Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

BAH-00531215 IP5-00176206
Master CHERITH REDDY RANAKALA
16-03-2021 5 Y 3 M 24 D (M)
Dr. UJJWALA DESAI

Name :_____ _____

UHID 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
10/2	11.50Am	ER	105	Randeep

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
10/7/16	CBP, CRP, Blood cs,	63988	
	LFT, urea, creat		
16/7	CSE	25031 6761	Priyanka
~~10/7~~	~~USG Abdo~~	34366	
11/7	USG Abdomen	034415	
		0	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
10/7	Infusion Pump	12pm		9696316	Priyanka

D/C

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/7/26	IV Placement	1	96030	
10/7	NHA	1	960531	

O/E

ANY OTHER INFORMATION

Date : 11/7/26 Time : 9:30 AM Prepared By : Soorena

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Soorena	10S		

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 : IP5-00176206 **Admit Date** : 10-Jul-2026 **Admit Time** : 11:09 AM **UHID** : BAH-00531215

Patient Details :

Patient Name : Master CHERITH REDDY RANAKALA
Guardian : Mr RANAKALA RAHUL REDDY
Gender : Male
Occupation :
Address (H) : 2ND FLOOR JAVEED VILLA NANDI NAGAR NEAR BRAHMAKUMARI YOGA CENTRE ROAD NO : 14 Banjara Hills Hyderabad Telangana INDIA 500034

Age : 5 Y 3 M 24 D
DOB : 16-03-2021
Religion :
Martial Status : Single
Phone No : 9000881355/ 7989228074
E-mail : kunnireddy1992@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 RANAKALA RAHUL REDDY **Relationship** : Father
Contact Address : 2ND FLOOR JAVEED VILLA NANDI NAGAR NEAR BRAHMAKUMARI YOGA CENTRE ROAD NO : 14 Banjara Hills Hyderabad Telangana INDIA 500034 **Phone No** : 9000881355 / 7989228074

Devika Thopireddy.

Signature

Doctor Details :

Doctor Name : Dr. UJJWALA DESAI **Specialisation** : GENERAL PEDIATRICS
Referral Doctor : SELF **Phone No** :
Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00
Payor Name : CARE HEALTH INSURANCE LIMITED

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00531215 IP5-00176206
Master CHERITH REDDY RANAKALA
16-03-2021 5 Y 3 M 24 D (M)
Dr. UJJWALA DESAI

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00531215 IP5-00176206
Master CHERITH REDDY RANAKALA
16-03-2021 5 Y 3 M 24 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex 5yr/m

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Runny nose (:. 3days)
Pain abdomen (:. 4days/today afternoon)
fever (:. Night)
vomiting (:. morning)
Loose stool

History of present illness :

Runny nose (:. 3days)
- pain abdomen. diffuse type. more during passing stool. non radiating type.

- fever low grade, not documented, not given any medication. in emergency temp - 99.8°F.
Not associated c chills, rigors, rashe

- vomitings - 4 episodes, vomitus contain liquid, ~~non~~ non bilious, non blood stained, non-foul smelling.
- Loose stool - 2episodes, blood stained, non-foul smelly
- H/o vaccination (POLIO) - 2weeks back.

- N/H/O Recent travel.
- ~~H~~ N/H/O consuption of outside food
- N/H/O recent travel.

BAH-00531215 IP5-00176206
Master CHERITH REDDY RANAKALA
16-03-2021 5 Y 3 M 24 D (M)
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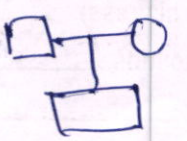
Pediatric Multiorgan History & Physical Examination

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

H/o similar complaints in the past 6 months back. ~~brothers~~ admitted in hospital for 1 day. Taken iv antibiotics for 3 days then cured.

Birth & Neonatal History:



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

According to age

Immunization History :

Till date

(P.T.O.)

BAH-00531215 IP5-00176206
Master CHERITH REDDY RANAKALA
16-03-2021 5 Y 3 M 24 D (M)
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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 18.2kg (Centile _____)

On Examination :

Temperature : 99.8°F Pulse Rate : 134/min B.P. 84/44 (53) SPO2 98% RA

Resp.rate and type of breathing : 26/min

Rash –

Lymphadenopathy –

Oedema : –

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+), clear

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S S2 (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft, no organomegaly.

Ausculation : Bowel sounds (+)

Spine : External Genitelia :

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

BAH-00531215 IP5-0017[illegible]
Master CHERITH REDDY RANAKALA
16-03-2021 5 Y 3 M 24 D (M)
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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 : N

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System : N

Bladder / Bowel :

Clinical Summary & Diagnostic:

(P.T.O.)

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16-03-2021 5 Y 3 M 24 D (M)
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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Complications

Desired goals of the treatment : Hemodynamic Stability

Planned Labs:

CBP, CRP, Blood Gly
& Electrolytes, CSE
Urea, Creatinine
USG abdomen & Rt
Extra plain

Planned Management

IV Fluids
inj ordem
Emp cefoxin

Signature of the Doctor: Ref
Name of the Doctor: Dr Remekanth
Date & Time: 10/3/21

Signature of the Consultant:
Name of the Consultant: Dr UJJWA
Date & Time: 10/3/21

DR. UJJWALA DESAI
Registration No: 90550

BAH-00531215 IP5-00176206
Master CHERITH REDDY RANAKALA
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Dr. UJJWALA DESAI

Charith Reddy.

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : ~~Dr.~~ Ujjwala Desai Date : 10/7/25

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

Start Time of Assessment: ..... Weight: 18.2 kg

Allergic History: No.

Chief Complaints:
fever : 2 days.
Vomitings : 2 episodes from morning
H/o Bodypains.
H/o Loosemotions - 2episodes
H/o outside food intake.

Pediatric Assessment Triangle

A Appearance - TICLS (N)

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

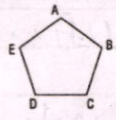
Any urgent interventions needed: ☐ Yes ☐ No
If Yes .....

Significant Past History: -

Medication History: -

Relevant Investigations: .....

Primary Assessment



Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Breathing
Rate: 26/min SpO_2 on ~~FiO_2~~ 98% on RA
Rhythm: .....
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: B/L AEBS
Palpation Findings (If necessary) .....

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Circulation

HR: 134/min CFT — Central ..... Peripheral 2 sec

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

BP: 84/44 (53) mmHg

Pulse Volume: Central ..... Peripheral Good.

If in Shock: Compensated ..... Hypotensive .....

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☐ No

Disability

GCS: 15/15 AVPU: .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Pupils: Responsive ☐ Non-Responsive ☐

Size — Right ..... Left .....

Active Seizures: ☐ Yes ☐ No Sugars: .....

Signs of Neurological compromise .....

.....

Exposure

Temp.: 99.8°F

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: .....

.....

.....

Labs Planned: .....

CBP, CRP, Blood cs

S. Electrolytes; CSE.

Urea, creatinine, Sr. bilirubin

USG abdomen - obstetrics.

N/B Admitted

Treatment Planned: IV fluids

IV ondan

IV Esomeprazole

Syp-Crocin DS.

Ivantibiotics after reports

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

Final Diagnosis with possible Differential Diagnosis (If necessary): Acute febrile illness : Antigastritis

Assessment done by

Name of the Doctor: N. Pearlish

Signature: N. PP

Date & Time: 10/7/26, 11 am

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: .....

Signature: .....

Date & Time: .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/3/21. 4pm.	Seen by Resident dsis - Acute febrile illness ? acute gastritis	
	Child alert on room air No fever since admission pain abdomen - (+). Vomitings - subsided. Oral intake - fair O/E afebrile; alert. hemodynamically stable chest clear abdomen soft, non tender	Plan 1. Continue medications as charted. 2. Trace blood c/s. 3. R/V USG abdomen.
	Enterocolitis.	~~X-Ray abdomen~~ USG abdomen
		Dr Dr. Lavanthi 5 pm

DR. UJJWALA DESAI
Registration No: 90550

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 8:15 pm	Seen by Resident-	
	A&is - Enterocolitis	
	last passed stool yesterday afternoon - pasty & foul smelling	Plan 1. Continue medications as charted.
	& Pain Abd ⊕ intermittently.	2. Send Stool c/s.
	Oral intake fair	3. Trace blood c/s 4. monitor vitals 4 inform SOS.
	O/E child alert, afebrile hemodynamically stable chest clear abdomen soft, NT hydration fair	Dr Sahithi
CSE pus cells 25-30.		
	Gastroenteritis.	Ceftriaxone 1.5 gm IV at 10am
		~~Inj~~ f/b.
	Discharge.	cefixime
		Lanzol
		ondem. SOS
		Review - Monday
		~~Syp~~ Cyclopam 10ml SOS.
		Dr Ujjwala 9am
		11/7/26 DR. UJJWALA DESAI Registration No: 90550

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RESULT SHEET

Date	10/7					
Time						
Hb	12					
PCV	35.8					
RBC	4.48					
WBC	11,320					
N/L	81/12.5					
Platelets	2,52,000					
CRP	14.7					
ESR						
PCT						
RBS						
Na	133					
K	3.9					
Cl	102					
Ca/Mg						
Phosphate						
Urea	29					
Creatinine	0.5					
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						
	10/7/26.					
Stool Pus Cell	25-30					
OVA / Cyst	⊖					
Occult Blood	⊖					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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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: ICU Ward Shifted to: ICU

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 : N. Praneeth. N, RS

Date & Time : 10/7/26, 11 am

Nurse Name & Signature: Kandeer

Date & Time : 10/7/26 at 11:40A

Master CHERITH REDDY RANAKALA
16-03-2021 5 Y 3 M 24 D (M)
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DRUG CHART

Date of Admission: 10/7/26 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 : Syp. CROCIN DS				Date / Time
Dose	Route	Frequency	Start Date	
5ml	PO	SOS	10/7	
Doctor's Signature		Valid Period	Pharm.	
N.Pm		48H		
Additional Instructions: (5ml/240mg) 16 Temp 299°F max 6th hourly				

DRUG : Syp. IBUGESIC				Date / Time
Dose	Route	Frequency	Start Date	
6 Ml	Po	SOS	10/7	
Doctor's Signature		Valid Period	Pharm.	
N. Bala		48H		
Additional Instructions: (5ml/100mg) 16 Temp 2 101°F max 8th hourly				

DRUG : Syp CYCLOPAM				Date / Time
Dose	Route	Frequency	Start Date	
4.5ml	Po	SOS	10/7	
Doctor's Signature		Valid Period	Pharm.	
Py				
Additional Instructions:				

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

BAH-[illegible]
Master CHERITH REDDY RANAKALA
16-03-2021 5 Y 3 M 24 D (M)
Dr. UJJWALA DESAI

REGULAR PRESCRIPTIONS

Weight. 18.2 kg Ward. ....

DRUG : Inj. Esomeprazole				Date/Time: 10/7, 11/7
Dose	Route	Frequency	Start Date	
18 mg	IV	24H	10/7	
Name & Signature of the Doctor Starting the Drugs: N. Pearwin				6 AM, 10 AM
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Inj. ONDANSETRON				Date/Time: 10/7
Dose	Route	Frequency	Start Date	
2 mg	IV	12H	10/7	
Name & Signature of the Doctor Starting the Drugs: N. Pearwin.				10 AM, 10 PM — Stop
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Inj CEFTRIAXONE				Date/Time: 10/7 (D1 D2 D3)
Dose	Route	Frequency	Start Date	
900g	IV	BD	10/7	
Name & Signature of the Doctor Starting the Drugs: Savithri				10 AM, 2 PM, 10 PM — OD dose
Additional Instructions: @ 50 mg/kg/dose.				
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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Weight. ..... Ward. .....

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
11/7/26	9:30 am	Inj CEFTRIAXONE	1·5g	IV	S	Pinky Swamy

Signature .....

VERIFIED BY : Na

Master CHERITH REDDY RANAKALA
16-03-2021 5 Y 3 M 24 D (M)
Dr. UJJWALA DESAI

I.V. FLUIDS CHART

Weight. 18·2 kg Ward. .....

		position 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
10/7/21	12:10AM	DNS	IV	40	N.P.M				

Signature .....

VERIFIED BY : Name .....

BAH-00531215 IP5-00176206
Master CHERITH REDDY RANAKALA
16-03-2021 5 Y 3 M 25 D (M)
Dr. UJJWALA DESAI

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

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

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ...11/7/26... Time:

Doctor / Nurse / Family Concern? 6AM

Temperature (F): 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94
96.1°F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50
100/(74)/61

Note: BP does not score in early warning scoring

Heart Rate (Number): 105b/m

Resp. Rate (bpm) (Over 1 Minute) *: 70, 60, 50, 40, 30, 20, 10
Resp Rate (Number): 26b/m

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2(l/min)		
O_2Saturations (%)		98%
Conscious Level	Normal	
	Altered	
GCS *		15/15
TOTAL SCORE Number of shaded boxes		1
Pain Score		0
Observer's Initials		D

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-00531215 IP5-00176206
Master CHERITH REDDY RANAKALA
16-03-2021 5 Y 3 M 24 D (M)
Dr. UJJWALA DESAI

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 : ..10/7.. Time: 3PM 6PM 10PM 2AM

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

97.9°F (A) 98.5°F (R) ER 95.2°F 95.8°F

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

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

85/56 (67) 104/65 (77) 102/66 (72)

Note: BP does not score in early warning scoring

Heart Rate (Number)	81 b/m	122 b/m	108 b/m

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

70 60 50 40 30 20 10

Resp Rate (Number)	26 b/m	25 b/m	26 b/m
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2 (l/min) O_2 Saturations (%)	100%	99%	99%
Conscious Level: Normal / Altered			
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1
Pain Score	0	0	0
Observer's Initials			

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
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Patient Stick

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FLUID CHART

Sheet No. : .....

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

		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											
10/7	12:00 pm	DNS		40ml							0	Sri
	01:00 pm	1		40ml							0	
Total Intake :						**Total Output :**						
	02:00 pm	↑		—							0	Priyanka
	03:00 pm			—						✓	0	
10/7	04:00 pm	DNS	Snacks	40 ml			✓				0	
	05:00 pm			40 ml							0	Priyanka
	06:00 pm	↓		40 ml							0	
	07:00 pm	↓		—						✓	0	
Total Intake :						**Total Output :**						
	08:00 pm	1		40ML						✓	0	Aruna
	09:00 pm	1		40ML			1				0	
	10:00 pm	DNS		-	NA			NA			0	Aruna
10/7	11:00 pm						NA				0	
	12:00 am	1		Refused	✓		1	✓			0	Aruna
	01:00 am										0	
Total Intake :						**Total Output :**						
	02:00 am	1					1				0	Aruna
	03:00 am	1		Refused							0	
11/7	04:00 am	DNS			NA		NA				0	Aruna
	05:00 am							NA			0	
	06:00 am	1			✓		1	✓			0	Aruna
	07:00 am	1									0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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FLUID CHART

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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							
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	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 CARE RECORD

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 10/7/26

Assessment: Pyrexia

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
2PM →	Assess general condition of the patient.	2.10 pm →	Assessed general condition of the patient.	By done all implementation, as per doctor's order.
3 10pm →	Monitor vital signs.	3.30 pm →	Monitored vital signs.	
4PM →	To ~~to~~ Send CSE to lab.	4.30 pm →	Lab sended.	
5PM →	Maintain fluid balance.	5.pm →	Maintained fluid balance.	
6PM →	Administer medication as per doctor's order.	6.5 pm →	Administered medication as per doctor's order.	

Re-Assessment: Re-Assessment done by cheking vitals.

Special Notes: Trace blood culture Reports

Nurse Signature: PB Nurse Name: Priyanka Date & Time: 10/7/26 8PM

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 10/7/26

Assessment: .....

.....

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
8pm	Assess the general condition of the baby	8pm	Assessed the general condition of the baby	by done all these to improve baby condition.
10PM	Monitor vital sings & recored. IVF DNS 40ml/hr. ongoing	10pm	Monitored vital sings & recored IVF DNS 40ml/hr ongoing	
12AM	Provid comfortable position	12AM	Provided comfortable position	
6AM	Administr medication as per doctor orders.	6AM	Administred medication as per doctor orders.	

Re-Assessment: .....

.....

Special Notes: .....

.....

Nurse Signature: Aruna Nurse Name: Aruna Date & Time: 10/7/26 @ 8AM

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Patient

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 10/7	DATE 11/7	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3			
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2			
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1			
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1			
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
	TOTAL		11	11			

Intervention : -Fall Risk : Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		Yes	Yes			
	Call device within reach		Yes	Yes			
	Wheels Locked		Yes	Yes			
	Room free of clutter		Yes	Yes			
	Adequate Lighting		Yes	Yes			
	Wheel Chair Support		NA	NA			
	Other Intervention(s) Specify		NA	NA			
	Nurse's Name :		Kavi	Anuja			
	Signature :			Anuja			
	Date :		10/7	11/7			
	Time :		11:40	6AM			

Docu. No. RCHBH / FRM / CLINICAL / 005

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 10/7			11/7 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0						
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	1 ER	-	-	-						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		-	-	-						
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	1	-	-	-						
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		-	-	-						
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		-	-	-						
		Signature of the Nurse			Priya	Aruna	Suraj						

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : Pulakesh

Signature of Ward In Charge :

Signature : ..... Name : Veena

Docu. No. : RCHBH /FRM / CLINICAL / 137

PATIENT TRANSFER FORM

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Master CHERITH REDDY RANAKALA
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Dr. UJJWALA DESAI

	Date & Time of Admission	Date & Time of Transfer Order
Treating Consultant Name	10/7/26 at 11:09 Am	10/7/26 at 12:00pm
	Transfer Ordered by: Dr. Pratibha	Reason for Transfer: Admission
From Unit: ER	To Unit: 105	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 21	Number of Imaging Films: LCA	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ? Profile

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Ramdeep	Dr. Pratibha

Patient & Clinical Records Received by : Sowjanya

Date & Time of Patient Received : 10/7/26 12:30pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 10/7/26 Time: 12:pm

Weight: 18.2kgs Centile: >25th

Height: 109cms Centile: >25th

Inference: well Child

RDA: – Calories: 1400 Kcal/d Protein: 24g/d

Diet Recommendations: Normal diet

Re-Assesment: Avoid spicy, chilled, outside foods

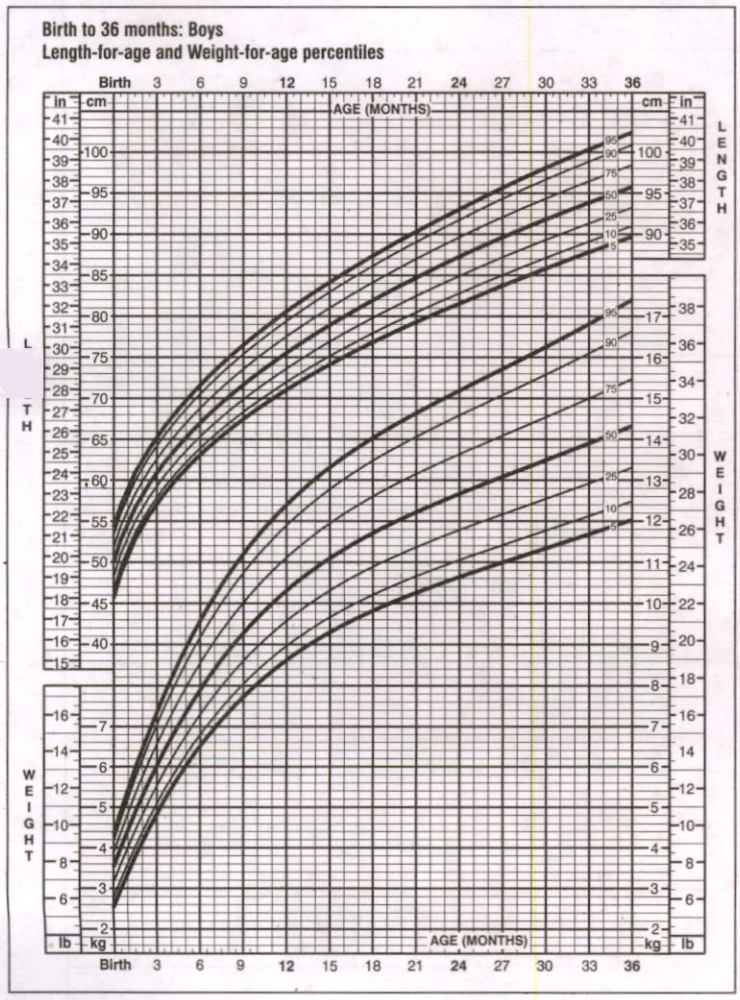
Food Allergies: NO Veg/Non-veg Non-veg

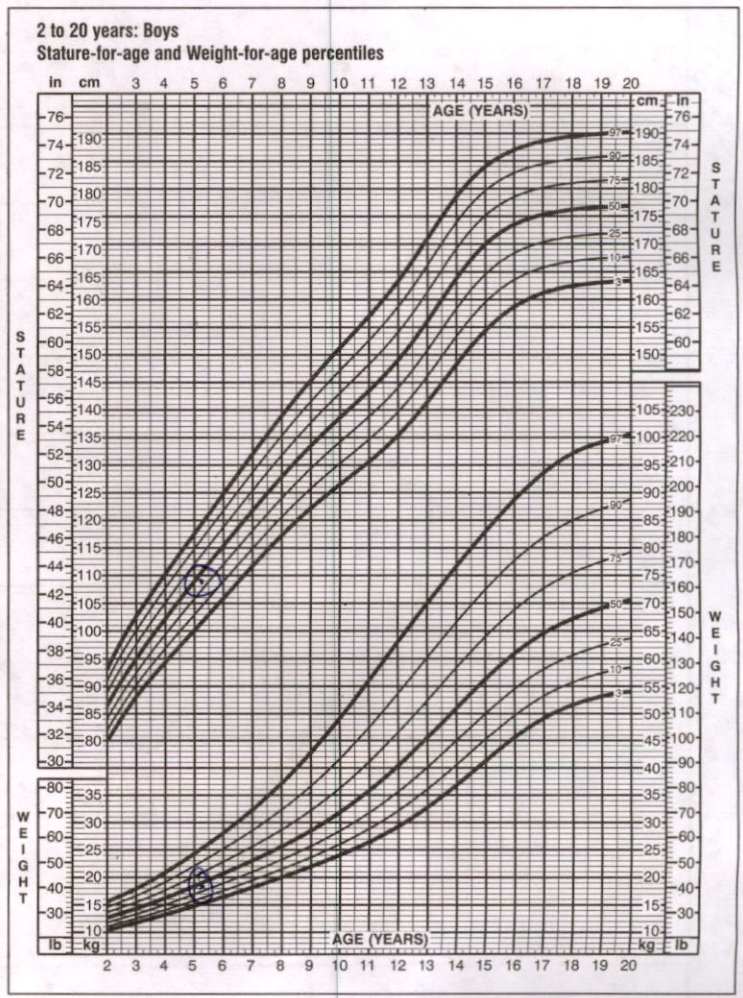
Diagnosis: DFI - Acute gastritis

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Devika Thopireddy

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Daily Notes: