RCWH.0000260407 IP5-00176689
Baby ZARA PARVEZ
28-03-2013 13 Y 3 M 23 D (F)
Dr. HARISH JAYARAM

Patien

Baby ZARA PARVEZ (13 Y 3 M 23 D/ F)
OTHERS
NNV00213
BA26073229032

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Your Right to a Safe Delivery

SURGERY DETAILS

Date : 21/7/26

Patient Name: B/O. Zara Parvez Date of Birth: 28/3/2013 Age: 13

Gender: F Ward : P.OT UHID No.:

Date of Surgery: 21/7/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Laparoscopic Cyst Excision

Time in : 9:15 Am Time Out : 11:25 Am

		NAME	AMOUNT
1.	Surgeon	Dr. Harish Jayaram	
2.	Anaesthetist	Dr. Durga Bhavani	
3.	Assistant Surgeon		
4.	OT Technician	Kulsum	
5.	Circulating Nurse	Divya	
6.	Assistant Nurse	Bikali	

Special Equipment: ☑ Laparascopy 9714592 ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9714591 Order by: Jyothi

Docu. No. : RCHBH/FRM/GENERAL/114

RCWH.000...
Baby ZARA PARVEZ
28-03-2013 13 Y 3 M 23 D (F)
Dr. HARISH JAYARAM

Laparoscopic cyst excision

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CONSUMABLES OF OT

Circulating staff : .... Technician : .... Date : .... Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 6, 6.5 (5) (A)	1+1+1	01	Major Pack Drape	1	1	Inj Vit.K		
LMA 8N	1+1	—	Sutures (9913) 5003	2+2	1	Cord Clamp		
ECG leads : A / P / N	1	03	Vicryl 3-0, 4-0, 5-0, 2	2+2	2	Suction Catheter		
HME filter : A / P / N	1	01	Prolin 3-0 4-0 5-0	2+2	—	Feeding Tube		
Syringes : 10 cc	10	05	Vicryl 2826	1	1	Vaccum Suction Set		
05 cc	10	05	Gloves 6, 6.5, 7, 7.5	2+2	2+2	Surgical Gloves		
02 cc	10	05	6, 6.5, 7, 7.5	2+2	1+1	Gauze Pack		
01 cc	5	01				Syringe 1ml / 2ml		
Cautery plate : A / P / N	1	01	Surgical blade 11, 15	1+1	1	Surgical Blade # 20		
IV set	1	01	NG tube			Koochies (S)		
RL	1	02	Cautery pencil	1	1	NS 500ml	2	1
NS : 10ml / 100ml / 500ml / 1000ml	3+1	01	Koochies			Transofix	1	1
Minispike	1	01	Ointments			Jelly	1	1
Oa mask (A)	1	1	Suction Catheter			Camera Cover	2	2
Fentanyl	1	01	Cap, Mask	5+5	10/10	10cc. 5cc	2+2	2+2
~~Morphine~~ Lox 2%	1	01	Gauze Pack N+R	2+2	3			
Ketamine			Mop Pack	1	2			
Propofol	3	02	Steristrip	1	1			
Rocuronium	1	01	Underpad	1	1			
Glycopyrolate	1	—	Draw sheet	1	1			
Myopyrolate	1	01	Abgel					
Ondansetron	1	—	Foleys catheter			Gauze	3	01
Pencan 25g / Spinal Needle 22	1+1	01	Urobag			Glasall	4	02
Bupivacaine 0.25%	1	—	Chest Drainage Catheter			Dexamid	1	—
Bupivacaine 0.25%(Heavy)	1	—	Romodrain bag			Dexat tranexa	1+1	—
Antibiotics Toupem	1	01	Bandage			50 cm line	1+1	01
			Tegaderm			Soft ade 4/6	2+2	—
Suppositories			Ioban			Epidural kit 18G	1+1	—
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Tegaderm pad	1	—
Supridol : 100mg			Vaccum Suction set	1	1			
Justin 12.5 mg / 25mg / 100mg	1+1	—	Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
Vacum set	1	01	Microshield	1	1			
Oral airway 0/3	1+1	—	Cotton Balls	1	1			
Nasal airway 26/28	1+1	—	Latex Gloves	10P	10P			
Bway circuit 100cm	1+1	01	Ramdione Scrub					
IV cannula 18/20	1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9714476 Ordered by : ....

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

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 : IP5-00176689 **Admit Date** : 21-Jul-2026 **Admit Time** : 07:38 AM **UHID** : RCWH.0000260407

Patient Details :

Patient Name	: Baby ZARA PARVEZ	**Age**	: 13 Y 3 M 23 D
Guardian	: MR. YOUNUS PARVEZ	**DOB**	: 28-03-2013
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 4-3-12, ANANTHAGIRI ROAD, Ranga reddy district Ranga Reddy Telangana INDIA 501101	**Phone No**	: 9963150897/ 9885087111
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 402 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 402 **Admission Type** : First Visit

Contact Details :

Name	: MR. YOUNUS PARVEZ	**Relationship**	: Father
Contact Address	: H NO 4-3-12, ANANTHAGIRI ROAD, Ranga reddy district Ranga Reddy Telangana INDIA 501101	**Phone No**	: 9963150897 / 9885087111

Signature

Doctor Details :

Doctor Name	: Dr. HARISH JAYARAM	**Specialisation**	: PEDIATRIC SURGERY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

Name :_____

RCWH.0000260407 IP5-00176689
Baby ZARA PARVEZ
28-03-2013 13 Y 3 M 23 D (F)
Dr. HARISH JAYARAM

UHID No. : _____ sultant: _____ Dept : _____

Date of Admission: _____ of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/2/26	8am	ER	OT	
21/2/26	9:30pm	OT	341	

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
21/7/16	PT / APTT, Blood Group	73015	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7/18	IV Placement	1	13803	
	PAL op			

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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OPERATION THEATER NOTES

Patient's Name : Zara Parvez Age : 13y Gender : ☐ Male ☑ Female

UHID No.: RCWH-0000260407 Weight : Height :

Surgeon : Dr. Harish Jayaram		Asst. Surgeon : Dr. Maliha.
Anesthetist :	OT Nurse: Bikhlai	OT Technician:

Pre-Operative Diagnosis: (Rt) para ovarian cyst

Surgical Procedure :

LAPAROSCOPIC (RT) PARA OVARIAN CYST EXCISION.

Indications for Surgery :

(R) para ovarian cyst

Date : 21/7/26	Start Time :	End Time :

Pre Operative Preparations:

Post Operative Diagnosis: (R) para ovarian cyst

Peri-Operative Complications:

Operation Notes:

FINDINGS

1) Large (Rt) para ovarian cyst noted of approx 30 x 30 x 30 cm

Procedure

1) 5mm port (umbilical) placed. Findings noted.

2) Approximately 3l clear liquid aspirated from cyst.

3) Cyst stripped off from outer cyst wall. ~~Inner wall~~ and excised - sent for HPE.

Amount of Blood Loss: ~ 1ml	Blood Transfused (in ML) –

Name and Number of Surgical Specimen sent for examination:

1) (RT) para ovarian cyst for ~~HPE~~

Peri-Operative Complications: –

4) Ports closure done.

5) Dressing done.

Name of the Surgeon: Dr. Harish Jayaram

Signature of the Surgeon: .....

Date & Time: 21/7/26, 11:41 AM

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Patie

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Laparoscopic Cyst Excision.

Post-Surgical Diagnosis: (RT) para ovarian cyst

Post-Operative Monitoring Parameters /Frequency:

TPR every 15 minutes for first 1 hour

Wound Care:

Dressing

Drain /Special Lines/Catheters:

—

Special Patient Positioning and Requirements:

Nutritional Instructions:

Clear liquids followed by soft diet as tolerat once fully awake.

When to Start Mobilization:

As early as possible

Special Referrals:

—

The new order for all required medications documented in the doctor order/medication sheet:

☐ Yes ☑ No

Any Other Post-Operative Care Needed including Required Follow Up

—

Treating Surgeon
(Signature & Stamp)

Date: 21/7/26 Time: 11:46 AM

Note: Plan of care will be readjusted if necessary.

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FICIENCY CHECK LIST OF CASE SHEET

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

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date : 24/07/26

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 4:30 pm	C/S/B Dr. Shreeja lap Ovarian cystectomy. POD – 0 afebrile. Vitals Stable P/A – soft. I/O – Didnot pass urine.	Advice - Full feeds - Discharge tomorrow
	Dr. Harish 21/7/26 5.15 pm DR. HARISH JAYARAM Registration No: 66254	Dr. Shreeja 21/7/26 4:30 pm Dr. Shreeja
22/7/26 9am	C/S/B Dr. Harish POD-1 lap ovarian cystectomy afebrile. Vitals Stable P/A – soft. DR. HARISH JAYARAM Registration No: 66254	Advice - Full feeds - Discharge today 22/7/26 9am Dr Shreeja
	Dr. Harish 22/7/26 9AM	

Dr. Revathi 9010503

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

RCWH.0000260407 IP5-00176689
Baby ZARA PARVEZ
28-03-2013 13 Y 3 M 23 D (F)
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RESULT SHEET

21/7

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	15/1.1					
APTT	37					
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.,) : .....

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Patie

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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: OT

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 : Samoshree

Date & Time : 21/7/26

Nurse Name & Signature: Renuchid [signature]

Date & Time : 21/7/26 @ 8am

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

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DRUG CHART

Date of Admission: ....21/7/26.... 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 :				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 ....

Baby ZARA PARVEZ 13 Y 3 M 23 D (F)
28-03-2013
Dr. HARISH JAYARAM

REGULAR PRESCRIPTIONS

Weight. 53.4 kg Ward. ....

DRUG : INJ CEFAZOLIN

Dose	Route	Frequency	Start Date
1.3gm	IV	TID	21/7

Name & Signature of the Doctor Starting the Drugs: Somashree

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾				

DRUG : INJ CEFAZOLIN

Dose	Route	Frequency	Start Date
780mg	IV	Q8h	21/7/26

Name & Signature of the Doctor Starting the Drugs: 12:06 pm Maliha
Dr. Maliha

Additional Instructions:
15 mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	21/7	22/7
7AM	OT 9Am given	maithi
3Pm	5Pm [illegible]	
11Pm	12Pm maithi	
Daily Doctor's Endorsement by a Sign	[signature]	[signature]

STOP

DRUG : INJ PARACETAMOL

Dose	Route	Frequency	Start Date
780mg	IV	Q8h	21/7/26

Name & Signature of the Doctor Starting the Drugs: 12:06 pm Maliha
Dr. Maliha

Additional Instructions:
—

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	21/7	22/7
6AM	10Am OT given	Neethu
3Pm	5Pm [illegible]	
10Pm	11Am maithi	
Daily Doctor's Endorsement by a Sign	[signature]	[signature]

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

RCWH.0000260407
Baby ZARA PARVEZ
28-03-2013 13 Y 3 M 23 D (F)
Dr. HARISH JAYARAM

Weight. 53.4 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
21/7/26	9 AM	INJ CEFAZOLIN	2g	IV	Malika	Tooma Divya
21/7	9:50AM	INJ. PARACETAMOL	780MG	IV	Dr. [illegible]	[illegible]

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

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I.V. FLUIDS CHART

Weight. 53.4kg Ward. .....

		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
21/7/26	7:20 am	DNS	IV	90		Not connected			
21/7	9:00AM	RINGER LACTATE	IV	500			21/7		
21/7	10:20AM	RINGER LACTATE	IV	500			21/7		
21/7/26	12:07pm	DNS 1/2 maintainance	IV	40 ml/hr.	Malik		22/7		

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

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28-03-2013 13 Y 3 M 23 D (F)
Dr. HARISH JAYARAM

21/7/26

Docu.No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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

Date : ..... Time:	7 pm	11 pm / 6 am
Doctor / Nurse / Family Concern?	pm	

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

- 7 pm: *98.5° F
- 11 pm: Refused
- 6 am: *98.2° F

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

- 7 pm: 95 (71) / 61
- 6 am: 110 / 70

Heart Rate (Number)	99bpm	80 bpm

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

Resp Rate (Number)	21bpm	22 br/m
Resp Distress (Mod/ Severe / None / Mild)		
Receiving O_2(l/min)		
O_2Saturations (%)	99 %	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	R	

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)

RCWH.0000260407 IP5-00176689
Baby ZARA PARVEZ
28-03-2013 13 Y 3 M 23 D (F)
Dr. HARISH JAYARAM

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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.

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
			Mouth	I.V	N.G							
21/7	08:00 am						(				0	
	09:00 am		Milk								0	
	10:00 am				0 (						0	
	11:00 am		H_2O								0	Satya
	12:00 pm										0	
	01:00 pm										0	
Total Intake :						**Total Output :**						
21/7	02:00 pm										0	
	03:00 pm		H_2O								0	
	04:00 pm										0	
	05:00 pm						NP				0	Renuka
	06:00 pm		H_2O							✓	0	
	07:00 pm										0	
Total Intake :						**Total Output :** U 2 | m 2					
	08:00 pm		Food								0	
	09:00 pm						|				0	
	10:00 pm									✓	0	
	11:00 pm		Hw				ND				0	Satya
	12:00 am									✓	0	
	01:00 am						|				0	
Total Intake :						**Total Output :** M - O U - 2						
	02:00 am		Hw								0	
	03:00 am						|				0	
	04:00 am									✓	0	Satya
	05:00 am						Np				0	
	06:00 am						|		✓		0	
	07:00 am											0
Total Intake :						**Total Output :** M - O U - 2						

Total 24 hrs. Intake		Total 24 hrs. Output	M - O U - 5

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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							
28/3/13	08:00 am		Aqua									
	09:00 am		Aqua									
	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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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 21/07/26 Time: 3pm

Weight: 53.4kg's Centile: >50th

Height: 155cm Centile: >50th

Inference: well child.

RDA: — Calories: 1800 Kcal/D Protein: 32gm/D

Diet Recommendations: soft diet

Re-Assesment: avoid spicy, chilled & outside foods

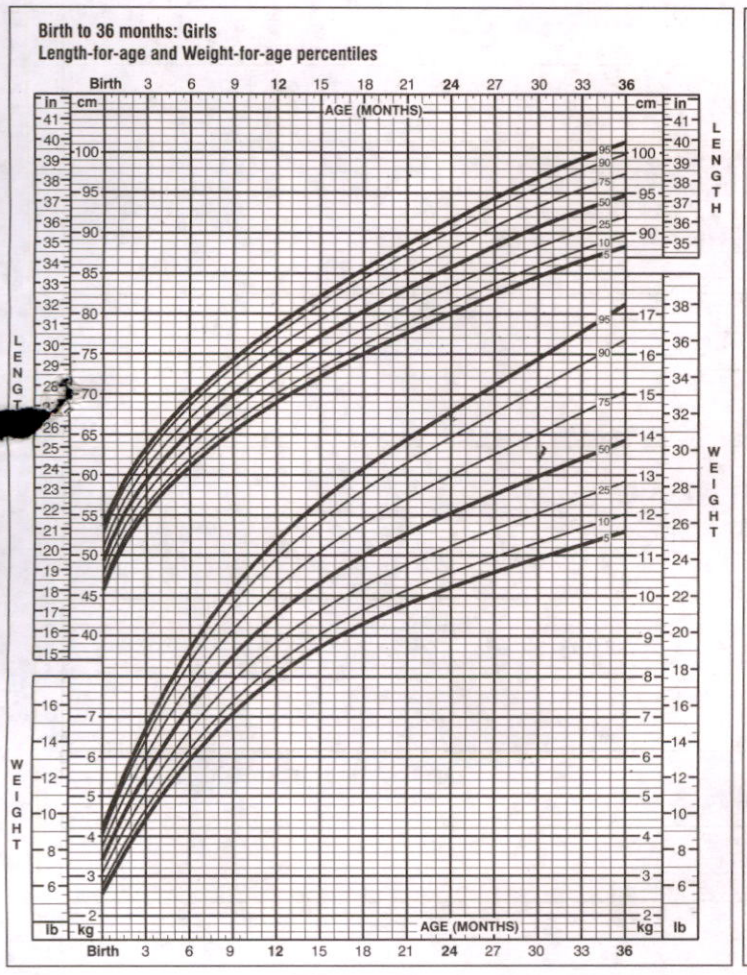
Food Allergies: No Veg/Non-veg Non-veg

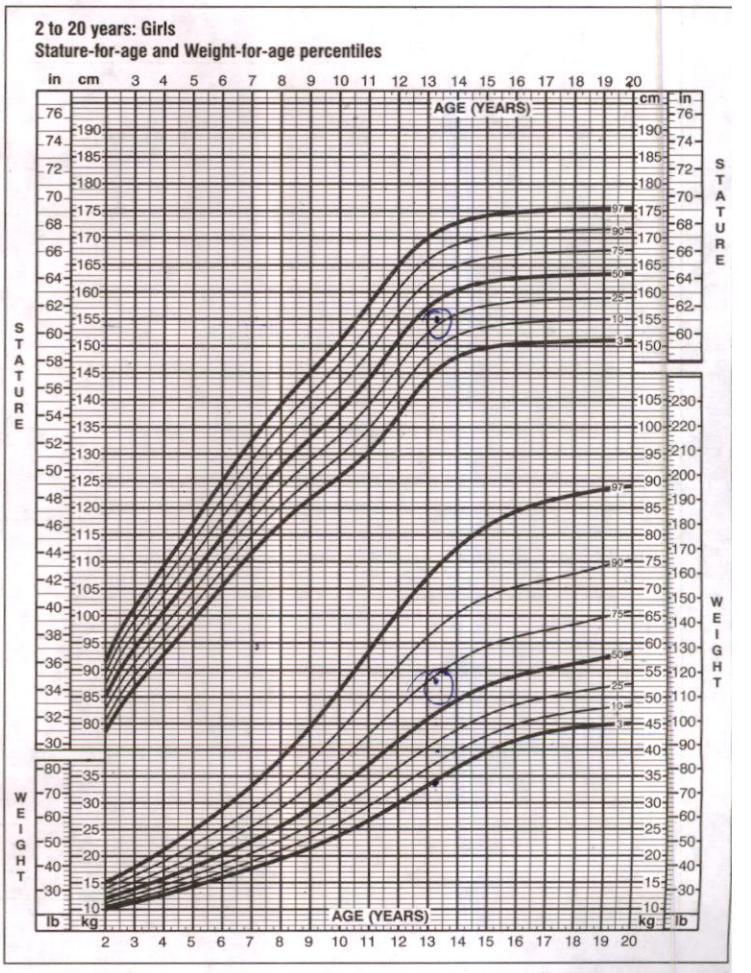
Diagnosis: Laproscopic ovarian cyst excision

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Bushra

GROWTH CHART (GIRLS)





Dietician's Name Saima Dietician's Signature Saima

Docu. No. : RCHBH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes: