

AH-00527590 IP5-00174561  
Master KUNURU DEEKSHITH  
16-05-2022 4 Y 0 M 15 D (M)  
RAVI CHANDER RAO



### SURGERY DETAILS

*fe not found*

Date : 31/5/26

Patient Name: Master. Kunuru Deekshith Date of Birth: 16-05-2022 Age: 44

Gender: Male Ward : P.O.T UHID No.: 00527590

Date of Surgery: 31/5/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : Debridement & Suture

Time in : 10:45 AM

Time Out : 11:20 PM

	NAME	AMOUNT
1. Surgeon	Dr Ravi Chander	
2. Anaesthetist		
3. Assistant Surgeon		
4. OT Technician	Gouthami	
5. Circulating Nurse		
6. Assistant Nurse	Sraani	

- Special Equipment:  Laparoscopy  Bronchoscope  Harmonic  Morcelator  
 C-ARM  Cystoscopy  Versa Point  Liver Cusa  
 Neuro Cusa  Others .....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9636561

Order by: Sraani P.

Patient Sticker

527590  
6315  
Deekshika

Seethering's

**CONSUMABLES OF OT**



Circulating staff : ..... Technician : ..... Date : ..... Time : .....

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N	5	3	5-0 vicry	1	1	Suction Catheter		
HME filter : A/P/N			5-0 Prolene	1	1	Feeding Tube		
Syringes : 10 cc	10	3				Vaccum Suction Set		
05 cc	10	3	Gloves			Surgical Gloves		
02 cc	10	2	6 Pf.	1	1	Gauze Pack		
01 cc			7 Pf.	1	1	Syringe 1ml / 2ml		
Cautery plate : A/P/N			Surgical blade 15	1	1	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery pencil			NS 500ml	1	0
NS : 10ml / 100ml / 500ml / 1000ml	1	1	Koochies Drape	2		tran	-	-
minilpice	1	1	Ointments			JELM	1	1
midazolam	1	1	Suction Catheter			Betadin	1	0
Fentanyl	1	1	Cap, Mask	5	5			
Morphine			Gauze Pack	5	5			
Ketamine			Mop Pack	1	1			
Propofol	2	2	Steristrip	1	1			
Rocuronium			Underpad	1	1			
Glycopyrolate			Draw sheet	1	2			
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
Nasal prong etc	1	1	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves	5	5			
			Ramdione Scrub					
			Saral					

Surgeon: 26/1/24 Anaesthesiologist: \_\_\_\_\_ Nurse: \_\_\_\_\_ OT Technician: \_\_\_\_\_  
 Order No. : ..... Ordered by : .....  
 Doc. No. : RCH / FRM / GENERAL / 125

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 Dr. RAVI CHANDER RAO



**ACTIVITY RECORD FOR BILLING**

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

UHID No. : \_\_\_\_\_ IP No. : **BAH-00527590 IP5-00174561** Dept : \_\_\_\_\_  
 Master KUNURU DEEKSHITH

Date of Admission: \_\_\_\_\_ **16-05-2022 4 Y 0 M 16 D (M)** Charge : 1/6/26 Time : 9am  
 Dr. RAVI CHANDER RAO



Room / Bed No : \_\_\_\_\_ W \_\_\_\_\_ Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
31/5/26	11AM	ER	OT	Rachel
31/5/26	2PM	OT	115	Rao

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1	Vizvanathan	1/6/2026	9637366	[Signature]
2				
3				
4				
5				
6				
7				
8				
9				
10				







**ADMISSION SHEET**



**Registration Details :**

Admission No : IP5-00174561      Admit Date : 31-May-2026      Admit Time : 09:37 AM      UHID : BAH-00527590

**Patient Details :**

Patient Name	: Master KUNURU DEEKSHITH	Age	: 4 Y 0 M 15 D
Guardian	: Mr KURUNU SUKUMAR	DOB	: 16-05-2022
Gender	: Male	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: 8-3-318/6/5, FLAT NO 202, VAMSI RAM ANNAPOORNA RESIDENCY, MADHURANAGAR, Yousufguda Hyderabad Telangana INDIA 500045	Phone No	: 8555850985/ 9603523534
		E-mail	: MANASAERAGONI.02@GMAIL.COM

**Admission Details :**

Bed Type : DAY CARE      Bed No : PRE OP 403      Ward Name : 4F-OT COMPLEX  
Room No : PRE OP 403      Admission Type : First Visit

**Contact Details :**

Name : Mr KURUNU SUKUMAR      Relationship : Father  
Contact Address : 8-3-318/6/5, FLAT NO 202, VAMSI RAM ANNAPOORNA RESIDENCY, MADHURANAGAR, Yousufguda Hyderabad Telangana INDIA 500045      Phone No : 8555850985 / 9603523534

  
Signature

**Doctor Details :**

Doctor Name : Dr. RAVI CHANDER RAO      Specialisation : PLASTIC SURGERY  
Referral Doctor : Self      Phone No :  
Co-Consultant : Dr. FAISAL B NAHDI

**Payment Details :**

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



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## DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	1			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Extra	4			
	<b>Total No. of Pages</b>	22			

## ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /  
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



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It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

BAH-00527590      IP5-00174561  
Master KUNURU DEEKSHITH  
16-05-2022      4 Y 0 M 15 D      (M)  
Dr. RAVI CHANDER RAO



*deekshith*

Patient Name:

UHID ID:

Department:

Consultant:

*Bah-00527590*



### Pediatric Multiorgan History & Physical Examination

Name : Master Kunuru Deekshith Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_ Relationship \_\_\_\_\_

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

c/o alleged history of being hit by  
glass window at about  
8pm  
on 30/5/26

#### History of present illness :

As per informant,  
child apparently well then head

c/o alleged history of accidental hit by  
glass window at 8pm on  
30/05/26

laceration  
over forehead - 4 x 2cm.  
above glabella

no cold/cough  
no fever / no LOC/vomiting.

Now for suturing.



### Pediatric Multiorgan History & Physical Examination

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

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**Birth & Neonatal History:**

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Normal perinatal transition

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**Birth & Socio Economic History:**

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_

Any additional Information : } middle

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**Developmental History :**

Attained appropriate for age

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**Immunization History :**

Immunised till date

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### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)  
Weight (kgs) ) 19 kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 98.5° F Pulse Rate : 105/min B.P. 100/56 SPO2 99.1% @ RA

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

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_

Oedema : \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

#### Respiratory System :

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

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

Any added sounds : \_\_\_\_\_

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

#### Cardiovascular System :

Inspection of precordium : (N)

Heart Sounds : S<sub>1</sub>, S<sub>2</sub> heard

Any murmur : \_\_\_\_\_

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

#### Per Abdomen :

Inspection (N)

Palpation : soft, non tender

Auscultation : BS (+)

Spine : (N) External Genitalia : (N)

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



### Pediatric Multiorgan History & Physical Examination

**Central Nervous System :**

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

Cranial Nerves : Intact

**Motor System:**

Nutrition : Good

Tone : (2) Power 5/5

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

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

Involuntary Movements : Nil

**Reflexes :**

DTR

(A)

**Superficials:**

Plantars \_\_\_\_\_

**Sensory System :**

Bladder / Bowel : regular

**Clinical Summary & Diagnostic:**

Laceration on Forehead  
Now for Suture



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment : For Hemodynamic Stability

**Planned Labs:**

IV cannula  
Noted by  
Lachal

**Planned Management**

1) Continue NPO  
2) IV fluids  
3) shift to OT on call  
Noted by  
Lachal

Signature of the Doctor: JL

Signature of the Consultant: .....

Name of the Doctor: Jayashri

Name of the Consultant: .....

Date & Time: 31/05/26 @ 9:30 AM

Date & Time: .....



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26 3 PM	<p>Seen by Resident: Dr. Sahithi            laceration over forehead            S/P debridement &amp; suturing</p>	
	<p>child afebrile            hemodynamically stable.</p>	<p>Plan            1. continue medications as charted            2. Monitor vitals.            3. <del>IV fluids till accepting orally.</del>            orally.            J. Sahithi</p>
	<p>1/6/2026            8:20 am            S/P Resident            S/P debridement +            suturing of forehead            laceration            no complaints            O/E: alert            stable vitals            chest clear.</p>	<p>Adv            (D) to day            Akhile</p>



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# CROSS CONSULTATION FORM

Doctor Name : Dr. Ujjwala Desai Date : 1/6/2026 Time : 9 am

Diagnosis : s/p debridement + suturing forehead laceration

Hospital : RCH - B

**Type of Referral :**

- Emergency
- Urgent
- Non Urgent

Referred for :  Opinion     Co-Management     Transfer of care

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

Signature: \_\_\_\_\_

**Findings and Recommendations :**

no post operative complaints

O/E :  
alert  
stable vitals  
chest clear  
wound healthy

Adv. :  
Ⓟ today

**Consultant :**

Name : Dr. Ujjwala Signature : [Signature] Date & Time : 1/6/26

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 16-06-2022 4 Y 0 M 15 D (M)  
 Dr. RAVI CHANDER RAO

Patient

Rainbow<sup>®</sup>  
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 Hospital  
 It takes a lot to treat the little.

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 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## RESULT SHEET

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



BAH-00527590 IP5-00174561  
 Master KUNURU DEEKSHITH  
 16-05-2022 4 Y 0 M 18 D (M)  
 Dr. RAVI CHANDER RAO



## 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: ..... OT .....

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

Date & Time: 31/05/26 @ 9:30AM .....

Nurse Name & Signature: Lakshmi @ .....

Date & Time: 31/05/26 @ 9:30am .....

# DRUG CHART

Date of Admission: 31/05/26 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 :</b>				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

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

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 19.2 kg.. Ward. ....

DDS :

<b>DRUG :</b> Syz AMOXICILLIN CLAVULANATE				Date Time	3/5
Dose	Route	Frequency	Start Date		
5ml	PO	BD	3/5		
Name & Signature of the Doctor Starting the Drugs:				10/07/14/09 01/11/09	
Additional Instructions:				(5ml/400 mg) 10/07/14/09 01/11/09	
<b>Daily Doctor's Endorsement by a Sign</b>					
<b>DRUG :</b> Syz IBUGESIC PLUS				Date Time	3/5/16
Dose	Route	Frequency	Start Date		
5ml	PO	TID	3/5		
Name & Signature of the Doctor Starting the Drugs:				10/07/14/09 01/11/09	
Additional Instructions:				5ml [ Ibuprofen - 100mg Paracetamol - 162mg 10/07/14/09 01/11/09	
<b>Daily Doctor's Endorsement by a Sign</b>					
<b>DRUG :</b>				Date Time	
Dose	Route	Frequency	Start Date		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
<b>Daily Doctor's Endorsement by a Sign</b>					
<b>DRUG :</b>				Date Time	
Dose	Route	Frequency	Start Date		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
<b>Daily Doctor's Endorsement by a Sign</b>					



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date	Dose	Dose	Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Name & Signature of the Doctor		Dose	Dose	Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Additional Instructions:		Dose	Dose	Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	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
31/1/26	11:00AM	Inj. AMOXICILLIN CLAVULANIC ACID	600mg	IV	[Signature]	[Initials]

Signature

VERIFIED BY : Name



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

Date : 3/5 Time: 5pm 10pm 2am 6am

Doctor / Nurse / Family Concern?

Temperature (F)	104				
	103				
	102				
	101				
	100				
	99	98.5			
	98	98.0	97.8	98.5	
	97				
	96				
	95				

Heart Rate (bpm) and Blood Pressure (mmHg) *	190				
	180				
	170				
	160				
	150				
	140				
	130				
	120				
	110				
	100				

Heart Rate (Number)

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

Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal / Altered

GCS \*

**TOTAL SCORE** Number of shaded boxes

Pain Score

Observer's Initials

**ACTIONS**

NB: Scores 3 should be recorded overleaf

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

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

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

Patient Sticker

BAH-00527590 IP5-00174561  
 Master KUNURU DEEKSHITH  
 16-06-2022 4 Y 0 M 15 D (M)  
 Dr. RAVI CHANDER RAO



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												

Total Intake :

Total Output :

	02:00 pm												
	03:00 pm												
3 1/2	04:00 pm	no IVF											
	05:00 pm	UPP											
	06:00 pm	milk											
	07:00 pm												

Total Intake :

Total Output :

	08:00 pm												
	09:00 pm												
3 1/2	10:00 pm	no IVF											
	11:00 pm	IVF											
	12:00 am												
	01:00 am												

Total Intake :

Total Output :

	02:00 am												
	03:00 am												
1 1/2	04:00 am	no IVF											
	05:00 am	IVF											
	06:00 am												
	07:00 am												

Total Intake :

Total Output :

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker

# 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			
	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>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

H-00527590

IP5-00174561

ster KUNURU DEEKSHITH

05-2022

4 Y 0 M 15 D

(M)

RAVI CHANDER RAO



# NURSING CARE RECORD



**BirthRight™**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

Shift:  Morning  Afternoon  Night

Date: 3/5/22

Assessment: .....

*Path*

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications

- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....

- Maintain Fluid Balance
- Meet Elimination Needs

- Improve Activity Tolerance
- Ensure Safety

- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety

- Maintain Skin Integrity
- Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8 Am	* Assess the patient general condition	8Am	* Assess the Patient general condition	* All Plannings are implemented
9Am	* Maintain I/O chart	9Am	* main I/O chart	
10Am	* Monitoring the vital signs	10Am	* main I/O chart	
11Am	* Monitoring the vital signs	11Am	* Monitoring the vital signs	
12Pm	* Ensure the safety.	12Pm	* ensure the safety	
14Pm	* Administering the medications AS per orders	14Pm	* Administering the medication AS per orders.	
3Pm		3Pm		

Re-Assessment: .....

*Re-Assment done*

Special Notes: .....

Nurse Signature: *[Signature]*

Nurse Name: *Sree*

Date & Time: 3/5/22 *[Signature]*

IP5-001  
 BAH-00527590  
 Master KUNURU DEEKSHITH  
 16-05-2022 4 Y 0 M 16 D (M)  
 Dr. RAVI CHANDER RAO

# NURSING CARE RECORD

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

BirthRight™  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

Shift:  Morning  Afternoon  Night

Date: 3/15

Assessment: .....

- Goals**
- Maintain Airway and Oxygenation
  - Relieve Pain & Discomfort
  - Maintain Fluid Balance
  - Improve Activity Tolerance
  - Maintain Good Nutritional Status
  - Maintain Skin Integrity
  - Maintain Personal Hygiene
  - Prevent Infection
  - Meet Elimination Needs
  - Ensure Safety
  - Early Ambulation Reduce Anxiety
  - Patient & Family Education
  - Identify Potential Complications
  - Any Others. Specify.....

Time	Plan of Care	Time	Implementation	Evaluation
3:30pm	→ Assess the baby general condition	3:40pm	→ Assessed the baby general condition	Baby condition is stable.
4:00pm	→ monitor the vital's	4:10pm	→ monitored the vital's	
5pm	→ Provide comfortable position	5:10pm	→ provided comfortable position	
7pm	→ Administer medication as per doctor order's	7:10pm	→ Administered medication as per doctor order's	

Re-Assessment: .....

Special Notes: .....

Nurse Signature: *Shreisha*

Nurse Name: *Shreisha*

Date & Time: 3/15/26 @ 8pm



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# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 3/5/26 Time: 3pm

Weight: 19kgs Centile: 90th

Height: 107cms Centile: 90th

Inference: overweight child

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

Diet Recommendations: Soft diet

Re-Assessment: Avoid spicy, Chilled, Outside foods

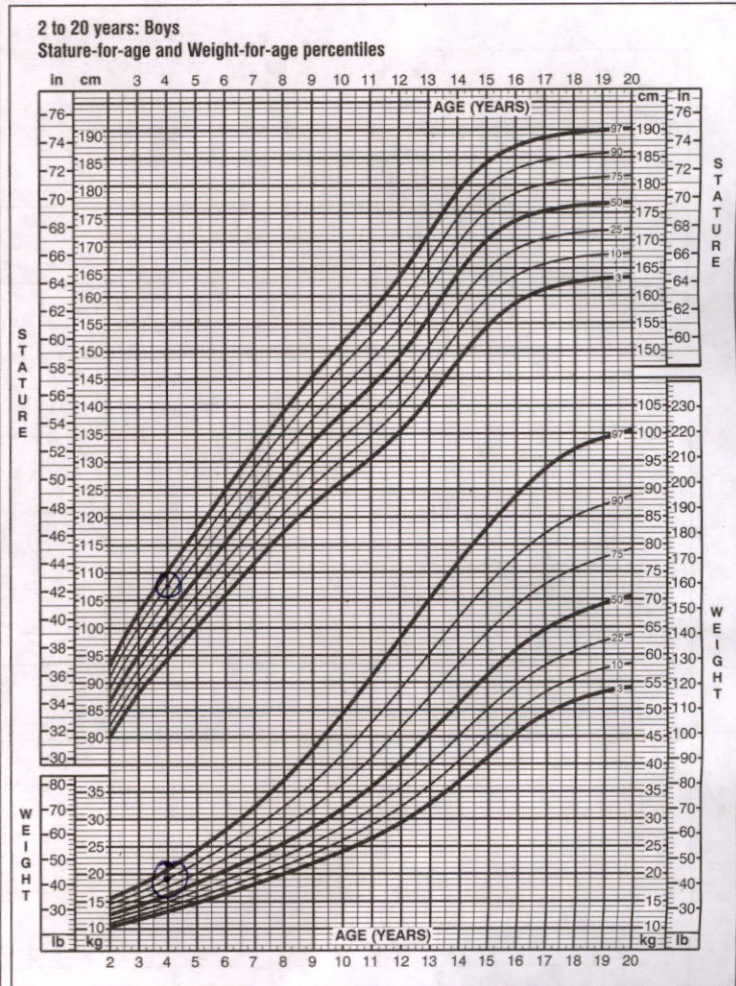
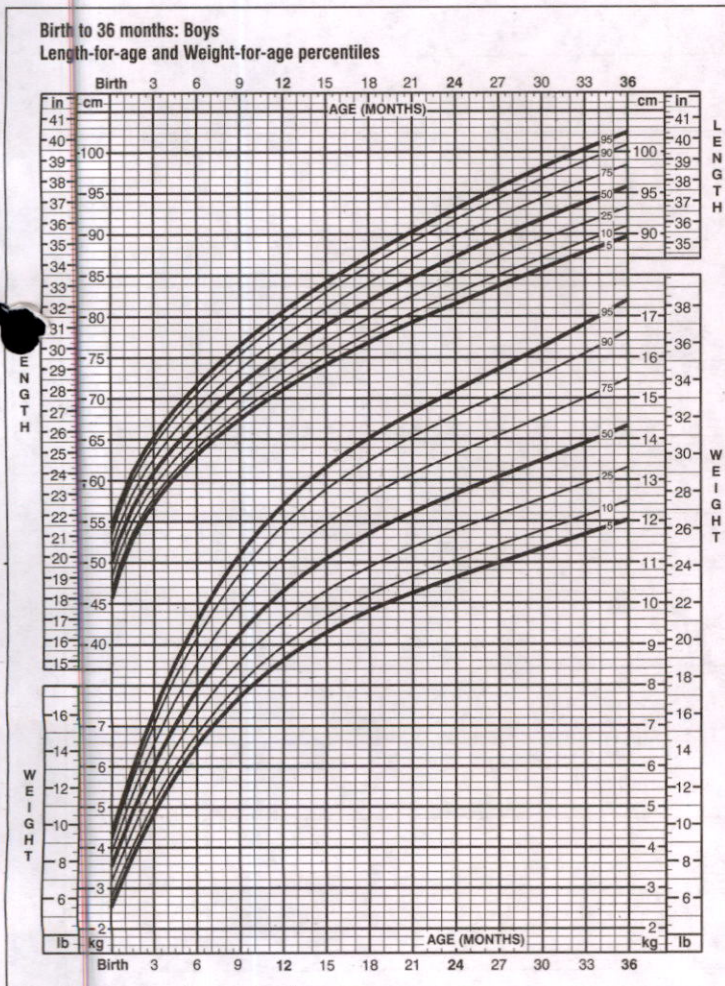
Food Allergies: No Veg/Non-veg: Non-veg

Diagnosis: laceration on forehead

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: E. Manasa

## GROWTH CHART (BOYS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

