

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174572 Admit Date : 31-May-2026 Admit Time : 07:25 PM UHID : MAB-00032139

Patient Details :

Patient Name : Master SIVARAMA SRIKAR VANGALA Age : 11 Y 3 M 18 D
Guardian : MR.VAMSI KRISHNA VANGALA DOB : 13-02-2015
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : PLOT NO 88,,KALYAN NAGAR,SR NAGAR,,
PHASE - 1,NEAR CENTRAL BANK,
Sanjeevareddy Nagar Hyderabad Telangana
INDIA 500038 Phone No : 9515296987
E-mail : vangala.vamsik@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM Bed No : PVT 340 Ward Name : 3F-ZONE B
Room No : PVT 340 Admission Type : First Visit

Contact Details :

Name : MR.VAMSI KRISHNA VANGALA Relationship : Father
Contact Address : PLOT NO 88,,KALYAN NAGAR,SR
NAGAR,,PHASE - 1,NEAR CENTRAL BANK,
Sanjeevareddy Nagar Hyderabad Telangana
INDIA 500038 Phone No : 9515296987

Signature

Doctor Details :

Doctor Name : Dr. KAPIL BHAGWATRAO SACHANE Specialisation : GENERAL PEDIATRICS
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

ACTIVITY RECORD FOR BILLING

Name : _____

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

Date of Admission: _____ Ti _____ MAB-00032139 IP5-00174572
Master SIVARAMA SRIKAR VANGALA 11 Y 3 M 18 D (M)
13-02-2015
Dr. KAPIL BHAGWATRAO SACHANE

Room / Bed No : _____ War _____ Charge : _____ Time: _____
able bed type : _____

WARD TRANSFERS

| Date | Time | From | To | Signature of Nurse |
|--------|--------|------|-----|--------------------|
| 3/5/26 | 9:20pm | ER | 340 | df |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Cross Consultation Visit

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



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD


Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

MAB-00032139 IPS-00174572
Master SIVARAMA SRIKAR VANGALA
13-02-2015 11 Y 3 M 19 D (M)
Dr. KAPIL BHAGWATRAO SACHANE





Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex 11y (m)
Information given by: father Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o loose stools ∴ 2 days
Vomiting

History of present illness :

c/o loose stools ∴ 2 days
4-5 sp^{ce}/day, not a/w blood
watery moist

c/o Vomiting ∴ 2 days ∴ 2-3/day
non bilious
non projectile

a/w ↓ urine output
↓ oral intake

w/o vacation for 1 wk.
w/o similar complaints in
family members

w/o stiffness of hands or legs
for brief duration in the
morning

↓
Intermittent consciousness, ↓ spontaneously



Pediatric Multiorgan History & Physical Examination

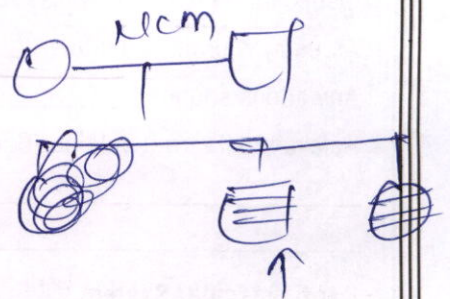
Past History : (Including details of any previous investigation or treatment)

_____ *nif*

Birth & Neonatal History:

_____ *T-AGA no perinatal*

_____ *issues*



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

_____ *as per age*

Immunization History :

_____ *upto date*

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 36.18 (Centile _____)

On Examination :

Temperature : 98 F Pulse Rate : 99 /m B.P. 110/50 mmHg SPO2 99% RA
Resp. rate and type of breathing : 22 /m

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

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : B/L NVBS
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, diffuse tenderness (+)
Ausculation : _____
Spine : _____ External Genitelia : _____
Relevant data from outside (CT, USG etc..) _____

MAB-00032139 IP5-00174572
Master SIVARAMA SRIKAR VANGALA
13-02-2016 11 Y 3 M 18 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : NO _____

Motor System:

Nutrition : _____

Tone: NO _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

2+

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Acute gastroenteritis



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

CBP
CRP
Blood c/e
S. calcium
S. electrolytes
RFT
N/B
Temp

Planned Management

IVF DNEE
Ceftriaxone

Signature of the Doctor: _____
Name of the Doctor: Dr. Sachane
Date & Time: 21/1/26

Signature of the Consultant: _____
Name of the Consultant: _____
Date & Time: 01/2/26

Dr. Kapil Bhagwatrao Sachane
Reg. No: TSMC/FMR/16525

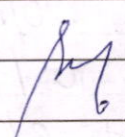


PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|----------------------------|---|--|
| 11/6/16 10am | C/S/B PICO Fellow | |
| | <p>Δ:- Acute gastro enteritis with some dehydration</p> <p>Afebrile.</p> <p>Passed loose stool 1 time yesterday night 3 time today.</p> <p>Child on room air.</p> <p>SPO₂: 99%. PR: 80/min. RR: 20/min. BP: 105/70.</p> <p>Chest: B/L air entry ⊕.</p> <p>CNS: S S₂ ⊕.</p> <p>PA: Soft, NT.</p> | <p>Plan</p> <ul style="list-style-type: none"> ⊙ Encourage oral intake ⊙ Cont in fluids. ⊙ Ceftinon ⊙ Probiotics. ⊙ Zinc. ⊙ Watch for fever ⊙ Watch for dehydration ⊙ Urine output by diaper Weight monitoring by bottle <p>July.</p> |
| 11/6/16 10am | <p>Urine output: Adequate.</p> <p>Δ: AGE with some dehydration.</p> <p>Afebrile.</p> <p>Went stool - 3 times.</p> <p>Child on room air.</p> <p>SPO₂: 99%. PR: 80/min. RR: 20/min.</p> | <p>C/S/B Dr. Kapil</p> <ul style="list-style-type: none"> - Uly - 2 home - Dietician review. - CSE - send. - Add metformin - Encourage oral intake - Stop in fluids by evening. |

MAB-00032139 IP5-00174572
 Master SIVARAMA SRIKAR VANGALA
 13-02-2015 11 Y 3 M 18 D (M)
 Dr. KAPIL BHAGWATRAO SACHANE

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------------|--|---|
| | | <u>C/S/B Dr Kapil</u> |
| 1/6/26 10am | Δ: Acute gastroenteritis with some dehydration | Plan |
| | Afebrile | ✓ USG abdomen |
| | 3 loose stool today. | ✓ CSE (send) |
| | Stable on room w. | Dietician review |
| | Chest: BIL clear | AS1 Metrogyl. |
| | No signs of dehydration. | Stop iv fluids by evening |
| | | Emergency and urgent |
| | |  Noted H.S. Sachane @ 10am |
| 1/6/26 12:30pm | NOTIFICATION REVIEW | |
| | COUNSELLOR FOR GASTRO ILLS | |
| | CHILD COMPLAINT ON HAVING GASTRO ILLS | |
| | | BRONNAN |
| | | 1/6/26 |
| | | 12:32am |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---------------|--|---|
| 1/6/26 6pm | c/s/B PICU resident | <u>Plan</u> |
| | <p>dx:- Acute gastroenteritis</p> <p>on room air</p> <p>hemodynamically stable</p> <p>No % dehydration</p> <p>Systemic exam - (N)</p> <p>No fever spikes</p> | <p>1) Stop IV fluids</p> <p>2) Gastro diet</p> <p>3) w/f % dehydration, dry mucosa, decreased urine output, fever spikes</p> |
| | | <p>Dr. Pratyaksh</p> <p>Noted by shrishta</p> |
| 2/6/26 8a | <u>c/s/B PICU Resident</u> | <u>Plan</u> |
| | <p>dx: Acute gastro enteritis</p> <p>some dehydration.</p> <p>Issued loose stool 4 times yesterday</p> <p>Stable on room air</p> <p>Aflbils.</p> <p>Oral intake good.</p> <p>Systemic exam: Norml.</p> <p>No dehydration</p> | <p>1) Gastro diet.</p> <p>2) Watch for dehydration</p> <p>3) Cont antibiotic.</p> <p>4) Encourage oral liquids.</p> <p>5) Monitor vitals.</p> <p>6) Change central.</p> <p>July</p> |

MAB-00032139 IP5-00174572
 Master SIVARAMA SRIKAR VANGALA
 13-02-2015 11 Y 3 M 18 D (M)
 Dr. KAPIL BHAGWATRAO SACHANE



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---------------|--|------------------------------|
| 2/6/16 10h | <p style="text-align: center;"><u>C/SIR Dr Kapil</u></p> | |
| | <p>Δ: Acute gastroenteritis</p> | <p>Pen Disch g.</p> |
| | <p>Loose stool 4 times</p> | <p>Diof - DS.</p> |
| | <p>Yesterday</p> | <p>Lanzab.</p> |
| | <p>Afenile.</p> | <p>Pro B6. Entonoxamine.</p> |
| | <p>Stemodynamically stable in room air.</p> | <p>Zincowit!</p> |
| | <p>Systemic exam: Normal</p> | <p><i>[Signature]</i></p> |
| | <p><i>[Faint bleed-through text]</i></p> | |
| | <p><i>[Faint bleed-through text]</i></p> | |
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Dr. Kapil Bhagwatrao Sachane
 Reg. No. 15275/MR/19825
 Reg. No. 15275/MR/19825

MAB-00032139 IP5-0017457
 Master SIVARAMA SRIKAR VANGALA
 13-02-2015 11 Y 3 M 18 D (M)
 Dr. KAPIL BHAGWATRAO SACHANE



RESULT SHEET

| | | | | | |
|---------------------|----------------------|--|--|--|--|
| Date | 31/5/26 | | | | |
| Time | 8pm. | | | | |
| Hb | 12.2 | | | | |
| PCV | 37.2 | | | | |
| RBC | 4.63 | | | | |
| WBC | 9700 | | | | |
| N/L | 85/9.9 | | | | |
| Platelets | 2.99 1000 | | | | |
| CRP | 13 | | | | |
| ESR | | | | | |
| PCT | | | | | |
| RBS | | | | | |
| Na | 137 | | | | |
| K | 4.3 | | | | |
| Cl | 104 | | | | |
| Ca/Mg | 9.5 | | | | |
| Phosphate | | | | | |
| Urea | 17 | | | | |
| Creatinine | 0.6 | | | | |
| 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 | | | | | | |
| Time | | | | | | |
| CUE - Alb | | | | | | |
| CUE - Sugar | | | | | | |
| CUE - Ketones | | | | | | |
| CUE - PUS Cells | | | | | | |
| CUE - RBC Cells | | | | | | |
| CUE | | | | | | |
| | | | | | | |
| | | | | | | |
| | <u>1/6/26</u> | | | | | |
| | | | | | | |
| Stool Pus Cell | 5-6 | | | | | |
| OVA / Cyst | nil | | | | | |
| Occult Blood | - | | | | | |
| yeast cells | + | | | | | |
| mucous | + | | | | | |
| undigested food | + | | | | | |
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Culture and Sensitivities :

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.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :

MAB-00032139 IP5-00174572
 Master SIVARAMA SRIKAR VANGALA
 13-02-2015 11 Y 3 M 18 D (M)
 Dr. KAPIL BHAGWATRAO SACHANE



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

| | | | | | | | | | | | | | | | | | | | | |
|--|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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 | | | | | | | | | | | | | | | | | | | | |
| 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
Name

MAB-00032139 IP5-00174572
 Master SIVARAMA SRIKAR VANGALA
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 Dr. KAPIL BHAGWATRAO SACHANE



DRUG CHART

Date of Admission: Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

| | | | | | | | | | | | | | | | | | | | |
|-------------------------------|-------|--------------|------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : 2g. ONDANSETRON | | | | Date Time | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Date | | | | | | | | | | | | | | | | |
| 2mg | IV | 802 | 3/15 | | | | | | | | | | | | | | | | |
| Doctor's Signature | | Valid Period | Pharm. | | | | | | | | | | | | | | | | |
| Heeh | | | | | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | | | | | | | | | | | | | | | | |

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

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

VERIFIED BY : Name Signature

MAB-00032139 IP5-00174572
 Master SIVARAMA SRIKAR VANGALA
 13-02-2015 11 Y 3 M 18 D (M)
 Dr. KAPIL BHAGWATRAO SACHANE

No. : RCHBH/ FRM / CLINICAL / 126

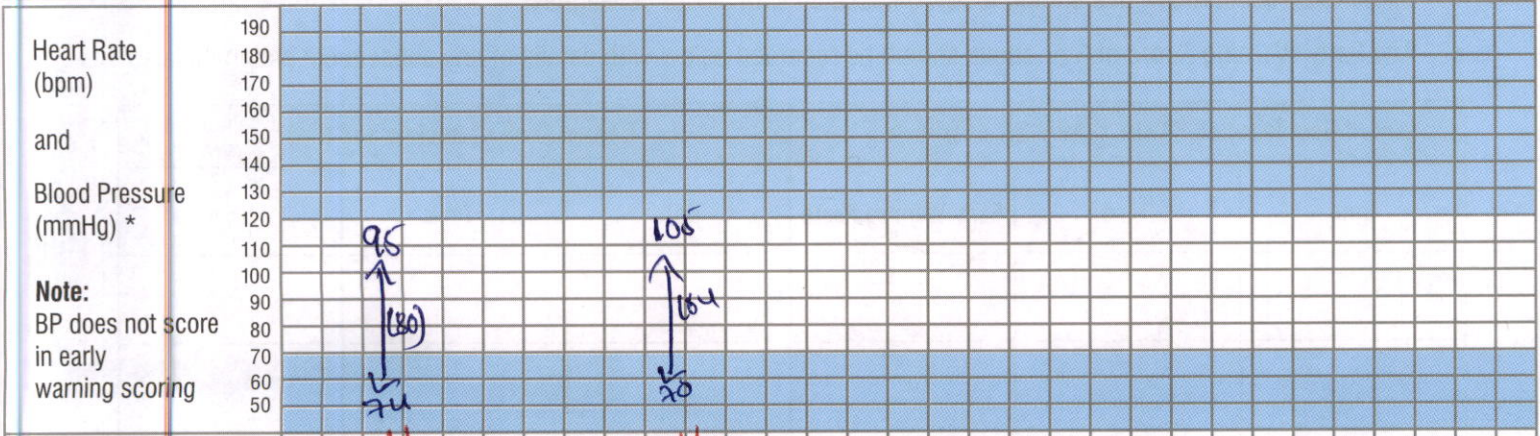
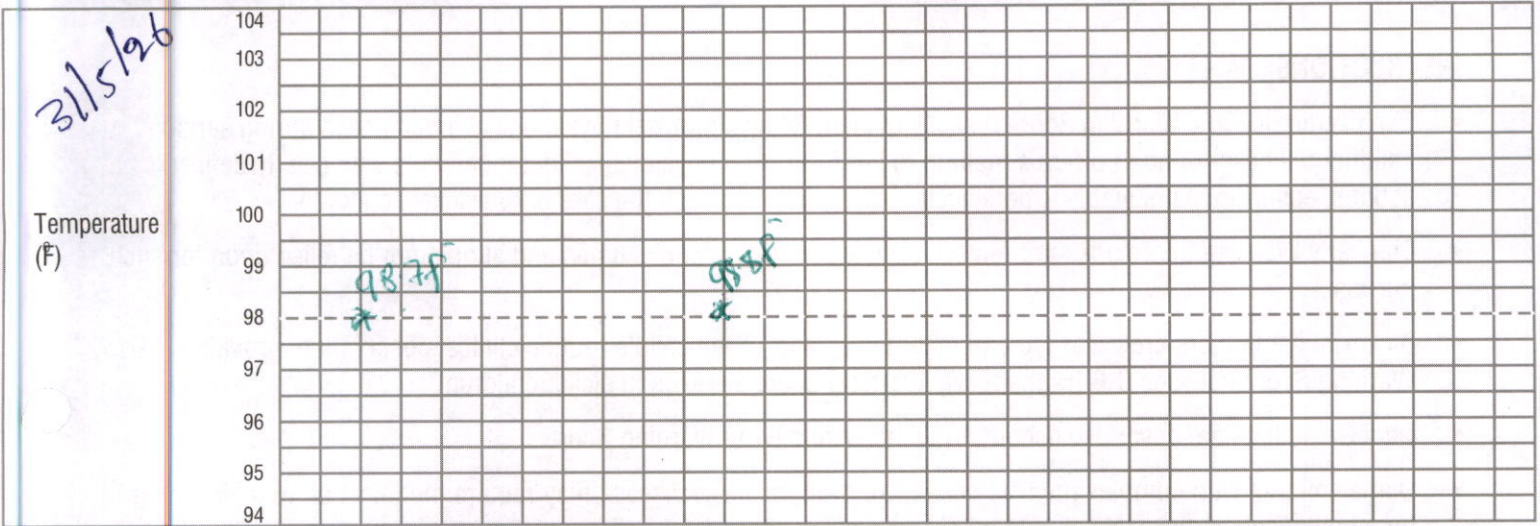
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



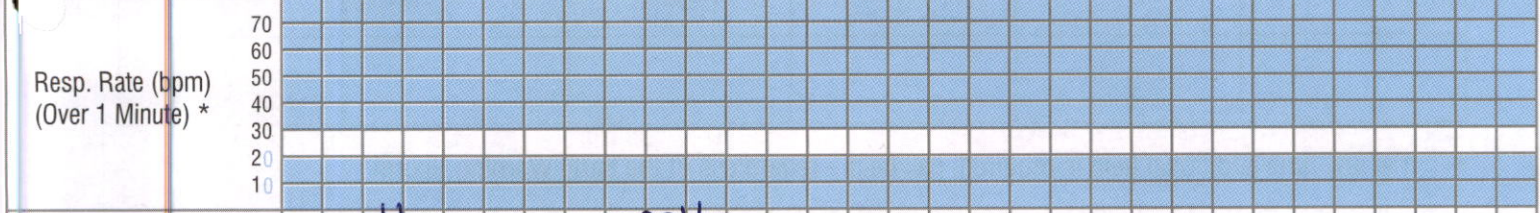
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 10:30pm 6am

Doctor / Nurse / Family Concern?



Heart Rate (Number) 110b/m 100b/m



Resp Rate (Number) 20b/m 22b/m

Resp Distress | Mod/ Severe | None / Mild

Receiving O₂ (l/min) | O₂ Saturations (%)

99% 100%

Conscious Level | Normal | Altered

GCS * 15/14 15/14

TOTAL SCORE Number of shaded boxes 0 0

Pain Score 0 0

Observer's Initials [Signature] [Signature]

- 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:

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

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

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

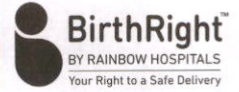
The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

| | |
|----------|--|
| I | IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X) |
| S | SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX) |
| B | BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free) |
| A | ASSESSMENT : I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried. |
| R | RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation) |



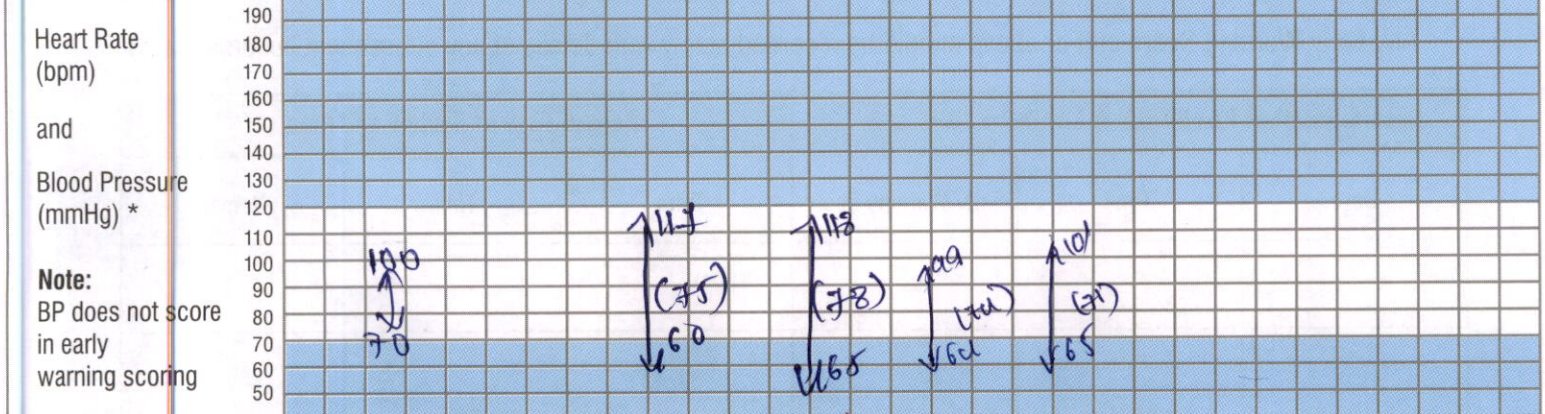
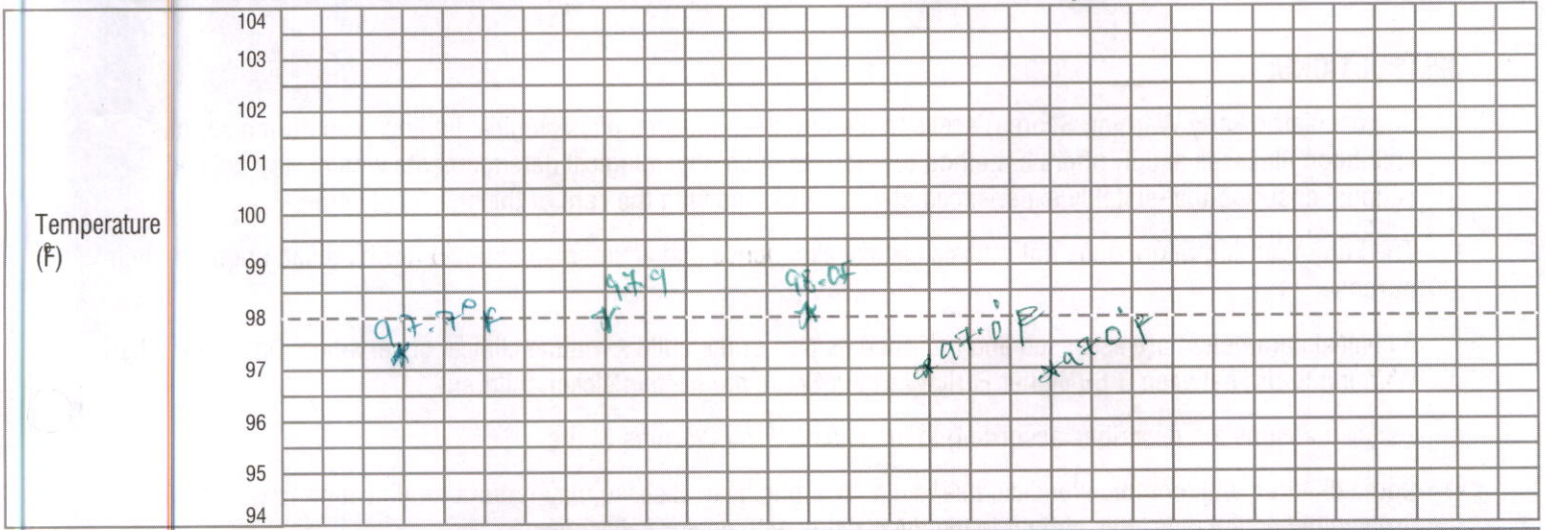
1/6/26

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

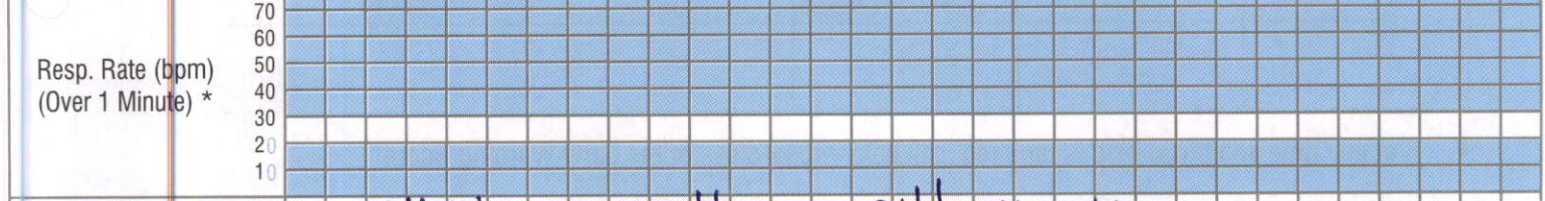


EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/6/26 Time: 11 AM 2 PM 6 PM 10 PM 6 AM
 Doctor / Nurse / Family Concern?



Heart Rate (Number) 100 bpm, 112 bpm, 112 bpm, 109 bpm, 110 bpm



Resp Rate (Number) 21 br/m, 20 br/m, 21 br/m, 22 br/m, 22 br/m

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99%, 100%, 99%, 99%

Conscious Level Normal / Altered

GCS * 15/15, 16/16, 16/16, 16/16

TOTAL SCORE Number of shaded boxes 0, 0, 0, 0, 0

Pain Score 0, 0, 0, 0, 0

Observer's Initials Y, d, c, w, f

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:

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

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

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

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

| | |
|----------|---|
| I | IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X) |
| S | SITUATION: I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX) |
| B | BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free) |
| A | ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried. |
| R | RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation) |

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| | | | | | |
| | | | | | |
| | | | | | |

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| R | RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation) |



FLUID CHART

Sheet No. :

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

| Date | Time | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | |
|-----------------------|----------|-----------------|-------|------|-----------------------|-----------|-------|----------|-------|--------------------------------|-------------|--|
| | | Nature of Fluid | Route | | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | | | Mouth | I.V | N.G | | | | | | | |
| | 08:00 am | | | | | | | | | | | |
| | 09:00 am | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | |
| | 11:00 am | | | | | | | | | | | |
| | 12:00 pm | | | | | | | | | | | |
| | 01:00 pm | | | | | | | | | | | |
| Total Intake : | | | | | Total Output : | | | | | | | |
| | 02:00 pm | | | | | | | | | | | |
| | 03:00 pm | | | | | | | | | | | |
| | 04:00 pm | | | | | | | | | | | |
| | 05:00 pm | | | | | | | | | | | |
| | 06:00 pm | | | | | | | | | | | |
| | 07:00 pm | | | | | | | | | | | |
| Total Intake : | | | | | Total Output : | | | | | | | |
| 2/2/5 | 08:00 pm | | | 65ml | | | | | | 0 | } Anurama | |
| | 09:00 pm | | | 65ml | | ✓ | | | ✓ | 0 | | |
| | 10:00 pm | | | - | | | | | | 0 | | |
| | 11:00 pm | | | 65ml | | | | | | 0 | | |
| | 12:00 am | | | 65ml | | | | | | 0 | | |
| | 01:00 am | | | 65ml | | | | | | 0 | | |
| Total Intake : | | | | | Total Output : | | | | | | | |
| | 02:00 am | | | 65ml | | | | | ✓ | 0 | } Anurama | |
| | 03:00 am | | | 65ml | | ✓ | | | | 0 | | |
| | 04:00 am | | | 65ml | | | | | | 0 | | |
| | 05:00 am | | | 65ml | | ✓ | | | ✓ | 0 | | |
| | 06:00 am | | | - | | | | | | 0 | | |
| | 07:00 am | | | - | | | | | | 0 | | |
| Total Intake : | | | | | Total Output : | | | | | | | |

Total 24 hrs. Intake Total - 585

Total 24 hrs. Output

m-3 u-3

MAB-00032139 IP5-00174572
 Master SIVARAMA SRIKAR VANGALA
 13-02-2015 11 Y 3 M 18 D (M)
 Dr. KAPIL BHAGWATRAO SACHANE

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 Thrombophlebitis Score | Sign. Nurse | |
|-----------------------|----------|------------------|--------|-----|-----|-----------------------------------|-----------|-------|----------|-------|--------------------------------|-------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| 1/6/26 | 08:00 am | H ₂ O | | | | | ✓ | | | | 0 | sakar | |
| | 09:00 am | | | | | | | | | 0 | | | |
| | 10:00 am | soup | 40ml | | | | | | | 0 | | | |
| | 11:00 am | | 40ml | | | | | | | 0 | | | |
| | 12:00 pm | | | | | | | | | 0 | | | |
| | 01:00 pm | | | | | | ✓ | | | ✓ | 0 | | |
| Total Intake : | | | | | | Total Output : M - 2 U - 1 | | | | | | | |
| 1/6 | 02:00 pm | feed | | | | | | | | | 0 | sakar | |
| | 03:00 pm | | | | | | ✓ | | | 0 | | | |
| | 04:00 pm | H ₂ O | | | | | | | ✓ | 0 | | | |
| | 05:00 pm | | | | | | | | | 0 | | | |
| | 06:00 pm | H ₂ O | | | | | | | | 0 | | | |
| | 07:00 pm | | | | | | | | | 0 | | | |
| Total Intake : | | | | | | Total Output : M - 1 U - 1 | | | | | | | |
| 1/6/26 | 08:00 pm | | | | | | ✓ | | | | 0 | karti | |
| | 09:00 pm | | | | | | | | | 0 | | | |
| | 10:00 pm | H ₂ O | | | | | | | ✓ | 0 | | | |
| | 11:00 pm | | | | | | ✓ | | | 0 | | | |
| | 12:00 am | | | | | | | | | 0 | | | |
| | 01:00 am | soup | | | | | | | | 0 | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| 2/6/26 | 02:00 am | | | | | | | | | | 0 | karti | |
| | 03:00 am | | | | | | | | ✓ | 0 | | | |
| | 04:00 am | H ₂ O | | | | | ✓ | | | 0 | | | |
| | 05:00 am | | | | | | | | | 0 | | | |
| | 06:00 am | | | | | | | | | 0 | | | |
| | 07:00 am | | | | | | | | | 0 | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |

Total 24 hrs. Intake *exactly taken*

Total 24 hrs. Output *M 2 U 4*

MAB-00032139
 Master SIVARAMA SRIKAR VANGALA
 13-02-2015 11 Y 3 M 18 D (M)
 Dr. KAPIL BHAGWATRAO SACHANE

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 Thrombophlebitis Score | Sign. Nurse | | |
|-----------------------------|----------|-----------------|--------|-----|-----|-----------------------------|-----------|-------|----------|-------|--------------------------------|-------------|--|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | | |
| | 08:00 am | | | | | | | | | | | | | |
| | 09:00 am | | | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | | | |
| | 11:00 am | | | | | | | | | | | | | |
| | 12:00 pm | | | | | | | | | | | | | |
| | 01:00 pm | | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | | |
| | 02:00 pm | | | | | | | | | | | | | |
| | 03:00 pm | | | | | | | | | | | | | |
| | 04:00 pm | | | | | | | | | | | | | |
| | 05:00 pm | | | | | | | | | | | | | |
| | 06:00 pm | | | | | | | | | | | | | |
| | 07:00 pm | | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | | |
| | 08:00 pm | | | | | | | | | | | | | |
| | 09:00 pm | | | | | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | | | | |
| | 11:00 pm | | | | | | | | | | | | | |
| | 12:00 am | | | | | | | | | | | | | |
| | 01:00 am | | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | | |
| | 02:00 am | | | | | | | | | | | | | |
| | 03:00 am | | | | | | | | | | | | | |
| | 04:00 am | | | | | | | | | | | | | |
| | 05:00 am | | | | | | | | | | | | | |
| | 06:00 am | | | | | | | | | | | | | |
| | 07:00 am | | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | | |
| Total 24 hrs. Intake | | | | | | Total 24 hrs. Output | | | | | | | | |

MAB-00032139 IP5-00174572
 Master SIVARAMA SRIKAR VANGALA
 13-02-2015 11 Y 3 M 18 D (M)
 Dr. KAPIL BHAGWATRAO SACHANE



FLUID CHART

Sheet No. :

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | |
|-----------------------|----------|-----------------|--------|-----|-----|-----------------------|-----------|-------|----------|-------|--------------------------------|-------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | 08:00 am | | | | | | | | | | | | |
| | 09:00 am | | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | | |
| | 11:00 am | | | | | | | | | | | | |
| | 12:00 pm | | | | | | | | | | | | |
| | 01:00 pm | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 02:00 pm | | | | | | | | | | | | |
| | 03:00 pm | | | | | | | | | | | | |
| | 04:00 pm | | | | | | | | | | | | |
| | 05:00 pm | | | | | | | | | | | | |
| | 06:00 pm | | | | | | | | | | | | |
| | 07:00 pm | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 08:00 pm | | | | | | | | | | | | |
| | 09:00 pm | | | | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | | | |
| | 11:00 pm | | | | | | | | | | | | |
| | 12:00 am | | | | | | | | | | | | |
| | 01:00 am | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 02:00 am | | | | | | | | | | | | |
| | 03:00 am | | | | | | | | | | | | |
| | 04:00 am | | | | | | | | | | | | |
| | 05:00 am | | | | | | | | | | | | |
| | 06:00 am | | | | | | | | | | | | |
| | 07:00 am | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |

| | |
|-----------------------------|--|
| Total 24 hrs. Intake | |
|-----------------------------|--|

| | |
|-----------------------------|--|
| Total 24 hrs. Output | |
|-----------------------------|--|



340

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 1/5/26 Time: 9am

Weight: 36.16 kg Centile: 72.5th

Height: 105 cm Centile: 72.5th

Inference: well child

RDA: - Calories: 1700 kcal/d Protein: 29 gm/d

Diet Recommendations: Gastro diet (can have ORS plain w/o, sagu water, Rice and food)

Re-Assesment: [avoid - milk, wheat, egg, nuts, oats, citrus, ragi & sugar]

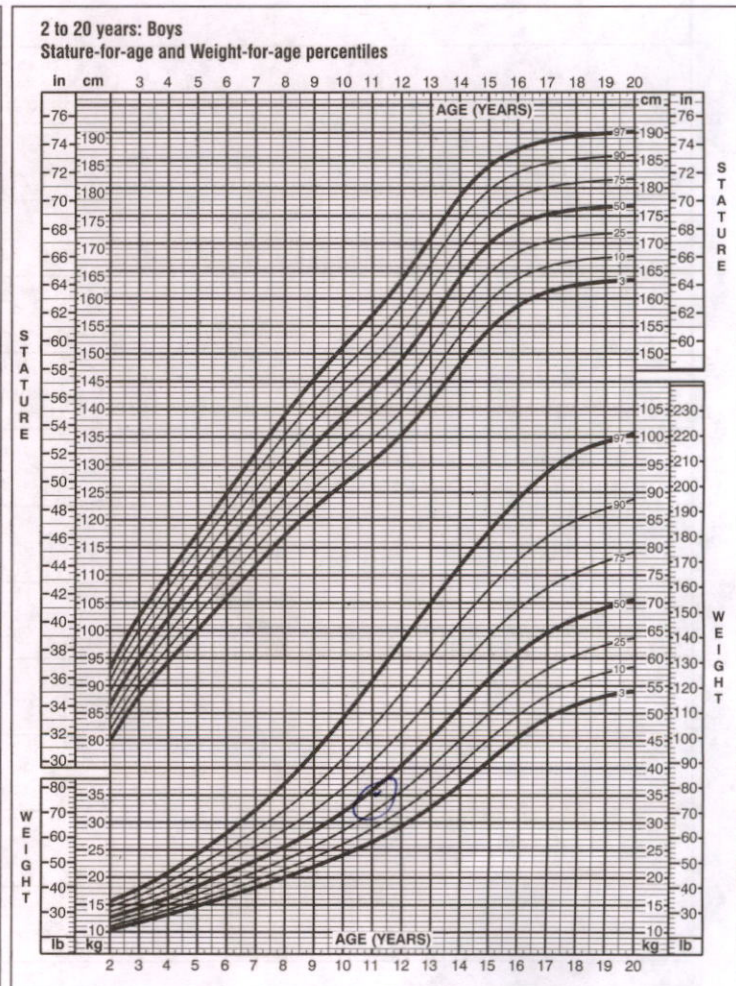
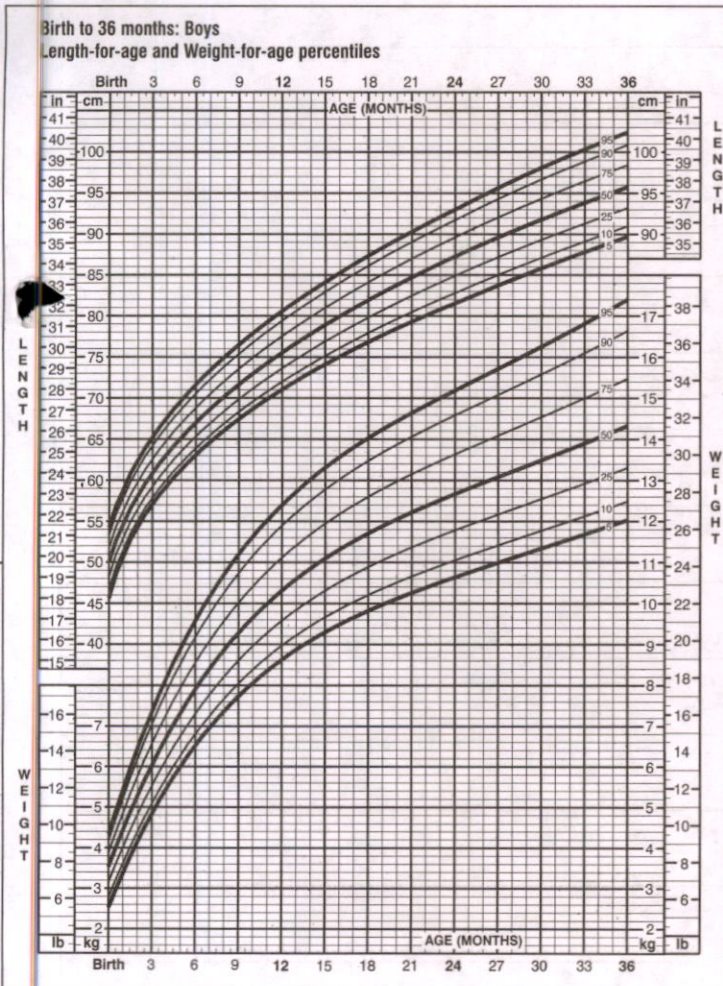
Food Allergies: NO Veg/Non-veg: veg

Diagnosis: Acit & some dehydration

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: *[Signature]*

GROWTH CHART (BOYS)



Dietician's Name: *laina*

Dietician's Signature: *[Signature]*

