Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176075 **Admit Date** : 07-Jul-2026 **Admit Time** : 01:51 PM **UHID** : CUV-00101660

Patient Details :

Patient Name	: Master VENKATA DHARSHAN KARTHIK CH	**Age**	: 6 Y 10 M 18 D
Guardian	: Mr NARESH CH	**DOB**	: 19-08-2019
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO. 11-41 , SEETHARAMPURAM KANGIRI Hanumanthuni Padu Prakasam Andhra Pradesh INDIA 523227	**Phone No**	: 6303364541/ 9398580515
		E-mail	: na123@rainbowhospitals.in

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 02 **Ward Name** : 1B-EMERGENCY

Room No : ER 02 **Admission Type** : First Visit

Contact Details :

Name : Mr NARESH CH **Relationship** : Father

Contact Address : H NO. 11-41 , SEETHARAMPURAM KANGIRI Hanumanthuni Padu Prakasam Andhra Pradesh INDIA 523227 **Phone No** : 6303364541 / 9398580515

Ch. Sireesha

Signature

Doctor Details :

Doctor Name : Dr. BANDI RAMYA **Specialisation** : PEDIATRIC NEUROLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :_____ CUV-00101660 IPS-00176075
Master VENKATA DHARSHAN
19-08-2019 6 Y 10 M 18 D (M)
Dr. BANDI RAMYA

UHID No. : ___ _____

____Consultant: _____ Dept : _____

Date of Admissio... _____ ..... _____Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/26	-	ER	ER	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

CUV-00101660 IP5-00176075
Master VENKATA DHARSHAN
19-08-2019 6 Y 10 M 18 D (M)
Dr. BANDI RAMYA

UHID ID: _____

Department: _____

Consultant: _____

CUV-00101660 IP5-00176075
Master VENKATA DHARSHAN
19-08-2019 6 Y 10 M 18 D (M)
Dr. BANDI RAMYA

Pediatric Multiorgan History & Physical Examination

Name : Venkata Dharshan Karthik CH Age/Sex 6y/M

Information given by: _____ Relationship Mother

Chief Presenting Complaints & Duration (Chronologically)

K/C/O seizure disorder admitted for Long term EEG

History of present illness :

K/C/O seizure disorder with head drops, is on valance, clobaz Bix

↓

Now admitted for long term EEG

CUV-00101660 IP5-00176075
Master VENKATA DHARSHAN
19-08-2019 6 Y 10 M 18 D (M)
Dr. BANDI RAMYA

Pediatric Multiorgan History & Physical Examination

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

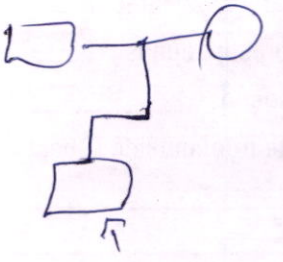
Treated case of B-cell ALL

H/O surgery for Spina Bifida in March 2026

Birth & Neonatal History:

FT/ LSCS/ CIAB/ B.wt - 4kg

NO H/O NICU admission



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information : upper middle class.

Developmental History :

Achieved as per age

Immunization History :

Partially immunized

(P.T.O.)

CUV-00101660 IP5-00176075
Master VENKATA DHARSHAN
19-08-2019 6 Y 10 M 18 D (M)
Dr. BANDI RAMYA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 30Kg (Centile _____)

On Examination :

Temperature : 98.1°F Pulse Rate : 92b/m B.P. 104/64mmHg SPO2 100% @ RA

Resp.rate and type of breathing : 24 br/min

Rash (-)

Lymphadenopathy

Oedema :

Allergies (if any): NKDA

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BILATERAL, Clear

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft, Nondistended

Ausculation :

Spine : External Genitelia :

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

CUV-00101660 IP5-00176075
Master VENKATA DHARSHAN
19-08-2019 6 Y 10 M 18 D (M)
Dr. BANDI RAMYA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System:

Nutriton :

Tone: Power WNL

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:** WNL

Plantars

Sensory System :

WNL

Bladder / Bowel :

Clinical Summary & Diagnostic:

Seizure disorder

(P.T.O.)

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Seizures

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

Planned Management

- Long term EEG
- withhold antiepileptics till further order

NA
Bhavani
7/7/26

Master VENKATA DHARSHAN
19-08-2019 6 Y 10 M 18 D (M)
Dr. BANDI RAMYA

Signature of the Doctor: Neel-A ..... Signature of the Consultant: .....

Name of the Doctor: Dr. Nandan ..... Name of the Consultant: .....

Date & Time: 07/07/2026, 2:10 PM Date & Time: .....

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Master VENKATA DHARSHAN
19-08-2019 6 Y 10 M 18 D (M)
Dr. BANDI RAMYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/b Neurology team	
8/7/26 11:30 AM	- D/c today - Inj sodium valproate 600mg. - Oral valproate - clonazepam - SMV - zonisamide.	
		[signature] Dr. ... 11:30 ...
		NB Geethika [signature] 11:30 AM 8/7/2026

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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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: BR 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	SYP. VALANCE	5ml	PO	BD	06/07/24 10PM	☐ C. ☐ DC
2	. TAB. CLOBA	5mg	PO	OD HS	06/07/24 10PM	☐ C ☐ DC
3	SYP. BRIV	3ml	PO	BD	06/07/24 8PM	☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

W/H till further Order

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Nandan

Date & Time : 07/07/2024, 2-15 PM

Nurse Name & Signature: Bhavani

Date & Time : 7/7/24 2:50pm

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DRUG CHART

Date of Admission: 07/07/26 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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

SOS / PRN (As Required Medication)

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

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

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

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

Master VENKATA DHARSHAN
19-08-2019 6 Y 10 M 18 D (M)
Dr. BANDI RAMYA

REGULAR PRESCRIPTIONS

Weight. 30.6kg... Ward. [illegible]

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

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

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

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

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Master VENKATA DHARSHAN
19-08-2019 5 Y 10 M 18 D (M)
Dr. BANDI RAMYA

Weight. 30.6kg Ward. CK

	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
08/07/26	11:30AM	INJ. SODIUM VALPROATE	600mg	IV	Dsalat	Karthik Israel

CUV-00101660 IP5-00176075
Master VENKATA DHARSHAN
19-08-2019 6 Y 10 M 19 D (M)
Dr. BANDI RAMYA

I.V. FLUIDS CHART

Weight. 30.6kg Ward. CL

		sition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

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RESULT SHEET

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

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

CUV-00101660 IP5-00176075
Master VENKATA DHARSHAN
19-08-2019 6 Y 10 M 18 D (M)
Dr. BANDI RAMYA

07/07.

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am						NA					
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
07/07	02:00 pm		100ml.									
	03:00 pm		soft diet	—	—	—	—	—	—	passed	—	Bhavani
	04:00 pm		—	—	—	—	—	—	—	passed	NA	Bhavani
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :			100ml.			**Total Output :**						
07/07	08:00 pm											
	09:00 pm		100ml.							Passed		
	10:00 pm						NA					
	11:00 pm		60ml.							Passed	NA	Jay
	12:00 am											
	01:00 am											
Total Intake :			160ml.			**Total Output :**						
08/07	02:00 am											
	03:00 am		H2O							passed		
	04:00 am						NA					
	05:00 am											
	06:00 am		H2O							passed. NA		Jaya
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	260ml.	Total 24 hrs. Output	U - 6 M - 0

CUV-00101660 IP5-00176075
Master VENKATA DHARSHAN
19-08-2019 6 Y 10 M 18 D (M)
Dr. BANDI RAMYA

FLUID CHART

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Sheet No. : 2

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

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

Total 24 hrs. Intake		Total 24 hrs. Output	

CUV-00101860 IP5-00176075
Master VENKATA DHARSHAN
19-08-2019 6 Y 10 M 18 D (M)
Dr. BANDI RAMYA

(1)

:. No. : RCH/ 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 : 7/7/26 Time:	2 pm	6pm	10pm	2am	7AM	
Doctor / Nurse / Family Concern?						
Temperature (°F)	98.2°F	97.5°F	98.6°F	97.9°F	98.5°F	
Heart Rate (bpm)	110 b/m	108 b/m				
and Blood Pressure (mmHg) *	102/78 (64)	103/79 (65)	108 (78) 69	102 (82) 70	98 (78) 65	
Note: BP does not score in early warning scoring						
Heart Rate (Number)			110 b/m	105 b/m	117 b/m	
Resp. Rate (bpm) (Over 1 Minute) *	24 b/m	24 b/m				
Resp Rate (Number)			24 b/m	24 b/m	24 b/m	
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)	24 b/m		98%	98%	98%	
Conscious Level: Normal / Altered						
GCS *	15/15	15/15	15/15	15/15	15/15	
TOTAL SCORE Number of shaded boxes			0	0	0	
Pain Score			0	0	0	
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.
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)

CUV-00101560 IP5-00176075
Master VENKATA DHARSHAN
19-08-2019 6 Y 10 M 19 D (M)
Dr. BANDI RAMYA

08/7

Doc. No. : RCH/ 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 : ..... 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) *

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 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

CTIONS

Scores 3 should be rded 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.

S 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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It takes a lot to treat the little.

BirthRight
BY RAINBOW HOSPITALS
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)