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 : IP5-00174666 **Admit Date** : 03-Jun-2026 **Admit Time** : 01:33 AM **UHID** : BAH-00535798

Patient Details :

Patient Name	: Master SYED MOHAMMED ALYAAN HUSSAIN	**Age**	: 3 Y 4 M 16 D
Guardian	: MR SYED MOHOMMED ALI HUSSAIN	**DOB**	: 18-01-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: VILLA 133, PRESTIGE ROYAL WOODS HIMAYATH SAGAR ROAD KISMATHPUR RAJENDRA NAGAR DON BOSCO NAGAR BANDLAGUDA JAGIR Hyderabad Telangana INDIA 500086	**Phone No**	: 9052294308/ 7993139602
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT 302 **Ward Name** : 3F-ZONE B

Room No : PVT 302 **Admission Type** : First Visit

Contact Details :

Name : MR SYED MOHOMMED ALI HUSSAIN **Relationship** : Father

Contact Address : VILLA 133, PRESTIGE ROYAL WOODS HIMAYATH SAGAR ROAD KISMATHPUR RAJENDRA NAGAR DON BOSCO NAGAR BANDLAGUDA JAGIR Hyderabad Telangana INDIA 500086

Phone No : 9052294308 / 7993139602

Signature 03/06/26

Doctor Details :

Doctor Name : Dr. NALINIKANTA PANIGRAHY **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : HEALTH INSURANCE TPA OF INDIA LTD

BAH-00535798 IP5-00174666
Master SYED MOHAMMED ALYAAN
18-01-2023 3 Y 4 M 16 D (M)
Dr. NALINIKANTA PANIGRAHY

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ACTIVITY RECORD FOR BILLING

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
03/06/26	2:10 pm	ER	302	B Bhaveeni

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
03/06	CBP, CRP, S/E	56101	Ismael
	x-ray abd (done on opEarri)		
3/6	USG Abdomen	27868	Jyothi

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/5	infusion pump	2:30		9640836	Jyothi

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/06	Ivr placement	1	40298.	Ismail

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00535798 IP5-0017
Master SYED MOHAMMED ALYAAN 3 Y 4 M 16 D (M)
18-01-2023
Dr. NALINIKANTA PANIGRAHY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: perforation of intestine

Desired goals of the treatment : resolution

Planned Labs:

Xray abdomen done.

1. USG abdomen Urgent
2. CBP | CRP | SIE.

Planned Management

1. IVF ½ maintanence
2. Inj Pantoprazole
3. Inj Ondansetron
4. Nutrout powder Syp 5ml tds

Signature of the Doctor: Akhile
Name of the Doctor: Dr. Akhile
Date & Time: 3/6/2026

Signature of the Consultant:
Name of the Consultant:
Date & Time: 3/6/26

Dr. NALINIKANTA PANIGRAHY
Registration No: SMCMR03605

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : alert

Cranial Nerves :

Motor System:

Nutriton : (N)

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars ↓ ↓

Sensory System :

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

Enterocolitis

(P.T.O.)

BAH-00535798
Master SYED MOHAMMED ALYAAN
18-01-2023 3 Y 4 M 16 D (M)
Dr. NALINIKANTA PANIGRAHY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 14.5 kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 124/min B.P. 120/80 SPO2 99% RA

Resp.rate and type of breathing : 20/min

Rash (−)

Lymphadenopathy (−)

Oedema : (−)

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : (N)

Any addes sounds : chest clear.

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : (N)

Any murmur : none

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

Per Abdomen :

Inspection non distended

Palpation : soft / NT / no HSM.

Ausculation : BS (+)

Spine : External Genitelia :

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

BAH-00535798 IP5-00174666
Master SYED MOHAMMED ALYAAN
18-01-2023 3 Y 4 M 16 D (M)
Dr. NALINIKANTA PANIGRAHY

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

(N) perinatal transition.

Birth & Socio Economic History:

About Father :
About Mother : (N)
Any additional Information :

Developmental History :

appropriate

Immunization History :

immunised for age.

(P.T.O.)

BAH-00535798 IP5-00174666
Master SYED MOHAMMED ALYAAN
18-01-2023 3 Y 4 M 16 D (M)
Dr. NALINIKANTA PANIGRAHY

Pediatric Multiorgan History & Physical Examination

Name : Syed Age/Sex 3½/M

Information given by: mother Relationship good

Chief Presenting Complaints & Duration (Chronologically)

c/o : abdominal pain × evening
a/w vomiting × evening
dull activity

History of present illness :

↓

→ premorbidly well

→ on Sunday, outside food consumption & swimming in community pool.

→ c/o : abdominal pain / peri umbilical / since / evening.

c/o : vomiting : since evening :
→ non bilious / non projectile
→ 3 episodes since evening

no dysuria / fever / throat pain / loose stools

on Sruth on 2 off

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00535798 IP5-00174566
Master SYED MOHAMMED ALYAAN
18-01-2023 3 Y 4 M 16 D (M)
Dr. NALINIKANTA PANIGRAHY

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

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Master SYED MOHAMMED ALYAAN
18-01-2023 3 Y 4 M 16 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 10:30pm	C/S/B Dr. Maliha. C/D/W Dr. Lavanya.	
	C/O - Pain abdomen - 3-4 hrs.	Adv
	→ vomiting - 1 episode. non billious food particles ⊕	1) DULCOLAX SUPPOSITORY 10mg stat PR.
	→ constipation	
	→ no H/o fever.	
	O/E	
	soft.	2) If symptoms dont subside advise admission and start
	guarding (voluntary) ⊕	- Inj. Ceftriaxone 1.5g BD
	diffuse tenderness.	- Inj. Esomeprazole 15mg once daily
		- Inj. Ondansetron 3mg TID
		- NPO, IV fluids.
		Dr. Maliha.
	3) USG Abdomen.	Maliha
	in the morning 9am.	2/6/26.
		10:30 pm
3/6 2am	C/S/B Resident	
		Adv.
		→ Allow soft diet
		→ USG W/A, T/m.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 8:00am	C/S/B Resident	1/4.
	C/O Pain abdomen.	Plan.
	Presently better.	
	child afebrile.	① IVF DNS @ 25ml/hr
	Oral intake - Fair	
	Stools - Not Passed stools 2 days.	② SYP SMUTH 7.5ml HS
	Yesterday small Quantity - Veryhard	③ MV OUT POWDER 5 Scoops in 180ml water.
	H/O - using Smuth syp. : 1yr. on & off.	
	K/C/O constipation : 1yr.	④ Inj PANTOPRAZOLE
	Urine out - good.	
	Oral intake - better.	⑤ Inj ONDENSETRON TID
	O/E 1 Episode - vomiting (2/6)	↳ RIV stopping.
	child is alert, active	⑥ On going Surgical consultation.
	CVS - S1S2 (+)	→ USG Abdomen Today
	B.P - 110/58	- CVE NOW.
	HR - 128bpm	Soluble
	RR - 32bpm.,	Cor. Soluble)
	SpO_2 - 97% on Room air	noted by Smuth
	P/A - Soft, non tender	
	RS - BAEE, clear airway	
	~~CVS~~ ENT - clear	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26	seen by Dr Nalinikant Sir	
		d/c advised
		Adv
		① x Smotit (Mucout) x 3 months / x 1 week to cont
		② Lanzol tab PO OD x 15D
		③ Syr ONDEM SOS
		④ CUE - Repeat to force ↓ if require Urine C/S
		⑤ syp colax 5ml
		⑥ stop IV fluid
		3/6/26

DR. NALINIKANTA PANIGRAHY
Registration No: TSMC/FMR/03605

BH /FRM / CLINICAL / 088

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

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RESULT SHEET

Date	3/6					
Time						
Hb	13.6					
PCV	40.8					
RBC	5.17					
WBC	14,820					
N/L	74/21					
Platelets	329,000					
CRP	5					
ESR						
PCT						
RBS						
Na	138					
K	4.2					
Cl	104					
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 : USG- Abd- Normal Study

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 2:10 AM Mode of Arrival: wheel chair Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: No allergy

Body Weight: 14.5 kg Kg

Height: ..... cm

Past Medical History: Obtained From ☐ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: No significant

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list, ...

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: .....

.....

Are the child's immunization up to date? ☑ Yes ☐ No

Current Medication: ☐ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: 14.5kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.1F HR: 110 bpm RR: 28 bpm BP: 93/65

Pain Score: 0/10 Specify Site: Nil (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☐ Yes ☑ No Score: 25 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 25) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: ..... Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

Character of Pain - Location - Frequency - Duration -

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☐ No

If Yes Consultant Notified: ..... (Date/Time): 3/6/26

Cultural & Spiritual Needs: ☑ Yes ☐ No if Yes specify ..... Inform consultant for positive criteria.

Social History: Lives With father

Siblings in household ☐ Yes ☐ No (if yes How Many?) .....

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to mother

Nurse Signature: .....

Nurse Name: Jyothi

Date: 3/6/26

Time: 2:10 Am

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Master SYED MOHAMMED ALYAAN
18-01-2023 3 Y 4 M 16 D (M)
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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 : Dr. Akhile

Date & Time : 3/6/26 @ 2AM

Nurse Name & Signature: Bhavani B

Date & Time : 3/6/26 @ 2:10 AM

BAH-00535798 IP5-00174666
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DRUG CHART

Date of Admission: 2/6/26 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 :				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 ..... Signat

Master SYED MOHAMMED ALYAAN
18-01-2023 3 Y 4 M 16 D (M)
Dr. NALINIKANTA PANIGRAHY

REGULAR PRESCRIPTIONS

Weight. 14.5kg Ward. ....

				Date / Time	3/6
DRUG : Inj PANTOPRAZOLE					
Dose	Route	Frequency	Start Date		
15mg	IV	OD	3/6		
Name & Signature of the Doctor Starting the Drugs: Akpile				6AM	[illegible]
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

				Date / Time	3/6
DRUG : Inj ONDANSETRON					
Dose	Route	Frequency	Start Date		
2mg	IV	TID	3/6	6AM	[illegible]
Name & Signature of the Doctor Starting the Drugs: Akpile				2PM	
Additional Instructions:				10PM	
Daily Doctor's Endorsement by a Sign					

				Date / Time	3/6
DRUG : MUOUT POWDER					
Dose	Route	Frequency	Start Date		
3 Scoops	PO	HS	3/6		
Name & Signature of the Doctor Starting the Drugs: Akpile				10PM	3AM [illegible]
Additional Instructions: in 180ml water					
Daily Doctor's Endorsement by a Sign					

				Date / Time	3/6
DRUG : Syp SMUTH					
Dose	Route	Frequency	Start Date		
7.5ml	PO	HS	3/6		
Name & Signature of the Doctor Starting the Drugs: Akpile				10PM	9AM [illegible]
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature .....

VERIFIED BY : Name .....

Dr. NALINIKANTA PANIGRAHY

Master SYED MOHAMMED ALYAAN
BAH-005357S6 IP5-0017466S

I.V. FLUIDS CHART

Weight. 14.3 Ward. .....

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
3/6	2:30 PM	IVF DNS.	IV	25		Sudha Sudha	3/6/26 2:00pm	Solucha 3/6/26	

Signature .....

VERIFIED BY : Name .....

BAH-00535798 IP5-00174666
Master SYED MOHAMMED ALYAAN
18-01-2023 3 Y 4 M 16 D (M)
Dr. NALINIKANTA PANIGRAHY

Doc. No. : RCHBH / 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 : 17/06/25 Time: 2pm 6pm 11pm

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) 126bpm 128bpm 120bpm

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

Resp Rate (Number) 32bpm 34bpm 33bpm

Resp Distress	Mod/ Severe / None / Mild		
Receiving O_2 (l/min) O_2 Saturations (%)	98%	97%	98%
Conscious Level	Normal / Altered	(15/15)	(15/15)	15/15
GCS *				
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)

BAH-00535798 IPS-00174666
Master SYED MOHAMMED ALYAAN 3 Y 4 M 16 D (M)
18-01-2023
Dr. NALINIKANTA PANIGRAHY

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FLUID CHART

03/06/26

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											
	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 am											
	12:00 am		H_2O				✓			✓	0	Bhavana
	01:00 am										0	Bhavana
Total Intake :						**Total Output :** M-1 U-1						
	02:00 am	20			25ml						0	Sneha
	03:00 am	DNS	H_2O				✓			✓	0	Sneha
	04:00 am		H_2O		25ml						0	Sneha
	05:00 am		H_2O								0	Sneha
	06:00 am		H_2O		25ml					✓	0	Sneha
	07:00 am										0	Sneha
Total Intake :						**Total Output :** U-2 M-2						

Total 24 hrs. Intake	Total - 75ml/day	Total 24 hrs. Output	M-2 U-3

BAH-00535798 IP5-00174666
Master SYED MOHAMMED ALYAAN
18-01-2023 3 Y 4 M 16 D (M)
Dr. NALINIKANTA PANIGRAHY

FLUID CHART

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3/5/26

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
											0	JYothi
	08:00 am		H2O	25 ml							0	JYothi
	09:00 am			25 ml							0	JYothi
	10:00 am	DNS	H2O	25 ml			—			—	0	JYothi
	11:00 am			25 ml							0	JYothi
	12:00 pm		H2O	25 ml							0	JYothi
	01:00 pm			25 ml							0	JYothi
Total Intake :						**Total Output :** U – M –						
	02:00 pm										0	Sumana
	03:00 pm		H2O								0	Sumana
	04:00 pm										0	Sumana
	05:00 pm										0	Sumana
	06:00 pm		H2O									
	07:00 pm											
Total Intake :						**Total Output :** V – M –						
	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	

Patient Sticker

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FLUID CHART

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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											
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	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
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	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**	

Patient Sticker

FLUID CHART

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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											
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	01:00 pm											
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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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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 3/6/26 Time: 9am

Weight: 14.5kg Centile: 25th

Height: Centile: 25th

Inference: well child

RDA: - Calories: 1300kcal/d Protein: 22gm/d

Diet Recommendations: Soft rice

Re-Assesment: Avoid Spicy, chilled & outside foods

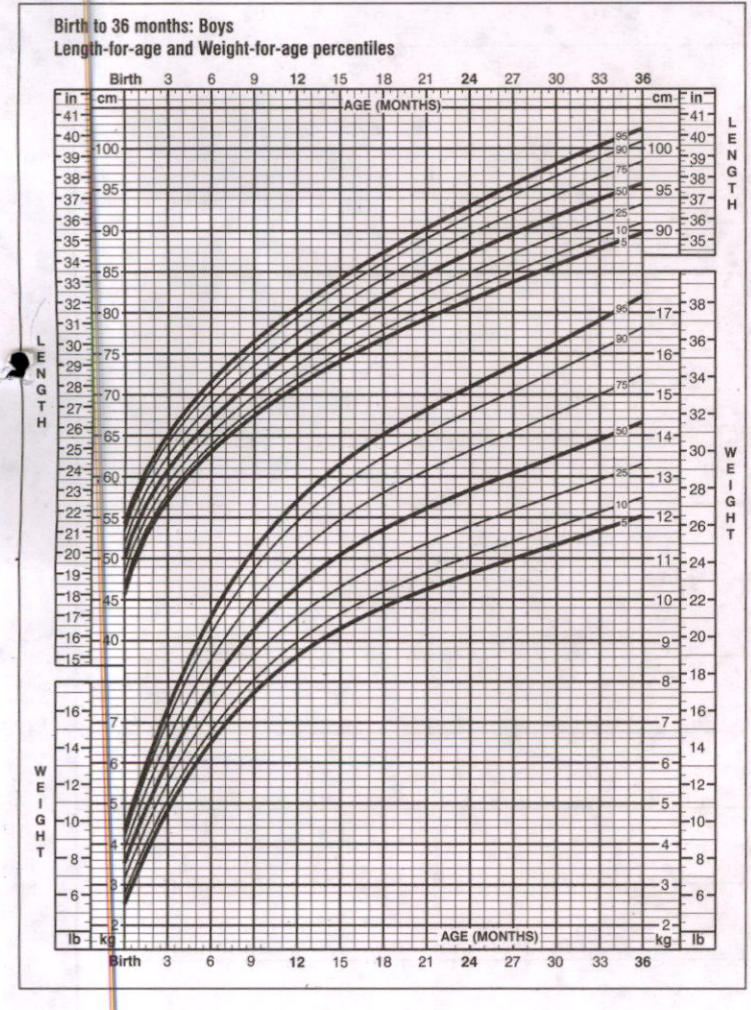
Food Allergies: NO Veg/Non-veg NON-veg

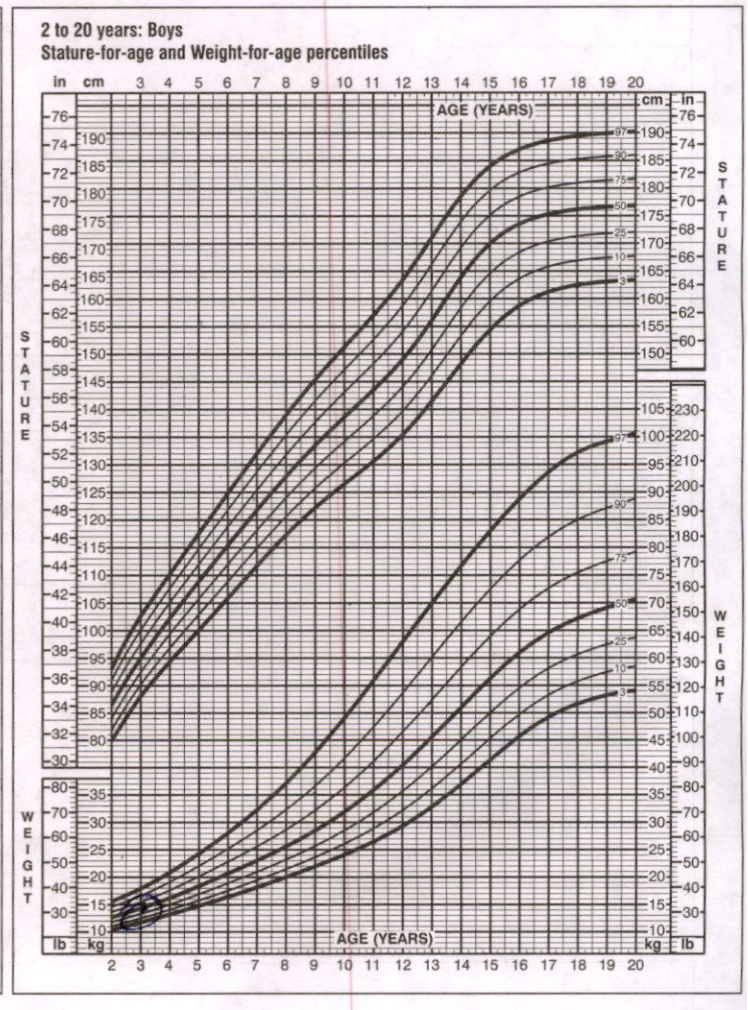
Diagnosis: Enterocolitis

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Saima Dietician's Signature

Daily Notes: