

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP I _____ nt: _____ Dept : _____

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

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

VIH-00205171
Baby MIDHA GULZAR
29-10-2021 4 Y 7 M 3 D (F)
Dr. SANDHYA VADDADI



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
01/06/20	2:30 pm	ER	Onco 115	Anne S

Cross Consultation Visit

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

VIH-00205171 IP5-00174616
Baby HIDHA GULZAR
29-10-2021 4 Y 7 M 4 D (F)
Dr. SANDHYA VADDADI



CONSENT FOR SPECIAL PROCEDURES

Patient Name : Hidha Gulzar Gender: Male Female

UHID No : VIH-00205171 Department : PHO Date : 10/06/2021

I Shaik Farooq S/D/W/O

Here by give consent for procedure of : Bone marrow aspiration + biopsy

For my patient, Named : Hidha Gulzar

The doctors have clearly explained to me that the procedure has following possible complications:

Bleeding, infection, dry tap

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

Explained

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Sravani

Patient Attendant :
Signature : [Signature]

Name : Shaik Farooq

Relationship with Patient: Father

Date & Time : 02/06/2021 @ 11:00am

Witness :
Signature : [Signature]

Name : Sueelcha

Date & Time : 02/06/2021 @ 11:00 am

Doctor (who is taking the consent) :
Signature : [Signature]

Name : Dr. Sravani

Date & Time : 10/06/2021; 10AM

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

VIH-00205171 IP5-00174616
 Baby HIDHA GULZAR
 29-10-2021 4 Y 7 M 4 D (F)
 Dr. SANDHYA VADDADI



CONSENT FOR PROCEDURAL SEDATION

Authorization By: Patient Patient Attendant

I, the undersigned do hereby acknowledge the following:

- I have been made aware by the doctors in language known to me the details of sedation planned for the procedure
Bene manaw ayirotin
- I have been made aware of the possible complications from the procedure of sedation as follows:
 - Changes in heart rate, blood pressure, need for oxygen supplementation, allergic reactions, upper airway obstruction, laryngospasm, conversion to general anaesthesia
- I have been made aware that the sedation is being advised to relieve pain and anxiety during the procedure. It will help me remain calm, comfortable, and cooperative, allowing the procedure to be performed smoothly and safely.
- I have been clearly explained about the benefits, risk, and alternative of the sedation which is General Anaesthesia.
- I authorize Dr. Sandhya and his / her team to perform the procedural sedation upon the patient / myself.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: [Signature]
 Name: Shaik Feroz
 Relationship with patient: Father
 Date & Time: 02/06/2026 @ 11:00 AM

Witness:

Signature: [Signature]
 Name: Suekhy
 Date & Time: 02/06/2026 @ 11:00 AM

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Sai Date: 2/06/26 Time: 10AM

ప్రాసీజరల్ సెడేషన్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, క్రింది విషయాలను అంగీకరిస్తున్నాను:

నాకు తెలిసిన భాషలో, వైద్యులు ఈ క్రింది ప్రాసీజర్ కు ఇచ్చే సెడేషన్ గురించి పూర్తి వివరాలు నాకు తెలిపారు:

- సెడేషన్ వల్ల సంభవించగల సాధ్యమైన క్రింది సమస్యలు/ప్రమాదాలు గురించి నాకు తెలిపారు: గుండె వేగం మారడం, రక్తపోటు మారడం, ఆక్సిజన్ అవసరం, అలర్జిక్ ప్రతిచర్యలు, ఎగువ శ్వాసనాళ అడ్డంకి, లాలింజోస్పాసమ్, జనరల్ అనస్థీషియాగా మారాల్సిన అవకాశం.
- ప్రాసీజర్ సమయంలో నొప్పి, భయం, ఆందోళన తగ్గించేందుకు సెడేషన్ ఇవ్వడం అవసరం అని నాకు వివరించారు. ఇది ప్రాసీజర్ సజావుగా, సురక్షితంగా జరగడానికి సహాయపడుతుంది.
- సెడేషన్కు సంబంధించిన ప్రయోజనాలు, ప్రమాదాలు, ప్రత్యామ్నాయం (జనరల్ అనస్థీషియా) గురించి నాకు స్పష్టంగా వివరించారు.
- డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ ప్రాసీజర్ సెడేషన్ చేయడానికి నేను అనుమతిస్తున్నాను.
- పై సమాచారాన్ని నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ఉన్న ప్రశ్నలన్నీ, నాకు అర్థమయ్యే భాషలో సమాధానమిచ్చారు. ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

VIH-00205171 IP5-00174616
 Baby HIDHA GULZAR
 29-10-2021 4 Y 7 M 4 D (F)
 Dr. SANDHYA VADDADI



Moderate Sedation Flow-Sheet

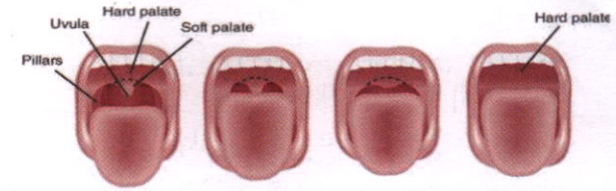
Immediate Pre-Sedation Assessment

B.P	PR	R.R	Temp	SPO ₂	Pain Score	Weight
100/60/72	110b/min	28/ -	98.6 F	100%	0	

Diagnosis: **Suspected**

Procedure: **BMA + Biopsy**

Comorbidities: **Explained**

<input checked="" type="checkbox"/> Risk, benefits & alternatives discussed; <input checked="" type="checkbox"/> Patient understand & elects to proceed <input checked="" type="checkbox"/> Consents for procedure and sedation signed and dated ASA Physical Status <input checked="" type="checkbox"/> ASA PS 1: Healthy Patient <input checked="" type="checkbox"/> ASA PS 2: Mild Systemic Disease, no functional limitations <input type="checkbox"/> ASA PS 3: Severe Systemic Disease, functional limitations <input type="checkbox"/> ASA PS 4: Severe Systemic Disease, constant threat to life <input type="checkbox"/> ASA PS 5: Moribund Patient unlikely to survive 24 hrs. <input type="checkbox"/> ASA PS 6: A declared braindead patient whose organs are being removed for donor purposes <input type="checkbox"/> E: Emergency procedure GCS: E M V <input checked="" type="checkbox"/> IV Site: Gauge: Sedation Plan: IV Allergies: None	AIRWAY EVALUATION Mouth: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loose Teeth <input type="checkbox"/> Small Mouth <input type="checkbox"/> Protruding Incisors <input type="checkbox"/> Receding Lower Jaw <input type="checkbox"/> Dentures Neck: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Decreased ROM <input type="checkbox"/> Thyromental Distance Less Than 6 cm <input type="checkbox"/> Short Neck  Mallampati Class: <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
--	--

Monitoring of Patient Intra – Procedure

Procedure Monitoring

Heart Rate (HR), Respiratory Rate (RR), Oxygen Saturation (O₂ Sat) continuously monitored, and Level of Consciousness (LoC) to be monitored and recorded minimally every 15 minutes until 15 minutes after the last administration of any sedation, then every 30 minutes, then every 1 hour until stable. Respiratory status to be monitored continuously.

Level of Consciousness (LOC):

- A - Alert
- V - Verbally Responsive
- P - Painfully Responsive
- U - Unresponsive

Observation to be documented every 15 mins

TIME	BP	PR	RR	O ₂ Sat%	O ₂ Supplementation	Comments / Initials
Baseline 11:15pm	93/68(73)	119b/m	28b/m	98%	-	Sush
11:30pm	96/60(70)	114b/m	29b/m	99%	-	Sush

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME
INJ MIDAZOLAM	IV	1mg	11am	
1µg KETAMINE	IV	10mg	11am	

Doctor Notes: child tolerata wau

Time of transportation to post sedation care room: LOC:

Doctor Name: DR. SOI Signature: 

Post Sedation Care Room


Time	11:50am	12:00pm								
Monitoring										
ECG										
NBP										
Oximeter										
Pain Score (0-10)										
Sedation Score (0-4)										
	93	98								
	(73)	(70)								
	67	60								

TOTAL ALDRETTE SCORE AT DISCHARGE =
 (If 9 and more patient can discharge from post Sedation care unit)

Activity :	Consciousness:	Respiration:	Oxygen Saturation:	Circulation:
Four extremities = 2	Fully awake = 2	Breathe Deep = 2	Sat O ₂ > 92 % on room air = 2	BP +/- 20 mm hg of pre-op = 2
Two extremities = 1	Arousal on calling = 1	Dyspnea, limited breathing = 1	Needs oxygen to maintain Sat O ₂ > 90% = 1	BP +/- 20-50 mm hg of pre-op = 1
No extremities = 0	Unresponsive = 0	Apnea = 0	Saturation < 90% with oxygen = 0	Bp +/- 50 mm hg of Pre-Op = 0

Patient Discharge Time: 12:30

Nurse Name: 

Signature: 

Date: 10/2/16 Time: 12

Consultant Name: DR. Vondhyo
 Stamp

Signature: 

**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 : IP5-00174616 Admit Date : 01-Jun-2026 Admit Time : 06:29 PM UHID : VIH-00205171

Patient Details :

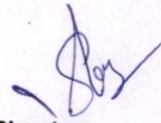
Patient Name : Baby HIDHA GULZAR Age : 4 Y 7 M 3 D
Guardian : Mr SHAIK FEROZ DOB : 29-10-2021
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : H.NO.3-254/1/88, INDIRA NAGAR, Adilabad Phone No : 9666612646/ 9603631646
Adilabad Telangana INDIA 504001 E-mail : na@gmail.com

Admission Details :

Bed Type : FOUR SHARING Bed No : FSW 128 Ward Name : 1F-HEMATO-ONCOLOGY
Room No : FSW 128 Admission Type : First Visit

Contact Details :

Name : Mr SHAIK FEROZ Relationship : Father
Contact Address : H.NO.3-254/1/88, INDIRA NAGAR, Adilabad Phone No : 9666612646 / 9603631646
Adilabad Telangana INDIA 504001


Signature

Doctor Details :

Doctor Name : Dr. SANDHYA VADDADI Specialisation : HEMATO ONCOLOGY
Referral Doctor : Self Phone No :
Co-Consultant : Dr. SIRISHA RANI

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : IFFCOTOKIO GENERAL INSURANCE
CO LTD




Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00205171 IP5-00174616
Baby HIDHA GULZAR
28-10-2021 4 Y 7 M 3 D (F)
Dr. SANDHYA VADDADI



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00205171
Baby HIDHA GULZAR
29-10-2021 4 Y 7 M 3 D (F)
Dr. SANDHYA VADDADI

IPS-00174616



History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

- Puerpura (1-2 months)

History of present illness :

- Puerpura over legs and hands

- N/A fever, weight loss, cough, cold, fever

- N/A bloody from nose, &

Patient Sticker

VH-00205171 IP5-00174616
Baby HIDHA GULZAR
29-10-2021 4 Y 7 M 3 D (F)
Dr. SANDHYA VADDADI

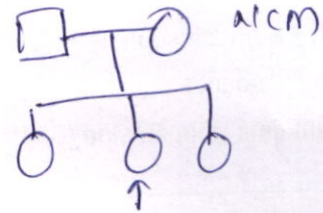


& Physical Examination

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

_____ N91

Birth & Neonatal History:



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

_____ Studying in UEG

_____ Active in studies.

Immunization History :

_____ Provided till date.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 13.48 kg (Centile _____)

On Examination :

Temperature : 98.1°f Pulse Rate : 106/min B.P. 116/82 (92) SP02 98% RA.

Resp.rate and type of breathing : 24/min clm

Rash _____ purpura (+)

Lymphadenopathy _____ -

Oedema : _____ -

Allergies (if any): _____ -

Respiratory System :

Inspection (any s/o distress) : _____

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

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : R2 (+)

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : _____

Auscultation : _____ (circled symbol)

Spine : _____ External Genitelia : _____

Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : 2

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : 2

Posture : _____

Involuntary Movements : _____

Reflexes :

Superficials:

neurological & evaluation.
Acute ITP.

VIH-00205171
Baby HIDHA GULZAR
28-10-2021 4 Y 7 M 3 D (F)
Dr. BANDHYA VADDADI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: completely

Desired goals of the treatment: Hemodynamic Stability

Planned Labs:

~~CBP.
H/B
Ames
H/G/H~~

Planned Management

- BMA & BX
- Gg Tranexa 150mg iv BID

H/B
Ames
H/G/H

Signature of the Doctor: [Signature]
Name of the Doctor: Dr. Rema Krishna
Date & Time: 1/6/22

Signature of the Consultant:
Name of the Consultant:
Date & Time:

VIH-00205171 IP5-00174616
 Baby HIDHA GULZAR
 29-10-2021 4 Y 7 M 4 D (F)
 Dr. SANDHYA VADDADI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 9:30 am	<p>slb m/sandhya ↓ Thrombocytopenia for evaluation Acute ITP</p> <p>c/o petechial rash</p> <p>PLT: 66,000/mm³</p> <p>slb / wbc / (A)</p>	<p>(P)</p> <p>→ BMA & bx today → stand after BMT</p> <p><i>[Signature]</i></p>
2/6/26 11 AM	<p><u>procedure notes</u></p> <p>Under sterile aseptic precautions, Bone marrow aspiration and biopsy done. vitals - stable</p>	<p>Procedure unsuccessful.</p> <p>Plan</p> <ol style="list-style-type: none"> 1. send BMA + biopsy. 2. Start Cyp omNAVORTIL FORTE 5ml - 5ml 3. Add Tab dr. CANZOLE, by CALEMAR PUS 5ml OD 4. discharge evening today 4pm elv next Thursday eCBP. <p><i>[Signature]</i></p>

VIH-00205171 IP5-00174616
 Baby MIDHA GULZAR
 29-10-2021 4 Y 7 M 3 D (F)
 Dr. SANDHYA VADDADI



RESULT SHEET

Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

VIH-00205171 IP5-00174616
 Baby MIDHA GULZAR
 29-10-2021 4 Y 7 M 3 D (F)
 Dr. SANDHYA VADDADI



DRUG CHART

Date of Admission: 1/6/20 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 :				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:																					

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. 13.49kg Ward.

DRUG : Zy TRANEXA 1				Date Time	1/6	2/6															
Dose	Route	Frequency	Start Date																		
150mg	iv	12 th hour	1/6	10																	
Name & Signature of the Doctor Starting the Drugs:				Am X 10am surebra																	
Additional Instructions:				10 10am pm Divya																	
Daily Doctor's Endorsement by a Sign																					

DRUG : Symp OMNACORTIL FORTE				Date Time	2/6																
Dose	Route	Frequency	Start Date																		
5ml	PO	BD	2/6	10am																	
Name & Signature of the Doctor Starting the Drugs:				10am 10am pm surebra																	
Additional Instructions:				10pm																	
				(5ml / 15mg) x 5 days																	
Daily Doctor's Endorsement by a Sign																					

DRUG : Tab dr. LAN 2LE				Date Time	2/6																
Dose	Route	Frequency	Start Date																		
1tab	PO	OD	2/6	6am																	
Name & Signature of the Doctor Starting the Drugs:				6am 6am pm surebra																	
Additional Instructions:				1 tab = 15mg																	
Daily Doctor's Endorsement by a Sign																					

DRUG : Symp CALCIMAX PWS				Date Time	2/6																
Dose	Route	Frequency	Start Date																		
5ml	PO	OD	2/6	6pm																	
Name & Signature of the Doctor Starting the Drugs:				6pm																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

Pa: VIH-00205171 IP5-00174616
 Baby HIDHA GULZAR
 28-10-2021 4 Y 7 M 3 D (F)
 Dr. SANDHYA VADDADI



MEDICATION RECONCILIATION FORM

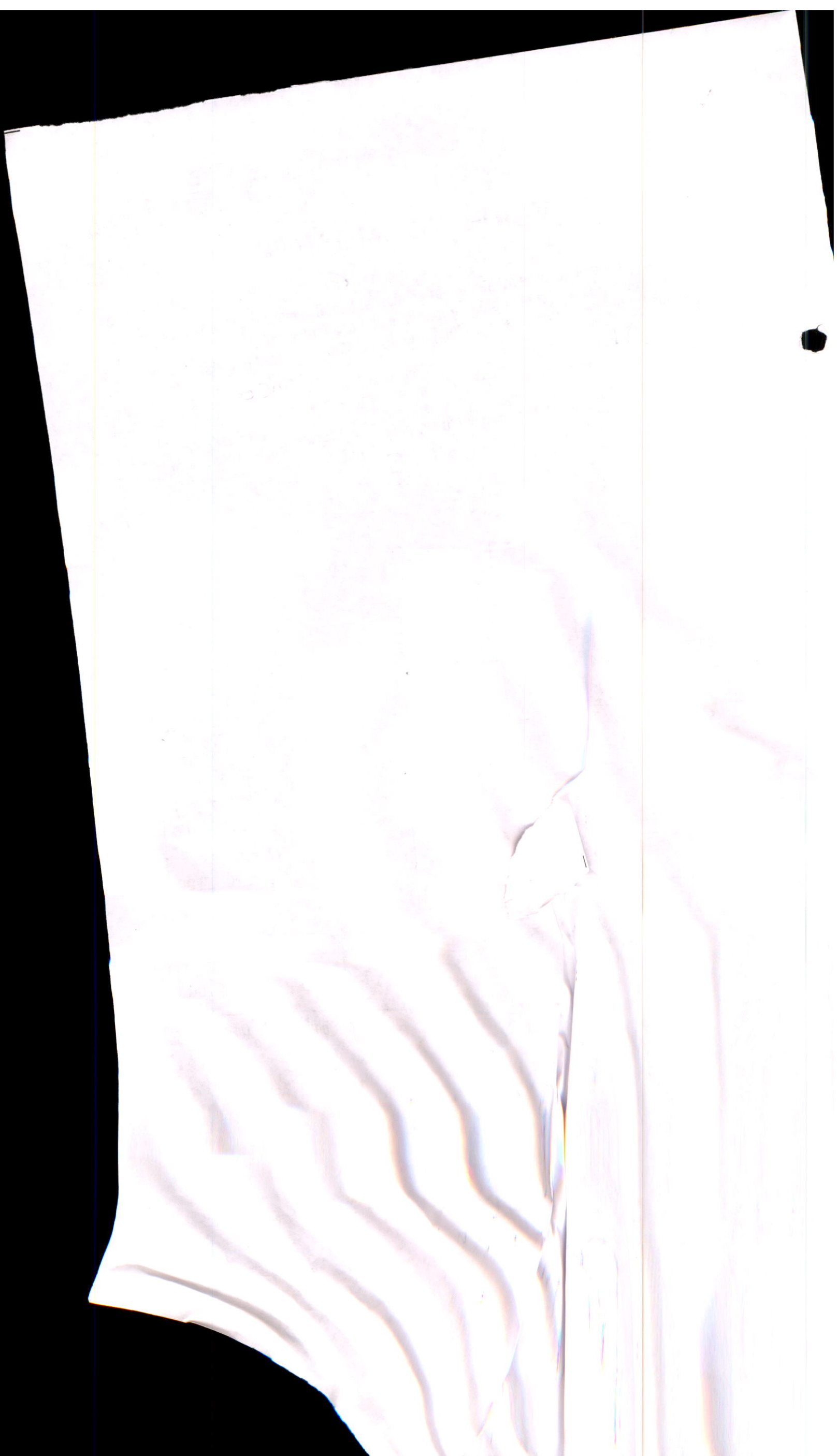
Drug Allergies: Not known any Drug Allergies
 Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
 (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: FL Shifted to: oneo

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
						<input type="checkbox"/> C <input type="checkbox"/> DC
						<input type="checkbox"/> C <input type="checkbox"/> DC
						<input type="checkbox"/> C <input type="checkbox"/> DC
						<input type="checkbox"/> C <input type="checkbox"/> DC
						<input type="checkbox"/> C <input type="checkbox"/> DC
						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

ADMITTED / VERIFIED BY
 [Signature]
 [Signature]



PRE-SCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

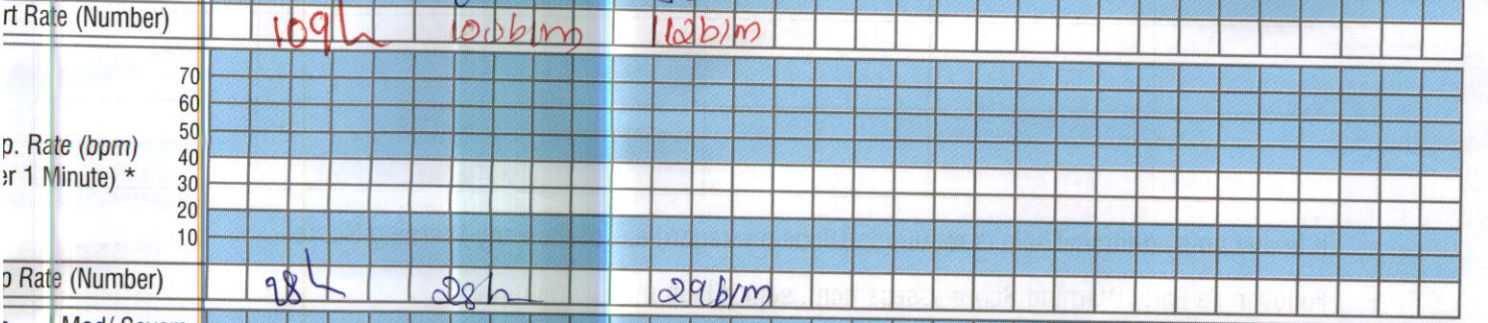
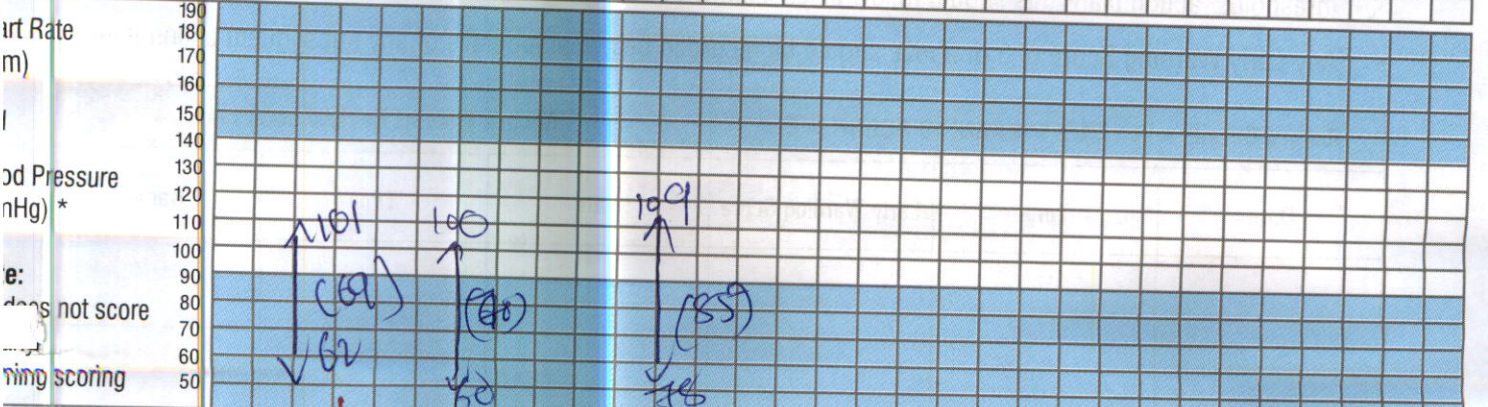
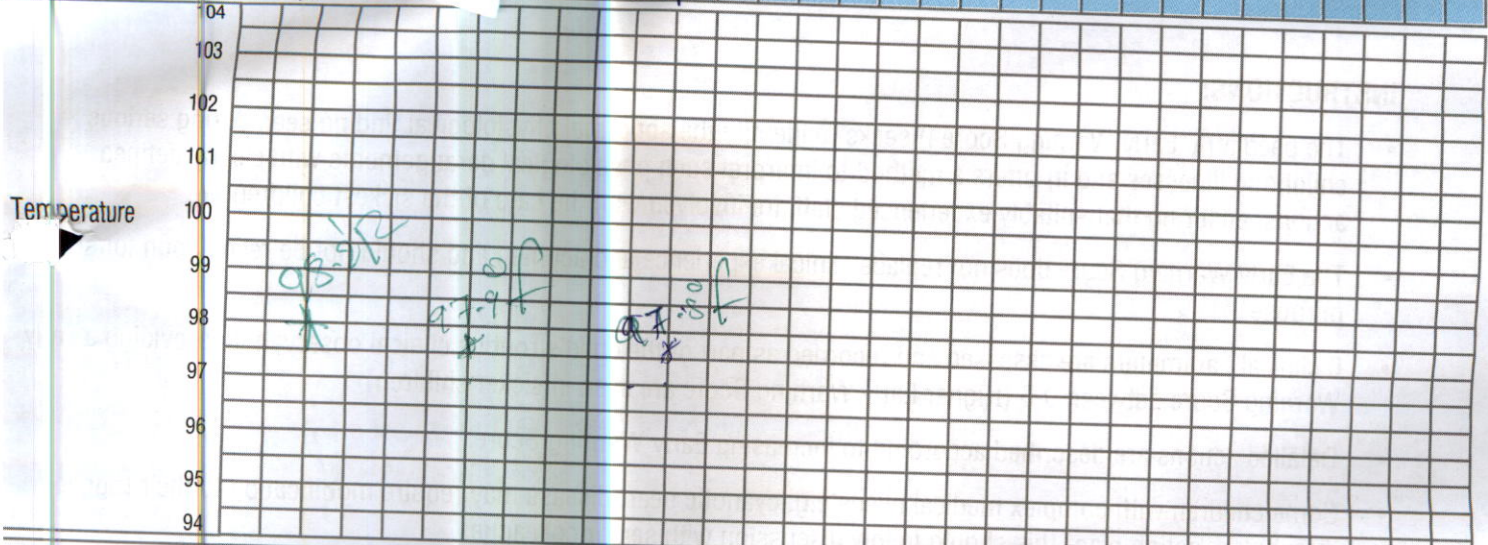
Pratiksha
Rainbow Children's Hospital
It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

WARNING SCORE: CHILDREN'S UNIT

Date: 2/16/22 Time: 10:00 AM

Doctor / Nurse / Family Concern? [Signature] [Signature] [Signature]



Respiratory	Mod/ Severe			
	None / Mild			
SpO2	Receiving O2 (l/min)			
	Saturations (%)	98.1	98.7	99.1
Conscious	Normal			
	Altered			
Alert		15/15	15/15	15/15
AL SCORE		1	1	1
Number of shaded boxes		0	0	0
Score		0	0	0
Observer's Initials				

- IONS**
- 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.

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 Is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

VIH-00205171
 Baby HIRHA GULZAR IP5-00174616
 29-10-2021 4 Y 7 M 4 D (F)
 Dr. SANDHYA VADDADI

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

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

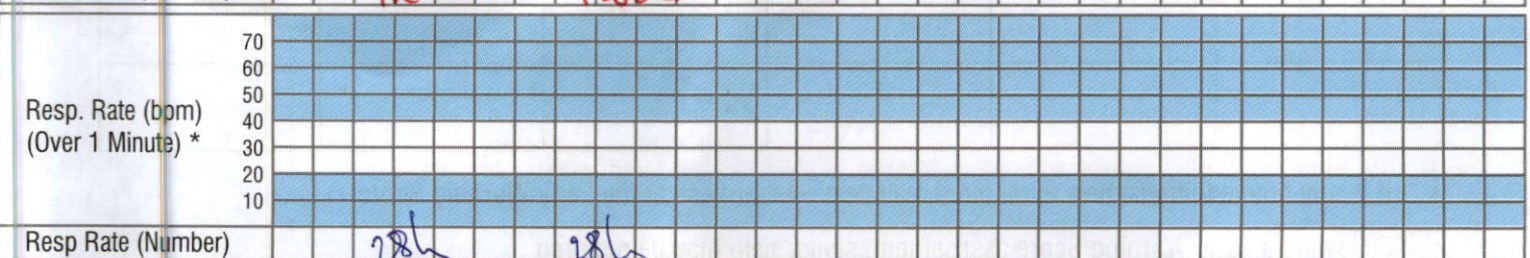
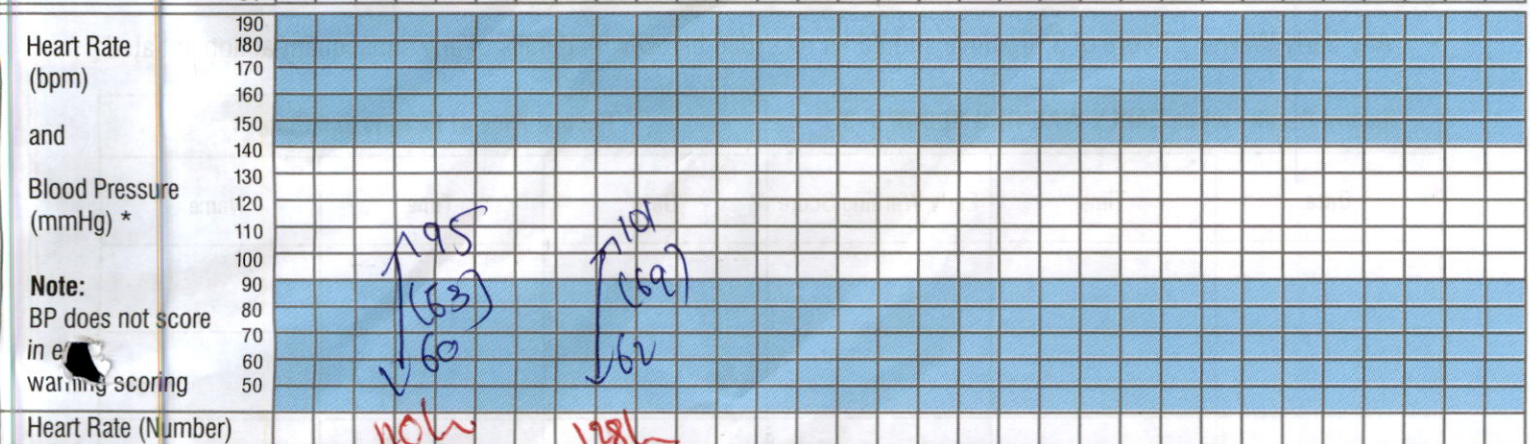
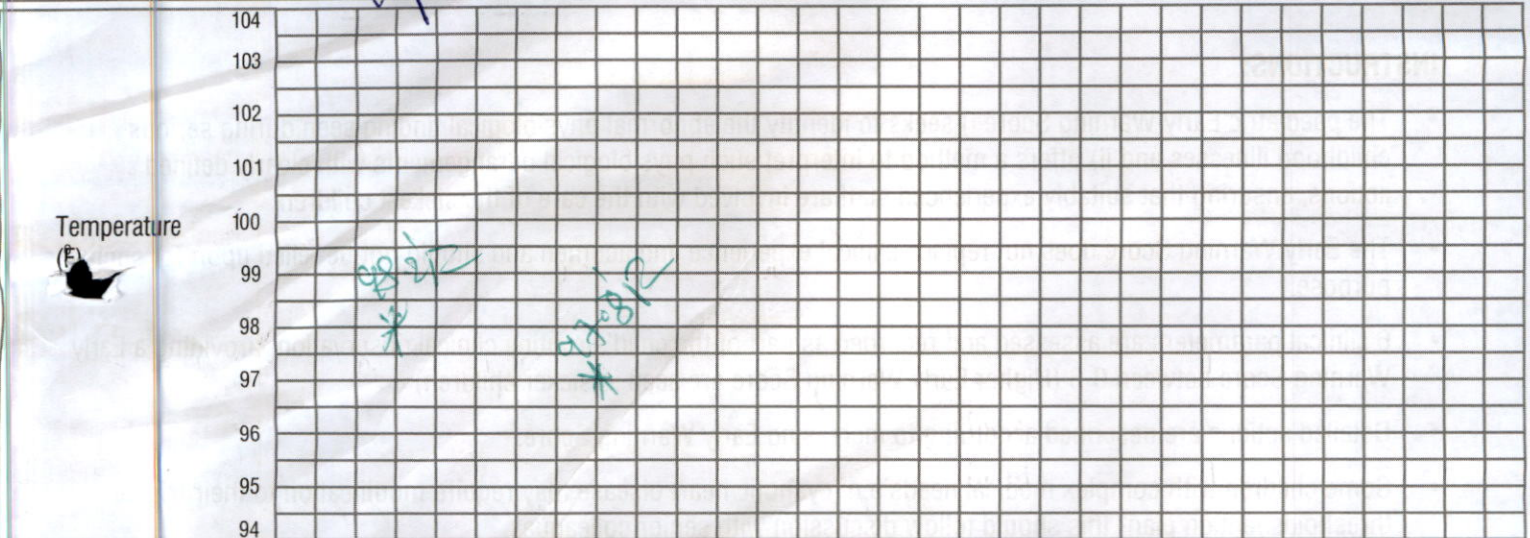
Pratiksha
Rainbow
Children's
Hospital
 It takes a lot to treat the little.

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/10/20 Time: 10:30

Doctor / Nurse / Family Concern? *10p* *aa*



Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) *99%* *99%*

Conscious Level Normal Altered GCS * *15* *15*

TOTAL SCORE
 Number of shaded boxes *1* *1*
 Pain Score *0* *0*
 Observer's Initials *g* *o*

- 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)

VIH-00205171
 Baby HIDHA GULZAR IPS-00174616
 29-10-2021 4 Y 7 M 3 D (F)
 Dr. SANDHYA VADDADI

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							

VIH-00205171
 Baby HIDHA GULZAR (F)
 29-10-2021 4 Y 7 M 4 D
 Dr. SANDHYA VADDADI

IP5-00174616

FLUID CHART



Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
2/6/20	08:00 am	I		40ml		/			/		0	Sush	
	09:00 am	DM		40ml		/			/		0		
	10:00 am	I		40ml		/			/		0	Sush	
	11:00 am			-		/			/		0		
	12:00 pm				-		/			/		0	Sush
	01:00 pm				-		/			/		0	
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

115

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 2/6/26 Time: 9 AM

Weight: 13.49 kgs Centile: 5th

Height: 107 cm Centile: 75th

Inference: underweight child

RDA: - Calories: 1350 kcal/d Protein: 23g/d

Diet Recommendations: child is on NPO.

Re-Assessment:

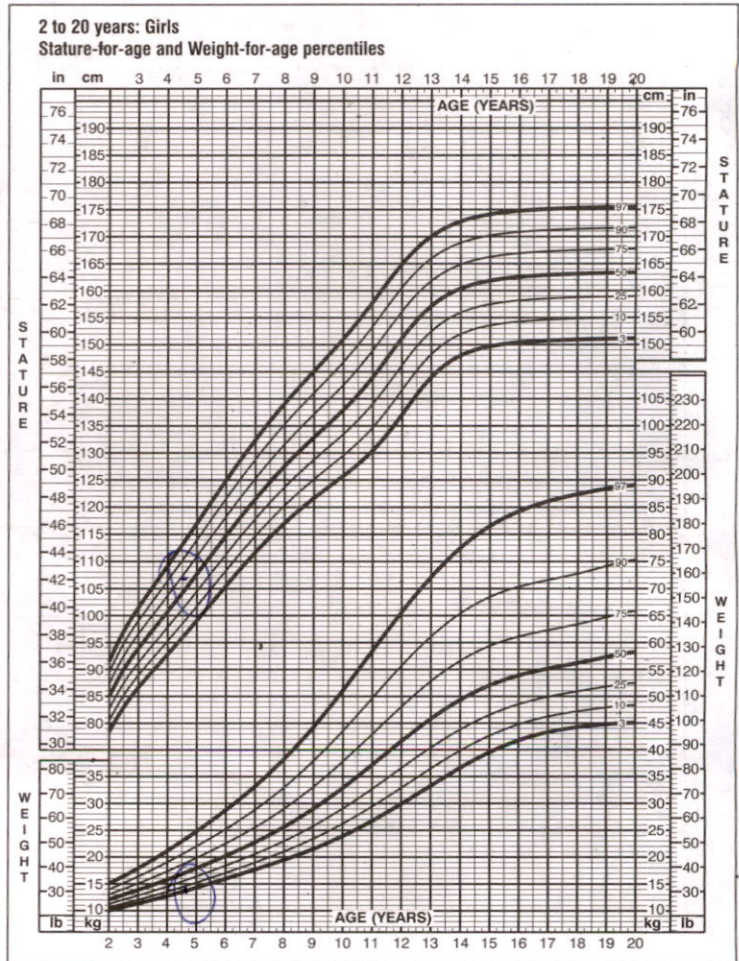
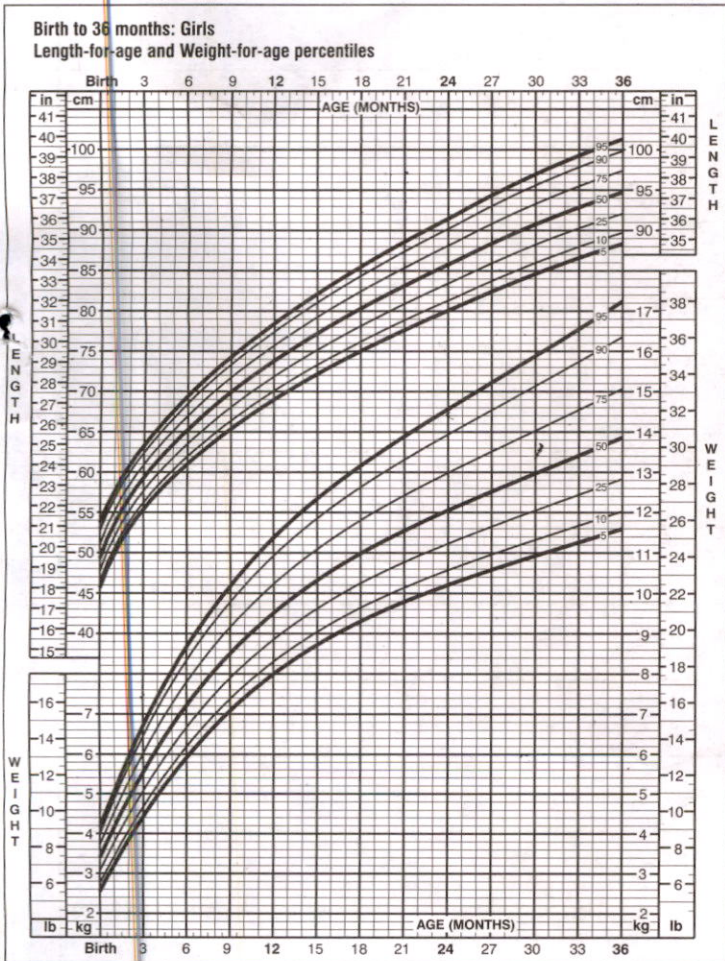
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: Thrombocytopenia & evaluation ? Acute TTP

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: *[Signature]*

GROWTH CHART (GIRLS)



Dietician's Name: Monica

Dietician's Signature: Monica

