

Patient Sticker

SURGERY DETAILS

Date : 28/5/26

Patient Name: Baby POLA JESWIKA Date of Birth: Age:
Gender: UHID No.:
KOH-00306036 IP2-00056411
29-01-2025 1 Y 3 M 29 D (F)
Dr. MANCHUKONDA SANTHOSH

Date of Surgery: 28/5/26 OT -1 OT -2 OT -3 OT -4 OBG OT-1 OBG OT-2

Name of the Surgery : Tongue tie Release done

Time in : 4:15 pm

Time Out : 4:40 pm

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Santhosh</u>
2. Anaesthetist	<u>Dr. Himabindu</u>
3. Assistant Surgeon	<u>—</u>
4. OT Technician	<u>Shivu</u>
5. Circulating Nurse	<u>Baly</u>
6. Assistant Nurse	<u>Bdyf</u>

Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others scud Horn 30ml.

Signature of the Surgeon [Signature]

Signature of Circulating Nurse [Signature]

Order No: 94288/94/209

Order by: [Signature]

1-11-11

11/11/11

11/11/11

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11/11/11



Surgeon Dr. Sathish



CONSUMABLES OF OT

Circulating staff : *Baby* Technician : *Shree* Date : *28/1/26* Time : *12:12 PM TO 4:30 PM*

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N		<i>03</i>				Suction Catheter		
HME filter : A/P/N		<i>03</i>				Feeding Tube		
Syringes : 10 cc		<i>03</i>				Vaccum Suction Set		
05 cc		<i>05</i>	Gloves			Surgical Gloves		
02 cc		<i>02</i>	<i>PP/SUBS</i>	<i>02</i>	<i>02</i>	Gauze Pack		
01 cc		<i>01</i>				Syringe 1ml / 2ml		
Cautery plate A/P/N		<i>01</i>	Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery pencil		<i>01</i>			
NS : 10ml / 100ml / 500ml / 1000ml			Koochies		<i>01</i>			
<i>Capnography P</i>		<i>01</i>	Ointments					
<i>Pcm IV</i>		<i>01</i>	Suction Catheter					
Fentanyl		<i>01</i>	Cap, Mask		<i>10/10</i>			
Morphine			Gauze Pack					
Ketamine			Mop Pack		<i>01</i>			
Propofol		<i>01</i>	Steristrip					
Rocuronium		<i>01</i>	Underpad		<i>01</i>			
Glycopyrolate		<i>01</i>	Draw sheet					
Myopyrolate			Abgel					
Ondansetron		<i>01</i>	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
<i>Atropine</i>		<i>01</i>	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		<i>01</i>			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
<i>Lox 2% Jelly</i>		<i>01</i>	Microshield					
			Cotton Balls					
			Latex Gloves		<i>10</i>			
			Ramdione Scrub					
			Saral					

Dr. Sathish
Surgeon

Dr. Ush
Anaesthesiologist

Shree
Nurse

Shree
OT Technician

Order No. : Ordered by :

MEASUREMENTS OF THE

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Time	Temperature	Pressure	Volume	Mass	Notes
10:00	25.0	1.013	0.000	0.000	Initial state
10:05	25.5	1.013	0.000	0.000	
10:10	26.0	1.013	0.000	0.000	
10:15	26.5	1.013	0.000	0.000	
10:20	27.0	1.013	0.000	0.000	
10:25	27.5	1.013	0.000	0.000	
10:30	28.0	1.013	0.000	0.000	
10:35	28.5	1.013	0.000	0.000	
10:40	29.0	1.013	0.000	0.000	
10:45	29.5	1.013	0.000	0.000	
10:50	30.0	1.013	0.000	0.000	
10:55	30.5	1.013	0.000	0.000	
11:00	31.0	1.013	0.000	0.000	
11:05	31.5	1.013	0.000	0.000	
11:10	32.0	1.013	0.000	0.000	
11:15	32.5	1.013	0.000	0.000	
11:20	33.0	1.013	0.000	0.000	
11:25	33.5	1.013	0.000	0.000	
11:30	34.0	1.013	0.000	0.000	
11:35	34.5	1.013	0.000	0.000	
11:40	35.0	1.013	0.000	0.000	
11:45	35.5	1.013	0.000	0.000	
11:50	36.0	1.013	0.000	0.000	
11:55	36.5	1.013	0.000	0.000	
12:00	37.0	1.013	0.000	0.000	

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ACTIVITY RECORD FOR BILLING

KOH-00306036 IP2-00056411
Baby POLA JESWIKA
29-01-2025 1 Y 3 M 29 D (F)
Dr. MANCHUKONDA SANTHOSH



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

Date of Admission : ----- Time : ----- Date of Discharge : ----- Time: -----

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	2:51 pm	ER	OT	[Signature]
28/5/26	4:50 pm	OT	SCU	[Signature]
28/5/26	8:30 pm	SCU	311	[Signature] Sushrini 8:30 pm

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
28/5/26	Dr Cannulation	1	341208	<i>[Signature]</i>
28/5/26	P.A.C	1	341214	<i>[Signature]</i>
In ER cross check done by Ujjwal 28/5/26				
28/5/26	Tounge tie release done by Dr Sankha	①	941288 941289	<i>[Signature]</i>
Cross checked Done by - Seshma 28/5/26 e 11 pm				

ANY OTHER INFORMATION

op file (given to parents.

[Signature]

Date: 28/5/26

Time: 2pm

Prepared By: *[Signature]*

Staff Nurse <i>[Signature]</i> 28/5/26	Shift / Ward ER, to OT	Billing Assistant	Billing Supervisor
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Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

KOH-00306036 IP2-00056411
Baby POLA JESWIKA
29-01-2025 1 Y 3 M 29 D (F)
Dr. MANCHUKONDA SANTHOSH

UHID ID: _____

Department: _____

Consultant: _____

KOH-00306036

IP2-00056411

Baby POLA JESWIKA

29-01-2025

1 Y 3 M 29 D

(F)

Dr. MANCHUKONDA SANTHOSH



Pediatric Multiorgan History & Physical Examination

Name : JESWIKA Age/Sex 1y 3m / F
Relationship _____

Information given by: _____

Chief Presenting Complaints & Duration (Chronologically)

came for tongue tie release.

History of present illness :

now for tongue tie release.

→ No fever / cough / cold.

→ No issues

last food 8:30 am

- No H/o known allergies.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs)) 8.4 Kg (Centile _____)

On Examination :

Temperature : 97.2°F Pulse Rate: 104 bpm B.P. _____ SP02 98% RA
Resp. rate and type of breathing : 26/min

Rash _____ -
Lymphadenopathy _____ -
Oedema : _____ -
Allergies (if any): _____ -

Respiratory System :

Inspection (any s/o distress) : _____ (N)
Air entry & breath sounds : _____ (BAE ⊕)
Any added sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

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

Per Abdomen :

Inspection _____ (N)
Palpation : _____ (soft)
Auscultation : _____
Spine : _____ External Genitalia : _____
Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 15/15

Cranial Nerves : _____

Motor System:

Nutriton : _____
Tone: _____ Power _____
Co-ordinator : _____
Posture : _____
Involuntary Movements : _____

Reflexes :

(N)

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

TONGUE TIE for release.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: complication

Desired goals of the treatment: 1. stability

Planned Labs:

✓
CBP

Planned Management

- 1) NPO
- 2) IVF - fluids

Noted by Smriti 28/05/26

Signature of the Doctor: [Signature]

Signature of the Consultant:

Name of the Doctor: Dr. Bhavani

Name of the Consultant:

Date & Time: 28/05/26

Date & Time:

KOH-00306036

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Baby POLA JESWIKA
29-01-2025 1 Y 3 M 29 D (F)
Dr. MANCHUKONDA SANTHOSH



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: OT

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 : [Signature]

Date & Time : 28/05/26

Nurse Name & Signature : [Signature]

Date & Time : 28/5/26 @ 2pm

Docu. No. : RCH / FRM / GENERAL / 090

MEMO

To: Mr. [Name]

From: Mr. [Name]

Subject: [Topic]

DATE: [Date]

BY: [Signature]

10/20

KOH-00306036 IP2-00056411
 Baby POLA JESWIKA
 29-01-2025 1 Y 3 M 29 D (F)
 Dr. MANCHUKONDA SANTHOSH



DRUG CHART

Date of Admission: 28/05 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 : <u>CROCFN Drops</u>				Date Time																	
Dose	Route	Frequency	Start Date																		
<u>1.2ml</u>	<u>oral</u>	<u>SOS</u>	<u>28/5</u>																		
Doctor's Signature		Valid Period	Pharm.																		
<u>AS</u>																					
Additional Instructions: <u>Crocin 100mg</u> <u>min 6 hourly in 12, up to 100.1g</u>																					

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 _____

REGULAR PRESCRIPTIONS

Weight: 8.8 kg Ward: 3rd floor



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				
DRUG : PEXIDENG M.C.C.L.				Date Time 28/5 29/5
Dose	Route	Frequency	Start Date	
	orl	BD	28/5 9 AM X	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				9 pm Sashu Seena
Daily Doctor's Endorsement by a Sign				
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				
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				



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	Dose		Dose		Dose		Dose	
Start Date	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	Dose		Dose		Dose		Dose	
Start Date	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
28/1/25	4:20 pm	100' PARACETAMOL	6mg	JV	[Signature]	[Signature]

VERIFIED BY: Name Signature

POST-OPERATIVE ORDERS :

1. Pexidine M gel
for I/A
twice daily

2. Crocin drops
1ml sos

Dr Sankar

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 20/11/19 Time :

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Sankar
Asst. Surgeon : _____
Anaesthetist : Dr. J. De
Scrub Nurse : _____

Ref. No. : F / SSC / OT / 06
Patient Name : Baby P. J. J. J. Age : 1y Gender : F
IP No. : 5011 Surgery Name : Tongue Surgery
Date : 28/11/14 In-time : 9:15 A.M. Out-time : 5:15 P.M.

Before Induction of Anaesthesia

SIGN IN
<input type="checkbox"/> Patient Has Confirmed <ul style="list-style-type: none"> • Identity • Site • Procedure • Consent
<input checked="" type="checkbox"/> Site Marked/not Applicable
<input type="checkbox"/> Anaesthesia Safety Check Completed
<input type="checkbox"/> Pulse Oximeter on Patient & Functioning
<input type="checkbox"/> Does Patient Have A:
<input type="checkbox"/> Known Allergy?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Difficult Airway/Aspiration Risk?
<input type="checkbox"/> Yes, & Equipment / Assistance Available <input type="checkbox"/> No
<input type="checkbox"/> Risk of >500ml Blood Loss (7ml/kg In Children)?
<input type="checkbox"/> Yes, and Adequate Intravenous Access and Fluids Planned <input checked="" type="checkbox"/> No
Signature of the Anesthetist:..... <u>[Signature]</u>

Before Skin Incision

TIME OUT
<input checked="" type="checkbox"/> Confirm all team members have introduced themselves by Name and Role
<input checked="" type="checkbox"/> Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
<ul style="list-style-type: none"> • Patient • Site • Procedure
Anticipated Critical Events
<input checked="" type="checkbox"/> Surgeon Reviews: What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?
<input checked="" type="checkbox"/> Anaesthesia Team Reviews : Are There Any Patient-specific Concerns?
<input checked="" type="checkbox"/> Nursing Team Reviews: Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?
<input type="checkbox"/> Has Antibiotic Prophylaxis been given within the last 60 minutes?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Is Essential Imaging Displayed?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
Signature of the Nurse :..... <u>[Signature]</u>

Before Patient Leaves Operating Room

SIGN OUT
Nurse Verbally Confirms with the Team:
<input type="checkbox"/> The Name of the Procedure Recorded
<input type="checkbox"/> That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)
<input checked="" type="checkbox"/> How the Specimen is Labelled (including patient name)
<input checked="" type="checkbox"/> Whether there are any Equipment Problems to be addressed
<input checked="" type="checkbox"/> Surgeon, Anaesthesia Professional and Nurse Review the Key Concerns for Recovery and Management of this Patient
Signature of the Surgeon :..... <u>[Signature]</u>

THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE. ADDITIONS AND MODIFICATIONS TO FIT LOCAL PRACTICE ARE ENCOURAGED.

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US AIR FORCE
OFFICE OF THE
SECRETARY

MEMORANDUM
TO: THE SECRETARY
FROM: [Illegible]

DATE: 1 JAN 1952
SUBJECT: [Illegible]

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10

KOH-00306036 IP2-00056411
 Baby POLA JESWIKA
 29-01-2025 1 Y 3 M 29 D (F)
 Dr. MANCHUKONDA SANTHOSH



RESULT SHEET



Date	28/5/20				
Time	11:30 PM				
Hb	13.7				
PCV	40.8				
RBC	5.13				
WBC	14.58				
N/L					
Platelets	371				
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					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein/Sugar					
Cells					
N/L					



.Pulse Rate : Normal Rate by Age (beats/minute) Reference:PALS Guidelines, 2015

Age	Awake Rate	Sleeping Rate
Neonate(<28days)	100-205	90-160
Infant (1 month-1yr)	100-180	90-160
Toddler (1-2yr)	98-140	80-120
Preschool (3-5 yr)	80-120	65-100
School -age (6-11yr)	75-118	58-90
Adolescent (12-15yr)	60-100	50-90

Respiratory Rate: Normal Respiratory Rate by Age (breaths/minute) Reference:PALS Guidelines, 2015

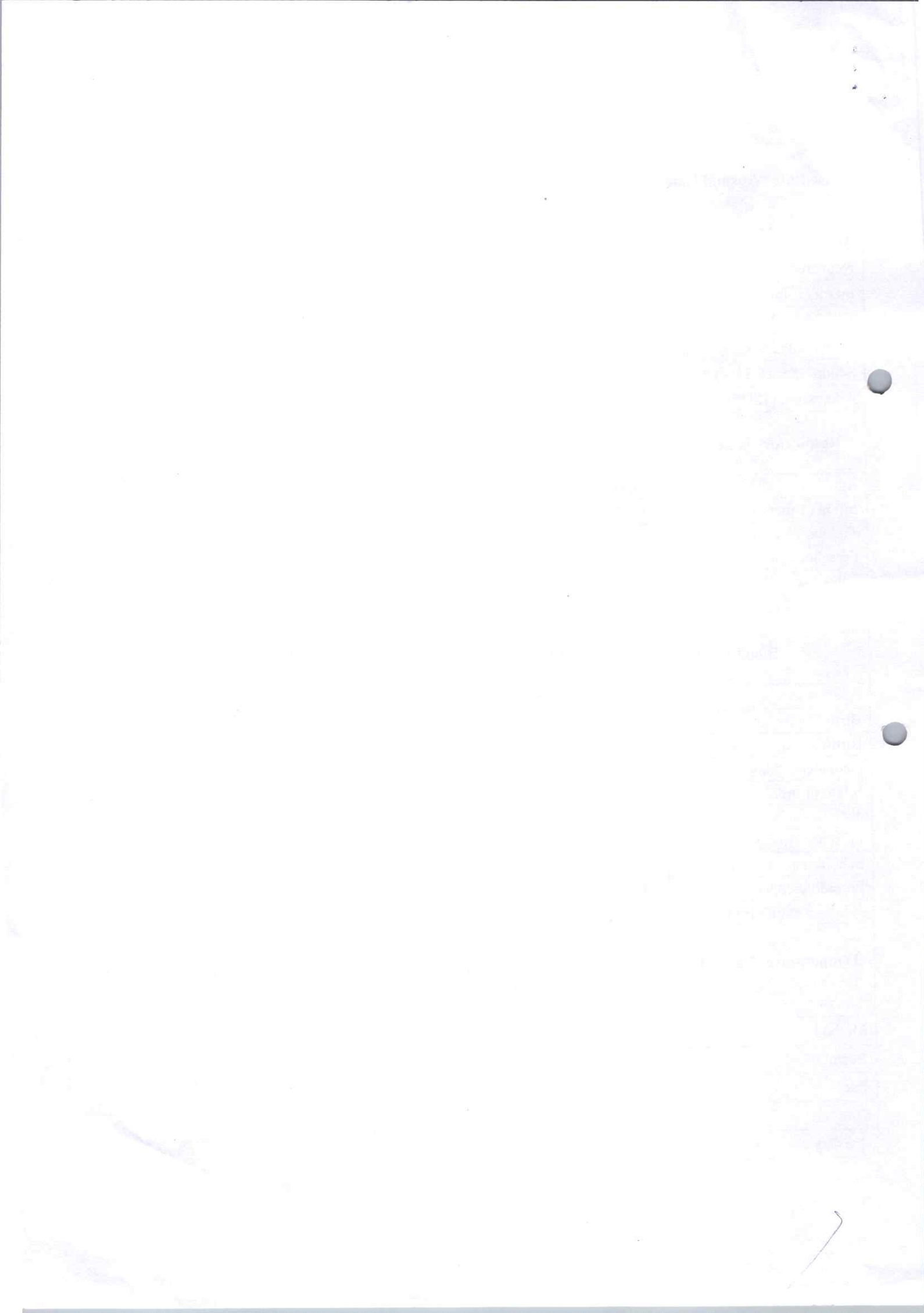
Age	Normal Respiratory Rate
Infant (1 month-1yr)	30-53
Toddler (1-2yr)	22-37
Preschool (3-5 yr)	20-28
School -age (6-11yr)	18-25
Adolescent (12-15yr)	12-20

Blood Pressure:Normal Blood Pressure by Age (mm/hg) Reference:PALS Guidelines, 2015

Age	Systolic Pressure	Diastolic Pressure	Systolic Hypo tension
Birth	39-59	16-76	<40-50
Birth	60-76	31-45	<50
Neonate(<28days)	67-84	35-53	<60
Infant (1 month-1yr)	72-104	37-56	<70
Toddler (1-2yr)	86-106	42-63	<70 + (age in years x 2)
Preschool (3-5 yr)	89-112	46-72	<70 + (age in years x 2)
School -age (6-11yr)	97-115	57-76	<70 + (age in years x 2)
Pre-adolescent (10-11y)	102-120	67-80	<90
Adolescent (12-15yr)	110-132	64-83	<90

Temperature :Normal Temperature Range by Method Reference: CPS Position Statement on Temperature Measurement in Pediatrics, 2015

Method	Normal Range (°C)	Normal Range (°F)
Rectal	36.6-38	97.8-100.4 °F
Ear	35.8-38	96.4-100.4 °F
Oral	35.5-37.5	95.9-99.5 °F
Axillary	36.5-37.5	97.7-99.5 °F



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 Dr. MANCHUKONDA SANTHOSH



①

28/5/20



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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
Total Intake :						Total Output :								
	02:00 pm	D												
	03:00 pm	D												
	04:00 pm													
	05:00 pm	N soup	32ml											
	06:00 pm		32											
	07:00 pm	S milk	32ml											
Total Intake : 96ml						Total Output : U-2 M-0								
	08:00 pm	D DBM	-											
	09:00 pm	D +	-											
	10:00 pm	N +	-											
	11:00 pm	S H ₂ O	32ml											
	12:00 am		32ml											
	01:00 am		32ml											
Total Intake : DNS-96ml + DBM + H ₂ O						Total Output : U-2 M-0								
	02:00 am													
	03:00 am	milk												
	04:00 am	+												
	05:00 am	H ₂ O												
	06:00 am													
	07:00 am													
Total Intake : milk + H ₂ O						Total Output : U-2 M-0								
Total 24 hrs. Intake		soup + milk H ₂ O DNS-192ml				Total 24 hrs. Output		U-5 M-0						

KOH-00306036 IP2-00056411
 Baby POLA JESWIKA
 29-01-2025 1 Y 3 M 29 D (F)
 Dr. MANCHUKONDA SANTHOSH



29/1/26



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			
	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

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)