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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

BAH-00509689 IP5-00174652
Master ALATHURU CHARITH
15-03-2019 7 Y 2 M 18 D (M)
Dr. SIRISHA RANI

Name : ____________________

UHID No. : __________ Consultant: __________ Dept : __________

Date of Admission: __________ Date of Discharge : __________ Time: __________

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/6/26	3:20 pm	ER	145	Pooja

Cross Consultation Visit

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

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/6	infusion pump	4pm		26835	Chandana

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/6	chemotherapy		96720	Chandana

ANY OTHER INFORMATION

Date : 3/6/26 Time : 11:30 AM Prepared By : Raveena

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Raveena	1st floor		

Rainbow Children's Hospital

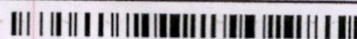
BirthRight by Rainbow

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 : IP5-00174652 **Admit Date** : 02-Jun-2026 **Admit Time** : 02:28 PM **UHID** : BAH-00509689

Patient Details :

Patient Name : Master ALATHURU CHARITH KHUSHAL
Guardian : Mr DINESH ALATHURU
Gender : Male
Occupation :
Address (H) : FLAT NO. 303,H NO 20-74/7, HILL VIEW RESIDENCY, GOUTHAM NAGAR,NEAR GOUTHAM NAGAR WATER TANK, Malkajgiri Hyderabad INDIA 500047

Age : 7 Y 2 M 18 D
DOB : 15-03-2019
Religion :
Martial Status : Single
Phone No : 9642358827/ 9581815729
E-mail : na123@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : SW 145 **Ward Name** : 1F-VIBGYOR
Room No : SW 145 **Admission Type** : First Visit

Contact Details :

Name : Mr DINESH ALATHURU
Contact Address : FLAT NO. 303,H NO 20-74/7, HILL VIEW RESIDENCY, GOUTHAM NAGAR,NEAR GOUTHAM NAGAR WATER TANK, Malkajgiri Hyderabad INDIA 500047

Relationship : Father
Phone No : 9642358827 / 9581815729

Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI
Referral Doctor : Self
Co-Consultant : Dr. NALLA ANURAAG REDDY

Specialisation : HEMATO ONCOLOGY
Phone No :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00
Payor Name : SELFPAY

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Charith Kushal

UHID ID: BAH-00509689 IP5-00174652
Master ALATHURU CHARITH
15-03-2019 7 Y 2 M 18 D (M)
Dr. SIRISHA RANI

Department:

Consultant:

BAH-00509689 IP5-00174652
Master ALATHURU CHARITH
15-03-2019 7 Y 2 M 18 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Information given by: ______ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

K/C/O Relapse refractory RMS of the bladder neck & prostatic urethra on VIT Chemotherapy - D +16 post chemo

History of present illness :

Came for chemotherapy

No H/o fever, cold, cough, vomitings, burning micturation.

No H/o fresh complaints

Last CBP 2/6/26 : 11 \ 3.20 / 37 | 33.9 < 257, 30.4

BAH-00509689 IP5-00174652
Master ALATHURU CHARITH
15-03-2019 7 Y 2 M 18 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Birth & Socio Economic History:

About Father : Upper middle class
About Mother :
Any additional Information :

Developmental History :

(N) development

Immunization History :

Upto date

(P.T.O.)

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 13·1kg (Centile ______)

On Examination :

Temperature : 98·4°F Pulse Rate : 102/min B.P. 112/62 (71) SPO2 98%·on RA

Resp.rate and type of breathing : RR = 22/min

Rash

Lymphadenopathy Nil.

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L AE (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : soft, NT

Ausculation :

Spine : External Genitelia :

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

BAH-00509689 IP5-00174652
Master ALATHURU CHARITH (M)
15-03-2019 7 Y 2 M 18 D
Dr. SIRISHA RANI

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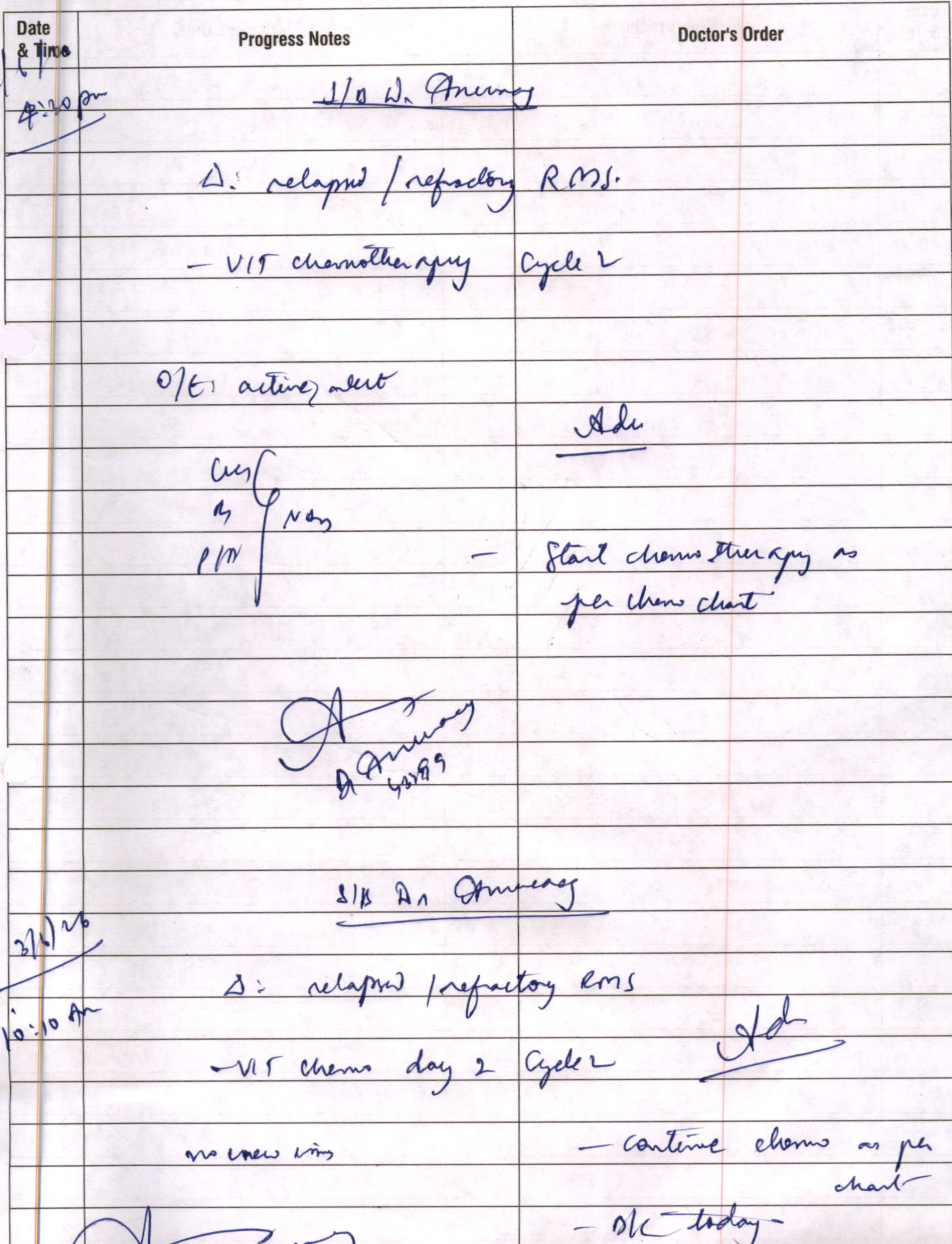
PROGRESS NOTES AND DOCTOR'S ORDER



Date & Time	Progress Notes	Doctor's Order
2/1/ 4:30 pm	S/B Dr. [illegible]	
	Δ: relapsed / refractory RMS.	
	– VIT chemotherapy Cycle 2	
	O/E: active, alert	Adv
	CVS, RS, P/A } NAD	– Start chemotherapy as per chemo chart
	[signature] Dr [illegible]	
3/1/26 10:10 AM	S/B Dr. [illegible]	
	Δ: relapsed / refractory RMS	Adv
	– VIT chemo day 2 Cycle 2	
	no new [illegible]	– Continue chemo as per chart
	[signature] Dr [illegible]	– D/C today

BAH-00509689 IP5-00174652
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15-03-2019 7 Y 2 M 18 D (M)
Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00509689 IP5-00174652
Master ALATHURU CHARITH (M)
15-03-2019 7 Y 2 M 18 D
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : (N)

Cranial Nerves : (N)

Motor System:

Nutriton : (N)

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars (N)

Sensory System : (N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

Relapsed refractory RMS of bladder - Prostatic urethra
↓
Came for chemotherapy.

(P.T.O.)

BAH-00509689 IP5-00174652
Master ALATHURU CHARITH
15-03-2019 7 Y 2 M 18 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP – done on OPD basis

Planned Management

Inj Ondem
Syp- Domstel
Continue regular prescription.

Chemotherapy

NB
sagar
2/6/26

Signature of the Doctor: Ramya

Name of the Doctor: Dr. RAMYA

Date & Time: 2/6/26;

Signature of the Consultant: [signature]

Name of the Consultant: Dr Sirisha Rani

Date & Time:

BAH-00509689 IP5-00174652
Master ALATHURU CHARITH
15-03-2019 7 Y 2 M 18 D
Dr. SIRISHA RANI (M)

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: 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	Syp Septran	5ml	PO	OD	1/6	☑ C ☐ DC
2	Syp Celemam plus	5ml	PO	OD	1/6	☑ C ☐ DC
3	Syp Zincovit	5ml	PO	OD	1/6.	☑ 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 : Dr. RAMYA

Date & Time : 2/6/26 ; 2:45pm.

Nurse Name & Signature: Sagar

Date & Time : 2/6/26 @ 3:20 pm

Docu. No. : RCHBH /FRM / GENERAL / 090

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 13.1 kg. Ward ....

DRUG : Syp. ZINCOVIT				Date / Time: 2/6/25
Dose	Route	Frequency	Start Dt.	
5ml	PO	Q24H	2/6/26	
Name & Signature of the Doctor Starting the Drugs: Dr Ramya				10AM Home ...
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : TAB CEFIXIME				Date / Time: 2/6
Dose	Route	Frequency	Start Dt.	
100mg	PO	Q24H	2/6/26	
Name & Signature of the Doctor Starting the Drugs: Dr Ramya				8PM ...
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:				D/C
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				

VERIFIED BY : Name .... Signature

BAH-00509689 IP5-00174652
Master ALATHURU CHARITH
15-03-2019 7 Y 2 M 18 D (M)
Dr. SIRISHA RANI

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				

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

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DRUG CHART

Date of Admission: 2/6/26 Drug Allergies; .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

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:				

D/C

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

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

Master ALATHURU CHARITH
15-03-2019 7 Y 2 M 18 D (M)
Dr. SIRISHA RANI

REGULAR PRESCRIPTIONS

Weight. 13.10kg Ward. ....

DRUG : Inj ONDANSETRON				Date / Time	2/6	3/6
Dose	Route	Frequency	Start Date			
~~2.6mg~~ 3mg	IV	Q12H	2/6/26	6AM	X	~~Chandu~~
Name & Signature of the Doctor Starting the Drugs: Dr Ramya				6pm	5:50pm Ancy Sebast	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : Syp DOMPERIDONE				Date / Time	2/6	3/6
Dose	Route	Frequency	Start Date			
2.5ml	PO	Q12H	2/6/26	10AM	Home	Nitish Pawan
Name & Signature of the Doctor Starting the Drugs: Dr Ramya				10pm	Chandu	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : Syp. SEPTRAN				Date / Time	3/6	
Dose	Route	Frequency	Start Date			
5ml	PO	Q24H	2/6/26			
Name & Signature of the Doctor Starting the Drugs: Dr. Ramya				10 AM	Nitish Pawan	
Additional Instructions: On Mon, Wed, Friday.						
Daily Doctor's Endorsement by a Sign						

DRUG : Syp. CALCIMAX PLUS				Date / Time	2/6	3/6
Dose	Route	Frequency	Start Date			
5ml	PO	Q24H	2/6/26			
Name & Signature of the Doctor Starting the Drugs: Dr Ramya				10AM	Home	Nitish Pawan
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

BAH-00509689 IP5-00174652
Master ALATHURU CHARITH
15-03-2019 7 Y 2 M 18 D (M)
Dr. SIRISHA RANI

Weight. .... 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
2/6/26	5.50PM	Inj DEXAMETHASONE	2mg in 50ml NS	IV 1hour	[signature]	Anupama Swarna

D/C

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

7 Y 2 M 18 D (M)
Dr. SIRISHA RANI

I.V. FLUIDS CHART

Weight. 13.1 kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

BAH-00509689 IP5-00174652
Master ALATHURU CHARITH
15-03-2019 7 Y 2 M 19 D (M)
Dr. SIRISHA RANI

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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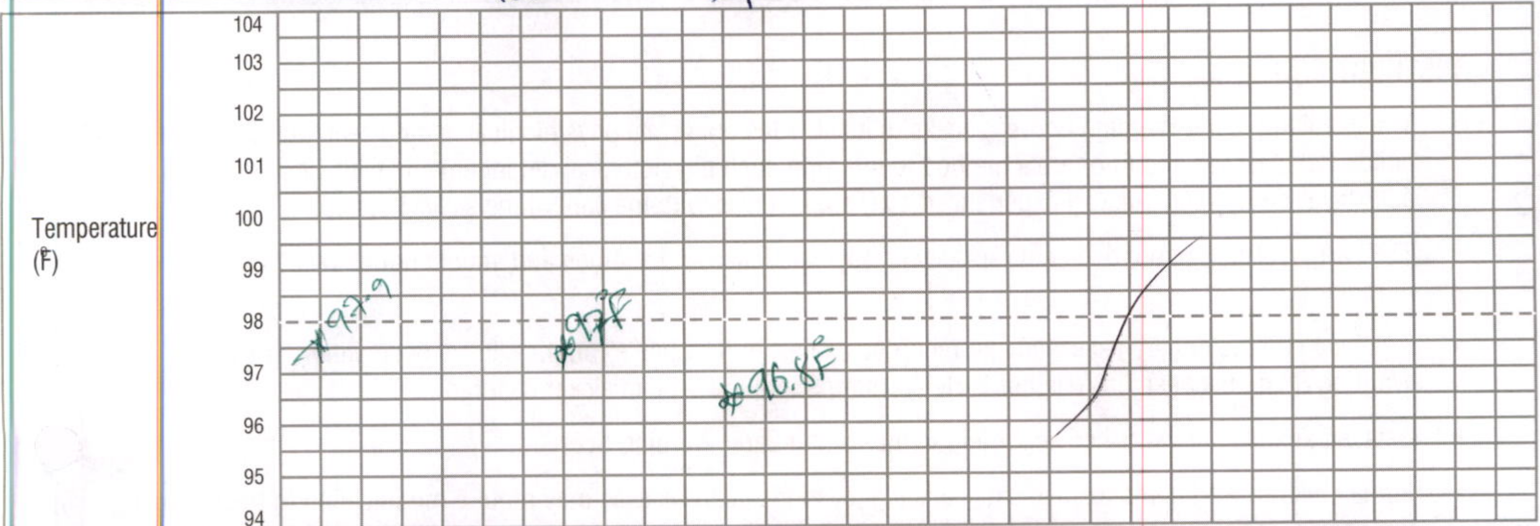
EARLY WARNING SCORE: CHILDREN'S UNIT

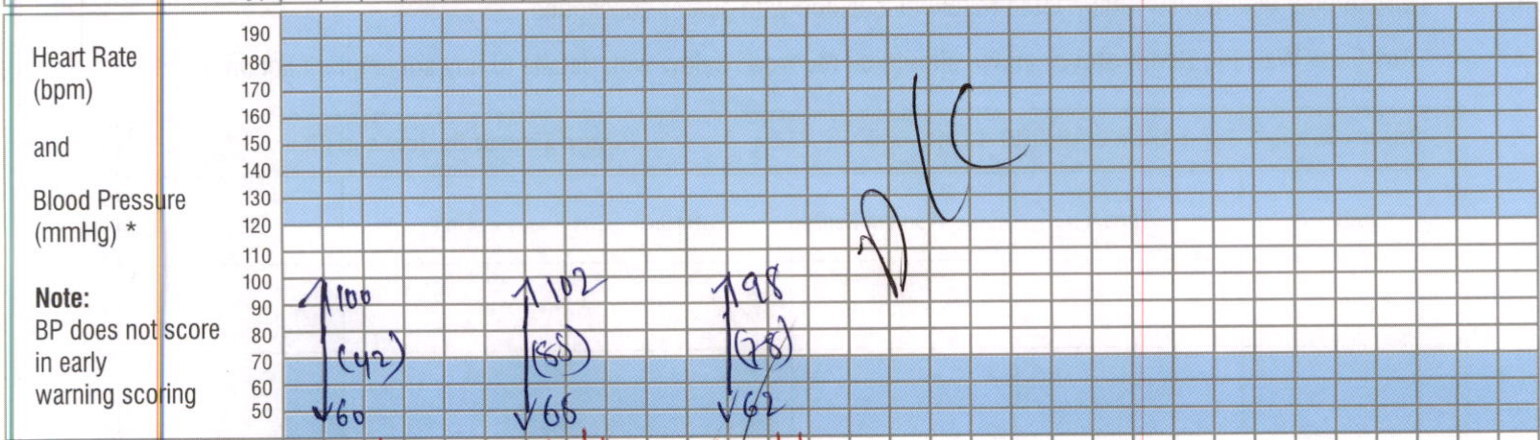
Date : 3/6/26 ..... Time:

Doctor / Nurse / Family Concern? 6am | 10am | 1pm



Temperature (°F) — 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

97.9 | 97F | 96.8F



Heart Rate (bpm) and Blood Pressure (mmHg) * — 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

D/C

	6am	10am	1pm
Blood Pressure	100/60 (42)	102/66 (88)	98/62 (78)
Heart Rate (Number)	115 b/m	117 b/m	102 b/m

Resp. Rate (bpm) (Over 1 Minute) * — 70, 60, 50, 40, 30, 20, 10

	6am	10am	1pm
Resp Rate (Number)	27 b/m	26 b/m	26 b/m
Resp Distress: Mod/ Severe			
Resp Distress: None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	99%	98%	100%
Conscious Level: Normal			
Conscious Level: Altered			
GCS *	13/15	13/15	13/15
TOTAL SCORE Number of shaded boxes	0	1	1
Pain Score	0	0	0
Observer's Initials	Oj		

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: Scores 3 should be recorded overleaf

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/6 Time:	4pm	10pm	3/6/26 2am
Doctor / Nurse / Family Concern?			
Temperature (F) (104–94)	97.4 F	98.1	97.8
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) Note: BP does not score in early warning scoring	113/82 (90)	111/60 (42)	100/62 (42)
Heart Rate (Number)	80 b/m	100 b/m	80 b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)			
Resp Rate (Number)	26 b/m	27 b/m	28 b/m
Resp Distress — Mod/ Severe			
Resp Distress — None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	99%	100%	99%
Conscious Level — Normal			
Conscious Level — Altered			
GCS *	15/15	13/15	13/15
TOTAL SCORE Number of shaded boxes	1	0	0
Pain Score	+	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]

ACTIONS	Score	
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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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 02/ 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)

BAH-00509689 IP5-00174652
Master ALATHURU CHARITH
15-03-2019 7 Y 2 M 18 D (M)
Dr. SIRISHA RANI

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Your Right to a Safe Delivery

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	Intake				Output					IV Site Thrombo-phlebitis 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			—						✓		Anu
	04:00 pm			—		Nil	Nil					
2/6	05:00 pm											
	06:00 pm	Chemo	Rice H_2O							✓		Anu
	07:00 pm			50ml								
Total Intake :						Total Output :						
	08:00 pm			50ml								Chand
	09:00 pm											
	10:00 pm	No		10ml			Nil			✓		Chand
	11:00 pm	SVF		10ml								
	12:00 am			10ml								Chand
	01:00 am			10ml								
Total Intake :						Total Output :						
	02:00 am			10ml								
	03:00 am			10ml								Chand
	04:00 am	No		10ml			Nil					
	05:00 am	SVF		10ml						✓		Chand
	06:00 am			10ml								
	07:00 am			10ml								Chand
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

BAH-00509689 IP5-00174652
Master ALATHURU CHARITH
15-03-2019 7 Y 2 M 19 D (M)
Dr. SIRISHA RANI

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.

		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											
	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**	

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

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145

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 3/6/26 Time: 8Am

Weight: 13.1kg Centile: <5th

Height: 108cm Centile: <5th

Inference: Underweight child.

RDA: — Calories: 1500kcal/d Protein: 26g/d

Diet Recommendations: Normal diet

Re-Assesment: Avoid spicy, chilled and outside foods

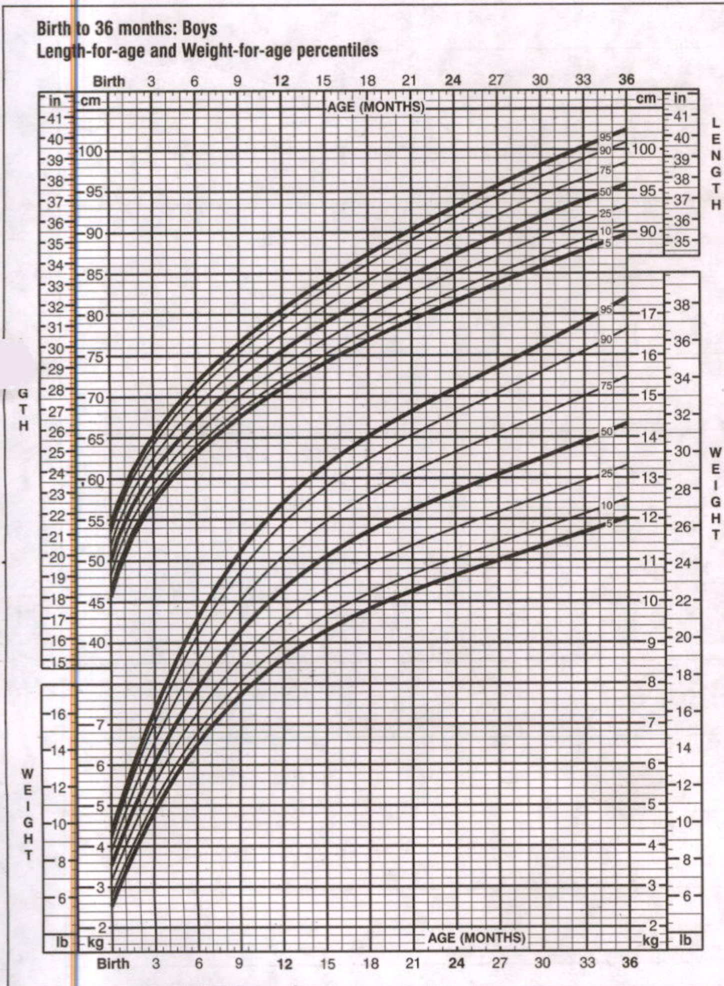
Food Allergies: No Veg/Non-veg Non-veg

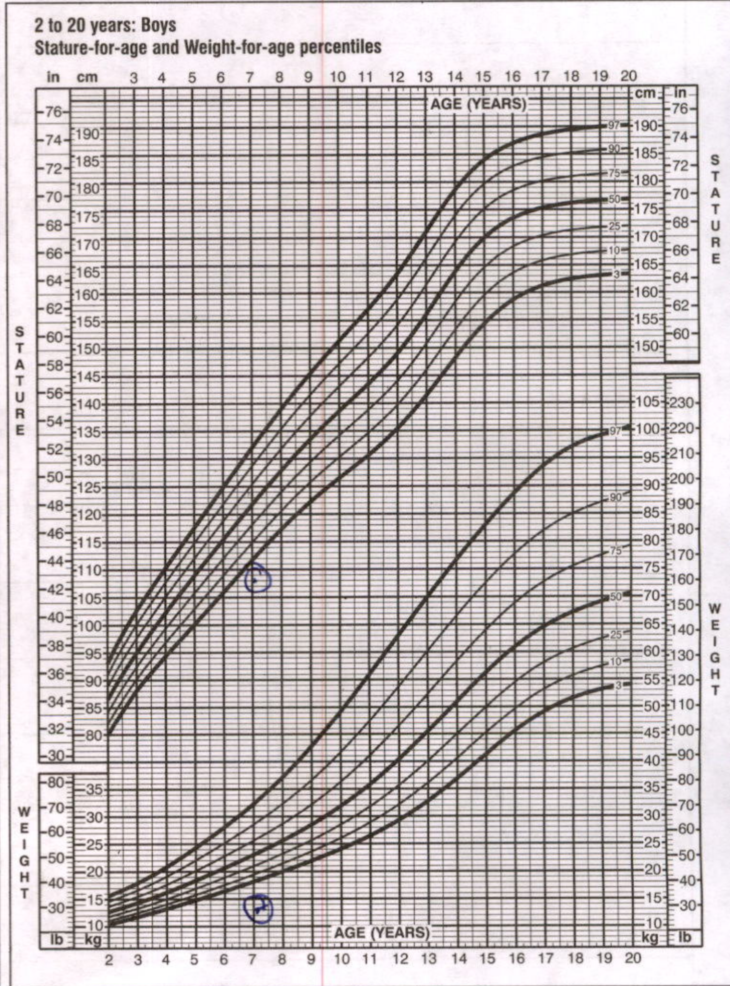
Diagnosis: Relapsed Refractory RMS of bladder - prostate urethra chemotherapy

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [signature]

GROWTH CHART (BOYS)





Dietician's Name Mamta

Dietician's Signature Mamta

Daily Notes: