Frequency:** OD **Start Dt.:** 7/5

**Name & Signature of the Doctor Starting the Drugs:** Akhila

**Additional Instructions:** (1 tab = 2.5mg)

**Daily Doctor's Endorsement by a Sign:** A

BAH-00572822  
 Baby VAMIKA SHINDE IP5-00173505  
 14-07-2023 2 Y 9 M 25 D (F)  
 Dr. SIRISHA RANI



Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight 8.6 Ward .....

<b>DRUG:</b> TAB PRASOZIN				Date/Time	7/5/15																
Dose	Route	Frequency	Start Dt.																		
1ml	PO	TID	7/5																		
Name & Signature of the Doctor Starting the Drugs:				<p><i>Akhila</i> (Signature)        10 AM Home        10 AM Below        10 AM not open        give 1ml        7/5</p>																	
Additional Instructions:				<p>1 tab = 2.5mg        dilute in 5ml</p>																	
Daily Doctor's Endorsement by a Sign				<p>A</p>																	
<b>DRUG:</b> Tab FLUCONAZOLE				Date/Time	7/5/15	8/5/15	9/5/15	10/5/15													
Dose	Route	Frequency	Start Dt.																		
2ml	PO	OD	7/5																		
Name & Signature of the Doctor Starting the Drugs:				<p><i>Akhila</i> (Signature)        10 AM Home        10 AM Below        10 AM not open        give 2ml        7/5</p>																	
Additional Instructions:				<p>1 tab = 150mg        dissolve in 5ml        give 2ml        5ml = 150mg @ 100mg</p>																	
Daily Doctor's Endorsement by a Sign				<p>A A A</p>																	
<b>DRUG:</b> PREDNISOLONE				Date/Time	7/5/15	8/5/15	9/5/15	10/5/15	11/5/15	12/5/15											
Dose	Route	Frequency	Start Dt.																		
2.5mg	PO	OD	7/5																		
Name & Signature of the Doctor Starting the Drugs:				<p><i>Akhila</i> (Signature)        10 AM Home        10 AM Below        10 AM not open        give 2.5mg        7/5</p>																	
Additional Instructions:				<p>1ml/1mg = 5ml/5mg        OMYNACORTIL</p>																	
Daily Doctor's Endorsement by a Sign				<p>A A A A</p>																	
<b>DRUG:</b> Tab RUXOLITINIB				Date/Time	7/5/15	8/5/15	9/5/15	10/5/15	11/5/15	12/5/15											
Dose	Route	Frequency	Start Dt.																		
1/2 tab	PO	OD	7/5																		
Name & Signature of the Doctor Starting the Drugs:				<p><i>Akhila</i> (Signature)        10 AM Home        10 AM Below        10 AM not open        give 1/2 tab        7/5</p>																	
Additional Instructions:				<p>1 tab = 5mg</p>																	
Daily Doctor's Endorsement by a Sign				<p>A A A A A</p>																	

VERIFIED

VERIFIED

Signature  
 Name

BAH-00572822 IP5-00173505  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 9 M 25 D (F)  
 Dr. SIRISHA RANI



Sheet No: .....

REGULAR PRESCRIPTIONS

Weight **8.6** Ward .....

DRUG : <b>Syp UOILIV</b>				Date	Time
Dose	Route	Frequency	Start Dt.	7/5	8/5
2.5ml	PO	BD	7/5		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <b>Syp ZINCOVIT</b>				Date	Time
Dose	Route	Frequency	Start Dt.	7/5	8/5
2.5ml	PO	OD	7/5		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <b>Syp CALCIMAX PLUS</b>				Date	Time
Dose	Route	Frequency	Start Dt.	7/5	8/5
2.5ml	PO	OD	7/5		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <b>Tab ANCOPIWE</b>				Date	Time
Dose	Route	Frequency	Start Dt.	8/5	9/5
1/2 tab	PO	BD	8/5		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

VERIFIED

VERIFIED Signature

VERIFIED

BAH-00572822 IP5-00173505  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 9 M 23 D (F)  
 Dr. SIRISHA RANI



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 8.61kg

Ward .....

VERIFIED

Signature

VERIFIED  
VERIFIED BY: Name

VERIFIED

<b>DRUG :</b> Tab PRAZOSIN				Date/Time	8/5	9/5	10/5	11/5	12/5											
Dose	Route	Frequency	Start Dt.																	
1/2 tab	PO	BD	8/5																	
Name & Signature of the Doctor Starting the Drugs:				11 AM <del>pranav</del> <del>pranav</del> <del>pranav</del> <del>pranav</del> 11 PM <del>hold</del> <del>hold</del> <del>hold</del> <del>hold</del>																
Additional Instructions:				11 am - 11 pm (1 tab = 2.5mg) hold if BP < 80/50 mmHg																
Daily Doctor's Endorsement by a Sign				[Signature] [Signature]																

<b>DRUG :</b> Symp ZIPRAX				Date/Time	10/5	11/5														
Dose	Route	Frequency	Start Dt.																	
2.5ml	P/O	BD	10/5																	
Name & Signature of the Doctor Starting the Drugs:				AM [Signature]																
Additional Instructions:				10 AM [Signature] 10 PM [Signature]																
Daily Doctor's Endorsement by a Sign				[Signature]																

<b>DRUG :</b> IV MEROPENEM				Date/Time	11/5	12/5														
Dose	Route	Frequency	Start Dt.																	
500mg	IV	Q12h	11/5																	
Name & Signature of the Doctor Starting the Drugs:				10 AM [Signature]																
Additional Instructions:				[Signature]																
Daily Doctor's Endorsement by a Sign				[Signature]																

<b>DRUG :</b> INJ LEVETIRACETAM				Date/Time	11/5	12/5														
Dose	Route	Frequency	Start Dt.																	
250mg	IN	BD	11/5																	
Name & Signature of the Doctor Starting the Drugs:				6 PM [Signature]																
Additional Instructions:				[Signature]																
Daily Doctor's Endorsement by a Sign				[Signature]																



8.6 kg

Sheet No: .....

REGULAR PRESCRIPTIONS

Dept. .... Ward .....

VERIFIED

Signature.....

**DRUG:** Syrup LACOSAMIDE

Date/Time: 12/5

Dose	Route	Frequency	Start Dt.
1ml	PO	BD	12/5

Name & Signature of the Doctor starting the Drugs: *Sanjay* 10 AM

Additional Instructions: (1ml/15mg) 10 PM

*Stop* *more changed*

Daily Doctor's Endorsement by a Sign.

**DRUG:** Syrup OMNACORTIL

Date/Time: 13/5

Dose	Route	Frequency	Start Dt.
2ml	PO	OD	13/5

Name & Signature of the Doctor starting the Drugs: *Sanjay* 10 AM

Additional Instructions: (3ml/5mg) (13/5 to 19/5)

Daily Doctor's Endorsement by a Sign.

**DRUG:** Syrup CAROLAM

Date/Time: 12/5

Dose	Route	Frequency	Start Dt.
1.5ml	PO	BD	12/5

Name & Signature of the Doctor starting the Drugs: *Divineet*

Additional Instructions: 15mg/0.1 gm

Daily Doctor's Endorsement by a Sign.

**DRUG:** Tab FUCONAZOLE

Date/Time: 12/5

Dose	Route	Frequency	Start Dt.
1/2 tab	PO	OD	12/5

Name & Signature of the Doctor starting the Drugs: *Sanjay* 6 AM

Additional Instructions: (1 tab = 150 mg)

Daily Doctor's Endorsement by a Sign.

Patient Sticker

Sheet No: .....

REGULAR PRESCRIPTIONS

Dept. .... Ward.....

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

<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>																				

<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>																				



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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses	
11/5	10:45 AM	Syp PEDICLOXYL	4ml	PO	d	Sourav Saitu	
11/5	10:48 AM	Inj AVIL	0.3 ml	IV	d	Sourav Saitu	
11/5	9:00 PM	Syp PEDICLOXYL	6 ml	PO	[Signature]	pranali Appayya 9:10 PM	
11/5	9:00 PM	Inj AVIL	5mg	iv	[Signature]	[Signature]	
11/5	3:30 PM	Syp PEDICLOXYL	4ml	PO	[Signature]	Krishna Saitu	
11/5	3:30 PM	Inj AVIL	0.2 ml	IV	[Signature]	[Signature]	
11/5	3 PM	Inj-LAECOSAMIDE	45mg	iv	[Signature]	[Signature]	
		in 20 ml NS over 20 min					

Signature  
VERIFIED BY : Name





## 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.

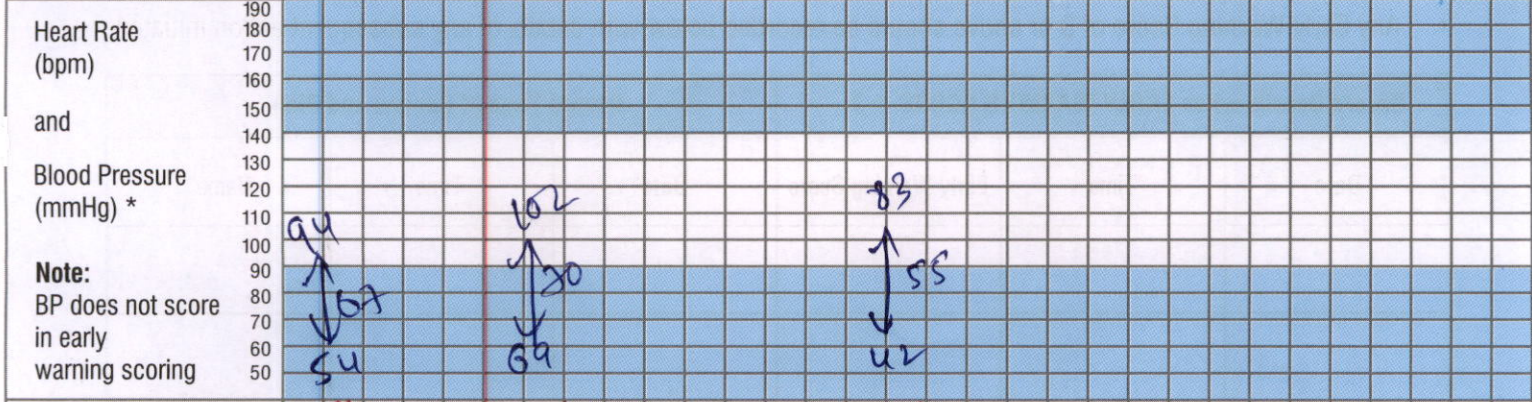
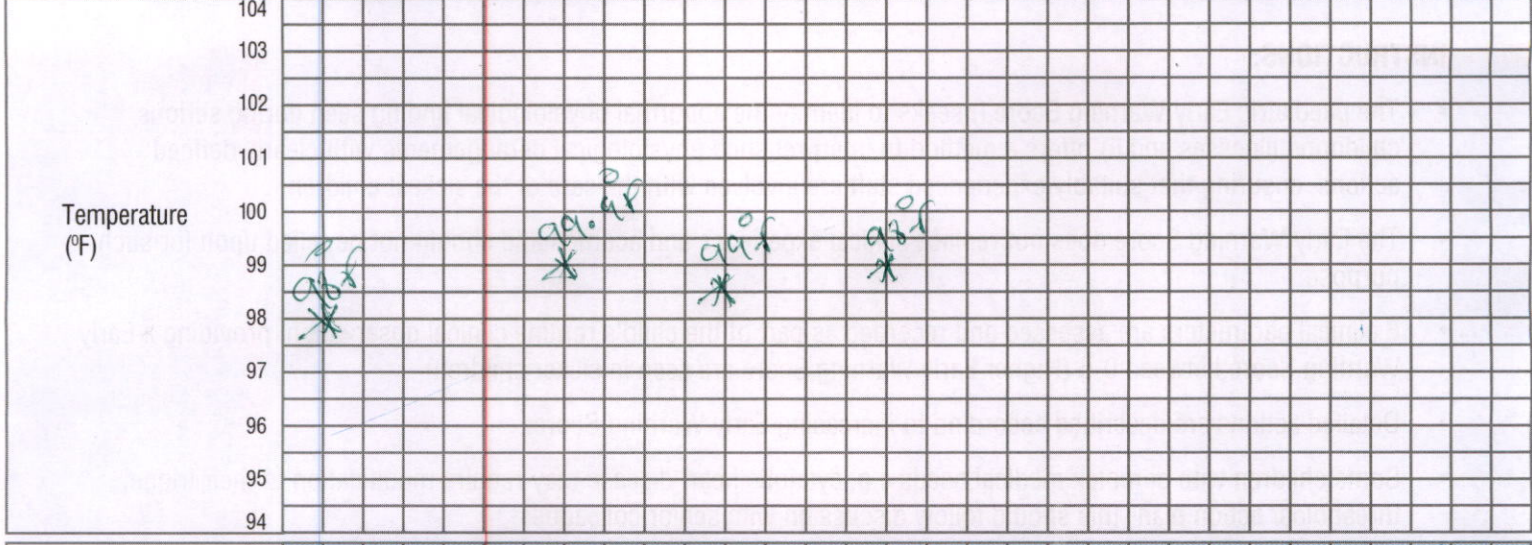
<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
<b>B</b>	<b>BACK GROUND :</b> Child (X) was admitted on (XX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



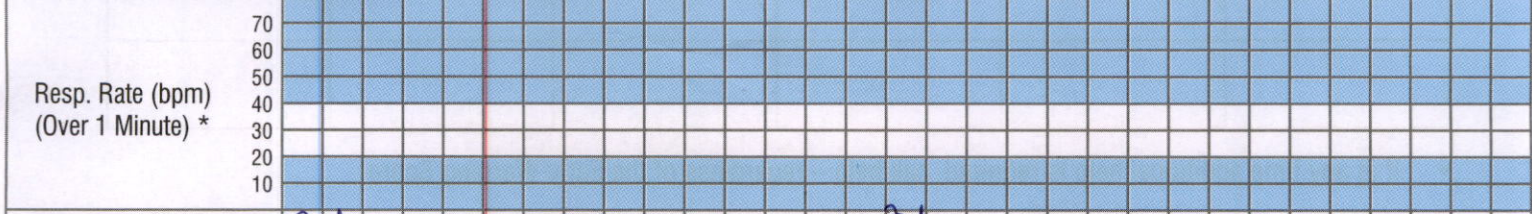
**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 12/5 Time: 10 pm 2 AM 4 AM 6 AM

Doctor / Nurse / Family Concern?



Heart Rate (Number)



Resp Rate (Number)

Resp Distress Mod/ Severe 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**
- 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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- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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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)

BAH-00572822  
 Baby VAMIKA SHINDE IPS-00173505  
 14-07-2023 2 Y 9 M 27 D  
 Dr. SIRISHA RANI (F)

: RCH / FRM / CLINICAL / 125

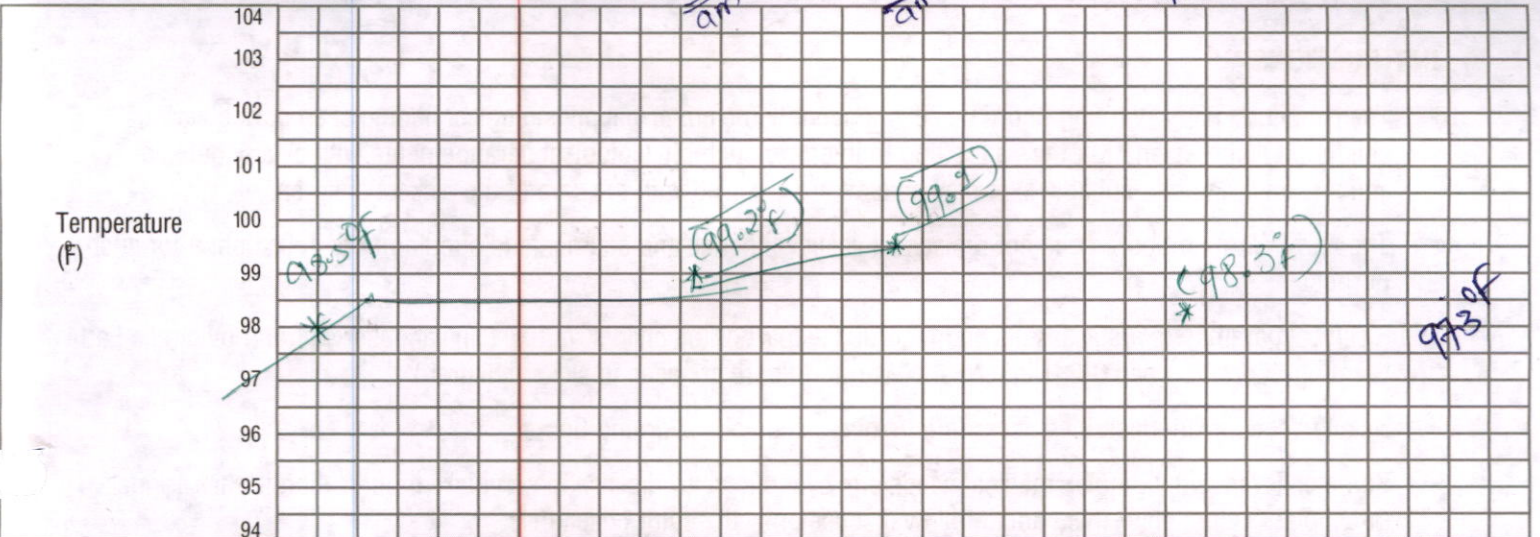
**PRESCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**



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

Date: 14/7/23 Time: 10:40 AM

Doctor / Nurse / Family Concern? 6 AM 7:55 AM 9 AM 10:40 AM 1 PM 7 PM



Heart Rate (bpm)	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50
Blood Pressure (mmHg) *	91 / 54	96 / 55	93 / 57	94 / 57	101 / 65										
Note:	BP does not score in early warning scoring														

Heart Rate (Number) 118 bpm 115 bpm 110 bpm 133 bpm

Resp. Rate (bpm) (Over 1 Minute) *	70	60	50	40	30	20	10									
Resp Rate (Number)	27	28	28	28												

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 90% 97% 97% 98%

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	0	0	0	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: 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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- Detailed actions are described according to increasing Early Warning Score.
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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

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<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 : 11/5	Time: 10 am	1 pm	3 pm	7 pm	11 pm	2 am
Doctor / Nurse / Family Concern?						
Temperature (F)	98.0 (F)	99.7 (F)	99.7 (F)	98.7 (F)	98.7 (F)	98.7 (F)
Heart Rate (bpm)	115 bpm	120 bpm	126 bpm	119 bpm	120 bpm	
Blood Pressure (mmHg) *	83/61 (71)	88/54 (58)	93/69 (70)	83/54 (60)	87/59 (64)	
Resp Rate (bpm)	28 bpm	28 bpm	26 bpm	27 bpm	27 bpm	
O <sub>2</sub> Saturations (%)	97%	99%	98%	99%	100%	
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
<b>TOTAL SCORE</b>	1	1	1	1	1	1
Number of shaded boxes	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0
Observer's Initials	S	S	S	S	S	S

<b>ACTIONS</b>	Score 1 : Continue normal observation by staff nurse
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BAH-00572822 IP5-00173505  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 9 M 26 D (F)  
 Dr. SIRISHA RANI

No. : RCH/FRM / CLINICAL / 125

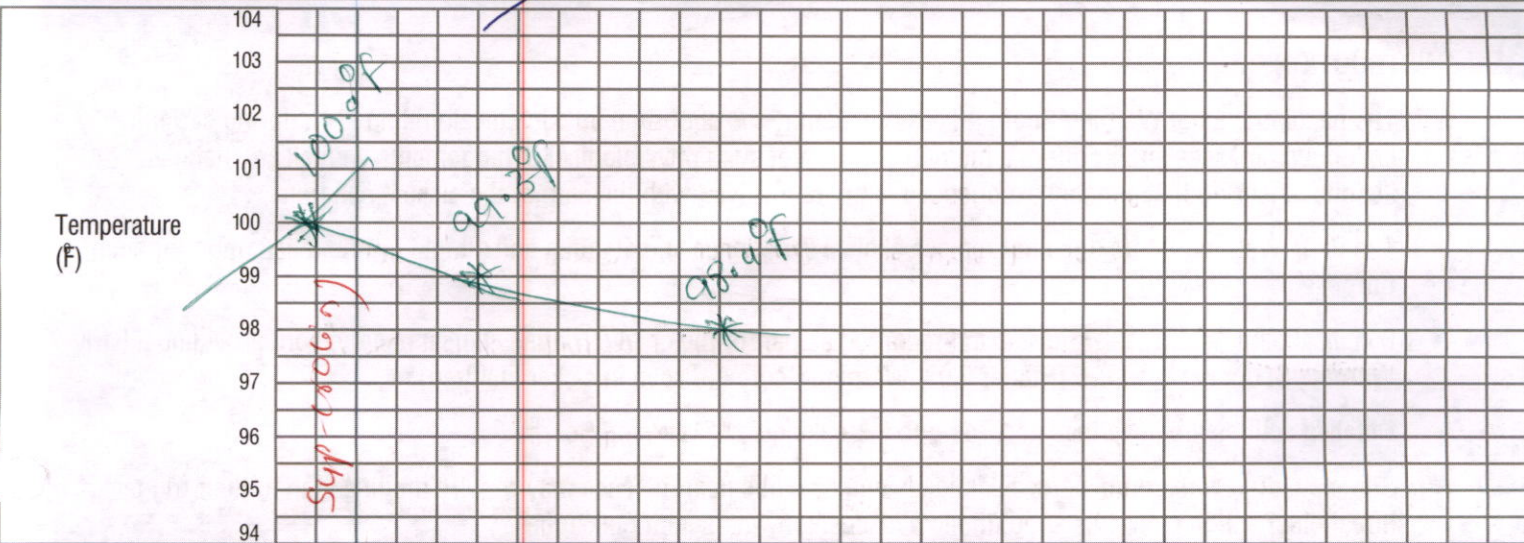
**PRESCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**



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

Date : 11/8

Doctor / Nurse / Family Concern? 3:30am 4:50am 6:30am



Heart Rate (bpm)	197 (64)	191 (66)	186 (68)
Blood Pressure (mmHg) *	51	53	58

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

Heart Rate (Number) 122b/m 117b/m 106b/m

Resp. Rate (bpm) (Over 1 Minute) *	30	30	30
------------------------------------	----	----	----

Resp Rate (Number) 28b/m 28b/m

Resp Distress Mod/ Severe None / Mild

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

Conscious Level Normal Altered

GCS \* 15/15 6/11

<b>TOTAL SCORE</b>	
Number of shaded boxes	1
Pain Score	0
Observer's Initials	8

<b>ACTIONS</b> NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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 Baby VAMIKA SHINDE  
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 Dr. SIRISHA RANI



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

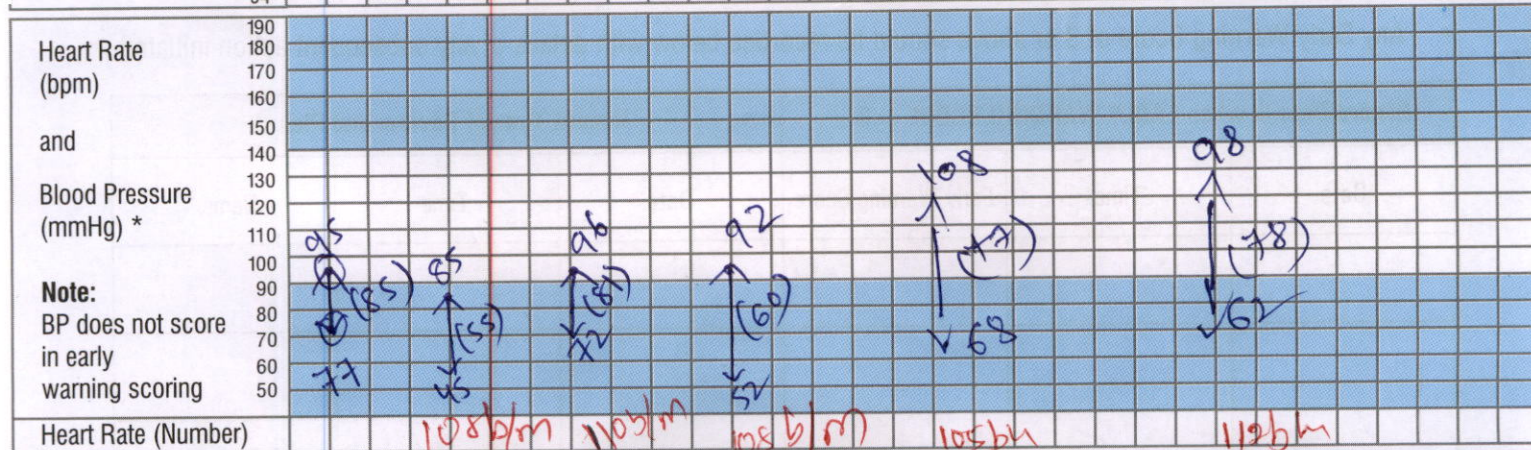
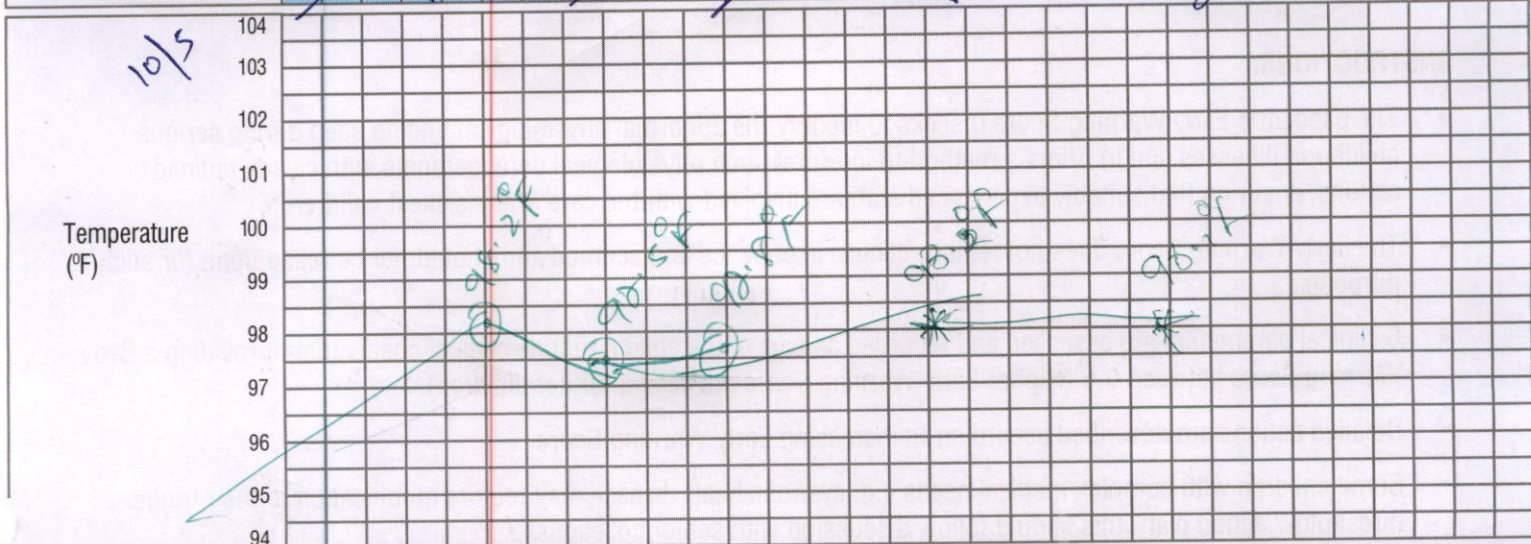
**PRESCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**



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

Date : ..... Time: 9am 11am 2pm 6pm 10pm 11.5pm

Doctor / Nurse / Family Concern? 10/5



Resp Distress	Mod/ Severe None / Mild				
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	98%	100%	100%	100%
Conscious Level	Normal Altered	15/15	15/15	15/15	15/15
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>SR</u>	<u>SR</u>	<u>SR</u>	<u>SR</u>

**ACTIONS**

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
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NB: Scores 3 should be recorded overleaf

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# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

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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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 Dr. SIRISHA RANI



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

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



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

Date : 8/5 ..... Time: 10:15

Doctor / Nurse / Family Concern? 8:11 PM 3am 6am

Temperature (°F)	104			
	103			
	102			
	101			
	100			
	99			
	98		X 97.5 F	X 98.2
	97			
	96			
	95			
	94			

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				
Heart Rate (Number)		107 bpm	100 bpm	

Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
	30				
	20				
	10				
	Resp Rate (Number)		26 bpm	25	

Resp Distress	Mod/ Severe None / Mild			
Receiving O <sub>2</sub> (l/min)				
O <sub>2</sub> Saturations (%)		100%	98%	

Conscious Level	Normal / Altered			
GCS *		15/15	15/15	

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

<b>ACTIONS</b> NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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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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**PRESCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**



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

Date : 9/5/26 Time :  
 Doctor / Nurse / Family Concern? 9PM 11PM 4PM 6PM 7PM 9PM

Temperature (°F)	104						
	103						
	102						
	101						
	100						
	99						
	98	97.1°F		96.8°F		96.5°F	96.8°F
	97						
	96						
	94						

Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
	170						
	160						
	150						
	140						
	130						
	120						
	110						
	100						
Note: BP does not score in early warning scoring	90	91 (66)	116 (107)	89 (65)	93 (87)	90 (70)	94 (65)
	80	53	95	53	80	62	58
	70						
	60						
	50						
	50						
Heart Rate (Number)		102b/m	112b/m	106b/m		122b/m	102b/m

Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30						
	20						
	10						
	10						
	10						
	10						
Resp Rate (Number)		26b/m		26b/m		26b/m	28b/m

Resp Distress	Mod/ Severe None / Mild						
Receiving O <sub>2</sub> (l/min)							
O <sub>2</sub> Saturations (%)		98%		98%		98%	100%

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		0		0		0	0

**ACTIONS**

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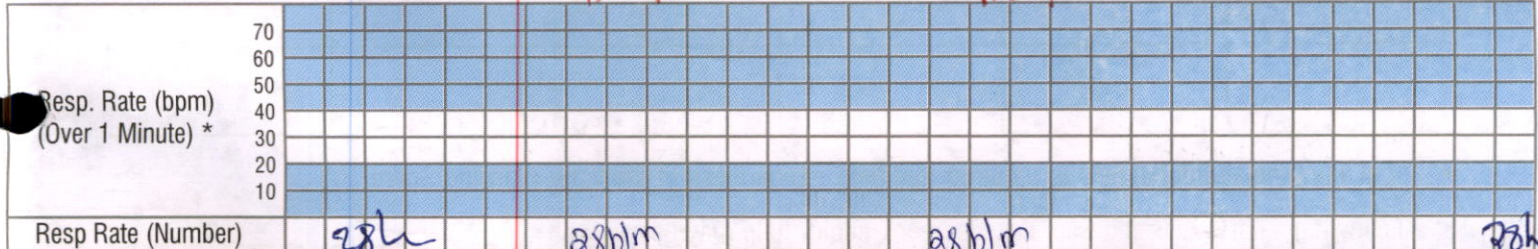
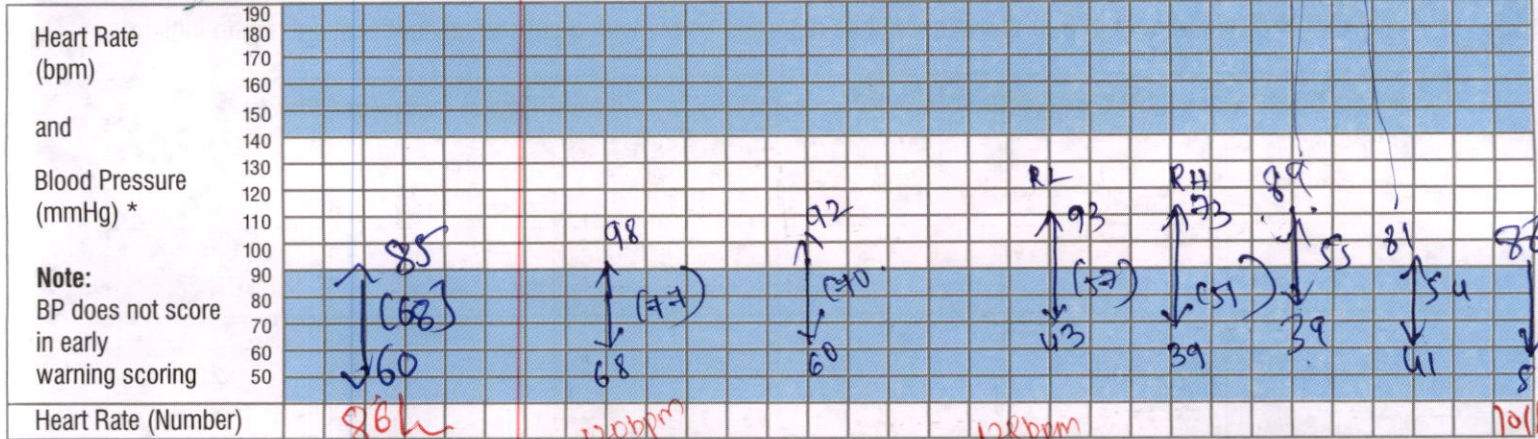
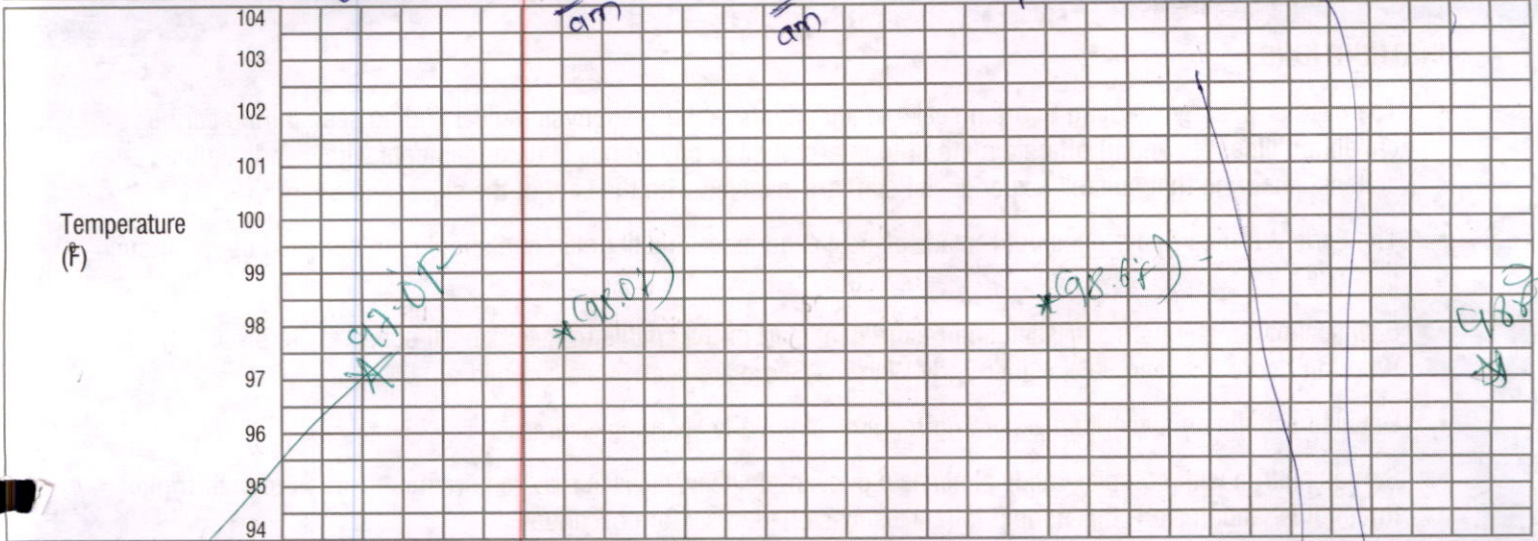
<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
<b>B</b>	<b>BACK GROUND :</b> Child (X) was admitted on (XX 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: 8/7/23 Time: 6am

Doctor / Nurse / Family Concern? ban



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

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

**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:

- 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)

BAH-00572822 IP5-00173505  
 Baby VAMIKA SHINDE (F)  
 14-07-2023 2 Y 9 M 23 D  
 Dr. SIRISHA RANI

: RCH/FRM/CLINICAL/125

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



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

Date : 7/5 Time: \_\_\_\_\_

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

Temperature (F)	104			
	103			
	102			
	101			
	100	98.2	98.4	98.0
	99			
	98			
	97			
	96			
	95			
	94			

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

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

Heart Rate (Number) 130b/m 109h 118h

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

Resp Rate (Number) 28b/m 28h 28h

Resp Distress Mod/ Severe None / Mild

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

Conscious Level Normal Altered

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

<b>TOTAL SCORE</b>				
Number of shaded boxes	0	1	1	
Pain Score	0	2	3	
Observer's Initials	e	g	g	

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

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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)

BAH-00572822 IP5-00173505

Baby VAMIKA SHINDE  
14-07-2023 2 Y 9 M 23 D (F)

Dr. SIRISHA RANI



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm										0		Sini
	05:00 pm										0		Soti
	06:00 pm										0		Sra
	07:00 pm										0		Soti
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm										0		
	09:00 pm										0		Dinpa
	10:00 pm										0		
	11:00 pm										0		
	12:00 am										0		Phya
	01:00 am										0		
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am										0		
	03:00 am										0		Kinga
	04:00 am										0		
	05:00 am										0		
	06:00 am										0		Phya
	07:00 am										0		
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							



# 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 Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
8/5	08:00 am	↑		1ml	/		✓		✓	0	J. Shinde		
	09:00 am	↑	Ordy	1ml					✓	0			
	10:00 am	NAC	tho	-						0		J. Shinde	
	11:00 am	Infusion		-				mp		✓		0	J. Shinde
	12:00 pm	↓		1ml						✓		0	J. Shinde
	01:00 pm	↓		1ml						✓		0	J. Shinde
<b>Total Intake :</b>						<b>Total Output :</b>							
8/5	02:00 pm			1ml	/					0	N. Kishor		
	03:00 pm			1ml					✓	0			
	04:00 pm	NAC		1ml			✓		✓	0		N. Kishor	
	05:00 pm	Infusion		1ml					✓	0		N. Kishor	
	06:00 pm			1ml					✓	0		N. Kishor	
	07:00 pm			-						0		N. Kishor	
<b>Total Intake :</b>						<b>Total Output :</b>							
8/5	08:00 pm			1ml	/					0	N. Kishor		
	09:00 pm			1ml						0			
	10:00 pm	NAC		1ml					✓	0		N. Kishor	
	11:00 pm	Infusion		1ml						0		N. Kishor	
	12:00 am			1ml						0		N. Kishor	
	01:00 am			1ml					✓	0		N. Kishor	
<b>Total Intake :</b>						<b>Total Output :</b>							
8/5	02:00 am			1ml	/					0	N. Kishor		
	03:00 am			1ml					✓	0		N. Kishor	
	04:00 am	NAC		1ml						0		N. Kishor	
	05:00 am	Infusion		1ml						0		N. Kishor	
	06:00 am			1ml					✓	0		N. Kishor	
	07:00 am			1ml						0		N. Kishor	
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

BAH-00572822 IP5-00173505  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 9 M 24 D (F)  
 Dr. SIRISHA RANI



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
9/5	08:00 am			-							0	Aruna		
	09:00 am			-							0			
	10:00 am	NAC		-							0	Aruna		
	11:00 am			-							0			
	12:00 pm			1ml							0	Aruna		
	01:00 pm			1ml							0			
<b>Total Intake :</b>						<b>Total Output :</b>								
9/5	02:00 pm			1ml							0	Aruna		
	03:00 pm			1ml							0			
	04:00 pm	NAC		1ml							0	Aruna		
	05:00 pm	NAC		1ml							0			
	06:00 pm			-							0	Aruna		
	07:00 pm			-							0			
<b>Total Intake :</b>						<b>Total Output :</b>								
9/5	08:00 pm			1ml							0			
	09:00 pm	NAC	Rice	1ml							0	Sul		
	10:00 pm	NAC		-							0			
	11:00 pm			-							0	Sul		
	12:00 am			-							0			
	01:00 am										0	SU		
<b>Total Intake :</b>						<b>Total Output :</b>								
10/5	02:00 am			1ml							0			
	03:00 am			1ml							0	Sul		
	04:00 am	NAC		1ml							0			
	05:00 am			1ml							0	Sul		
	06:00 am			1ml							0			
	07:00 am										0	S		
<b>Total Intake :</b>						<b>Total Output :</b>								
<b>Total 24 hrs. Intake</b>												<b>Total 24 hrs. Output</b>		



# 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 Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
10/5	08:00 am	NAC Injection		2ml								0	Som
	09:00 am			2ml								0	Som
	10:00 am			2ml								0	Som
	11:00 am			1								1	Som
	12:00 pm			1								1	Som
	01:00 pm			1								1	Som
<b>Total Intake :</b>						<b>Total Output :</b>							
10/5	02:00 pm	No I.V										0	Som
	03:00 pm											0	Som
	04:00 pm											0	Som
	05:00 pm											0	Som
	06:00 pm											0	Som
	07:00 pm											0	Som
<b>Total Intake :</b>						<b>Total Output :</b>							
10/8	08:00 pm	No I.V										0	Som
	09:00 pm											0	Som
	10:00 pm											0	Som
	11:00 pm											0	Som
	12:00 am											0	Som
	01:00 am											0	Som
<b>Total Intake :</b>						<b>Total Output :</b>							
11/5	02:00 am	No I.V										0	Som
	03:00 am											0	Som
	04:00 am											0	Som
	05:00 am											0	Som
	06:00 am											0	Som
	07:00 am											0	Som
<b>Total Intake :</b>						<b>Total Output :</b>							

BAH-00572822 IP5-00173505  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 9 M 26 D (F)  
 Dr. SIRISHA RANI

# 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	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V							
M/S	08:00 am	↑			/					0	J Shinde
	09:00 am	↑			/					0	
	10:00 am	NO Jelly HD			/	✓	up			0	
	11:00 am	IVF			/					0	
	12:00 pm	↓			/					0	
	01:00 pm	↓			/					0	
<b>Total Intake :</b>					<b>Total Output :</b>						
M/S	02:00 pm	↑			/	✓				0	J Shinde
	03:00 pm	↑ Rice HD			/					0	
	04:00 pm	NO HD			/		up			0	
	05:00 pm	IVF			/					0	
	06:00 pm	↓			/	✓				0	
	07:00 pm	↓			/					0	
<b>Total Intake :</b>					<b>Total Output :</b>						
M/S	08:00 pm	↑			/					0	J Appu
	09:00 pm	↑			/	✓				0	
	10:00 pm	NO			/					0	
	11:00 pm	IVF			/					0	
	12:00 am	↓			/					0	
	01:00 am	↓			/					0	
<b>Total Intake :</b>					<b>Total Output :</b>						
M/S	02:00 am	↑			/					0	J Appu
	03:00 am	↑			/					0	
	04:00 am	NO			/					0	
	05:00 am	IVF			/					0	
	06:00 am	↓			/					0	
	07:00 am	↓			/					0	
<b>Total Intake :</b>					<b>Total Output :</b>						
<b>Total 24 hrs. Intake</b>					<b>Total 24 hrs. Output</b>						

BAH-00572822 IP5-00173505  
 Baby VAMIKA SHINDE  
 14-07-2023 2 Y 9 M 27 D (F)  
 Dr. SIRISHA RANI

# FLUID CHART



She .....

1. All measurements in ml.
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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			
12/05	08:00 am				/						0	J. Shinde	
	09:00 am	↑			/				✓		0	J. Shinde	
	10:00 am	N/O	Orally		/						0	J. Shinde	
	11:00 am	W/F			/					✓	0	J. Shinde	
	12:00 pm	↓			/						0	J. Shinde	
	01:00 pm	↓			/						0	J. Shinde	
<b>Total Intake :</b>						<b>Total Output :</b>							
12/5	02:00 pm				/						0	Anura	
	03:00 pm				/						0	Anura	
	04:00 pm	NO			N/A						0	Anura	
	05:00 pm	IVF			/						0	Anura	
	06:00 pm				/						0	Anura	
	07:00 pm				/						0	Anura	
<b>Total Intake :</b>						<b>Total Output :</b>							
12/5	08:00 pm				/						0	Nikita	
	09:00 pm	No			/						0	Nikita	
	10:00 pm	IVF			/				✓		0	Nikita	
	11:00 pm				/						0	Nikita	
	12:00 am				/						0	Nikita	
	01:00 am				/						0	Nikita	
<b>Total Intake :</b>						<b>Total Output :</b>							
6/5	02:00 am				/						0	Nikita	
	03:00 am	No			/						0	Nikita	
	04:00 am	IVF			/						0	Nikita	
	05:00 am				/						0	Nikita	
	06:00 am				/						0	Nikita	
	07:00 am				/						0	Nikita	
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



143

# NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 7/5/26 Time: 3:30 PM

Weight: 8.69 kg Centile: >5th

Height: 84 cm Centile: >5th

Inference: Underweight child

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

Diet Recommendations: soft high protein diet

Re-Assessment: Avoid spicy, chilled & outside foods

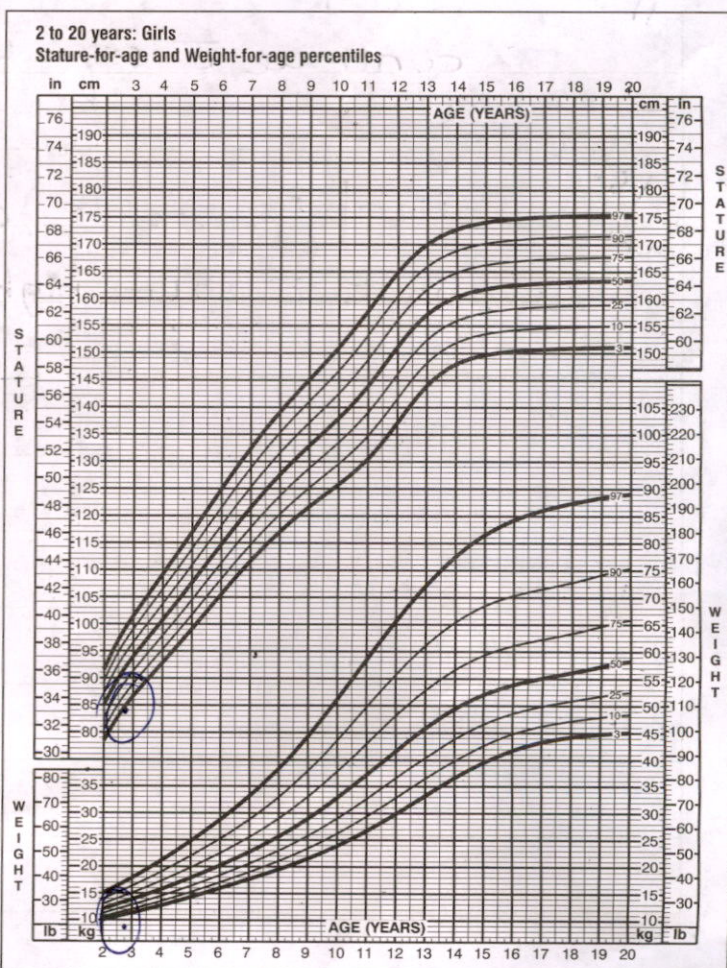
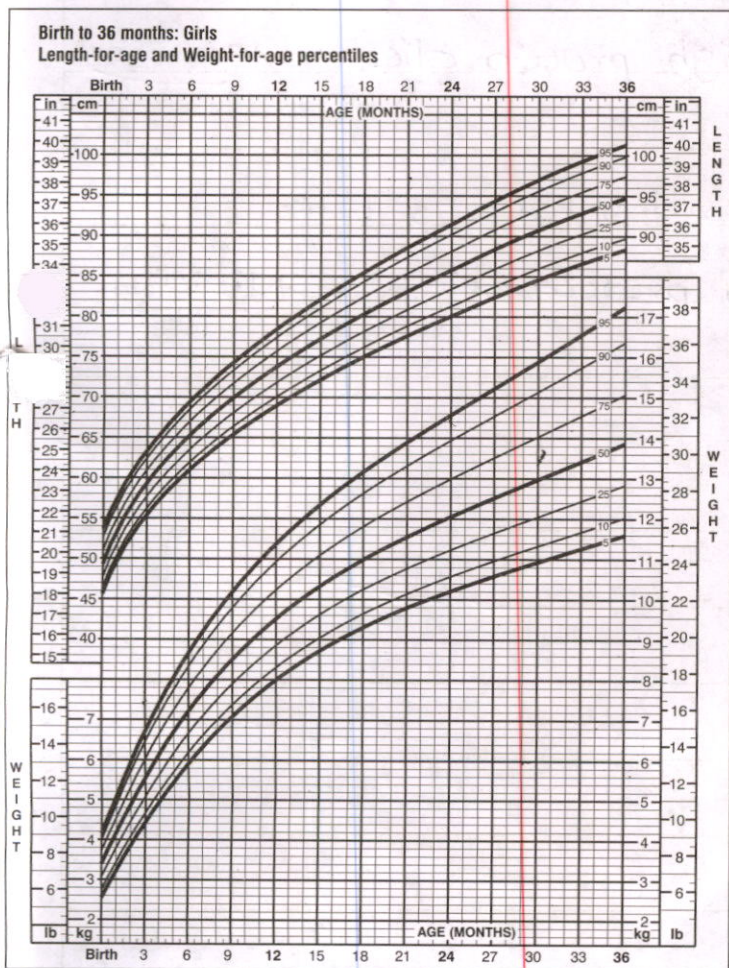
Food Allergies: No Veg/Non-veg: Non-veg

Diagnosis: K1C10 DBA / HP 2nd Laplo HSCT

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: Parents don't need dietitian. Don't charge for NH

## GROWTH CHART (GIRLS)



Dietician's Name: Mounica

Dietician's Signature: Mounica

Daily Notes:

8/5/26  
11 AM child is stable. Oral intake is well.  
continue  $\bar{c}$  soft high protein diet Saima

9/5/26  
11:30 AM child is stable. oral intake is better  
continue  $\bar{c}$  soft high protein diet Saima

10/5/26  
11 AM child is stable. oral intake is fair  
continue  $\bar{c}$  soft high protein diet. Nikitha

11/5/26  
11:30 AM child is stable. oral intake is better  
continue  $\bar{c}$  soft high protein diet. Mounica

12/5/26  
2 PM child is stable. oral intake is better  
continue  $\bar{c}$  soft high protein diet. - Nikitha

### ACTIVITY RECORD FOR BILLING

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

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

Date of Admission: \_\_\_\_\_ Time \_\_\_\_\_ e : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ ble bed type : \_\_\_\_\_

BAH-00572822 IP5-00173505  
Baby VAMIKA SHINDE  
14-07-2023 2 Y 9 M 23 D (F)  
Dr. SIRISHA RANI



### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/07/23	3:10 pm	ER	143	Aug.

### Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. - Bandi Ramya	11/05/2026	9602518.	Shariyf
2				
3				
4				
5				
6				
7				
8				
9				
10				





# PROCEDURE

2-15/16  
proceed

Date	Procedure	Quantity	Order No.	Signature
07/05	Ir Placement	①	6266	[Signature]

## ANY OTHER INFORMATION

Don't charge for NHA — Mounica

① X-ray

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[Signature]	G.W-FN		