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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

VIH-00123210 IP5-00174355
Baby NAVYA PAREKH
16-01-2015 11 Y 4 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

Name : ______________________

UHID No : __________ Consultant: __________ Dept : __________

Date of Admission : __________ Date of Discharge : 28/5/26 Time: 10am

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/5	11:30pm	[illegible]	Ward (First floor)	Ramadevi

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Alisha. Mam.	27/5/26	9629939	prameela,
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/5	CBP, CRP, Blood c/s, S/E	53701	Santhy
	X-ray abdomen (Erect)	6617	Santhy
27/5/26	Ultrasound abdomen	26658	praneeth
27/5/26	CUE / CSE	537051	praneeth
27/5/26	Amylase / lipase.		praneela.
28/5	CUE, urine c/s	280	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/5/20	infussion pump.	12Am.	Stop	9628644.	Arura

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/5	IV placement	1	28380	Samshy
27/5/26	NHA	1	962327	praveela

ANY OTHER INFORMATION

X-ray – 1
USG Abdomen – 1

Date : 28/5/26 Time : 9am Prepared By : [signature]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature]	[signature]		

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174355 **Admit Date** : 26-May-2026 **Admit Time** : 10:40 PM **UHID** : VIH-00123210

Patient Details :

Patient Name	: Baby NAVYA PAREKH	**Age**	: 11 Y 4 M 10 D
Guardian	: Mr DHAVAL PAREKH	**DOB**	: 16-01-2015
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: PLOT NO 45 PAIGAH COLONY SP ROAD, Secunderabad Hyderabad Telangana INDIA 500003	**Phone No**	: 9885442720/ 9885254224
		E-mail	: PAREKHDHAVAL49@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 109 **Ward Name** : 1F-VIBGYOR

Room No : SPVT 109 **Admission Type** : First Visit

Contact Details :

Name	: Mr DHAVAL PAREKH	**Relationship**	: Father
Contact Address	: PLOT NO 45 PAIGAH COLONY SP ROAD, Secunderabad Hyderabad Telangana INDIA 500003	**Phone No**	: 9885442720

Dhaval Parekh

Signature

Doctor Details :

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

Payment Details :

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

PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00123210 IP5-00174355
Baby NAVYA PAREKH
16-01-2015 11 Y 4 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

Patient Name:

UHID ID:

Department:

Consultant:

Docu. No. : RCHBH /FRM / GENERAL / 065

(P.T.O.)

VIH-00123210 IP5-00174355
Baby NAVYA PAREKH
16-01-2015 11 Y 4 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Name :

Information given by: Age/Sex

Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o abdominal pain -: 5 days.
Vomiting }
loose stool } (+).

History of present illness :

As per informant, child apparently well then had:

1) Abdominal pain -: 5 days,
diffuse, moderate in nature.
no radiation, relieved with sitting posture

2) Vomiting -: 2 days — 3 episodes/day.
non projectile, non bilious, non blood stained
watery.

3) Loose stools -: 2 days.
watery, foul smelling (+)

Had outside food Intake
a/w dull activity, poor oral Intake

~~24/5~~ : USG abdomen — (N).

h/o Swimming (+) -: 2 years

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Baby NAVYA PAREKH
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Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Normal perinatal transition

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information : — middle.

Developmental History :

Attained appropriate for age

Immunization History :

Immunized till date

(P.T.O.)

VIH-00123210 IP5-00174355
Baby NAVYA PAREKH
16-01-2015 11 Y 4 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 29.3 kg (Centile ______)

On Examination :

Temperature : ______ Pulse Rate : 118/min B.P. 114/75 SPO2 100% @RA

Resp.rate and type of breathing : 22/min regular

Rash______

Lymphadenopathy______

Oedema :______

Allergies (if any): ______

Respiratory System :

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

Air entry & breath sounds : BAE (+), clear

Any addes sounds : ______

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : $S_1 S_2$ Heard

Any murmur :______

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

Per Abdomen :

Inspection (N)

Palpation : soft, ~~non~~ tenderness-diffuse (+).

Ausculation : BS (+)

Spine : (N) External Genitelia : (N)

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

VIH-00123210 IP5-00174355
Baby NAVYA PAREKH
16-01-2015 11 Y 4 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert/Active

Cranial Nerves : Intact

Motor System:

Nutriton : Good

Tone: Ⓝ Power

Co-ordinator :

Posture :

Involuntary Movements : Nil

Reflexes :

DTR Ⓝ

Superficials:

Plantars

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Acute Abdominal pain for evaluation.
- ? Viral Gastroenteritis.
? Enteric
? pancreatitis

(P.T.O.)

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Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment : For Hemodynamic stability.

Planned Labs:

IV cannula – CBP
CRP
Sr-electrolytes
Blood c/s, CUE, CSE
Xray erect Abdomen

Planned Management

1) IV fluids
2) IV esomeprazole
3) IV paracetamol.

[R/v USG Abdomen T/m]

noted by
Sandeep
28/5/2026 at
10:50pm

Signature of the Doctor: JM
Name of the Doctor: Jayasri
Date & Time: 26/5/26 10:30 PM

Signature of the Consultant: [signature]
Name of the Consultant:
Date & Time: 27/5/26 11am

VIH-00123210 IP5-00174355
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16-01-2015 11 Y 4 M 11 D (F)
Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 11:45 pm	Seen by Resident: Dr Sahithi	
	Acis - Acute pain abdomen under evaluation	
	? ~~cons~~ enteritis	
	? constipatn.	Plan
	c/o abdominal pain: 5d	1. Continue medication
	a/w vomitings & loose stools.	as charted.
	labs reviewed.	2. ~~RTT~~ Review ultrasound
	O/E	abdomen in the
	child asleep, afebrile.	morning.
	hemodynamically stable.	3. Monitor vitals.
	chest clear.	
	abdomen soft, nontender	
	oral intake fair	Sahithi
		26/5/26
		11:45pm.
27/5/26 9 am		

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16-01-2015 11 Y 4 M 11 D (F)
Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 9am	C/S/B - Resident	
	~ Acute abdomen pain	
	- ? Constipation	Plan
	→ Pain better	
	No further vomitings	→ R/V - adding laxatives
	- No further loose stools	
	hemodynamically stable	
	Chest - clear,	
	CVS - S_1S_2	
	P/A - soft	
		Pavan
27/5/26 9:30 am.	C/S/B - Dr. V.J	Plan
	H/O - constipation	- cont. probiotic
	Started on Syp SMOTH	→ Gastroenterology review
	↓ pain abdomen	& decide on laxatives
	↓ vomitings / loose stools	→ Send Amylase, Lipase
	- O/E - hemodynamically stable	→ Send USG Abdomen
	Chest - clear	[signature]
	P/A - soft / full	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 4:30 pm	C/S/B Resident	
	D: Acute Pain abdomen	
	with constipation	
		Plan
	Pain abdomen better	① Added syp SMUTH 15ml - HS
	No fresh complaint	
	Started PEGlac stat	
	but child not	② continue IVF and.
	complient.	Laxatives.
	hemodynamically stable	③ To monitor stool output
	O/E: child is alert, active	
		Sd/-
	CVS: $S_1 S_2$ (+)	
	RS: BAE (+), airway clear	
	P/A: soft	
	ENT: clear	
27/05/26		plan
5:30 pm		
	· Rounds by	① Continue ē [illegible]
	Dr. Alisha noted	ē SMUTH
	· ENEMA given	
	· Bowels ✓✓	② Syr. CROCINDS (paracetamol)
	· No vomiting	SOS for Abdo pain.
	O/E P/A - Soft	
	Sd/-	

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

(P.T.O)

VIH-00123210 IP5-00174355
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16-01-2015 11 Y 4 M 11 D (F)
Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 8 am		
	C/S/B - Resident	
	Acute abdomen pain - ? constipation	
		Plan.
	→ No further vomitings	
	No fever	→ R/V - Sending Urine C/S
	Pain abdomen - better	
	- stools - 4 episodes / loose hard	
	hemodynamically stable	- R/V - antibiotics
	Chest - clear	
	CVS - S1S2	- laxatives to added
	P/A - soft	@ H/mo of drug
	CUE - 6-8 pus cells	
	CSE - 8-10 pus cells	
		Parany
28/5/26 9 am	C/S/	
	Seen by - Dr. VJ	Plan
		- discharge today
	- pain - better	- CUE & urine C/S
	No further vomiting	→ R/V - on Saturday
		- if fever - start Amoxiclav
		CO Amoxiclav
		- laxatives - to be started 7 ml - BD

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CROSS CONSULTATION FORM

Doctor Name : Dr. Alisha M.Om Date : 27/5/26 Time : 2pm

Diagnosis :

Hospital : RCH

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☑ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

[Pain Abd → periumbilical / intermittent.
3-4 days
vomiting.

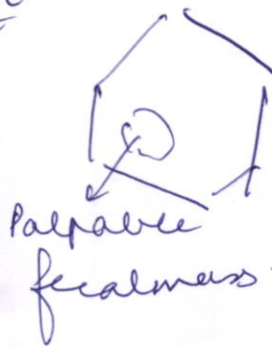
Didnt pass stool 2 days – 4d back

No fever.

O/E

HR = 60-70/min.

Nonsick appearance



soft
BS (+)
nondistended

Consultant :

Name : Dr Alisha Signature : Alisha Date & Time : 27/5/26 2pm

Adv

- Check amylase / lipase / USG Abd.
- PC enema - 1 Stat.
- give emeset.

If USG @ disimpaction
- Peglec
  1 pkt / 2L water.
  137g
* 500 ml/hour → clear effluent.

After going Home

→ Mucant Powder 4 scoop + 1 glass water
  @ night time -
  ↓
  continue.

→ Syrup Smuter 5 ml . HS - 5 days.
  ↓
  Stop.

- Fruits 400 g/day.

No junk food.

VIH-00123210
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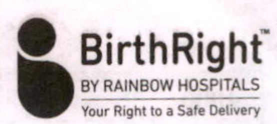

RESULT SHEET

Date	26/5					
Time	10:40Pm.					
Hb	10·6					
PCV	34·5					
RBC	4·6					
WBC	7·38k.					
N/L	74·5/21					
Platelets	4·56					
CRP	5					
ESR						
PCT						
RBS						
Na	141					
K	4·3					
Cl	105					
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase	69					
Sr.Lipase	110					
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	27/5	27/5				
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells	~~8-10~~	6-8				
CUE - RBC Cells	~~2-4~~	occasional				
CUE urinalysis		Trace				
		mucus thread (+)				
epithelial cells		35-40				
Stool Pus Cell	8-10					
OVA / Cyst	–					
Occult Blood	–					

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

VIH-00123210 IP5-00174355
Baby NAVYA PAREKH
16-01-2015 11 Y 4 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

MEDICATION RECONCILIATION FORM

Drug Allergies: — ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit. (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: Ward.

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Jayasri (JR1)

Date & Time : 26/5/26 @ 10:40 PM

Nurse Name & Signature: Ramadevi

Date & Time : 26/5/26 at 11:05 pm

Docu. No. : RCHBH /FRM / GENERAL / 090

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16-01-2015 11 Y 4 M 11 D (F)
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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG : SYP SMUTH

Dose	Route	Frequency	Start Dt.
15ml	P/O	OD	27/5

Name & Signature of the Doctor Starting the Drugs: Soheh

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 27/5 — 2PM Sourav pillu — 28/5/26 Pavan

VERIFIED

DRUG : Syp SMUTH.

Dose	Route	Frequency	Start Dt.
5ml	PO	OD	28/5

Name & Signature of the Doctor Starting the Drugs: Pavan

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

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

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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Inj PARACETAMOL				Date / Time	26/5
Dose	Route	Frequency	Start Date	11:0 pm	[illegible]
430mg	IV	TID	26/5		
Doctor's Signature	Valid Period	Pharm.			
Jayah	2days	[illegible]			
Additional Instructions: (If T > 100°F)					

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

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

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

Baby NAVYA PAREKH
16-01-2016 11 Y 4 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

REGULAR PRESCRIPTIONS

Weight 29.3kg Ward ward

VERIFIED

DRUG : Inj ESOMEPRAZOLE				Date / Time	26/5	27/5
Dose	Route	Frequency	Start Date			
30mg	IV	OD	26/5			
Name & Signature of the Doctor Starting the Drugs: Jayasri				6am	ER	Sona sirisha
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						Sn

STOP 27/05/16

VERIFIED

DRUG : Inj ONDENSETRON				Date / Time	26/5	27/5
Dose	Route	Frequency	Start Date			
4mg	IV	8 thrly	26/5	6am	X	Sona sirisha
Name & Signature of the Doctor Starting the Drugs: Jayasri				2pm	X	[illegible]
Additional Instructions:				10pm	ER	
Daily Doctor's Endorsement by a Sign					Sn	Sn

STOP 27/05/16

VERIFIED

DRUG : ECONORM Sachet				Date / Time	26/5
Dose	Route	Frequency	Start Date		
1 sachet	PO	BD	26/5		
Name & Signature of the Doctor Starting the Drugs: Jayasri				10am	X
Additional Instructions:				10pm	10pm Sona Aruna
Daily Doctor's Endorsement by a Sign					Sn

STOP. Pawani 27/5 10am

VERIFIED

DRUG : Syrup ZINCONIA				Date / Time	26/5
Dose	Route	Frequency	Start Date		
5ml	PO	OD	26/5	10pm	10am Sona Aruna
Name & Signature of the Doctor Starting the Drugs: Jayasri					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					Aru

STOP Pawani 27/5 10am

Baby NAVYA PAREKH
16-01-2015 11 Y 4 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

Weight. 29.3kg Ward. Ward

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/5	10:38 pm	Inj ESOMEPRAZOLE	30mg	IV	Jayah	Abhishek Anneb
26/5	10:42 pm	Inj ONDENSETRON	4mg	IV		Abhishek Anneb
26/5	10:45 pm	Inj BUSCOPAN	15mg	IV		Abhishek Anneb.
27/5	12PM	PROCTOCLYSIS ENEMA	1 unit	PR	Pawan	Sourav pramila
27/5	4pm	PEGLEC sachet	1 sachet in 1L water	P/O	[illegible]	Sourav pramila

VERIFIED

Baby NAVYA PAREKH
16-01-2015 11 Y 4 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

I.V. FLUIDS CHART

Weight. 29.3kg. Ward. ....

		...osition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26/5	12AM.	IVF—DNS	IV	60	Jayasri	Aruna / Soma	28/5/16	[signature]	[signature] / [signature]

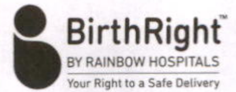
VERIFIED BY : Name .... Signature ....

VIH-00123210 IP5-00174355
Baby NAVYA PAREKH
16-01-2015 11 Y 4 M 11 D (F)
Dr. VIJAYANAND JAMALPURI

Doc. No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

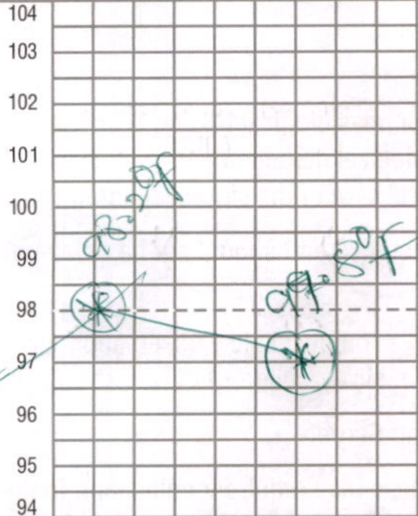
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

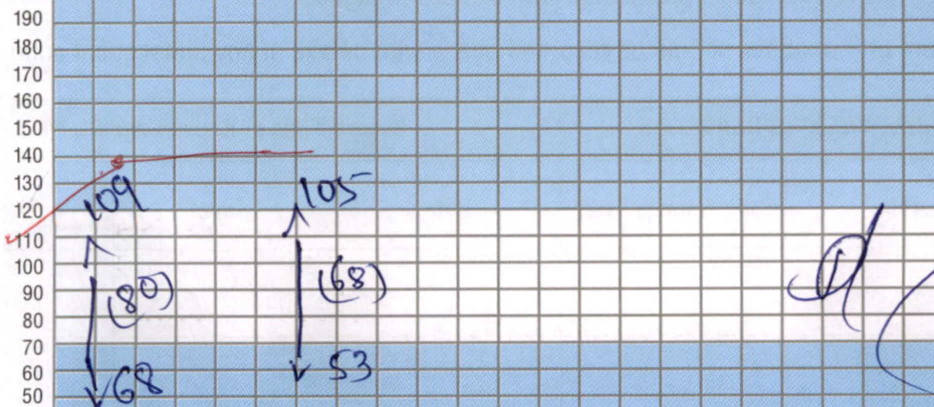
Date : .... Time:		
Doctor / Nurse / Family Concern?		6am

Temperature (°F) — 104, 103, 102, 101, 100, 99, 98, 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)	87 b/m	102 b/m

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

Resp Rate (Number)	27 b/m	23 b/m
Resp Distress: Mod/ Severe		
Resp Distress: None / Mild		
Receiving O_2(l/min)		
O_2Saturations (%)	100%	100%
Conscious Level: Normal		
Conscious Level: Altered		
GCS *	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1
Pain Score	0	0
Observer's Initials	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.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00123210 IP5-00174355
Baby NAVYA PAREKH
16-01-2015 11 Y 4 M 11 D (F)
Dr. VIJAYANAND JAMALPURI

Doc. No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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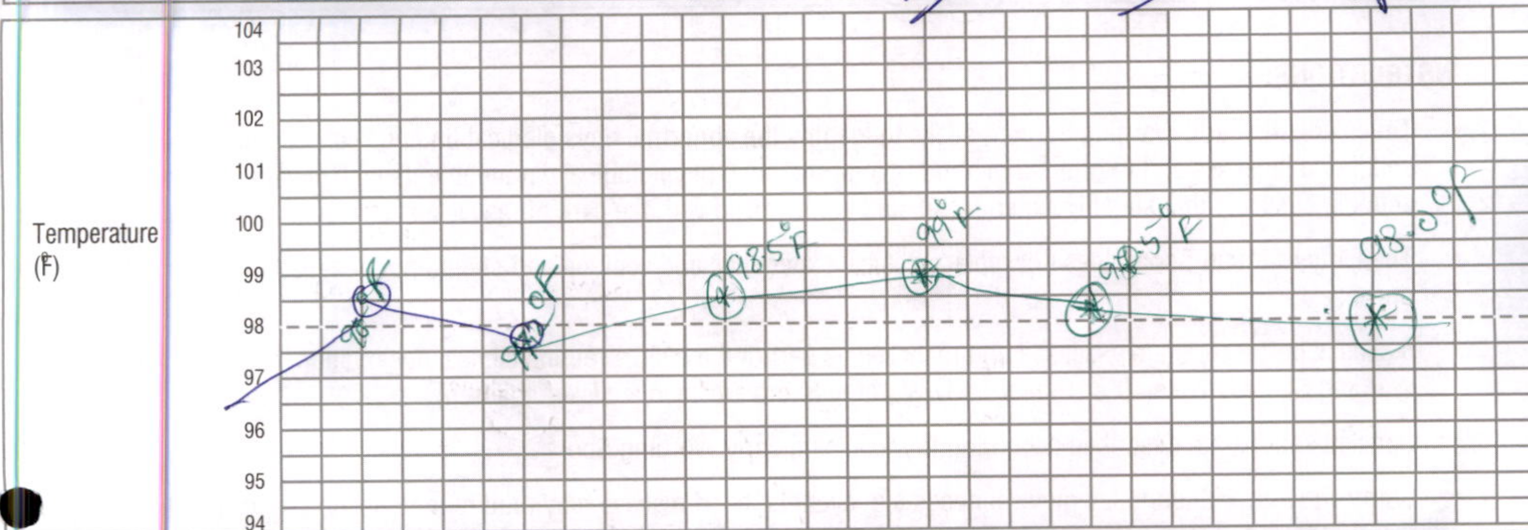
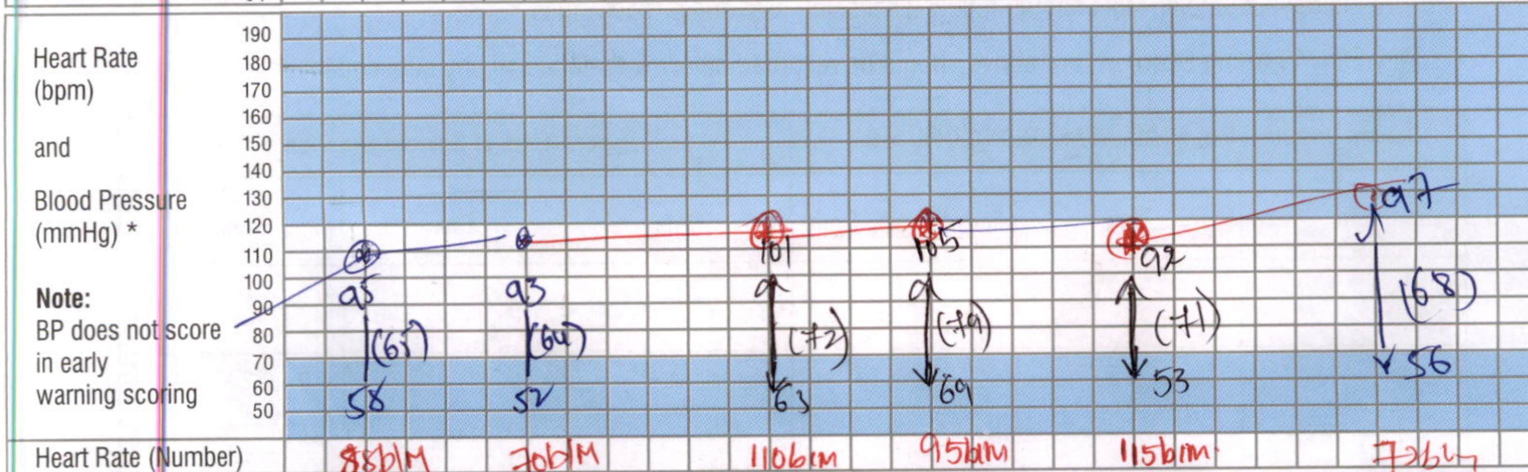
EARLY WARNING SCORE: CHILDREN'S UNIT

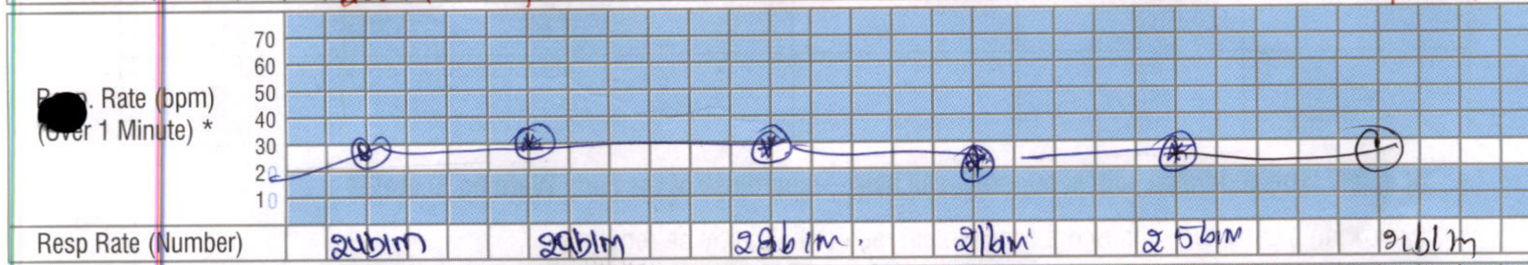
Date : 27/5/26 Time: 2Am. | 6Am. | 10Am | 2pm | 6pm | 10pm

Doctor / Nurse / Family Concern?





Heart Rate (Number): 88b/M | 70b/M | 110bm | 95bm | 115bm | 72b/m



	2Am.	6Am.	10Am	2pm	6pm	10pm
Resp Rate (Number)	24b/m	29b/m	28b/m.	21b/m	25b/m	21b/m
Resp Distress — Mod/ Severe						
Resp Distress — None / Mild					⊛	
Receiving O_2 (l/min)						
O_2 Saturations (%)	99%.	99%	100%	100%	97%	100%.
Conscious Level — Normal						
Conscious Level — Altered						
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0
Observer's Initials	0	0	[illegible]	[illegible]	[illegible]	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.
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Patient Sticker

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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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Baby NAVYA PAREKH
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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am				NA							
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm				NA							
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm	Inj: PCM		43ml	—	—	—	—	—	—	0	Ravi
26/5	11:00 pm											
	12:00 am			60mL					~~NA~~		0	Aruna
	01:00 am	DNS		60mL	NA			NA		✓	0	
Total Intake :						**Total Output :**						
	02:00 am			60mL							0	Aruna
	03:00 am			60mL							0	
26/5	04:00 am			60mL							0	Aruna
	05:00 am	DNS		60mL	NA		NA	NA			0	
	06:00 am			60mL						✓	0	Aruna
	07:00 am			60ml							0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake			Total 24 hrs. Output	

Docu. No. : RCHBH /FRM / CLINICAL / 092

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Baby NAVYA PAREKH
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FLUID CHART

Sheet No. : ....(9)....

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 Route: Mouth	Intake Route: I.V	Intake Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
27/5/26	08:00 am	DNS	Dry H2O.	60ml			NP			✓	0	praneeth
	09:00 am			60ml							0	praneeth
	10:00 am			60ml							0	praneeth
	11:00 am			60ml.							0	Praneeth.
	12:00 pm			60ml.						✓		
	01:00 pm			60ml								
Total Intake :						**Total Output :**						
27/5/26	02:00 pm	DNS	Rice H2O	60ml							0	praneeth
	03:00 pm			60ml			✓			✓	0	praneeth
	04:00 pm			60ml							0	praneeth
	05:00 pm			–						✓	0	praneeth
	06:00 pm			–			✓				0	praneeth
	07:00 pm			–							0	praneeth
Total Intake :						**Total Output :**						
27/5	08:00 pm	DNS		60ml	NA						0	APPU
	09:00 pm			60ml			✓			✓	0	APPU
	10:00 pm			–							0	APPU
	11:00 pm			–			✓				0	APPU
	12:00 am			–						✓	0	APPU
	01:00 am			–							0	APPU
Total Intake :						**Total Output :**						
27/5	02:00 am	DNS		–	NA		NP			✓	0	APPU
	03:00 am			–							0	APPU
	04:00 am			–							0	APPU
	05:00 am			–							0	APPU
	06:00 am			–						✓	0	APPU
	07:00 am			–							0	APPU
Total Intake :						**Total Output :**						

Total 24 hrs. Intake			Total 24 hrs. Output	

Docu. No. : RCHBH/FRM/CLINICAL/092

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 27/5/26 Time: 9am

Weight: 29.3 kgs Centile: 75th

Height: 137 cm Centile: 10th

Inference: underweight child

RDA: — Calories: 1700 kcal/d Protein: 30 g/d

Diet Recommendations: soft diet

Re-Assesment: Avoid spicy, chilled & outside foods.

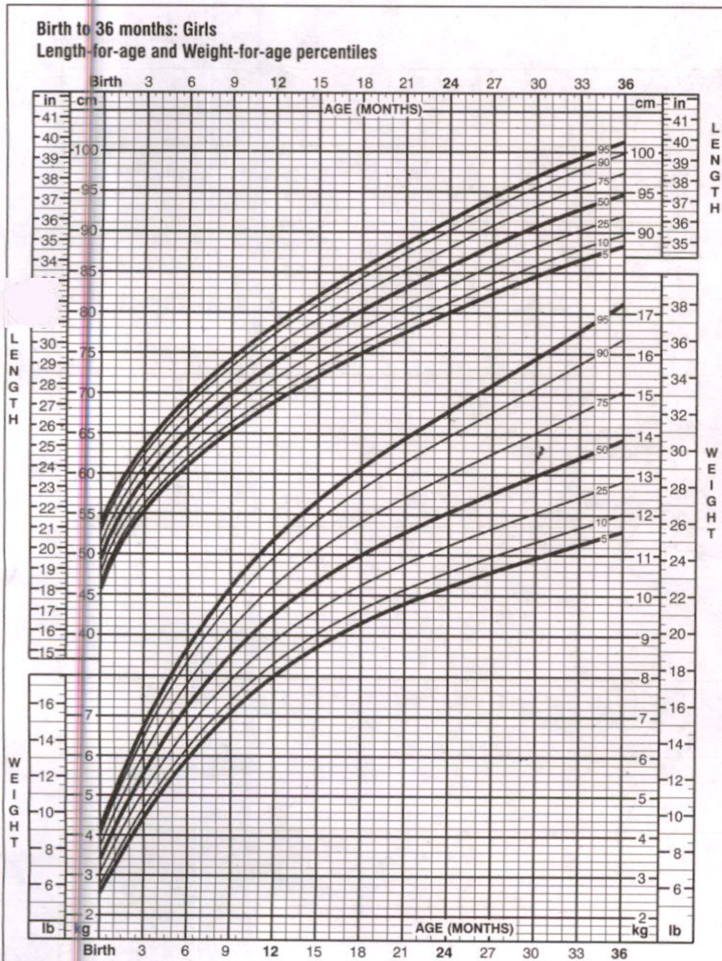
Food Allergies: NO Veg/Non-veg: veg

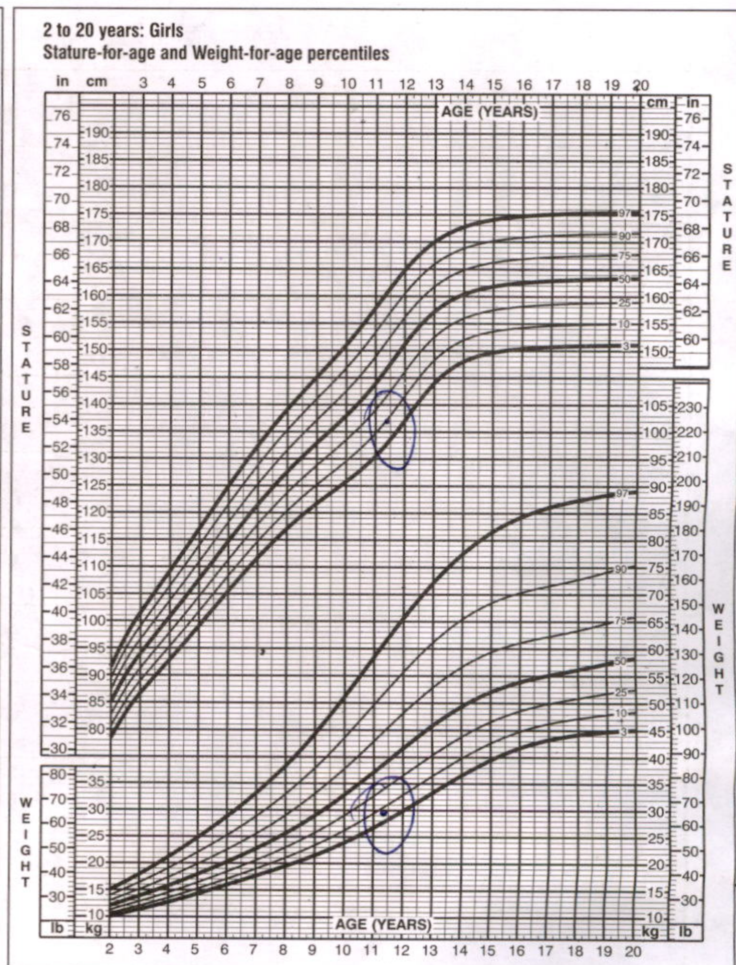
Diagnosis: Acute Abdominal pain ? viral GE ? Enteric ? pancreatitis

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [signature]

GROWTH CHART (GIRLS)





Dietician's Name: Nikitha

Dietician's Signature: Nikitha.

Docu. No. : RCHBH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes: