

**ACTIVITY RECORD FOR BILLING**

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

UHID No. : \_\_\_\_\_ Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_

BAH-00656138 IP5-00173743  
Baby NIMISHAMBA  
06-08-2016 9 Y 9 M 6 D (F)  
Dr. FAISAL B NAHDI

Date of Admission: \_\_\_\_\_ Date of Discharge : 16/5/26 Time: \_\_\_\_\_



Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

| Date     | Time    | From | To  | Signature of Nurse |
|----------|---------|------|-----|--------------------|
| 12/05/26 | 9:35 PM | ER   | 103 | Murad              |
|          |         |      |     |                    |
|          |         |      |     |                    |
|          |         |      |     |                    |
|          |         |      |     |                    |

**Cross Consultation Visit**

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







**ADMISSION SHEET**

**Registration Details :**



**Admission No** : IP5-00173743      **Admit Date** : 12-May-2026      **Admit Time** : 08:47 PM      **UHID** : BAH-00656138

**Patient Details :**

|   |  |
|---|--|
| <b>Patient Name</b> : Baby NIMISHAMBA   | <b>Age</b> : 9 Y 9 M 6 D                 |
| <b>Guardian</b> : Mrs SHILPA MATHAPATI  | <b>DOB</b> : 06-08-2016                  |
| <b>Gender</b> : Female  | <b>Religion</b> :                        |
| <b>Occupation</b> :   | <b>Martial Status</b> : Single           |
| <b>Address (H)</b> : #H.NO12 DR QTRS, BRIMS Bidar Bidar<br>Karnataka INDIA 585401 | <b>Phone No</b> : 8095700788/ 9663912933 |
|   | <b>E-mail</b> : nomailid@gmail.com       |

**Admission Details :**

**Bed Type** : SEMI PRIVATE      **Bed No** : SPVT 103      **Ward Name** : 1F-VIBGYOR  
**Room No** : SPVT 103      **Admission Type** : First Visit

**Contact Details :**

**Name** : Mrs SHILPA MATHAPATI      **Relationship** : MOTHER  
**Contact Address** : #H.NO12 DR QTRS, BRIMS Bidar Bidar  
Karnataka INDIA 585401      **Phone No** : 8095700788 / 9663912933

*[Handwritten Signature]*  
**Signature**

**Doctor Details :**

**Doctor Name** : Dr. FAISAL B NAHDI      **Specialisation** : GENERAL PEDIATRICS  
**Referral Doctor** : DR MALLIKARJUNA SWAMY      **Phone No** :  
**Co-Consultant** : Dr. UJJWALA DESAI

**Payment Details :**

**Payment Mode** : Cash      **Deposit Amount** : 0.00  
**Payor Name** : STAR HEALTH AND ALLIED INSURANCE CO LTD



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

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

*Nimishamba*

UHID ID:

Department:

Consultant:

BAH-00656138 IP5-00173743  
Baby NIMISHAMBA  
06-08-2016 9 Y 9 M 6 D (F)  
Dr. FAISAL B NAHDI



**Pediatric Multiorgan History & Physical Examination**

Name: Nimishamba Age/Sex 10Y/F  
 Information given by: Father Relationship \_\_\_\_\_

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

Fever since 10 days  
Dull activity  
Decreased activity oral intake } since 10 days

**History of present illness :**

Child was apparently asymptomatic 10 days back then she developed fever since 10 days  
High grade (105 highest), relieving with medication associated chills & rigors when temp high  
No. of episodes => 2-3 episodes per day.  
No H/O vomitings, loose stools  
No H/O any rash  
ass. with dull activity and decreased oral intake

Admitted @ local hospital on 09/05/2026

5/5/26 - Inj. piptaz x 2 days | Inj. Sublactam 7  
Inj. Amikacin x 2 days | Cefoperazone } 3 days  
Syp. Fluorox x 3 days (from 9/5); Used Formacostil for 3 days  
T. Doxy from (5/5) not given on 6<sup>th</sup> & 7<sup>th</sup> from 5/5

**Investigations:-**

|     | 05/05/26 | 07/05/26 | 9/5/26 | 11/5/26 |
|-----|----------|----------|--------|---------|
| Hb  | 12.1     | 11.7     | 11.3   | 11      |
| WBC | 2970     | 3820     | 7300   | 8500    |
| N/L | 75/20    | 63/26    | 54/34  | 65/30   |
| PLT | 1.79     | 2.20     | 2.69   | 3.31    |
| CRP | 80.15    | .        | 34.4   | 17.3    |

COE - (2) (3-5 pus cells) 9/5 - widal - negative (slide)  
11/5 - weil felix test (+)  
7/5 -> Dengue NSI/IgM/IgG - Negative

USG (10/5) -> Non specific mesenteric lymphadenopathy

### Pediatric Multiorgan History & Physical Examination

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

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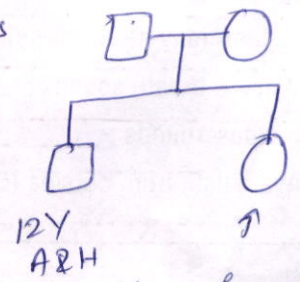
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**Birth & Neonatal History:**

Full term / 4kg / CIAB / LSCS / No NICU admissions



**Birth & Socio Economic History:**

No H/O similar complaints in the family

About Father : \_\_\_\_\_  
About Mother : \_\_\_\_\_  
Any additional Information : } middle

**Developmental History :**

(N) as per age

**Immunization History :**

Immunized as per age  
BCG scar (+)



### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): 129cms (Centile \_\_\_\_\_)

Weight (kgs) ) 22.71 kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 99.6°F Pulse Rate : 128 B.P. 107/60/96 SPO2 98% LRA

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

Rash \_\_\_\_\_  
Lymphadenopathy \_\_\_\_\_ } (N)  
Oedema : \_\_\_\_\_ } dull looking  
sick looking  
Allergies (if any): \_\_\_\_\_

#### Respiratory System :

Inspection (any s/o distress) : (N)  
Air entry & breath sounds : BAE (+)  
Any added sounds : NO  
Relevant data from outside (Chest X-Ray, ABG, etc..) : (N)

#### Cardiovascular System :

Inspection of precordium : (N)  
Heart Sounds : S1S2 (+)  
Any murmur : NO  
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc..) : (N)

#### Per Abdomen :

Inspection : (N)  
Palpation : soft, non tender  
Auscultation : BS (+)  
Spine : \_\_\_\_\_ External Genitalia : \_\_\_\_\_ }  
Relevant data from outside (CT, USG etc..) : (N)



### Pediatric Multiorgan History & Physical Examination

**Central Nervous System :**

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

Cranial Nerves : Intact

**Motor System:**

Nutriton : \_\_\_\_\_

Tone: \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

**Reflexes :**

**DTR**

Plantars \_\_\_\_\_

**Superficials:**

**Sensory System :**

**Bladder / Bowel :** \_\_\_\_\_

**Clinical Summary & Diagnostic:**

Acute Febrile illness (Day 10)  
with acute gastritis  
suspected Kawasaki disease

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 Baby NIMISHAMBA 9 Y 9 M 6 D (F)  
 06-08-2016  
 Dr. FAISAL B NAHDI

**Pediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment: Complications

Desired goals of the treatment: Hemodynamic stability.

**Planned Labs:**

- CBP, CRP
  - Blood c/s
  - 1 extra plain, EDTA
  - CUE, urine c/s
  - CXR
  - 5 viral panel
- ~~NB Start~~  
 12/5/26  
 9:10pm

**Planned Management**

- INJ-CEFTRIAXONE
  - INJ. PANTOPRAZOLE
  - IV Fluids (1/3rd maintenance)
  - SYP. FLUVIR
- NB ~~discontinue~~  
 12/5/26  
 9pm

Signature of the Doctor: Bhasath  
 Name of the Doctor: Bhasath Reddy  
 Date & Time: 12/5/26 ; 8:10 PM

Signature of the Consultant: [Signature]  
 Name of the Consultant: Dr. Ujjwal  
 Date & Time: 12/5/26  
 DR. UJJWAL DESAI  
 Registration No: 90550  
9am

BAH-00656138  
 Baby MMISHAMBA 9 Y 9 M 6 D (F)  
 06-08-2016  
 Dr. FAISAL B NAHDI

IPS-00173743



# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time        | Progress Notes                               | Doctor's Order   |
|--------------------|--|--|
| 12/5/26<br>11:55pm | Seen by Resident<br>Acute febrile illness    | 25/2/01  |
|                    | Afebrile<br>Child hemodynamically<br>Stable. | Plan<br>- Continue medication as<br>per chart<br>- Trace pending reports<br>- Monitor vitals and<br>Inform SOS |
|                    |  | Bhalgath   |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time       | Progress Notes   | Doctor's Order   |
|-------------------|--|--|
| 13/5/26<br>8:00am | CLSB Resident  | wt: 22.7kg.  |
|                   | Δ: AFI with Acute gastritis  | Plan   |
|                   | Fever - 1 spike at admission 101.3F at 5:50am child has been chilly. Temp may initially low grade gradually ↑ max (104F). Initially no pain abdomen. Presently only fever & chills no other complaints | ① INJ CEFTRIAXONE<br>② TAB DOXYCYCLINE (D <sub>4</sub> )<br>③ TAB PANTOPRAZOLE<br>④ IV DNS 20ml/h<br>⑤ <del>RIV stop Fluvid</del><br>Fluvid syp (D <sub>5</sub> )<br>dshhb<br>(Dr. Shukla) |

0/E ✓  
 Stable  
 RR: 80/min  
 RR: 22/min  
 10/1/17  
 Just clear  
 11/1/17  
 11/1/17

- Send  
 Widal  
 Weil Felix  
 LFT  
 Ferritin  
 USG KUB

Add Azithromycin  
~~with hold doxycycline~~  
 continue  
 Doxycycline  
 Dnyjnr  
 9a  
 RAJESHWALA DESAI  
 Registration No: 90550



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time       | Progress Notes  | Doctor's Order   |
|-------------------|---|--|
| 13/5/26<br>8:00am | CS/B Resident   | wt: 22.7kg.  |
|                   | Δ: AFI with Acute gastritis                                     | <u>Plan</u>  |
|                   | Fever - 1 spike at admission 101.3F at 5:50am                   | ① INJ CEFTRIAXONE<br>② TAB DOXYCYCLINE (D <sub>4</sub> )   |
|                   | child has fever & chills<br>may initially low grade gradually ↑ | ③ TAB PANTOPRAZOLE<br>④ IV DNS 20ml/h  |
|                   | max (104F).<br>Initially no pain abdomen.                       | ⑤ RTV stop Fluvid<br>Fluvid syp (D <sub>5</sub> )<br><u>Sohib</u>  |
|                   | Presently only fever & chills<br>no other complaints            | (Dr. Sohib)  |
|                   | O/E: -<br>Stable  | Send   |
|                   | PR: 80/min  | Widal  |
|                   | RR: 22/min  | Weil Felix   |
|                   | B.P: 10/5.9   | LFT  |
|                   | CVS: S <sub>2</sub> (+)   | Ferritin   |
|                   | RS: BA(+) chest clear   | USG KUB  |
|                   | ENT: clear  | Add Azithromycin<br><del>with total doxycycline</del><br>to continue Dox<br>Doxycycline Dryjinn<br>DR. UJJWALA DESAI<br>Registration No: 90550 |



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time       | Progress Notes                                     | Doctor's Order   |
|-------------------|--|--|
| 13/5              | Cwdc A.FI<br>C Ab 'gastler'                        | Send Mycoplasma IgM<br><del>Send Mycoplasma</del><br>Send Sample     |
| (cont)<br>(11/11) | Atypical <u>sepm</u>                               | Cwd  |
| 13/5<br>11:20pm   | <u>QIB Resident</u>                                | <u>Plan</u>  |
|                   | D: AFI with Acute gastritis<br>child is doing well | continue as charted  |
|                   | 1 Fever spike - 101.50F<br>(3:30pm)                | <u>Trace</u>   |
|                   | no fresh complaint<br><u>D/E</u> vitals stable     | Adeno.<br>Mycoplasma IgM<br>widal<br>weil Felix<br>Stab<br>urine q/s |
|                   |  | Sohel<br>13/5/16<br>(Dr. Sohel)                                      |

Dr. Faisal B Nahdi  
 Reg. No: 66228

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 Baby NIMISHAMBA  
 06-08-2016 9 Y 9 M 6 D (F)  
 Dr. FAISAL B NAHDI



ESS NOTES AND DOCTOR'S ORDER

| Date & Time    | Progress Notes                | Doctor's Order                                  |
|----------------|-------------------------------|---|
| 14/5<br>8:00am | CS/B Resident                 |   |
|                | Δ: AFI ± Ac. gastritis        | <u>Plan</u>                                     |
|                | <del>Fever</del> = 2 spikes   | ① TAB DOXYCYCLINE                               |
|                | NO fever spikes since evening | ② SYP AZITHROMYCIN (Entero)                     |
|                | child is afebrile.            | ③ IVS CEFTRIAXONE dose)                         |
|                | doing well                    | ④ IVF DNS                                       |
|                | taking good oral feeds        | ⑤ RIV <sup>stop</sup> fluivir (C <sub>2</sub> ) |
|                | NO fresh complaints           |   |
|                | O/E                           |   |
|                | Vitals:                       | <u>Trace</u>                                    |
|                | CVS: S, S, ⊕                  | mycoplasma }                                    |
|                | RS: BAEC ⊕, airway clear      | ardal }   |
|                | RR: 22/min                    | well chis }                                     |
|                | P/A: soft                     | unicele }                                       |
|                | ENT: clear                    |   |
|                | Adeno -ve                     |   |
| Cand           | Cand clear skin               | Trace   |
| 14/5           | A few                         | mycoplasma kept.                                |
| (aw)           |                               | CBP } T (M)                                     |
|                |                               | CRP } T (M)                                     |
|                |                               | Stop IVF  |
|                |                               | stop fluivir                                    |

Dr. Faisal B Nahdi  
 Reg. No: 66228

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 Baby NIMISHAMBA  
 06-08-2016 9 Y 9 M 7 D (F)  
 Dr. FAISAL B NAHDI

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time     | Progress Notes   | Doctor's Order             |
|-----------------|--|----------------------------|
| 14/5<br>11:00am | <p>USIB Resident<br/>           Δ: AFI + Ac gastritis<br/>           Reports update. + Enteric illness</p> |                            |
|                 |  | Plan                       |
|                 | widal  |                            |
|                 | Salmonella typhi - O 1:240   | Continue as                |
|                 | Salmonella typhi - H 1:125   | charted                    |
|                 | Salmonella paratyphi AH -ve  |                            |
|                 | Suggestion - Enteric fever dx  |                            |
|                 | S. typhi   | Sohel                      |
|                 | weil - Felix - Negative  |                            |
|                 | OX-2 } Negative  |                            |
|                 | OX-19 }  |                            |
|                 | OX K }   |                            |
|                 |  |                            |
|                 |  |                            |
|                 |  |                            |
|                 |  |                            |
|                 |  |                            |
|                 |  |                            |
|                 |  |                            |
|                 | USIB Resident  |                            |
| 14/5<br>4:30pm  | <p>Δ: AFI + Ac. gastritis + Enteric<br/>           + Mycoplasma ⊕ Acua</p>                                 | ① Continue rest as charted |
|                 | child doing well   |                            |
|                 | taking proper oral feeds   | ② Inj Levoflox 250mg       |
|                 | child is hemodynamically stable  | i.v BID.                   |
|                 |  | Sohel                      |
|                 | 1 fever spike - 101.3 @ 3:30pm   |                            |
|                 | Vital stable   |                            |
|                 |  |                            |
|                 |  |                            |
|                 |  |                            |

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 Baby NIMISHAMBA  
 06-08-2016 9 Y 9 M 7 D (F)  
 Dr. FAISAL B NAHDI

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time    | Progress Notes   | Doctor's Order  |
|----------------|--|---|
| 15/5<br>7:30am | CSIB Resident  |   |
|                | Δ: <del>AEI</del> + Ac gastritis +<br>Enteric illness +<br>Mycoplasma illness. | <u>Plan</u>   |
|                | 2 fever spikes - 3P.m - 101°F<br>10am - 100°F                                  | ① Inj ceftriaxone (D <sub>2</sub> )   |
|                | No fresh complaint<br>child is doing well<br>taking good oral feeds            | ② Tab Doxycycline (D <sub>2</sub> )<br>③ Syb Azithromycin (D <sub>2</sub> )<br>④ Inj Levofloxacin (D <sub>2</sub> )<br>⑤ Inj Pantoprazole |
|                | O/E:- vitals stable  | ⑥ <del>IVF</del> <u>Solth</u>   |
|                | PR: 88/min<br>RR: 24/min<br>CVS: S, S, ⊕                                       |   |
|                | RS: BAEP ⊕, airway clear   |   |
|                | P/A: soft  |   |
|                | ENT: clear   | stop Doxycycline<br>combine ceftriaxone (Azithromy-<br>Levoflox.  |
|                | Enteric fever  | <u>DR</u>   |
|                | Blood culture. sterile,  | <u>Dr. Jijun</u>  |
|                | Mycoplasma Ig m tve  | 92, 90w.  |
|                |  | DR. UJJWALA DESAI<br>Registration No: 90550   |

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 Baby NIMISHAMBA  
 06-08-2018 9 Y 9 M 9 D (F)  
 Dr. FAISAL B NAHDI

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time        | Progress Notes                         | Doctor's Order    |
|--------------------|--|-------------------|
|                    |  |                   |
| <del>15/5/26</del> |  |                   |
| 12pm               | Cand Augmentin                         | stop Doxycycline  |
|                    |  |                   |
| Cand               | Atrial Epm                             |                   |
| (Cand)             | NIDAC                                  | Cont same medical |
|                    | Mycoplasma                             |                   |
|                    | Pentone                                |                   |
|                    | Dr. Faisal B. Nahdi<br>Reg. No: 66228  |                   |
|                    |  |                   |
| <del>15/5/26</del> | C/O Resident                           |                   |
| 12pm               | Dr. Ayushman                           |                   |
|                    | AFJ, Acute gastritis + Enteric fever + | Mycoplasma other  |
|                    | Afebrile                               |                   |
|                    | oral intake good                       |                   |
|                    | No fresh complaint                     | Plan              |
|                    | Hemodynamically                        | Cont same I/t     |
|                    | Stable                                 | I/O change        |
|                    |  | vital monitoring  |
|                    |  |                   |
|                    |  |                   |
|                    |  |                   |
|                    |  |                   |
|                    |  |                   |
|                    |  |                   |

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 Baby NIMISHAMBA  
 06-08-2018 9 Y 9 M 9 D (F)  
 Dr. FAISAL B NAHDI



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes                             | Doctor's Order            |
|-------------|--|---------------------------|
|             |  |                           |
| 16/8/20     | 9/8/13 Revisit                             |                           |
| 8:30am      |  |                           |
|             | AS - Enteric fever + AFP + Mycoplasma illu |                           |
|             |  |                           |
|             | No fever                                   | Plan                      |
|             | Oral intake - good                         | <del>Plan</del>           |
|             | No loose stools                            | Cont antibiotics          |
|             | Urine output - good                        | Vital monitor             |
|             | No new issues                              | w/ p fever                |
|             | Child alert                                | Ayslin                    |
|             | Vital stable                               | IV Ceftriaxone            |
|             | B/L AE ⊕                                   | 2gm IV today              |
|             | P/A soft, N7                               | followed by 2gm OD x 2d   |
|             | Discharge                                  | f/s cefixim x 5d          |
|             | 16/8/20                                    | Azithral today 1000g 9/10 |
|             |  | Beron / Lenz              |
|             |  | Lewflox orally x 3/5      |

DR. UJJWALA DESAI  
 Registration No: 9088

(local) RW Dr. Mallikarjun  
 Registrar

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 Baby NIMSHAMBA  
 06-08-2016 9 Y 9 M 6 D (F)  
 Dr. FAISAL B NAHDI



## RESULT SHEET

|                     |           |       |  |  |  |
|---------------------|-----------|-------|--|--|--|
| Date                | 12/5/26   | 1515  |  |  |  |
| Time                |           |       |  |  |  |
| Hb                  | 11.7      | 11.3  |  |  |  |
| PCV                 | 36.5      | 36.5  |  |  |  |
| RBC                 | 4.42      | 4.22  |  |  |  |
| WBC                 | 10.83     | 7.32  |  |  |  |
| N/L                 | 60.7/33.2 | 41/49 |  |  |  |
| Platelets           | 407       | 2.86  |  |  |  |
| CRP                 | 24        | 14    |  |  |  |
| ESR                 |           |       |  |  |  |
| PCT                 |           |       |  |  |  |
| RBS                 |           |       |  |  |  |
| Na                  |           |       |  |  |  |
| K                   |           |       |  |  |  |
| Cl                  |           |       |  |  |  |
| Ca/Mg               |           |       |  |  |  |
| Phosphate           |           |       |  |  |  |
| Urea                |           |       |  |  |  |
| Creatinine          |           |       |  |  |  |
| ALP                 |           |       |  |  |  |
| SGPT                | 78        |       |  |  |  |
| SGOT                | 85        |       |  |  |  |
| T. Bill/Conj        | 0.4       | < 0.2 |  |  |  |
| T. Protein          | 7.3       |       |  |  |  |
| S. Albumin          | 3.9       |       |  |  |  |
| S. Globulin         | 3.4       |       |  |  |  |
| A/G Ratio           | 1.1       |       |  |  |  |
| Uric Acid           |           |       |  |  |  |
| S. Amylase          |           |       |  |  |  |
| Sr. Lipase          |           |       |  |  |  |
| Blood Lactate       |           |       |  |  |  |
| S. Cholesterol      |           |       |  |  |  |
| PT/INR              |           |       |  |  |  |
| APTT                |           |       |  |  |  |
| CSF Protein / Sugar |           |       |  |  |  |
| Cells               |           |       |  |  |  |
| N/L                 | Ferritin  | 89    |  |  |  |

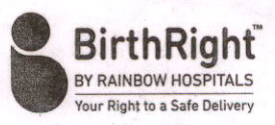
(7-84)

|                 |      |   |            |  |  |
|-----------------|------|---|------------|--|--|
| Date            | 12/5 |   |            |  |  |
| Time            |      |   |            |  |  |
| CUE - Alb       | -    |   |            |  |  |
| CUE - Sugar     | -    |   |            |  |  |
| CUE - Ketones   | -    |   |            |  |  |
| CUE - PUS Cells | 1-2  |   |            |  |  |
| CUE - RBC Cells | 0    |   |            |  |  |
| CUE             |      |   |            |  |  |
| Stool Pus Cell  |      |   |            |  |  |
| OVA / Cyst      |      |   |            |  |  |
| Occult Blood    | 13/5 | widal - Positive → enteric C Salmonella typhi | O - 1: 240 |  |  |
|                 |      |   | H - 1: 125 |  |  |
|                 |      | S. Paratyphi AH                               | -ve.       |  |  |
|                 |      | Weil Felix                                    |            |  |  |
|                 |      | Ox-2  |            |  |  |
|                 |      | Ox-19   | -ve.       |  |  |
|                 |      | Ox-K  |            |  |  |

Culture and Sensitivities : SVP - RSV, COV-2, Flu A & B negative  
 Adeno - Negative  
 Bldcs - No growth 24hs, urine clts  
 Mycoplasma - No growth 24hs

Radiology : USG : usg - simple corticomedullary cyst @ kidney  
 X-Ray : rest unremarkable  
 ECHO :  
 CT :  
 MRI :  
 Others (ECG, Contrast Studies etc.):

Ni



## 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: ..... ICU .....

| S.No | MEDICATION NAME<br>(GENERIC NAME CAPITAL LETTERS) | DOSE<br>(mg, mcg) | ROUTE<br>(PO, NG, SC, IV) | FREQUENCY | LAST DOSE<br>Date / Time | ON<br>ADMISSION<br>/ SHIFTING                                     |
|------|---|-------------------|---------------------------|-----------|--------------------------|---|
| 1    | SYP-FLUVIA  | 45mg              | PO                        | BD        | 12/5/26<br>9:30AM        | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 2    | TAB-DOXYCYCLINE                                   | 100mg             | PO                        | OD        | 11/5/26<br>9:00 PM       | <input checked="" 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            |
| 6    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 7    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 8    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 9    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 10   |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Bhareth; Bhaxath Reddy

Date & Time: 12/5/26; 8:10pm

Nurse Name & Signature: [Signature]

Date & Time: 12/5/26 11:00pm



BAH-0065138 IP5-00173743  
 Baby NIMHAMBA 9Y9M7D (F)  
 06-08-2018  
 Dr. FAISAL B NAHDI

Order NO: .....

REGULAR PRESCRIPTIONS

Weight 22.71kg Ward .....

VERIFIED

**DRUG : SYP AZITHROMYCIN** Date/Time 13/5 15/5

| Dose | Route | Frequency | Start Dt. |
|------|-------|-----------|-----------|
| 5ml  | PO    | BID       | 13/5      |

Name & Signature of the Doctor Starting the Drugs: Sohela

Additional Instructions: Azee 200 (CENTERIC DOSE) 5ml = 200mg

Daily Doctor's Endorsement by a Sign

**DRUG : TAB DOXYCYCLIN** Date/Time 13/5 15/5 14/5

| Dose  | Route | Frequency | Start Dt. |
|-------|-------|-----------|-----------|
| 1 tab | PO    | OD        | 13/5      |

Name & Signature of the Doctor Starting the Drugs: Sohela

Additional Instructions: Stopped on 10/5/26  
 1 tab = 100mg

Daily Doctor's Endorsement by a Sign

**DRUG : INJ LEVOFLOXACIN** Date/Time 13/5 15/5

| Dose  | Route | Frequency | Start Dt. |
|-------|-------|-----------|-----------|
| 200mg | I.V   | BID       | 13/5      |

Name & Signature of the Doctor Starting the Drugs: Sohela

Additional Instructions: 10 mg/kg/dose

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

VERIFIED

Patient Sticker



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward .....

Signature  
Name

|  |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# DRUG CHART

Date of Admission: 12/05/26 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 **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)**

|                                   |       |              |            |              |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------|-------|--------------|------------|--------------|---------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG : SYR. CROCIIN DS</b>     |       |              |            | Date<br>Time | 12/5/26 | 12:15 PM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                              | Route | Frequency    | Start Date |              |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6.5ml                             | PO    | SOS          | 12/5       |              |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature                |       | Valid Period | Pharm      |              |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bhargava                          |       | 48 hrs       |            |              |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:          |       |              |            |              |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| if temp > 100°F Max 4 times a day |       |              |            |              |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                                   |       |              |            |              |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------|-------|--------------|------------|--------------|---------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG : SYR. MEFTAL - P</b>     |       |              |            | Date<br>Time | 12/5/26 | 12:30 PM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                              | Route | Frequency    | Start Date |              |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10ml                              | PO    | SOS          | 12/5       |              |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature                |       | Valid Period | Pharm      |              |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bhargava                          |       | 48 hrs       |            |              |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:          |       |              |            |              |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| if temp > 101°F Max 3 times a day |       |              |            |              |         |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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







BAH-00656138 IP5-00173743  
 Baby NIMISHAMBA Y 9 M 9 D (F)  
 06-08-2016 Dr. FAISAL B NAHDI

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

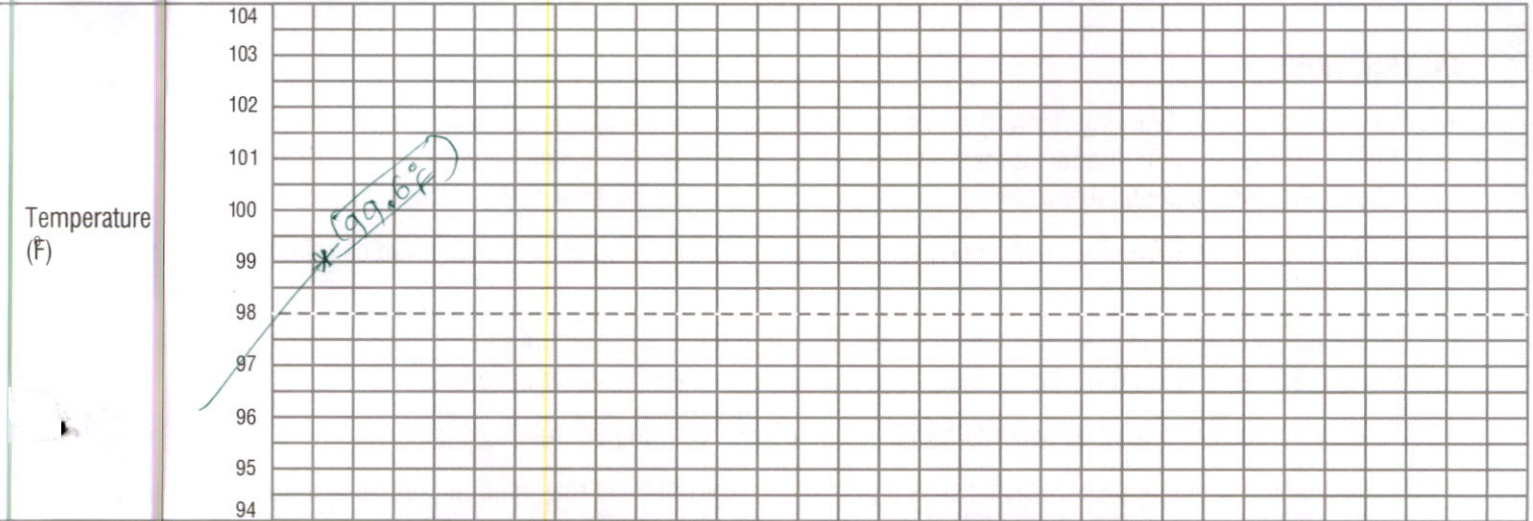
**SCHOOL AGE (5-12 years)**  
**Children's Observation & Early Warning Scoring Chart**



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

Date : 16/8 Time: 6 am

Doctor / Nurse / Family Concern?



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

Note: BP does not score in early warning scoring

Heart Rate (Number) 118 bpm

Blood Pressure (Number) 95/80

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

Resp Rate (Number) 28 bpm

Resp Distress Mod/ Severe None / Mild

Receiving O<sub>2</sub> (l/min) RA  
 O<sub>2</sub> Saturations (%) 98%

Conscious Level Normal Altered

GCS \* 15/15

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

- 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.

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

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

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

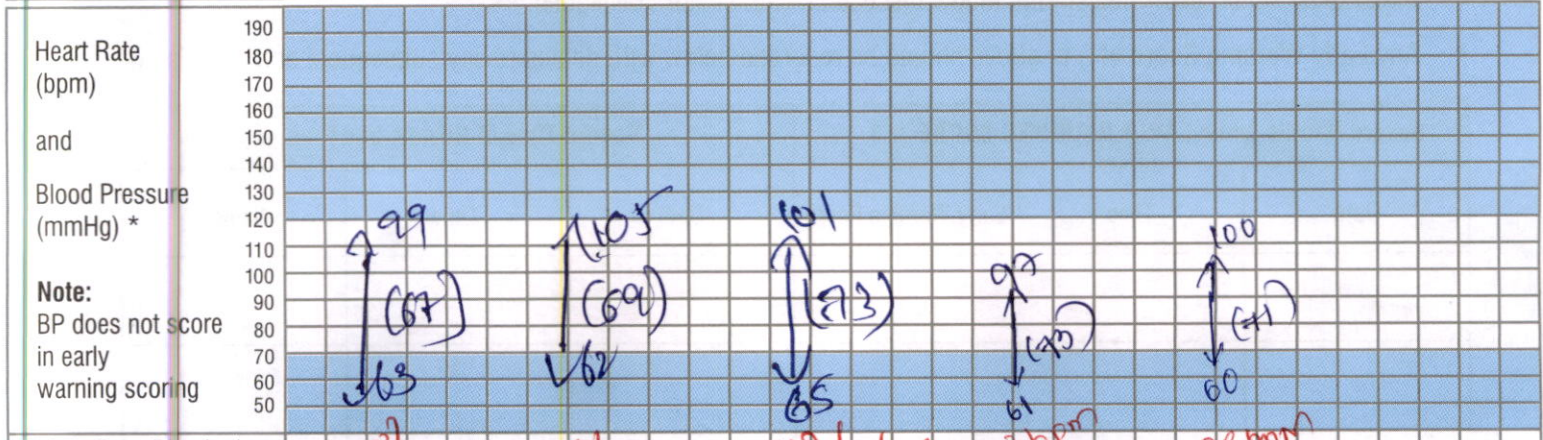
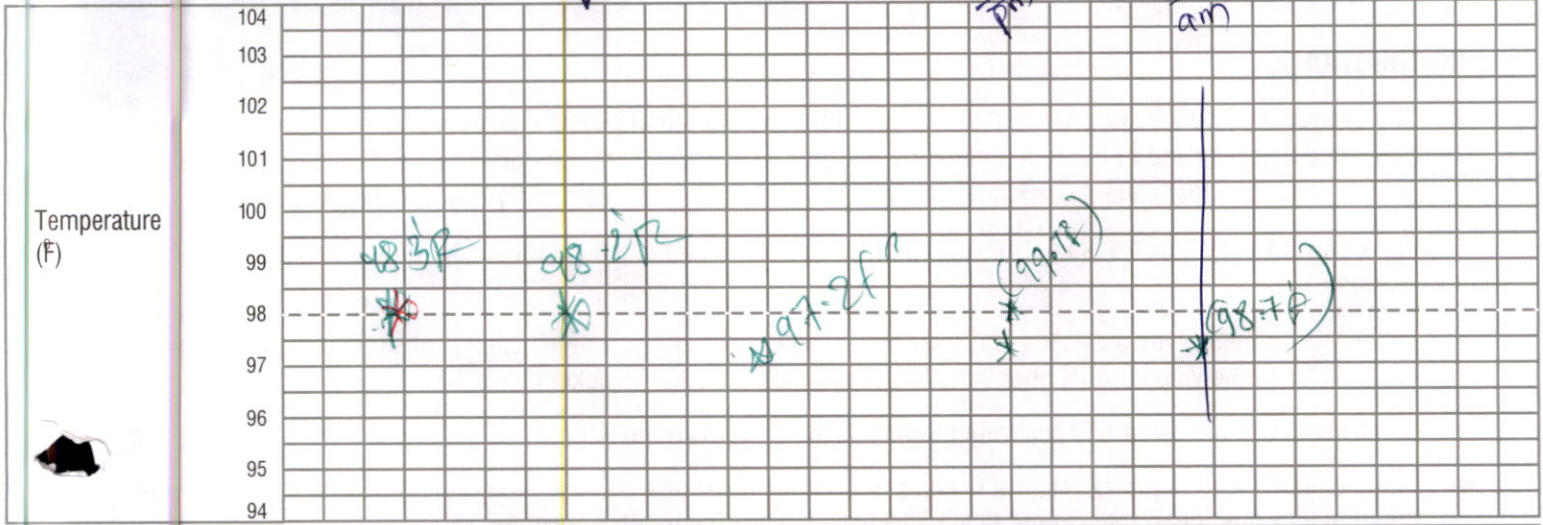


**SCHOOL AGE (5-12 years)**  
**Children's Observation & Early Warning Scoring Chart**

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

Date : 15/5 ..... Time: .....

Doctor / Nurse / Family Concern? 10am 11am 6pm 10pm 2am



Heart Rate (Number) 108 110 112 125 128



Resp Rate (Number) 28 28 28 26 26

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 99% 99% 100% 99% 99%

Conscious Level Normal / Altered

GCS \* 15/5 15/5 15/5 15/5 15/5

**TOTAL SCORE** Number of shaded boxes 1 1 1 1 1

Pain Score 0 0 0 0 0

Observer's Initials e e e e e

| ACTIONS | Score 1                                      | Score 2   | Score 3   | Score 4  | Score 5 & 6  |
|---------|--|---|---|--|--|
|         | : Continue normal observation by staff nurse | : Shift in charge nurse to be informed and continue hourly observations | : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue. | : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see | : 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.
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- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

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



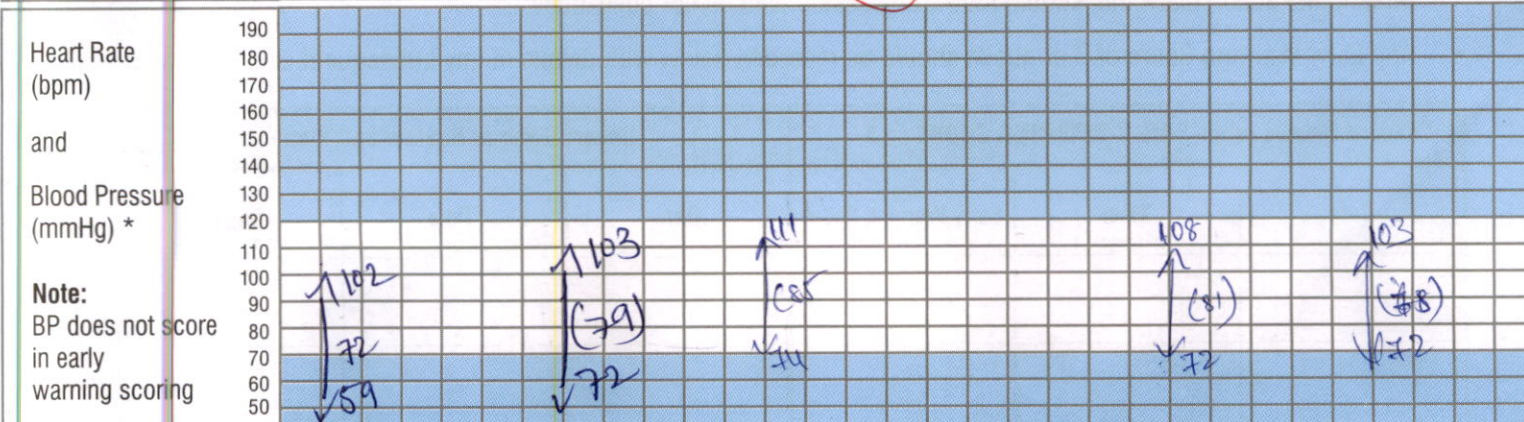
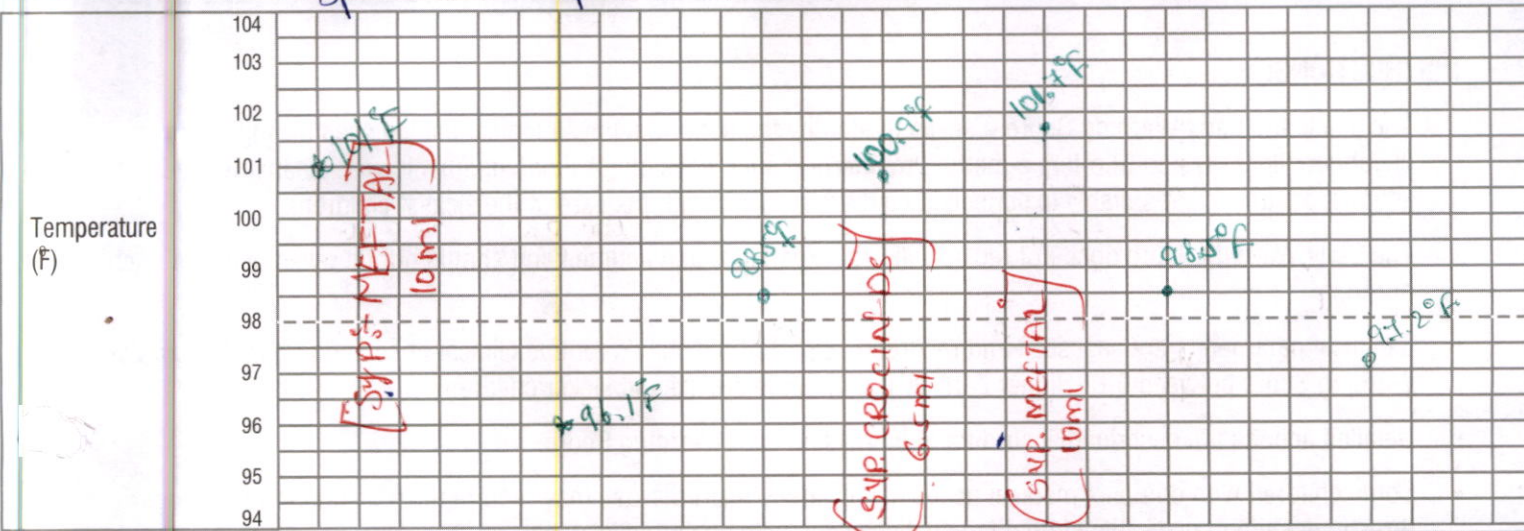
**SCHOOL AGE (5-12 years)**  
**Children's Observation & Early Warning Scoring Chart**



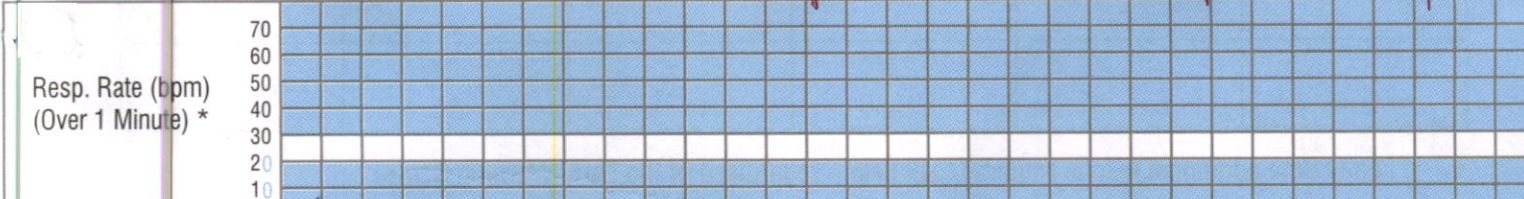
**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 10.15 ..... Time: 10:15 AM 12:00 PM 1:00 PM 2:30 AM 6:00 AM

Doctor / Nurse / Family Concern? 3pm 6pm



Heart Rate (Number) 111b/m 106b/m 113bpm 116bpm 84bpm



Resp Rate (Number) 26b/m 26b/m 26bpm 26bpm 26bpm

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 99% 100% 100% 100% 100%

Conscious Level Normal Altered 15/K 15/15 15/15 15/15 15/15

GCS \* 15/K 15/15 15/15 15/15 15/15

|                        |   |
|------------------------|---|
| <b>TOTAL SCORE</b>     |   |
| Number of shaded boxes | 0 |
| Pain Score             | 0 |
| Observer's Initials    | Q |

**ACTIONS**  
 NB: Scores 3 should be recorded overleaf

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

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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| Record Details when EARLY WARNING SCORE > 3 |      |                     | Record Time of Review and Plan |      |      |
|---|------|---------------------|--------------------------------|------|------|
| Date  | Time | Early Warning Score | Date                           | Time | Name |
|   |      |                     |                                |      |      |
|   |      |                     |                                |      |      |
|   |      |                     |                                |      |      |
|   |      |                     |                                |      |      |

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

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

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

BAH-00656138  
 Baby NIMISHAMJA  
 06-08-2016 9 Y 9 M 6 D (F)  
 Dr. FAISAL B NAHDI

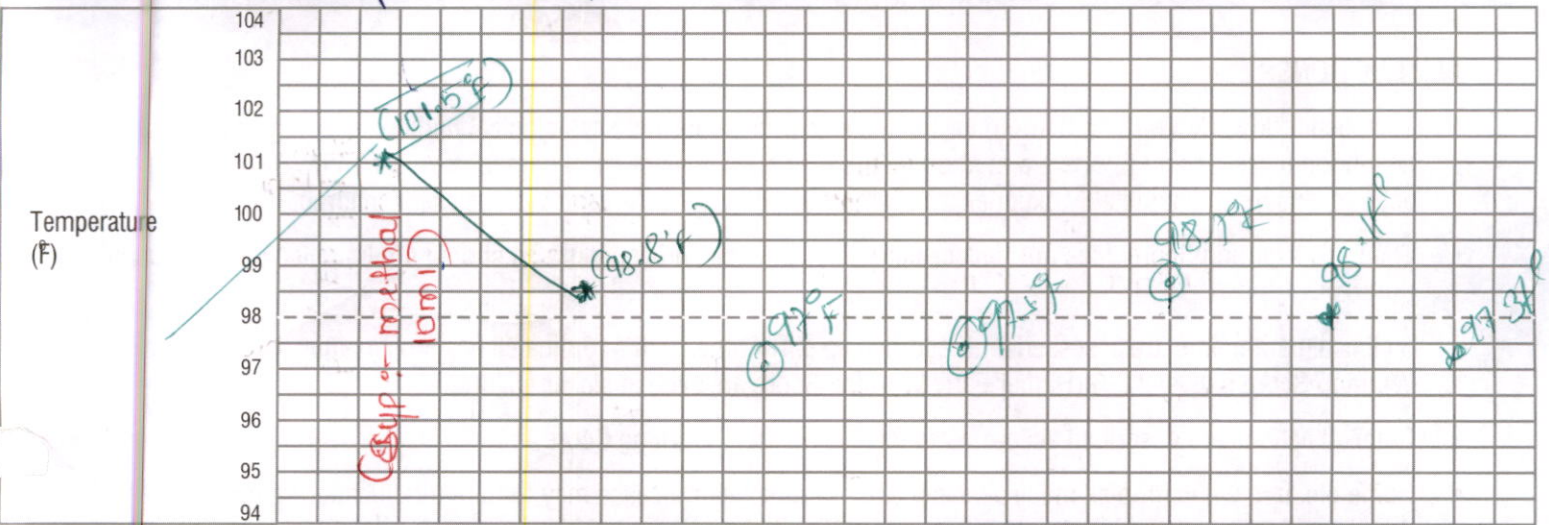
Doc. No. : RCHBH/FRM/CLINICAL/126

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



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

Date : 15/08/2016 Time: 8:30 pm 6 pm 10pm 2am 6AM 10AM 1PM  
 Doctor / Nurse / Family Concern?



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

Heart Rate (Number) 102bpm 112bpm 104 113bpm 105bpm 102bpm

|                                    |    |  |  |  |  |  |  |
|------------------------------------|----|--|--|--|--|--|--|
| resp. Rate (bpm) (Over 1 Minute) * | 70 |  |  |  |  |  |  |
|                                    | 60 |  |  |  |  |  |  |
|                                    | 50 |  |  |  |  |  |  |
|                                    | 40 |  |  |  |  |  |  |
|                                    | 30 |  |  |  |  |  |  |
|                                    | 20 |  |  |  |  |  |  |
|                                    | 10 |  |  |  |  |  |  |

Resp Rate (Number) 26bpm 24bpm 28 28 26bpm 28bpm

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 98% 100% 99% 100% 100% 98%

Conscious Level Normal / Altered

GCS \* 15/15 15/15 15/15 15/15 15/15 15/15

|                        |   |   |   |   |   |   |
|------------------------|---|---|---|---|---|---|
| <b>TOTAL SCORE</b>     |   |   |   |   |   |   |
| Number of shaded boxes | 1 | 0 | 2 | 1 | 1 | 1 |
| Pain Score             | 0 | 0 | 0 | 0 | 0 | 0 |
| Observer's Initials    |   |   |   |   |   |   |

- 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.

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

BAH-00656138 IP5-00173743  
 Baby NIMISHAMBA  
 06-08-2016 9 Y 9 M 6 D (F)  
 Dr. F. ISAL B NAHDI



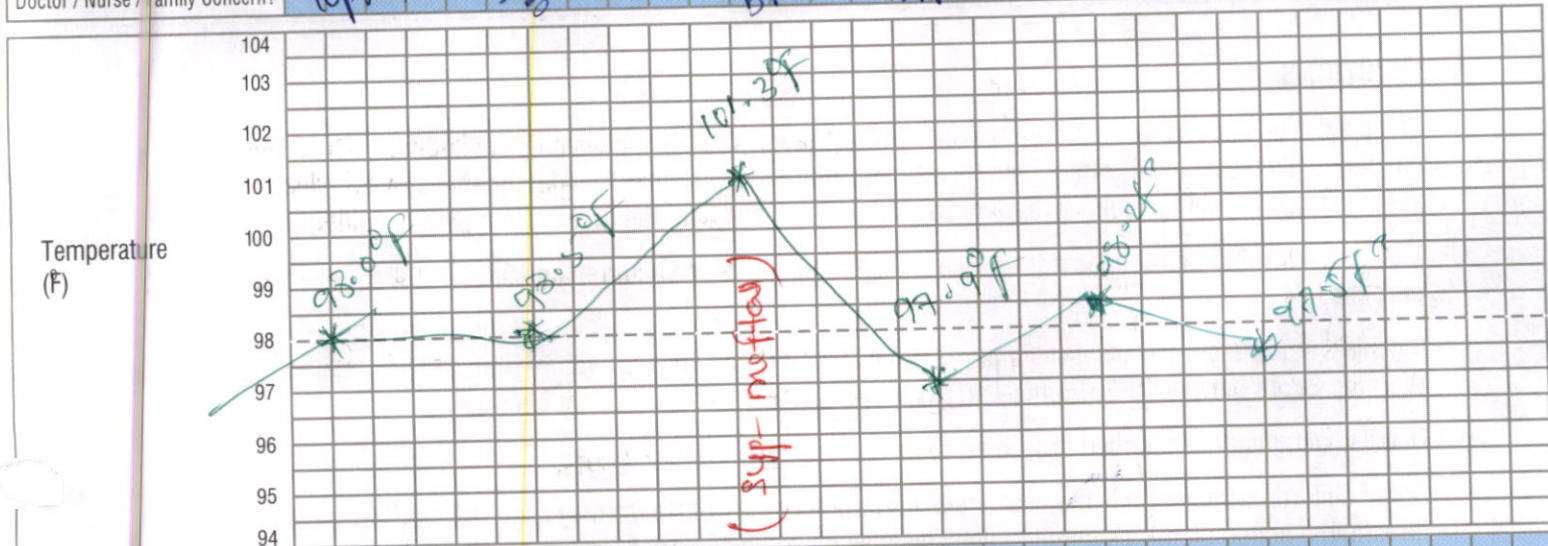
o. : RCHBH/FRM / CLINICAL / 126

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



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

Date : 12/5 Time: 10:00 AM 10:30 AM 11:00 AM 11:30 AM 12:00 PM  
 Doctor / Nurse / Family Concern? 10:00 10:30 11:00 11:30 12:00



| Heart Rate (bpm) | and Blood Pressure (mmHg) * |
|------------------|-----------------------------|
| 105              | 105 / 69                    |
| 101              | 101 / 64                    |
| 101              | 101 / 50                    |
| 94               | 94 / 60                     |
| 96               | 96 / 59                     |

Note: BP does not score in early warning scoring

| Heart Rate (Number) | resp. Rate (bpm) (Over 1 Minute) * |
|---------------------|------------------------------------|
| 88 bpm              | 25 bpm                             |
| 91 bpm              | 26 bpm                             |
| 125 bpm             | 27 bpm                             |
| 100 bpm             | 28 bpm                             |
| 101 bpm             | 28 bpm                             |

| Resp Distress | Mod/ Severe | None / Mild | Receiving O <sub>2</sub> (l/min) | O <sub>2</sub> Saturations (%) | Conscious Level | Normal | Altered | GCS * |
|---------------|-------------|-------------|----------------------------------|--------------------------------|-----------------|--------|---------|-------|
|               |             |             | 0                                | 97                             | 15              |        |         | 15    |
|               |             |             | 0                                | 99                             | 14              |        |         | 14    |
|               |             |             | 0                                | 99                             | 15              |        |         | 15    |
|               |             |             | 0                                | 99                             | 15              |        |         | 15    |
|               |             |             | 0                                | 99                             | 15              |        |         | 15    |

| TOTAL SCORE | Number of shaded boxes | Pain Score | Observer's Initials |
|-------------|------------------------|------------|---------------------|
| 1           | 0                      | 0          |                     |
| 1           | 0                      | 0          |                     |
| 1           | 0                      | 0          |                     |
| 1           | 0                      | 0          |                     |
| 1           | 0                      | 0          |                     |

**ACTIONS**

- Score 1 : Continue normal observation by staff nurse
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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.

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|---|------|---------------------|--------------------------------|------|------|
| Date  | Time | Early Warning Score | Date                           | Time | Name |
|   |      |                     |                                |      |      |
|   |      |                     |                                |      |      |
|   |      |                     |                                |      |      |
|   |      |                     |                                |      |      |

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|          |   |
|----------|---|
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| <b>A</b> | <b>ASSESSMENT:</b> I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.   |
| <b>R</b> | <b>RECOMMENDATION:</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)  |

BAH-00656138 IP5-00173743  
 Baby NIMISHAMBA  
 06-08-2016 9 Y 9 M 6 D (F)  
 Dr. FAISAL B NAHDI



# 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 |
|-----------------------------|----------|-----------------|--------|-----|-----|-----------------------------|-----------|-------|----------|-------|--------------------------------|-------------|
|                             |          |                 | 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 |                 |        |     |     |                             |           |       |          |       |                                |             |
| <b>Total Intake :</b>       |          |                 |        |     |     | <b>Total Output :</b>       |           |       |          |       |                                |             |
|                             | 02:00 pm |                 |        |     |     |                             |           |       |          |       |                                |             |
|                             | 03:00 pm |                 |        |     |     |                             |           |       |          |       |                                |             |
|                             | 04:00 pm |                 |        |     |     |                             |           |       |          |       |                                |             |
|                             | 05:00 pm |                 |        |     |     |                             |           |       |          |       |                                |             |
|                             | 06:00 pm |                 |        |     |     |                             |           |       |          |       |                                |             |
|                             | 07:00 pm |                 |        |     |     |                             |           |       |          |       |                                |             |
| <b>Total Intake :</b>       |          |                 |        |     |     | <b>Total Output :</b>       |           |       |          |       |                                |             |
|                             | 08:00 pm |                 |        |     |     |                             |           |       |          |       |                                |             |
|                             | 09:00 pm |                 |        |     |     |                             |           |       |          |       |                                |             |
|                             | 10:00 pm |                 |        |     |     |                             |           |       |          |       |                                |             |
|                             | 11:00 pm |                 |        |     |     |                             |           |       |          |       |                                |             |
|                             | 12:00 am |                 |        |     |     |                             |           |       |          |       |                                |             |
|                             | 01:00 am |                 |        |     |     |                             |           |       |          |       |                                |             |
| <b>Total Intake :</b>       |          |                 |        |     |     | <b>Total Output :</b>       |           |       |          |       |                                |             |
|                             | 02:00 am |                 |        |     |     |                             |           |       |          |       |                                |             |
|                             | 03:00 am |                 |        |     |     |                             |           |       |          |       |                                |             |
|                             | 04:00 am |                 |        |     |     |                             |           |       |          |       |                                |             |
|                             | 05:00 am |                 |        |     |     |                             |           |       |          |       |                                |             |
|                             | 06:00 am |                 |        |     |     |                             |           |       |          |       |                                |             |
|                             | 07:00 am |                 |        |     |     |                             |           |       |          |       |                                |             |
| <b>Total Intake :</b>       |          |                 |        |     |     | <b>Total Output :</b>       |           |       |          |       |                                |             |
| <b>Total 24 hrs. Intake</b> |          |                 |        |     |     | <b>Total 24 hrs. Output</b> |           |       |          |       |                                |             |



# 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     | Intake          |       |      | Output                      |    |           |       |          | IV Site Thrombo-phlebitis Score | Sign. Nurse |       |
|-----------------------------|----------|-----------------|-------|------|-----------------------------|----|-----------|-------|----------|---------------------------------|-------------|-------|
|                             |          | Nature of Fluid | Mouth | I.V  | N.G                         | NG | Diarrhoea | Vomit | Drainage |                                 |             | Urine |
| 13/5/26                     |          |                 | Mouth | I.V  | N.G                         |    |           |       |          |                                 |             |       |
|                             | 08:00 am |                 |       | 20ml |                             |    |           |       |          |                                 |             |       |
|                             | 09:00 am |                 |       | 20ml |                             |    |           |       |          |                                 |             |       |
|                             | 10:00 am | DNS             |       |      |                             |    |           |       |          |                                 |             |       |
|                             | 11:00 am |                 |       | 20ml |                             |    |           |       |          |                                 |             |       |
|                             | 12:00 pm |                 |       | 20ml |                             |    |           |       |          |                                 |             |       |
| 01:00 pm                    |          |                 |       | 20ml |                             |    |           |       |          |                                 |             |       |
| <b>Total Intake :</b>       |          |                 |       |      | <b>Total Output :</b>       |    |           |       |          |                                 |             |       |
| 13/5                        | 02:00 pm |                 |       | 20ml |                             |    |           |       |          |                                 |             |       |
|                             | 03:00 pm |                 | Rice  | 20ml |                             |    |           |       |          |                                 |             |       |
|                             | 04:00 pm | DNS             | tho   | 20ml |                             |    |           |       |          |                                 |             |       |
|                             | 05:00 pm |                 |       | 20ml |                             |    |           |       |          |                                 |             |       |
|                             | 06:00 pm |                 |       | 20ml |                             |    |           |       |          |                                 |             |       |
|                             | 07:00 pm |                 |       | 20ml |                             |    |           |       |          |                                 |             |       |
| <b>Total Intake :</b>       |          |                 |       |      | <b>Total Output :</b>       |    |           |       |          |                                 |             |       |
| 13/5                        | 08:00 pm |                 | Rice  | 20ml |                             |    |           |       |          |                                 |             |       |
|                             | 09:00 pm |                 |       | 20ml |                             |    |           |       |          |                                 |             |       |
|                             | 10:00 pm |                 |       | 20ml |                             |    |           |       |          |                                 |             |       |
|                             | 11:00 pm | DNS             |       | 20ml |                             |    |           |       |          |                                 |             |       |
|                             | 12:00 am |                 |       | 20ml |                             |    |           |       |          |                                 |             |       |
|                             | 01:00 am |                 |       | 20ml |                             |    |           |       |          |                                 |             |       |
| <b>Total Intake :</b>       |          |                 |       |      | <b>Total Output :</b>       |    |           |       |          |                                 |             |       |
| 14/5                        | 02:00 am |                 |       | 20ml |                             |    |           |       |          |                                 |             |       |
|                             | 03:00 am |                 |       | 20ml |                             |    |           |       |          |                                 |             |       |
|                             | 04:00 am |                 |       | 20ml |                             |    |           |       |          |                                 |             |       |
|                             | 05:00 am | DNS             |       | 20ml |                             |    |           |       |          |                                 |             |       |
|                             | 06:00 am |                 |       | 20ml |                             |    |           |       |          |                                 |             |       |
|                             | 07:00 am |                 |       | 20ml |                             |    |           |       |          |                                 |             |       |
| <b>Total Intake :</b>       |          |                 |       |      | <b>Total Output :</b>       |    |           |       |          |                                 |             |       |
| <b>Total 24 hrs. Intake</b> |          |                 |       |      | <b>Total 24 hrs. Output</b> |    |           |       |          |                                 |             |       |

# 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 Thrombophlebitis Score | Sign. Nurse |  |
|-----------------------|----------|-----------------|----------|-----|-----------------------|-----------|-------|----------|-------|--------------------------------|-------------|--|
|                       |          | Nature of Fluid | Route    |     | NG                    | Diarrhoea | Vomit | Drainage | Urine |                                |             |  |
|                       |          |                 | Mouth    | I.V | N.G                   |           |       |          |       |                                |             |  |
| 14/8                  | 08:00 am |                 |          |     |                       |           |       |          |       | 0                              | Sravanthi   |  |
|                       | 09:00 am |                 |          |     |                       |           |       |          |       | 0                              |             |  |
|                       | 10:00 am | NO              |          |     |                       |           |       |          |       | 0                              | Sravanthi   |  |
|                       | 11:00 am | LVF             |          |     |                       |           |       |          |       | 0                              |             |  |
|                       | 12:00 pm |                 |          |     |                       |           |       |          |       | 0                              | Sravanthi   |  |
|                       | 01:00 pm |                 |          |     |                       |           |       |          |       | 0                              |             |  |
| <b>Total Intake :</b> |          |                 |          |     | <b>Total Output :</b> |           |       |          |       |                                |             |  |
| 14/8                  | 02:00 pm |                 |          |     |                       |           |       |          |       | 0                              | (P)         |  |
|                       | 03:00 pm |                 | Idly     |     |                       |           |       |          |       | 0                              | (P)         |  |
|                       | 04:00 pm | NO              | water    |     |                       |           |       |          |       | 0                              | (P)         |  |
|                       | 05:00 pm | LVF             |          |     |                       |           |       |          |       | 0                              | (P)         |  |
|                       | 06:00 pm |                 |          |     |                       |           |       |          |       | 0                              | (P)         |  |
|                       | 07:00 pm |                 |          |     |                       |           |       |          |       | 0                              | (P)         |  |
| <b>Total Intake :</b> |          |                 |          |     | <b>Total Output :</b> |           |       |          |       |                                |             |  |
| 14/8                  | 08:00 pm |                 |          |     |                       |           |       |          |       | 0                              |             |  |
|                       | 09:00 pm |                 | Rice     |     |                       |           |       |          |       | 0                              | Sraus       |  |
|                       | 10:00 pm | NO              | chapatti |     |                       |           |       |          |       | 0                              | Sraus       |  |
|                       | 11:00 pm | LVF             |          |     |                       |           |       |          |       | 0                              | Sraus       |  |
|                       | 12:00 am |                 |          |     |                       |           |       |          |       | 0                              |             |  |
|                       | 01:00 am |                 |          |     |                       |           |       |          |       | 0                              | Sraus       |  |
| <b>Total Intake :</b> |          |                 |          |     | <b>Total Output :</b> |           |       |          |       |                                |             |  |
| 14/08                 | 02:00 am |                 |          |     |                       |           |       |          |       | 0                              |             |  |
|                       | 03:00 am |                 |          |     |                       |           |       |          |       | 0                              | Sraus       |  |
|                       | 04:00 am | NO              |          |     |                       |           |       |          |       | 0                              | Sraus       |  |
|                       | 05:00 am | LVF             |          |     |                       |           |       |          |       | 0                              | Sraus       |  |
|                       | 06:00 am |                 |          |     |                       |           |       |          |       | 0                              |             |  |
|                       | 07:00 am |                 | MIK      |     |                       |           |       |          |       | 0                              | Sraus       |  |
| <b>Total Intake :</b> |          |                 |          |     | <b>Total Output :</b> |           |       |          |       |                                |             |  |

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

# 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 |                                 |             |       |
| 15/5/20               | 08:00 am |                 |        |     |     |                       |           |       |          |       |                                 |             |       |
|                       | 09:00 am |                 |        |     |     |                       |           |       |          |       |                                 | 0           | Shayy |
|                       | 10:00 am | No sup          |        |     | /   |                       |           |       |          |       |                                 | 0           | Shayy |
|                       | 11:00 am | sup             |        |     | /   |                       |           |       |          |       |                                 | 0           | Shayy |
|                       | 12:00 pm |                 |        |     | /   |                       |           |       |          |       |                                 | 0           | Shayy |
|                       | 01:00 pm |                 |        |     | /   |                       |           |       |          |       |                                 | 0           | Shayy |
| <b>Total Intake :</b> |          |                 |        |     |     | <b>Total Output :</b> |           |       |          |       |                                 |             |       |
| 15/5/26               | 02:00 pm |                 |        |     |     |                       |           |       |          |       |                                 | 0           |       |
|                       | 03:00 pm |                 |        |     | /   |                       |           |       |          |       |                                 | 0           |       |
|                       | 04:00 pm | No Int          |        |     | /   |                       |           |       |          |       |                                 | 0           | (5)   |
|                       | 05:00 pm | Int             |        |     | /   |                       |           |       |          |       |                                 | 0           |       |
|                       | 06:00 pm |                 |        |     | /   |                       |           |       |          |       |                                 | 0           |       |
|                       | 07:00 pm |                 |        |     | /   |                       |           |       |          |       |                                 | 0           |       |
| <b>Total Intake :</b> |          |                 |        |     |     | <b>Total Output :</b> |           |       |          |       |                                 |             |       |
| 15/5                  | 08:00 pm |                 |        |     |     |                       |           |       |          |       |                                 | 0           | Shayy |
|                       | 09:00 pm |                 |        |     | /   |                       |           |       |          |       |                                 | 0           | Shayy |
|                       | 10:00 pm | NO I.V          |        |     | /   |                       |           |       |          |       |                                 | 0           | Shayy |
|                       | 11:00 pm | I.V             |        |     | /   |                       |           |       |          |       |                                 | 0           | Shayy |
|                       | 12:00 am |                 |        |     | /   |                       |           |       |          |       |                                 | 0           | Shayy |
|                       | 01:00 am |                 |        |     | /   |                       |           |       |          |       |                                 | 0           | Shayy |
| <b>Total Intake :</b> |          |                 |        |     |     | <b>Total Output :</b> |           |       |          |       |                                 |             |       |
| 16/5                  | 02:00 am |                 |        |     |     |                       |           |       |          |       |                                 | 0           | Shayy |
|                       | 03:00 am |                 |        |     | /   |                       |           |       |          |       |                                 | 0           | Shayy |
|                       | 04:00 am |                 |        |     | /   |                       |           |       |          |       |                                 | 0           | Shayy |
|                       | 05:00 am | NO I.V          |        |     | /   |                       |           |       |          |       |                                 | 0           | Shayy |
|                       | 06:00 am |                 |        |     | /   |                       |           |       |          |       |                                 | 0           | Shayy |
|                       | 07:00 am |                 |        |     | /   |                       |           |       |          |       |                                 | 0           | Shayy |
| <b>Total Intake :</b> |          |                 |        |     |     | <b>Total Output :</b> |           |       |          |       |                                 |             |       |

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

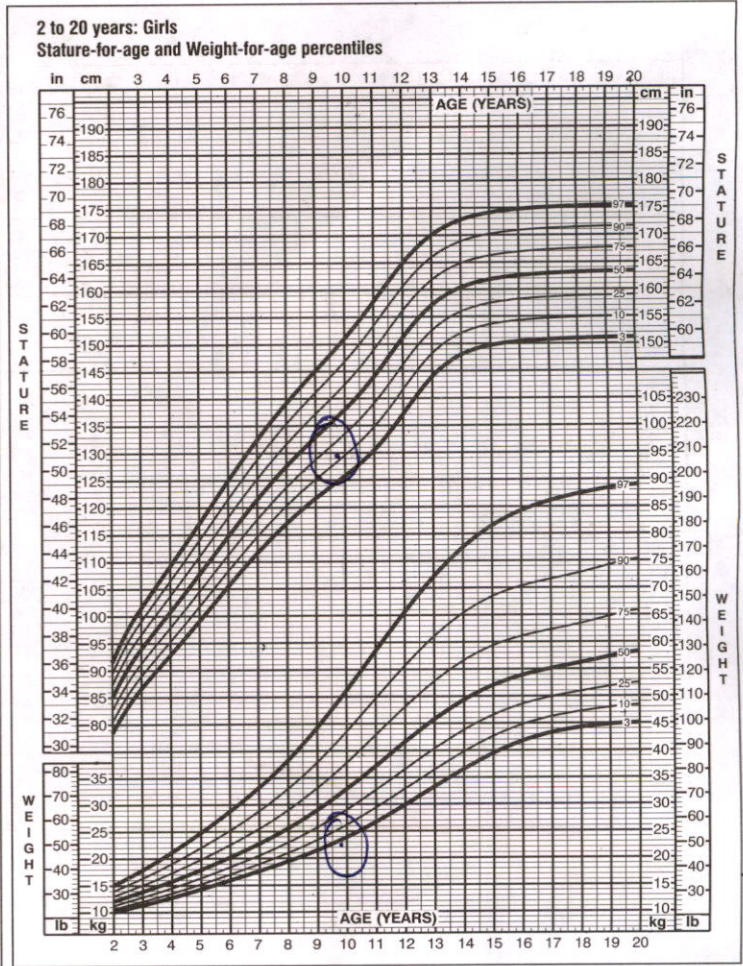
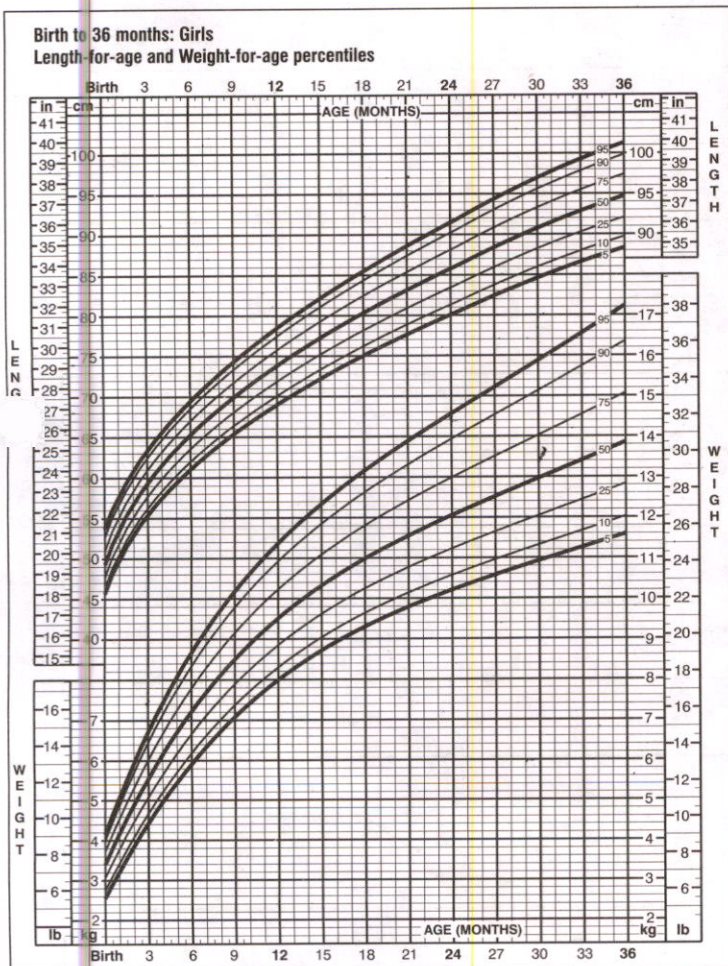
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## NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 03/02/20 Time: 8 AM

Weight: 22.41kg Centile: < 5<sup>th</sup>  
 Height: 129cm Centile: > 10<sup>th</sup>  
 Inference: under weight child  
 RDA: — Calories: 1600kcal/d Protein: 28g/d  
 Diet Recommendations: Soft diet  
 Re Assessment: Avoid spicy, chilled & outside foods  
 Food Allergies: No. Veg/Non-veg: Non-veg  
 Diagnosis: AFI & Acute Gastritis  
 Nutritional Intervention -  Oral  Enteral  Parenteral  
 Patient's Signature: Nikitha

### GROWTH CHART (GIRLS)



Dietician's Name Nikitha

Dietician's Signature Nikitha

Daily Notes:

14/5/26  
11:30am

Child is stable Oral Intake is good

Continue  $\tau$  Soft diet.

- NKitha

15/5/26  
10:00am

Child is stable Oral Intake is good

Continue  $\tau$  Soft diet.

- NKitha