Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174346 **Admit Date** : 26-May-2026 **Admit Time** : 04:16 PM **UHID** : BAH-00335935

Patient Details :

Patient Name	: Master SHASHANK VARMA LACHUBUKTA	**Age**	: 10 Y 9 M 7 D
Guardian	: Mr RAVI KUMAR L	**DOB**	: 19-08-2015
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: A-2/229, BRIGADE CITADEL, Moti Nagar Hyderabad Telangana INDIA 500018	**Phone No**	: 9986044860/ 9000492211
		E-mail	: na123@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-DLX308-1 **Ward Name** : 3F-ZONE A

Room No : CRDL-DLX308-1 **Admission Type** : First Visit

Contact Details :

Name : Mr RAVI KUMAR L **Relationship** : Father

Contact Address : A-2/229, BRIGADE CITADEL, Moti Nagar Hyderabad Telangana INDIA 500018 **Phone No** : 9986044860 / 9000492211

Signature

Doctor Details :

Doctor Name : Dr. DR.V.V.R.SATYA PRASAD **Specialisation** : PEDIATRIC NEPHROLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. SRUTHI BALLA

Payment Details :

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

Payor Name : FAMILY HEALTH PLAN INSURANCE TPA LTD

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ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00335935 IP5-00174346
Master SHASHANK VARMA
19-08-2015 10 Y 9 M 7 D (M)
Dr. DR.V.V.R.SATYA PRASAD

UHID No. : _____ iltant: _____ Dept : _____

Date of Admission: _____ of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/5	5:20pm	ER.	308-1	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Chandana	27/5/26	962986	no writes
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/5/26	RBS, S. Calcium, Uric acid, CRP	52632	Fenthuee
26/5/26	X-ray Examinations	26586	Fenthuee
27/5/26	24 Hours urine sample	26053981	nowmita
28/5/26	C3 & ASO titres	26059189	nowmita

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/7	Infusion Pump	6 Pm		9629971	no unit

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/5/26	IV placement	(1)	27932	Santhiè

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Master Shashank Varma Lachubitla

UHID ID: Bah-00225935

BAH-00335935 IP5-00174346
Master SHASHANK VARMA
19-08-2015 10 Y 9 M 7 D (M)
Dr. DR.V.V.R.SATYA PRASAD

Department: _____

Consultant: _____

BAH-00335935 IP5-00174346
Master SHASHANK VARMA
19-08-2016 10 Y 9 M 7 D (M)
Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan History & Physical Examination

Name : Master Shashank Varma Lachubhukta Age/Sex _____

Information given by: Mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o blood in urine
since 3 days

History of present illness :

As per informant, child apparently well then had
1) c/o blood while paring urine
-:- 3 days

no H/o dysuria/cold/cough/fever
no H/o Vomiting/loose stool

Had H/o ear pain 3 days back

No H/o similar complaints in past

CBP:- 12.3 | 7,460 | 41.1 | 524 | 3.46

Bicarb:- 25
CUE — (N)
Creatinine: 0.6
$Na^+/K^+/Cl^-$:- 139/4.8/104.
Pt/APTT:- 14/40
INR:- 1.0
USG Abdomen (N).

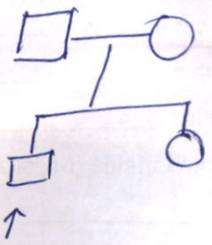
BAH-00335935 IP5-00174346
Master SHASHANK VARMA
19-08-2015 10 Y 9 M 7 D (M)
Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Normal perinatal transition



Birth & Socio Economic History:

About Father :

About Mother : middle

Any additional Information :

Developmental History :

Attained appropriate for age

Immunization History :

Immunized till date

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 34.6 kg (Centile _____)

On Examination :

Temperature : 98.0°F Pulse Rate : 88/min B.P. 119/57 mmHg SPO2 100% on RA

Resp.rate and type of breathing : 22/min regular

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

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

Air entry & breath sounds : BAE (+), clear

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1 S2 heard

Any murmur :

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

Per Abdomen :

Inspection (N)

Palpation : soft, non tender

Ausculation : BS (+)

Spine : (N) Exnal Genitelia : (N)

Relevant data from outside (CT, USG e)

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Master SHASHANK VARMA
19-08-2015 10 Y 9 M 7 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26. 6:30pm	Case seen by Resident : Dr. Sahithi Discussed with Dr. Satya Prasad. Plan.	
	Child c gross hematuria c/o pain ⊕ No fever	Continue medicait as charted. 1. 24 hrs urine - Calcium, uric acid, Oxalate, Creatinine, Phosphate, Protein.
	O/E child alert, afebrile Hemodynamically stable. chest clear abdomen soft hydration good. Oral intake fair	2. ENT consultation. Tomorrow. 3. NEOTOMIC ENEMA Stat 4. Add MV-OUT powder 5. Monitor BP 4th hourly.
	X ray abd - s/o suggestive of fecal loading	
		Sahithi 26/5/26 6:30 Pm.
		noted by Dr Sathya

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Dr. DR.V.V.R.SATYA PRASAD

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/20 8 am	C/S/B Resident | Dr Sudha	
	Δ: hematuria | AFI | CLTI	
→	no further hematuria	Adv:
→	~~D~~ not passed stools today passed after enema yesterday.	1) ENT consult today - Dr. Chandra
	O/E: alert vitals stable no dehydration chest clear. abdomen soft	2) Send ~~spot~~ 24h urine for Ca/uA/oxalate/phosphate/creat/protein
		3) Medications as charted
		4) ↑ oral intake IVF 40 ml/hr

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

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Dr. DR.V.V.R.SATYA PRASAD

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5 5pm	C/S/B Resident	
	A: hematuria CAKI / ? UTI	
	→ no further hematuria or abdominal pain child doing well	Adv: 1) Send 24 h urine for labs as advised
	O/E: alert stable vitals no dehydration	2) Medications as per chart
		3) ENT consult done
		4) Cont IVF 40ml/h
		noted by mounika 27/5/26 @ 6 Pm Anhila

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5 8:50am	C/S/B Resident	
	A: Hematuria ? AFI / UTI	
	no further hematuria	Adv.
	O/E : alert no dehydration vitals stable	1-) (D) today 2)
28/5 10:30am	C/S/B Dr. Satyaprasad / Dr Sruthi	
	nuts/choc	Adv: - (D) today - Avoid NSAIDs. - Syp Citralka 7.5ml BD (½ glass water) - Mmvit - Syp Tab Augmentin 625mg BD x 5d - Tab Lanzol x 5d - Send C_3 / ASO now.
	R/v Monday CUE.	

urine c/s - 10^3 CFU E.coli

DR.V.V.R SATYA PRASAD
Registration No: 43599

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Master BHASHANK VARMA
19-08-2015 10 Y 9 M 7 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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CROSS CONSULTATION FORM

Doctor Name : Dr. Chandana Date : 22/5/26 Time : 6pm -

Diagnosis : Hematuria Evaluation.

Hospital : .....

.....

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

Thanks for referral

c/o (R) ear pain 1 week ago with ear discharge

s/c done elsewhere.

now pain subsided.

O/E

(R) EAC - min abrasion (+)
TM intact/
EAC - dry
no tenderness

(L) TM intact
Nose - dry
Throat - normal.

Adv

- Keep ears dry
- Avoid ear buds/ picking.

Consultant :

Name : Dr. Chandana Signature : Date & Time : 22/5/26.

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Master SHASHANK VARMA
19-08-2015 10 Y 9 M 7 D (M)
Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton : Good

Tone: (N) Power 5/5

Co-ordinator :

Posture :

Involuntary Movements : Nil

Reflexes :

DTR (N) **Superficials:**

Plantars

Sensory System :

Bladder / Bowel : regular

Clinical Summary & Diagnostic:

Hematuria ↓ evaluation
→ ? Crystalluria.
AFI - suspected UTI

(P.T.O.)

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Master SHASHANK VARMA
19-08-2015 10 Y 9 M 7 D (M)
Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent Complications

Desired goals of the treatment : For Hemodynamic stability

Planned Labs:

RBS
Sr. Calcium
Uric acid, CRP
X-ray Abdomen
24 Hour Urine - calcium
Uric acid
Oxalate
creatinine
Phosphate
protein

for urine 26/5/26 TP

USG Abdomen
CBP, RFT, CUE
PT, APTT INR
Urine c/s
– Done on OPD

Planned Management

1) IV ceftriaxone
2) IV DNS - 3/4th
3) ENT consultation - 1/m
- Avoid NSAIDS, non veg
- Take plenty of oral fluids, fresh fruits & Vegetables.

for urine

Signature of the Doctor: JJ
Name of the Doctor: Jayasri
Date & Time: 26/5/26 @ 4:10 pm

Signature of the Consultant:
Name of the Consultant:
Date & Time: 26/5/26 6 pm

DR.V.V.R.SATYA PRASAD
Registration No: 43599

Q wrs

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MEDICATION RECONCILIATION FORM

Drug Allergies: SYRUP AUGMENTIN ☐ 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: ward

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						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Jayasri (Jr)

Date & Time : 26/5/26 @ 4:10pm.

Nurse Name & Signature: [illegible]

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

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19-08-2015 10 Y 9 M 7 D (M)
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DRUG CHART

Date of Admission: 26/05/26 Drug Allergies: SYRUP-AUGMENTIN ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

Signature

VERIFIED BY : Name

MASTER SHASHANK VARMA
19-08-2015 10 Y 9 M 7 D (M)
Dr. DR.V.V.R.SATYA PRASAD

REGULAR PRESCRIPTIONS

Weight. 34.6 kg. Ward. .....

DRUG : Inj CEFTRIAXONE	Date / Time	26/5	27/5	28/5
Dose: 1.7g · Route: IV · Frequency: BD · Start Date: 26/5		7AM ✓	Sreenu Jyothi	Sreenu Jyothi
Name & Signature of the Doctor Starting the Drugs: Jayasri				
Additional Instructions: @ 50mg/kg/dose.		7AM ✓	Law mrd	Law mrd
Daily Doctor's Endorsement by a Sign		A	A	

DRUG : Inj ESOMEPRAZOLE	Date / Time	26/5	27/5	28/5
Dose: 30mg · Route: IV · Frequency: OD · Start Date: 26/5				
Name & Signature of the Doctor Starting the Drugs: Jayasri		6AM 7AM ✓	Sreenu Jyothi	Sreenu Jyothi
Additional Instructions: @ 1mg/kg/dose.				
Daily Doctor's Endorsement by a Sign		A	A	

DRUG : MV-OUT powder.	Date / Time	26/5	27/5
Dose · Route: PO · Frequency: HS · Start Date: 26/5			
Name & Signature of the Doctor Starting the Drugs: Sahithi		9PM	Sreenu Jyothi
Additional Instructions: 4 scoops mix c 240ml water			
Daily Doctor's Endorsement by a Sign		A	

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	

VERIFIED

VERIFIED

VERIFIED

BAH-00335935 IP5-00174346
Master SHASHANK VARMA
19-08-2015 10 Y 9 M 7 D (M)
Dr. DR.V.V.R.SATYA PRASAD

Weight. 34.6 kg. Ward. .....

Date▸ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date▸ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/5/16	7 PM	NEOTOMIC ENEMA	1 unit	PR	$	mounika lovely.

VERIFIED

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

BAH-00335935 IP5-00174346
Master SHASHANK VARMA
19-08-2015 10 Y 9 M 7 D (M)
Dr. DR.V.V.R.SATYA PRASAD

I.V. FLUIDS CHART

Weight. 24.6kg Ward. .....

Date	Time	Composition of I.V. Fluid (Intention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26/5	6pm	IVF → DNS (3/4th)	IV	55	Jayasri	mou	27/5		mou
						mou			mou
27/5	12pm	DNS	IV	40		mou			
						mou			

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

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Master SHASHANK VARMA
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RESULT SHEET

Date	25/5	26/5					
Time							
Hb		12.3					
PCV		37					
RBC							
WBC		7400					
N/L		53 | 41					
Platelets		3.4L					
CRP		5					
ESR							
PCT							
RBS		98					
Na		139					
K		4.8					
Cl		104					
Ca/Mg		9.1					
Phosphate							
Urea	25						
Creatinine	0.6						
ALP							
SGPT							
SGOT							
T.Bill/Conj							
T.Protein							
S.Albumin							
S.Globulin							
A/G Ratio							
Uric Acid		4.3					
S.Amylase							
Sr.Lipase							
Blood Lactate							
S.Cholesterol							
PT/INR	14 | 1						
APTT	40						
CSF Protein / Sugar							
Cells							
N/L	HCO_3^- 25						

Date	25/5					
Time						
CUE - Alb	–					
CUE - Sugar	–					
CUE - Ketones	–					
CUE - PUS Cells	1–2					
CUE - RBC Cells	0					
CUE	Blood – neg.					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Vol (3500ml) 24h urine

Culture and Sensitivities : .....

		Ratio
protein	– 21	0·03
uric acid	– 217	0·37
calcium	– 42	0·07
phosphorus	– 416	0·7
creatinine	– 581	

Radiology : USG : (N)

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Master SHASHANK VARMA
19-08-2015 10 Y 9 M 7 D (M)
Dr. DR.V.V.R.SATYA PRASAD

26/5/26

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:	6PM	10PM	2AM	6AM
Doctor / Nurse / Family Concern?				
Temperature (°F)	98°F	98.1F	98.2F	98.1F
Heart Rate (bpm) and Blood Pressure (mmHg) *	103/60	97/62 (72)	109/65 (79)	110/69 (82)
Heart Rate (Number)	92 b/m	91 b/m	90 b/m	~~8~~91 b/m
Resp. Rate (bpm) (Over 1 Minute) *	20	21	23	24
Resp Rate (Number)	20 b/m	21 b/m	23 b/m	24 b/m
Resp Distress: Mod/ Severe				
Resp Distress: None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	99%	99	100%	99%
Conscious Level: Normal				
Conscious Level: Altered				
GCS *	14/15	14/15	14/15	14/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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BAH-00335935 IP5-00174346
Master SHASHANK VARMA
19-08-2015 10 Y 9 M 7 D (M)
Dr. DR.V.V.R.SATYA PRASAD

27/5/26

oc. No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	10 AM	2 PM	6 PM	10 PM		6 AM
Doctor / Nurse / Family Concern?						

weight - 35 kgs

Temperature (F)

98.2°F 97.5°F 97.5°F 98.2°F 97.6°F

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

Note: BP does not score in early warning scoring

100/70 98/62 105/76 112/86 109/68

Heart Rate (Number)	100bpm	102bpm	98bpm	100bpm	98bpm
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	24bpm	22bpm	24bpm	24bpm	24bpm
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2Saturations (%)	98%	99%	100%	99%	99%
Conscious Level: Normal / Altered					
GCS *	(14/15)	(14/15)		(14/15)	(14/15)
TOTAL SCORE Number of shaded boxes	0	0	0		0
Pain Score	0	0	0	0	0
Observer's Initials					

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

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

Patient Sticker

Pratiksha Rainbow Children's Hospital
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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SCHOOL AGE (5-12 years)
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time: 10AM

Doctor / Nurse / Family Concern?

35.1 Kg

Temperature (F) 98°F

Heart Rate (bpm) and Blood Pressure (mmHg) * 112 / 80

Note: BP does not score in early warning scoring

Heart Rate (Number) 98bt/m

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

Resp Rate (Number) 24bt/m

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2 (l/min)		
O_2 Saturations (%)		98 %
Conscious Level	Normal	
	Altered	
GCS *		
TOTAL SCORE Number of shaded boxes		0
Pain Score		0
Observer's Initials		

ACTIONS NB: Scores 3 should be recorded overleaf		
	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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										0	
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm	DNS	H2O	55ml			NP			✓	0	
	06:00 pm			55ml							0	
	07:00 pm		H2O	55ml						✓	0	
Total Intake :				169		**Total Output :**	U - 2				m - 0	
	08:00 pm			55							0	Jyothi
	09:00 pm		H2	55ml							0	Jyothi
	10:00 pm	DNS		55ml			NP			500ml	0	Jyothi
	11:00 pm			55ml							0	Jyothi
	12:00 am		H2O	55ml							0	Jyothi
	01:00 am			55ml							0	Jyothi
Total Intake :				330		**Total Output :**	U - 500ml	M - 0				
	02:00 am			55ml							0	Jyothi
	03:00 am		H2O	55ml							0	Jyothi
	04:00 am	DNS		55ml							0	Jyothi
	05:00 am		H2	55ml			NP			500ml	0	Jyothi
	06:00 am			55ml							0	Jyothi
	07:00 am										0	Jyo
Total Intake :				275		**Total Output :**	U - 500ml	M - 0				

Total 24 hrs. Intake	774	Total 24 hrs. Output	U - 1050ml m - 0 +2 time

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FLUID CHART

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Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am										0	
	09:00 am		H2O	40ml						✓	0	
	10:00 am	ORS		40ml			✓				0	
	11:00 am			40ml							0	
	12:00 pm		H2O	40ml						✓	0	
	01:00 pm										0	
Total Intake :				160 ml		**Total Output :** U - 2 m - 1						
	02:00 pm			40ml							0	
	03:00 pm		H2O	40ml						✓	0	
	04:00 pm	ORS		40ml			NP				0	
	05:00 pm			40ml							0	
	06:00 pm		H2O	40ml						✓	0	
	07:00 pm										0	
Total Intake :				200		**Total Output :** U - 2 m - 0						
	08:00 pm										0	
	09:00 pm		H2O							✓	0	
	10:00 pm	ORS					NP				0	
	11:00 pm		H2O	40ml							0	
	12:00 am			40ml							0	
	01:00 am			40ml							0	
Total Intake :				120ml		**Total Output :** m 0 U 1						
	02:00 am			40ml							0	
	03:00 am		H2O	40ml							0	
	04:00 am	ORS		40ml			DP				0	
	05:00 am		H2O	40ml							0	
	06:00 am			40ml						✓	0	
	07:00 am			40ml							0	
Total Intake :				240 ml		**Total Output :** m - 0 U 1						

Total 24 hrs. Intake	720 ml.	Total 24 hrs. Output	m - 1 U 6

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

BAH-00335935 IP5-00174346
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306-B

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 27/5/26 Time: 9am

Weight: 34.6kg Centile: 75th

Height: 115cm Centile: 75th

Inference: well child

RDA: — Calories: 1650kcal/d Protein: 28gm/d

Diet Recommendations: Normal diet

Re-Assesment: Avoid Spicy, chilled & outside foods

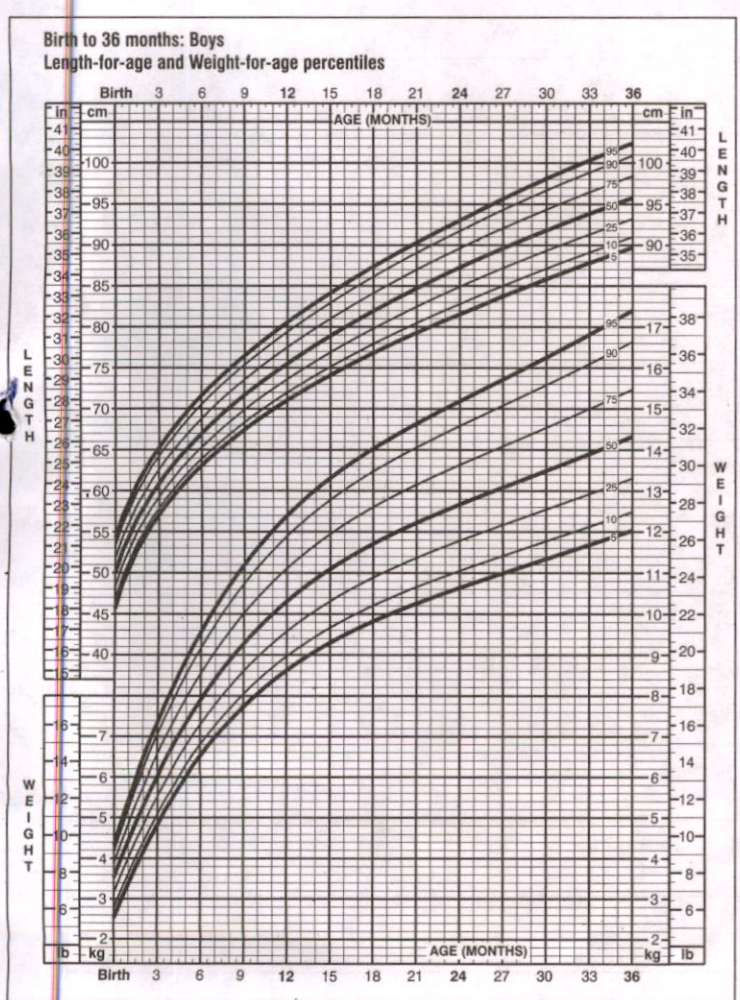
Food Allergies: NO Veg/Non-veg veg

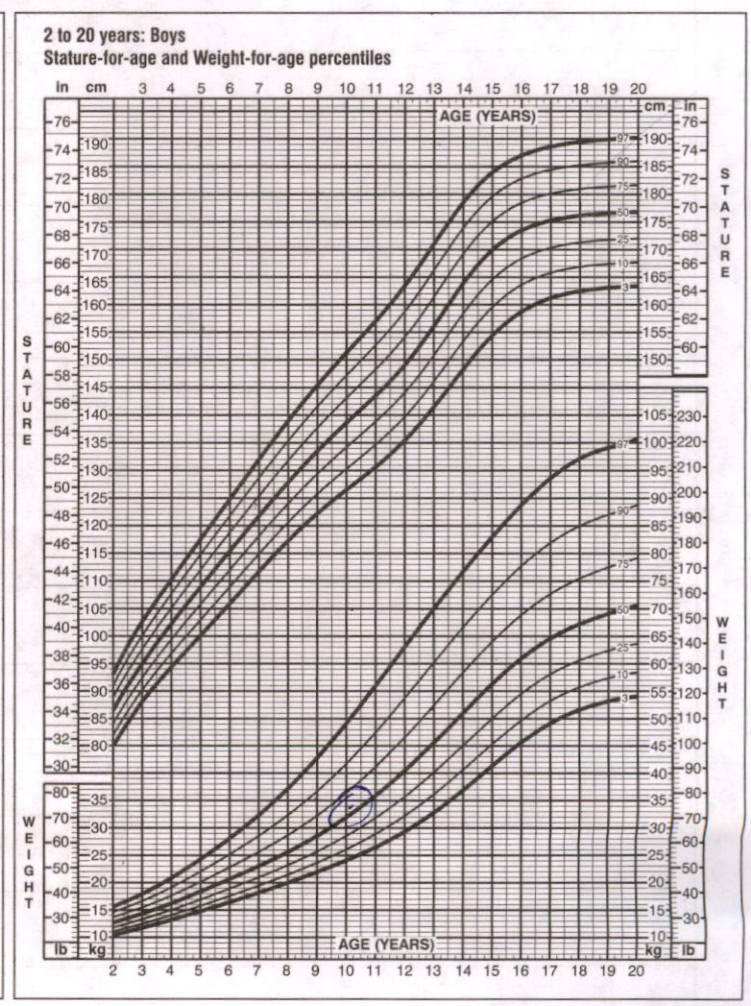
Diagnosis: hematuria

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Y. Shashi Kumar

GROWTH CHART (BOYS)





Dietician's Name Rekha Dietician's Signature Rekha

Daily Notes:

28/5/26
9am

Child is stable. Oral intake is fair
Continue ε normal diet