Rainbow® Children's Hospital
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ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00651447 IP5-00173651
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 7 M 21 D (M)
Dr. SIRISHA RANI

UHID No. : _____ onsultant: _____ Dept : _____

Date of Admission: ___. ate of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/05/26.	11:45pm	ER	132	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
11/5/26	CBP, CRP, Blood c/s	26047661	
11/5/26	Urine c/s	26047820	
13/5/26	CBP	26048489	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/5	Infusion Pump	12:42am	6AM 13/5.	9602119	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Subhanwar	ORCO		

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 : IP5-00173651 **Admit Date** : 10-May-2026 **Admit Time** : 11:20 PM **UHID** : BAH-00651447

Patient Details :

Patient Name	: Master THIMMAIAH GARI AKSHATH SKANDA	**Age**	: 2 Y 7 M 21 D
Guardian	: Mr THIMMAIAH GARI ADITYA	**DOB**	: 19-09-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 7-4-43/2, VENKATESHWARA COLONY , Mahabubnagar Mahabubnagar Telangana INDIA 509001	**Phone No**	: 9866870763/ 8328072369
		E-mail	: ADITYARAO.SHARMA6@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 132 **Ward Name** : 1F-HEMATO-ONCOLOGY

Room No : SPVT 132 **Admission Type** : First Visit

Contact Details :

Name : Mr THIMMAIAH GARI ADITYA **Relationship** : Father

Contact Address : H NO 7-4-43/2, VENKATESHWARA COLONY , Mahabubnagar Mahabubnagar Telangana INDIA 509001 **Phone No** : 9866870763 /

Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI **Specialisation** : HEMATO ONCOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. SANDHYA VADDADI

Payment Details :

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

Payor Name : VIDAL HEALTH INSURANCE TPAPVT LTD

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____ BAH-00651447 IP5-00173651
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 7 M 21 D (M)
Dr. SIRISHA RANI
_____

Department: _____

Consultant: _____

BAH-00651447 IP5-00173651
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 7 M 21 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Name : Thimmaiah gari Akshath Age/Sex

Information given by: Father Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o Fever :- today afternoon
mild cough (+)

History of present illness :

As per informant - child apparently well then had
1) Fever :- today afternoon
high grade
not a/w chills
relieved with medication
a/w mild cough (+)

K/C/O B Cell ALL / CALCA +ve / FISH -ve
Now with AFI

9/5 CBP :- 11.3 > 780 / 9.4 / 80 \ 3.57

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Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 7 M 21 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Birth & Socio Economic History:

About Father : middle

About Mother :

Any additional Information :

Developmental History : Attained app for age

Immunization History : Immunized till date

(P.T.O.)

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Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 7 M 21 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))__9kg__(Centile _____)

On Examination :

Temperature : 99.8°F Pulse Rate :150/min B.P. 89/53 SPO2 100%-@RA

Resp.rate and type of breathing : 23/min
regular

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BAE (N)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1 S2 Heard

Any murmur :

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

Per Abdomen :

Inspection (N)

Palpation : soft non tender

Ausculation : BS (+)

Spine : (N) External Genitelia : (N)

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

BAH-00651447 IP5-00173651
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 7 M 21 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert/Active

Cranial Nerves : Intact

Motor System:

Nutriton : Good

Tone: (N) Power N/N

Co-ordination :

Posture :

Involuntary Movements : Nil

Reflexes : (N)

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

K/c/o B cell ALL/CALLA +ve/FISH -ve/
CNS -ve/
Now c Acute Febrile Illness

(P.T.O.)

BAH-00651447 IP5-00173651
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 7 M 21 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent Complications

Desired goals of the treatment : For Hemodynamic Stability

Planned Labs:

CBP, CRP
Blood c/s
Urine c/s

N/B Received 019586 10/05 11:30 pm

Planned Management

1) Iv ceftriaxone
2) Tab Voriconazole ½ tab
3) If next fever spike ≥ 101°F - Add Amikacin

NB Received 019586 10/05 11:30 pm

Signature of the Doctor: JN
Name of the Doctor: Jayahi
Date & Time: 10/05/26 @ 11:30pm

Signature of the Consultant:
Name of the Consultant:
Date & Time: 10/5/26 @ 11:30 Am

Dr. SIRISHA RANI
Reg. No: 40525

BAH-00651447 IP5-00173651
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 7 M 21 D (M)
Dr. SIRISHA RANI

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 9 AM	B-ALL | consolidation | Febrile Neutropenia	
	1 fever spike - 101°F. cough (+)	
	O/E. child active RS - BIBA E (+) clear P/A - soft	11am 1. Continue IV antibiotics. 2. Add Amikacin for next fever spike T > 101°F 3. send urine c/s 4. Trace blood c/s. 5. inj cytarabine 1 dose for 5 days
	Ceftriaxone Voriconazole N/B Veena 606384 14/5/26 @ 1PM	Dr. SIRISHA RANI Reg. No: 40525

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Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 7 M 21 D (M)
Dr. SIRISHA RANI

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 8am	Morning Rounds B-ALL / Consolidation / febrile neutropenia 3 fever spikes y'day Cough - (+) active, alert Ceftriaxone (D1) Amikacin (D1)	Plan ① trace Blood + urine cs ② Cont. Supportive Care ③ cytarobine, pexo today ④ CBP, plain (TM) Notified by nursing staff @ 10 am
12/05 5pm	Afternoon rounds :- No complaints Activity (N) vitals stable	① Cont supportive care ② IVF running OD ③ CBP, plain (TM) ④ Monitor vitals Notified by nursing staff @ 01375

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 9AM	B-ALL / consolidation Febrile neutropenia	
	afebrile x 1 day cough - better	11am 1. Continue antibiotics 2. discharge today 3. inj cytarabine today. 4. Trace CBP.
	Blood & urine cs / 24 hrs no growth	
		F/U - CBP. Stat Tab Dexa (0.5mg) 1—1—1/2 Hrs R/v on 15/5 CBP for Dayacare LP Monday @ 10am 13/5
		Dr. SANDHYA VADDADI Reg. No: 71664
		N.B. Subhamma 014346 13/5 @ 11am

IAH-00651447 IP5-00173651
Master THIMMAIAH GARI AKSHATH
9-09-2023 2 Y 7 M 23 D (M)
Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651447 IP5-00173651
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 7 M 21 D (M)
Dr. SIRISHA RANI

(1)

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RESULT SHEET

Date	11/5/26	13/5				
Time	12:16 am	8 AM				
Hb	10.6	9.6				
PCV	32.0	29.7				
RBC	3.78	3.48				
WBC	1.59	0.85				
N/L	32.8/47.8	74/8.8				
Platelets	407	361				
CRP	5	.				
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Master THIMMAJAH GARI AKSHATH
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DRUG CHART

Date of Admission: 10/05/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : Syrup CROCIN DS

Dose	Route	Frequency	Start Date
3ml	PO	6th Hrly	10/5

Doctor's Signature: Sayali
Valid Period:
Pharm.
Additional Instructions: If T>100°F (5ml/240mg)

Date/Time	
11/5	
11:30	Veena Am Subbu
6:00 pm	Anu

DRUG : Syp MEFTAL (5/100)

Dose	Route	Frequency	Start Date
4ml	PO	SOS/8th Hrly	11/5

Doctor's Signature: Sameera
Valid Period: 48hrs
Pharm.
Additional Instructions: (T>101°F)

Date/Time	
11/5	
1:30 AM	Bmng Anusha

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature:
Valid Period:
Pharm.
Additional Instructions:

Date/Time

VERIFIED BY : Name ..... Signa

Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 7 M 21 D (M)
Dr. SIRISHA RANI

REGULAR PRESCRIPTIONS

Weight. 9 kg Ward.

DRUG : Inj CEFTRIAXONE				Date / Time	10/5	11/5	12/5	13/5
Dose	Route	Frequency	Start Date	6am	X	[illegible]	[illegible]	[illegible]
450mg	IV	BD	10/5					
Name & Signature of the Doctor Starting the Drugs: Jayashri				6pm	[illegible]	[illegible]	[illegible]	
Additional Instructions:								
Daily Doctor's Endorsement by a Sign					[illegible]	[illegible]	[illegible]	[illegible]

DRUG : Tab VORICONAZOLE				Date / Time	10/5	11/5	12/5
Dose	Route	Frequency	Start Date				
½ tab	PO	OD	10/5				
Name & Signature of the Doctor Starting the Drugs: Jayasri				8pm	[illegible] Pooja	[illegible] Pooja	[illegible] Pooja
Additional Instructions: 1 tab = 200mg							
Daily Doctor's Endorsement by a Sign					[illegible]	[illegible]	[illegible]

DRUG : Inj AMIKACIN				Date / Time	11/5	12/5	13/5
Dose	Route	Frequency	Start Date	6Am	X	[illegible]	[illegible]
65mg	IV	Q12H	11/5				
Name & Signature of the Doctor Starting the Drugs: Dr [illegible]							
Additional Instructions: Order written @ 12pm.				6PM	[illegible]	[illegible]	
Daily Doctor's Endorsement by a Sign					[illegible]	[illegible]	[illegible]

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

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19-09-2023 2 Y 7 M 21 D (M)
Dr. SIRISHA RANI

Weight. 9kg Ward. Onco

DRUG :	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
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.	

Signature

VERIFIED BY : Name

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
11/5	6:25pm	2ᵧ DEXAMETHASONE	1mg in 50ml NS once	IV Thr.		Sumita 6:30 pm Anu
12/5	12/5	INJ DEXAMETHASONE	1mg	IV		Navin. 11:30 am Divya Sujhan Karim
13/5	11AM	2ᵧ DEXAMETHASONE	1mg	IV		

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19-09-2023 2 Y 7 M 21 D (M)
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I.V. FLUIDS CHART

Weight. 9kg Ward. .....

		sition of I.V. Fluid tion ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

Signature .....

VERIFIED BY : Name .....

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: Onco

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	Syrup SEPTRAN	4ml	PO	BD		☐C ☐DC
2	Syrup ZINCOVIT	2.5ml	PO	OD		☐C ☐DC
3	Syrup CALCIMAX PLUS	2.5ml	PO	OD		☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature Jayanth (Dr)

Date & Time : 10/05/26 @ 12.4pm

Nurse Name & Signature: Mubashir

Date & Time : 10/05/26 @ 11:35 pm

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Master THIMMAIAH GARI AKSHATH
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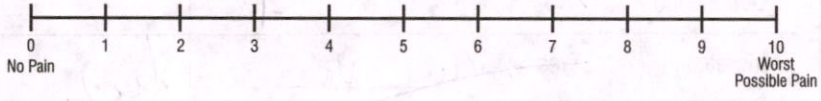
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/5	11:35 AM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
11/5	8am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
11/5	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
11/5	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/5	11 AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/5	7pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
12/5	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
13/5	10Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

JAH-00651447 IP5-00173651
Master THIMMAIAH GARI AKSHATH
9-09-2023 2 Y 7 M 23 D (M)
Dr. SIRISHA RANI

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 : 13/5 Time: 9am

Doctor / Nurse / Family Concern?

Temperature (F): 104 103 102 101 100 99 98 97 96 95 94 — *98.6°F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 — 98 (64) 56

Note: BP does not score in early warning scoring

Heart Rate (Number): 110b/m

Resp. Rate (bpm) (Over 1 Minute) *: 70 60 50 40 30 20 10 — 9

Resp Rate (Number): 26b/m

Resp Distress	Mod/ Severe / None / Mild	✓
Receiving O_2(l/min) O_2Saturations (%)		100%
Conscious Level	Normal / Altered	✓
GCS *		15/15
TOTAL SCORE Number of shaded boxes		0
Pain Score		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:

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- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00651447 IP5-00173651
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 7 M 22 D (M)
Dr. SIRISHA RANI

(3)

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 : 12/5/24 Time: 10 AM | 1pm | 4PM | 7PM | 10pm | 3 AM | 6 AM

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.3F | 98.0F | 98.6F | 98.6F | 98.6F | 98.6F | 98F

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

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

100/72 (60) | 103/70 (60) | 112/64 (51) | 105/64 (49) | 90/72 (60) | 97/(60) (50) | 91/(61) (50)

Note: BP does not score in early warning scoring

Heart Rate (Number): 103bpm | 103bpm | 104bpm | 104bpm | 102bpm | 102bpm | 99bpm

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

70 60 50 40 30 20 10

Resp Rate (Number): 28b/m | 25b/m | 27b/m | 27b/m | 26b/m | 28bpm | 25bpm

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%): 99% | 100% | 100% | 100% | 100% | 100% | 100%

Conscious Level: Normal | Altered

GCS *: 15/15 | 15/15 | 15/15 | 15/15 | 15/15 | 15/15 | 15/15

TOTAL SCORE
Number of shaded boxes: 0 | 0 | 0 | 0 | 0 | 0 | 0
Pain Score: 0 | 0 | 0 | 0 | 0 | 0 | 0
Observer's Initials: [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible]

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.

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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!
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The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00651447 IP5-00173651
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 7 M 21 D (M)
Dr. SIRISHA RANI

②

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/5

Time:	9Am	11:30Am	1pm	4pm	6PM	6:30 pm	10pm	3Am	6Am
Doctor / Nurse / Family Concern?									
Temperature (F)	98.6F	100.4F	98.6F	98.7F	100.9F	100.3F	97.6	98F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	108/80 (87) (crying)		93/55 (69)	92/57 (67)	100/64 (74)		99/64 (72)	100/60 (72)	99/60 (76)
Heart Rate (Number)	123 b/m		106 b/m	117 b/m	116 b/m		102 b/m	102 b/m	98 b/m
Resp. Rate (bpm) (Over 1 Minute) *									
Resp Rate (Number)	26 b/m		20 b/m	26 b/m	26 b/m		26 b/m	26 b/m	26 b/m
Resp Distress: Mod/ Severe / None / Mild									
Receiving O_2 (l/min)									
O_2 Saturations (%)	100%		100%	100%	100%		100%	100%	100%
Conscious Level: Normal / Altered	C		C	C	C		C	C	C
GCS *	15/15		15/15	15/15	15/15		15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0		0	0	0		0	0	0
Pain Score	0		0	0	0		0	0	0
Observer's Initials	[illegible]		[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]

Syp Crocin 9/20 (11:30Am)
Sy CROCIN (6PM)

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score	Action
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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BAH-00651447 IP5-00173651
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PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/5 Time:	12am	1:30am 2:30 am	5:30 am.	6:30 am.	
Doctor / Nurse / Family Concern?					

Temperature (F)

104 | 103 | 102 | 101 | 100 | 99 | 98 | 97 | 96 | 95 | 94

101.1°F (Syp. Meftal) | 100.8°F | 98.8°F | 98°F | 98°F

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

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

84 (60) 50 | 82 (58) 51 | 80 (60) 51

Note: BP does not score in early warning scoring

Heart Rate (Number)	110 b/mt	112 b/mt	118 b/mt

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

70 | 60 | 50 | 40 | 30 | 20 | 10

Resp Rate (Number)	24 b/mt	24 b/mt	24 b/mt
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2 (l/min) O_2 Saturations (%)	98%	99%	99%
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

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ..... (4) .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	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-00651447 IP5-00173651
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w1=9kg

FLUID CHART

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

Sheet No. : 3

12/5/26

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.
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							
12/5/26	08:00 am	milk		30ml						150ml		
	09:00 am	H2O	50ml	30ml								
	10:00 am			30ml								
	11:00 am			30ml								
	12:00 pm			30ml						120ml		
	01:00 pm	chapathi		30ml								
Total Intake : 230ml										Total Output : 270ml		
12/5	02:00 pm			30ml								
	03:00 pm	Dal	½	30ml						200ml		
	04:00 pm	H2O	100ml	30ml								
	05:00 pm			30ml								
	06:00 pm			30ml						150ml		
	07:00 pm			30ml								
Total Intake : 280ml										Total Output : 350 ml.		
12/5	08:00 pm	chapathi		30ml.								
	09:00 pm	dal	50ml.	30ml								
	10:00 pm	curd		30ml						200ml		
	11:00 pm			30ml								
	12:00 am	½ O.		30ml								
	01:00 am			30ml						100ml		
Total Intake : 230										Total Output : 300ml		
13/5	02:00 am			30ml								
	03:00 am			30ml								
	04:00 am			30ml								
	05:00 am			30ml								
	06:00 am		100ml	30ml						350ml		
	07:00 am			30ml								
Total Intake : 280ml										Total Output : 350ml		

Total 24 hrs. Intake	1,020 ÷ 42.5cc/kg	Total 24 hrs. Output	1,270 ÷ 5.88cc/kg

Patient Stick

BAH-00651447 IP5-00173651
Master THIMMAIAH GARI AKSHATH
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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (2)

11/5/26

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	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
11/5/26	08:00 am	Idly	1	40ml						~~150ml~~		
	09:00 am	H2O	100ml	40ml								
	10:00 am			40ml								
	11:00 am	Rice		40ml								
	12:00 pm	H2O	100ml	40ml			✓			190ml		
	01:00 pm			40ml								
Total Intake : 490 ml						**Total Output :** 340 ml +1n						
	02:00 pm	rice		40ml								
	03:00 pm	lemon rice	1/2 cup	40 ml						180ml		
	04:00 pm	water	100ml	40ml								
	05:00 pm			40ml								
	06:00 pm	water	100ml	50ml								
	07:00 pm			40ml						170ml		
Total Intake : 450ml.						**Total Output :** 350 ml						
	08:00 pm	chapati		40ml						50ml		
	09:00 pm	Rice	100ml.	40ml								
	10:00 pm	Boiled		40ml						100ml		
	11:00 pm	egg.		40ml								
	12:00 am	H2O		40ml								
	01:00 am			40ml						50ml		
Total Intake : 340ml						**Total Output :** 200ml						
	02:00 am			40ml								
	03:00 am	H2O	50ml	40ml								
	04:00 am			40ml						170ml		
	05:00 am			40ml								
	06:00 am			40ml								
	07:00 am	H2O	50ml	40ml.						150ml		
Total Intake : 340ml						**Total Output :** 320ml.						

Total 24 hrs. Intake	1,580 ÷ 65.83 cc/kg	Total 24 hrs. Output	1210 ÷ 5.601 cc/kg

Docu. No. : RCHBH /FRM / CLINICAL / 092

BAH-00651447 IP5-00173651
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 7 M 22 D (M)
Dr. SIRISHA RANI

FLUID CHART

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

Sheet No. : 1

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.

10/5		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	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			40ml								
	01:00 am			40ml						100ml		
Total Intake :		80 ml				**Total Output :**				100ml		
	02:00 am			40ml								
	03:00 am			40ml								
	04:00 am			40ml								
	05:00 am			40ml								
	06:00 am			40ml								
	07:00 am	thw	100ml	40ml						100ml		
Total Intake :		340ml.				**Total Output :**				200 ml		

Total 24 hrs. Intake	420 ml ÷ 46cc/kg.	Total 24 hrs. Output	300 ml ÷ 4cc/kg/hr

NEED TBM 18/10/23