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 : IP5-00174005 **Admit Date** : 19-May-2026 **Admit Time** : 08:16 AM **UHID** : BAH-00653186

Patient Details :

Patient Name	: Baby K.AISHWARYA	**Age**	: 10 Y 2 M 17 D
Guardian	: Mr K.RAMULU	**DOB**	: 02-03-2016
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: Madhapur Madhapur Nalgonda Telangana INDIA 508116	**Phone No**	: 9963330116
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD **Bed No** : GW 119 **Ward Name** : 1F-GENERAL WARD I

Room No : GW 119 **Admission Type** : First Visit

Contact Details :

Name	: Mr K.RAMULU	**Relationship**	: Father
Contact Address	: Madhapur Madhapur Nalgonda Telangana INDIA 508116	**Phone No**	: / 9963330116

K.Sridevi

Signature

Doctor Details :

Doctor Name	: Dr. ABHISHEK RAVINDRA JAIN	**Specialisation**	: PEDIATRIC NEUROLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: SELFPAY

ACTIVITY RECORD FOR BILLING

BAH-00653186 IP5-00174005
Baby K.AISHWARYA
02-03-2016 10 Y 2 M 17 D (F)
Dr. ABHISHEK RAVINDRA JAIN

Name : ______________

UHID No. : __________ IP No ______ : __________ Dept : __________

Date of Admission: _________ Time : _________ Date of Discharge : 20/5/26. Time: _________

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/05/26	9:40Am	ER	119	Annub
19/5	12:30pm	119	PICU	Nikith
19/5	2pm	PICU	119	[signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr:- Sushma Reddy	20/0/25	96/7/41	Shailaja
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
19/5	CBP, ESR.	50713.	[illegible]
19/05	CSF Analysis CSF for malignancy Genxpert	260504[illegible]	[illegible]
19/5	LDH, Thyroid test, Ferritin, Triglyceride	51009	[illegible]
20/05	Chest x-ray	25347	[illegible]
20/5	Mantoux	26051239	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

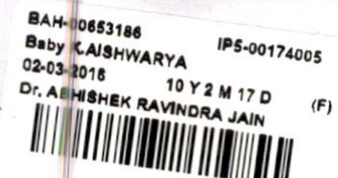
PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
19/5	N placement	(1)	15227	[illegible]
19/05	Lumbar puncture	} (1)	9615862	[illegible]
	conscious sedation			
19/5	NIA	(1)	616246	Appry

ANY OTHER INFORMATION

Date : 20/8/26 Time : 10am Prepared By : Shairaja

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Shairaja	[illegible]		



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor: Dr. Abhishek

Date: 19/5/26

Type of Admission: ☑ OPD ☐ ER ☐ Referral (if referral, Doctor's Name: ....)

Start Time of Assessment: 7:30 AM

Weight: 40.4 kg

Allergic History: ....

Chief Complaints:

c/o - unable to open Right eye since 1month
- swelling of Right eyelid & pain since 1month

Pediatric Assessment Triangle

A Appearance - TICLS ....

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

Any urgent interventions needed: ☐ Yes ☐ No

If Yes ....

Significant Past History: Nil

Medication History: oral Prednisolone

Relevant Investigations: focal indentation of Pcom / P1 segment of Right posterior cerebral Artery

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Breathing

Rate: 21/min SpO$_2$ on FiO$_2$: 99% RA

Rhythm: Regular

Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: BAE ⊕

Palpation Findings (If necessary) ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Circulation

HR: 88/min

CFT: Central .... Peripheral: <2s

BP: 113/63 mmHg

Pulse Volume: Central / Peripheral: good

If in Shock: Compensated / Hypotensive: No

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☑ No

Liver Span: ND

ECG: ND

Any Signs of Heart Failure: ☐ Yes ☑ No

Any urgent interventions needed: ☐ Yes ☑ No

If Yes* ....

Disability

GCS: 15 AVPU: ....

Pupils: Responsive ☑ Non-Responsive ☐

Size: Right .... Left ....

Active Seizures: ☐ Yes ☑ No Sugars: ....

Signs of Neurological compromise: NFND

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Exposure

Temp.: 98°F

Any Rash: ☐ Yes ☑ No,

If yes describe the rash ....

Active bleed: NO

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: ....

Any urgent interventions needed: ☐ Yes ☐ No (✓ marked over "Yes")

If Yes ....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest ☐ Shock - Compensated ☐ Hypotensive ☐ ☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: ....

Labs Planned: CBP, ESR, 2 plain

Treatment Planned: 1.) R/v regarding IVIG

Need for Oxygen: ☐ Yes ☑ No if yes Low Flow ☐ High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): (R) CN III palsy.

Assessment done by

Name of the Doctor: Akhila

Signature: Akhila

Date & Time: 18/5/26

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

Rainbow® Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

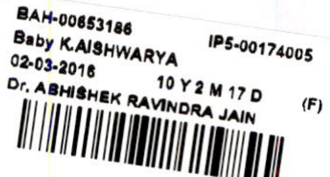
BAH-00653186 IP5-00174005
Baby K.AISHWARYA
02-03-2016 10 Y 2 M 17 D (F)
Dr. ABHISHEK RAVINDRA JAIN

Patient Name: Aishwarya.

UHID ID:

Department:

Consultant:



Pediatric Multiorgan History & Physical Examination

Name : ______________________ Age/Sex ________

Information given by: ______________________ Relationship ________

Chief Presenting Complaints & Duration (Chronologically)

c/o - Swelling and pain of Right eye since 1 month
- Unable to open Right upper eyelid since 1 month

History of present illness :

Child was apparently asymptomatic, later
Child developed
- Swelling of right upper eye since 1 month
pain since months
associated with redness
Restriction of eyeball movements since 1 month
Relieved on medication
swelling donot resolve

Child c/o unable to open Right upper eyelid
Since 1 month
↓
Child was taken to OPD
Started on Oral steroid on tapering dose

Patient
BAH-00653186 IP5-00174005
Baby K.AISHWARYA (F)
02-03-2016 10 Y 2 M 17 D
Dr. ABHISHEK RAVINDRA JAIN

P... & Physical Examination

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

Nil significant

Birth & Neonatal History:

Term/CIAB/ No NICU

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Appropriate for age

Immunization History :

Immunized till date

(P.T.O.)

BAH-00653186 IP5-00174005
Baby K.AISHWARYA
02-03-2016 10 Y 2 M 17 D (F)
Dr. ABHISHEK RAVINDRA JAIN

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)________(Centile ________) Height (cms): 125cm (Centile)________)

Weight (kgs)) 40.4kg (Centile ________)

On Examination :

Temperature : 98°F Pulse Rate : 103/min B.P. 112/63 SPO2 99%

Resp.rate and type of breathing : 20/min

Rash

Lymphadenopathy

Oedema : (-)

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds : clear.

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds :

Any murmur :

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

Per Abdomen :

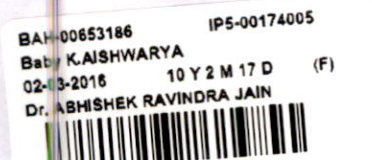
Inspection

Palpation : soft / NT.

Ausculation :

Spine : External Genitelia :

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : alert

Cranial Nerves : (R) eye - ptosis (complete) (+)
- abduction - (N)
rest all EOM - restric[ted]
pupil - dilated - 4mm
but RTL.
(L) eyes - (N) EOM &
pupillary reflex

Motor System:

Nutriton : (N)

Tone: ______ Power ______

Co-ordinator : ______

Posture : ______

Involuntary Movements : ______

Reflexes :

DTR **Superficials:**

Plantars ______

Sensory System :

______

Bladder / Bowel : (N)

Clinical Summary & Diagnostic: (R) CN III palsy d/t
PCA indentation

(P.T.O.)

BAH-00653186 IP5-00174005
Baby K.AISHWARYA
02-03-2016 10 Y 2 M 17 D (F)
Dr. ABHISHEK RAVINDRA JAIN

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: infection

Desired goals of the treatment : resolution

Planned Labs:

CBP
ESR
save 2plain/citrate (blue)

r/B Anub 19/05/26

Planned Management

1) To r/v regarding IVIG

reports

Signature of the Doctor: Akhila

Name of the Doctor: Dr. Akhila

Date & Time: 19/5/26 8:30Am

Signature of the Consultant: Abhishek

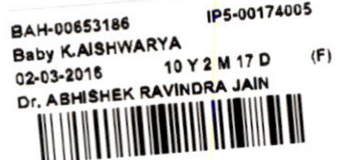
Name of the Consultant:

Date & Time: 20/5/26 9am

BAH-00653186 IP5-00174005
Baby K.AISHWARYA
02-03-2016 10 Y 2 M 17 D (F)
Dr. ABHISHEK RAVINDRA JAIN

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/b Neuro team	
19/5/26 10:30AM	Subacute onset (R) eye ptosis. - (R) 3rd partial CN palsy 2° to: - oculomotor N. pathology L ? infiltrative L ? vasculitis. L ? sarcoidosis	
	Adv: - D/w c ophthal - Review - CSF what to be sent? - ANA profile - PS for Atypical cells - HLA markers. - ACE levels. - C NMO, MOG	After review.
		Abhishek



BAH-00653186 IP5-00174005
Baby K.AISHWARYA
02-03-2016 10 Y 2 M 17 D (F)
Dr. ABHISHEK RAVINDRA JAIN

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26	LP notes	
		Plan
	preprocedure vitals stable	① CSF Analysis, CSF malignant Cytology, CSF Genexpert } now
	Opening pressure - 30 mmHg	
	GRBS - 67 mg/dl	② Ferritin, LDH, Thyroid profile, Triglyceride.
	post procedure vitals - stable	③ Extra 4 plain 1 EDTA.
	Initial clear CSF (mild blood stained)	
	later mild blood tinged	④ Allow orally
		⑤ Con shift to ward

BAH-00653186 IP5-00174005
Baby K.AISHWARYA
02-03-2016 10 Y 2 M 17 D (F)
Dr. ABHISHEK RAVINDRA JAIN

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 9am	c/s/b Neuroteam	
	Acute onset (R) ptosis c (Horizontal Diplopia)	opthalmoplegia
	? inflammatory	
	Issues	plan
	→ weakness same	(1) Trace reports
	o/e conscious	(2) Ophthalmology review c Dr Sushma — now
	[eye movement diagram: −3, −4, −4, −3, −4] (O)	(3) D/s today (before 12pm)
		(4) CXR – PA view
	No facial weakness	(5) Mantoux — now
	tone (N)	
	DTRs 2+	(6) Trace ANA panel, C-ANCA, P-ANCA, ACE level
	(R) pupil dilated, sluggish RTL	
		(7) PCM for 2d
		Abhishek [signature]

BAH-00653186 IP5-00174005
Baby K.AISHWARYA
02-03-2016 10 Y 2 M 17 D (F)
Dr. ABHISHEK RAVINDRA JAIN

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00653186 IP5-00174005
Baby K.AISHWARYA
02-03-2016 10 Y 2 M 17 D (F)
Dr. ABHISHEK RAVINDRA JAIN

RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

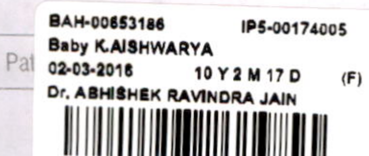
X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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



MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☑ Not known any Drug Allergies

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

Shifting From: ~~[illegible]~~ 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
						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Akhila Dr. Akhila

Date & Time : 19/5/26 8:30 Am

Nurse Name & Signature: Arnab

Date & Time : 19/05/26 9:08A

Docu. No. RCHBH /FRM / GENERAL / 090

BAH-00653186 IP5-00174005
Baby K.AISHWARYA
02-03-2016 10 Y 2 M 17 D (F)
Dr. ABHISHEK RAVINDRA JAIN

DRUG CHART

Date of Admission: 19/5/26 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 **/** 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 :				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:																		

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

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

BAH-00653186 IP5-00174005
Baby K.AISHWARYA (F)
02-03-2016 10 Y 2 M 17 D
Dr. ABHISHEK RAVINDRA JAIN

REGULAR PRESCRIPTIONS

Weight. .... Ward. ....

DRUG :

Dose	Route	Frequency	Start Date

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

BAH-00653186 IP5-00174005
Baby K.AISHWARYA
02-03-2016 10 Y 2 M 17 D
Dr. ABHISHEK RAVINDRA JAIN (F)

Weight. .... 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

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

BAH-00653186
Baby K.AISHWARYA IP5-00174005
02-03-2016 10 Y 2 M 17 D (F)
Dr. ABHISHEK RAVINDRA JAIN

I.V. FLUIDS CHART

Weight. .... Ward. ....

Date	Time	...on 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

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

BAH-00653186 IP5-00174005
Baby K.AISHWARYA
02-03-2016 10 Y 2 M 17 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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 : 1/10 ... Time:		10pm	2am	6am	
Doctor / Nurse / Family Concern?	5pm				
Temperature (F) (104–94)	98.0°F	98.1°F	97.8°F	98.4°F	
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50). Note: BP does not score in early warning scoring	116/79 (91)	110/70 (88)	109/70 (88)	112/69 (89)	
Heart Rate (Number)	99b/m	100b/m	98b/m	99b/m	
Resp. Rate (bpm) (Over 1 Minute) * (70–10)					
Resp Rate (Number)	23b/m	26b/m	26b/m	26b/m	
Resp Distress: Mod/ Severe					
Resp Distress: None / Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)	100%	100%	100%	100%	
Conscious Level: Normal					
Conscious Level: Altered					
GCS *	15/15	15/15	15/15	15/15	
TOTAL SCORE Number of shaded boxes	1	1	1	1	
Pain Score	0	0	0	3	
Observer's Initials	D	D	D	[illegible]	

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

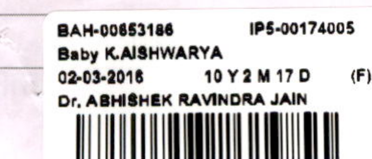
- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of 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 02/ 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)



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				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am					FR						
	10:00 am											
	11:00 am										0	
	12:00 pm	NO IVF					NA			✓	0	Nithi
	01:00 pm										0	
Total Intake :						Total Output :						
	02:00 pm										0	
	03:00 pm									✓	0	Appu
	04:00 pm	NO	NPO								0	
19/5	05:00 pm	IVF			NA			NA			0	Appu
	06:00 pm						✓			✓	0	
	07:00 pm										0	
Total Intake :						Total Output :						
	08:00 pm		Rice water								0	
	09:00 pm						✓			✓	0	Midhu
	10:00 pm	NO				NA					0	Midhu
19/5/20	11:00 pm	IVF						NA			0	
	12:00 am										0	Midhu
	01:00 am										0	
Total Intake :						Total Output :						
	02:00 am										0	
	03:00 am										0	Midhu
	04:00 am	NO									0	
19/5/20	05:00 am	IVF				NA		NA			0	Midhu
	06:00 am									✓	0	Midhu
	07:00 am										0	
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

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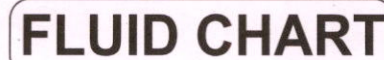


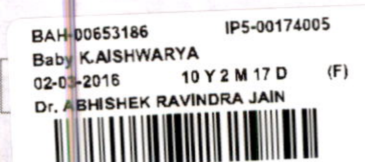
Sheet No. : ....

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	

Total 24 hrs. Output	



CONSENT FOR PROCEDURAL SEDATION

Authorization By: ☐ Patient ☑ Patient Attendant

I, the undersigned do hereby acknowledge the following:

- I have been made aware by the doctors in language known to me the details of sedation planned for the procedure Lumbar puncture [sedation]
- I have been made aware of the possible complications from the procedure of sedation as follows:
- Changes in heart rate, blood pressure, need for oxygen supplementation, allergic reactions, upper airway obstruction, laryngospasm, conversion to general anaesthesia
- I have been made aware that the sedation is being advised to relieve pain and anxiety during the procedure. It will help me remain calm, comfortable, and cooperative, allowing the procedure to be performed smoothly and safely.
- I have been clearly explained about the benefits, risk, and alternative of the sedation which is General Anaesthesia.
- I authorize Dr. RAZI AHMED and his / her team to perform the procedural sedation upon the patient / myself.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: K. [signature]

Name: K. RAMULU

Relationship with patient: Father

Date & Time: 19/05/26 @2pm

Witness:

Signature: Sreevani

Name: Sreevani

Date & Time: 19/05/26@2pm

Doctor (who is taking consent):

Signature: [signature] Name: Dr Razi Date 19/5/26 Time: 2pm

Patient Sticker

ప్రొసీజరల్ సెడేషన్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, క్రింది విషయాలను అంగీకరిస్తున్నాను:

నాకు తెలిసిన భాషలో, వైద్యులు ఈ క్రింది ప్రొసీజర్‌కు ఇచ్చే సెడేషన్ గురించి పూర్తి వివరాలు నాకు తెలిపారు:

____

- సెడేషన్ వల్ల సంభవించగల సాధ్యమైన క్రింది సమస్యలు/ప్రమాదాలు గురించి నాకు తెలిపారు: గుండె వేగం మారడం, రక్తపోటు మారడం, ఆక్సిజన్ అవసరం, అలర్జీ ప్రతిచర్యలు, ఎగువ శ్వాసనాళ అడ్డంకి, లారింజోస్పాసమ్, జనరల్ అనస్థీషియాగా మారాల్సిన అవకాశం.
- ప్రొసీజర్ సమయంలో నొప్పి, భయం, ఆందోళన తగ్గించేందుకు సెడేషన్ ఇవ్వడం అవసరం అని నాకు వివరించారు. ఇది ప్రొసీజర్ సజావుగా, సురక్షితంగా జరగడానికి సహాయపడుతుంది.
- సెడేషన్కు సంబంధించిన ప్రయోజనాలు, ప్రమాదాలు, ప్రత్యామ్నాయం (జనరల్ అనస్థీషియా) గురించి నాకు స్పష్టంగా వివరించారు.
- డాక్టర్ ______________________ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ ప్రొసీజర్ సెడేషన్ చేయడానికి నేను అనుమతిస్తున్నాను.
- పై సమాచారాన్ని నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ఉన్న ప్రశ్నలన్నీ, నాకు అర్థమయ్యే భాషలో సమాధానమిచ్చారు. ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: ....

పేరు: ....

రోగితో సంబంధం: ....

తేదీ & సమయం: ....

సాక్షి:

సంతకం: ....

పేరు: ....

తేదీ & సమయం: ....

డాక్టర్ :

సంతకం: .... పేరు: .... తేదీ & సమయం: ....

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Baby K.AISHWARYA
02-03-2016 10 Y 2 M 17 D (F)
Dr. ABHISHEK RAVINDRA JAIN

CONSENT FOR SPECIAL PROCEDURES

Patient Name : K. Aishwarya .... Gender: ☐ Male ☑ Female

UHID No : BAH-00653186 .... Department : .... Date : ....

I .... K. Ramulu .... S/D/W/O .... Malkaya ....

Here by give consent for procedure of : Lumbar puncture + sedation

For my patient, Named : ....

The doctors have clearly explained to me that the procedure has following possible complications:

.... Hypotension, Bradycardia ....

.... Desaturation, [illegible] ....

....

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

....

....

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: ....

Patient Attendant :

Signature : K. [signature]

Name : K. Ramulu

Relationship with Patient: father

Date & Time : 19/5/26 @2pm

Witness :

Signature : Sreevani

Name : Sreevani

Date & Time : 19/05/26 @2pm

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr Raji

Date & Time : 19/5/26 @2pm

PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

Patient Name: K. Aishwarya. Gender: ☐ Male ☐ Female UHID. No: BAH-0065318C Age: 10 y.

Date: 19/8/24 In-Time: 2:05pm Out-Time: 2:15pm.

Doctor Performing Procedure: Dr. Razi Doctor Giving Sedation: Dr Suhag. Assisting Nurse: [signature]

SIGN IN — Time: 2.05pm

	Yes	No	NA
Patient is verified using two identifires (Name & UHID)	✓	☐	☐
All required documents, images, studies are available	✓	☐	☐
NPO Status Checked from Patient / Patient Attendant	✓	☐	☐
Consent is Signed	✓	☐	☐
Any need for blood products If Yes Comment:	☐	✓	☐
Any Risk of Hemodynamic Compromise If Yes Comment:	☐	✓	☐
Any drug or food allergy If Yes Comment:	☐	✓	☐
Correct Site of Procedure Marked	✓	☐	☐
All resources required are correct, available and functioning	✓	☐	☐

Signature of the Doctor: [signature]

Name of the Doctor: Suhag Ghosh

TIME OUT — Time: 2.15pm

	Yes	No	NA
Correct Patient	✓	☐	☐
Correct Site	✓	☐	☐
Correct Procedure	✓	☐	☐
All the team members introduced	✓	☐	☐

Signature of the Nurse: [signature]

Name of the Nurse: DR-Vikas

SIGN OUT — Time: 2.20pm

	Yes	No	NA
Name of the Surgical / Invasive Procedure is recorded	✓	☐	☐
Instrument, Sponge and Needle Count Completed	✓	☐	☐
Specimens are labeled	✓	☐	☐
Any equipment problems are addressed	☐	✓	☐

Signature of the Nurse: Sreevani

Name of the Nurse: Sreevani

Any Adverse / Unexpected Events

....

....

....

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Dr. ABHISHEK RAVINDRA JAIN

Moderate Sedation Flow-Sheet

Immediate Pre-Sedation Assessment

B.P	P.R	R.R	Temp	SPO_2	Pain Score	Weight
110/70	110/min	24/min		100%.	0.	39 kg.

Diagnosis: Isolated Cranial Nerve 3rd palsy.

Procedure: Lumbar puncture.

Comorbidities: None.

- [x] Risk, benefits & alternatives discussed;
- [x] Patient understand & elects to proceed
- [x] Consents for procedure and sedation signed and dated

ASA Physical Status

- [x] ASA PS 1: Healthy Patient
- [ ] ASA PS 2: Mild Systemic Disease, no functional limitations
- [ ] ASA PS 3: Severe Systemic Disease, functional limitations
- [ ] ASA PS 4: Severe Systemic Disease, constant threat to life
- [ ] ASA PS 5: Moribund Patient unlikely to survive 24 hrs.
- [ ] ASA PS 6: A declared braindead patient whose organs are being removed for donor purposes
- [ ] E: Emergency procedure

GCS: E 4 M 5 V 6

- [ ] IV Site: Rt hes Gauge: 22 G.

Sedation Plan: ketamine.

Allergies:

AIRWAY EVALUATION

Mouth:

- [x] Normal
- [ ] Loose Teeth
- [ ] Small Mouth
- [ ] Protruding Incisors
- [ ] Receding Lower Jaw
- [ ] Dentures

Neck:

- [x] Normal
- [ ] Decreased ROM
- [ ] Thyromental Distance Less Than 6 cm
- [ ] Short Neck

Uvula, Hard palate, Soft palate, Pillars, Hard palate
A Class I Class II Class III Class IV

Mallampati Class: [x] I [ ] II [ ] III [ ] IV

Monitoring of Patient Intra – Procedure

Procedure Monitoring

Heart Rate (HR), Respiratory Rate (RR), Oxygen Saturation (O_2 Sat) continuously monitored, and Level of Consciousness (LoC) to be monitored and recorded minimally every 15 minutes until 15 minutes after the last administration of any sedation, then every 30 minutes, then every 1 hour until stable. Respiratory status to be monitored continuously.

Level of Consciousness (LOC):

- [x] A - Alert
- [ ] V - Verbally Responsive
- [ ] P - Painfully Responsive
- [ ] U - Unresponsive

Observation to be documented every 15 mins

TIME	BP	PR	RR	O_2 Sat%	O_2 Supplementation	Comments / Initials
Baseline 2:00pm	110/70.	110	20	99%.	Room air.	

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME
INJ KETAMINE	iv	25mg	2:08pm.	—

Doctor Notes: Procedure conducted uneventful

Time of transportation to post sedation care room: .... LOC: ....

Doctor Name: Subraya Signature: [signature]

Post Sedation Care Room

Time		2:20pm	2:25pm	2:30pm
Monitoring ECG NBP Oximeter	180			
	160			
Pain Score (0-10)	140			
Sedation Score (0-4)........	120			
	100			
	80			
	60			
	40			

TOTAL ALDRETTE SCORE AT DISCHARGE =
(If 9 and more patient can discharge from post Sedation care unit

Activity :	Consciousness:	Respiration:	Oxygen Saturation:	Circulation:
Four extremities = 2	Fully awake = 2	Breathe Deep= 2	Sat O_2>92 % on room air = 2	BP +/- 20 mm hg of pre-op = 2
Two extremities = 1	Arousal oncalling=1	Dyspnea, limited breathing = 1	Needs oxygen to maintain Sat O^2>90% = 1	BP +/- 20-50 mm hg of pre-op = 1
No extremities = 0	Unresponsive=0	Apnea = 0	Saturation <90% with oxygen = 0	Bp +/-50 mm hg of Pre-Op = 0

Patient Discharge Time: 2:30pm

Nurse Name: Preevan Signature: [signature]

Date: 19/05/24 Time: @ 2:30pm

Consultant Name: .... Signature: ....

Stamp

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02-03-2016 10 Y 2 M 17 D (F)
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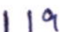

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 19/5/26 Time: 11 Am

Weight: 40.4 kg Centile: >75th

Height: 141 cms Centile: >50th

Inference: Overweight child

RDA: — Calories: 1650 kcals/d Protein: 29 g/d

Diet Recommendations: Normal diet

Re-Assesment: Avoid spicy, chilled and outside foods

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

Diagnosis: (R) CN III palsy

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Sridevi

GROWTH CHART (GIRLS)

Birth to 36 months: Girls
Length-for-age and Weight-for-age percentiles

2 to 20 years: Girls
Stature-for-age and Weight-for-age percentiles

Dietician's Name: Mounica

Dietician's Signature: Mounika

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

(P.T.O.)

Daily Notes:

20/5/26 8am Child is stable. Intake is fair
continue c̄ normal diet

Nikitha