


**ACTIVITY RECORD FOR BILLING**

VIH-00205524 IP-00060202  
Master KONDAWAR KRUTHIN  
20-09-2019 6 Y 8 M 12 D (M)  
Dr. SIVA NARAYANA REDDY

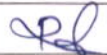
Name: \_\_\_\_\_

UHID:  Consultant: \_\_\_\_\_ Dept: \_\_\_\_\_

Date of Admission: 01/06/16 Time: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No: 111 Ward: 1<sup>st</sup> floor Suggested Billable bed type: \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
01/06/16	10:05 PM	G.R	111	


**Cross Consultation Visit**

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





**PROCEEDURE**

Date	Proceedure	Quantity	Order No.	Signature
01/06/26	IV Placement	1	3086272	
	<i>Cross checked by [Signature] 1/6/26</i>			

**ANY OTHER INFORMATION**

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward <i>Leizahel Ward</i>	Billing Assistant	Billing Supervisor
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ADMISSION SHEET

Registration Details :



Admission No : IP-00060202

Admit Date : 01-Jun-2026

Admit Time : 09:10 PM UHID : VIH-00205524

Patient Details :

Patient Name : Master KONDAWAR KRUTHIN

Age : 6 Y 8 M 12 D

Guardian : Mr CHANDRAKANTH.K

DOB : 20-09-2019

Gender : Male

Religion :

Occupation :

Marital Status :

Address (H) : FLAT NO:203B, VINAY YARD OSTRAROAD  
NO:1,VIVEKANANDAPURAM,SAINIKPURI.  
Bachupally Hyderabad Telangana INDIA  
500090

Phone No : 9032550640/ 7287909828

E-mail : chandukondawar@gmail.com

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 101

Ward Name : N 0 GF-EMERGENCY

Room No : ER 101

Admission Type : First Visit

Contact Details :

Name : Mr CHANDRAKANTH.K

Relationship : Father

Contact Address : FLAT NO:203B, VINAY YARD OSTRAROAD  
NO:1,VIVEKANANDAPURAM,SAINIKPURI.  
Bachupally Hyderabad Telangana INDIA 500090

Phone No : 9032550640

Signature

Doctor Details :

Doctor Name : Dr. SIVA NARAYANA REDDY VENNAPUSA

Specialisation : GENERAL PEDIATRICS

Referral Doctor : SELF

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : CARE HEALTH INSURANCE LIMITED

Patient Name : Mast. KONDAWAR KRUTHIN UHID : VIH-00205524 IPD : IP-00060202 Gender : Male Age : 6 Y 8 M 12 D

VIH-00205524 IP-00060202  
 Master KONDAWAR KRUTHIN  
 20-09-2019 6 Y 8 M 12 D (M)  
 Dr. SIVA NARAYANA REDDY



wt: 15.2 kg

**EMERGENCY ROOM TRIAGE FORM**

Patient's Name: Master Kruthin Age: 6Y Gender:  Male  Female

Date: 11/6/26 Time of Arrival: 8:24pm

Allergies:  No  Yes  Food  Medications  Blood Transfusion  Other (Specify):  Not known

Source of Information:  Parents  Others (Specify):

Mode of Arrival:  Ambulatory  Wheelchair  Ambulance

Initial Vital Signs: Temp: 99.7°F PR: 126b/m BP: 100/69(79) RR: 18b/m SpO<sub>2</sub>: 100%

Chief Complaints: fever, cold, stomach pain sine 6 x days loose motion

<b>INITIAL PHYSIOLOGICAL CATEGORIZATION</b> Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea 1 episode	<b>INITIAL PHYSIOLOGICAL STATUS</b> <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening
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Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input checked="" type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

**NOTE :** All immunocompromised children and preterm babies to be considered Level 2.  
 All Children less than 2 years age with high fever to be considered Level 3.

Signature of Parent / Guardian  
 Triage Completion Time : 8:28 pm

**Communicable Disease Triage Screening**

**PART A. The following questions should be asked to all patients at the initial screening:**

- Have you had fever (elevated temperature) in the past 2 weeks  Yes  No
- Have you had cough or a rash in the past 2 weeks  Yes  No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks  Yes  No

**PART B. For patients reporting fever and respiratory/rash symptoms:**  Not applicable

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks?  Yes  No  
 If yes, State Location: .....
- Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease?  Yes  No

**PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:**

- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

**PART D. ACTION / INTERVENTION:** (for positive suspected communicable disease triage screening)

- Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- The patient should be given a surgical mask immediately, if not already wearing one.
- Both patient and triage staff should perform hand hygiene.
- The staff should use PPE (as appropriate).

Name of Triage Nurse : Swaathi

Signature of Triage Nurse : [Signature]

Date & Time : 11/6/26 @ 8:28 pm

Patient Name : Mast. KONDAWAR KRUTHIN UHID : VIH-00205524 IPD : IP-00060202 Gender : Male Age : 6 Y 8 M 12 D

VIH-00205524 IP-00060202  
Master KONDAWAR KRUTHIN  
20-09-2019 6 Y 8 M 12 D (M)  
Dr. SIVA NARAYANA REDDY



### NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 1/6/20 Time of arrival : 8:29 pm loose motion 1erisidly  
Chief Complaints: fever, cold, stomach pain sine x 6 days RBS: -  
Height : 110 cm Weight : 15.2 kg BMI : - Head Circumference (<2 years) : -  
Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other: -  
If yes, identify \_\_\_\_\_

Pain Screening:  Yes  No If Yes, Pain Score: "1" Pain Tool Used:  N Pass  FLACC  Wong Baker  
 Character Aching  Location stomach pain  Frequency Intermittent  Duration 6 days

<p><b>RISK FOR FALL:</b></p> <p><input checked="" type="checkbox"/> If patient is &lt; 6 years tick below fall risk intervention directly</p> <p><input type="checkbox"/> If Patient is &gt; 6 years Assess the below parameters</p> <p>History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Ambulatory Aids:</b></p> <ul style="list-style-type: none"> <li>Wheelchair <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Uses furniture for support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Gait/Transferring:</b></p> <ul style="list-style-type: none"> <li>Bedrest / immobile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Weak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Impaired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Mental Status:</b> Forgets limitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>IF YES FOR ANY CATEGORY = RISK FOR FALLING</b></p> <p><b>Fall Risk Intervention:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Escort while ambulating</li> <li><input type="checkbox"/> Assist Patient</li> <li><input checked="" type="checkbox"/> Educate patient and family on fall precautions/prevention</li> </ul>	<p><b>Functional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mobility Problem</li> <li><input type="checkbox"/> Walking Problem</li> <li><input type="checkbox"/> Developmental Delay</li> <li><input type="checkbox"/> Musculoskeletal Congenital Abnormality</li> </ul> <p><b>Inform consultant for positive criteria</b></p> <p>_____</p> <p>_____</p> <p><b>Nutritional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Underweight</li> <li><input type="checkbox"/> Overweight</li> <li><input type="checkbox"/> Feeding Problem</li> <li><input type="checkbox"/> Special diet</li> <li><input type="checkbox"/> Special feeding method</li> </ul> <p><b>Inform consultant for positive criteria</b></p> <p>_____</p>
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Psychological Screening:  No Significant Findings  
Unusual concerns about patient's Psychological Status:  Yes  No  
If Yes Consultant Notified: \_\_\_\_\_ (Date/Time): \_\_\_\_\_  
Social History: Lives With \_\_\_\_\_ family  
Siblings in household  Yes  No (if yes How Many?) \_\_\_\_\_  
Time of Initial assessment completed by ER Nurse : 8:33 pm

Patient Name : Mast. KONDAWAR KRUTHIN UHID : VIH-00205524 IPD : IP-00060202 Gender : Male Age : 6 Y 8 M 12 D

**Nursing Notes (Including Labs / Medications / Other Care):**

Time	Nursing Notes
8:24pm	* patient come to ER
8:28pm	* vital checked & recorded
8:31pm	* doctor seen the patient & advised admission * Admission process done
9:44pm	* IV placement done, collected the samples & send to lab * COVID RAT => Negative
9:45pm	* patient shifted to ward

Samples collected by: } B.S. Samuel  
 Samples sent by: } S.S. Rajyalaxmi

Time: }  
 Time: } 9:45pm

**Medication given in ER:**

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
8:37pm	Croc'in D/S	oral	5ml	Dr. Shankar	[Signature]

Condition of patient at time of shift - out :	Details of Shift - out
HR: 120b/min BP: 100/60 (79) CFT: 23sec	Shift - out from ER to: 111
RR: 20b/min SPO <sub>2</sub> : 98%	Time of Shift - out: 1/6/26 @ 10:05pm
GCS: 4/15 Temperature: 97°F	Handover given to: Sr. Manisha (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable):	




Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any): IV cannulation

Name of the Nurse: Archi Hs Signature of the Nurse: [Signature]

Date & Time: 1/6/26 @ 10:05pm

# PATIENT TRANSFER FORM

Patient Name & UHID No.  VIH-00205524 IP-00060202 Master KONDAWAR KRUTHIN 20-09-2019 6 Y 8 M 12 D (M) Dr. SIVA NARAYANA REDDY 		Date & Time of Admission  01/06/26 @ 9:10 PM	Date & Time of Transfer Order  01/06/26 @ 10:05 PM
		Transfer Ordered by  Dr. Shoukan	Reason for Transfer  Admission
From Unit  ER	To Unit  III	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File  21	Number of Imaging Films  —	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what? outside of file given to	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring  n. Rajyalaxmi 		Name of Person Ordered Transfer  Dr.  Shoukan.	
Patient & Clinical Records Received by :  manisha			
Date & Time of Patient Received : 1/6/26 @ 10:05 pm			

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



## Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AFI

Arrival Time: 8:24pm Mode of Arrival: By walk Admitting From:  ER  OPD  Direct

Allergy / Adverse Reaction: nil

Body Weight: 15.2 Kg

Height: 110 cm

Past Medical History: Obtained From  Patient  Family Member  Medical Record  Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
yes	no	no

Family History: nil

Has the child or close family member had recent contact with a communicable disease?  Yes  No

If yes please list, .....

Was the child's birth normal?  Yes  No If No, please describe problems: nil

Are the child's immunization up to date?  Yes  No

Current Medication:  None  Yes, If Yes, fill reconciliation form

Observations: Weight: 15.2kg Length: 110cm Head Circumference (< 2 years):     

Temp.: 98.6°F HR: 106/m RR: 24/m BP: 107/77/69

Pain Score: nil Specify Site: 'no' (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment:  Yes  No Score: 0 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

Pain Screening:  Yes  No If Yes, Pain Score: nil Pain Tool Used:  N Pass  FLACC  Wong Baker

Character of Pain: nil Location: nil Frequency: nil Duration: nil

FUNCTIONAL SCREENING:  No Abnormalities Detected

- Mobility Problem  Walking Problem
- Developmental Delay  Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:  No Abnormalities Detected

- Underweight  Overweight  Special Feeding Method
- Feeding Problem  Special diet  No Abnormality Detected

Inform consultant for positive criteria

**Psychological Screening:**  No Significant Findings

Unusual concerns about patient's Psychological Status:  Yes  No

**If Yes Consultant Notified:** ..... 2/9/ ..... (Date/Time): ..... —

**Social History:** Lives With ..... parents .....

Siblings in household  Yes  No (if yes How Many?) .....

All Information Obtained From  Patient  Mother  Father  Other Family Member

**Orientation has been given regarding the following aspects:**

Call Bell in Reach :  Yes  No      Waste Disposal Explained:  Yes  No

Infusion Pump :  Yes  No      Hand hygiene Explained:  Yes  No       Others

Patient Rights & Responsibilities:  Yes  No

Information given to ..... parents .....

Nurse's Name: ..... Manisha ..... Date: 11/6/26 ..... Time @ 10:30pm

manisha  
Signature



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

It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

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

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

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

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

VIH-00205524 IP-00060202  
Master KONDAWAR KRUTHIN  
20-09-2019 6 Y 8 M 12 D (M)  
Dr. SIVA NARAYANA REDDY





### Pediatric Multiorgan History & Physical Examination

Name: Kruthin Age/Sex 6y 1 male  
Information given by: \_\_\_\_\_ Relationship \_\_\_\_\_

#### Chief Presenting Complaints & Duration (Chronologically)

ctd fever : 6 days.

#### History of present illness :

ctd fever  
onset - sudden  
Duration - 6<sup>th</sup> Day of illness  
Progression - gradual  
Pattern - intermittent  
Grade - moderate grade  
Inter-ferile period - Active  
Response to Antipyretic - less  
CVC - no Dyspnea  
NS - no limited Breathing / other LRTI feat. (cough ⊕, cold ⊕)  
GIT/GU - occasional Stomach pain ⊕ (↑ on defecation) - no Burning micturition  
MSK - no Joint Pains / Swelling  
SKIN - no Rashes ; No rickon  
Hematological - no Bruises, Bone Pain  
EVI - no Swelling ; no Mouth Breathy  
eye - no Conjunctival Congestion  
Recent 4/2 travel ⊖  
Contact 4/2 ⊖  
Drug 4/2 - used ABX ; Antipyretic on O/D Basis



### Pediatric Multiorgan History & Physical Examination

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

→ outside Investigations : 29/05/26.

CRP - 4.65

Widal - 0 - 1:160 H<sub>2</sub> - 1:160

~~CRP~~ - TSB - WMC

HB - 12.8

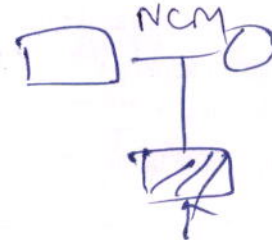
PWBC - 16360

M/L - 02/11

PIT - 3.43 kcal.

### Birth & Neonatal History:

Term Bwt: 2.7kg / 44  
CEAB, No Feeding.



### Birth & Socio Economic History:

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_

Any additional Information : \_\_\_\_\_

} clarity

### Developmental History :

Developmental achieved upto Age - 3 years domain.

### Immunization History :

→ upto Date

### Pediatric Multiorgan History & Physical Examination

**Anthropometry :**

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile) \_\_\_\_\_  
 Weight (kgs) ) 15 kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 100°f Pulse Rate : 120/min B.P. \_\_\_\_\_ SPO2 98/RA  
 Resp. rate and type of breathing : \_\_\_\_\_

21 Clmt Reguler Abd. thoracic 1 wob (N)  
 Rash \_\_\_\_\_  
 Lymphadenopathy \_\_\_\_\_ Throat Corynion (+) Corall (N)  
 Oedema : \_\_\_\_\_ Small Enlarge  
 Allergies (if any): \_\_\_\_\_ no pin points

**Respiratory System :**

Inspection (any s/o distress) : \_\_\_\_\_ no RD.  
 Air entry & breath sounds : \_\_\_\_\_ BAE (+) NVBS (+)  
 Any addes sounds : \_\_\_\_\_  
 Relevant data from outside (Chest X-Ray, ABG, etc.,) \_\_\_\_\_

**Cardiovascular System :**

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

**Per Abdomen :**

Inspection \_\_\_\_\_ no Distension  
 Palpation : \_\_\_\_\_ soft  
 Auscultation : \_\_\_\_\_ BS (N)  
 Spine : \_\_\_\_\_ (N) External Genitalia : \_\_\_\_\_  
 Relevant data from outside (CT, USG etc.,) \_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

**Central Nervous System :**

no meningeal signs.

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves : entire

**Motor System:**

Nutrition : Undernourished — Grade II malnutrition — IAO

Tone: (N) Power (N)

Co-ordinator : -

Posture : -

Involuntary Movements : -

**Reflexes :**

3+

**DTR**

**Superficials:**

Plantars -

**Sensory System :**

(N)

Bladder / Bowel : regular

**Clinical Summary & Diagnostic:**

AE ↓ evaluation (26).



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: \_\_\_\_\_

To prevent complications.

Desired goals of the treatment: \_\_\_\_\_

To get correct condition.

Planned Labs: ✓ ✓ ✓ ✓

CBP, CRP, s/e, ses, B/c/s

CVE & urine c/s

Chest x ray ✓

Thyphoid Egm ✓; widal ✓

mp ✓; extra skin ① ✓

use TIM  
(abd).

Planned Management

IV Ceftriaxone

IV fluids

Antipyretics (as)

~~Noted By: Dr. Rajulakshmi on 01/06/26 @ 9:20 PM~~

Ref Dr - Dr. Ch. Anesth.

Signature of the Doctor: \_\_\_\_\_

Name of the Doctor: Dr. Shriker.

Date & Time: 01/06/26 @ 9:10 pm

Signature of the Consultant: \_\_\_\_\_

Name of the Consultant: \_\_\_\_\_

Date & Time: \_\_\_\_\_

6  
Dr. Shriker  
01/06/26  
10:00



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2.6.26 4:00 PM	<p>S/O Registrar</p> <p>acute febrile illness D<sub>6</sub> of illness</p>	
	<p>O/E child asleep</p> <p>mouth breathing.</p>	
	<p>CRT &lt; 3 sec</p>	
	<p>febrile (101.4 F)</p>	
	<p>US - S, S, G</p>	
	<p>RS - BAE (+), clear</p>	<p>Plan</p>
	<p>P/A - soft</p>	<p>- Inacc. Inad. c/s</p>
	<p>Typhoid IgM: Neg.</p>	<p>- Total 4<sup>th</sup> day</p>
		<p>- Cont. Ceftriaxone</p>
	<p>Same          (Dr. Sameera)</p>	

Noted by Anita  
 2/6/26  
 @4pm



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/20 11:00 AM	<p>cls/B Resident</p> <hr/> <p>ATI + Emulation.</p>	
	<p>No febrile spikes - last spike @ 3pm (101.4F)          Afebrile &gt; 12hr.</p>	
3/6/20 No growth after 2 hrs.	<p>0/5          Child Alert, Active.          Vitals stable</p>	
Dr. Prashanth	<p>CX: S/P (⊕)          M: B/L (⊕)          P/A: Wt          CNI: NAD.</p>	<p>Plan</p> <p>- Inj. ceftriaxone - D2          - metaxpran nasal spray</p>
		<p>monitor vitals</p>
		<p>- Inj. (S/S)</p>
		<p>- CRP, CRP-T/m.</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 5:00pm	<p><u>C/S/B Resident</u></p> <p>AfI ↓ evaluation.</p> <p>No feverspikes &gt; 2hrs.</p> <p>No new concerns.</p>	
B/Ck → No growth afk 2hrs.	<p><u>O/E</u></p> <p>child - Active &amp; Alert</p>	
4/ck → No growth afk 2hrs.	<p>vitals stable</p> <p>CX: r, l ⊕</p> <p>M: B/A ⊕</p> <p>P/A: wtt</p> <p>CVC: NAD.</p>	<p><u>Plan</u></p> <p>To send CRP CRP T/m.</p>
Dr. Prathab.		<p>- Ij. ceftriaxone - D3</p>
		<p>- Ij. cefprozole.</p>
		<p>- meta pray Nasal Spray</p>
		<p>Noted By Manisha 3/6/26 @ 8pm</p>

VH-00205524 IP-00060202  
 Master KONDAWAR KRUTHIN  
 20-09-2019 8 Y 8 M 14 D (M)  
 Dr. SIVA NARAYANA REDDY



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 8:20 AM	AFI ↓ evaluation ?	Adenoid hypertrophy
	- No fevers	
	- orally (N)	
	- U-O (N)	
	- Activity (N)	
	CVS - S1S2	
	CMS - NAD	
	RS - B/LAEO	
	PA - Soft	
		Plan
IS. ↓ CRP - 13		- DICTID
		- Continue rest
		- vitamins h/h
		- Cl. Cure
		=
6 M. Suresh 4/6/26 10A		<del>Revised by Suresh 4/6 @ 10:30 AM</del>





### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <b>AFI (Acute febrile illness)</b>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure: <b>Nil</b>	Post OP Day:						
BACKGROUND	Date	1/6 ER	1/6/26 N	2/6 M	2/6/26 E	2/6/26 N	3/6/26 M	
	Shift							
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	Nil	
ASSESSMENT	Diet:		alt diet	s diet	S. diet	S. diet	S. diet	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RP	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	97°F	98.6°F	98.6°F	98.8°F	98.6°F	98.4°F
		Res:	24 blm	25 blm	24 blm	22 blm	26 blm	24 blm
		SpO <sub>2</sub> :	99%	98%	98%	99%	96%	98%
		Pulse:	120 blm	112 blm	110 blm	108 blm	102 blm	108 blm
		BP:	102/69	107/72	108/70	106/60	111/67	110/68
		LOC:	conscious	conscious	conscious	conscious	conscious	conscious
Fall Risk Score:		0	0	1	1	1	1	
Pain Score:	0	0	0	0	0	0		
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	Nil	Nil	Nil	Nil	Nil	Nil	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:		soft diet	s diet	S. diet	S diet	S. diet	
	Critical Lab Test / Values:	Nil	Nil	Nil	Nil	Nil	Nil	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent	dependent		
Post Operative Procedure Special Orders:	Nil	Nil	Nil	Nil	Nil	Nil		
Handed Over By Name :	Anitha	manisha	Rendu	Anitha	Sreekanth	Anitha		
Signature / ID :	A/20612	H/90510	B/bobbar	A/905010	S/	905010		
Date:	1/6/26	2/6/26	2/6/26	2/6/26	3/6/26	3/6/26		
Time:	@ 10:05 pm	@ 8 am	@ 2 pm	@ 8 pm	@ 8 am	@ 2 pm		
Taken Over By Name :	manisha	Rendu	Anitha	Sreekanth	Anitha	manisha		
Signature / ID :	H/90510	B/bobbar	A/905010	S/	A/905010	H/90510		
Date:	1/6/26	2/6/26	2/6/26	2/6/26	2/6/26	3/6/26		
Time:	@ 10:05 pm	@ 8 am	@ 2 pm	@ 2 pm	@ 8 am	@ 2 pm		

## NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <b>AFI</b>			Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date	Shift	<b>3/6/26</b> E	<b>3/6/26</b> N	<b>4/6</b> M		
	Medical Condition (Any special condition to be noted):		<b>Nil</b>	<b>Nil</b>	<b>Nil</b>		
	Diet:		<b>S-diet</b>	<b>S-diet</b>	<b>S-diet</b>		
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):		<b>RA</b>	<b>RA</b>	<b>RA</b>		
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:		Temp: <b>98.6°F</b>	<b>98.6°F</b>	<b>98.6°F</b>		
			Res: <b>25b/m</b>	<b>28 b/m</b>	<b>28b/m</b>		
			SpO <sub>2</sub> : <b>99%</b>	<b>98%</b>	<b>98%</b>		
			Pulse: <b>105b/m</b>	<b>112b/m</b>	<b>112b/m</b>		
			BP: <b>109/78(62)</b>	<b>102/63(77)</b>	<b>110/86(75)</b>		
			LOC: <b>conscious</b>	<b>conscious</b>	<b>conscious</b>		
	Fall Risk Score:		<b>11</b>	<b>11</b>	<b>11</b>		
Pain Score:		<b>0</b>	<b>0</b>	<b>0</b>			
Skin Integrity		<b>Intact</b>	<b>Intact</b>	<b>Intact</b>			
Recommendations	Safety Needs:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Physiotherapy:		<b>S-diet Nil</b>	<b>Nil</b>	<b>Nil</b>		
	Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Special Diet:		<b>S-diet</b>	<b>S-diet</b>	<b>Soft diet</b>		
	Critical Lab Test / Values:		<b>Nil</b>	<b>Nil</b>	<b>Nil</b>		
	Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	PU Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DVT Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):		<b>dependent</b>	<b>dependent</b>	<b>Dependent</b>			
Post Operative Procedure Special Orders:		<b>Nil</b>	<b>Nil</b>	<b>Nil</b>			
Handed Over By Name :		<b>Manisha</b>	<b>Sreerath</b>	<b>Salva</b>			
Signature / ID :		<b>109050105</b>	<b>657317</b>	<b>07/1045</b>			
Date:		<b>3/6/26</b>	<b>4/6/2026</b>	<b>4/6</b>			
Time:		<b>@ 3pm</b>	<b>@ 8 Am</b>	<b>10A</b>			
Taken Over By Name :		<b>Sreerath</b>	<b>Manasa</b>				
Signature / ID :		<b>657317</b>	<b>0701997</b>				
Date:		<b>3/6/26</b>	<b>4/6/26</b>				
Time:		<b>@ 8pm</b>	<b>@ 8Am</b>				

**GENERAL CONSENT FOR TREATMENT**

**Patient Name:** Master KONDAWAR KRUTHIN      **Age :** 6 Y 8 M 12 D  
**IP No:** IP-00060202      **Sex:** Male  
**Consultant:** Dr. SIVA NARAYANA REDDY VENNAPUSA      **Ward/Bed No:** N 0 GF-EMERGENCY/ER 101

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

**Note:**

- 1 We do not allow use of medication brought from outside by the patient.
- 2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.  
(receivers Signature:.....)

- 3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
- 4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:



Name:

Chandrakanth

Relationship:

Father

Date:

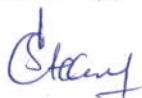
11/6/2026

Time:

9:10 pm

Witness Name:

Witness Signature:



Patient Address:

FLAT NO:203B, VINAY YARD OSTRAL,  
ROAD NO:1,VIVEKANANDAPURAM,  
SAINIKPURI. Bachupally Hyderabad  
Telangana INDIA 500090

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 10/26 Time:	10:30	11	1	3	4	5	7
Doctor / Nurse / Family Concern?	PM	PM	AM	AM	AM	AM	AM
Temperature (°F)	98.8	98.8	98.7	99.2	101.0	99.6	98.6
Heart Rate (bpm)	103	103	109	110	112	104	107
Blood Pressure (mmHg) *	75/65						71/60
Resp Rate (bpm)	27	28	29	27	28	27	28
Resp Mod/ Severe Distress	N	N	N	N	N	N	N
Receiving O <sub>2</sub> (l/min)	0	0	0	0	0	0	0
O <sub>2</sub> Saturations (%)	98	99	98	99	98	99	98
Conscious Level	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15
TOTAL SCORE	0	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	M	M	M	M	M	M	M

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

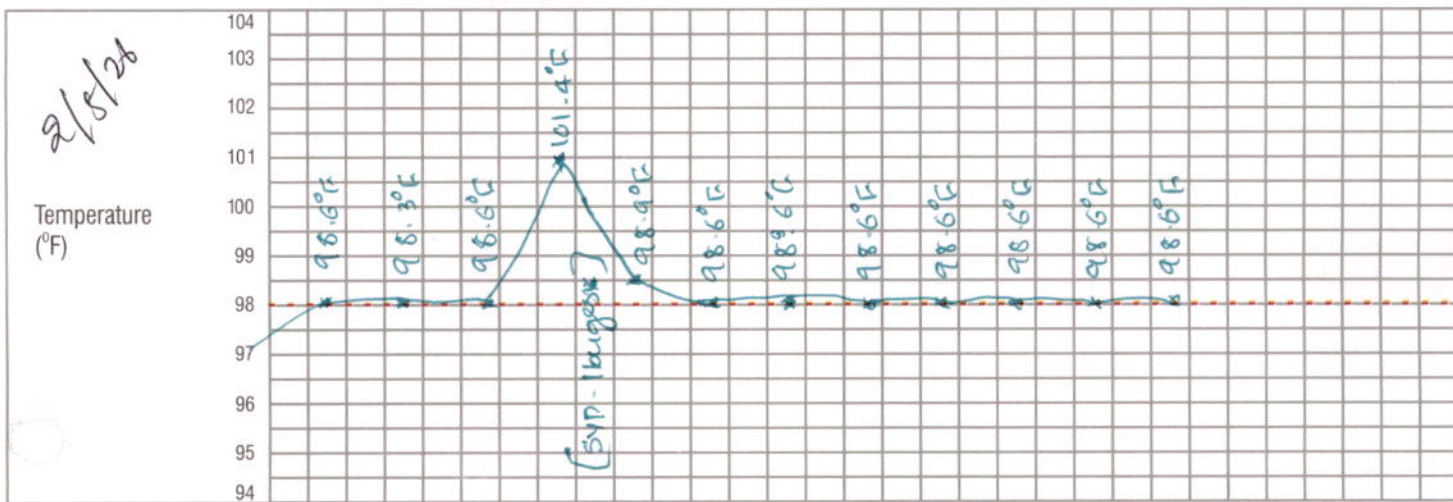
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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 : .....	Time :	9	11	1	3	5	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?		AM	AM	AM	PM	AM	PM	AM	AM	AM	AM	AM	AM



Heart Rate (bpm)	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50
Blood Pressure (mmHg) *															
Note: BP does not score in early warning scoring															
Heart Rate (Number)	110	108	111	100	98	96	102	98	96	99	101	104			

Resp Rate (Number)	22	22	23	20	12	14	21	23	20	21	20	22
--------------------	----	----	----	----	----	----	----	----	----	----	----	----

Resp Mod/ Severe Distress	None / Mild												
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	98	99	98	98	99	98	99	98	99	100	98	99
Conscious Level	Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *		15	15	15	15	15	15	15	15	15	15	15	15

TOTAL SCORE												
Number of shaded boxes	0	0	0	1	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	R	R	R	R	R	R	S	S	S	S	S	R

ACTIONS	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:

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- 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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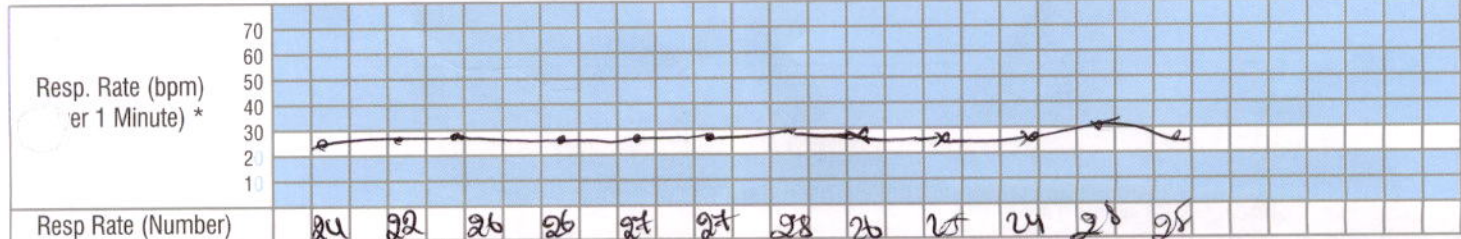
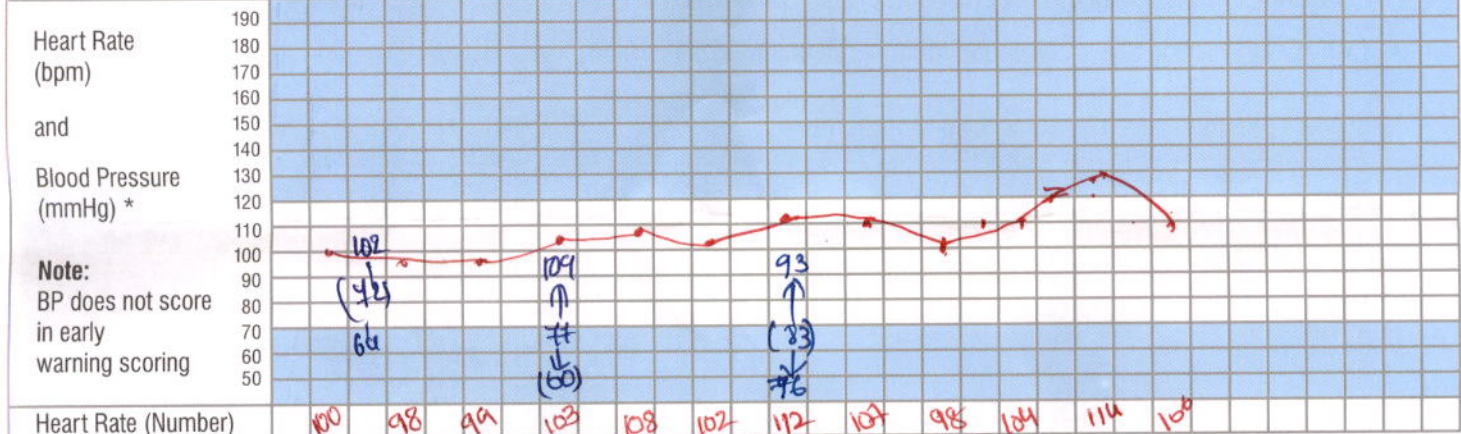
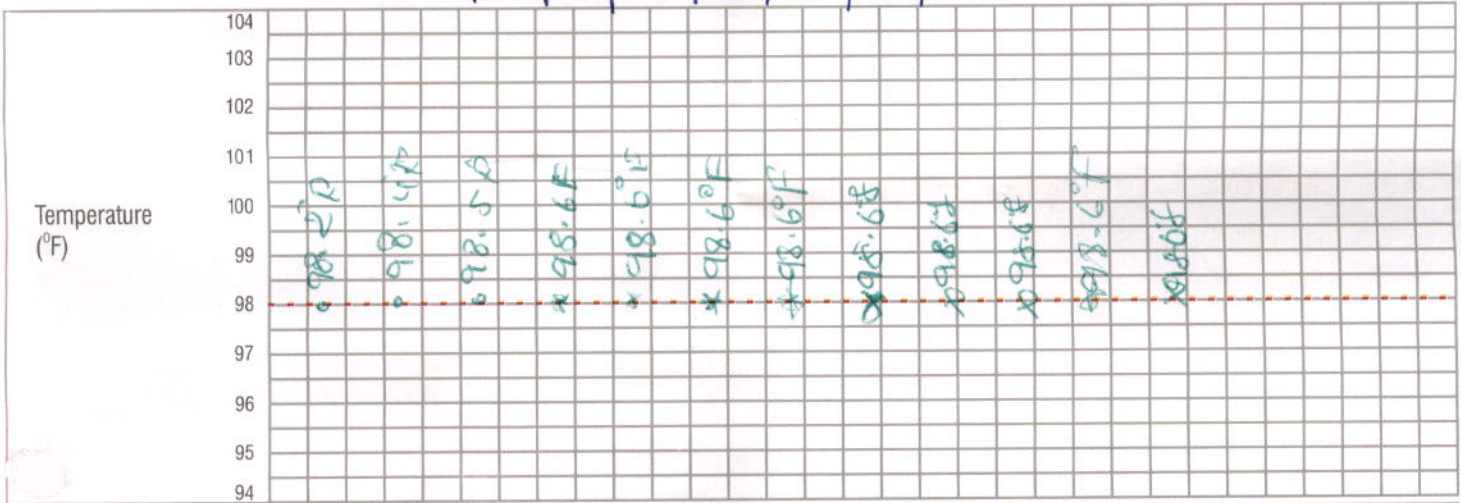
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<b>B</b>	<b>BACK GROUND :</b> Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (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 : 3/6/26	Time: 9	11	1	3	5	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM



Resp Distress	Mod/ Severe None / Mild	N	N	N	N	N	N	N	N	N	N	N
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	98	99	98	99	98	99	99	98	100	98	98
Conscious Level	Normal / Altered	N	N	N	N	N	N	N	N	N	N	N
GCS *		15	15	15	15	15	15	15	15	15	15	15

TOTAL SCORE	Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0	0	0	0
Observer's Initials		SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR

ACTIONS	Score 1	: Continue normal observation by staff nurse
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<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)

VIH-00205524 IP-00060202  
 Master KONDARWAR KRUTHIN (M)  
 20-09-2019 6 Y 8 M 14 D  
 Dr. SIVA NARAYANA REDDY

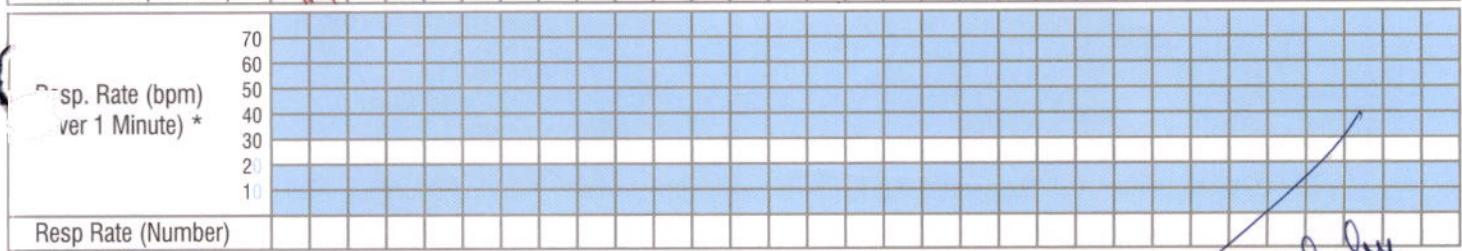
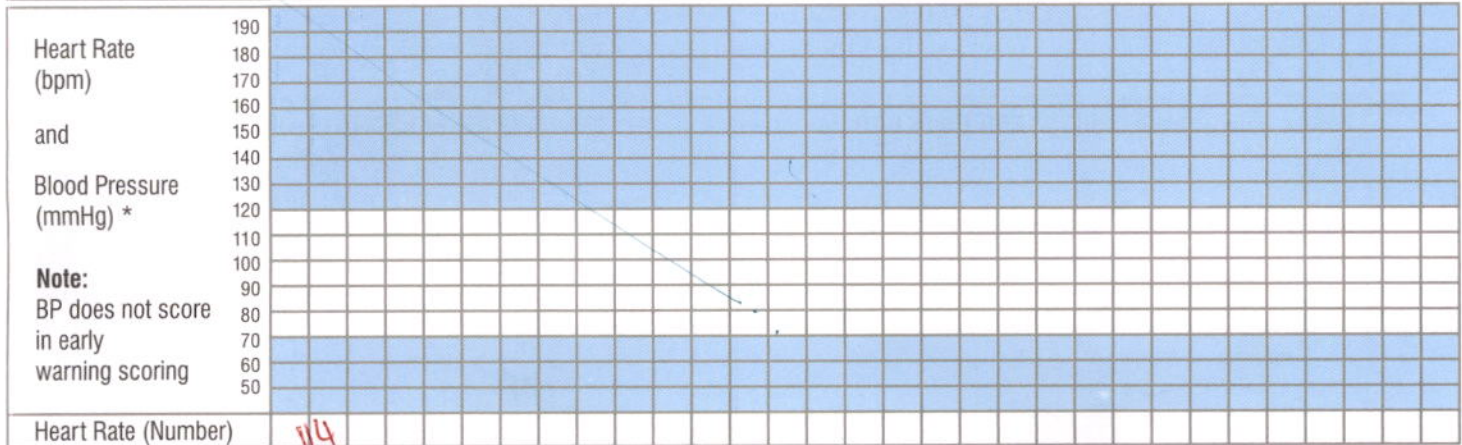
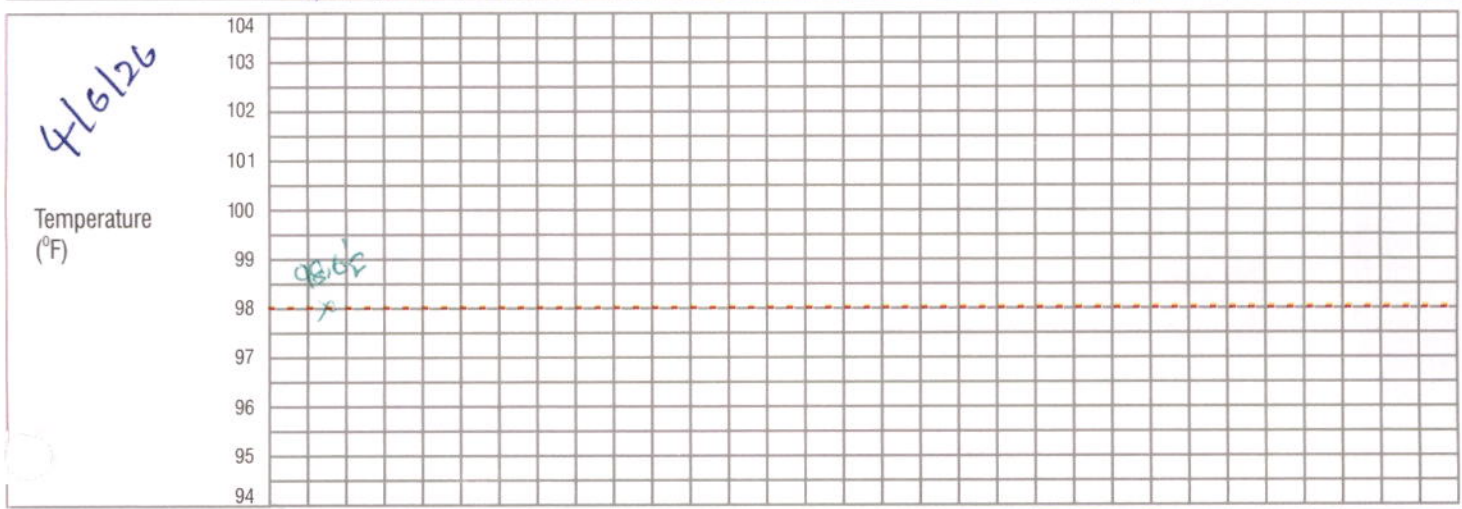
Doc. No. : RCH/ FRM / CLINICAL / 126

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



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

Date : ..... Time: 9  
 Doctor / Nurse / Family Concern? Am



Resp Distress: Mod/ Severe / None / Mild

Receiving O<sub>2</sub> (l/min) / O<sub>2</sub> Saturations (%) 99

Conscious Level: Normal / Altered N

GCS \* 15

**TOTAL SCORE**

Number of shaded boxes 0

Pain Score 0

Observer's Initials SA

**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.

*rested by  
 4/6 @  
 10 AM*

\* 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)



# FLUID CHART

Sheet No. : ..... ① .....

1/6/26

- 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												
<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			35ml									
	11:00 pm			35ml					✓				
	12:00 am			35ml									
	01:00 am			35ml									
<b>Total Intake :</b> 140 ml						<b>Total Output :</b>							
	02:00 am		Water	35ml									
	03:00 am			35ml					✓				
	04:00 am			35ml									
	05:00 am												
	06:00 am												
	07:00 am								✓				
<b>Total Intake :</b> 105 ml						<b>Total Output :</b>							

**Total 24 hrs. Intake**      245 ml

**Total 24 hrs. Output**      3 times



# FLUID CHART

Sheet No. : 2

2/6/26.

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
2/6	08:00 am	Folly + water		35ml								1 0 1 0 1 0	Indu @ 2pm 2/6/26	
	09:00 am			35ml										
	10:00 am			35ml					✓					
	11:00 am			35ml										
	12:00 pm			35ml										
	01:00 pm			35ml						✓				
Total Intake : 175ml			Total Output : 2 times											
2/6/26	02:00 pm	Rice water										1 0 1 0 1 0	Anitha @ 8pm 2/6/26	
	03:00 pm													
	04:00 pm								✓					
	05:00 pm													
	06:00 pm			35ml						✓				
	07:00 pm			35ml										
Total Intake : 70ml			Total Output : 2 times											
2/6/26	08:00 pm	Rice water										1 0 1 0 1 0	Sushila 2/6/26 @ 10am	
	09:00 pm			35ml										
	10:00 pm			35ml					✓					
	11:00 pm			35ml										
	12:00 am			35ml										
	01:00 am			35ml										
Total Intake :			Total Output : 2 times											
2/6/26	02:00 am			35ml								1 0 1 0 1 0	Sreelakshmi 2/6/26 @ 8:45am	
	03:00 am			35ml										
	04:00 am								✓					
	05:00 am													
	06:00 am													
	07:00 am									✓				
Total Intake :			Total Output : 2 times											
Total 24 hrs. Intake			245ml			Total 24 hrs. Output					2 times			
Total 24 hrs. Intake			490ml			Total 24 hrs. Output					8 times			





# FLUID CHART

Sheet No. : 3

- 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				
3/6/26	08:00 am									✓	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Anitha 3/6/26 @2pm		
	09:00 am	Tilly												
	10:00 am	water												
	11:00 am								✓					
	12:00 pm													
	01:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b> 2hrs								
3/6/26	02:00 pm	Rice									1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	manisha 3/6/26 @3pm		
	03:00 pm	+ water							✓					
	04:00 pm		35ml											
	05:00 pm	soup	35ml											
	06:00 pm		35ml						✓					
	07:00 pm		35ml											
<b>Total Intake : 140ml</b>						<b>Total Output :</b> 2hrs								
3/6/26	08:00 pm		35ml								1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Anitha		
	09:00 pm		35ml						✓					
	10:00 pm		35ml											
	11:00 pm		35ml											
	12:00 am		35ml						✓					
	01:00 am		35ml											
<b>Total Intake : 175ml</b>						<b>Total Output :</b> 2hrs								
4/6/26	02:00 am										1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Sreelakshmi 4/6/26 @8AM		
	03:00 am								✓					
	04:00 am													
	05:00 am													
	06:00 am								✓					
	07:00 am													
<b>Total Intake :</b>						<b>Total Output :</b> 2 hrs								
<b>Total 24 hrs. Intake</b>		315ml										<b>Total 24 hrs. Output</b>		2 hrs

VIH-00205524  
 Master KONDAWAR KRUTHIN  
 20-09-2019 8 Y 8 M 14 D (M)  
 Dr. SIVA NARAYANA REDDY



IP-00060202

# FLUID CHART

Sheet No. : .....

416126

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 Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
g/b	08:00 am											
	09:00 am	Belly										
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
	<b>Total Intake :</b>			<b>Total Output :</b>								
	02:00 pm											<p>Noted by nurse g/b @ 10:30</p>
	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											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>			<b>Total Output :</b>									
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>			<b>Total Output :</b>									
<b>Total 24 hrs. Intake</b>			<b>Total 24 hrs. Output</b>									



REGULAR PRESCRIPTIONS  
**DRUG CHART**

Date of Admission: 01/06/2026 Drug Allergies: Not known any Drug Allergies

**FOR THE SAFETY OF THE PATIENT**

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).  
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.  
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.  
 - Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.  
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.  
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.  
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time  
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

(5ml = 240mg) **SOS / PRN (As Required Medication)**

**DRUG:** SUP. PARACETAMOL Date/Time

Dose	Route	Frequency	Start Date
5ml	P/O	Q6H	07/26

Doctor's Signature: Dr. Smith Valid Period: 10/5mg/kg/dose Pharm: T>100

Additional Instructions: 10/5mg/kg/dose T>100

**DRUG:** SUP. ZUPROFEN Date/Time

Dose	Route	Frequency	Start Date
7.5ml	P/O	Q6H	01/06

Doctor's Signature: Dr. Smith Valid Period: 10/2if Pharm: 5ml=100mg

Additional Instructions: 10/2if 5ml=100mg

**DRUG:** Date/Time

Dose	Route	Frequency	Start Date

Doctor's Signature:   Valid Period:   Pharm:  

Additional Instructions:  

VERIFIED BY: Name  
 Signature: Dr. Narayana Reddy  
01/06/26



REGULAR PRESCRIPTIONS

Weight 15kg Ward .....

Dr. Sameera Reddy  
 VERIFIED

Dr. Sameera Reddy  
 VERIFIED

Dr. Sameera Reddy  
 VERIFIED  
 June 26/20

DRUG : INJ. CEFTRIAXONE				Date Time	1/6	2/6	3/6			
Dose	Route	Frequency	Start Date							
150mg	2IV	12 <sup>th</sup> hly	01/6	6 AM		EW	EW			
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Sameera</u>										
Additional Instructions: 25-50mg/kg/dose (After 1st dose)					6 PM	EW	EW	EW		
Daily Doctor's Endorsement by a Sign										

DRUG : INJ. ESOMEPRAZOLE				Date Time	1/6	2/6	3/6			
Dose	Route	Frequency	Start Date							
15mg	2IV	OD	1/6	6 AM		EW	EW	EW		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Sameera</u>										
Additional Instructions: 1mg/kg/dose										
Daily Doctor's Endorsement by a Sign										

DRUG : METASPRAY NASAL <sup>SPRAY</sup>				Date Time	2/6	3/6	4/6			
Dose	Route	Frequency	Start Date							
1puff	PN	12 <sup>th</sup> hly	2/6	7 AM		EW	EW			
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Sameera</u>										
Additional Instructions:					7 PM	EW	EW			
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										



