Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174612 **Admit Date** : 01-Jun-2026 **Admit Time** : 05:23 PM **UHID** : BAH-00645185

Patient Details :

Patient Name	: Master SHAIK KEYAAN	**Age**	: 3 Y 0 M 14 D
Guardian	: Mr SHAIK SHAREEF	**DOB**	: 18-05-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO - 48-396, PADAMAVATHI RESIDENCY, Jeedimetla Hyderabad Telangana INDIA 500055	**Phone No**	: 9014066331/ 7993786331
		E-mail	: SYEDMERRA@GMAIL.COM

Admission Details :

Bed Type : DELUXE ROOM **Bed No** : DLX 309 **Ward Name** : 3F-ZONE A

Room No : DLX 309 **Admission Type** : First Visit

Contact Details :

Name : Mr SHAIK SHAREEF **Relationship** : Father

Contact Address : H NO - 48-396, PADAMAVATHI RESIDENCY, Jeedimetla Hyderabad Telangana INDIA 500055 **Phone No** : 9014066331 / 7993786331

SD Nagula.

Signature

Doctor Details :

Doctor Name : Dr. M N V POUSHYA SAI **Specialisation** : PEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : CARE HEALTH INSURANCE LIMITED

Printed Date / Time : 01/06/2026 17:29 Printed By : 020675

9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
1/06	CBP, CRP, Blood c/s, S/E	5767	Samathy
	VBG		
	USG Abdomen	27668	
2/6/26	CUE	26055803	[illegible]
2/6/26	X-ray abdomen	027840	[illegible]
2/6/26	Spot urine for calcium	26056078	Durga
	urine acid, creatinine		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/6/26	Infusion Pump	9:40pm		G037426.	Pooja

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
1/6	IV placement	(1)	27668	Samohy

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Children's
Hospital

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00645185 IP5-00174612
Master SHAIK KEYAAN
18-05-2023 3 Y 0 M 14 D (M)
Dr. M N V POUSHYA SAI

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00645185 IP5-00174612
Master SHAIK KEYAAN
18-05-2023 3 Y 0 M 14 D (M)
Dr. M N V POUSHYA SAI

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Loose stools } since 3days.
Vomitings }
High grade Fever since 3days.

History of present illness :

Child is apparently normal 3days ago. Child developed above mentioned complaints since 3days.

Loose stools - 6times/day
- greenish / yellow stools.
- watery.

Vomitings - 3episodes/days.
- food contents, non projectile, non bilious.

High grade fever & max 102°F.
- used & antipyretic medications.

Poor oral intake since 3days.
used thirst (+).

No H/O Cold, cough, burning micturition.

Master SHAIK KEYAAN
18-05-2023 3 Y 0 M 14 D (M)
Dr. M N V POUSHYA SAI

Pediatric Multiorgan History & Physical Examination

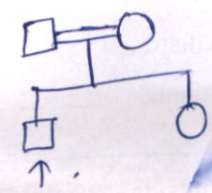
Past History : (Including details of any previous investigation or treatment)

—

Neonatal History:

[LSCS i/v/o nonprogression of labour]

NICU stay for 3 days.



...y:

Upper middle class

Birth & Socio Economic History

About Father :

About Mother :

Additional Information :

Histo... as per age

Birth &

2.2 kg / CI A&B

Immunization Hi... ...dule

(P.T.O.)

BAH-00645185 IP5-0017
Master SHAIK KEYAAN
18-05-2023 3 Y 0 M 14 D (M)
Dr. M N V POUSHYA SAI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))_12.1 kg_(Centile _____)

On Examination :

Temperature : 98.2°F Pulse Rate : 112/min B.P. 98/56 (66) mmHg SPO2 98% on RA

Resp.rate and type of breathing : RR - 26/min

Rash

Lymphadenopathy — NIL

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BILAE (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft, Non tender, No organomegaly.

Ausculation :

Spine : External Genitelia :

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

BAH-00645185 IP5-0017
Master SHAIK KEYAAN
18-05-2023 3 Y 0 M 14 D (M)
Dr. M N V POUSHYA SAI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : ?

Cranial Nerves : N

Motor System:

Nutriton :

Tone: N Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars N

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute Gastroenteritis c some dehydration

(P.T.O.)

BAH-00645185 IP5-00174612
Master SHAIK KEYAAN
18-05-2023 3 Y 0 M 14 D (M)
Dr. M N V POUSHYA SAI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP
S. Electrolytes
VBG
CRP, Blood Cs.
CUE :
1 Entraplain collected in ER.
• USG ~~Abdomen~~ for bladder & bowel wall thickening

Planned Management

• Inj Ceftriaxone
• Inj ondansetron
• Pro GA drops.
• 2% D drops.

Signature of the Doctor: Ramya
Name of the Doctor: Dr. RAMYA
Date & Time: 1/6/26; 4:30pm

Signature of the Consultant:
Name of the Consultant:
Date & Time:

BAH-00645185 IP5-00174612
Master SHAIK KEYAAN
18-05-2023 3 Y 0 M 15 D (M)
Dr. M N V POUSHYA SAI

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CROSS CONSULTATION FORM

Doctor Name : ..... Date : ..... Time : .....

Diagnosis : .....

Hospital : .....

.....

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations : C/S/B Dr. Satyaprasad.

C/o: CUE showing

Adv.

1) spot urine for
- Calcium
- UA
- ~~phosphate~~ creatinine

R/v with reports.

Consultant :

Name : Dr. Satyaprasad Signature : Date & Time : 21/6/23

Doc. No. : RCH / FRM / CLINICAL / 049

BAH-00645185 IP5-00174612
Master SHAIK KEYAAN
18-05-2023 3 Y 0 M 16 D (M)
Dr. M N V POUSHYA SAI

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DEFICIENCY CHECK LIST OF CASE SHEET

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

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

Signature and Date :

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00645185 IP5-00174612
Master SHAIK KEYAAN
18-05-2023 3 Y 0 M 14 D (M)
Dr. M N V POUSHYA SAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 S: 40 am	S/B Dr. Poushya c/o acute gastroenteritis with some dehydration • no vomiting • Fever ⊖ • poor oral intake • V/o: Reduced • stool: ⊖ O/E: drowsy chest: clear P/A: soft vitals: WNL repeat	Plan: 1) continue IV fluids @ 45 ml/hr 2) Trace CUE 3) continue medications as per chart repeat Dr. Hema.
2/6/26 4pm	S/B Dr. Poushya oral intake - slightly better V/o: Better O/E: drowsy chest: clear P/A: soft repeat	Plan: 1) X-Ray erect abdomen 2) Continue IV fluids 3) SOS - laxatives 4) If oral intake improves further - to taper IV fluids repeat
2/6 8pm	CDPW Dr Poushya Xray s/o fecal loading	Adv: 1) Dulcolax suppository stat PR 2) Duphalac 15ml HS

BAH-00645185 IP5-00174612
Master SHAIK KEYAAN
18-05-2023 3 Y 0 M 14 D (M)
Dr. M N V POUSHYA SAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 9 Am	S/B Dr. Poushya	Plan:
		① To review urine
	c/o Acute gastroenteritis	reports with
	ī some dehydration	Dr. Satyaprasad
		② stop IV fluids
	· no fever	③ ~~Discharge today~~
	· oral intake - better	
	· U/O - good	- lanzol x 3 days
	· ? Abdominal pain	- Pen GG x 3 days
	b/w 3 Am - 4 Am.	- E & D x total
		14 days.
	O/E Alert	- SOS - ondem
	chest; clear	- syp. duphalac
	P/A: soft.	15 ml HS.
		D/C ī Hm
	Spot urine Ca : 2.9	
	creat: 6.6	Dr. Hema

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00645185 IP5-00174612
Master SHAIK KEYAAN
18-05-2023 3 Y 0 M 14 D (M)
Dr. M N V POUSHYA SAI

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RESULT SHEET

Date	01/06					
Time						
Hb	12.5					
PCV	37.8					
RBC	5.22					
WBC	10.28					
N/L	28/58					
Platelets	3.38					
CRP	5					
ESR						
PCT						
RBS						
Na	137					
K	4.2					
Cl	104					
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	2/6/26					
Time	10AM					
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells	3-4					
CUE - RBC Cells	10-12					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00645185
Master SHAIK KEYAAN IP5-00174612
18-05-2023 3 Y 0 M 14 D
Dr. M N V POUSHYA SAI (M)

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DRUG CHART

Date of Admission: 01/06/26 Drug Allergies: .... ☐ ~~Not~~ known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date ▸ / Time ▾														
Dose	Route	Frequency	Start Date															
Doctor's Signature		Valid Period	Pharm.															
Additional Instructions:																		

DRUG :				Date ▸ / Time ▾														
Dose	Route	Frequency	Start Date															
Doctor's Signature		Valid Period	Pharm.															
Additional Instructions:																		

DRUG :				Date ▸ / Time ▾														
Dose	Route	Frequency	Start Date															
Doctor's Signature		Valid Period	Pharm.															
Additional Instructions:																		

VERIFIED BY : Name .... Signature

BAH-00645185 IP5-00174612
Master SHAIK KEYAAN
18-05-2023 3 Y 0 M 14 D (M)
Dr. M N V POUSHYA SAI

REGULAR PRESCRIPTIONS

Weight. 12.14 kg Ward. ....

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
600mg	IV	Q12H	1/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

Additional Instructions: 50mg/kg/dose

Date/Time	01/6	2/6	3/6
6AM	X	more	more
6PM	7Pm Anob	Dev Durg	

Daily Doctor's Endorsement by a Sign

DRUG : Inj ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
12mg	IV	Q24H	1/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

Additional Instructions: 1mg/kg/dose

Date/Time	01/6	2/6	3/6
6PM	7Pm Anob	more	more

Daily Doctor's Endorsement by a Sign

DRUG : Inj ONDANSETRONE

Dose	Route	Frequency	Start Date
2.5mg	IV	Q12H	1/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

Additional Instructions: 0.2mg/kg/dose

Date/Time	1/6	2/6	3/6
6AM	X	more	more
6PM	7Pm Anob	Dev Durg	

STOP
Dr. Hema
3/6

Daily Doctor's Endorsement by a Sign

DRUG : PROGG Drops.

Dose	Route	Frequency	Start Date
0.5ml	PO	Q12H	1/6/26

(10°)

Name & Signature of the Doctor Starting the Drugs: Dr. Ramya

Additional Instructions: ✓

Date/Time	1/6	2/6	3/6
10AM	X		
10PM	more	more	

Daily Doctor's Endorsement by a Sign

Weight. .... Ward. ....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/6	10:30 pm	DULCOLAX suppository	5mg	P/R	[illegible]	Sunita mounika

Dr. M N V POUSHYA SAI

BAH-00645185
Master SHAIK KEYAAN
IP5-0017461 2
18-06-2021

I.V. FLUIDS CHART

Weight. 12kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
1/6/26	9:40pm	IVF DNS (2/3rd maintainence)	IV	30	82	Roopa Soumya	2/6		
2/6	10AM	DNS	IV	45		Sima Sima			

Signature .....

VERIFIED BY : Name .....

AH-00845185 IP5-00174612
Master SHAIK KEYAAN
18-05-2023 3 Y 0 M 14 D (M)
Dr. M N V POUSHYA SAI

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : Z&D drops				Date/Time	1/6	2/6
Dose	Route	Frequency	Start Dt.			
1ml	PO	Q24H	1/6/26			
Name & Signature of the Doctor Starting the Drugs: Dr Ramya				10pm	more	more
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : Syp DUPHULAC				Date/Time	2/6
Dose	Route	Frequency	Start Dt.		
15ml	PO	HS	2/6		
Name & Signature of the Doctor Starting the Drugs:				10PM	more
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				

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

Docu. No. : RCHBH /FRM / CLINICAL / 108

(P.T.O)

BAH-00645185 IP5-00174612
Master SHAIK KEYAAN
18-05-2023 3 Y 0 M 14 D (M)
Dr. M N V POUSHYA SAI

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

BAH-00645135 IP5-00174612
Master SHAIK KEYAAN
18-05-2023 3 Y 0 M 15 D (M)
Dr. M N V POUSHYA SAI

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	10pm	2am	6am
Doctor / Nurse / Family Concern?			
Temperature (F)	98.0F	97.5F	98.1F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	91 (52) 62		77 (53) 52
Heart Rate (Number)	103/m	105/m	106/m
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	26/m	25/m	26/m
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)	98%	99%	97%
Conscious Level: Normal / Altered			
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials			

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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- 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!
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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)
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BAH-00645185 IP5-00174612
Master SHAIK KEYAAN
18-05-2023 3 Y 0 M 15 D (M)
Dr. M N V POUSHYA SAI

2/6/26

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

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

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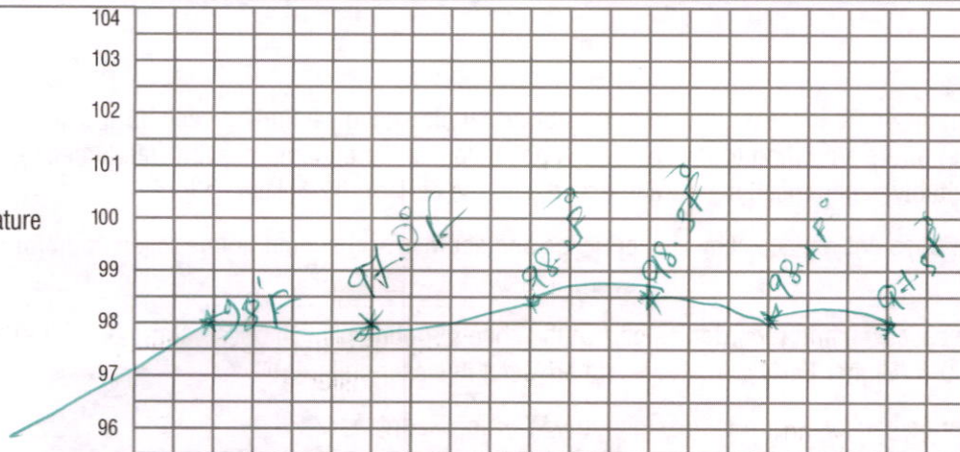
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time: 10AM 6PM 8PM 12AM 4AM 6AM

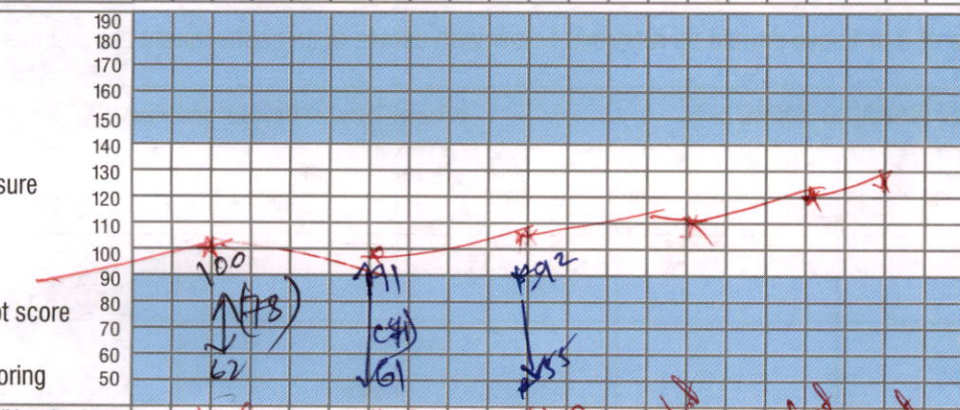
Doctor / Nurse / Family Concern?

Temperature (F)



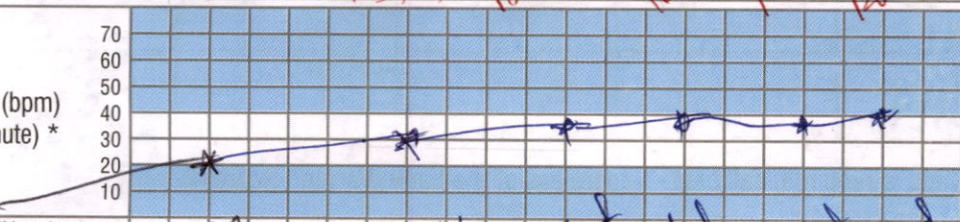
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	106	97bpm	102bpm	108bpm	124bpm	126bpm

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



Resp Rate (Number)	24	28b/m	32bpm	34bpm	38bpm	40bpm

Resp Distress	Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2Saturations (%)	99%	98%	99%	97%	98%	97%
Conscious Level	Normal / Altered	—				
GCS *		(14/15)	(15/15)	(15/15)	(15/15)	(15/15)
TOTAL SCORE		0	0	0	0	0
Number of shaded boxes		0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials						

ACTIONS NB: Scores 3 should be recorded overleaf	
	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time: 8AM

Doctor / Nurse / Family Concern?

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

98.1F

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

Note: BP does not score in early warning scoring

Heart Rate (Number) 110/h

Resp. Rate (bpm) or 1 Minute) * — 70 60 50 40 30 20 10

Resp Rate (Number) 32/h

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2 (l/min)		
O_2 Saturations (%)		99
Conscious Level	Normal	
	Altered	
GCS *		
TOTAL SCORE Number of shaded boxes		0
Pain Score		0
Observer's Initials		

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FLUID CHART

Sheet No. : 1

1/6/24

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm	1		30ml			1				0	Pooja
	09:00 pm	0		30ml			1				0	Pooja
	10:00 pm	0	glu	30ml			NP			✓	0	Pooja
	11:00 pm	3		–			1				0	Pooja
	12:00 am	1		30ml						✓	0	Pooja
	01:00 am	1		30ml							0	Pooja
Total Intake :						**Total Output :** u – 2 m – 0						
	02:00 am	1	glu	30ml			1			1	0	Pooja
	03:00 am	1		30ml			1			1	0	Pooja
	04:00 am	1		30ml			NP			1	0	Pooja
	05:00 am	1		–			1			NP	0	Pooja
	06:00 am	1		30ml			1			1	0	Pooja
	07:00 am	1		30ml			1			1	0	Pooja
Total Intake :						**Total Output :** u – 0 m – 0						

Total 24 hrs. Intake		Total 24 hrs. Output	u – 2 m – 0

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FLUID CHART

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Your Right to a Safe Delivery

Sheet No. : 2 2/6/26

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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am										0	Suma
	09:00 am		H2O	30ml			✓			✓	0	Suma
	10:00 am	DNS		45ml							0	Suma
	11:00 am			—							0	Suma
	12:00 pm		H2O	—							0	Suma
	01:00 pm										0	
Total Intake :						**Total Output :** U - 1 M - 1						
	02:00 pm										0	Durga
	03:00 pm		H2O	45ml							0	Durga
	04:00 pm	DNS		45ml			NP			✓	0	Durga
	05:00 pm		H2O	45ml							0	Durga
	06:00 pm			45ml						✓	0	Durga
	07:00 pm									✓	0	Durga
Total Intake :						**Total Output :** U - 3 M - 0						
	08:00 pm			45ml							0	Sneha
	09:00 pm		H2O				✓			✓	0	Sneha
	10:00 pm	DNS		45ml							0	Sneha
	11:00 pm		H2O	45ml			NP			✓	0	Sneha
	12:00 am										0	Sneha
	01:00 am		H2O	45ml							0	Sneha
Total Intake :						**Total Output :** M - 0 U - 2						
	02:00 am			45ml							0	Sneha
	03:00 am		H2O				✓				0	Sneha
	04:00 am	DNS		45ml						✓	0	Sneha
	05:00 am		H2O								0	Sneha
	06:00 am			45ml						✓	0	Sneha
	07:00 am		H2O	45ml							0	Sneha
Total Intake :						**Total Output :** M - 0 U - 2						

Total 24 hrs. Intake	Total - 570 ml/day	Total 24 hrs. Output	M - 2 U - 8

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3/6/26

3/6'

(3)

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			Mouth	I.V	N.G							
		)									0	Jyothi
	08:00 am	)		USM							0	Jyothi
	09:00 am	)	H2O	USM						—	0	Jyothi
	10:00 am	DNS		USM							0	Jyothi
	11:00 am	)	H2O	USM							0	Jyothi
	12:00 pm	)		USM							0	Jyothi
	01:00 pm	)		USM						—	0	Jyothi
Total Intake :										**Total Output :** U — 2 M —		
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
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	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :										**Total Output :**		

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
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	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
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	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 2/6/26 Time: 9am

Weight: 12-14 kgs Centile: 10th

Height: 91 cms Centile: >10th

Inference: Underweight child

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

Diet Recommendations: Gastro diet (Avoid wheat, milk, ragi, eggs, nuts, oats, citrus fruit juices, sugar) can have rice based foods, ORS, sago water

Re-Assesment:

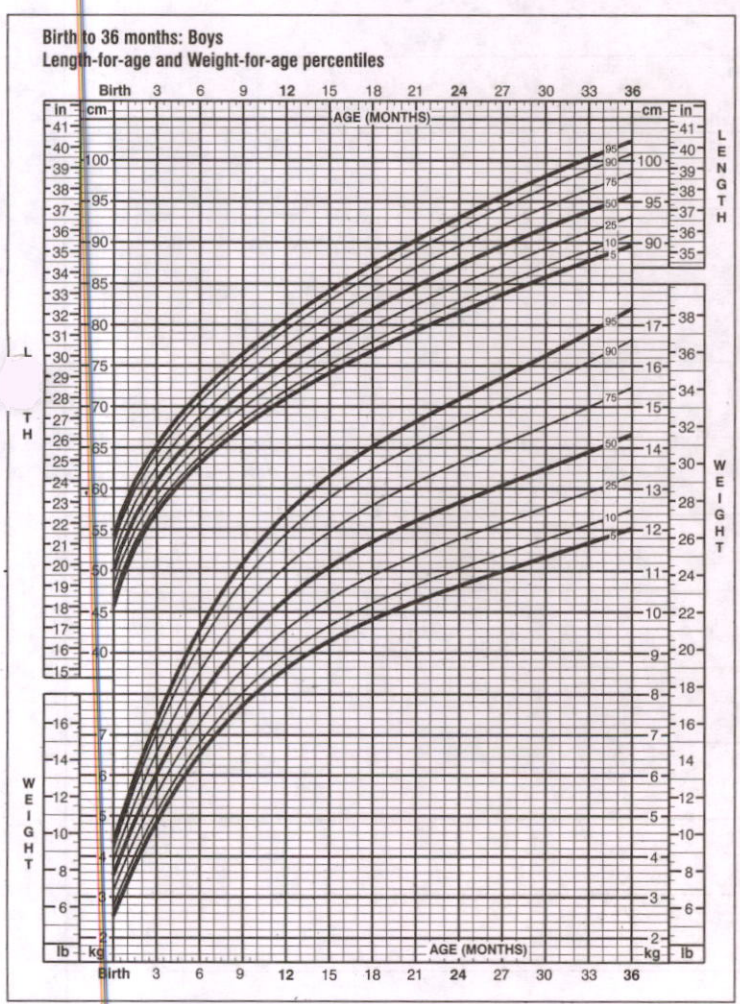
Food Allergies: NO Veg/Non-veg Non-Veg.

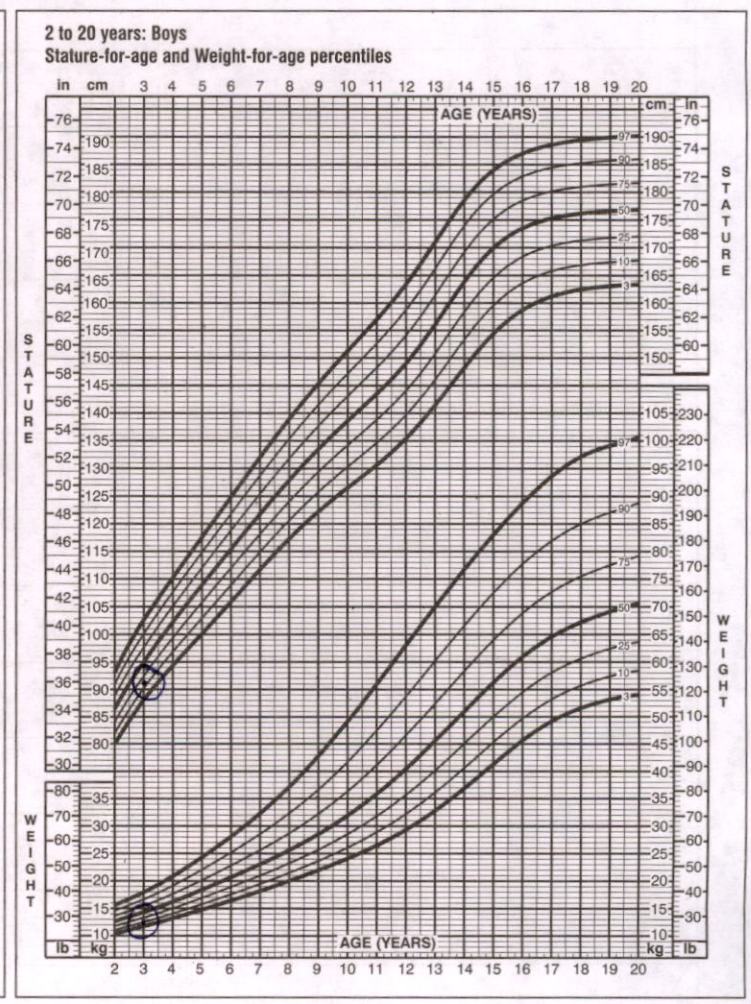
Diagnosis: AGE c some dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: SD. Nagula.

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Daily Notes: