

**ACTIVITY RECORD FOR BILLING**


Name : \_\_\_\_\_

UHID No. : \_\_\_\_\_ IP No. : \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Time : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

BAH-00657724 IP5-00174580  
Master IVAN SWARAJ 1 Y 3 M 29 D (M)  
02-02-2025  
Dr. ANNAPOORNA TADAVARTHY



**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
31/5/26	11p	ER	146	[Signature]

**Cross Consultation Visit**

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







**ADMISSION SHEET**



**Registration Details :**

**Admission No :** IP5-00174580      **Admit Date :** 31-May-2026      **Admit Time :** 10:16 PM      **UHID :** BAH-00657724

**Patient Details :**

<b>Patient Name</b> :	Master IVAN SWARAJ	<b>Age</b> :	1 Y 3 M 30 D
<b>Guardian</b> :	Mr T ABHINAV DANIEL	<b>DOB</b> :	02-02-2025 01:00 AM
<b>Gender</b> :	Male	<b>Religion</b> :	
<b>Occupation</b> :		<b>Martial Status</b> :	Single
<b>Address (H)</b> :	#ROCKWOOD VILLA PLOT 4, VIKAS NAGAR COLONY BANDLAGUDA JAGIR Hyderabad Telangana INDIA 500086	<b>Phone No</b> :	9989809329/ 8309662107
		<b>E-mail</b> :	nomailid@gmail.com

**Admission Details :**

**Bed Type** : SHARED WARD      **Bed No** : SW 146      **Ward Name** : 1F-VIBGYOR  
**Room No** : SW 146      **Admission Type** : First Visit

**Contact Details :**

**Name** : Mr T ABHINAV DANIEL      **Relationship** : Father  
**Contact Address** : #ROCKWOOD VILLA PLOT 4, VIKAS NAGAR COLONY BANDLAGUDA JAGIR Hyderabad Telangana INDIA 500086      **Phone No** : 9989809329 / 8309662107

Signature

**Doctor Details :**

**Doctor Name** : Dr. UJJWALA DESAI      **Specialisation** : GENERAL PEDIATRICS  
**Referral Doctor** : Self      **Phone No** :  
**Co-Consultant** : Dr. FAISAL B NAHDI

**Payment Details :**

**Payment Mode** : DC/CC Card      **Deposit Amount** : 15000.00  
**Payor Name** : SELFPAY

### ADMISSION SHEET

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**Admission No :** IP5-00174580      **Admit Date :** 31-May-2026      **Admit Time :** 10:16 PM      **UHID :** BAH-00657724

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<b>Patient Name</b> : Master IVAN SWARAJ	<b>Age</b> : 1 Y 3 M 29 D
<b>Guardian</b> : Mr T ABHINAV DANIEL	<b>DOB</b> : 02-02-2025 01:00 AM
<b>Gender</b> : Male	<b>Religion</b> :
<b>Occupation</b> :	<b>Martial Status</b> : Single
<b>Address (H)</b> : #ROCKWOOD VILLA PLOT 4, VIKAS NAGAR COLONY BANDLAGUDA JAGIR Hyderabad Telangana INDIA 500086	<b>Phone No</b> : 9989809329/ 8309662107
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**Contact Address** : #ROCKWOOD VILLA PLOT 4, VIKAS NAGAR COLONY BANDLAGUDA JAGIR Hyderabad Telangana INDIA 500086      **Phone No** : 9989809329 / 8309662107

*Rishi Swara*  
 Signature

**Doctor Details :**

**Doctor Name** : Dr. ANNAPOORNA TADAVARTHY      **Specialisation** : GENERAL PEDIATRICS  
**Referral Doctor** : Self      **Phone No** :  
**Co-Consultant** : Dr. UJJWALA DESAI

**Payment Details :**

**Payment Mode** : Cash      **Deposit Amount** : 0.00  
**Payor Name** : SELFPAY



# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: \_\_\_\_\_

*Ivan Swraj*

UHID ID: \_\_\_\_\_

BAH-00657724 IP5-00174580  
Master IVAN SWARAJ  
02-02-2025 1 Y 3 M 29 D (M)  
Dr. ANNAPOORNA TADAVARTHY

Department: \_\_\_\_\_



Consultant: \_\_\_\_\_

BAH-00657724

IP5-00174580

Master IVAN SWARAJ

02-02-2025

1 Y 3 M 29 D

(M)

Dr. ANNAPOORNA TADAVARTHY



## Pediatric Multiorgan History & Physical Examination

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_ Relationship \_\_\_\_\_

### Chief Presenting Complaints & Duration (Chronologically)

40 fever: today morning  
1 ep. of paroxysmal activity -  
@ in evening

### History of present illness :

pre morbidly well child  
40 fever: today morning  
not a/w chills, not documented -  
no cough / loose stools / vomiting

1 episode of seizure activity -  
tonic clonic movements of 4 limbs  
uprolling of eye balls  
cyanosis of lips according to mother.  
no pos subsided within 1 minute.  
No bowel, bladder involvement.

No family Hx -  
No Hx during micturition





### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)  
Weight (kgs) ) 13.5 kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 97.6°F Pulse Rate : 98/min B.P. \_\_\_\_\_ SPO2 99/min  
Resp. rate and type of breathing : 30/min

Rash \_\_\_\_\_  
Lymphadenopathy ⊖  
Oedema : \_\_\_\_\_  
Allergies (if any): \_\_\_\_\_

#### Respiratory System :

Inspection (any s/o distress) : \_\_\_\_\_  
Air entry & breath sounds : BAC ⊕  
Any addes sounds : ⊖  
Relevant data from outside (Chest X-Ray, ABG, etc.,) /

#### Cardiovascular System :

Inspection of procordium : \_\_\_\_\_  
Heart Sounds : S1S2 ⊕  
Any murmur : ⊖  
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : /

#### Per Abdomen :

Inspection \_\_\_\_\_  
Palpation : Soft, NT  
Ausculation : Bowel sounds ⊕  
Spine : \_\_\_\_\_ External Genitalia : /  
Relevant data from outside (CT, USG etc.,) \_\_\_\_\_

EAH-00857724  
Master IVAN SWARAJ IPS-00174580  
02-02-2025 1 Y 3 M 28 D  
Dr. ANNAPOORNA TADAVARTHY (M)

### Pediatric Multiorgan History & Physical Examination

**Central Nervous System :**

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves : (N) Sensorium (N)  
spontaneously moving 4 limbs.  
pupils B/L equal & reactive

**Motor System:**

Nutrition : \_\_\_\_\_

Tone : 0 NAD Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

**Reflexes :**

**DTR**

**Superficials:**

Plantars \_\_\_\_\_

**Sensory System :**

Bladder / Bowel : Regular

**Clinical Summary & Diagnostic:**

Acute febrile illness ±  
1st episode febrile ~~illn~~ seizures.



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: prevent further seizures

Desired goals of the treatment: hemodynamic stability

**Planned Labs:**

- Blood cfs
- CBP
- CRP
- S/E
- Calcium / Magnesium
- RBS
- CUE

**Planned Management**

- Syp Cloba
- Inj Ceftriaxone
- Inj Pantoprazole
- Temp charting
- IVF DNS
- Fever management

*Noted by  
Kuthu  
3/15  
UP*

Signature of the Doctor: Akhile

Signature of the Consultant: UDD

Name of the Doctor: Dr. Akhile

Name of the Consultant: Dr. Ujjwala

Date & Time: 21/5/26

Date & Time: 1/6/26

DR. UJJWALA DESAI  
Registration No: 90550

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/20 11:30 PM	<p>Seen by Resident : Dr Santhi            1st episode febrile Seizures. ± AFI.            1 fever spike - 102°F            Labs reviewed            hemodynamically stable</p>	<p>Plan            1. trace CUE            2. continue IV antibiotics            cy Clobaxam.            3. w/ff further episodes of            fever &amp; Seizures.</p>
	<p>CRP - <u>34 mg/dl</u>.            WBC - 19k.</p>	
	<p>Seen by Resident : Dr Santhi</p>	<p>Santhi</p>
1/6/20 8:40 AM	<p>AFI ± 1st ep. febrile Seizure.            2 fever spikes after            admission - 11 PM - 101.7°F            3 AM - 102°F</p>	<p>Plan            1. trace CUE; blood C/S.            2. AFI ±</p>
	<p>oral intake fair            O/E            child alert, afebrile            Sensorium (N) NO FND.            chest clear            abdomen soft, NT.</p>	<p>2- continue CEFTRIAXONE            CLOBAZAM (D1-2)</p>
		<p>Santhi</p>
		<p>continue IV antibiotics.            to viral panel send now            Add eye RELENT 2.5ml BID</p>
	<p>Febrile seizure            1st episode            AFI.</p>	<p>DR. UJJWALA DESAI            Registration No: 90550            Dryjim            99</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6	c/s/o (R)	
12:30pm	<del>AFI</del> <del>to</del> <del>for</del> <del>febrile</del> <del>illness</del> AFI <del>to</del> <del>for</del> <del>febrile</del> <del>illness</del>	
	AFI <del>to</del> <del>for</del> <del>febrile</del> <del>illness</del>	
	No fresh complaint	
	OK No fever spikes	Plan
	Vital - stable	- ct antibiotics
	Hemodynamically stable	- Trace blood cl
		- monitor vital
		- w/ abnormal activity
		- Temp churning
		Piy

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/25 2 PM	Seen by Resident	
	APLE 1st ep febrile seizure	
	No further fevers	Plan
	Activity good	1. R/V discharge today
	Oral intake good.	
	chest clear	Give Ceftriaxone
	abd soft.	1gm at 10am
	Adeno- Negative	f/b cefixime
	CUE - (D)	x 3 days
		Lamivudine Sahit
		Febrile seizure
		prophylaxis.
		Review - Friday
		DR. UJWALA DESAI Registration No. 19204
		Dr. Jwan
		9am



BAH-00657724 IP5-00174580  
 Master IVAN SWARAJ  
 02-02-2025 1 Y 3 M 29 D (M)  
 Dr. ANNAPOORNA TADAVARTHY



## RESULT SHEET

Date	3115				
Time					
Hb	10.6				
PCV	34.3				
RBC	5.59				
WBC	19080				
N/L	76.5/19.3				
Platelets	2.93				
CRP	34				
ESR					
PCT					
RBS					
Na	139				
K	4.1				
Cl	109				
Ca/Mg	9.9/2				
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	1/6					
Time	.					
CUE - Alb	+					
CUE - Sugar	# Nil					
CUE - Ketones	NEG					
CUE - PUS Cells	2-3					
CUE - RBC Cells	occasional					
CUE Crystals - Uric acid Crystals	Absent					
Calc						
viscous threads (-)						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
	T <sub>3</sub>	164.9	(92-248)			
	T <sub>4</sub>	9.09	(5.95-14.7)			
	TSH	1.36	(0.7-5.97)			

Culture and Sensitivities : ..... 5 Viral panel - Negative  
 ..... Adeno - Negative  
 .....  
 .....

Radiology : USG : .....  
 X-Ray : .....  
 ECHO : .....  
 CT : .....  
 MRI : .....  
 Others (ECG, Contrast Studies etc.) : .....



## 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: BR ..... Shifted to: ICU .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	<del>VITAMIN D3 drops</del>					<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
-						<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: Santhi

Date & Time: 31/5/25 10 PM

Nurse Name & Signature: Ruthane

Date & Time: 31/5 @ 11 PM

BAH-00657724 IP5-00174580  
 Master IVAN SWARAJ  
 02-02-2025 1 Y 4 M 0 D (M)  
 Dr. UJJWALA DESAI

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 13.5 kg Ward .....

**DRUG :** Syp RELENT + Date/Time 1/6

Dose	Route	Frequency	Start Dt.
<u>2.5ml</u>	<u>PO</u>	<u>12hrly</u>	<u>1/6</u>

Name & Signature of the Doctor Starting the Drugs: Sainthi *Warm some*

Additional Instructions: 5ml/5mg 10pm 10pm

Daily Doctor's Endorsement by a Sign

**DRUG :** ENTEROGERMINA Date/Time 1/6

Dose	Route	Frequency	Start Dt.
<u>1vial</u>	<u>PO</u>	<u>BID</u>	<u>01/06</u>

Name & Signature of the Doctor Starting the Drugs: Soheli *6pm*

Additional Instructions: 6pm

Daily Doctor's Endorsement by a Sign

**DRUG :** Date/Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

**DRUG :** Date/Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Signature

VERIFIED BY : Name

Patient Sticker



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward .....

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

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

# DRUG CHART

Date of Admission: 31/5/25 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)

<b>DRUG :</b> Symp <u>PARACETAMOL</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>4ml</u>	<u>PO</u>	<u>6 hrly</u>	<u>31/5</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>Sainthi</u>		<u>48 hrs</u>																		
Additional Instructions: <u>temp &gt; 100°F</u> <u>(5ml/240mg)</u>																				

<b>DRUG :</b> Symp <u>METAL</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>6ml</u>	<u>PO</u>	<u>8 hrly</u>	<u>31/5</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>Sainthi</u>		<u>48 hrs</u>	<u>✓</u>																	
Additional Instructions: <u>temp &gt; 102°F</u> <u>(5ml/100mg)</u>																				

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

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



REGULAR PRESCRIPTIONS

Weight. 13.5kg Ward. ....

**DRUG :** Syp CLOBAZAM. Date/Time 3/5

Dose	Route	Frequency	Start Date
<u>1.5ml</u>	<u>PO</u>	<u>12hrly</u>	<u>3/5</u>

Name & Signature of the Doctor Starting the Drugs: Sahitri

Additional Instructions: (1ml/2.5mg)  
0.25mg/kg/box

Daily Doctor's Endorsement by a Sign

*10 AM* *changed dose Sahitri 2/6/26*

**DRUG :** Syp CEFTRIAXONE Date/Time 3/5

Dose	Route	Frequency	Start Date
<u>700mg</u>	<u>IV</u>	<u>12hrly</u>	<u>3/5</u>

Name & Signature of the Doctor Starting the Drugs: Sahitri

Additional Instructions: ~ @ 50mg/kg/box

Daily Doctor's Endorsement by a Sign

*10 AM* *50mg* *STOP Sahitri 2/6/26*

**DRUG :** Syp PANTOPRAZOLE Date/Time 3/5

Dose	Route	Frequency	Start Date
<u>15mg</u>	<u>IV</u>	<u>OD</u>	<u>3/5</u>

Name & Signature of the Doctor Starting the Drugs: Sahitri

Additional Instructions: 1mg/kg/box.

Daily Doctor's Endorsement by a Sign

*11 AM* *1mg/kg/box*

**DRUG :** Syp CLOBAZAM Date/Time 1/6

Dose	Route	Frequency	Start Date
<u>1ml</u>	<u>PO</u>	<u>12hrly</u>	<u>3/6</u>

Name & Signature of the Doctor Starting the Drugs: Sahitri

Additional Instructions: 1ml/2.5mg.

Daily Doctor's Endorsement by a Sign

*10 AM* *STOP Sahitri 2/6/26*



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	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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.	

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	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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
31/5/26	11:30PM	2xj PARACETAMOL	200mg	IV	<i>[Signature]</i>	Arang sushma
2/6/26	10 AM	2xj LEFTRIXONE	1g	IV	<i>[Signature]</i>	

Signature  
VERIFIED BY - NAME





## 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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-00657724  
 Master IVAN SWARAJ  
 02-02-2025 1 Y 3 M 30 D (M)  
 Dr. ANNAPOORNA TADAVARTHY

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

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

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

**BirthRight™**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 1/1/26	Time:				
Doctor / Nurse / Family Concern?	10am	1pm	6pm	10pm	8AM
Temperature (F)	95.8°F	96.9°F		98.9°F	98.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	Crying	Crying	Crying	97 / 51 (62)	95 / 58 (65)
Heart Rate (Number)				108b/m	116b/m
esp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	26b/m	28b/m	-	27b/m	26b/m
Resp Distress	Mod/ Severe	None / Mild			
Receiving O <sub>2</sub> (l/min) O <sub>2</sub> Saturations (%)	99%	100%	-	99%	99%
Conscious Level	Normal	Altered			
GCS *	15/15	15/15	-	15/15	15/15
<b>TOTAL SCORE</b>					
Number of shaded boxes	1	1	-	1	1
Pain Score	0	0	-	0	0
Observer's Initials	o	e	-	o	o

**ACTIONS**

NB: Scores 3 should be recorded overleaf

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

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 31/5/26	Time: 11:30pm	2/6/26	11am	3:10pm	4:30pm	6am	
Doctor / Nurse / Family Concern?							
Temperature (F)	104						
	103						
	102						
	101						
	100						
	99						
	98						
	97						
	96						
	94						
Heart Rate (bpm)	190						
	180						
	170						
	160						
	150						
	140						
	130						
	120						
	110						
	100						
Blood Pressure (mmHg) *	90						
	80						
	70						
	60						
	50						
	<b>Note:</b> BP does not score in early warning scoring						
	Heart Rate (Number)		103				95
			(71)				(73)
			61				66
			139b/m				124b/m
Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30						
	20						
	10						
	Resp Rate (Number)		26b/m				26b/m
	Resp Distress	Mod/ Severe					
		None / Mild					
Receiving O <sub>2</sub> (l/min)							
O <sub>2</sub> Saturations (%)		98%				98%	
Conscious Level	Normal						
	Altered						
GCS *		15/15				15/15	
<b>TOTAL SCORE</b>							
Number of shaded boxes		1				1	
Pain Score		0				0	
Observer's Initials		6				2	

**ACTIONS**

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<b>R</b>	<b>RECOMMENDATION :</b> 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)



# FLUID CHART

Sheet No. : 1

- 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 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												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
30/5	11:00 pm	DND	Milk	45ml									Arana
	12:00 am			45ml									Arana
	01:00 am			45ml									Arana
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am			45ml									Arana
	03:00 am			-									Arana
46	04:00 am	DND	Milk	-									Arana
	05:00 am			45ml									Arana
	06:00 am			45ml									Arana
	07:00 am			45ml									Arana
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

# FLUID CHART

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
4/6	08:00 am		45	45ml							0	At	
	09:00 am			45ml							0	At	
	10:00 am	DNS									0	At	
	11:00 am										0	At	
	12:00 pm			45ml							0	At	
	01:00 pm										0	At	
<b>Total Intake :</b>						<b>Total Output :</b>							
1/6/26	02:00 pm			45ml							0	Arung	
	03:00 pm			45ml							0	Arung	
	04:00 pm	DNS		45ml							0	Arung	
	05:00 pm			45ml							0	Arung	
	06:00 pm										0	Arung	
	07:00 pm										0	Arung	
<b>Total Intake :</b>						<b>Total Output :</b>							
1/6	08:00 pm										0	Arung	
	09:00 pm										0	Arung	
	10:00 pm	DNS									0	Arung	
	11:00 pm			45ml							0	Arung	
	12:00 am			45ml							0	Arung	
	01:00 am			45ml							0	Arung	
<b>Total Intake :</b>						<b>Total Output :</b>							
2/6	02:00 am			45ml							0	Arung	
	03:00 am			45ml							0	Arung	
	04:00 am	DNS		45ml							0	Arung	
	05:00 am			45ml							0	Arung	
	06:00 am			45ml							0	Arung	
	07:00 am										0	Arung	
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

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# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 1/6/26 Time: 8:30am

Weight: 13.5 kgs Centile: 295<sup>th</sup>

Height: 86 cms Centile: 295<sup>th</sup>

Inference: Obese child.

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

Diet Recommendations: Soft diet

Re-Assessment: Avoid spicy, chilled and outside foods.

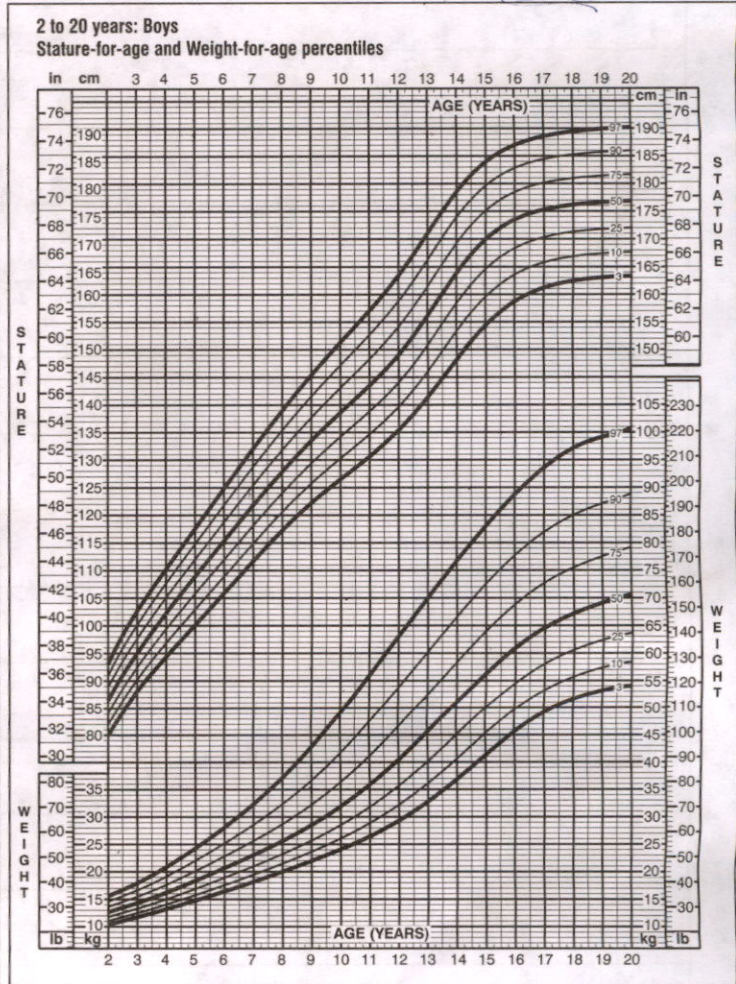
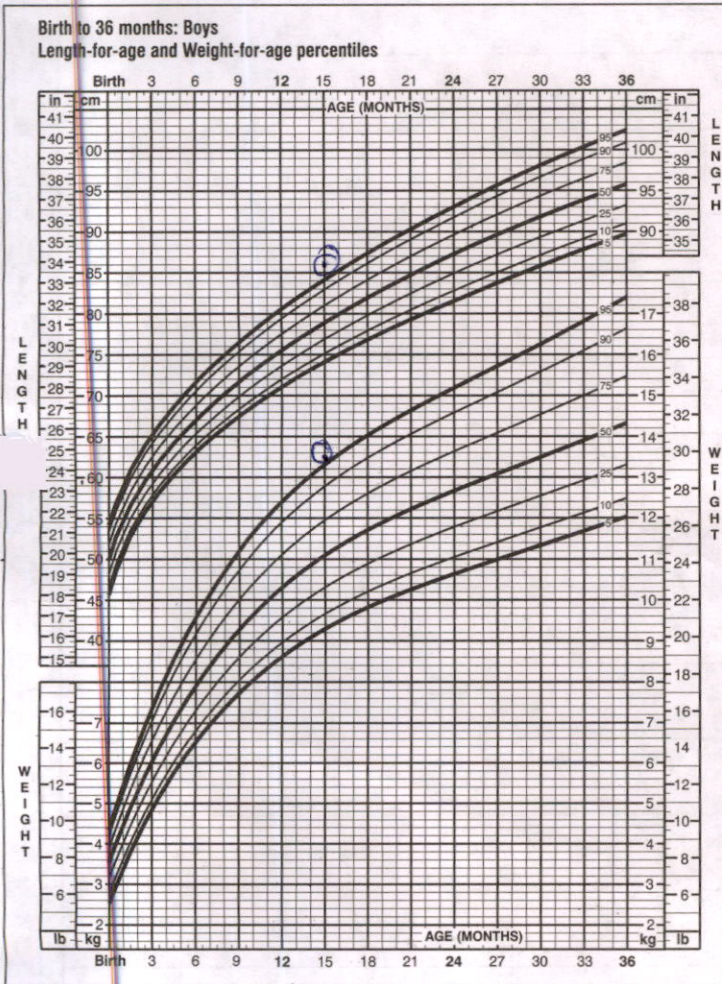
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: Acute febrile illness & 1st episode febrile seizures

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: [Signature]

## GROWTH CHART (BOYS)



Dietician's Name: NPKRHA

Dietician's Signature: [Signature]

