Baby A ARADHIKA

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DISCHARGE TRACKING SHEET

UHID : 8434 **FLOOR:** **CONSULTANT NAME: DR.**

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	28/5/26 at 10pm	Now		
Activity Sheet updated by Pharmacy	10.04 am	10.07 am		

ANC-00008434 IP28-00004471
Baby AARNIKA
25-10-2024 1 Y 7 M 1 D (F)
Dr. NEERAJA PATCHA V R

ACTIV... ...ILLING

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Name: ....

UHID No: .... IP No: .... Consultant: .... Dept: ....

Date of Admission: .... Time: .... Date of Discharge: .... Time: ....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/5/26	9:40P	BR	Ward	BNLXRFO20901

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. padmabaly	27/5/26	7122 ✓	Hes [illegible]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Docu. No: RCH/ FRM/ GENERAL/ 145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/5/26	CBC, CRP, Magnesium RP2	7191 ✓	[signature] 020901
26/5/26	RBC (Poct)	7190 ✓	[signature]
27/5/26	Urine Routine	7196 ✓	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/5/26	Infusion pump.	10:30pm		6985 ✓	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/5/26	IV. placement	①	146974	020901

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: ..... Time: ..... Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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CROSS CONSULTATION FORM

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

Diagnosis : ....

Hospital : ....

....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

S/B Dr Padma

27/5/2026

Thanks for referral
Aarnika / F/1yr 7month / ANC-8434

- 1st Episode of SFS
- Dev - Ⓝ / well at birth.
- H/No - Feb seizure in father.
- HC - 46.5 cm
- alert
- Ⓝ neuro Exam
- 1 single ↑ h^v pigmentary macule Ⓘ abdomen
No meningeal sign

Family counselled

To observe with intermittent clobazam prophylaxis

Consultant :

Name : .... Signature : .... Date & Time : Dr. Padma 27/5/2026

Doc. No. : RCH / FRM / CLINICAL / 049

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/2026 2Am	C/s/B DR. HAMSA VS	
	SIMPLE FEBRILE SEIZURE – FIRST EPISODE / (Anaemia)	
	no C/o fever spike – last spike at 11pm (26/5/26) T-100.2°F	
	no further seizure episode	
	no C/o loose stools / vomiting	
	no other complaints	
	O/I - Good	
	O/O - adequate	
	O/E	vitals HR-112/min RR-28/min T-99°f SpO2-99% @ RA
Hb-10.5 mg/dl.	Alert, active afebrile Hydration - good ++/++ CRT <3sec	
	S/E	
	CNS - NFND, no neurocutaneous marker.	
	CVS - S1 S2 (+) no murmur	
	RS - B/L AE (+) no added sound	
	P/A - soft, no hepatosplenomegaly	
	V - S/B (Dr. Hamsa VS)	good
		Advice Continue ice RANGE

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	S/B Dr. [illegible]	
9 AM		
	Child fed.	
	C/O Fever spikes (+) - High grade, intermittent	
	No further seizures	
	Had 2 episodes of vomiting - 4 mr eng.	
	Oral Intake: good	
	U/O: good.	
		Hb: 10.5
	O/E: Alert	MCV: 72
	Afebrile	MCH - 25
	PPWF	
	S/E: CVS: S1S2 (+)	
	RS: B/L AE (+)	
	P/A: soft	
	Plan: ① T/c frisium prophylaxis	
	② To taper infusion if oral intake good	
[signature]		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 10.00am	S/B Dr. [illegible] Temp. spike (+) No further seizures. CVS: S1S2+ Lungs: B/L air entry good Abd: soft	Continue IV fluids Paracetamol Q6h Continue [illegible] [signature]
27/5/26 3:45PM	S/B Dr. Mithra Child Fed No fur spikes since afternoon - last spike T:102°F 7AM 1 episode @ 2PM - semi-solid - stools (+) - not bloodstained. No nu. issue Oral Intake: good U/O: good O/E: Alert Afebrile S/E: NAD Plan: T/c oral [illegible] prophylaxis	

[signature] Dr. Mithra

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IP28-00004471
1 Y 7 M 1 D
(F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/25 5.00pm	S/B Dr. Ezhilarasi	
	APebnle	
	Alert	
	Lungs: B.L air ent good	
	Abd: Soft	
		Stop IV fluids
		Ezl
27/6/25 9:30 PM	S/B Dr. Hithuna	
	Baby fed	
	NO new issues	
	NO fever spikes / loose stools	
	Oral Intake: good	
	U/O: Adequate	
	O/E: Alert	
	Afebrile	
	PPWF	
	S/E: NAD	
	Vasanth	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/25 8:30AM	S/B Dr. Aneesh	
	SIMPLE FEBRILE SEIZURE -	
	- Afebrile since 24 hrs.	
	- No other complaint	
	Child comfortably sleeping	
	CRT < 3S	
	TPT/TT	
	Afebrile.	
	S/E CVS, RS, CNS, P/A — NAD.	
	To continue the same	Aneesh 163765

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	26/5/2024					
Time						
Hb	10.5					
PCV	30					
RBC	4.24					
WBC	14.73					
N/L	76/14					
Platelets	355					
CRP	<5					
ESR						
PCT						
RBS						
Na	135					
K	3.9					
Cl / HCO_3^-	106/28					
Ca/Mg (ionized Ca) mg	1.18 / 1.8					
Phosphate						
Urea	23					
Creatinine	0.24					
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	26/5/22					
Time						
CUE - Alb / protein	Trace.					
CUE - Sugar	present ++					
CUE - Ketones	++ positive					
CUE - PUS Cells	2-4					
CUE - RBC Cells	1-2					
CUE	1-2					
bacteria	absent					
RBS	mg/dl					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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DRUG CHART

Date of Admission: ..... 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: Anamol Suppositary				Date / Time
Dose: 150mg	Route: Rectal	Frequency: Stat	Start Date: 26/5/24	
Doctor's Signature: S.G.C	Valid Period:	Pharm.		
Additional Instructions:				

DRUG: SYP. PARACETAMOL				Date / Time
Dose: 3 ml	Route: P/O	Frequency: SOS	Start Date: 27/5	
Doctor's Signature: 119947	Valid Period: 1 day	Pharm.		
Additional Instructions: (250mg/5ml)				

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

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

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REGULAR PRESCRIPTIONS

Weight. 10.6kg Ward. 303

DRUG : SYRUP PARACETAMOL				Date/Time 26/5		27/5	
Dose (5ml/250mg) 3ml	Route P/O	Frequency Q4hly	Start Date 26/5/24	11 pm	RS	3 am	RS
Name & Signature of the Doctor Starting the Drugs: V.G.U						7 am	RS
Additional Instructions:							CHANGE 119447
Daily Doctor's Endorsement by a Sign							

DRUG : SYRUP CLOBAZAM				Date/Time 27/5	
Dose (5ml/5mg) 2.5ml	Route P/O	Frequency BD	Start Date 26/5/24	9 am	
Name & Signature of the Doctor Starting the Drugs: V.G.U					
Additional Instructions:				9 pm	RS
Daily Doctor's Endorsement by a Sign					

DRUG : IV EMESET				Date/Time 26/5		27/5	
Dose (1ml/2mg) 0.7ml (1.4mg)	Route IV	Frequency Q8hly	Start Date 26/5/24	10:30 pm		7 am	RS
Name & Signature of the Doctor Starting the Drugs: V.G.U						3 pm	W.H
Additional Instructions:							STOP 28/5/24 7am 119447
Daily Doctor's Endorsement by a Sign						11 pm	W.H

DRUG : SYP. PARACETAMOL.				Date/Time 27/5	
Dose 3ml	Route P/O	Frequency Q6H	Start Date 27/5	9 pm	
Name & Signature of the Doctor Starting the Drugs: 119447					STOP 119447
Additional Instructions: (250mg/5ml)					
Daily Doctor's Endorsement by a Sign					

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight: 10.4 Ward: m floor

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

DRUG : SYR-P				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 : BIFILAC SACHET				Date / Time: 27/5
Dose	Route	Frequency	Start Dt.	
1/2 Sach	P/O	BD	27/5	11AM; 11pm
Name & Signature of the Doctor Starting the Drugs: [signature] V997				
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				

Patient Sticker

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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 ....

25-10-2024 1 Y 7 M 1 D (F)
Dr. NEERAJA PATCHA V R

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

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.	

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.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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I.V. FLUIDS CHART

Weight. 10.6kg Ward. 303

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26/5/2026	10.20pm	IVF DNS	IV	40ml/hr	V.f.ll	RJ 6031M	27/5/26 at 5PM		Nay 6012D

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ 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 : Dr. Harini 9606

Date & Time :

Nurse Name & Signature: B. Nirmal Rajan 020901

Date & Time : 26/5/26 @ 8.40 Pm

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

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

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

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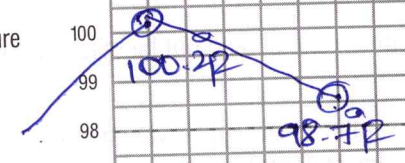
EARLY WARNING SCORE: CHILDREN'S UNIT

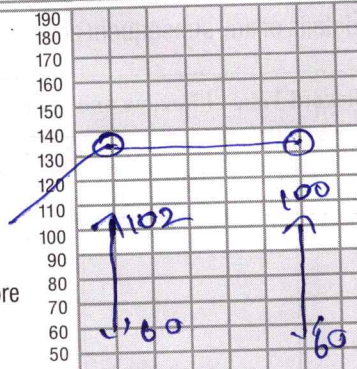
Date : 26/5/26 Time:	11 PM	3 AM
Doctor / Nurse / Family Concern?	✓	✓

Temperature (°F)



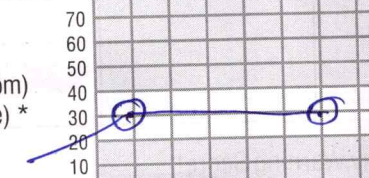
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	134 b/m	135 b/m

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



Resp Rate (Number)	32 b/m	32 b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	97%	99%
Conscious Level: Normal / Altered	✓	✓
GCS *	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	[illegible]	[illegible]

ACTIONS
NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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

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

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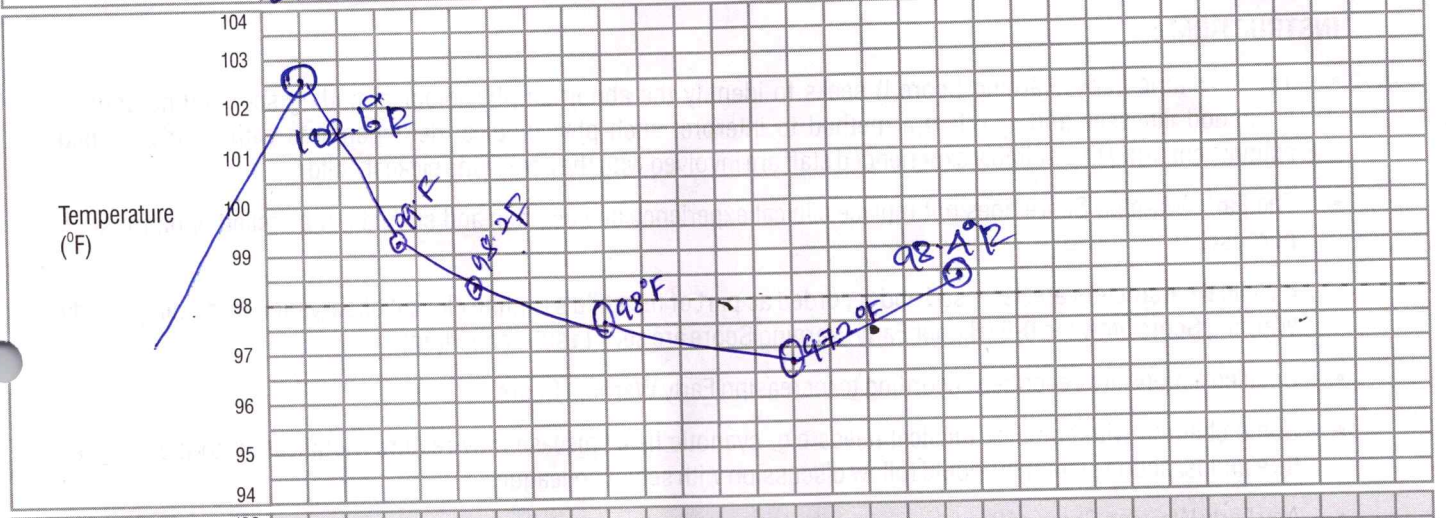
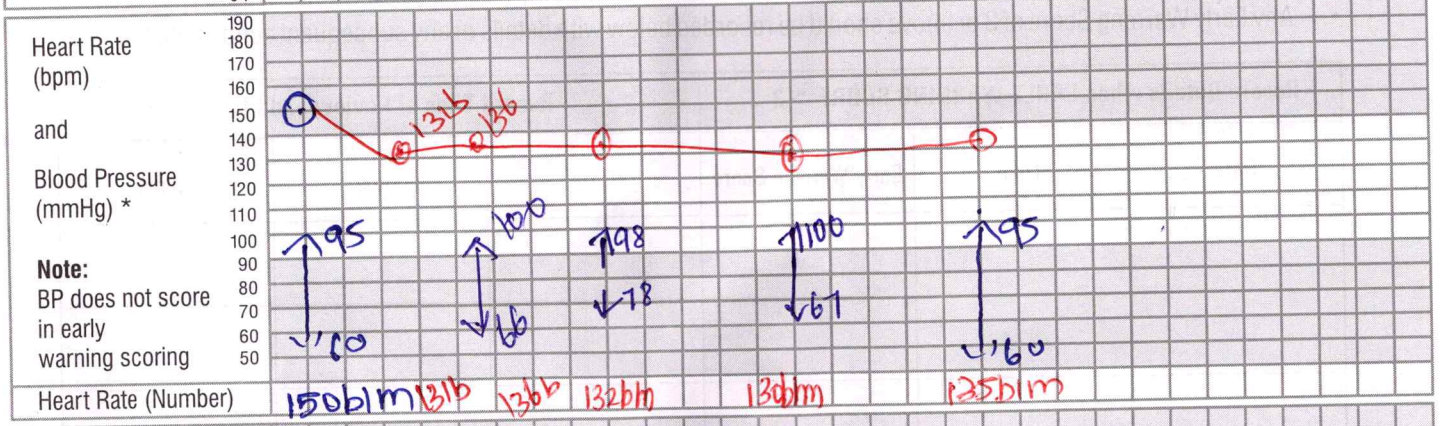
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

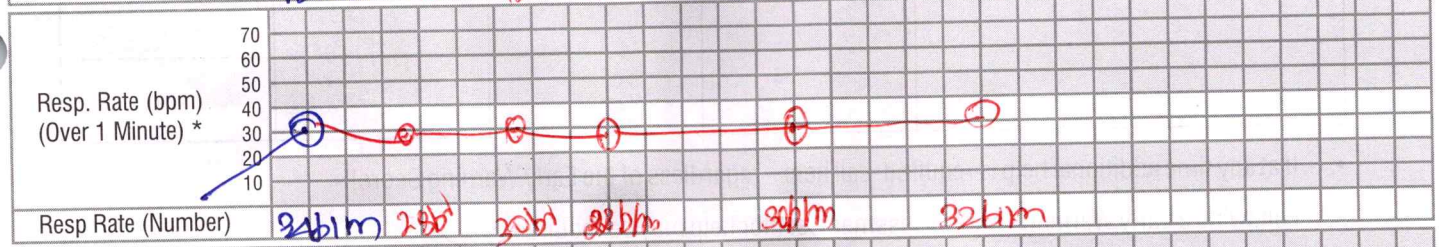
Date 25/10/24 Time: 9am 9AM 9pm 4pm 7pm 11pm

Doc / Nurse / Family Concern? ✓ ✓ ✓ ✓ ✓ ✓





Heart Rate (Number)	150 b/m	136 b/m	136 b/m	132 b/m	130 b/m	135 b/m



Resp Rate (Number)	24 b/m	28 b/m	30 b/m	28 b/m	30 b/m	32 b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	98%	98%	100%	99%	99%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	02	01	01	01	01	01
Pain Score	0/10	0/10	0/10	0/10	0/10	0/10
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS NB: Scores 3 should be recorded overleaf	
	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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Your Right to a Safe Delivery

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)

ANC-00008434 IP28-00004471
Baby AARNIKA
25-10-2024 1 Y 7 M 2 D (F)
Dr. NEERAJA PATCHA V R

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 25.10.26... Time: 8am

Doctor / Nurse / Family Concern? ✓

Temperature (°F): 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94 — 98 P

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 110 b/m

Resp. Rate (bpm) (Over 1 Minute) *: 70, 60, 50, 40, 30, 20, 10 — 32

Resp Rate (Number): 32 b/m

Resp Distress	Mod/ Severe / None / Mild	✓
Receiving O_2 (l/min) O_2 Saturations (%)		97%
Conscious Level	Normal / Altered	✓
GCS *		15/15
TOTAL SCORE Number of shaded boxes		0
Pain Score		0/10
Observer's Initials		

ACTIONS NB: Scores 3 should be recorded overleaf	
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:

Doctor / Nurse / Family Concern?

Temperature (°F): 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

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

Note: BP does not score in early warning scoring

Heart Rate (Number)

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

Resp Rate (Number)

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min)	
O_2 Saturations (%)	
Conscious Level	Normal / Altered
GCS *	
TOTAL SCORE Number of shaded boxes	
Pain Score	
Observer's Initials	

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ANC-00008434 IP28-00004471
Baby AARNIKA
25-10-2024 1 Y 7 M 2 D (F)
Dr. NEERAJA PATCHA V R

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FLUID CHART

Sheet No. : 01

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.

26/5/26		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											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm		Child Received from BP									
	10:00 pm											
	11:00 pm	H20	50ml	40ml	RVP DNS						a a b G	D1 60ml
	12:00 am	Milk	50ml	40ml						✓		
	01:00 am	H20	50ml	40ml								
Total Intake :		150ml + 120ml = 270ml				Total Output :						
	02:00 am			40ml							a a	
	03:00 am	H20	50ml	40ml								A.S
	04:00 am			40ml							a a	
	05:00 am	H20	50ml	40ml								
	06:00 am			DC							a	
	07:00 am	H20	50ml	40ml						✓	G	
Total Intake :		150ml + 200ml = 350ml				Total Output :						

Total 24 hrs. Intake	620ml

Total 24 hrs. Output	U - 2 times M - 1

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FLUID CHART

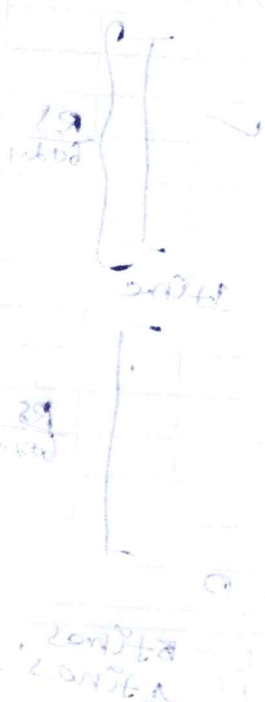
Sheet No. : ...02.....

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.

24/5/26.		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	H2O	50ml	DC						✓	0	
	09:00 am	H2O	30ml	20ml							0	I-HEMS
	10:00 am	DBF		40ml							0	PHTO
	11:00 am			40ml			✓			✓	0	
	12:00 pm	H2O	50ml	DC							0	
	01:00 pm	DBF		DC								
Total Intake :		130ml + 120ml = 250ml									Total Output :	U-2 M-1
	02:00 pm	H2O	20ml	DC							0	
	03:00 pm	DBF	✓	40ml			semi solid			✓	0	
	04:00 pm			DC			semi solid				0	
	05:00 pm	H2O	50ml				semi solid			✓	0	Navy
	06:00 pm	DBF	✓								0	
	07:00 pm										0	
Total Intake :		DBF 2times T-70ml					M-3times				Total Output :	U 2 times
	08:00 pm											
	09:00 pm	DBP	✓							✓		RS Body
	10:00 pm											
	11:00 am											
	12:00 am	DBP	✓									
	01:00 am											
Total Intake :		DBP - 2times					M-0				Total Output :	U- 1time
	02:00 am											
	03:00 am	DBP	✓									RS Body
	04:00 am											
	05:00 am											
	06:00 am	DBF	✓									
	07:00 am											
Total Intake :		DBP - 2times					M-0				Total Output :	U-0

Total 24 hrs. Intake	320ml.

Total 24 hrs. Output	U - 5times. M - 1times.



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FLUID CHART

Sheet No. : 03

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.

28/5/26		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											
	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	

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: SEIZURE — Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure: — Post OP Day: —

BACKGROUND

Date / Shift	26/5/26 N	27/5/26 M	27/5/26 E	27/5/26 N		
Medical Condition (Any special condition to be noted):	SEIZURE	—	—	—		
Diet:	(N) Diet	(N) Diet	(N) Diet	(N) Diet		

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA		
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	100.6F	98.2F	97.2°F	98°F		
Res:	34bpm	30brs	30bpm	32bpm		
SpO_2:	98%	100%	99%	97%		
Pulse:	150bpm	136b	130bpm	110bpm		
BP:	95/60	100/66	100/67	100/60		
LOC:	Alert	Alert	Alert	Alert		
Fall Risk Score:	13	14	14	15		
Pain Score:	0/10	0/10	0/10	0/10		
Skin Integrity	Intact	28	Intact	Intact		

Recommendations

Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	—	—	—	—		
Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	—	—	—	—		
Critical Lab Test / Values:	—	—	—	—		
Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent		
Post Operative Procedure Special Orders:	—	—	—	—		

Handed Over By Name :	Srimathi	Hemalatha	Nandhu	Srimathi		
Signature / ID :			Nandhu			
Date:	27/5/26	28/5/26	27/5/26	28/5/26		
Time:	8:15am	8:34pm	8:30pm	8:15am		
Taken Over By Name :	Hemalatha	Nandhu	Srimathi	Nandhu		
Signature / ID :		Nandhu		Nandhu		
Date:	27/5/26	27/5/26	27/5/26	28/5/26		
Time:	8pm	2.30pm	8.30pm	8.30am		

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:					Post OP Day:		
BACKGROUND	Date / Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs: Temp:							
	Res:							
	SpO_2:							
	Pulse:							
	BP:							
	LOC:							
	Fall Risk Score:							
	Pain Score:							
	Skin Integrity							
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Physiotherapy:							
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	ADL (Dependent / Non Dependent):							
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

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NURSING CARE RECORD

Date: 26/5/25

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☑ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☑ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	10 pm	- assess baby condition - Encourage oral intake	M pm	- Assessed baby condition - Encouraged oral intake.	baby is stable.	baby is active	

Docu. No: RCH /FRM / CLINICAL / 148

ANC-00008434 IP28-00004471
Baby AARNIKA
25-10-2024 1 Y 7 M 1 D (F)
Dr. NEERAJA PATCHA V R

Rainbow® Children's Hospital — It takes a lot to treat the little.
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NURSING CARE RECORD

Date: 27/5/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify........
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9h	Encourage oral intake for → Educate check temperature & syp. Clobium		→ Encouraged oral intake → Educated to check temperature, & how to give syp. Clobium in how	→ mother learned how to check temperature & how to give syrup	i.v line is patent	[signature]
Afternoon	2pm	- Encourage orally intake - monitor seizure activity	3pm	- Encouraged orally intake - monitored seizure activity	orally is good	child is stable	Nandy Gopy
Night	8 pm	- Encourage oral intake - Monitor vital signs	9 pm	- Encouraged oral intake - Monitored vital signs	baby is stable	baby vitals stable	RS [signature]

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NURSING CARE RECORD

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Date: 2015/24

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: .....

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies
☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Receiving notes:
26/5/26	10'30pm)	baby received from O.P. started SIV normal.
		→ baby is active and alert
		→ baby IV line present and patent
		→ baby came with complaints of seizure on episode at home.
		→ baby has vomiting one episode
		→ Dr. hamza mam seen the child give event and start fluid.
		→ IV fluid connected IV flow on pms 40ml/hr.
	11pm)	baby vitals checked and recorded vitals stable.
		→ syp. paracetamol given as per drug chart.
27/5/26	12am)	baby stable no other complaints.
	1am)	urine routine send to lab.
	3am)	baby vitals checked and recorded vitals stable.
	:	→ medication given as per drug chart.
	5am)	baby stable. no other complaints.
	7am)	baby vitals checked and recorded temp 102.6°F syp paracetamol given as per drug chart.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Docu. No. : RCH /FRM / CLINICAL / 089

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies ✓

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
27/5/26	8am	baby handover given to morning duty staff [signature]
		morning shift
	8.30am	child taken over from night shift staff S/N. srimathi
		child got admitted with the complaints of fever with involuntary movements of limbs diagnosed as simple febril seizure, child looks allert and active, i.v line present left metalcarpal - 22 gauge citis patten, passed urine, loose stool pres 2 time
	9am	medications given as per drug chart monitored vital signs
	10Am	Dr. [illegible] and Dr. Neeraja seen the child, advised to continue medications Dr. padma opinion and Bifilac sachet.
	11Am	Bifilac sachet given
	11.30A	Dr. padma balaji seen the child, advised to no need neurological treatment [plan - Hb A1C]
	12pm	monitored vital signs + HbA1c - [illegible]
	2.30	order by Dr. Mithu
	2.30pm	child hand over given to evening shift staff [signature]

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies
☐ Drug Allergies ..... nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Evening duty Notes:-
27/5/26	2:30pm	child details handing over taken from morning duty staff Huma. child is stable.
	3pm	Inj. emeset I give to the child her father is no vomiting no need for this injection said to me. I inform Dr. mithuna mam she said with hold the injection if any need to give. so Inj. emeset Not given to the child
	4pm	child vitals checked and recorded. vitals are stable. No fever spike
	5pm	child is active and alert. child was playing around the outside room Dr. Ezhil mam seen the child she advised. stop IV fluids. and syp. para don't give 6th hourly wait for the fever spike then given.
	7pm	child vitals checked and recorded vitals are stable No fever spike.
	8pm	Handing over given to Night duty staff Navy 60

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Night duty notes'
27/5/26	8:30pm	baby handover taken from evening duty staff nandini.
		-) baby is active and alert.
		-) baby IV line present and pattern IV fluid stop.
	9pm	medication given as per drug chart
	11pm	baby stable no other complains
	2am	baby vitals checked and recorded vitals stable.
	2am	baby sleep well no other complaints.
	4am	baby vitals checked and recorded vitals stable.
	6am	baby stable no other complaint.
	8a	baby vitals checked and recorded
		-) baby handover given to morning duty staff
		-RS Bsm-1
	9am	patient vitals checked and on plan discharge Today
	10AM	file checked and send to Billing

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