

B 7

ACTIVITY RECORD FOR BILLIN

HNH-00013543 IP5-00174516
Baby AADHYA SHREE KRISHNA
11-12-2022 3 Y 5 M 19 D (F)
Dr. SANDEEP REDDY

Name : _____

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

Date of Admission : _____ Time : _____ Date of Discharge : 21/06/26 Time : _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/05/26	12:20pm	ER	Plee	Anus
31/05/26	12:20pm	ICU	109	Baha

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Sandhya	30/05	9635023	Palash
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
30/05	PCT, IFT, AP2, Blood etc, Dengue NS, IgM	26054754	Palash
	PT TMR		
	RBC	26054755	
	CUE, Urine etc	26054756	Palash
	CBP, Cross matching	26054799	
30/5	Leutin	2606292	[Signature]
30/5	Wet prep, Thyroid fm	2607298	[Signature]
30/5	USG Abdomen	2607298	[Signature]
31/5	CBP	26055194	Palash
	RBC, AP	26055193	
3/5	CSE	260532	[Signature]
1/6	CBP	06321	[Signature]
1/6	Bone marrow Implication		
	Biopsy	2605524	[Signature]
2/6	CBP	2605524	[Signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/05	IV placement-	①	9634160	Palash
31/5	NHLA	①	9636324	Anita
1/6	Bone marrow	①		
	conscious sedation	①	9637901	Soban

ANY OTHER INFORMATION

.....

.....

..... ① USG abdomen

.....

.....

.....

Date: 02/06/26

Time: 12:00 pm

Prepared By: Suresh

<p>Staff Nurse</p> <p>Suresh</p>	<p>Shift / Ward</p> <p>SPUT</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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ADMISSION SHEET



Registration Details :

Admission No : IP5-00174516 Admit Date : 29-May-2026 Admit Time : 11:29 PM UHID : HNH-00013543

Patient Details :

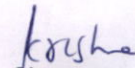
Patient Name : Baby AADHYA SHREE KRISHNA BHARGAVI PUNNA Age : 3 Y 5 M 19 D
Guardian : Mr PUNNA KRISHNA DOB : 11-12-2022
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : HNO-3-10-399, VIVEKANANDA NAGAR , OPP AIR , Nizamabad Hyderabad Telangana INDIA 503001 Phone No : 7842208205/ 7842316801
E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : PICU Bed No : PICU 213 Ward Name : 2F-PICU I
Room No : PICU 213 Admission Type : First Visit

Contact Details :

Name : Mr PUNNA KRISHNA Relationship : Father
Contact Address : HNO-3-10-399, VIVEKANANDA NAGAR , OPP AIR , Nizamabad Hyderabad Telangana INDIA 503001 Phone No : 7842208205 / 7842316801


Signature

Doctor Details :

Doctor Name : Dr. SANDEEP REDDY Specialisation : PEDIATRIC INTENSIVE CARE
Referral Doctor : SELF Phone No :
Co-Consultant : Dr. KAPIL BHAGWATRAO SACHANE

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 5000.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD



PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 20/5/20 Time: 12:10 AM

Patient Assessment Form:

Informant: Father Mother Other

Presenting Complaints / Chief Complaints: 3 year 6 month girl from Ramnagar.

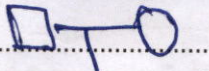
- Came to do.
- fever x 3 days - High grade - 4-5 hours only / no chills
 - loose stool x since 2 days
 - 2 Episodes of blood stool since 1 day
 - no H/o vomiting / seizures
 - no H/o bleeding elsewhere
 - All b. the only well
 - no H/o recent urine output

Past History (Including previous treatment and investigations): H/o admission last year

in 10 viral pyrexia - 1 year ago

H/o persistent thrombocytopenia - in younger sibling underwent bone marrow examination.

Birth and Developmental History:



Immunization History:

update + T1A, B, W - 2, 7/8/1

H/O Allergy:

Family History: - Nil -

INITIAL ASSESSMENT

RBS : 126 mg/dl Temperature : 99.0 F Weight (kg) : 14 kg

Respiratory System Findings:

Air Way: Open Maintainable Not Maintainable Intubated, If Intubated, size & position of ETT :

Respiratory Examination Finding: (Air entry, breath sounds, s/o distress etc.): Respiratory Rate : 22/min

SPO2: 99% on RA O by NC / FM / NRB mask / Oxyhood, at : L / min

Ventilatory Support : Yes No - Day # of Vent : Respiratory Efforts : (N)

Ventilatory Settings : Leak around ETT : Delivered Vt :

ABG : EtCO2 : P/F ratio : O.I. :

Any Nebs : ICD? Yes No, if Yes, details :

CXR :

Cardio Vascular System Clinical Exam : Heart Rate : 119/min Cardiac Rhytho : Sinus

(Heart sounds, murmur etc.) : S1 S2 NO murmur

Quality of Pulses : Good cap refill Time : 2 sec Liver Edge : 3 cm cm below Rt costal margin

Blood Pressures : NIBP : 98/55 (BA) IBP : CVP :

Infusion of any Inotropes? : Yes No - If yes, then details :

Any Other Infusions :

Last 2D Echo Findings : Rv collapse, cavitation

Size of the heart and lung fields in latest CXR :

Arterial line in Situ : Yes No Place of art, line & its condition :

Central line in Situ : Yes No Place of central line & its condition :

Infection and Antibiotics :

Febrile Afebrile Current Antibiotics Details (antibiotic name and day #) :

Cultures Done outside? Yes No - If yes, details :

Describe c/s Reports :

Other Labs (Latex, Serology, etc.) :

Ongoing Antibiotics : Amoxicillin

Abdominal Exam : Soft, no

ENT Exam :

Central Nervous System :

Level of Consciousness : AVPU / GCS score : 15/15

Neurological Findings : (N)

Relevant data from outside (Neuro imaging any ongoing medications etc.) :

Special Needs Screening: (If any of the below are Positive, Please fill "Cross Consultation Form" to Concerned Department)
 (Please select and 'tick mark' [✓] the boxes as applicable)

- a. Nutritional Screening Criteria: Screening is Positive Negative
- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Needs Therapeutic Diet. | <input type="checkbox"/> Diarrhoea > 4days | <input type="checkbox"/> Food Allergy |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Psychological Eating Disorder | <input type="checkbox"/> Major Surgery | <input type="checkbox"/> Patient in ICU |
| <input type="checkbox"/> Under Weight | <input type="checkbox"/> Difficulty swallowing / Chewing | <input type="checkbox"/> Hyperemesis gravidarum | <input type="checkbox"/> Tube Feeding |
| <input type="checkbox"/> Poor Appetite > 3days | <input type="checkbox"/> Unplanned Change in Weight | | |

- b. Psychological Screening Criteria: Screening is Positive Negative
- | | |
|--|---|
| <input type="checkbox"/> Non-compliance to offered treatment Over weight | <input type="checkbox"/> Suspected Drug Abuse |
| <input type="checkbox"/> Emotional / Behavioural Problem (Tearful, uncooperative) | |

- c. Functional Screening Criteria: Screening is Positive Negative
- | | |
|---|---|
| <input type="checkbox"/> Patient cannot position himself in bed | <input type="checkbox"/> Change in Muscle Power |
| <input type="checkbox"/> Restricted ROM | <input type="checkbox"/> Impaired Daily Living Activities |

- d. Socio-economic Screening Criteria: Screening is Positive Negative
- | | |
|--|---|
| <input type="checkbox"/> Living alone | <input type="checkbox"/> Suspected abuse or neglect |
| <input type="checkbox"/> Cultural or religious background that would need to know for the plan of care | <input type="checkbox"/> Unable to assess due to lack of family |

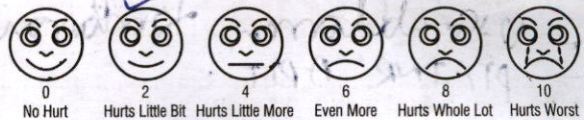
e. Need for Interpreter Screening is Yes No If Yes then plan

6. Patient needs additional specialized assessments: Yes No
 If yes, Please fill Individualized Initial Assessments Form for Special Populations
 Others

Pain Screening: *Not applicable*

Pain Scale used Wong Baker (Scale 0-10) FLACC (Scale 0-10)

Pain Score "Whenever Applicable"



Location:

Duration: days / weeks / months (Strike Out that is not applicable)

Character: localized diffuse sharp aching referred vague burning / soreness

Frequency: constant intermittent occasional

Pain Management done Yes No

Nutritional Evaluation: *well maintained*

Current Medications:

Provisional Diagnosis : Acute fibrile illness & Thrombo Cephalaria
under evaluation

Prism III score at 24 hrs of admission : Worse SOFA Score :

Referred Patient - Self Referral - Rainbow Patient

Transferring Unit : Ward OT - Transported? Yes No If yes : Long (> 30 kms) Short (< 30 kms)

Referring Consultant :

Admitting Consultant : Asper neta

Indication for PICU referral : Malena & Thrombocytopenia

PLAN OF CARE

Preventive aspects of the treatment : 10 percent hemostatic shock

Desired goals of the treatment : 10 treat thrombocytopenia

PLANNED INVESTIGATIONS

- ✓ - PCT
- ✓ - LFT
- ✓ - RFT
- ✓ - Blood cl.
- ✓ - ure, urine cl.
- ✓ - C/E
- ✓ - Dengue NS A 2m
- ✓ - USG abdomen tomorrow
- ✓ - PT/INR APTT.

PLANNED MANAGEMENT

- 10 Ceftriaxone
- 10 Evamprole
- 10 Vitamin K
- 10 PR-ns @ 100mg
- watch for bloody manifestations
- 2 pous
- Input/output chart

M.B. Mathew Pr.S

Final Diagnosis:

Doctor's Signature : [Signature]

Name : Anesh

Date : 20/05/23

Time : 12:20pm

Consultant's Signature : [Signature]

Name : Dr. Venket Sandeep Reddy

Date : 20/05/23

Time : 12:20pm

HNH-00013543 IP5-00174516
 Baby AADHYA SHREE KRISHNA
 11-12-2022 3 Y 5 M 19 D (F)
 Dr. SANDEEP REDDY



ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 30/1/2024 Day of Admission : 1 Today's Date & Time : 2/1/24
 PRISM - III Score in first 24hrs. of Admission : 22 Today's SOFA Score : 2

OVERVIEW
 Diagnosis : Acute febrile illness with thrombocytopenia & Encephalopathy
 Current Issues : Thrombocytopenia
ongoing febrile

VITAL SIGNS Today's Wt. (kg) : _____ Temp.: _____ Blood sugar issues : _____

RESPIRATORY SYSTEM
Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : room air RR 25-30/min
 CXR : not done
 SPO₂ : 97% on RA O₂ by NC / FM / NRB mask / Oxyhood, at _____ L / min
Ventilatory Support : Yes No - Day # of vent : _____ **Nitric Oxide** : Yes No - If Yes, details : _____
Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____
 ABG : _____ EtCO₂ : _____ P/F ratio : _____ QI : _____
 Chest Physiotherapy Plan : _____ Suctioning Needs : _____
Any Nebs : _____ **ICD ?** Yes No, if Yes, details : _____
 Plan of care : to watch for PO

CARDIO VASCULAR SYSTEM
Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : Good HR: 120-130/min
 Quality of Pulses good cap refill Time seconds Liver Edge : 2cm cm below Rt costal margin
Blood Pressures : NIBP : 110/20mmHg IBP : _____ CVP : _____
Infusion of : Dopamine _____ mcg / kg / min - Dobutamine _____ mcg / kg / min
 Epinephrine _____ mcg / kg / min - Nor Epinephrine _____ mcg / kg / min
 Milrinone _____ mcg / kg / min
 Any Other Infusions : _____
 Last 2D Echo Findings : _____
 Size of the heart and lung fields in latest CXR : _____
Arterial line in situ : Yes No Place of art, line & its condition : _____
Central line in situ : Yes No Place of central line & its condition : _____
Day of arterial line : _____ Day of Central line : _____
 Plan of Care : _____

CNS
Neuro Exam : Eyevom. alert able. afebrile
 Pupils : 3mm B/L PR **Sedation Used ?** Yes No **Any paralysis ?** Yes No
 Types of Sedation : _____ Types of Paralysis : _____
 Relevant CT Scan, MRI EEG, Neurosonogram etc. : _____
 Plan of Care : _____
 Ramsay Sedation Score : _____

FLUIDS STATUS NUTRITION AND G.I	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DR.</u> @ <u>20</u> ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>136</u> K <u>4.5</u> Cl <u>100</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) : <div style="text-align: right; margin-top: 10px;"> <u>Lipid</u> <u>IVF - 70ml</u> <u>Diy : 40ml</u> <u>700 ml, 70ml</u> </div>	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics : <div style="text-align: center; margin-top: 10px;"> <u>Dr Cephtriaxone</u> <u>Dr Doxapline</u> </div>	
	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	Relevant Labs (CBP etc) : Any Coagulopathy : <div style="text-align: center; margin-top: 10px;"> <u>10:2</u> <u>3000</u> <u>6/28</u> <u>24000</u> </div> Relevant Transfusion History : Plan of Care :	
	VAP Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA If yes, then details :	Pending Lab Results : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details :
	FINAL COMMENTS - Trau dx. - No. take hematology consults - watch for fever spikes <div style="text-align: right; margin-top: 10px;"> <u>Trau deagne</u> <u>terminal</u> </div>	

Doctor's Name (Handover given) : Chouh
 Signature : [Signature]
 Date & Time : 30/5/26

Doctor's Name (Handover taken) : K. Satya
 Signature : [Signature]
 Date & Time : 30/5/26 9AM



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 30/5/26 Day of Admission : 2 Today's Date & Time : 31/5/26 8 AM
 PRISM - III Score in first 24hrs. of Admission : 2 Today's SOFA Score :

OVERVIEW	Diagnosis : <u>Acute febrile illness with thrombocytopenia</u>	Current Issues : <u>Thrombocytopenia</u>
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VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :

RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>BAE ⊕. clear.</u>
	CXR :
	SPO ₂ : <u>98%</u> O ₂ by NC / FM / NRB mask / Oxyhood, at <u>Room A98</u> L / min
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details :
	Ventilatory Settings : Leak around ETT : Delivered Vt :
	ABG : EtCO ₂ : P/F ratio : O.I. :
	Chest Physiotherapy Plan : Suctioning Needs :
	Any Nebs : ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details :

CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam . (Heart sounds, murmur etc.) : <u>SRW HR-104.</u>
	Quality of Pulses : <u>good</u> cap refill Time : <u>~2 sec</u> Liver Edge : cm below Rt costal margin
	Blood Pressures : NIBP : <u>84/64/40 mmHg</u> IBP : CVP :
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min
	<input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min
	<input type="checkbox"/> Milrinone mcg / kg / min
	Any Other Infusions :
	Last 2D Echo Findings :

CNS	Neuro Exam : <u>Alert, active. GCS 15/15.</u>
	Pupils : <u>2mm 2mm reactive.</u> Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Types of Sedation : Types of Paralysis :
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :

FLUIDS STATUS NUTRITION AND G.I.	<input checked="" type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : <u>+600</u> / (+/-) Input : <u>2.8</u> ml/k/d UO : <u>1.7</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>soft diet</u> Feed Schedule : IV Fluids - Type of IVF : <u>DNS 30ml/hr</u> ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft</u> Any organomegaly? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :				
	INFECTION	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>July ceftriaxone - D2</u> Describe c/s Reports : Other Labs (Latex, Serology, etc) : <u>July doxycycline - D2</u> Ongoing Antibiotics :			
		NEPHROLOGY ISSUES	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :		
			HEMATOLOGY	Relevant Labs (CBP etc) : <u>3/5/26</u> Any Coagulopathy : <u>10.6 4770 32,000</u> Relevant Transfusion History : <u>29</u> Plan of Care : <u>6u</u> <u>Iron - 24.7</u> <u>PT - 0.142</u>	
				CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details : Pending Lab Results : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details :
	FINAL COMMENTS				<u>Trace ure, typhoid Isu, werteox.</u> <u>Trace manual count</u> <u>Sos Bone marrow</u>

Doctor's Name (Handover given) : Dr Mathias
 Signature : [Signature]
 Date & Time : 3/5/26 8AM

Doctor's Name (Handover taken) : [Signature]
 Signature : [Signature]
 Date & Time : 3/5/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/12/22 @ 12:00 AM	<p>SB Dr. Manish Choudhary Acute febrile illness with acute gastroenteritis</p>	<p>ADP</p>
	<p>NO florid etiology History noted. On Examination, child alert active afebrile</p>	<p>① Start D: cephtriaxone D: sonegyok D: vitamin K INF DM: @ 60% MF</p>
	<p>Chest BLA @ Equal MA soft, bowel sounds @ NO free fluid CR 10/15 Blu purple eyes @ Reaction to light Response coherently to command</p>	<p>② Ind: - PCT, PT, INR, AST - LFT, RP2 - Blood cl. - uric. uricid. - CAE</p>
	<p>HR 130/min RR 30/min BP 98/65 (76) SpO2 97% CRA</p>	<p>③ Focus now ④ Inpatient Chubby ⑤ Temperature monitoring</p>
	<p>Resp. Dc collapsing coughing good NO pleural effusion</p>	<p>⑥ watch for loose stool / pain stool.</p>
	<p>Resp. Dc collapsing coughing good NO pleural effusion</p>	<p>⑦ flowers w: 13 m: 10 10</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/09/2022 12:40 AM	Counselling room-2	Dr. Sandeep
	<p>Parents have been explained in detail that child is having probable gut bleed which was manifested as blackish stools. we are seeing very low platelet count in the labs. we are starting treatment in line of Infective Gastroenteritis. we will send baseline labs of infection including dengue and we will get further more investigations based on further lab. Risk of bleeding and requirement of transfusion is explained. we will continue management in ICU.</p>	
	Dr. B. Manish	P. K. Sankar
	Talega	

HNH-00013543 IP5-00174516
 Baby AADHYA SHREE KRISHNA
 11-12-2022 3 Y 5 M 19 D (F)
 Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	clerk for. Sandeep Reddy	
30/5/2026		
12pm	<p>A Acute viral illness</p> <p>ACE</p> <p>Thrombocytopenia</p> <p>One fever spike - after admission (10.3f)</p> <p>USG w/A - Normal.</p> <p>L) NO ORGANOMEGALY</p>	<p>plan:</p> <ol style="list-style-type: none"> 1) check peripheral smear & manual platelet count 2) Observe in PICU today 3) CBC Tomorrow 4) IF (P. 2) ⁽¹⁾ → plan Bone marrow. 4) IF platelets not improving ↳ plan for Bone marrow. 5) send Serum ferritin. 6) Trace U/E, Blood C/s, urine C/s.
		<p>Dr. Pragya</p>
		<p>M.B Roshna</p> <p>20/5/26</p> <p>12:30pm</p>

HNH-00013543 IP5-00174516
 Baby AADHYA SHREE KRISHNA (F)
 11-12-2022 3 Y 5 M 19 D
 Dr. SANDEEP REDDY

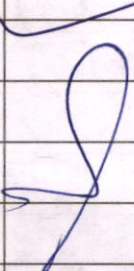


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 6pm	<p>ds/B Dr. Sandeep</p> <p>AS:- AFI with thrombocytopenia ↓ evaluation</p> <p>on room air hemodynamically stable systemic exam - (N)</p> <p>platelets - 30000 No bleeding manifestations</p>	<p><u>Plan</u></p> <ol style="list-style-type: none"> 1) CBP with peripheral smear tomorrow morning 2) w/ bleeding manifestations 3) trace dengue (-ve) NS, Ag + IGM 4) w/ fever spikes 5) NPO from <u>4am</u> tomorrow morning sos ↓ bone marrow tomorrow morning <p>Send Typhoid Igm or prothiguan Weil-felix</p>
		<p>N.B Ashna 30/5/26 6:30pm</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/22 10:30am	S/O Dr Sandeep	
	Δ: AFI with Thrombocytopenic Planis ↓ evaluation.	
	<u>Issue:</u> Thrombocytopenic.	① Pre manual platelet & peripheral smear
	Child on roomy air.	② Shift to Dns
	SpO ₂ : 98% PR: 108/min	
	RR: 26/min	③ CBP + m.
	Chest: B/L clear.	
	CNS: 8/5/2 ⊕	④ If platelet low, plan for Bone marrow analysis tomorrow
	CNS: GCS 15/1/5	
	Pupil: 2+ 2+	
	Tm: Normal.	
		 ANS Birth 31/5/22 @ 10:30am Suby.
		Dr. V. Lakat Sandeep Reddy K
		Reg. No: TSMC/FMR/15713

HNH-00013543 IP5-00174516
 Baby AADHYA SHREE KRISHNA
 11-12-2022 3 Y 5 M 21 D (F)
 Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER


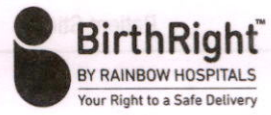
Date & Time	Progress Notes	Doctor's Order
31/12/20	10:00 PM	c/s/b p/w fellow Dr. Vikas
		plan
	<p>ATI c thrombolytic pen & cerebralis</p>	<p>① CBP tomorrow morning</p>
	<p>No fresh Complaints</p>	<p>② eos Bone marrow tomorrow</p>
	<p>No Bleeding Manifestations</p>	<p>③ NPO from morning 6:00 AM</p>
	<p>Taking orally well</p>	<p>④ WFF DAs @ 30ml/hour</p>
	<p>Keep & primary stable.</p>	<p>doing Bone marrow NPO</p>
	<p>Tomorrow morning ⇒ CBP</p>	<p><i>[Signature]</i> Dr. Vikas</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26	C/S/B picro follow	
8AM	ATI with thrombocytopenia	
	On room ATI	plan:
	hemodynamically stable	1. w/7 fever spikes
	no fever spikes.	
	no further loose stools	2. monitor vitals.
	oral intake better.	
	CBP - hb - 10.5	3. keep NPO
	WBC - 5560	4. peripheral smear by dr-tarka
	platelet - 38,000	manual platelet count
	Tig ceftriaxone - D3	5. dr sandhya morn
	Tig doxycycline - D3	Review.
		6. Trace typhoid ISH
		Went for x.
		by dr mother
		1/6/26.

HNH-00013543 IP5-00174516
 Baby AADHYA SHREE KRISHNA
 11-12-2022 3 Y 5 M 21 D (F)
 Dr. SANDEEP REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/06/2026 12:20pm	<p style="text-align: center;"><u>Dr. Sandeep Reddy</u></p> <p>only mild increase in platelets on NPO.</p> <p>accepting orally well before NPM</p>	<p style="text-align: center;">Plan:</p> <ol style="list-style-type: none"> 1) Bone marrow Analysis today 2) Keep NPO. 3) Introm s.c
01/06/26 5:00pm	<p style="text-align: center;"><u>Procedure notes</u></p> <p>Under aseptic precautions, child was given conscious sedation after taking informed written consent.</p> <p>Bone marrow aspiration and Biopsy was done with Bone marrow aspiration needle and biopsy needle, procedure uneventful.</p>	<p style="text-align: right;"><u>Dr. Srauchi</u></p>

HNH-00013543
 Baby AADHYA SHREE KRISHNA
 11-12-2022 3 Y 5 M 21 D (F)
 Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/06/2026 6:30pm	CS/B PICU fellow (Dr. Karthik)	
	Δ Acute febrile illness with Thrombocytopenia ↓ evaluation	<u>Plan:</u> 1) Inj- paracetamol TID 2) Continue Inj. methyl Prednisolone BD.
	Bone Marrow Analysis ✓ Procedure site - No bleeding.	
	Thyphoid IgM - Pending. ↳ NEGATIVE (verbal)	3) CBP T/m 4) send Bone marrow samples as planned
		<i>Kartik</i>
—————		
2/6/26: 8:30AM	CS/B PICU fellow: Dx:- Acute febrile illness. Thrombocytopenia ↓ evaluation.	<u>Plan:</u> 1. w/fever spikes. 2. Monitor vitals. 3. Trace Bone marrow aspiration & biopsy report.
	On room A/S hemodynamically stable. No fever spikes. oral intake better.	4. Continue w/ methyl prednisolone.
	Inj ceftriaxone - D5 Inj doxycycline - D4	
	platelets - 94,000.	Dr. Kartik

HNH-00013543 IP5-00174516
 Baby AADHYA SHREE KRISHNA (F)
 11-12-2022 3 Y 5 M 22 D
 Dr. SANDEEP REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/08/2026 12pm	cl/b Dr. Sandeep	
	A A 9 ITP (post viral)	plan:
	- Bone Marrow Biopsy	1) Discharge with Cefixime
	Reports awaited	2) flu aflu 3 days with CBP
		& Bone marrow Aspiration
		& Biopsy Reports
		3) steroids for next 4 days
		4) Tab Methylone 1mg/kg/dose
		BD x 4 days
		5) flu with
		for sandeep
		for sandhya mam
		Dr. Venkat Sandeep Reddy. K
		Reg. No: TSMC/FMR/15713

HNH-00013543 IP5-00174516
Baby AADHYA SHREE KRISHNA
11-12-2022 3 Y 5 M 22 D (F)
Dr. SANDEEP REDDY



CROSS CONSULTATION FORM

Doctor Name : Sandeeva V Date : 1/6/22 Time : 11am

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 :

Acute febrile illness
→ thrombocytopenia
(spontaneously improving)
no further fever

Pf in 50k

→ As family anxious
& 2 atypical viral reactions
Cells in PBS → to do
BMA & Bx today
→ SOS start steroid
→ can discharge on
steroids

Consultant :

Name : Sandeeva V Signature : [Signature] Date & Time : 1/6/22

CROSS CONSULTATION FORM

Doctor Name: Dr. Sandhya Date: 30/5/26 Time: 11:55 am

Diagnosis: Acute febrile illness with Thrombocytopenia

Hospital: RCH, Bangalore

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:

Thrombocytopenia

Ghosh
 Signature:

Findings and Recommendations :

febrile AIG
Thrombocytopenia
no active bleeding

I+P
(P)

no immune thrombocytopenia
in younger sibling last
years
BMD yolk sac

O/E of P
us
ROS
P/A

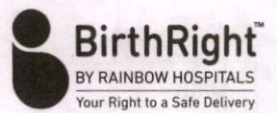
→ can observe for spontaneous improvement
↓
ROS IVIG 100mg
or
BMT → (in adult) pred.
→ support care

no family history of bleeding
cos Hb
CBC
WBC

Consultant :

Name: Somellaya Signature: [Signature] Date & Time: 30/5/26

HNH-00013543 IP5-00174516
 Baby AADHYA SHREE KRISHNA
 11-12-2022 3 Y 5 M 19 D (F)
 Dr. SANDEEP REDDY



OP RESULT SHEET

Date	29/5/26	30/5/26	30/5/2024	31/05/26	1/6/26	2/6/26
Time	9pm	2AM	7AM	5AM	7AM	7AM
Hb	10.7		10.2	10.6	10.5	11.5
PCV	30.1		31.7	34	32.7	36.0
RBC	4.10		4.04	4.27	4.19	4.60
WBC	5320		2050 ↓	4770 ↓	5560	4560 ↓
N/L	49/40		64/27	29.8/64.2	29/63	28/68
Platelets	29000		24000 ↓	32,000 ↑	38,000 ↑	94,000 ↑
CRP			(30,000)			
ESR						
PCT		0.142				
RBS						
Na		136				
K		4.5				
Cl		1.06				
Ca/Mg						
Phosphate						
Urea		7				
Creatinine		0.4				
ALP		141				
SGPT		22				
SGOT		38				
T.Bill/Conj		0.2/0.1				
T.Protein		6.2				
S.Albumin		3.6				
S.Globulin		2.6				
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR		17/1.3				
APTT		47				
CSF Protein / Sugar						
Cells						
N/L						

Bicarbonate

19

24.7
(Femitin)

HNH-00013543 IP5-00174516
 Baby AADHYA SHREE KRISHNA
 11-12-2022 3 Y 5 M 20 D (F)
 Dr. SANDEEP REDDY



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ICU Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. CEFTRIAXONE	700ms	IV	BD	31/05	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ. ESOMEPRAZOLE	14ms	IV	OD	31/05	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INJ. VITAMIN K	5ms	IV	OD	31/05	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	INJ. DOXYCYCLINE	30ms	IV	BD	31/05	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Kanthik [Signature]

Date & Time : 31/05/2026 11:30 AM

Nurse Name & Signature: [Signature] [Signature]

Date & Time : 31/5/26 e 11:30 AM



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: Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	SYP ZINCONIA	500	PO	OD	29/5	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	ENTEROGUARDINA	1 RESPOCE	PO	TID	29/5	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

MEDICATION HISTORY RECORDED / VERIFIED BY

* C - Continue, DC - Discontinue

Doctor Name & Signature: *Dr. Mathew* *MY*

Date & Time: *30/5/26* *12:30 AM*

Nurse Name & Signature: *Mathew T. T.* *MT*

Date & Time: *30/5/26* *12:30 AM*

HNH-00013543 IP5-00174516
 Baby AADHYA SHREE KRISHNA
 11-12-2022 3 Y 5 M 19 D (F)
 Dr. SANDEEP REDDY

DRUG CHART

Date of Admission: 20/5/22 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient
 - 2) Right Drug
 - 3) Right Dosage
 - 4) Right Route
 - 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : <u>INJ PARACETAMOL</u>				Date Time															
Dose	Route	Frequency	Start Date																
<u>150mg</u>	<u>IV</u>	<u>SOS</u>	<u>30/5</u>	<u>h</u>	<u>AM</u>	<u>20/5</u>													
Doctor's Signature		Valid Period	Pharm.																
<u>M Pratheesh</u>																			
Additional Instructions:																			
<u>SOS</u>																			

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



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG : INT METHYL PREDNISOLONE				Date/Time																		
Dose	Route	Frequency	Start Dt.																			
30mg	IV	BD	1/6																			
Name & Signature of the Doctor Starting the Drugs:				Dr. Nuthan [Signature]																		
Additional Instructions:				[Signature]																		
Daily Doctor's Endorsement by a Sign																						

DRUG : INT PARACETAMOL				Date/Time																			
Dose	Route	Frequency	Start Dt.																				
150mg	IV	TID	1/6																				
Name & Signature of the Doctor Starting the Drugs:				Dr. Nuthan [Signature]																			
Additional Instructions:				[Signature]																			
Daily Doctor's Endorsement by a Sign																							

DRUG :				Date/Time																			
Dose	Route	Frequency	Start Dt.																				
Name & Signature of the Doctor Starting the Drugs:																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							

DRUG :				Date/Time																			
Dose	Route	Frequency	Start Dt.																				
Name & Signature of the Doctor Starting the Drugs:																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							

VERIFIED BY : Name Signature

HNH-00013543 IP5-00174516
 Baby AADHYA SHREE KRISHNA
 11-12-2022 3 Y 5 M 22 D (F)
 Dr. SANDEEP REDDY



Sheet No.

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG :				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

DRUG :				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

DRUG :				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

VERIFIED BY : Name Signature

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)

HNH-00013543
 Baby AADHYA SHREE KRISHNA
 11-12-2022 3 Y 5 M 22 D
 Dr. SANDEEP REDDY (F)

1-5 years

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

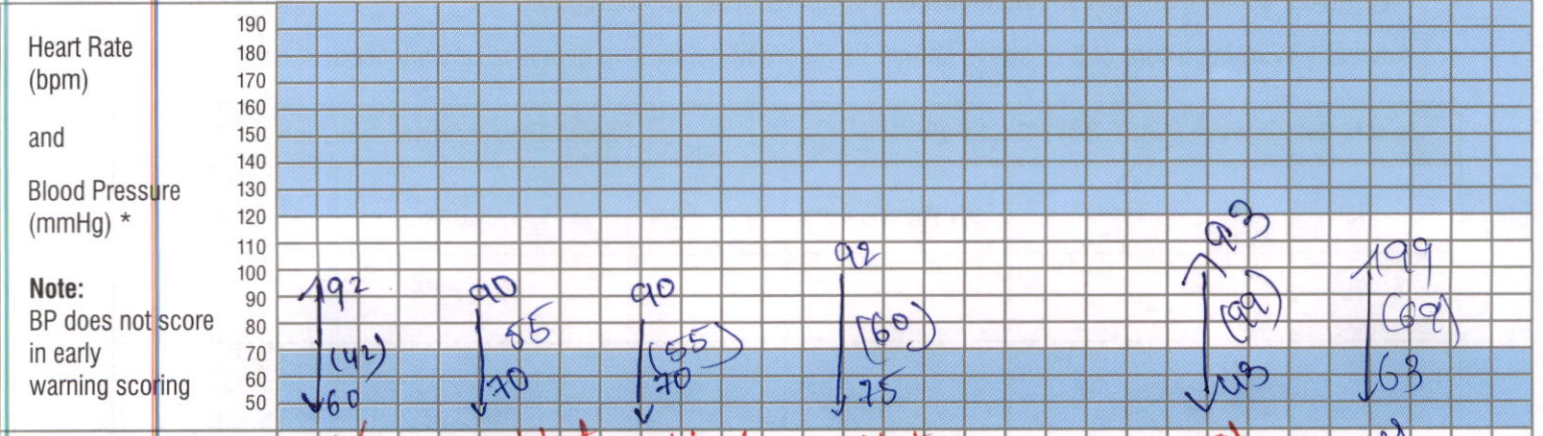
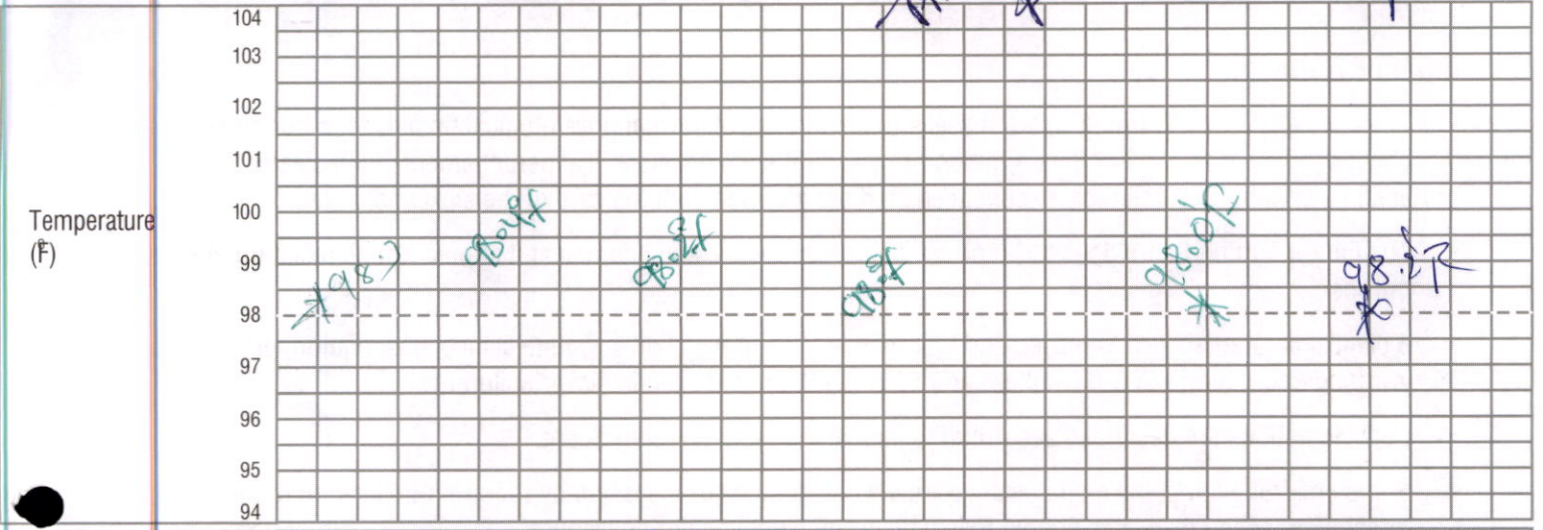
Doc. No. : RCHBH/ FRM / CLINICAL / 126



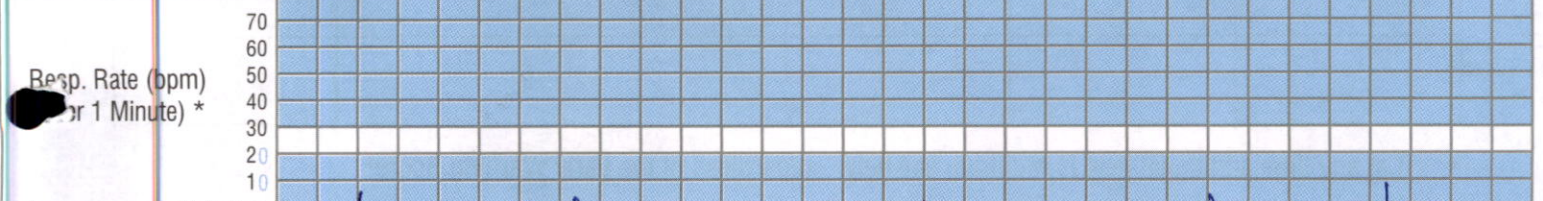
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/12/22 Time: 6am

Doctor / Nurse / Family Concern? 6am 10pm 12:25pm 6pm 10pm 8pm



Heart Rate (Number) 136/min 114/min 116/min 122/min 120/min 142/min



Resp Rate (Number) 27/min 28/min 28/min 28/min 28/min 28/min

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 99% 99% 99% 99% 99%

Conscious Level Normal / Altered 13/15 15/15 15/15 15/15 15/15 15/15

GCS * 13/15 15/15 15/15 15/15 15/15 15/15

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

- 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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HNH-00013543 IP5-00174516
 Baby AADHYA SHREE KRISHNA
 11-12-2022 3 Y 6 M 21 D (F)
 Dr. SANDEEP REDDY



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

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

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 31/05 Time: 12:30 PM 5 PM 10 PM 2 AM

Doctor / Nurse / Family Concern? SPM

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

Handwritten temperature values: 97.0 F, 98.3 F, 99.8 F

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

Handwritten BP values: 92/62, 95/65, 91/64, 111/60

Heart Rate (Number): 126b/m, 120b/m, 120b/m, 119b/m

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

Resp Rate (Number): 26b/m, 20b/m, 26b/m, 27b/m

Resp Distress	Mod/ Severe None / Mild			
Receiving O ₂ (l/min)	O ₂ Saturations (%)	100%	100%	100%
Conscious Level	Normal Altered			
GCS *		15/15	15/15	13/15

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

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.

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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

- 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)



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output		IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine		
31/5	08:00 am		Bread ham			/	/	/	/	/	0	Ankitha
	09:00 am											
	10:00 am											
	11:00 am		water									
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
31/5	02:00 pm		chappati			/	/	/	/	/	0	shishu
	03:00 pm											
	04:00 pm											
	05:00 pm		milk									
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
31/5	08:00 pm					/	/	/	/	/	0	Chand
	09:00 pm											
	10:00 pm											
	11:00 pm		/									
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
1/6	02:00 am					/	/	/	/	/	0	Chand
	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



1/05/22
62RBS
93 wuh

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			
<i>01/06/22</i>	08:00 am			DNS							0	} <i>Res</i>	
	09:00 am	IV		30ml/hr							0		
	10:00 am			30ml/hr							0		
	11:00 am			30ml/hr							0		
	12:00 pm			30ml/hr							0		
	01:00 pm			30ml/hr							0		
Total Intake :						Total Output :							
<i>02/06/22</i>	02:00 pm											} <i>Res</i>	
	03:00 pm												
	04:00 pm	<i>NO SUP</i>											
	05:00 pm												
	06:00 pm										0		
	07:00 pm										0		
Total Intake :						Total Output :							
<i>11/06/22</i>	08:00 pm										0	} <i>Praya</i>	
	09:00 pm										0		
	10:00 pm	<i>NO SUP</i>									0		
	11:00 pm										0		
	12:00 am										0		
	01:00 am										0		
Total Intake :						Total Output :							
<i>2/06/22</i>	02:00 am										0	} <i>Praya</i>	
	03:00 am										0		
	04:00 am	<i>NO SUP</i>									0		
	05:00 am										0		
	06:00 am										0		
	07:00 am										0		
Total Intake :						Total Output :							

Intake

Total 24 hrs. Output

FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
11/06/20	08:00 am	1									0		
	09:00 am										0	shw	
	10:00 am	200 SUP									0	shw	
	11:00 am										0	shw	
	12:00 pm										0	shw	
	01:00 pm										0	shw	
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							

HNH-00013543 IP5-00174516
 Baby AADHYA SHREE KRISHNA
 11-12-2022 3 Y 5 M 22 D (F)
 Dr. SANDEEP REDDY



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				
	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

PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr Farhan

Date : 29/5/26

Type of Admission: OPD ER Referral (if referral, Doctor's Name:

Start Time of Assessment:

Weight: 14.5 kg

Allergic History: ⊖

Chief Complaints:
40 fever : 3 days
loose stools : 1 day
7 episodes today, 2 episodes
were black and sticky
decreased oral intake since
today
urine output adequate

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

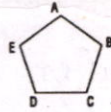
Any urgent interventions needed: Yes No
 If Yes

Significant Past History: ⊖

Medication History: ⊖

Relevant Investigations: ⊖

Primary Assessment



Airway



Open
 Maintainable
 Not Maintainable


Any urgent interventions needed: Yes No
 If Yes

Breathing



Rate: 26/min SpO₂ on FiO₂ 100% - JRA
 Rhythm:
 Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring
 Respiratory Noises: Stridor Wheezing Grunting
 Air Entry: BAEA
 Palpation Findings (If necessary).....

Any urgent interventions needed: Yes No
 If Yes

Circulation  HR: 144/min CFT Central Peripheral

BP: 115/68 mmHg Murmurs: Yes No

Pulse Volume: Central good Peripheral

If in Shock: Compensated Hypotensive


Muffled Heart Sound: Yes No Liver Span:

Engorged Neck Veins: Yes No ECG:

Any Signs of Heart Failure: Yes No

Any urgent interventions needed: Yes No

If Yes

Disability  GCS: 15/15 AVPU:

Pupils: Responsive Non-Responsive


Size: Right equal Left

Active Seizures: Yes No Sugars:

Signs of Neurological compromise

Any urgent interventions needed: Yes No

If Yes

Exposure  Temp.: 100.2°F

Any Rash: Yes No

If yes describe the rash

Active bleed

Lacerations Abrasions bruises

Describe:

Any urgent interventions needed: Yes No

If Yes Syp PARACETAMOL 5ml.

- 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: (N)

Labs Planned: CBP, CRP
PT/INR
S. Electrolytes
Blood c/s.
R/V Dengue NSI.

Treatment Planned:
IV fluids
antibiotics based on
Blood reports

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

Final Diagnosis with possible Differential Diagnosis (If necessary): AFI = gastroenteritis

Assessment done by
Name of the Doctor: Sahit

Signature: [Signature]

Date & Time: 29/5/26 11:55 PM

Sr. Doctor on Duty (If necessary)
Name of the Sr. Doctor:

Signature:

Date & Time:

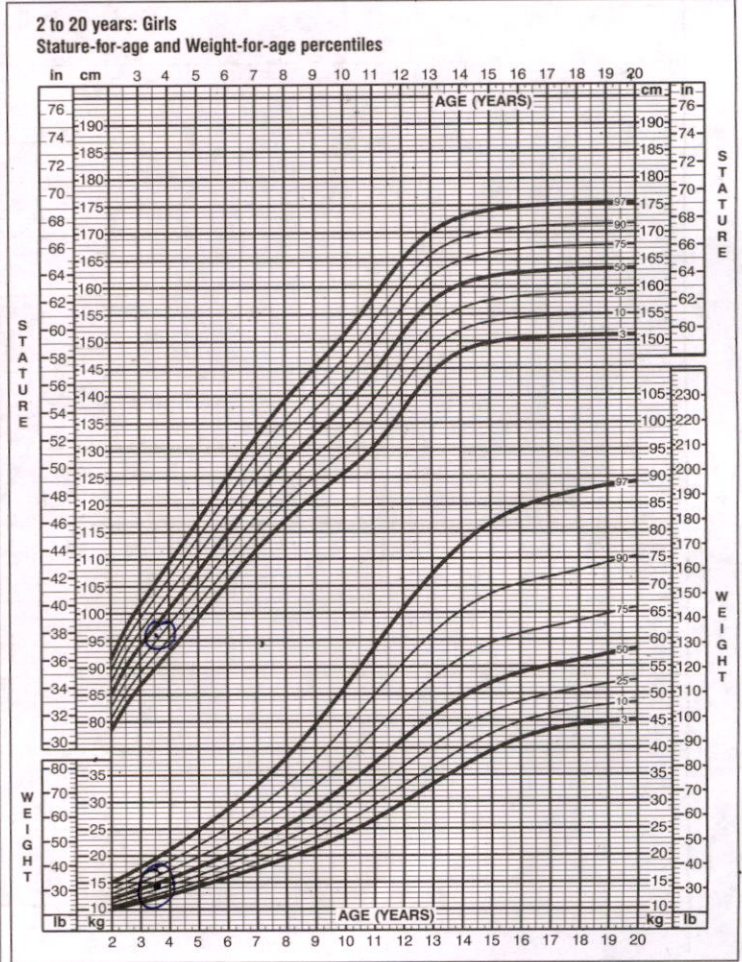
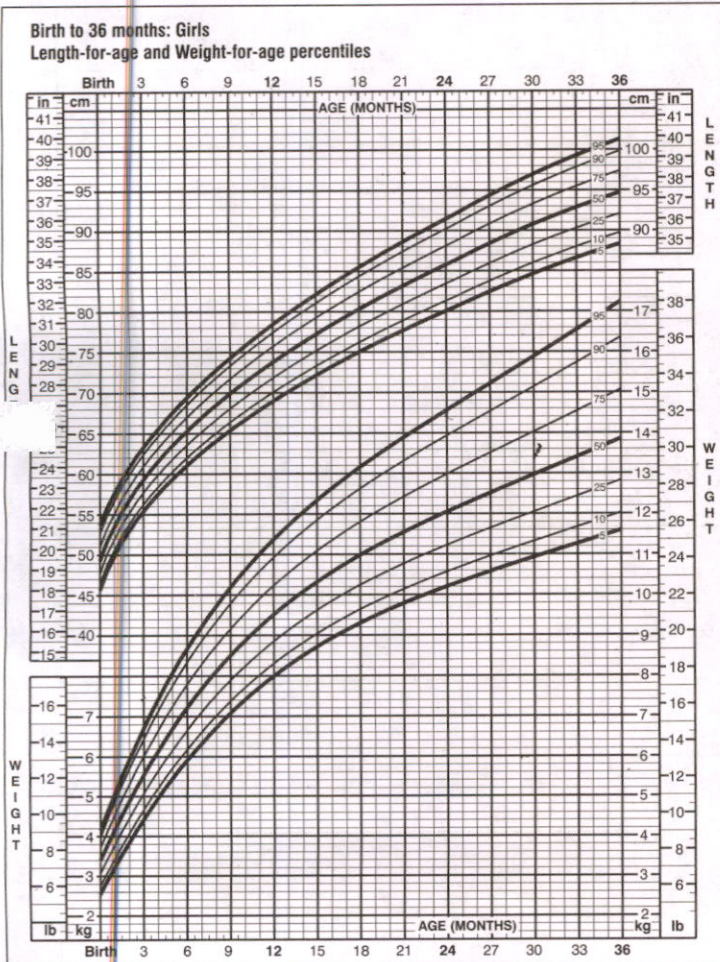
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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 31/5/26 Time: 1 pm

Weight: 14-48 kgs Centile: >25th
 Height: 96 cms Centile: >25th
 Inference: well child
 RDA: - Calories: 1300 kcal/d Protein: 22g/d
 Diet Recommendations: soft diet
 Re-Assessment: Avoid spicy, chilled, outside foods
 Food Allergies: No Veg/Non-veg Non-Veg
 Diagnosis: API i thrombocytopenia
 Nutritional Intervention - Oral Enteral Parenteral
 Patient's Signature: P. Krishna

GROWTH CHART (GIRLS)



Dietician's Name Nikitha

Dietician's Signature Nikitha

Daily Notes:

1/6/26
11 AM

Child is on NPO.

- NPO letter

2/6/26
10:45 AM

child is stable. oral intake is better
continue c soft diet. — mounica.