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ACTIVITY RECORD FOR BILLING

Name :_____ BAH-00645974 IP5-00174575 _____
Master GADDAM RUDVED REDDY
20-07-2021 4 Y 10 M 11 D (M)
Dr. NALINIKANTA PANIGRAHY

UHID No. : _____ IP No _____ Dept : _____

Date of Admission: _____ charge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/5/26	9:50p	ER	102	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Sushma. R	1/6/26	9637674	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
31/5/26	Sr. E, Blood Us	55389	
1/6/26	CUE	26094/26	Anurag
1/6/26	CBP, CRP, Urea, creat	SOLH	
	Adeno PCR		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
31/5/25	infusion pump	10pm	[illegible]	9163077	Aruna

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
31/5/26	Sr Placement	1	6828	[illegible]
2/6/26	NA/A	1	9637584	[illegible]

Prasad 2/6/26

DC

ANY OTHER INFORMATION

Nil

Date : 02/06/26 Time : 10:00am Prepared By : Shanthi

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Shanthi	SPVT.		

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174575 **Admit Date** : 31-May-2026 **Admit Time** : 09:21 PM **UHID** : BAH-00645974

Patient Details :

Patient Name	: Master GADDAM RUDVED REDDY	**Age**	: 4 Y 10 M 11 D
Guardian	: Mr GADDAM NARESH	**DOB**	: 20-07-2021
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 4-9-78, PLOT NO K24, SAI EESHA BUILDING Nacharam Hyderabad Telangana INDIA 500076	**Phone No**	: 9441457772/ 9019693813
		E-mail	: NARESHREDDY4567@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 102 **Ward Name** : 1F-VIBGYOR

Room No : SPVT 102 **Admission Type** : First Visit

Contact Details :

Name : Mr GADDAM NARESH **Relationship** : Father

Contact Address : H NO 4-9-78, PLOT NO K24, SAI EESHA BUILDING Nacharam Hyderabad Telangana INDIA 500076 **Phone No** : 9441457772 / 9019693813

Signature

Doctor Details :

Doctor Name : Dr. NALINIKANTA PANIGRAHY **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Rudved Reddy.

UHID ID:

Department:

Consultant:

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Master GADDAM RUDVED REDDY
20-07-2021 4 Y 10 M 11 D (M)
Dr. NALINIKANTA PANIGRAHY

BAH-00645974 IP5-00174575
Master GADDAM RUDVED REDDY
20-07-2021 4 Y 10 M 12 D (M)
Dr. NALINIKANTA PANIGRAHY

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Information given by: ______ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

c/o fever since 3d.
redness ~~of~~ and watering from Ⓡ eye 3d
vomitings - since today.

History of present illness :

Premorbidly well child,
c/o fever :: 3d - high grade,
maximum documented 104°F
associated with chills.
not a/w cough, cold, vomiting,
loose stools, rashes, joint pain.
c/o redness and watering from Ⓡ eye
since 3days. associated with itching.

c/o vomitings since today - 2 episodes
non bilious, non projectile, non bloody.
. ē food as content
decrease oral intake :: 1d
c/o decreased urine output ~~not~~ according to mother.
no peeling of skin over hands
no joint pain
used cefpodoxime on OP
basis for 3d.

BAM-0064574
Master GADDAM RUDVED REDDY
20-07-2021 4 Y 10 M 12 D (M)
Dr. NALINIKANTA PANIGRAHY

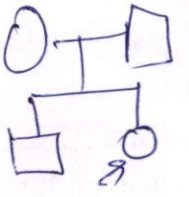
Pediatric Multiorgan History & Physical Examination

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

Ø

Birth & Neonatal History:

FT/@ ~~no~~ perinatal transition



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Developed as per age

Immunization History :

Immunised as per age

(P.T.O.)

BAH-00645974 IP5-00174575
Master GADDAM RUDVED REDDY
20-07-2021 4 Y 10 M 12 D (M)
Dr. NALINIKANTA PANIGRAHY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 21 kg (Centile _____)

On Examination :

Temperature : 100.7°F Pulse Rate : 130/min B.P. 109/55 (65) mm/Hg SPO2 97% on RA

Resp.rate and type of breathing : 26/min
(R) eye conjunctivitis.
throat (N).

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

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+).

Any addes sounds : (-)

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur : (-)

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

Per Abdomen :

Inspection

Palpation : Soft, NT.

Ausculation : Bowel sounds (+)

Spine : (N) External Genitelia :

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

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20-07-2021 4 Y 10 M 12 D (M)
Dr. NALINIKANTA PANIGRAHY

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : (N)

Motor System:

Nutriton :

Tone: Power

Co-ordinator : NAD ·

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System : Intact ·

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Acute febrile illness. c (Rt eye conjunctivitis
? urine infection
? viral

(P.T.O.)

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20-07-2021 4 Y 10 M 11 D (M)
Dr. NALINIKANTA PANIGRAHY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis, dehydration

Desired goals of the treatment : hemodynamic stability.

Planned Labs:

- CBP] done outside
- CRP] on 31/5/26.
- S. Electrolytes
- Blood C/S.
- CUE
- ~~ABV W~~

Noted by Kithane 31/5/26 @ 9:50P

Planned Management

- Inj CEFTRIAXONE.
- Inj Pantoprazole
- IV fluids at 100% maint.
- Fever management
- REFRESH eye drops.
- Inj ONDANSETRON.
- MOXIFLOXACIN eye drops.

Signature of the Doctor: [signature]
Name of the Doctor: Sahithi
Date & Time: 31/5/26. 9PM.

Signature of the Consultant: [signature] 1/6/26
Name of the Consultant: DR. NALINIKANTA PANIGRAHY Registration No. TSMC/FMR/03605
Date & Time:

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26 11PM	Seen by Resident : Dr Sahithi	
	(A) AFI c Conjunctivitis.	
	labs reviewed.	Plan
	No fevers since admission child asleep	1. Plan to decrease IV fluids tomorrow morning
	Hemodynamically stable.	2. Encourage orally.
	Oral intake poor.	3. continue medications & monitor vitals
		Sahithi
01/06/2026 8 AM	S/B/ Resident (Dr. Nandan)	
	D: AFI (D4) c Rt eye conjuctivitis	Plan
	On Room Air Hemodynamically Stable	- Cont. medications as Charted INJ. CEFTRIAXONE (D2)
	No fresh issues one fever spike since admission 103.2°F at 2 AM	- IVF DNS at 30ml/hr
		- Encourage orally
		- Trace Blood c/s / CUE.
	- Rt eye redness & discharge (+) - No vomittings	- MOXIFLOX ACINE/D 1°QID for Rt eye
		- Review repeating CBP, CRP
		- R/V c/ opthalmology consultation Reddy (Dr. Nandan)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/05/2026 10.45 AM	C/B/W Dr. Nalinikanth sir D: AFI (D_4) with Rt eye conjunctivitis - One high grade fever spike at 2 AM (103.2°F) Hemodynamically stable on Room Air. Cervical LN (+) (small <0.5cm) B/L enlarged tonsils Chest B/L chest clear. 1/6/26 11am	Plan - warm water SIPS - Send CBP, CRP, Urea, Creat, ~~Adeno Virus PCR & viral panel~~ Adeno-PCR (swab) Now - Ophthalmology Consultation today - salt water gargle - Stop IV fluids Adv (Dr. Nandini)
01/06/2026 5PM	C/B/W Resident D: AFI (D_4) with Rt eye (conjunctivitis) On Room Air Hemodynamically stable 1 fever spike - 102.5°F at 3 PM	Plan - continue medications as charted - True Adeno-PCR - Warm water sips & Salt water gargle Adv (Dr. Nandini)

DR. NALINIKANTA PANIGRAHY
Registration No: TSMC/FMR/[illegible]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/06/26 7:00pm	CSB Resident	
	S: AFI + (R) eye conjunctivitis	
	Adeno virus (+).	Plan
	- afebrile	Add
	- child is hemodynamically stable	(1) T. Ribaverin 200mg tab mixed in 10ml distilled water and give 5ml.
	- no fresh complaint	
	Vitals —	(2) Rest continue other medications
	BP - 101/68	
	HR - 105bpm	
	RR - 28bpm	Soluble
	SPO2 - 98% @ Room air	(Or - Soluble)

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...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26	Tonsillopharyngitis with conjunctivitis (Adeno)	
	D: Adeno viral illness	Rx
		(1) Stop I.V. antibiotics
		(2) Robavance Cap ×5 days
		(3) F/u = Saturday
		(4) Discharge today c Eye Care advice
		(5) Syr Relent plus gargles
		21/6/26

DR. NALINIKANTA PANIGRAHY
Registration No: TSMC/FMR/03605

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CROSS CONSULTATION FORM

Doctor Name : Dr. Sushma Reddy Date : 1/6/26 Time : 1Pm

Diagnosis : (RE) Conjunctivitis

Hospital : ....

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Thanks for referral

O/E

A/s: RE: congestion
follicles
Ls: [illegible]
fundus: [illegible]

R
(RE) Conjunctivitis

Rx
1. Moxicip eye drops
1 drop 4 times/day x1 week
2. Refresh tears eye drops
1 drop 4 times/day x1 week

Ma
f/u w/ [illegible]

Consultant :

Name : Sushma Reddy Signature : [signature] Date & Time : 1/6/26 1Pm

Doc. No. : RCHBH / FRM / CLINICAL / 049

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med Reddy

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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 (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab CEFPODOXIME	5ml	PO	BD	31/5 4pm	☐ C ☑ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Sanithi

Date & Time : 31/5/26 9:30 PM.

Nurse Name & Signature: Keerthana

Date & Time : 31/5/26 @10pm

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RESULT SHEET

	Outside						
Date	31/5	31/5	1/6				
Time			11.40AM				
Hb	13.8		12.1				
PCV			37.2				
RBC			4.70				
WBC	5.8k		5.49K				
N/L	68/24		41/45.9				
Platelets	1.8L.		2,21,000				
CRP	81		41 ↓				
ESR							
PCT							
RBS							
Na		134					
K		4.4					
Cl		100					
Ca/Mg							
Phosphate							
Urea			27				
Creatinine			0.5				
ALP							
SGPT							
SGOT							
T.Bill/Conj							
T.Protein							
S.Albumin							
S.Globulin							
A/G Ratio							
Uric Acid							
S.Amylase							
Sr.Lipase							
Blood Lactate							
S.Cholesterol							
PT/INR							
APTT							
CSF Protein / Sugar							
Cells							
N/L							

Date	01/06/2026					
Time	2 AM					
CUE - Alb	Trace					
CUE - Sugar	-					
CUE - Ketones	++					
CUE - PUS Cells	1-2					
CUE - RBC Cells	~~2~~ -					
CUE Epi cells	2-3					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : ~~SARI~~ – ~~Flu A, B, Cov 2,~~
Adeno virus → Detected

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight ....2 kg.... Ward ....

DRUG : REFRESH eyedrops

Dose	Route	Frequency	Start Dt.
2	eye dr	TID	31/5

Name & Signature of the Doctor Starting the Drugs: Saimtri

Additional Instructions: 2 drops each eye

Date / Time	31/5	1/6	2/6
6am	✓	Reshma Mna	Dr
2pm	✓	Som Mitha	
10pm	Sudha	Dr	

Daily Doctor's Endorsement by a Sign ① ①

DRUG : Eye Drop. MOXIFLOXACIN

Dose	Route	Frequency	Start Dt.
1°	Rt eye	q 6hrly	01/06

Name & Signature of the Doctor Starting the Drugs: Dr. Nandan

Additional Instructions:

Date / Time	31/5	2/6
12am	X	Dr
6am	9am Som	Dr
12pm	1:30 pm Som Sm	
6pm	An	

Daily Doctor's Endorsement by a Sign

DRUG : T. RIBAVIRIN

Dose	Route	Frequency	Start Dt.
8ml	P/O	BID	01/06

Name & Signature of the Doctor Starting the Drugs: Sohele

Additional Instructions: 1 tab - 200mg
mix 1 tab in 10ml give 8ml

Date / Time	1/6
10 AM	X
10 PM	Dr Aruna

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Signature [redacted] VERIFIED [redacted] Name

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Date ▸ Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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d Reddy

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DRUG CHART

Date of Admission: 31/5/16 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Syp PARACETAMOL — Date / Time

Dose	Route	Frequency	Start Date
7ml	PO	6th hrly	31/5

Doctor's Signature	Valid Period	Pharm.
Sahithi	48 hr	✓

Additional Instructions: 5ml/240mg temp >100°F

DRUG : Syp MEFTAL — Date / Time: 1/6 2Am 1/6 Aruna 3:05pm Saraswathi 8:25pm Aruna

Dose	Route	Frequency	Start Date
10ml	PO	8th hrly	31/5

Doctor's Signature	Valid Period	Pharm.
Sahithi	48 hr	✓

Additional Instructions: (5ml/100mg) temp >102°F

DRUG : — Date / Time

Dose	Route	Frequency	Start Date

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

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

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Master GADDAM RUDVED REDDY
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Dr. NALINIKANTA PANIGRAHY

REGULAR PRESCRIPTIONS

Weight. 21 kg. Ward. ....

DRUG : Inj CEFTRIAXONE				Date / Time	31/5	1/6
Dose	Route	Frequency	Start Date			
1g	IV	12 hrly	31/5	10 AM	✓	Sona mithu
Name & Signature of the Doctor Starting the Drugs: Sahithi						
Additional Instructions: @ 50 mg/kg/dose.				10 PM	Sushma Shiva	Das Aruna
Daily Doctor's Endorsement by a Sign					ⓓ	ⓓ

DRUG : PANTOPRAZOLE				Date / Time	31/5	1/6	2/6
Dose	Route	Frequency	Start Date				
20 mg	IV	24 hrly	31/5				
Name & Signature of the Doctor Starting the Drugs: Sahithi				6 AM / 12 PM	Sushma	Sushma Aruna	Das Aruna
Additional Instructions: @ 1 mg/kg/dose							
Daily Doctor's Endorsement by a Sign					ⓓ	ⓓ	

DRUG : ONDANSETRON.				Date / Time	31/5	1/6	2/6
Dose	Route	Frequency	Start Date				
3 mg	IV	8 hrly	31/5	6 AM	✓	Sushma Aruna	Das Aruna
Name & Signature of the Doctor Starting the Drugs: Sahithi				2 PM	✓	Sona mithu	
Additional Instructions: @ 0.15 mg/kg/dose				10 PM	Sushma Shiva	Das Aruna	
Daily Doctor's Endorsement by a Sign					ⓓ	ⓓ	

DRUG : MOXIFLOXACIN E/D.				Date / Time	31/5	
Dose	Route	Frequency	Start Date			
	E/D	12 hrly	31/5	10 AM	✓	
Name & Signature of the Doctor Starting the Drugs: Sahithi						Change frequency
Additional Instructions: 2 drops in Ⓡ eye				10 PM	Sushma	Nanda (Dr. Nandana)
Daily Doctor's Endorsement by a Sign						

Patient Sticker

Weight. 21 kg Ward. .....

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.	

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

Signature .....

Name .....

VERIFIED

Master GADDAM RUDVED REDDY
20-07-2021 4 Y 10 M 11 D (M)
Dr. NALINIKANTA PANIGRAHY

I.V. FLUIDS CHART

Weight. 21 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
31/5/26	10pm.	DNS 100% maint	IV	60 ml/hr		Aruna / Sushma	1/6/26		
31/5/26	9pm	DNS	IV	30 ml/hr			1/6/26		

Signature .....

VERIFIED BY : Name .....

BAH-00645974 IP5-00174575
Master GADDAM RUDVED REDDY
20-07-2021 4 Y 10 M 12 D (M)
Dr. NALINIKANTA PANIGRAHY

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 31.6.26 / 1/6/26

Time:	8:25pm	10pm	2am	6am
Doctor / Nurse / Family Concern?				
Temperature (°F) (scale 94–104)	102.7°F (S/P meftal)	96.7°F	98.1°F	96.7°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)		101/60 (70)	108/62 (75)	104/61 (69)
Heart Rate (Number)		101 b/m	96 b/m	106 b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)				
Resp Rate (Number)		25 b/m	26 b/m	25 b/M
Resp Distress: Mod/ Severe; None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)		99%	99%	99%
Conscious Level: Normal; Altered				
GCS *		15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		1	1	1
Pain Score		0	0	0
Observer's Initials		0	0	0

Note: BP does not score in early warning scoring

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.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00645974 IP5-00174575
Master GADDAM RUDVED REDDY
20-07-2021 4 Y 10 M 12 D (M)
Dr. NALINIKANTA PANIGRAHY

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/6/26 Time: 10am, 2pm, 3:05pm, 4:10pm, 5:40pm, 6pm

	10am	2pm	3:05pm	4:10pm	5:40pm	6pm
Doctor / Nurse / Family Concern?						
Temperature (F)	97.6°F	98.1°F	102.5°F (Syp. meftal)	98.8°F	99.4°F	98.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	98/63 (79)	100/66 (78)				101/68 (80)
Heart Rate (Number)	103b/m	112b				105b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	26b/m	28b				28b/m
Resp Distress (Mod/ Severe; None / Mild)						
Receiving O_2 (l/min)						
O_2 Saturations (%)	97%	99%				100%
Conscious Level (Normal; Altered)						
GCS *	15/15	15/15				15/15
TOTAL SCORE Number of shaded boxes	1	1				1
Pain Score	0	0				0
Observer's Initials	[illegible]	[illegible]				[illegible]

Note: BP does not score in early warning scoring

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.
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Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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

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

BAH-00645974 IP5-00174575
Master GADDAM RUDVED REDDY
20-07-2021 4 Y 10 M 12 D (M)
Dr. NALINIKANTA PANIGRAHY

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

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

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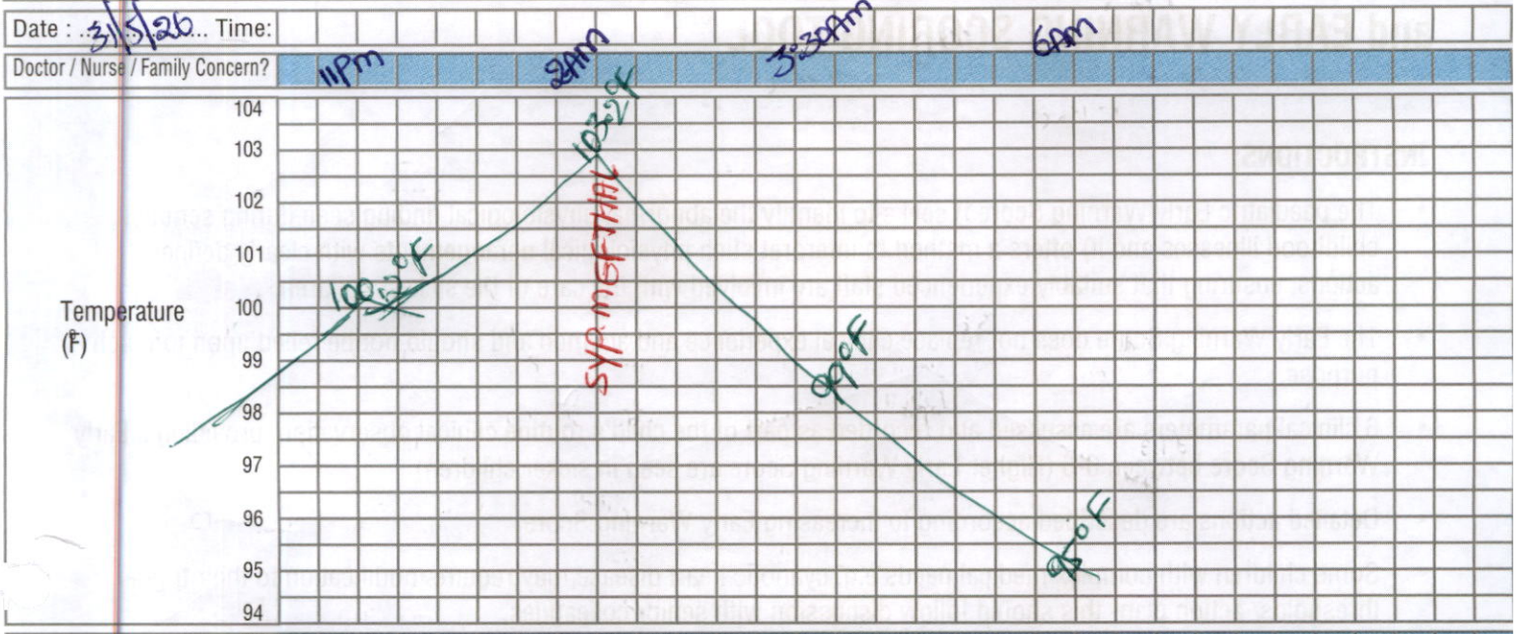
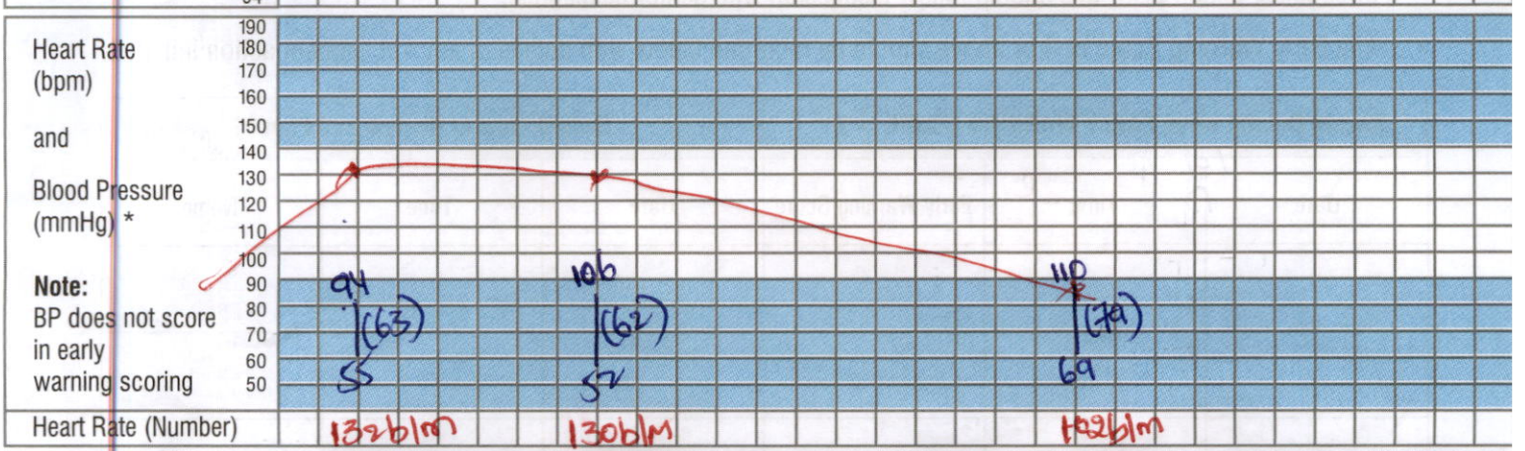
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 31/5/26 Time:

Doctor / Nurse / Family Concern?





Note: BP does not score in early warning scoring

Heart Rate (Number)	132b/m	130b/m	132b/m
Resp. Rate (bpm over 1 Minute) *	70 60 50 40 30 20 10		
Resp Rate (Number)	24b/m	30b/m	28b/m
Resp Distress	Mod/ Severe / None / Mild		
Receiving O_2(l/min) O_2Saturations (%)	99%	98%	98%
Conscious Level	Normal / Altered		
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1
Pain Score	0	0	0
Observer's Initials			

ACTIONS NB: Scores 3 should be recorded overleaf	
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Patient Sticker

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

Patient Sticker

Master GADDAM RUDVED REDDY
20-07-2021 4 Y 10 M 11 D (M)
Dr. NALINIKANTA PANIGRAHY

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FLUID CHART

Sheet No. : 1

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: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
31/5	08:00 pm			60								
	09:00 pm											
	10:00 pm			60mL							0	Aruna
	11:00 pm	DNS		-							0	
	12:00 am			60mL							0	Aruna
	01:00 am			60mL							0	
Total Intake :						**Total Output :**						
1/6	02:00 am			60mL							0	Aruna
	03:00 am			60mL							0	
	04:00 am	DNS		60mL							0	Aruna
	05:00 am			-							0	
	06:00 am			-							0	Aruna
	07:00 am			-							2	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Master GADDAM RUDVED REDDY
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Dr. NALINIKANTA PANIGRAHY

FLUID CHART

Rainbow® Children's Hospital
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Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
11/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
1/6/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
1/6	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
2/6	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00645974 IP5-00174575
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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 1/6/26 Time: 9Am

Weight: 21.1kgs Centile:

Height: 118cms Centile:

Inference:

RDA: — Calories: 1350Kcals/d Protein: 23g/d

Diet Recommendations: Soft diet & Plenty of liquids

Re-Assesment: Avoid spicy, chilled, canal outside foods.

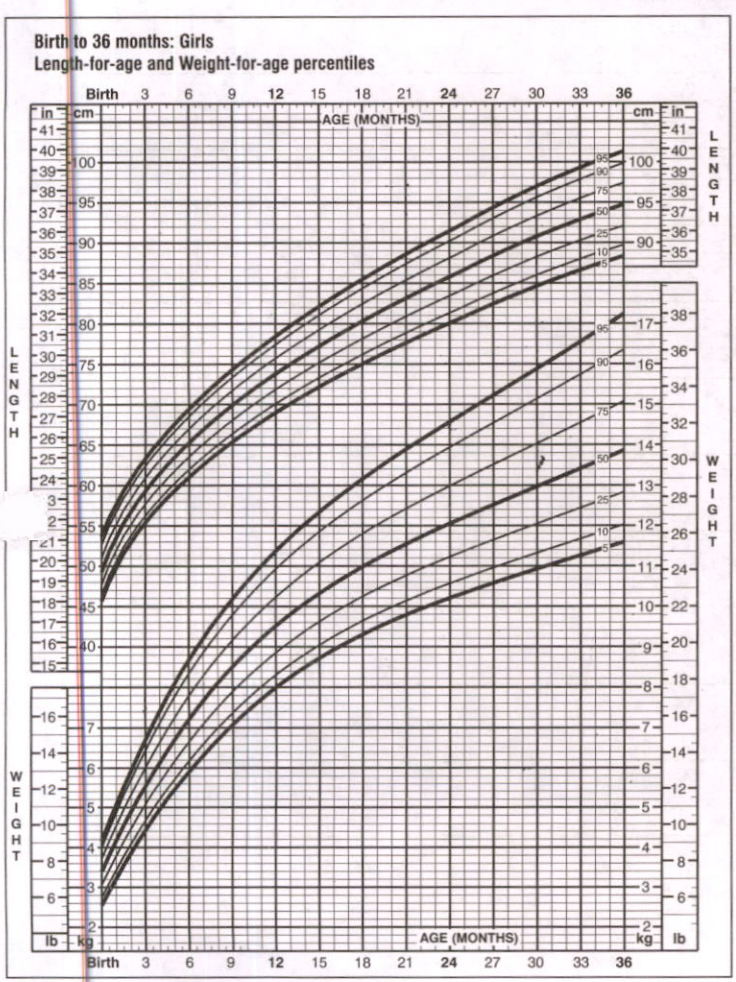
Food Allergies: NO Veg/Non-veg Veg

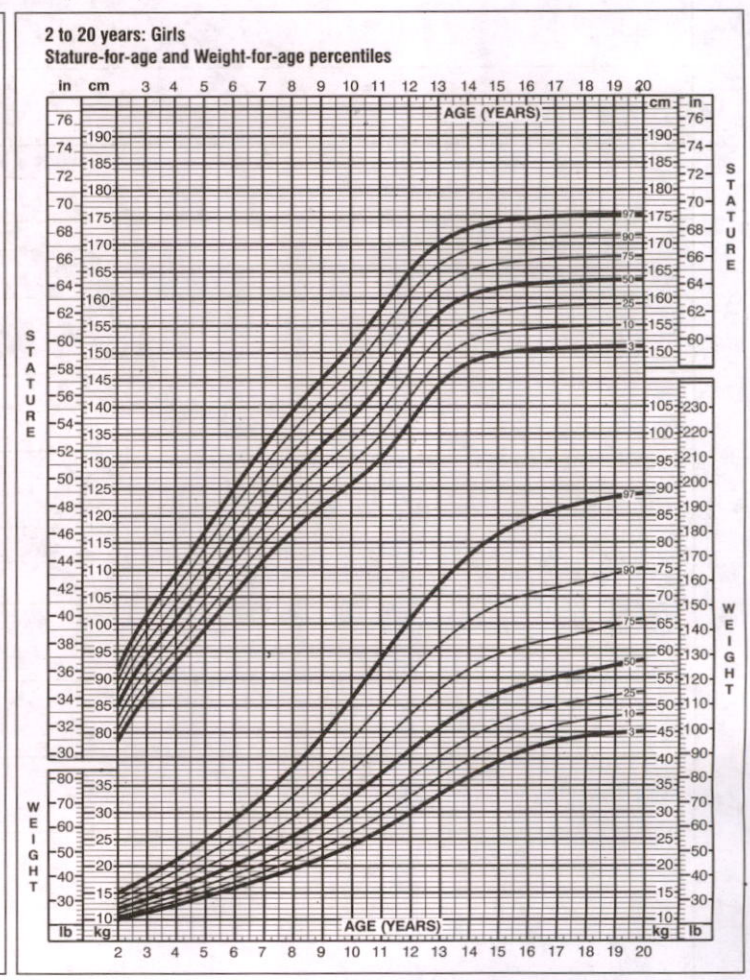
Diagnosis: AFI & (RT) eye conjunctivitis & urine infections

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name NPkitha Dietician's Signature NPkitha

Docu. No. : RCHBH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes: