

**ACTIVITY RECORD FOR BIRTHING**

VIH-00204633 IP-00060187  
Master RAMA RAJU ADDALA  
22-02-2026 0 Y 3 M 8 D (M)  
Dr. KODICHERLA VISHNU VARDHAN

Name: -----  
UHID No : ----- IP No : ----- Dept : -----



Date of Admission : 30/05/26 Time : ----- Date of Discharge : ----- Time: -----

Room / Bed No : ----- Ward : Plw Suggested Billable bed type : -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
30/5/26	10:30 PM	ER	Plw	[Signature]

**Cross Consultation Visit**


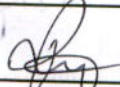

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sindhu	1/6/26	3086210	[Signature]
2.	Dr. Santoshi Balla	1/6/26	3086206	[Signature]
3.	Dr. MD. Abdul bhalis	1/6/26	3086098	[Signature]
4.	cross checked by local pany		3/6 @	BAM
5.	Dr. Santoshi Balla	3/06	3086608	[Signature]
6.				
7.				
8.				
9.				
10.				

# INVESTIGATIONS

Date	Investigations	Order No.	Sign
30/5/26	Creatinine, electrolytes urea, Blood c/s PT/APTT	26018923	[Signature]
	RBS, <del>lignin</del> BGM	26018924	[Signature]
	PCT	26018926	Low
	CXA	26008764	Low
30/5/26	Urine C/S	26018933	[Signature]
Cross checked by R. Bowler 31/5/26 at 8:30A			
1/6	CBP CRP	26019013	[Signature]
	Rp2	26019090	[Signature]
1/6	USG <del>of</del> KID	26-008781	
Cross checked by [Signature] 1/6/26			
	CBP, CRP, electrolytes	26019187	[Signature]
/			



**PROCEEDURE**

Date	Proceedure	Quantity	Order No.	Signature
80/5/26	iv Placement	1	3085749	
Cross checked by Sr. Pankaj 31/5/26 at 8:30A				
1/6/26	iv Placement	①	3086209	
Cross checked by Sr. Pankaj 1/6/26				
3/6	needs	4	3086518	

**ANY OTHER INFORMATION**

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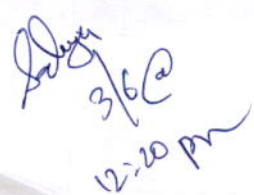
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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward  3/6 @ 12:20 PM	Billing Assistant	Billing Supervisor
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# CONSULTATION FORM



Madhukar  
**Rainbow Children's Hospital**  
It takes a lot to treat the little.

Doctor Name : .....

Date : ..... Hour : .....

Hospital : .....

Type of Referral :  Emergency (within one hr.)

Urgent (within 6 hrs.)  Non Urgent (within 24 hrs.)


Referred for :  Opinion  Co-Management

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

Transfer of care

Reason for C  
diagnosis:

VIH-00204633 IP-00060187  
 Master RAMA RAJU ADDALA  
 22-02-2026 0 Y 3 M 12 D (M)  
 Dr. SIVA NARAYANA REDDY



specify the particular need, especially in the absence of a second

Signature: \_\_\_\_\_

M.D.

### Report of Findings and Recommendations :

Case Reviewed

Adv

- Jo do

VBG - CVE & review on Monday in OPD.  
RP2 -

- Antibiotics IV fill  
7/6/2026

- Mava on follow up  
Continue Nodosis 2.5ml 1-01

Consultant :

Name : DR - SIVITHI Signature : Sivithi Date & Time : 3/6/2026

**NOTE :** If more space is required use another consultation sheet as continuation

## ADMISSION SHEET

### Registration Details :



Admission No : IP-00060187

Admit Date : 30-May-2026

Admit Time : 08:45 PM UHID : VIH-00204633

### Patient Details :

Patient Name : Master RAMA RAJU ADDALA

Age : 0 Y 3 M 8 D

Guardian : Mr PREM SAGAR RAJU

DOB : 22-02-2026 01:00 AM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : D-1,SURYA ENCLAVE,BHARANI COLONY,  
SAINIKPURI,SEC-BAD Sainikpuri Hyderabad  
Telaᅅgana INDIA 500094

Phone No : 8454924281/ 9848945461

E-mail : NA@GMAIL.COM

### Admission Details :

Bed Type : SHARED WARD

Bed No : ER 101

Ward Name : N 0 GF-EMERGENCY

Room No : ER 101

Admission Type : First Visit

### Contact Details :

Name : Mr PREM SAGAR RAJU

Relationship : S/O

Contact Address : D-1,SURYA ENCLAVE,BHARANI  
COLONY,SAINIKPURI,SEC-BAD Sainikpuri  
Hyderabad Telangana INDIA 500094

Phone No : 8454924281



Signature

### Doctor Details :

Doctor Name : Dr. KODICHERLA VISHNU VARDHAN  
REDDY

Specialisation : GENERAL PEDIATRICS

Referral Doctor : SELF

Phone No :

Co-Consultant :

### Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

Patient Name : Mast. RAMA RAJU ADDALA UHID : VIH-00204633 IPD : IP-00060187 Gender : Male Age : 0 Y 3 M 8 D

VIH-00204633 IP-00060187  
 Master RAMA RAJU ADDALA  
 22-02-2026 0 Y 3 M 8 D (M)  
 Dr. KODICHERLA VISHNU VARDHAN



Wt: 6.84 kg

## EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Rama Raju Age : 3 M Gender :  Male  Female  
 Date : 30/5/26 Time of Arrival : 8:26 PM

Allergies:  No  Yes  Food  Medications  Blood Transfusion  Other (Specify): \_\_\_\_\_  Not known

Source of Information :  Parents  Others (Specify) \_\_\_\_\_

Mode of Arrival :  Ambulatory  Wheelchair  Ambulance

Initial Vital Signs: Temp: 101° F PR: 180b/m BP: 100/52(63) RR: 46b/m SpO<sub>2</sub>: 98%

Chief Complaints: Co Fever yesterday evening, vomiting (2 episodes)

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS
Appearance <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Sick Looking	Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding	Work of Breathing <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea
		<input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.  
 All Children less than 2 years age with high fever to be considered Level 3.

\* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 8:30 PM

### Communicable Disease Triage Screening

**PART A. The following questions should be asked to all patients at the initial screening:**

- Have you had fever (elevated temperature) in the past 2 weeks  Yes  No
- Have you had cough or a rash in the past 2 weeks  Yes  No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks  Yes  No

**PART B. For patients reporting fever and respiratory/rash symptoms:**  Not applicable

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks?  Yes  No  
 If yes, State Location: \_\_\_\_\_
- Are your parents / close contacts at home is/a healthcare worker? (please encircle the choices) (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease?  Yes  No

Name of Triage Nurse : BNO, Sarjany

Date & Time : 30/5/26 @ 8:30 PM

Docu. No. : RCH / FRM / CLINICAL / 085

**PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:**

- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

**PART D. ACTION / INTERVENTION:** (for positive suspected communicable disease triage screening)

- Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- The patient should be given a surgical mask immediately, if not already wearing one.
- Both patient and triage staff should perform hand hygiene.
- The staff should use PPE (as appropriate).

Signature of Triage Nurse : Sarjany

Patient Name : Mast. RAMA RAJU ADDALA UHID : VIH-00204633 IPD : IP-00060187 Gender : Male Age : 0 Y 3 M 8 D

VIH-00204633 IP-00060187  
 Master RAMA RAJU ADDALA  
 22-02-2026 0 Y 3 M 8 D (M)  
 Dr. KODICHERLA VISHNU VARDHAN



### NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 30/5/22 Time of arrival : ~ 8.31 PM (2 episodes)  
 Chief Complaints : Fever since yesterday vomiting evening RBS: 10Amg/dl  
 Height : — Weight : 6.84kg BMI : — Head Circumference (<2 years) : —  
 Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other: —  
 If yes, identify —  
 Pain Screening:  Yes  No If Yes, Pain Score: 0 Pain Tool Used:  N Pass  FLACC  Wong Baker  
 Character —  Location —  Frequency —  Duration —

<p><b>RISK FOR FALL:</b></p> <p><input checked="" type="checkbox"/> If patient is &lt; 6 years        tick below fall risk intervention directly</p> <p><input type="checkbox"/> If Patient is &gt; 6 years        Assess the below parameters</p> <p>History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Ambulatory Aids:</b></p> <ul style="list-style-type: none"> <li>Wheelchair <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Uses furniture for support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Gait/Transferring:</b></p> <ul style="list-style-type: none"> <li>Bedrest / immobile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Weak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Impaired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Mental Status:</b> Forgets limitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>IF YES FOR ANY CATEGORY = RISK FOR FALLING</b></p> <p><b>Fall Risk Intervention:</b></p> <ul style="list-style-type: none"> <li>Escort while ambulating <input type="checkbox"/></li> <li><input checked="" type="checkbox"/> Assist Patient</li> <li>Educate patient and family on fall precautions/prevention <input type="checkbox"/></li> </ul>	<p><b>Functional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li>Mobility Problem <input type="checkbox"/></li> <li>Walking Problem <input type="checkbox"/></li> <li>Developmental Delay <input type="checkbox"/></li> <li>Musculoskeletal Congenital Abnormality <input type="checkbox"/></li> </ul> <p><b>Inform consultant for positive criteria</b></p> <p>.....</p> <p><b>Nutritional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li>Underweight <input type="checkbox"/></li> <li>Overweight <input type="checkbox"/></li> <li>Feeding Problem <input type="checkbox"/></li> <li>Special diet <input type="checkbox"/></li> <li>Special feeding method <input type="checkbox"/></li> </ul> <p><b>Inform consultant for positive criteria</b></p>
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**Psychological Screening:**  No Significant Findings  
 Unusual concerns about patient's Psychological Status:  Yes  No  
 If Yes Consultant Notified: — (Date/Time): —  
**Social History:** Lives With family  
 Siblings in household  Yes  No (if yes How Many?) —  
 Time of Initial assessment completed by ER Nurse : ~ 8.35 PM

Patient Name : Mast. RAMA RAJU ADDALA UHID : VIH-00204633 IPD : IP-00060187 Gender : Male Age : 0 Y 3 M 8 D

**Nursing Notes (Including Labs / Medications / Other Care):**

Time	Nursing Notes
8:26m	Pt came to ER
8:27m	Pt vitals checked and records done.
8:28pm	DR. SHIRKAR seen the pt Advice Admission. Pt Admission process done.
9:pm	Pt IV placement done and sample sent to lab. Pt shifted to PICU

Samples collected by: } Sr. Pasi  
 Samples sent by: }

Time: 9pm

Time: 9:15pm

**Medication given in ER:**

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
9:09pm	NS Bolus	IV	70ml		Lam

Condition of patient at time of shift - out :	Details of Shift - out
HR: 140b/m BP: 100/52(mm) CFT: CISEC RR: 40b/m SPO <sub>2</sub> : 98% GCS: ..... Temperature: 99°F Pain Score: 0 Repeat RBS (if applicable): .....	Shift - out from ER to: PICU Time of Shift - out: 30/5/26 @ 10:30pm Handover given to: Sr. Arch (Nurse's Name) Sr. Arch

Tick as applicable:  MLC  LAMA  BROUGHT DEAD


Procedures done with details (if any): IV cannulation

Name of the Nurse: Archithe Signature of the Nurse: Arch

Date & Time: 30/5/26 @ 10:30pm

# PATIENT TRANSFER FORM




Patient Name & UHID No. VIH-00204633 IP-00060187 Master RAMA RAJU ADDALA 22-02-2026 0 Y 3 M 8 D (M) Dr. KODICHERLA VISHNU VARDHAN 		Date & Time of Admission 30/05/26 @ 18:45 pm		Date & Time of Transfer Order 30/05/26 @ 10:30 pm	
		Transfer Ordered by Dr. shivan		Reason for Transfer Admission	
From Unit e-r		To Unit ICU		Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 21		Number of Imaging Films -		Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what? all file given to	
Medications / Consumables / Surgicals / Hand over					
Sl.No.	Item Name			Quantity	
1.					
2.					
3.					
4.					
5.					
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Name & Signature of Person who is Transferring Rajalee			Name of Person Ordered Transfer Mr. shivan		
Patient & Clinical Records Received by : Subiya					
Date & Time of Patient Received : 30/5/26 @ 10:30 pm					

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

# PATIENT TRANSFER FORM

Patient Name & UHID No.  VIH-00204633 IP-00060187 Master RAMA RAJU ADDALA 22-02-2026 0 Y 3 M 9 D (M) Dr. KODICHERLA VISHNU VARDHAN 		Date & Time of Admission  30/05/26 @ 8:45am	Date & Time of Transfer Order  31/5/26 @ 9:45AM
Dr. Vishnu		Transfer Ordered by  Dr. Sweety	Reason for Transfer  Stable
From Unit  PICU	To Unit  112	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File  45	Number of Imaging Films  VBe-1 X-Ray-1	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Inj Pipetut - 1	PCM Drops - 1	
2.	Inj Amikacin - 1		
3.	5 cc — 3		
4.	2 cc — 1		
5.	Dow 10 ml — 2		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring  Dr. Sushma		Name of Person Ordered Transfer  Dr. Sweety	
Patient & Clinical Records Received by :  Munshi			
Date & Time of Patient Received :  31/5/26 @ 9:45AM			

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



## NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 30/5/26  
 Source of Admission:  OPD  Ward  Other: GR  
 Reason for Admission: fever since one day vomiting evening  
 Admission Diagnosis: ? w/o sepsis  
 Accompanied By:  Parent  Guardian  Other Name: \_\_\_\_\_  
 Primary Language:  Telugu  English  Hindi  Other Specify \_\_\_\_\_  
 Do you require an interpreter?  Yes  No  
 Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other: \_\_\_\_\_  
 If yes, identify \_\_\_\_\_

Source of Information:  Family  Patient  Others, Specify \_\_\_\_\_

SIGNIFICANT HISTORY	Past Medical History	Past Surgical History	Last Hospital Admission
	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>

Family History: nil

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: C. section  
 Are the child's immunization up to date?  Yes  No

**CURRENT MEDICATIONS**  
 Taking Medications?  Yes  No  
 If yes, Fill the reconciliation form  
 Medicine brought to the hospital?  Yes  No

Observations: Weight: 8.8 kg Length: \_\_\_\_\_ Head Circumference (< 2 years): \_\_\_\_\_  
 Temp.: 99.5 HR: 140 bpm RR: 20 bpm BP: 96/63 (70) mmHg  
 Pain Score: 0 Specify Site: \_\_\_\_\_ (Follow Pain Assessment Sheet & Document)  
 Fall Risk Assessment:  Yes  No Score: 14 (Document in the Humpty Dumpty Sheet)  
 Risk of Pressure Sore (Braden Q Score 22) (Document in the Braden Q Assessment Sheet)



Behavioural Status on Admission :

- Sleeping     Crying     Calm     Distressed/Console     Drowsy

**FUNCTIONAL SCREENING:** If a patient needs assistance with any of the following inform consultant

- Mobility problem     Walking Problem     No Abnormality Detected  
 Developmental Delay     Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

**NUTRITIONAL SCREENING:**

- 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): 30/5/26 @ 11pm

Social History: Lives With Family .....

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

Orientation has been given regarding the following aspects:

- ID Band in situ  
 Bedside safety explained  
 PICU Routine: Doctor's rounds/Medication time  
 Visiting policy explained

Orientation given to:  Family     Others specify .....

Name of Person Orientation was given to: Prem Sagar (Cousin)

Orientation not given Reason: .....

Nurse Name: Surbija .....

Nurse Signature: Surbija .....

Date & Time: 30/5/26 @ 11pm .....

**DISCHARGE PLAN**

Source of Information:  Family     Friend

Will patient require transportation arrangements to go home:  Yes     No

Will Physiotherapy require at home:  Yes     No

Is home medical equipment anticipated:  Yes     No

Is home oxygen therapy anticipated:  Yes     No

Are dressing needs at home anticipated:  Yes     No

Any other needs anticipated:  Yes     No If Yes Specify .....

Discharge Medications:  Yes     No

Details: .....

Final Diagnosis: 946 Sepsis ? uro Sepsis .....

Nurse Name: Surbija .....

Nurse Signature: Surbija .....

Date & Time: 30/5/26 @ 11pm .....



# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00204633 IP-00060187  
Master RAMA RAJU ADDALA  
22-02-2026 0 Y 3 M 8 D (M)  
Dr. KODICHERLA VISHNU VARDHAN



Patient Name: \_\_\_\_\_

UHID ID: \_\_\_\_\_

Department: \_\_\_\_\_

Consultant: \_\_\_\_\_

**Pediatric Multiorgan History & Physical Examination**

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_ Relationship \_\_\_\_\_

**Chief Presenting Complaints & Duration (Chronologically)**

Cl<sup>d</sup> excessive crying & straining while  
passing motions & urine : 1 day

Bluish discoloration of limbs

**History of present illness :**

Child was apparently alright 1 day back  
when the parents noticed that the  
child is crying excessively on passing motions  
or urine

Child was evaluated on OP Basis At RCH

CRP - 48 ✓

Hb - 10.6

PLT - 4.82

TC - 12.44 (W: 50.2%)

On re-examination child was noted  
to have Acrocyanosis

with CRT around 4-5 sec



### Pediatric Multiorgan History & Physical Examination

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NO SIGNIF

**Birth & Neonatal History:**

\_\_\_\_\_

FT/LSO/CLAB/3-6kg

\_\_\_\_\_

NO H/O NKW ADMS



**Birth & Socio Economic History:**

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_

Any additional Information : \_\_\_\_\_

\_\_\_\_\_

**Developmental History :**

\_\_\_\_\_

Normal for Age

\_\_\_\_\_

**Immunization History :**

\_\_\_\_\_

Vaccination done for Age

\_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

**Anthropometry :**

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)  
Weight (kgs) ) 6.84kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 101° F Pulse Rate : 180/min B.P. 100/52(67) SPO2 100%  
Resp. rate and type of breathing : 46/min  
(excess cough)

Rash \_\_\_\_\_  
Lymphadenopathy \_\_\_\_\_  
Oedema : \_\_\_\_\_  
Allergies (if any): \_\_\_\_\_

**Respiratory System :**

Inspection (any s/o distress) : (N)  
Air entry & breath sounds : BLUBB (N)  
Any addes sounds : \_\_\_\_\_  
Relevant data from outside (Chest X-Ray, ABG, etc.,) \_\_\_\_\_

**Cardiovascular System :**

Inspection of procordium : (N)  
Heart Sounds : S1S2 (N)  
Any murmur : \_\_\_\_\_  
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : \_\_\_\_\_

**Per Abdomen :**

Inspection (N)  
Palpation : (N)  
Ausculation : (N)  
Spine : \_\_\_\_\_ External Genitelia : \_\_\_\_\_  
Relevant data from outside (CT, USG etc.,) \_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

**Central Nervous System :**

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Motor System:**

Nutriton : \_\_\_\_\_

Tone: \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

**Reflexes :**

**DTR**

**Superficials:**

Plantars \_\_\_\_\_

**Sensory System :**

\_\_\_\_\_

\_\_\_\_\_

Bladder / Bowel : \_\_\_\_\_

**Clinical Summary & Diagnostic:**

? Urosepsis

\_\_\_\_\_

\_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: \_\_\_\_\_  
\_\_\_\_\_


Desired goals of the treatment : \_\_\_\_\_  
\_\_\_\_\_

#### Planned Labs:

- S/E, S/creat, S/urea ✓
- Blood ✓
- uric ✓
- VRB ✓
- PT/PTT/INR ✓
- PCT ✓
- extra p/au ✓
- Xray Chest + Abdomen ✓

#### Planned Management

- IVFNs Bolus
  - IV fluids
  - h' p/ptar
  - h' Amikacin
- Made by Samuel  
30/5/26 @ 9:30pm

Signature of the Doctor:   
Name of the Doctor: Dr. Kodicherla Vishnu Vardhan  
Date & Time: 30/5/26 9am

Signature of the Consultant:   
Name of the Consultant: \_\_\_\_\_  
Date & Time: 30/5/26 10:15am



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/1/26 8AM	<p><u>CLUB Resident</u></p> <p>? Urrosepsis</p>	
	<p><u>Current Status</u></p>	
	<ul style="list-style-type: none"> <li>- 2 fever spikes since admission</li> <li>- in room air</li> <li>- Arteries resolved</li> <li>- CRP improved</li> <li>- vitals stable</li> </ul>	
	<p><u>Plan</u></p>	
	<ul style="list-style-type: none"> <li>- Continue Antibiotics</li> <li>- Encourage oral demand feeds</li> <li>- w/f perfusion</li> <li>- Trace PCU</li> <li>- Shift to ward</li> </ul>	
<p>(u) Vishnu</p>	<p>Noted by            Sum. Sreeja            31/1/26            @ 8AM</p>	

VIH-00204633

IP-00060187

Master RAMA RAJU ADDALA

22-02-2026

0 Y 3 M 8 D

(M)

Dr. KODICHERLA VISHNU VARDHAN



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26	<p><u>Shifty Notes</u></p>	
	<p>3 month old male, Child admitted with Crohn's, with Acyanosis, child had delayed RT so was admitted on NS Bolus gives perfusion improved Child was monitored, <del>no</del> fever spike Present Child tolerates feed well vity Stable.</p>	
	<p>Noted by Sushma 31/05/26</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<u>S/R Dr. Vishnu Var</u>
31/11 9:30 am	<p>ISSUES: Mpro-seps            dehydration - corrected.            - on going fever spikes</p> <p>OE            Child sleeping            CRT clear            no Anxymesis            RTA good            CVS - S1C ⊕            M 3A-E ⊕            RA soft            CRT no hwt.</p> <p>Plan            - IV ABX to continue.            - incl. abdomen stn            - MREUC, AMCA if needed.            - CRP (stn)            - CRP (stn)            - taper to IV fluid.</p> <p>Drs. [Signature]</p>	
		<u>[Signature]</u> V/Var
		noted by Manasa 31/11 [Signature]



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/R Resident	
3/16/26	? Urosepsis	
4pm	fever spikes 11:20 AM - 101.8°F	
	4:15 PM 101.9°F	
	urine - (N)	
	oral intake - low.	
	o/a	
	Baby irritable	
	warm	
	C/T/A good	
	CRT 2 sec	
	CVC - hso (+)	
	PFI - BAE (+)	
	PIA - soft	
		- Plan
		1) Duj pitta 2
		2) Duj Amikacilin
		3) ceftazidime
		4) USG Abd T/m
		5) CRP/cep T/m
		6) monitor vital signs
		Dr. Ushwaje



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/6/26 STARTS	<p>GB Resident</p> <p>?urosepsi.</p> <p>5 fever spikes in 24 hours - 101°F - 103°F</p> <p>urine } (N)            stool } (N)</p> <p>oral intake - motherfeed</p> <p>off</p> <p>Baby asleep.</p> <p>ET/A good</p> <p>CRT &lt; 3sec.</p> <p>CVS - S/S (⊕)</p> <p>R/S - BAE (⊕)</p> <p>P/A - soft</p>	
		<p>plan</p> <ol style="list-style-type: none"> <li>1) Pnj pftas</li> <li>2) Day Amoxicillin</li> <li>3) USG <sup>KUB</sup> <del>Abdomen</del> Today</li> <li>4) monitor vitals Empir R/S.</li> <li>5) Trace R/S / u/l/c.</li> <li>6) USG abd → findings - UTI?</li> </ol> <p>2) DT. Smedhura Nam - decting            9N. Hsh fever spm            suppt of AB            (not only UTI)</p> <p>↓            soc ap.</p>
<p>B/cd + No growth after            dxns.</p> <p>6            Mr. Jukka            1/6/26            noted by            Mahasa            @ipm</p>	<p>(after use)</p> <p>Neph consultation today.</p>	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/24	<u>C/S/B Resident</u>	
4:00pm	Urosepsis (culture tre for E-coli)	
>10 <sup>3</sup> cfu/ml.	No fever spikes :: mrg	
	Last spike @ 6:30am (101.2°f)	
	<u>O/S</u> Child Alert & Active Vital Stable	
Dr. Prakash	CU: S/GA IV: B/LAGP P/A: 40/4 CNS: NAD.	<u>Plan</u>
		- to do RP2 - T/m.
		- Inj. pipt 2 -- D2
		- J. Amicain - D2
		- Montmorale
		- Dym (F.S).
		Noted by manish 2/6/24 @PTON

VIH-00204633 IP-00060187  
 Master RAMA RAJU ADDALA  
 22-02-2026 0 Y 3 M 10 D (M)  
 Dr. SIVA NARAYANA REDDY

S NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/22 8:00 Am.	<p><u>C/S/B Resident</u></p> <p>urosepsis (Ecoli +ve)</p> <p>No fever spikes &gt; 2 hrs.</p> <p>Feeding - well.          u/o - Adecute.</p>	
<p><del>Prn antibiotics.</del></p>	<p><u>O/S</u></p> <p>Child - Alert &amp; Active          vitals stable</p> <p>CU: 510 (+)          U: B/CAT (+)          H/A: 6/11          Cal: NAD.</p>	<p><u>plan</u></p> <p>- Ij: piperac-D3 (7 doses)</p> <p>- Ij: Amikacin-D3</p> <p>- w/ft fever spikes</p>
	<p>noted by          Indu          2/6/26          @ 1 PM</p>	<p>- Monitor vitals</p> <p>s. electrolyte - Infor (501)</p> <p>-&gt; CBP, CRP T/m</p> <p>-&gt; Ia I/O Dr. Senthil</p>

VIH-00204633 IP-00060187  
 Master RAMA RAJU ADDALA  
 22-02-2026 0 Y 3 M 10 D (M)  
 Dr. SIVA NARAYANA REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2.6.26 10:30am	P/O <u>Dr. Sankar</u>	
	RP <sub>2</sub> informed.	Plan
		→ w/H Anikaan
		→ Add Metaxia 2ml BID
		→ Levofloxacin 8 <sup>th</sup> hourly
		(0.31mg)
	<u>Sankar</u>	
	(Dr. Sankar)	
2.6.26	S/R <u>Requiesca</u>	
4:00PM	<u>Unresponsive</u> (wink c/s : +ve for E:di > 10 <sup>5</sup> )	
	no fever > 24 hrs	
	o/e child amals	
	CRP < 35cc	
	afebrile	Plan
	H/L - 14AD	→ CRP, CRP, S:electrolytes
	P/A - soft	T/m
		→ Vitach 4 <sup>th</sup> hourly
	<u>Sankar</u>	
	(Dr. Sankar)	
		noted by Swathy 3/6/26 at 8AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>3/6/26.            9:30 AM</p>	<p><u>CL/B Resident</u>            Urine/c/s (urine/c/s +ve for E.coli &gt;10<sup>5</sup>)            No fever spikes</p>	
	<p>164            ↓</p>	
<p>CRP → 64.</p>	<p>0/2</p>	
<p>20.94            ↓</p>	<p>Child Alert &amp; Active</p>	
<p>WBC → 8.16.</p>	<p>Vital stable</p>	
	<p>CU: SGOT</p>	<p><u>plan</u></p>
<p>O/I → 13 HU.</p>	<p>M: B/CAG (?)</p>	
<p>U/O - Aseptic.</p>	<p>P/A: soft</p>	<p>- Ty. piptaz. - D<sub>3</sub> (10 days)</p>
<p>Di. Mahanta.</p>	<p>CNS: NAT.</p>	<p>- Neb. lewin.</p>
		<p>- sup. Nodons.</p>
		<p>- monitor vitals</p>
		<p>Inform (S.O.)</p>
		<p>- D/C today.</p>
		<p>O/W Dr. Shruti.</p>
		<p>Noted by            Manasa 3/6/26 @ 9:30 AM</p>



**CONSENT FOR ADMISSION  
IN PEDIATRIC INTENSIVE CARE UNIT**



Name: Rama Raju Age: 3M Gender: Male  Female

UHID.No : 204633 Date: 30/5/26

I Jaya satya prasanth S/o, D/o, W/o, PREM Sagar Raju hereby declare that our patient Master/Baby Rama Raju who is related to me as SON is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 30/5/26

The doctors have explained to me in a language understood by me that my child has following health related issues :

The doctors have clearly explained to me that my patient Master / Baby Rama Raju during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : Rama Raju in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

**Patient Attendant :**

Signature: Jaya Satya Prasanth

Name: Jaya satya Prasanth

Relationship with Patient: Mother

Date & Time: 30/5/26 @ 9:30 pm

**Doctor (who is taking the consent) :**

Signature: [Signature]

Name: [Name]

Date & Time: 30/5/26 @ 9:30 pm

**Witness :**

Signature: .....

Name: .....

Date & Time: .....

**పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో  
అడ్మిషన్ కొరకు సమ్మతి**



రోగి పేరు ..... వయస్సు ..... లింగం  పు  స్త్రీ

యు.పా.బి.డి ..... \$/o. d/o. w/o. ....

నేను ..... అనే బాలుడు / బాలిక యొక్క బికిత్త మేరకు రెయిన్ఫో పిల్లల అనుమతి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్

తేదీ ..... నాడు పూర్తి సమ్మతితో చేర్చితిని.

నూ బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

.....

రెయిన్ బో బిల్డెన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరించి జిడ్డుకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి \_\_\_\_\_ పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనీజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సీర మరియు ధమనుల కాథెటర్ వంటి. పెరిపెరల్ జిన్డ్రన్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్థో లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రైయిన్ లేదా పెరిటోనియల్ డ్రైయిన్ ఇన్సర్షన్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా జిడ్డు ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఆనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక జిడ్డు అనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమె పై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాదులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు. డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

నూ బాలుడు / బాలిక ..... ను ఇంటెన్సివ్ కేర్ యూనిట్ (పి.బి.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్) \_\_\_\_\_ సాక్షి \_\_\_\_\_

సంతకము ..... సంతకము .....  
పేరు ..... పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో) \_\_\_\_\_ తేదీ మరియు సమయము .....

సంతకము .....  
పేరు .....  
Docu. No. : RCH /FRM / CLINICAL / 013

# CONSULTATION FORM



Doctor Name : .....

Date : ..... Hour : .....

Hospital : .....

Type of Referral :  Emergency (within one hr.)

Referred for :  Opinion  Co-Management

Urgent (within 6 hrs.)  Non Urgent (within 24 hrs.)

Transfer of care

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

Reason for Con: specify the particular need, especially in the absence of a second diagnosis:

VIH-00204633 IP-00060187  
Master RAMA RAJU ADDALA  
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Dr. SIVA NARAYANA REDDY



Signature: \_\_\_\_\_

M.D. \_\_\_\_\_

### Report of Findings and Recommendations :

- fever x 3 days

- excessive crying x on initial days  
now better

Consolable, taking feeds well

From to

L FT/LSCS / 3.6kg / CSAB

Development - partial head control  
social smile +

→ NCM

### Consultant :

Name : Dr. Sindhu P. Signature : Date & Time : 16/26

**NOTE :** If more space is required use another consultation sheet as continuation

→ If instability persists  
Plan to do NSC → SOS CSE analysis

Plan

Asst → A wide feasible  
!Illness + Ix

DTR → +3

good opportunity  
~~to~~ to one  
acknowledge

→ HLT from  
ok

! Aff - open, flat  
pupils → round, reacting  
EOM → fixing & tracking

# CONSULTATION FORM



Doctor Name : .....

Date : ..... Hour : .....

Hospital : .....

Type of Referral :  Emergency (within one hr.)

Urgent (within 6 hrs.)  Non Urgent (within 24 hrs.)

Referred for :  Opinion  Co-Management

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

Transfer of care

Reason for Cor diagnosis: specify the particular need, especially in the absence of a second diagnosis:

VIH-00204633 IP-00060187  
Master RAMA RAJU ADDALA  
22-02-2026 0 Y 3 M 10 D (M)  
Dr. SIVA NARAYANA REDDY



Signature: \_\_\_\_\_

M.D. \_\_\_\_\_

### Report of Findings and Recommendations :

3 month old male

Culture +ve UFI

C/S → E. coli  
710<sup>5</sup> CFU/ml

Sensitive to  
Piptaz + Amikacin

Penus better  
baby colour - Pink

USG BL Bulky kidneys

Adv

IV Antibiotics  
x 7 days

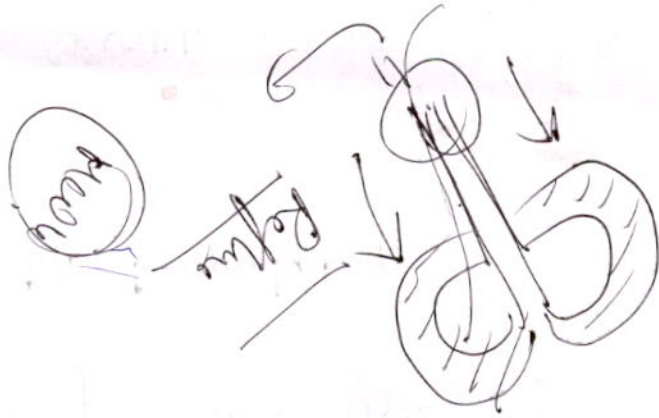
To do

MGX once  
Antibiotic  
course is  
Complete

### Consultant :

Name : DR - SRUTHI Signature : \_\_\_\_\_ Date & Time : 1/4/2026

NOTE : If more space is required use another consultation sheet as continuation



Julia

- Lovati Neb TID

- of H<sub>2</sub>O < 18, to read oral models. and BD.

Course

- Review in OPD after IV antibiotic

with hard drainage

↓  
by RT necessary

RR 2 T/M

So do

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 3/15	Time: 10	11:30	1:30	1	3:30	5	7	9:30	10	12	2:20	4	6:30
Doctor / Nurse / Family Concern?	Am	Am	Pm	Pm	Pm	Pm	Pm	Pm	Pm	Am	Am	Am	Am
Temperature (°F)	99.2°F	101.8°F	98.1°F	101.9°F	98.6°F	98.6°F	98.6°F	103.5°F	98.6°F	98.7°F	101.5°F	98.6°F	101.2°F
Heart Rate (bpm)	117	120	121	104	112	111	109	120	122	120	107	122	120
Blood Pressure (mmHg) *	100	90	60	91	88	85							
Resp. Rate (bpm)	27	28	27	28	20	25	25	24	28	27	28	24	28
Receiving O <sub>2</sub> (l/min)	98	97	97	98	97	98	98	98	97	99	98	99	98
O <sub>2</sub> Saturations (%)	98	97	97	98	97	98	98	98	97	99	98	99	98
Conscious Level	N	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	5	15	15	15	15	15	15	15	15	15
<b>TOTAL SCORE</b>	0	1	0	0	0	0	0	1	0	0	1	0	0
Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	M	M	M	M	M	M	M	M	M	M	M	M	M
Observer's Initials													

**ACTIONS**

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: Scores 3 should be recorded overleaf

\* 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.

## 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.

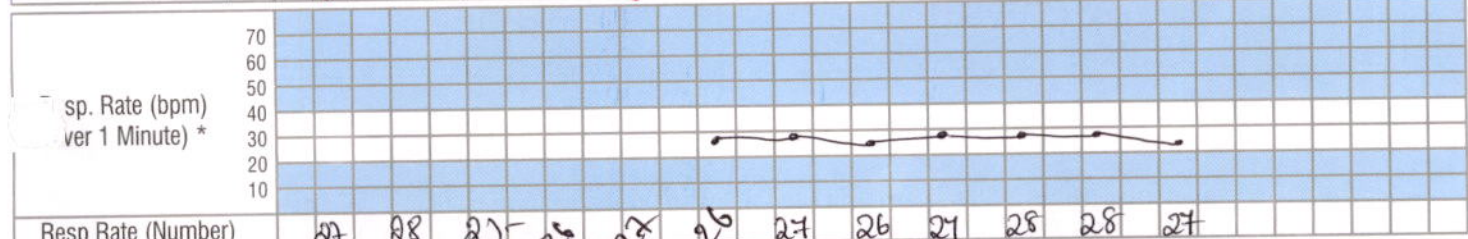
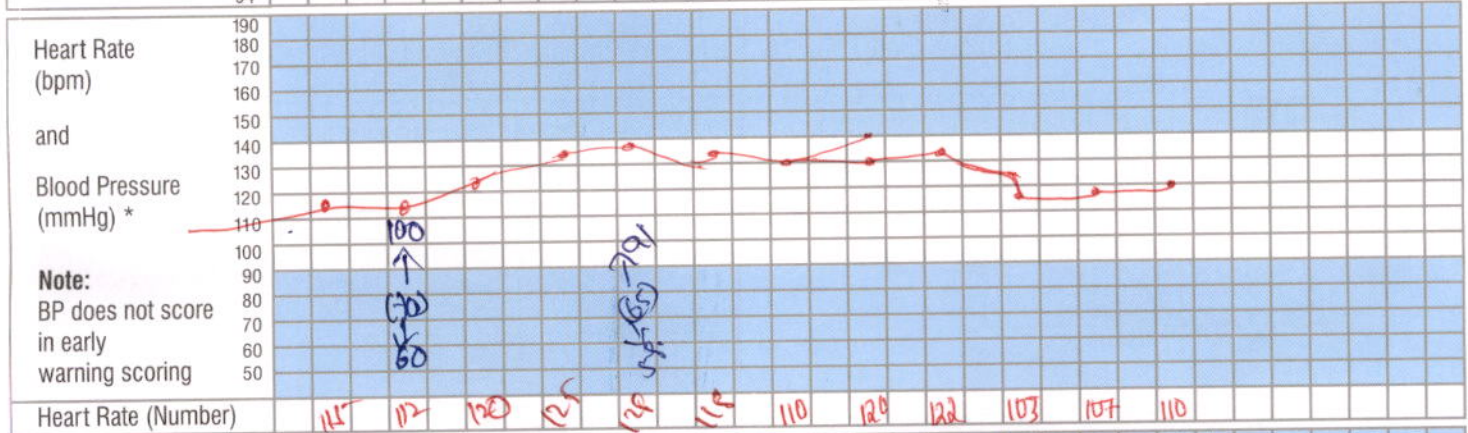
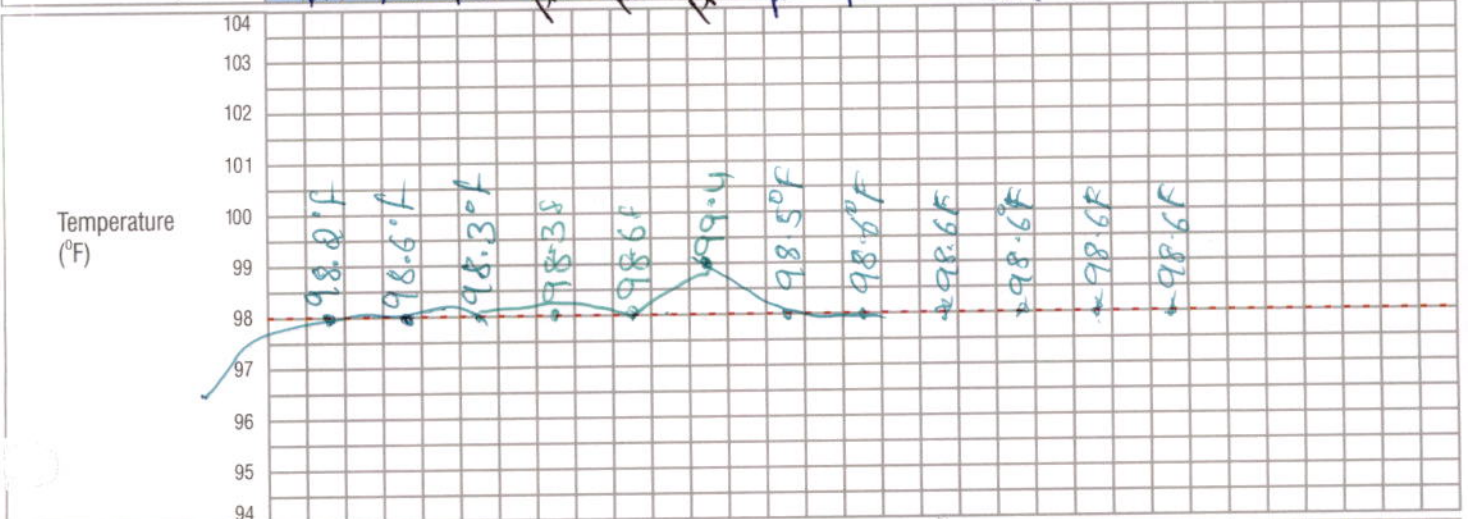
<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
<b>B</b>	<b>BACK GROUND :</b> Child (X) was admitted on (XX 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 1/6/26 Time: 9 11 1 3 5 7

Doctor / Nurse / Family Concern? Am Am Am Am Am Am Am Am Am Am Am Am



Resp Mod/ Severe Distress	None / Mild
Receiving O <sub>2</sub> (l/min)	
O <sub>2</sub> Saturations (%)	<u>97 98 97 97 97 97 97 98 98 99 98 98</u>
Conscious Level	Normal / Altered
GCS *	<u>15 15 15 15 15 16 15 15 15 15 15 15</u>

<b>TOTAL SCORE</b>	
Number of shaded boxes	<u>0 0 0 0 0 0 0 0 0 0 0 0</u>
Pain Score	<u>0 0 0 0 0 0 0 0 0 0 0 0</u>
Observer's Initials	<u>ma ma m m m m m m m m m m m</u>

**ACTIONS**

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: Scores 3 should be recorded overleaf

\* 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.

# 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)
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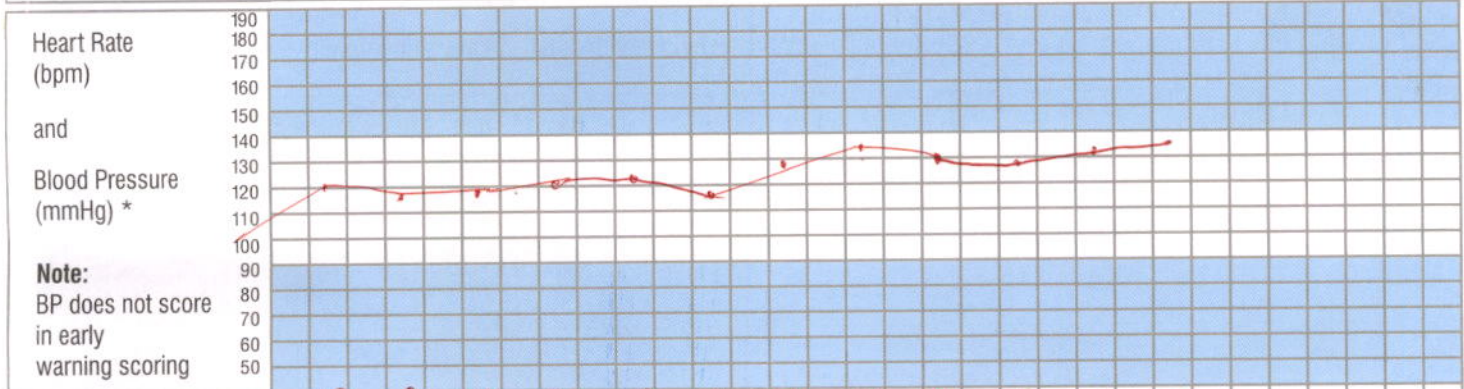
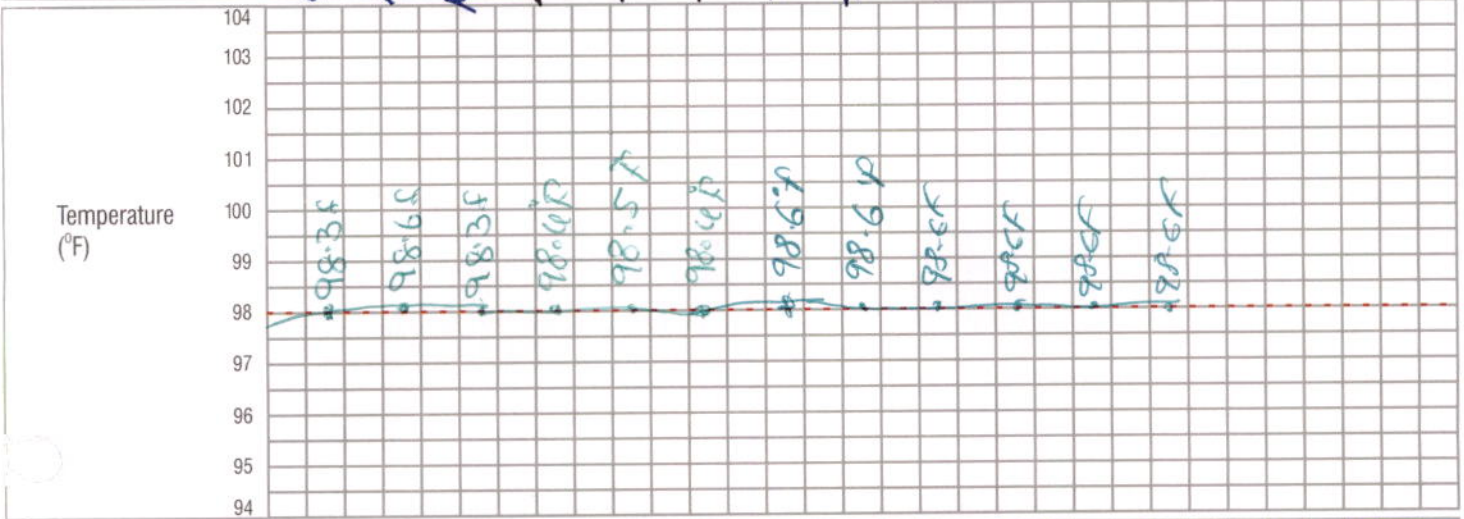
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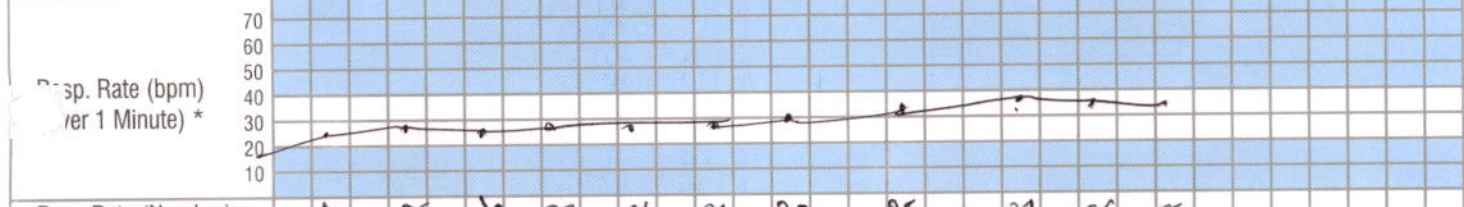


**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 2/6/26 Time: 9 11 3 5 4 9 11 1 3 5 7  
 Doctor / Nurse / Family Concern? Am Am Am pm pm pm pm pm am am am am



Heart Rate (Number) 110 118 119 120 122 119 129 133 130 129 131 133



Resp Rate (Number) 26 27 26 28 26 26 30 35 39 36 35

Resp Distress	Mod/ Severe None / Mild
Receiving O <sub>2</sub> (l/min)	
O <sub>2</sub> Saturations (%)	<u>98</u> <u>97</u> <u>98</u> <u>98</u> <u>99</u> <u>98</u> <u>99</u> <u>100</u> <u>98</u> <u>98</u> <u>99</u> <u>96</u>
Conscious Level	Normal / Altered
GCS *	<u>15</u> <u>15</u> <u>15</u> <u>15</u> <u>15</u> <u>15</u> <u>15</u> <u>15</u> <u>15</u> <u>15</u> <u>15</u> <u>15</u>

<b>TOTAL SCORE</b>	
Number of shaded boxes	<u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u>
Pain Score	<u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u>
Observer's Initials	<u>SR</u> <u>SR</u> <u>SR</u> <u>SR</u> <u>SR</u> <u>SR</u> <u>SR</u> <u>SR</u> <u>SR</u> <u>SR</u> <u>SR</u> <u>SR</u>

<b>ACTIONS</b> NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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VH-00204633 IP-00060187  
 Master RAMA RAJU ADDALA  
 22-02-2026 0 Y 3 M 9 D (M)  
 Dr. SIVA NARAYANA REDDY



# FLUID CHART

Sheet No. : .....

31/5/26

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am									✓			
	10:00 am	DBM					✓						Manasa 31/5 Jeyan
	11:00 am												
	12:00 pm	DBM								✓			
	01:00 pm			20ml									
<b>Total Intake :</b>			20ml			<b>Total Output :</b>							
31/5/26	02:00 pm			20ml									Indhu 31/5/26 @ 8pm
	03:00 pm	DBM		20ml						55ml with motion			
	04:00 pm			20ml									
	05:00 pm			20ml									
	06:00 pm	DBM		20ml									
	07:00 pm									50ml			
<b>Total Intake :</b>			100ml			<b>Total Output :</b>							
	08:00 pm	DBM		20ml									Manisha
	09:00 pm									70ml			
	10:00 pm	DBM		20ml									
	11:00 pm			20ml									
	12:00 am			20ml						81ml			
	01:00 am	DBM		20ml									
<b>Total Intake :</b>			100ml			<b>Total Output :</b>							
11/6/26	02:00 am			20ml						46ml			Manisha 11/6/26 @ 8am
	03:00 am	DBM		20ml									
	04:00 am			20ml									
	05:00 am	DBM											
	06:00 am												
	07:00 am												
<b>Total Intake :</b>			60ml			<b>Total Output :</b>							

**Total 24 hrs. Intake**      280ml

**Total 24 hrs. Output**

VIH-00204633 IP-00060187  
 Master RAMA RAJU ADDALA  
 22-02-2026 0 Y 3 M 0 D (M)  
 Dr. SIVA NARAYANA REDDY



# FLUID CHART

Sheet No. : .....

1/6/26

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

		Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
1/6	08:00 am								65ml		} Manish 1/6 am	
	09:00 am	DBM										
	10:00 am											
	11:00 am	DBM							90ml			
	12:00 pm											
	01:00 pm	DBM										
<b>Total Intake :</b>					<b>Total Output :</b>							
1/6	02:00 pm								45ml		} Brdu 2pm 1/6/26	
	03:00 pm	DBM							40ml			
	04:00 pm								35ml			
	05:00 pm	DBM							30ml			
	06:00 pm								33ml			
	07:00 pm	DBM							20ml			
<b>Total Intake :</b>					<b>Total Output : 206ml</b>							
1/6	08:00 pm										} Manish	
	09:00 pm	DBM										
	10:00 pm											
	11:00 pm	DBM										
	12:00 am								150ml			
	01:00 am	DBM										
<b>Total Intake :</b>					<b>Total Output : 150ml</b>							
2/6/26	02:00 am										} Manish 2/6/26 @ 8 AM	
	03:00 am	DBM										
	04:00 am								200ml			
	05:00 am	DBM										
	06:00 am											
	07:00 am	DBM										
<b>Total Intake :</b>					<b>Total Output : 200ml</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output** 556ml



# FLUID CHART

Sheet No. : .....

2/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
2/6	08:00 am	DBM							95ml	1	Anitha @8pm 2/6/26	
	09:00 am			10ml					35ml	0		
	10:00 am	DBM		10ml					40ml	1		
	11:00 am			10ml					30ml	1		
	12:00 pm	DBM							25ml	1		
	01:00 pm								33ml	1		
	Total Intake : 30ml			Total Output : 261ml								
2/6/26	02:00 pm	DBM							35ml	1	Anitha @8pm 2/6/26	
	03:00 pm								40ml	1		
	04:00 pm	DBM							36ml	1		
	05:00 pm									1		
	06:00 pm	DBM	10 ml						45ml	1		
	07:00 pm		10 ml							1		
Total Intake :			Total Output : 156ml									
2/6/26	08:00 pm									1	Sesha 2/6/26 @1Am	
	09:00 pm	DBM								1		
	10:00 pm								50ml	0		
	11:00 pm	DBM								1		
	12:00 am									1		
	01:00 am	DBM								1		
Total Intake :			Total Output :									
2/6/26	02:00 am								100ml	1	Sesha 2/6/26 @7am	
	03:00 am	DBM								1		
	04:00 am									1		
	05:00 am	DBM								1		
	06:00 am									1		
	07:00 am	DBM							80ml	1		
Total Intake :			Total Output :									
Total 24 hrs. Intake			Total 24 hrs. Output									

VIH-00204633 IP-00060187  
 Master RAMA RAJU ADDALA  
 22-02-2026 0 Y 3 M 11 D (M)  
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Sheet No. : .....

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Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
3/6/26	08:00 am	DBM							✓			
	09:00 am											
	10:00 am	DBM										
	11:00 am											
	12:00 pm											
	01:00 pm											
	<b>Total Intake :</b>					<b>Total Output :</b>						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>					<b>Total Output :</b>							
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>												
<b>Total 24 hrs. Output</b>												

Noted by manasa  
3/6/26  
@ 11PM



## 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: ..... Shifted to: .....

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	INF PIPERACILLIN + TAZOBACTAM	700mg	IV	8 <sup>th</sup> ly	31/5	<input type="checkbox"/> C <input type="checkbox"/> DC
2	INF AMIKACIN	50mg	IV	12 <sup>th</sup> ly	31/5	<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Shivam

Date & Time : ..... 31/5/26 @ 7 AM

Nurse Name & Signature: ..... Smt. Sushma

Date & Time : ..... 31/5/26 @ 7 AM







Weight. 6.84 kg Ward. PICU

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

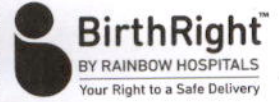
**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
30/5	9:05pm	IVFNS	70ml over 30mins	IV	@	Lom Rajalew 30/5/26
30/5	9:50pm	CBOLIN DROPS (PARACETAMOL)	1.2ml	PO	L	Rajalew Rajalew 30/5/26
30/5	11:30pm	GLYCERINE SUPPOSITORY	1gm	PR	@	Rim Supriya 30/5/26
31/5	2Am	100 PARACETAMOL	100mg	IV	@	Rinkal Supriya 31/5/26
		NEB Z LEVO SALBUTAMOL	0.31mg			

Signature



VIH-00204633 IP-00060187  
 Master RAMA RAJU ADDALA  
 22-02-2026 0 Y 3 M 10 D (M)  
 Dr. SIVA NARAYANA REDDY



# REGULAR PRESCRIPTIONS

Weight 6.8 kg Ward .....

Sheet No: 1

Cyan 2/6/26

Signature

VERIFIED BY : Name

<b>DRUG :</b> <u>SYP. NODOSIS</u>				Date	<u>2/6</u>
				Time	<u>10 am</u>
Dose	Route	Frequency	Start Dt.		
<u>2ml</u>	<u>PO</u>	<u>12<sup>th</sup> hly</u>	<u>2/6</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Sameera</u> <i>Sameera</i>					
Additional Instructions:					
<u>SODIUM BICARBONATE</u>					
Daily Doctor's Endorsement by a Sign					
<b>DRUG :</b>				Date	
				Time	
Dose	Route	Frequency	Start Dt.		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
<b>DRUG :</b>				Date	
				Time	
Dose	Route	Frequency	Start Dt.		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
<b>DRUG :</b>				Date	
				Time	
Dose	Route	Frequency	Start Dt.		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					



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Patient Name : —

Registration No.: —

VIH-00204633  
Master RAMA RAJU ADDALA  
22-02-2026 0 Y 3 M 9 D (M)  
Dr. SIVA NARAYANA REDDY



**MEDICATION NEBULISATION CHART**

Date	Time	Drug	Nurse	Parents Signature
11/6/26	00.00	<del>6am</del>		
	1.00	<del>Tab PIPITAZ 700mg (TID)</del>		
	2.00	<del>Tab AMIKACIN 50mg (BD)</del>		
	3.00			
	4.00			
	5.00	<del>2pro (1.2pm)</del>		
	6.00	Tab PIPITAZ 700mg (TID)		V.J.S. [Signature]
	7.00			
	8.00			
	9.00	<del>6pro</del>		
	10.00	Tab AMIKACIN 50mg (BD)		
	11.00			
	12.00			
	13.00	<del>10pro</del>		
	14.00	Tab PIPITAZ 700mg (TID)		
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			


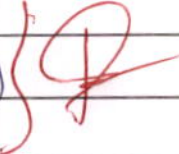
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Ref. No. F/INPR/12



Patient Name : **Master RAMA RAJU ADDALA**  
 22-02-2026 0 Y 3 M 11 D (M)  
 Dr. SIVA NARAYANA REDDY  
 Registration No.: 

### NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
03/6/26	00.00	6AM		
	1.00	Inj Piptaz 700mg (TID)		V.J.S. Prasad
	2.00			
	3.00	10AM		
	4.00	Procto Guard ointment (BD)		V.J.S. Prasad
	5.00	Syp. NODOSIS 2ml (BD)		
	6.00			
	7.00	2pm		
	8.00	Inj Piptaz 700mg (TID)		
	9.00			
	10.00	10 pm		
	11.00	Inj Piptaz 700mg (TID)		
	12.00	Procto guard ointment (BD)		
	13.00	Syp Nodosis 2ml (BD)		
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			



H2(103)

Patient Name :

VIH-00204633 IP-00060187  
 Master RAMA RAJU ADDALA  
 22-02-2026 0 Y 3 M 10 D (M)

Registration No.



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
2/6/26	00.00	<del>6am.</del>		
	1.00	PNF PIPTAZ 700mg (TI)	[Signature]	V.J.S [Signature]
	2.00	PNF AMIKACON 50mg (BO)		
	3.00			
	4.00	<del>10am -</del>		
	5.00	PROCTO GUARD OINT (BO)		
	6.00			
	7.00			
	8.00	<del>2pm -</del>		
	9.00	PNF PIPTAZ 700mg (TI)		
	10.00			
	11.00			
	12.00	<del>6pm -</del>		
	13.00	PNF AMIKACON 50mg (BO)		
	14.00			
	15.00			
	16.00	<del>10pm -</del>		
	17.00	PNF PIPTAZ 700mg (TI) PROCTO GUARD OINT (BO)		
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
23.00				