BAH-00443756 IP5-00176034
Baby HARSHITHA NALLURI
06-03-2020 6 Y 4 M 0 D (F)
Dr. RAMESH KONANKI

Doc. No. : RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/7/26. Time: 2pm | 6pm | 10pm

Doctor / Nurse / Family Concern?

Temperature (°F)
104 103 102 101 100 99 98 97 96 95 94
98.1F | 99.0F

Heart Rate (bpm) and Blood Pressure (mmHg) *
190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
101 (93) 59 | 106 (76) 59

Note: BP does not score in early warning scoring

Heart Rate (Number) 111bpm

Resp. Rate (bpm) (Over 1 Minute) *
70 60 50 40 30 20 10
24bpm | 24bpm

Resp Rate (Number)

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2 (l/min)
O_2 Saturations (%) 96% | 97%

Conscious Level: Normal | Altered

GCS * 15/15 | 15/15

TOTAL SCORE
Number of shaded boxes

Pain Score 0/10 | 0/10

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.
- 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)

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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 : IP5-00176034 **Admit Date** : 06-Jul-2026 **Admit Time** : 01:27 PM **UHID** : BAH-00443756

Patient Details :

Patient Name	: Baby HARSHITHA NALLURI	**Age**	: 6 Y 4 M 0 D
Guardian	: Mr NALLURI NAVEEN BABU	**DOB**	: 06-03-2020
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO 1006, BLOCK C, LANSUM EDEN GARDEN Kondapur Hyderabad Telangana INDIA 500084	**Phone No**	: 9985222485/ 7989721531
		E-mail	: dr.narla.susheel@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 02 **Ward Name** : 1B-EMERGENCY

Room No : ER 02 **Admission Type** : First Visit

Contact Details :

Name : Mr NALLURI NAVEEN BABU **Relationship** : Father

Contact Address : FLAT NO 1006, BLOCK C, LANSUM EDEN GARDEN Kondapur Hyderabad Telangana INDIA 500084 **Phone No** : 9985222485

Signature

Doctor Details :

Doctor Name : Dr. RAMESH KONANKI **Specialisation** : PEDIATRIC NEUROLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00443756 IP5-00176034 Baby HARSHITHA NALLURI 06-03-2020 6 Y 4 M 0 D (F) Dr. RAMESH KONANKI	6/7/26	6/7/26
	Transfer Ordered by Dr. Prativa	**Reason for Transfer** Admission
From Unit ED	**To Unit** ED	**Information to Attendant** Yes ☐ No ☐
Number of Sheets in Clinical File nr	**Number of Imaging Films** — nr —	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☑ No ☐ op file If yes, what ? [signature]

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anush	Dr. Prathma

Patient & Clinical Records Received by :

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Docu. No. : RCHBH /FRM / CLINICAL / 102

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ACTIVITY RECORD FOR BILLING

Name :_____

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Baby HARSHITHA NALLURI
06-03-2020 8Y4M0D (F)
Dr. RAMESH KONANKI

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

Date of Admission: _____ harge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

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

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/2/2026	Replacement	(1)		

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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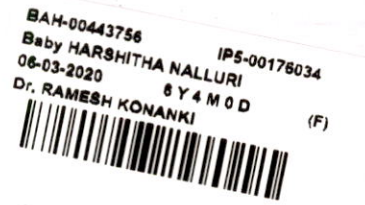
PEDIATRIC IN-PATIENT MEDICAL RECORD



Patient Name: Harshitha Nalluri

UHID ID: _____

Department: _____

Consultant: _____

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Baby HARSHITHA NALLURI
06-03-2020 6 Y 4 M 0 D (F)
Dr. RAMESH KONANKI

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

De novo RHOBTB2; Global developmental delay / intellectual disability, neonatal onset Epilepsy

History of present illness :

Admitted for video EEG monitoring (Record atleast 2 events)

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06-03-2020 6 Y 4 M 0 D (F)
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Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Neonatal onset Epilepsy

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Developmental Delay

Immunization History :

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))__23.1 kg__(Centile _____)

On Examination :

Temperature : ~98°F Pulse Rate :92/min B.P. _____ SPO2 98% c RA

Resp.rate and type of breathing : 24/min

Rash_____

Lymphadenopathy_____

Oedema :_____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds :_____

Any murmur :_____ S1 S2 A

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

Per Abdomen :

Inspection_____

Palpation :_____

Ausculation :_____ BS+

Spine :_____External Genitelia : _____

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

BAH-00443756 IP5-00176034
Baby HARSHITHA NALLURI
06-03-2020 8 Y 4 M 0 D (F)
Dr. RAMESH KONANKI

& Physical Examination

Central Nervous System : Delay (+)

Level of Consciousness : AVPU/GCS score :

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: ? DD | Intellectual disability, Neonatal onset Epilepsy

for VIDEO EEG monitoring

(PTO)

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06-03-2020 6 Y 4 M 0 D (F)
Dr. RAMESH KONANKI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: curative

Desired goals of the treatment : Resolution of symptom.

Planned Labs:

Planned Management
- check weight.
- video EEG monitoring (record atleast 2 Events)

MB Anand 6/7/26

Signature of the Doctor: N.Pra
Name of the Doctor: N. Preethibh
Date & Time: 6/7/26 1pm

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/07/2026 7:00pm	C/S/B Dr. Vineeth.	
	Inj. sodium valproate 450mg in 20ml NS over 30 min	
	D/c today.	
		NB Karthika 6/07/2026 @ 7:00pm

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

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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: ..... Shifted to: EEG Room

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	Syp. ONDEM	2ml	PO	12H	6/7/26	~~☐C~~ ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : N. Preethika. N-Rm

Date & Time : 6/7/26, 1pm

Nurse Name & Signature: Anub

Date & Time : 6/7/26

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DRUG CHART

Date of Admission: 6/7/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

Baby HARSHITHA NALLURI
06-03-2020 6 Y 4 M 0 D (F)
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REGULAR PRESCRIPTIONS

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

				Date ▸ / Time ▾
DRUG : Syp. OXETOL				
Dose	Route	Frequency	Start Date	
2ml	PO	12H	6/7	
Name & Signature of the Doctor Starting the Drugs: N. Prathisha				
Additional Instructions: x 5 days.				
Daily Doctor's Endorsement by a Sign				

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

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

				Date ▸ / Time ▾
DRUG :				
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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Weight. .... Ward. ....

		ate▸ / me		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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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I.V. FLUIDS CHART

Weight. 23.1Kg. Ward. ....

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

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