

ACTIVITY RECORD FOR BILLING


Name : _____

UHID No. : _____ IP No. : _____ Consultant: _____ Dept : _____

Date of Admission: _____ Time _____ Dr. SIRISHA RANI 0 Y 11 M 9 D (F) _____ Time: _____

Room / Bed No : _____ Ward : _____ ble bed type : _____

BAH-00655932 IP5-00173641
Baby Of LAKAVATH DIVYA BAI
01-06-2026 0 Y 11 M 9 D (F)
Dr. SIRISHA RANI



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/5/26	10:10 AM	ER	105/112	Abhishek

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/05	LV placement	1	601101	[Signature]
11/5	Bone marrow / centrifug.	}	}	}
12/05/26	Sedation Bone marrow	}	}	}
12/05/26	Aspirated Biopsy	}	}	}

Procedure
12/05/26

ANY OTHER INFORMATION

.....

D/C

.....

.....

.....

.....

Date : 13/5/26 Time : Prepared By : [Signature]

Staff Nurse [Signature]	Shift / Ward	Billing Assistant	Billing Supervisor
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ADMISSION SHEET

Registration Details :



Admission No : IP5-00173641 Admit Date : 10-May-2026 Admit Time : 09:16 AM UHID : BAH-00655932

Patient Details :

Patient Name : Baby Of LAKAVATH DIVYA BAI Age : 0 Y 11 M 9 D
Guardian : Mr SANTHOSH KUMAR BHUKYA DOB : 01-06-2025 01:00 AM
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : H NO 2-9-137/2-1, VIKAS NAGAR,
Hanamkonda Warangal Telangana INDIA
506001 Phone No : 8686430140/ 6281428294
E-mail :
SANTHOSHKUMAR.BHUKYA@ORIENT
ALINSURANCE.CO.IN

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 SANTHOSH KUMAR BHUKYA Relationship : Father
Contact Address : H NO 2-9-137/2-1, VIKAS NAGAR,
Hanamkonda Warangal Telangana INDIA 506001 Phone No : 8686430140 / 6281428294


Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI Specialisation : HEMATO ONCOLOGY
Referral Doctor : DR. KARUNAKAR Phone No :
Co-Consultant : Dr. SANDHYA VADDADI

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : HEALTH INSURANCE TPA OF INDIA
LTD



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00655932 IP5-00173841
Baby Of LAKAVATH DIVYA BAI
01-08-2026 0 Y 11 M 8 D (F)
Dr. SIRISHA RANI



Patient Name:

Nivruithi

UHID ID:

Department:

Consultant:



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

1. Bluish black discoloration over legs
Since 2 months
- New lesion over thigh and back since 2 days

History of present illness :

Child was apparently asymptomatic 2 months ago
Later parents noticed

- Bluish black discoloration spots over left leg and multiple lesions over body
Fever x 2 days on 16/4/26

↓
Child was taken to local hospital (Srikrishna hospital at Hanmakonda)

on investigation low platelet count were noticed

↓
Child was diagnosed with ITP

Child started new lesions since yesterday over thigh and back

No H/o fever / no H/o active bleeds / no mucocutaneous bleeds

Referred to Rainbow children hospital, in view of persistence of above symptoms

9/5/26 CBP: 10.6 > 12/100
6/7/25 65000

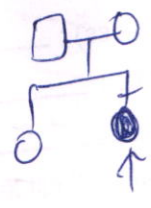
Pediatric Multiorgan History & Physical Examination

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

Admitted on 16/1/26 → for Newly diagnosed TSP
CBP → 10 → 16000 / 67/32 (27,000)
on omna cortil with tapered dosing
continued till 20/1/26 and stopped
Omna cortil.

Birth & Neonatal History:

Term / C/S / NVD / 2kg / non-ICU



Birth & Socio Economic History:

About Father : _____
About Mother : _____
Any additional Information : _____

Developmental History :

Appropriate for age → Gm fm
Language milestones : Babbling @ 12 months

Immunization History :

Immunized till date

/ B
Summ



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Cent)

Weight (kgs) 9.9

IP5-00173641
BAH-00655932
Baby Of LAKAVATH DIVYA BAI (F)
01-06-2025 0 Y 11 M 9 D
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____
Bleeding

Desired goals of the treatment : _____
Hemodynamic stability

Planned Labs:

CBP
LDH, uric acid
PT/APTT/INR
Excre plain, fosta
N/B
israp

Planned Management

- 1) Encourage orally
- 2) Inform reports
- 3) (Riv) BMA

Ir.
He.
Any
Relev

Per Abd

Inspection
Palpation :
Auscultation
Spine : _____

Relevant data

Signature of the Doctor: _____
Name of the Doctor: Sai
Date & Time: _____

Signature of the Consultant: _____
Name of the Consultant: Dr. Anuasa
Date & Time: _____

BAH-00655932 IP5-00173641
 Baby Of LAKAVATH DIVYA BAI
 01-08-2025 0 Y 11 M 9 D (F)
 Dr. SIRISHA RANI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		14 April - pt 43,000
		↓
10/5/26 11AM	acute thrombocytopenia probable ITP (Immune mediated)	↓ evaluation started steroids ↓ 1 to 1.5 2 lakh lat dose Hll 30/4/26
	No fever No wet bleeds No bleeding manifestations of - child sleeping No lymphadenopathy No organomegaly	Plan 1. Add lly Tranexa. 2. Trace labs 3. BMA, biopsy T/m NPO from 6 AM tomorrow.
	Vital - Stable	
		Plan
		if minimal bleeds ↓ plan IVlg
		BMA T/m

[Signature]
 Dr. Anurag
 4/5/26
 2pm

BAH-00655932 IP5-00173641
 Baby Of LAKAVATH DIVYA BAI (F)
 01-06-2024 1 Y 11 M 10 D
 Dr. SIRISHA RANI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 11:40am	Procedure note	
	Under sterile aseptic precaution, Bone marrow aspiration & biopsy done. vitals - stable	
		Plan 1. monitor vitals 2. send BMA + biopsy 3. continue Trenexa 4. S/S today evening 11:40am methylprednisolone.
11/05 3PM	<u>Abdominal bands</u> NO complaints Activity ⊕ vitals stable CVS, RR PIA ⊕ TUNE ⊕	Shashi 1. wnt supportive care 2. I/O charting Q4H 3. TRAC BMA ↓ if ⊕ plan to give IV Methyl pred 4. Monitor vitals 5. Rpt USP plain (mean) 3/5

BAH-00655932 IP5-00173641
 Baby Of LAKAVATH DIVYA BAI
 01-06-2024 1 Y 11 M 10 D (F)
 Dr. SIRISHA RANI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/05 8AM	<p><u>Suspected ITP</u></p> <p>NO temp spikes activity (N)</p> <p>NO wet bleed <u>on this visit</u></p> <p>C/S, I/S PLA (N) TMC (N)</p>	<p>(BMA awaited)</p> <p>1) OTTOU BMA report</p> <p>2) I/O working ok</p> <p>3) CBP, plain (M) RBS, HIV</p> <p>4) Monitor vitals</p> <p>5) Tranexa / calcium etc (N/S)</p> <p><i>[Signature]</i> 12/5 @ 10am</p>
12/5/24 4pm	<p><u>Evening rounds</u></p> <p>No bleeding manifestations</p> <p>vitals stable</p>	<p>Plan</p> <p>1. CBP, RBS, HIV plain (M)</p> <p>2. Trace BMA report</p> <p><i>[Signature]</i> Note by Sirish Rani</p>

BAH-00655932 IP5-00173641
 Baby Of LAKAVATH DIVYA BAI
 01-06-2024 1 Y 11 M 11 D (F)
 Dr. SIRISHA RANI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 11 Am	<p>S/B Dr. SIRISHA RANI</p> <p>Newly diagnosed ITP.</p>	
	<p>No fever</p>	
	<p>No bleeding manifestation</p>	
	<p>Vitals stable</p>	
		<p><u>Plan</u></p>
		<p>1. d/c today</p>
		<p>2. Syrup OMNACORTIL</p>
		<p>7.5ml — 7.5ml x 1 week</p>
		<p>from below ↓ 5ml — 5ml x 1 wk</p>
		<p>↓</p>
		<p>2.5ml — 2.5ml x 1 week</p>
		<p>↓</p>
		<p>2.5ml — x 1 week</p>
		<p>3. Syrup CALCIUMAX PWS</p>
		<p>5ml OD.</p>
		<p>4. Tab Ir LANZOLE 1 tab OD</p>
		<p>2 weeks</p>
		<p>f/a 2 weeks - e CBP.</p>
		<p>(30/5).</p>
		<p>5. Trace BMA report. <u>done</u></p>

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 Baby Of LAKAVATH DIVYA BAI
 01-06-2025 0 Y 11 M 9 D (F)
 Dr. SIRISHA RANI



Pati

13/5/26
 111 mg/dl

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

RESULT SHEET

Date	10/5/26	13/5/26			
Time	9:30Am				
Hb	10.3	10.1			
PCV	34.9				
RBC	5.31				
WBC	8.75	10,600			
N/L	43.1/50.7	uakub.			
Platelets	18,000	2.14.			
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	3.4				
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR	14/1.0				
APTT	33				
CSF Protein / Sugar					
Cells LDH	309				
N/L					

Niruthi

BAH-00655932 IP5-00173641
Baby Of LAKAVATH DIVYA BAI
01-06-2025 0 Y 11 M 9 D (F)
Dr. SIRISHA RANI



ADMISSION 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: 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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<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 : Sai

Date & Time : 10/5/26

Nurse Name & Signature: Abhishek

Date & Time : 10/5/26 @ 10 PM

Baby Of LAKAVATH DIVYA BAI
 01-06-2024 1 Y 11 M 11 D (F)
 Dr. SIRISHA RANI



Sheet No: ①

REGULAR PRESCRIPTIONS

Weight 10kg Ward

DRUG : <u>SYP SUCRALO</u>				Date Time	<u>11/5</u>	<u>12/5</u>														
Dose	Route	Frequency	Start Dt.																	
<u>2.5ml</u>	<u>PO</u>	<u>TID</u>	<u>11/5</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>BVK SOI</u> 2pm 10pm 7pm																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign				<u>UKA</u>																

DRUG : <u>SYP CALCIMAX P</u>				Date Time	<u>12/5</u>															
Dose	Route	Frequency	Start Dt.																	
<u>5ml</u>	<u>PO</u>	<u>Q 24H</u>	<u>12/5</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>M. Melly</u> 6pm 10pm																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign				<u>A</u>																

DRUG : <u>Tab TRANEXAMIC</u>				Date Time	<u>12/5</u>	<u>13/5</u>														
Dose	Route	Frequency	Start Dt.																	
<u>1/4</u>	<u>PO</u>	<u>BD</u>	<u>12/5</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>Ar Sandhya</u> 10am 10pm																
Additional Instructions:				<u>1 tab = 500mg</u>																
Daily Doctor's Endorsement by a Sign				<u>Ar Sandhya</u>																

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

VERIFIED BY : Name Signature

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

Signature
Name



REGULAR PRESCRIPTIONS

Weight 9.96kg Ward

DRUG : <u>10mg TRANEXAMIC ACID</u>				Date/Time	<u>10/5</u>	<u>11/5</u>	<u>12/5</u>
Dose	Route	Frequency	Start Date				
<u>100mg</u>	<u>IV</u>	<u>BD</u>	<u>10/5</u>				
Name & Signature of the Doctor Starting the Drugs: <u>Sarani</u>				<u>10 AM</u> <u>10 AM</u> <u>10 PM</u> <u>10 PM</u> <u>12/5</u>			
Additional Instructions:				<u>change to oral</u> <u>12/5</u>			
Daily Doctor's Endorsement by a Sign				<u>11/5</u>			

DRUG <u>SYP. RANITIDINE</u>				Date/Time	<u>11/5</u>	<u>12/5</u>
Dose	Route	Frequency	Start Date			
<u>1.5ml</u>	<u>PO</u>	<u>BD</u>	<u>11/5</u>			
Name & Signature of the Doctor Starting the Drugs: <u>BVKSOI</u>				<u>6pm</u> <u>6pm</u> <u>12/5</u>		
Additional Instructions: <u>(1ml/15mg)</u>						
Daily Doctor's Endorsement by a Sign				<u>A.A</u>		

DRUG <u>METHYL PREDNISOLONE</u>				Date/Time	<u>11/5</u>	<u>12/5</u>
Dose	Route	Frequency	Start Date			
<u>125mg</u>	<u>IV</u>	<u>OD</u>	<u>11/5</u>			
Name & Signature of the Doctor Starting the Drugs: <u>BVKSOI</u>				<u>6pm</u> <u>6pm</u> <u>12/5</u>		
Additional Instructions: <u>(in 100ml NS over 3hr)</u>						
Daily Doctor's Endorsement by a Sign				<u>11/5</u>		

DRUG <u>SYP. SUCRALO</u>				Date/Time		
Dose	Route	Frequency	Start Date			
<u>2.5ml</u>	<u>PO</u>					
Name & Signature of the Doctor Starting the Drugs:				<u>Hold</u>		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
Dr. Sign.		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.	
	Dose		Dose		Dose		Dose	
Dr. Sign.		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

Signature

VERIFIED BY : Name

[Handwritten signature in blue ink]

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.

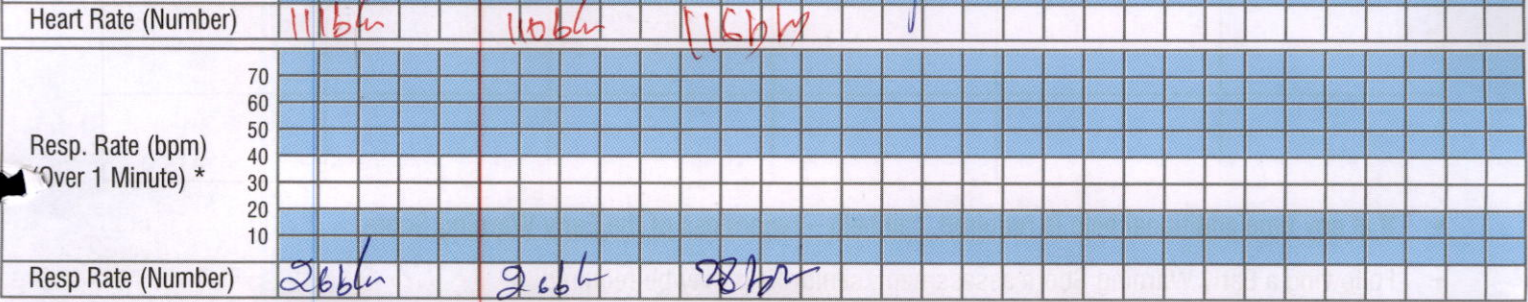
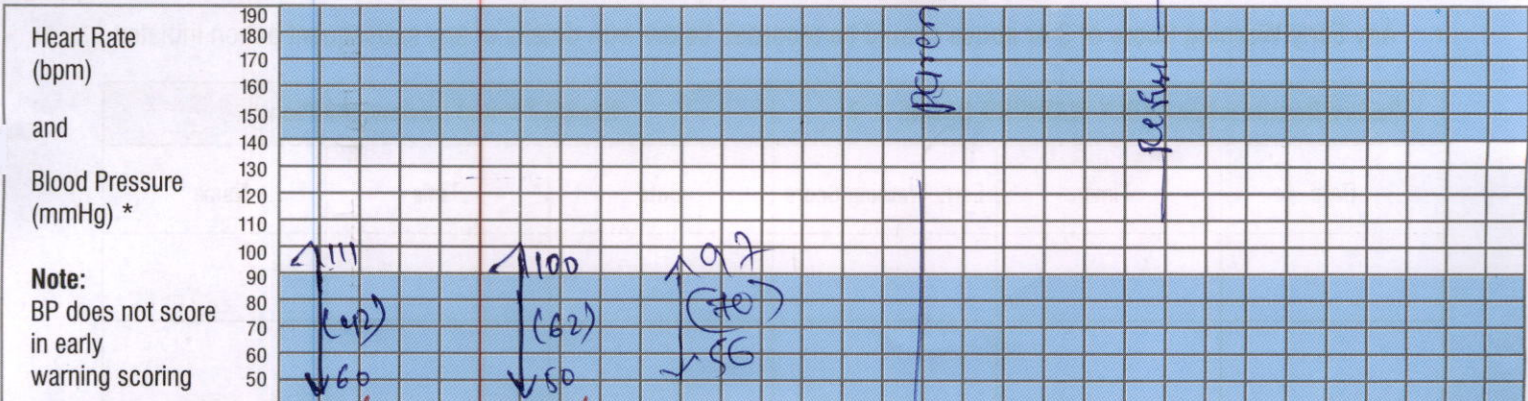
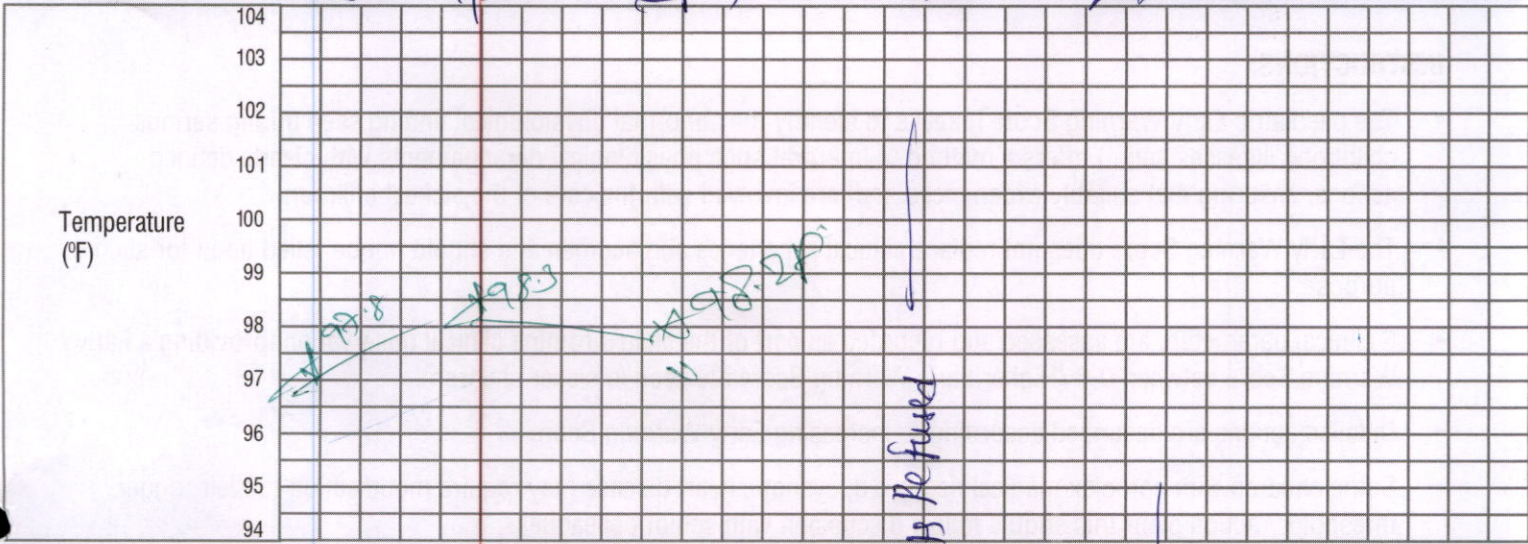
I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). 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)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/5 Time: 13:15

Doctor / Nurse / Family Concern? 10 AM 1 PM 2 PM 3 PM 4 PM



Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 100% 99% 99%

Conscious Level Normal / Altered 13/15 13/15 13/15

GCS *

TOTAL SCORE
 Number of shaded boxes 0 0 1
 Pain Score 0 0 2
 Observer's Initials S S Z

- 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: 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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : <u>11/5</u>	Time: <u>10 pm</u>	<u>10 pm</u>	<u>2 AM</u>	<u>6 AM</u>		
Doctor / Nurse / Family Concern?	<u>10 am</u>	<u>1 pm</u>	<u>5 pm</u>	<u>10 pm</u>	<u>2 AM</u>	<u>6 AM</u>
Temperature (°F)	<u>97.3</u>		<u>97.7</u>	<u>97.7</u>	<u>97.8</u>	
Heart Rate (bpm)	<u>106</u>	<u>Refused</u>	<u>119</u>	<u>100</u>	<u>115</u>	<u>Refused</u>
Blood Pressure (mmHg) *	<u>106/64</u>	<u>Refused</u>	<u>101/62</u>	<u>96/62</u>	<u>102/69</u>	<u>Refused</u>
Heart Rate (Number)	<u>106b/m</u>	<u>Refused</u>	<u>119b/m</u>	<u>100b/m</u>	<u>115b/m</u>	<u>Refused</u>
Resp. Rate (bpm) (Over 1 Minute) *	<u>24</u>	<u>Refused</u>	<u>28</u>	<u>28</u>	<u>28</u>	<u>Refused</u>
Resp Rate (Number)	<u>24 b/m</u>	<u>Refused</u>	<u>28 b/m</u>	<u>28 b/m</u>	<u>28 b/m</u>	<u>Refused</u>
Resp Mod/ Severe Distress None / Mild						
Receiving O ₂ (l/min)						
O ₂ Saturations (%)	<u>99%</u>		<u>100%</u>	<u>100%</u>	<u>99%</u>	
Conscious Level Normal / Altered						
GCS *	<u>15</u>		<u>15/15</u>	<u>15/15</u>	<u>15/15</u>	
TOTAL SCORE			<u>0</u>	<u>1</u>	<u>1</u>	
Number of shaded boxes			<u>0</u>	<u>0</u>	<u>0</u>	
Pain Score			<u>0</u>	<u>0</u>	<u>0</u>	
Observer's Initials			<u>E</u>	<u>G</u>	<u>E</u>	

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.

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.

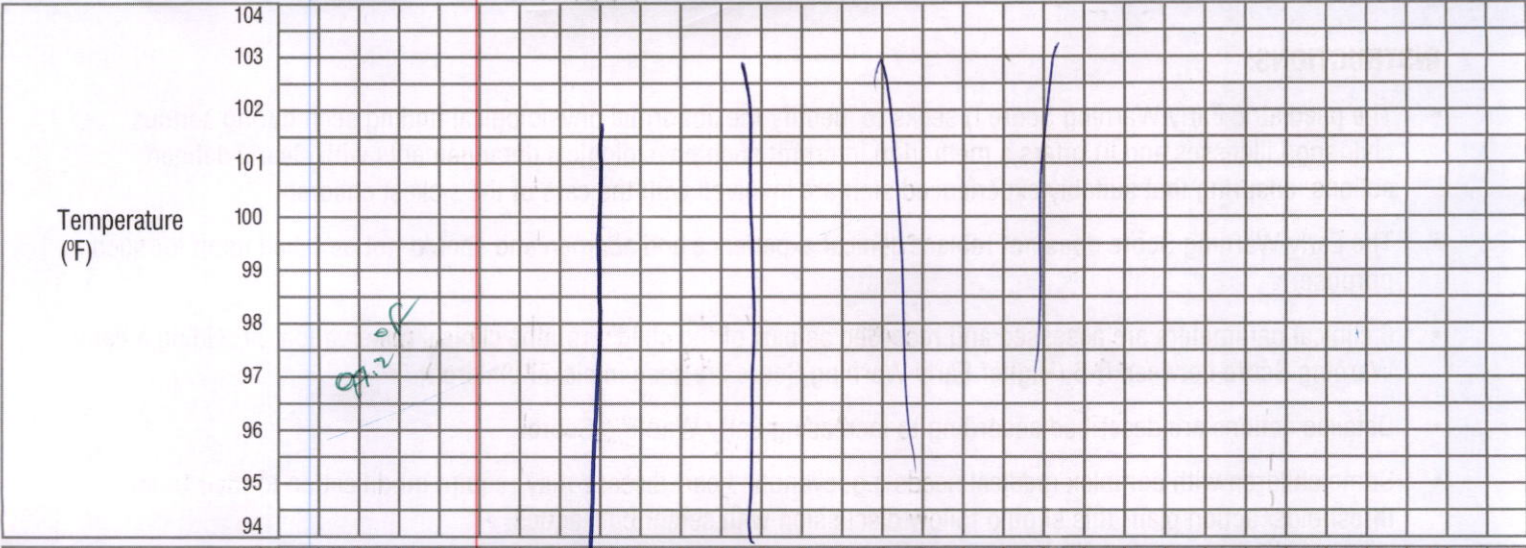
I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION: I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). 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 is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/6/25 Time: 10pm 2am 6am

Doctor / Nurse / Family Concern? 1pm 6pm



Heart Rate (bpm) and Blood Pressure (mmHg) *
 Note: BP does not score in early warning scoring

99 (70) 68
 PARENTS REFUSE
 PARENTS REFUSE
 PARENTS REFUSE
 PARENTS REFUSE

Heart Rate (Number)

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

26b/m

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 98%

Conscious Level Normal / Altered
 GCS * 15/15

TOTAL SCORE
 Number of shaded boxes 1
 Pain Score 0
 Observer's Initials 0

ACTIONS
 NB: Scores 3 should be recorded overleaf

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 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.
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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-00655932 IP5-00173641
 Baby Of LAKAVATH DIVYA BAI
 01-06-2026 0 Y 11 M 9 D (F)
 Dr. SIRISHA RANI



FLUID CHART

Sheet No. :

- 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		
10/5	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	DNS		30ml								
	01:00 pm			30ml								

Total Intake :

Total Output :

10/5	02:00 pm			30ml								
	03:00 pm											
	04:00 pm	NO										
	05:00 pm	1/2										
	06:00 pm											
	07:00 pm											

Total Intake :

Total Output :

10/5	08:00 pm			B								
	09:00 pm			E								
	10:00 pm	DNS		F								
	11:00 pm			U								
	12:00 am			S								
	01:00 am			E								

Total Intake :

Total Output :

11/5	02:00 am											
	03:00 am											
	04:00 am	DNS										
	05:00 am											
	06:00 am				30ml							
	07:00 am				30ml							

Total Intake :

Total Output :

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00655932 IP5-00173641
 Baby Of LAKAVATH DIVYA BAI
 01-06-2024 1 Y 11 M 10 D (F)
 Dr. SIRISHA RANI

FLUID CHART



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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse																												
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine																														
4/5	08:00 am	↑		25ml		/		/		✓	0	S																												
	09:00 am			25									/		/		✓	0	S																					
	10:00 am			25																/		/		✓	0	S														
	11:00 am			25																							/		/		✓	0	S							
	12:00 pm			25																														/		/		✓	0	S
	01:00 pm			25																																				
Total Intake :						Total Output :																																		
11/5	02:00 pm	↓		25ml		/		/		✓	0	S																												
	03:00 pm			25									/		/		✓	0	S																					
	04:00 pm			20																/		/		✓	0	S														
	05:00 pm			20																							/		/		✓	0	S							
	06:00 pm			20																														/		/		✓	0	S
	07:00 pm			20																																				
Total Intake :						Total Output :																																		
11/5	08:00 pm	↓		25ml		/		/		✓	0	S																												
	09:00 pm			25									/		/		✓	0	S																					
	10:00 pm			25																/		/		✓	0	S														
	11:00 pm			25																							/		/		✓	0	S							
	12:00 am			25																														/		/		✓	0	S
	01:00 am			25																																				
Total Intake :						Total Output :																																		
12/5	02:00 am	↓		25ml		/		/		✓	0	S																												
	03:00 am			25									/		/		✓	0	S																					
	04:00 am			25																/		/		✓	0	S														
	05:00 am			25																							/		/		✓	0	S							
	06:00 am			25																														/		/		✓	0	S
	07:00 am			25																																				
Total Intake :						Total Output :																																		

Total 24 hrs. Intake

Total 24 hrs. Output



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				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
12/5			Mouth	I.V	N.G	/	/	/	/		0	Chand
	08:00 am					/	/	/	/		0	Chand
	09:00 am					/	/	/	/		0	Chand
	10:00 am	100				/	20	/	/	✓	0	Chand
	11:00 am	100				/	1	/	/	✓	0	Chand
	12:00 pm	100				/		/	/	✓	0	Chand
Total Intake :						Total Output :						
12/5	02:00 pm					/		/	/		0	Amun
	03:00 pm		Milk			/		/	/	✓	0	
	04:00 pm	100				/		/	/		0	
	05:00 pm	100				/		/	/		0	
	06:00 pm	100				/		/	/	✓	0	
	07:00 pm	100				/		/	/		0	
Total Intake :						Total Output :						
12/5	08:00 pm		Milk			/		/	/		0	Appu
	09:00 pm					/		/	/		0	
	10:00 pm	100				/		/	/		0	
	11:00 pm	100	Milk			/		/	/		0	
	12:00 am	100				/		/	/		0	
	01:00 am	100				/		/	/		0	
Total Intake :						Total Output :						
12/5	02:00 am					/		/	/		0	Appu
	03:00 am					/		/	/		0	
	04:00 am	100	Milk			/		/	/		0	
	05:00 am	100				/		/	/		0	
	06:00 am	100				/		/	/	✓	0	
	07:00 am	100				/		/	/		0	
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						

BAH-00655932 IP5-00173641
 Baby Of LAKAVATH DIVYA BAI
 01-06-2024 1 Y 11 M 11 D (F)
 Dr. SIRISHA RANI

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	08:00 am														
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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		

BAH-00655932 IP5-00173641
Baby Of LAKAVATH DIVYA BAI
01-06-2024 1 Y 11 M 9 D (F)
Dr. SIRISHA RANI



CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Lakavath Divya Bai Gender: Male Female

UHID No : BAN-00655932 Department : PHD Date : 11/5/26

I S/D/W/O

Here by give consent for procedure of : Bone marrow aspiration + biopsy

For my patient, Named : B/o Divya Bai

The doctors have clearly explained to me that the procedure has following possible complications:

pain, secdip, injection

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

No

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: D. Sarani

Patient Attendant :

Signature : [Signature]

Name : Sankar Kunal Bhulega

Relationship with Patient: Father

Date & Time : 11/5 @ 11 am

Witness :

Signature : [Signature]

Name : Sankar Kunal Bhulega

Date & Time : 11/5 11 am

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Sarani

Date & Time : 11/5/26 10Am

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

BAH-00655932 IP5-00173641
Baby Of LAKAVATH DIVYA BAI
01-06-2024 1 Y 11 M 9 D (F)
Dr. SIRISHA RANI



CONSENT FOR SPECIAL SEDATION

Patient Name: B/o Lakavath Divya Sai Gender: Male Female

UHID No: BAH-00655932 Department: PHO Date: 11/5/26

I S/D/W/O

Here by give consent for procedure for my patient: B/o Lakavath Divya Sai

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation: minimal
- Possible complications from the procedure of sedation:
Bradycardia, hypotension

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

Patient Attendant:

Signature: [Signature]

Name: Santosh Kumar Shukla

Relationship with Patient: Father

Date & Time: 11/5 11AM

Witness:

Signature: [Signature]

Name: Santosh Kumar Shukla

Date & Time: 11/5 11AM

Doctor (who is taking the consent):

Signature: [Signature]

Name: Levani

Date & Time: 11/5/26 10AM

ప్రత్యేక మత్తు కోసం సమ్మతి

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. విభాగము

తేదీ

నేను కుమారుడు / కుమార్తె / భార్య

..... అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

వైద్యులు నాకు తెలిసిన భాషలో మత్తుమందు వివరాలను ఈ క్రింది విధంగా వివరించారు:

● సెడేషన్ రకం

● మత్తు ప్రక్రియ నుండి తలెత్తు సమస్యలు:

.....
.....

ప్రక్రియ యొక్క ప్రయోజనాలు, ప్రమాదం, ప్రత్యామ్నాయం గురించి వైద్యులు నాకు వివరించారు.

నేను పైన పేర్కొన్న విషయాన్ని నాకు తెలిసిన భాషలో అర్థం చేసుకున్నాను మరియు మత్తుమందు ఇవ్వడానికి సమ్మతిని ఇచ్చాను.

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు



Moderate Sedation Flow-Sheet

Immediate Pre-Sedation Assessment

B.P	PR	R.R	Temp	SPO ₂	Pain Score	Weight

Diagnosis: *ITP*

Procedure: *Bone marrow aspiration + biopsy*

Comorbidities: *nil*

<p><input checked="" type="checkbox"/> Risk, benefits & alternatives discussed;</p> <p><input checked="" type="checkbox"/> Patient understand & elects to proceed</p> <p><input checked="" type="checkbox"/> Consents for procedure and sedation signed and dated</p> <p>ASA Physical Status</p> <p><input checked="" type="checkbox"/> ASA PS 1: Healthy Patient</p> <p><input type="checkbox"/> ASA PS 2: Mild Systemic Disease, no functional limitations</p> <p><input type="checkbox"/> ASA PS 3: Severe Systemic Disease, functional limitations</p> <p><input type="checkbox"/> ASA PS 4: Severe Systemic Disease, constant threat to life</p> <p><input type="checkbox"/> ASA PS 5: Moribund Patient unlikely to survive 24 hrs.</p> <p><input type="checkbox"/> ASA PS 6: A declared braindead patient whose organs are being removed for donor purposes</p> <p><input type="checkbox"/> E: Emergency procedure</p> <p>GCS: E <i>4</i> M <i>6</i> V <i>5</i></p> <p><input type="checkbox"/> IV Site: Gauge:</p> <p>Sedation Plan: <i>conscious</i></p> <p>Allergies: <i>nil</i></p>	<p>AIRWAY EVALUATION</p> <p>Mouth:</p> <p><input checked="" type="checkbox"/> Normal</p> <p><input type="checkbox"/> Loose Teeth</p> <p><input type="checkbox"/> Small Mouth</p> <p><input type="checkbox"/> Protruding Incisors</p> <p><input type="checkbox"/> Receding Lower Jaw</p> <p><input type="checkbox"/> Dentures</p> <p>Neck:</p> <p><input checked="" type="checkbox"/> Normal</p> <p><input type="checkbox"/> Decreased ROM</p> <p><input type="checkbox"/> Thyromental Distance Less Than 6 cm</p> <p><input type="checkbox"/> Short Neck</p> <div style="text-align: center;"> <p>A Class I Class II Class III Class IV</p> </div> <p>Mallampati Class: <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV</p>
---	---

Monitoring of Patient Intra – Procedure

Procedure Monitoring

Heart Rate (HR), Respiratory Rate (RR), Oxygen Saturation (O₂ Sat) continuously monitored, and Level of Consciousness (LoC) to be monitored and recorded minimally every 15 minutes until 15 minutes after the last administration of any sedation, then every 30 minutes, then every 1 hour until stable. Respiratory status to be monitored continuously.

Level of Consciousness (LoC):

- A - Alert
- V - Verbally Responsive
- P - Painfully Responsive
- U - Unresponsive

Observation to be documented every 15 mins

TIME	BP	PR	RR	O ₂ Sat%	O ₂ Supplementation	Comments / Initials
Baseline						

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME
1µg MIDAZOLAM	IV			
1µg KETAMINE	IV			

Doctor Notes: *Uneventful procedure*

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Time of transportation to post sedation care room: LOC:

Doctor Name: *D. Leavani* Signature: *[Signature]*

Post Sedation Care Room

Time																			
Monitoring	180																		
ECG NBP Oximeter	160																		
Pain Score (0-10)	140																		
Sedation Score (0-4)	120																		
	100																		
	80																		
	60																		
	40																		

TOTAL ALDRETTE SCORE AT DISCHARGE =
(If 9 and more patient can discharge from post Sedation care unit)

Activity :	Consciousness:	Respiration:	Oxygen Saturation:	Circulation:
Four extremities = 2	Fully awake = 2	Breathe Deep = 2	Sat O ₂ > 92 % on room air = 2	BP +/- 20 mm hg of pre-op = 2
Two extremities = 1	Arousal on calling = 1	Dyspnea, limited breathing = 1	Needs oxygen to maintain Sat O ₂ > 90% = 1	BP +/- 20-50 mm hg of pre-op = 1
No extremities = 0	Unresponsive = 0	Apnea = 0	Saturation < 90% with oxygen = 0	Bp +/- 50 mm hg of Pre-Op = 0

Patient Discharge Time:

Nurse Name:

Signature:

Date: Time:

Consultant Name: *Dr. Sardiyi*

Signature: *[Signature]*

Stamp



105 → 112

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 10/5/26 Time: 11:30 AM

Weight: 9.96 kg Centile: < 5th

Height: 79 cm Centile: < 5th

Inference: underweight child

RDA: — Calories: 1200 kcal/d Protein: 20g/d

Diet Recommendations: soft high protein diet & iron rich foods

Re-Assessment: Avoid spicy, chilled

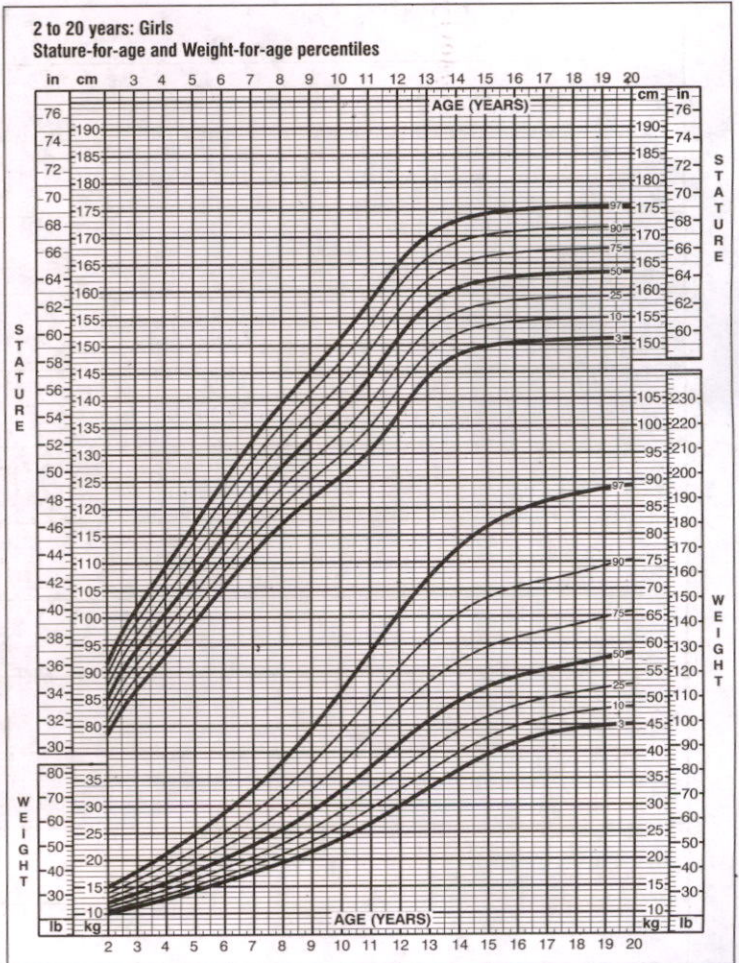
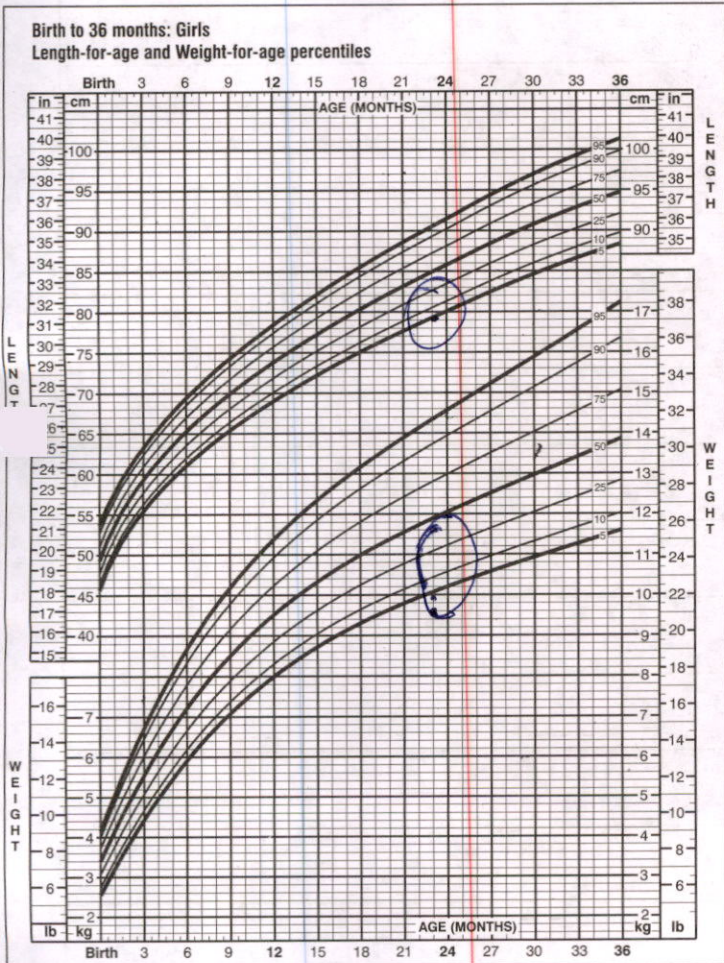
Food Allergies: No Veg/Non-veg: Non-veg

Diagnosis: Newly diagnosed RTP

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: *[Signature]*

GROWTH CHART (GIRLS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

Daily Notes:

11/5/26
10:30AM

Child is on NPO.

Momica

12/5/26
10AM

Child is stable Oral Intake is better

Continue to soft high protein diet - Iron rich foods

Nikita