

ACTIVITY RECORD FOR BILLING

Name : _____ BAH-00391869 IP5-00175886
Baby SARDAR SIDAK KAUR
10-12-2018 7 Y 6 M 22 D (F)
UHID No. : _____ Dr. VENKATA LAKSHMI A
Date of Admission : _____ of Discharge : _____ Time : _____
Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	6:11 pm	ER	ward	pooja

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Mainak Deb	4/7/26	9687812	(MR)
2	Dr. Alisha	2/7/26	9687815	(M)
3				
4				
5				
6				
7				
8				
9				
10				

[illegible]

Date _____

Investigations

Order No.

Signature

2/2

CBF, RP, RP, UBC

66303

Blood cl, Rbx-107 mg/dl

2/21

CS6 Abdomens

32925

we

66306

8/2

CSG stool cl

93702

3/7

Tgg, TTG, s-Ige if

06241

~~3/02~~

~~SSC~~

~~240586~~

[illegible]

[illegible]

Signature

84385
673521

Julius

[illegible]

Prepared By :

Billing Supervisor

**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 : IP5-00175886

Admit Date : 02-Jul-2026

Admit Time : 05:20 PM UHID : BAH-00391869

Patient Details :

Patient Name	: Baby SARDAR SIDAK KAUR	Age	: 7 Y 6 M 22 D
Guardian	: Mr SARDAR GURPREET SINGH	DOB	: 10-12-2018
Gender	: Female	Religion	:
Occupation	:	Marital Status	: Single
Address (H)	: HNO:7-1-246/2/B/1, , RENUKA NAGAR, BALKAMPET Hyderabad Race Club Hyderabad Telangana INDIA 500036	Phone No	: 9246532350/ 8464099505
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE

Bed No : SPVT 105

Ward Name : 1F-VIBGYOR

Room No : SPVT 105

Admission Type : First Visit

Contact Details :

Name	: Mr SARDAR GURPREET SINGH	Relationship	: Father
Contact Address	: HNO:7-1-246/2/B/1, , RENUKA NAGAR, BALKAMPET Hyderabad Race Club Hyderabad Telangana INDIA 500036	Phone No	: 9246532350 / 8464099505

Signature**Doctor Details :**

Doctor Name	: Dr. VENKATA LAKSHMI A	Specialisation	: GENERAL PEDIATRICS
Referral Doctor	: Self	Phone No	:
Co-Consultant	:		

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : BAJAJ ALLIANZ GENERAL
INSURANCE CO LTD

JAH-00391869 IP5-00175886
 Baby SARDAR SIDAK KAUR
 10-12-2018 7 Y 6 M 24 D (F)
 Dr. VENKATA LAKSHMI A



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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EFFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	4			
7	Nursing plan of care and handover sheets	44			
8	Consultation sheet	2			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	5			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
45	Sub	4			
Total No. of Pages		39			

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00391869 IP5-00175886
Baby SARDAR SIDA K KUR
10-12-2018 7 Y 6 M 22 D (F)
Dr. VENKATA LAKSHMI A


Pediatric Multiorgan History & Physical Examination

Name : S. SEDAK KAUR Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

C/O vomiting x 1 day
C/O loose stools x 1 day
C/O fever x 1 day

History of present illness :

C/O vomiting x 1 day
↓
- 7-8 episodes
- containing food particles
- Non bilious, Non projectile, Non blood stained

C/O loose stools x 1 day
↓
- 2 episodes, foul smelling
- watery, large in quantity
- Non blood/mucus stained

C/O fever x 1 day
↓
- 1 spike - 100.4°F

H/O VRT 5 days ago (OPD Rx - Azithromycin & Oseltamivir)



Pediatric Multiorgan History & Physical Examination

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

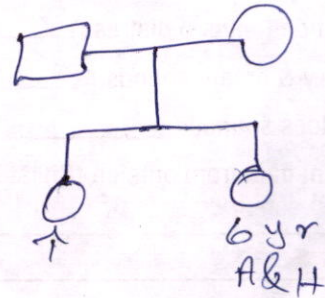
H/O Constipation was on laxatives
stopped since April-2026

H/O cyclical vomiting → 3-4 episodes/year

Birth & Neonatal History:

FT/NVD/-CEAB

NO H/O NICU stay



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Lower middle class

Developmental History :

As per age in all 4 domains

Immunization History :

As per schedule



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 25 kg (Centile _____)

On Examination :

Temperature : 100.4°f Pulse Rate : 130 bpm B.P. 110/62 mmHg SPO2 98.1% RA

Resp. rate and type of breathing : 20 br/min

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any added sounds : _____

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : _____

Auscultation : _____

Spine : _____

External Genitalia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves :

Motor System:

Nutriton :

Tone :

Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR

Superficials:

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

AGE 2 some dehydration



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Dehydration.
Shock, sepsis

Desired goals of the treatment :

Hemodynamic stability

Planned Labs:

CBP

CRP

RP-2

VBG

Blood c/s

1 U/E

USG abdomen

GRBS - 107 mg/dl

Planned Management

- IVF - DNG

- INV. Esomeprazole

- Inv. Ondansetron

- Antipyretics

- IV Ceftriaxone
is sepsis markers
positive.

Signature of the Doctor: Dr. Nandan

Name of the Doctor: Dr. Nandan

Date & Time: 02/07/2026, 5:30 PM

Signature of the Consultant: Dr. Venkata Lakshmi A

Name of the Consultant: Dr. Venkata Lakshmi A

Date & Time: 02/07/2026, 5:30 PM

DR. VENKATA LAKSHMI A
Registration No: 50115

Date & Time	Progress Notes	Doctor's Order
2/7/20 4 PM	Seen By Resident. AFI = .	D/w Dr Venkatalakshmi
	Assn - Acute gastroenteritis ± some dehydration	
	labs reviewed.	Plan
	1 fever spike since admission	1. continue IV fluids &
	oral intake less.	medications as charted
	On room air,	2. ORS sachets
	hemodynamically stable.	3- Encourage orally.
	hydration moderate.	4. Monitor vitals.
		w/ reduced urine output
		5. Send CSE &
		stool c/s. \$.
		6. Add ceftriaxone. Sahithi



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SIB Resident	
3/12/20 4pm	4: AFI 1 fever spike ⊕ - 100.8°F loose stools ⊕ 3 episodes watery oli- fair. c/c: Child alert vitals stable C/S normal PTA hydration-fair	Plan: ① continue medication as per chart ② monitor vitals ③ wif fever ④ trace blood Cc. ⑤ Inform soc.
		Madhusu
3/12/20 4pm	SIB Dr. Venkat Lakshmi 1 fever spike ⊕ loose stools ⊕ Child alert vitals stable	Plan: 1) CSE, stool culture 2) IgA, TTG to send, S-IgE levels 3) Upper GI contrast study tomorrow 4) Food Allergy panel to send at Tenet Diagnostics 5) LFT now
		Madhusu

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 Dr. VENKATA LAKSHMI A



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/12/26 8 AM	SIB Resident D: AFI AGE fever spike 100.5°F at 8 pm cough ⊕ no vomitings. loose stools ⊕ 6-8 episodes last night 2 episodes in the morning O/C - Child alert Vitals stable Rn - BIC AC ⊕, clear C/S - S1 S2 ⊕ PIA - soft	Plan (1) cont medication as per chart (2) upper GI study today (3) cont. IVF (4) Gastro Diet (5) trace stool C/S. (6) Send food Allergy panel at next diagnostics
4/12/26 11 AM	SIB Dr Venkata Lakshmi D: AFI AGE fever spike ⊕ loose stools ⊕ vitals stable	Plan: 1) Upper GI study 2) comprehensive food allergy panel to send 3) cont ivf 4) Trace stool C/S 6) Comprehensive GI panel (stool)



Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



It takes a lot to treat the little.

REQUEST FOR CREDIT FACILITY

To,
The Credit Billing,
Tenet Diagnostics,
Banjara Hills, Hyderabad.

Patient details:

BAH-00391869 IP5-00175886
Baby SARDAR SIDAK KAUR
10-12-2018 7 Y 6 M 24 D (F)
Dr. VENKATA LAKSHMI A



Dear Sir/Madam,

We are sending the above mentioned patient for the diagnostic test Upper GI Contrast Study
..... in your diagnostic center on credit basis. Request
you to kindly do the needful. The bill will be settled by Rainbow Hospital, billing department as per the agreement. For
any further queries, please contact the billing manager.

Order ID: 5-0009682102

Thanking you,
Department of Inpatient Billing

Coordinator:

Signature: Sana Begum

Name: Sana Begum

Date & Time: 4/6/26 @ 10 AM

Billing Executive:

Signature: Sana Begum

Name: RAINBOW CHILDREN'S HOSPITAL LIMITED

Date & Time: 8-2-120/103/1, Survey No: 403, Beside Park Hyatt

Mobile (Billing Manager): 9247505898

Manager on Duty (MOD):

Signature: M. R. Reddy

Name: M. R. Reddy

Date & Time: 04/07/2026, 01:10 PM

Mobile: 9676838787

Docu. No: RCH/ FRM/ GENERAL/ 663



CROSS CONSULTATION FORM

Doctor Name : Dr. Mainak Deb - Date : Time :

Diagnosis : 1 vomiting - Rec & Evaluation

Hospital : REC 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:

vomiting

Signature: Madhu

Findings and Recommendations :

Thanks for referral,

History noted,

Adv

7y/ female child & multiple
episodes of vomiting (12-13 episodes)
non-bilious, non-projectile vomiting
(content - food)

① upper GI contrast study.

a/w 2-3 episodes of loose stool
Not a/w ~~fever~~, colicky abdominal pain,

no ~~ab~~ obstipation (as) abdominal distension

→ H/o episodic vomiting - 3 years
occur every 2-3 months
8-10 episodes / day for 1-2 days

H/o migraines
H/o constipation (+)

o/e PR/LLC
GI - fair
Vitals - stable
Femur (+)
P/A soft,
nontend

Dr. Nitish
3/1/21

Consultant :

Name : Dr. Mainak Deb Signature : [Signature] Date & Time : 3/1/21
for Dr. Mainak 3:00 PM

5/2

8/13 2019

041 1000000

100 1000000

100 - 1000000

1000 1000000 1000000

1000
5/12/20



CROSS CONSULTATION FORM

Doctor Name : Dr. Alisha Date : 02/06/2026 Time :

Diagnosis : Acute gastritis

Hospital : RCH Bangalore

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:

vomitings

Signature: madhwa

Findings and Recommendations :

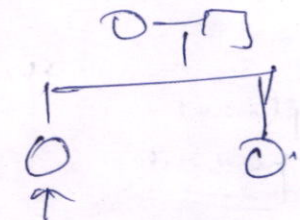
27th June no fever, cold, cough & 2 days
had taken treatment
for acute pharyngitis.
subsided

2nd July had 1 episode loose stool
vomitings ~ 12-13 episodes
also ~ food.
no blood in vomit.
taken iv ondansetron → persistent vomitings
got admitted.

no similar episodes in past → recurring every 3-4 months
early morning → loose stools 1 episode → vomiting episodes
~ 8 episodes. x 1 day

past Inv:

USG Abdomen Normal
CSE Normal



→ Subst. Rec. by
ondansetron & Prochlorperazine
1 dose.

Consultant :

Name : Dr. Alisha Signature : [Signature] Date & Time :

no H/O ORL.

H/O myasthenia → ^{was} on Civallca.

no H/O feeling something stuck in throat

no dysphagia.

no allergic history

no Abdominal pain / discomfort / Blood in stools.

no headache / no ophthalmias / no annua during episode.

no sp. food history could be traced ppt these complaints.

no photophobia / no photophobia.

Further K/O migraine

No stressor could be traced. | Academically good @ school.

no wt loss.

thriving well → wt 90th centile
wt 70th centile.

wt - 25kg (max)

present

H/O constipation. ① → on Mome 3 swabs / 2 swabs
uses for 2 months, then
tapers & stops

→ used on & off 1 1/2 yrs.

Δ! - Cyclic Vomiting Syndrome spectrum - milder variant.

Plan

① During episode.
Early management with

Domstal.
Rabfirozole.
Ondansetron.

* Parents to identify triggers
* Regular sleep - wake cycle
to be maintained.

to be given at the
beginning of the episode.

If vomiting persistent, ORS → if not able to → 20% nearest
health facility.
(Rile-B)

② no need of oral contrast & oral endoscopy used

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RESULT SHEET

Date	2/7/26					
Time						
Hb	12.4.					
PCV	37.7					
RBC	5.12.					
WBC	7.15 k					
N/L	(9.2/4)					
Platelets	2.2 L.					
CRP	5.					
ESR						
PCT						
RBS	107.					
Na	139					
K	3.7					
Cl	105					
Ca/Mg						
Phosphate						
Urea	30					
Creatinine	0.4.					
ALP	159					
SGPT	20					
SGOT	39					
T.Bill/Conj	0.2/0.1					
T.Protein	6.7					
S.Albumin	3.8					
S.Globulin	2.9					
A/G Ratio	1.3					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L	LCO ₂	19				

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clak Kaur

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MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

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

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

Shifting From: 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: Nalok, Dr. Nandan

Date & Time: 02/07/2026, 5:15 PM

Nurse Name & Signature: Pooja

Date & Time: 2/7/26 at 5:20 pm



Sidak Kaur.

DRUG CHART

Date of Admission: 02/07/26 Drug Allergies: ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG : <u>SYP. PARACETAMOL</u>				Date/Time	<u>2/7</u>															
Dose	Route	Frequency	Start Date																	
<u>7.5ml</u>	<u>PO</u>	<u>SOS</u>	<u>02/07/26</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>Dr. Nandan</u>																				
Additional Instructions: <u>240mg/5ml</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:																				



Weight. 25 kg Ward.

Page: 2/4

cu. No. : RCHBH /FRM / CLINICAL / 108

Patient Sticker

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																				

Signature
VERIFIED BY : Name



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.		

VERIFIED BY : Name _____ Signature _____

[illegible]

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10-12-2018 7 Y 6 M 24 D (F)
Dr. VENKATA LAKSHMIA



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 : 5/12 Time:

Doctor / Nurse / Family Concern? Sam

Temperature
(F)

104
103
102
101
100
99
98
97
96
95
94

X 95.7 F

Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:

BP does not score
in early
warning scoring

190
180
170
160
150
140
130
120
110
100
90
80
70
60
50

101
(68)
56

Heart Rate (Number)

101 bpm

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

70
60
50
40
30
20
10

26

Resp Rate (Number)

26 bpm

Resp Mod/ Severe
Distress None / Mild

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

100%

Conscious Level
Normal Altered

GCS *

15/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

1
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.

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

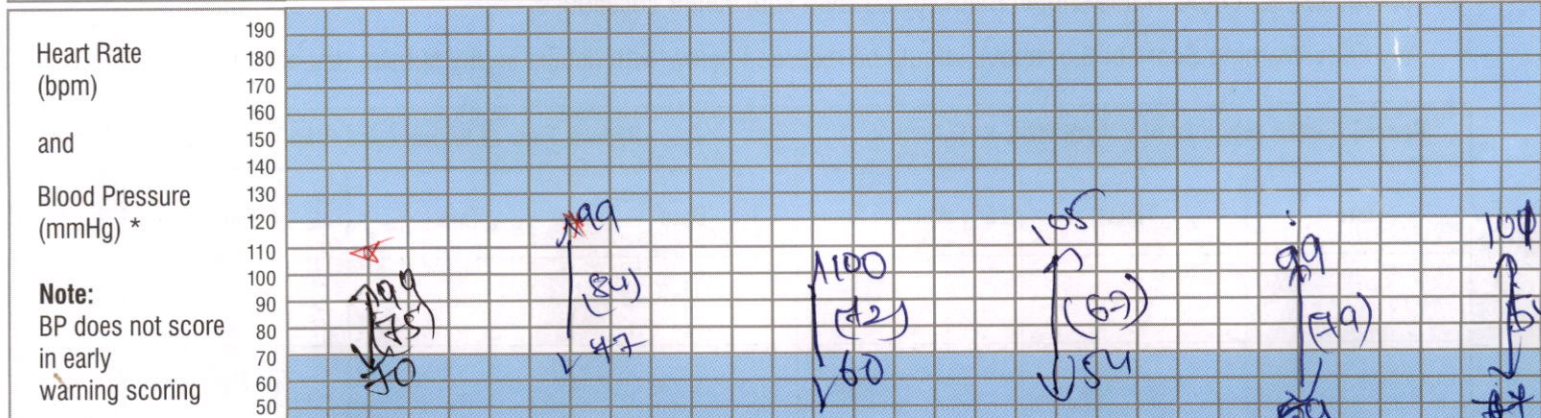
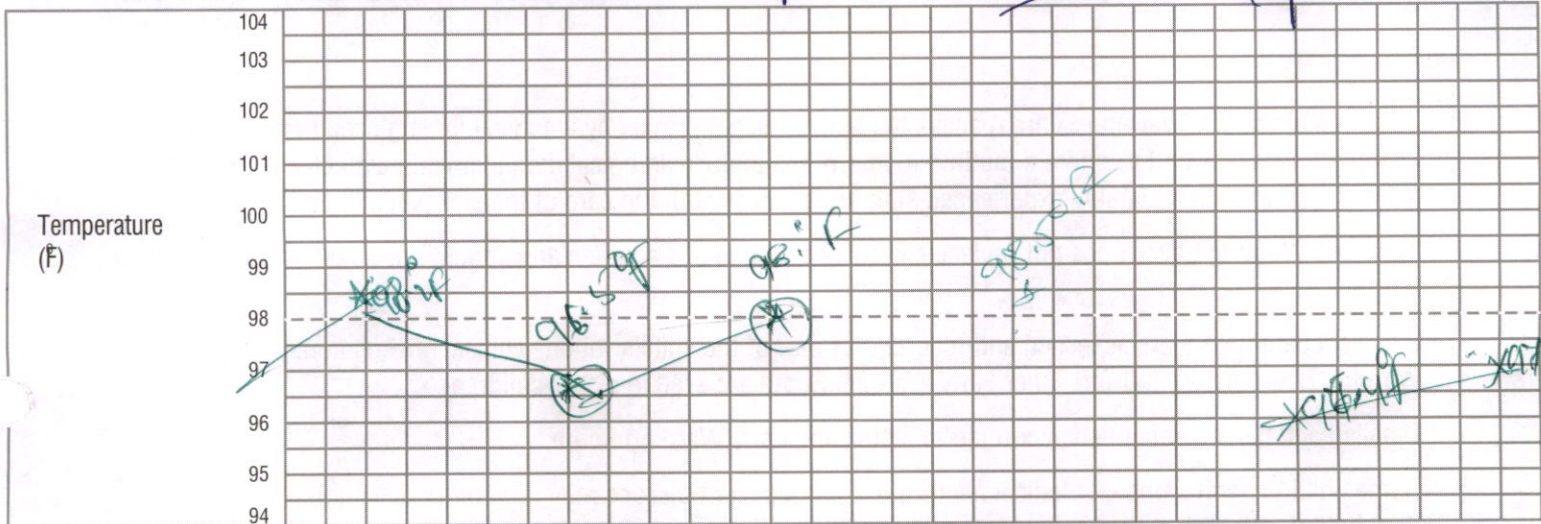
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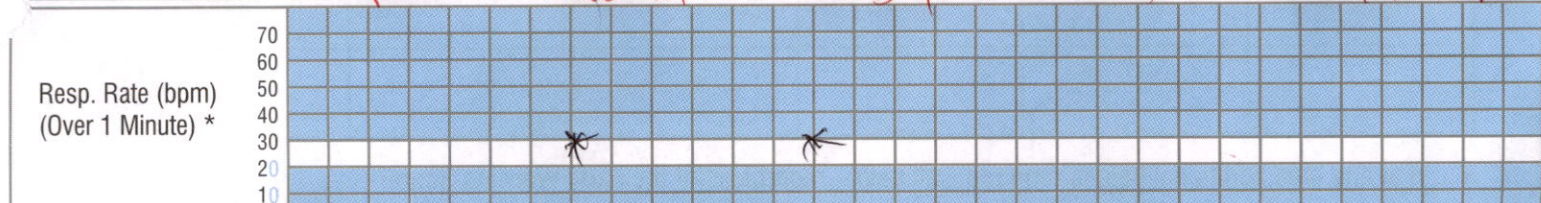
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B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 04/07/18 Time : 6 am 10 am 1 pm 5 pm 7 pm 8 pm
 Doctor / Nurse / Family Concern?



Heart Rate (Number)



Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal Altered

GCS *

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

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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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 04/07/18 Time: 10:30 am
Doctor / Nurse / Family Concern? [Signature]

Temperature
(F)

104
103
102
101
100
99
98
97
96
95
94

Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:

BP does not score
in early
warning scoring

190
180
170
160
150
140
130
120
110
100
90
80
70
60
50

Heart Rate (Number)

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

70
60
50
40
30
20
10

Resp Rate (Number)

Resp Mod/ Severe
Distress None / Mild

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

Conscious Level Normal
Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be
recorded overleaf

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Score 2 : Shift in charge nurse to be informed and continue hourly observations
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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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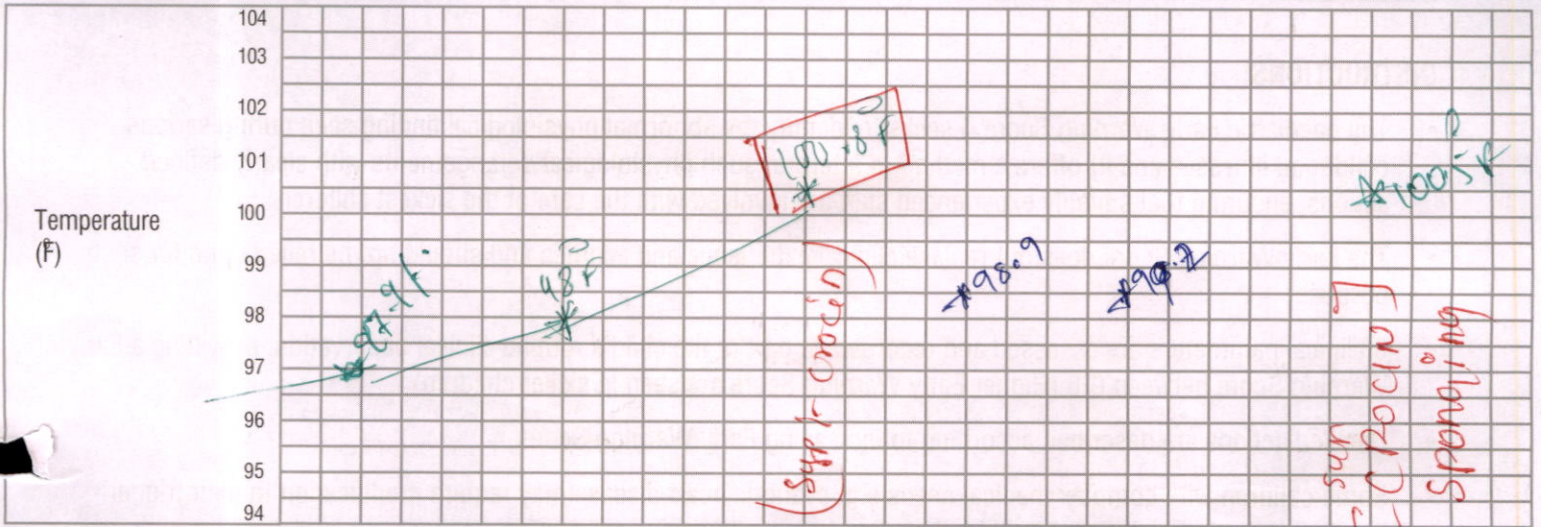
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 31/12/18 Time: 10am 11.15pm 2pm 6pm 8pm
 Doctor / Nurse / Family Concern?



Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

Time	Heart Rate (bpm)	Blood Pressure (mmHg)
10am	88	108/63
11.15pm	100	120/62
2pm	106	125/89
6pm	111	121/60

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

Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal Altered

GCS *

Time	Resp Rate (Number)	Resp Mod/ Severe Distress	Receiving O ₂ (l/min)	O ₂ Saturations (%)	Conscious Level	GCS *
10am	25	None	100	100	Normal	15/15
11.15pm	20	None	92	92	Normal	15/15
2pm	20	None	98	98	Normal	15/15
6pm	24	None	99	99	Normal	15/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

Time	Number of shaded boxes	Pain Score	Observer's Initials
10am	1	0	1
11.15pm	1	0	0
2pm	1	0	0
6pm	0	0	0

ACTIONS

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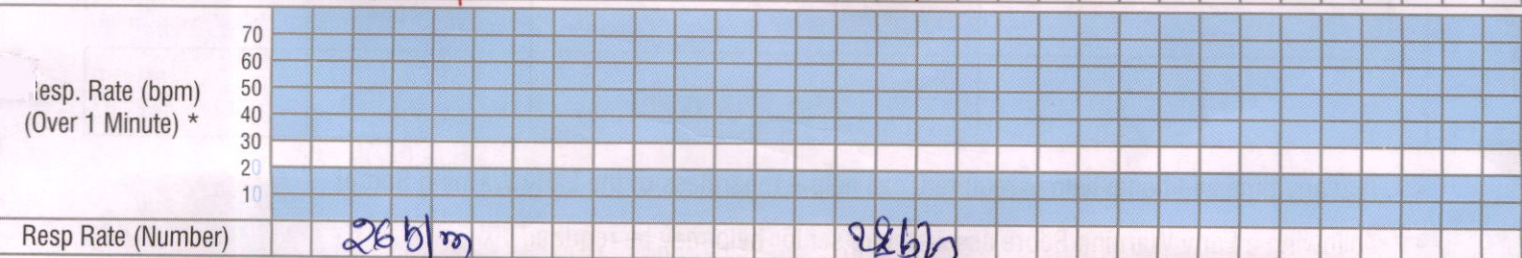
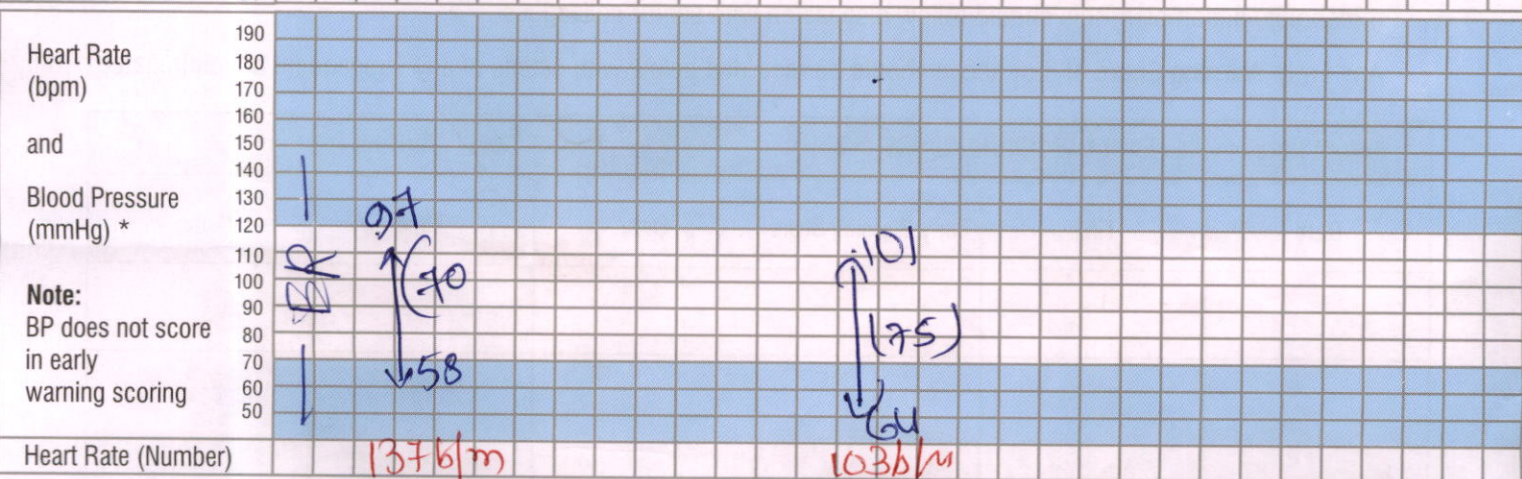
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/1/26 Time: 1:25 PM 3:30 PM 10 PM 2 AM 3:00 AM 4 AM
 Doctor / Nurse / Family Concern?



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

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BAH-00391869 IP5-00175886
 Baby SARDAR SIDAK KAUR (F)
 10-12-2018 7 Y 6 M 22 D
 Dr. VENKATA LAKSHMI

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

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.

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			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											
24	05:00 pm			65ml								
	06:00 pm	DNS		65ml								
	07:00 pm			65ml								
Total Intake :			Total Output :									
	08:00 pm			65ml								
	09:00 pm			65ml								
	10:00 pm	DNS										
	11:00 pm											
	12:00 am			65ml								
	01:00 am			65ml								
Total Intake :			Total Output :									
	02:00 am			65ml								
	03:00 am			65ml								
	04:00 am	DNS		65ml								
	05:00 am			65ml								
	06:00 am											
	07:00 am											
Total Intake :			Total Output :									
Total 24 hrs. Intake			Total 24 hrs. Output									

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 10-12-2018 7 Y 6 M 22 D (F)
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Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
8/12	08:00 am	1	65ml										
	09:00 am	1	65ml										
	10:00 am	1	65ml										
	11:00 am	1	65ml										
	12:00 pm	1	65ml										
	01:00 pm	1											
Total Intake :						Total Output :							
3/12	02:00 pm	1	65ml										
	03:00 pm	1	65ml										
	04:00 pm	1	65ml										
	05:00 pm	1	65ml										
	06:00 pm	1	65ml										
	07:00 pm	1	65ml										
Total Intake :						Total Output :							
3/12	08:00 pm	1	60ml										
	09:00 pm	1	60ml										
	10:00 pm	1	60ml										
	11:00 pm	1	60ml										
	12:00 am	1	60ml										
	01:00 am	1	60ml										
Total Intake :						Total Output :							
4/12	02:00 am	1	60ml										
	03:00 am	1	60ml										
	04:00 am	1	60ml										
	05:00 am	1	60ml										
	06:00 am	1	60ml										
	07:00 am	1	60ml										
Total Intake :						Total Output :							
Total 24 hrs. Intake			Total 24 hrs. Output										

BAH-00391869 IP5-00175886
 Baby SARDAR SIDAK KAUR
 10-12-2018 7 Y 6 M 24 D (F)
 Dr. VENKATA LAKSHMIA



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		Intake			Output						IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
24/12	08:00 am		1dm	60ml		/						0	Yappa
	09:00 am			60ml		/						0	
	10:00 am	Dals	2po	60ml		/						0	
	11:00 am			60ml		/						0	
	12:00 pm			60ml		/						0	
	01:00 pm			-		/						6	
Total Intake :					Total Output :								
25/12	02:00 pm			-		/						0	Srosh
	03:00 pm			-		/						0	
	04:00 pm			-		/						0	
	05:00 pm			60ml		/						0	
	06:00 pm			60ml		/						0	
	07:00 pm			60ml		/						0	
Total Intake :					Total Output :								
26/12	08:00 pm			45ml		/						0	Sul
	09:00 pm			45ml		/						0	
	10:00 pm			-		/						0	
	11:00 pm			-		/						0	
	12:00 am			-		/						0	
	01:00 am			-		/						0	
Total Intake :					Total Output :								
27/12	02:00 am			45ml		/						0	Sul
	03:00 am			45ml		/						0	
	04:00 am			45ml		/						0	
	05:00 am			-		/						0	
	06:00 am			-		/						0	
	07:00 am			-		/						0	
Total Intake :					Total Output :								

Total 24 hrs. Intake

Total 24 hrs. Output

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	10:00 am											
	11:00 am											
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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						



105

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 3/7/26 Time: 9am

Weight: 25kgs Centile: 75th

Height: 126cms Centile: 75th

Inference: well child

RDA: - Calories: 1500 kcal/d Protein: 26 g/d

Diet Recommendations: Gastro diet

Re-Assessment: Avoid milk, egg, nuts, wheat, citrus fruits, fruit juices, ragi, sugar, oats

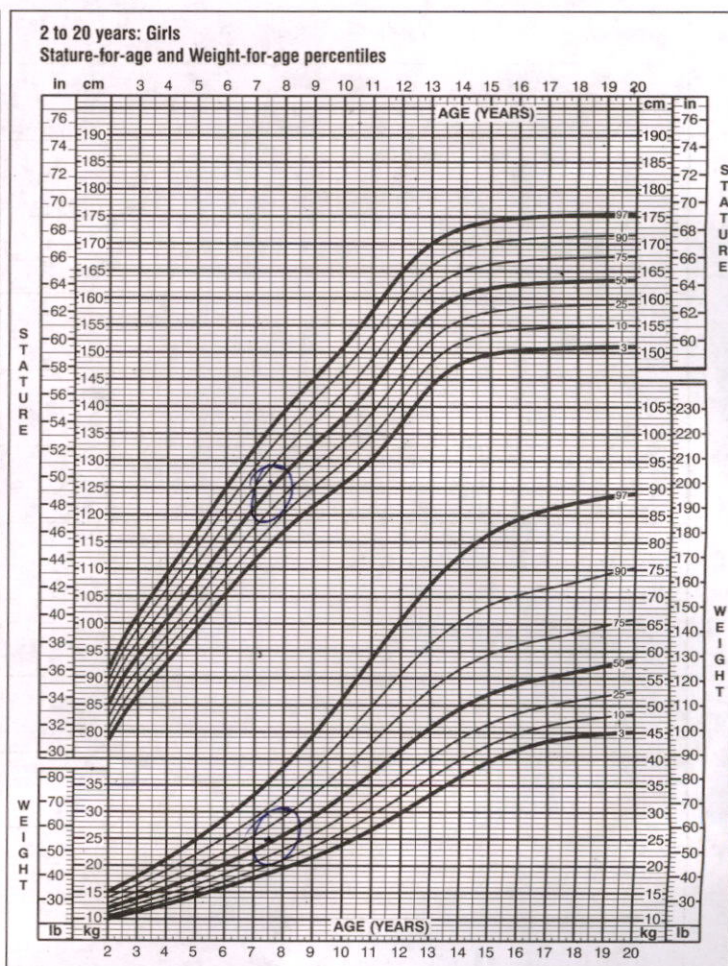
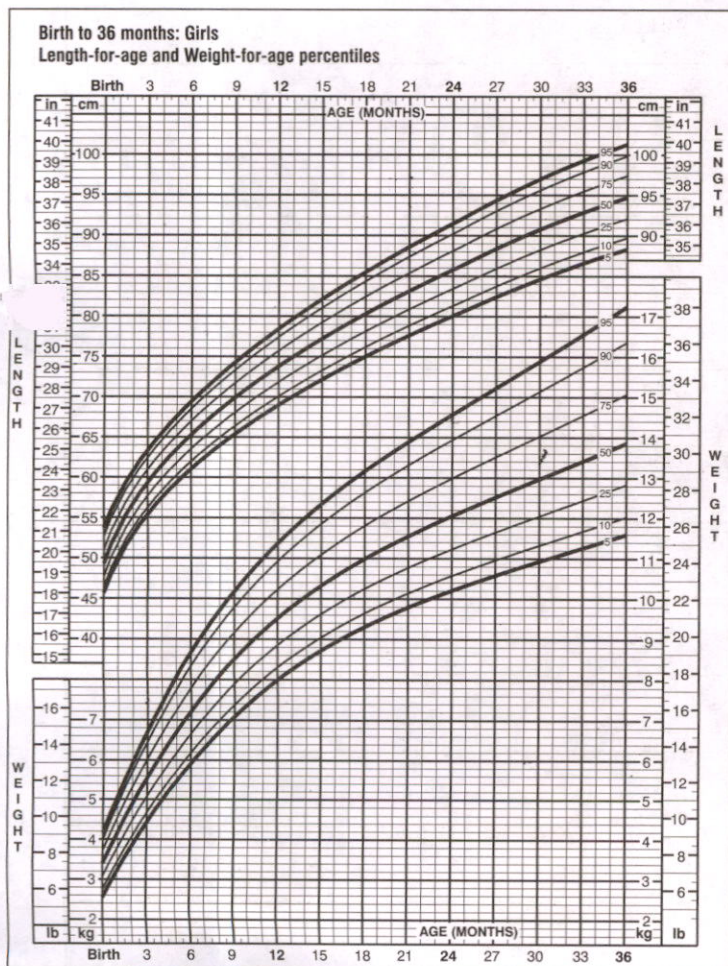
Food Allergies: NO Veg/Non-veg Non-veg

Diagnosis: AGE & some dehydration

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [Signature]

GROWTH CHART (GIRLS)



Dietician's Name: Monica

Dietician's Signature: Monica

Daily Notes:

4/12/26
10:20am

child is stable - oral intake is fair

continue $\bar{c}$ Gastro diet - mounica

5/12/28
8am

Child is stable. Intake is improving

continue $\bar{c}$ Gastro diet

~~Willa~~