BAH-00657461 IP5-00174445
Master PRAJWAL SWAMY
28-11-2017 8 Y 6 M 0 D (M)
Dr. BANDI RAMYA

ACTIVITY RECORD FOR BILLING

Name : ____________________

UHID No. : __________ IP No : ____________ Consultant: ____________ Dept : __________

Date of Admission: _________ Time : _________ Date of Discharge : _________ Time: _________

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/5/26	1:40pm.	ER	121B	B

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr bhargavi	29/5/2026	9632008	Ramadevi
2				
3				
4				
5				
6				
7				
8				
9				
10				

DC

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
28/5/16	CBP, CRP, CPK, LFT,	54233	[illegible]
	calcium, Electrolytes		
28/5/16	~~[illegible]~~ USG calf & thigh	·26909	[illegible]
	(small parts)		
28/5	Urine for myoglobin	2605483	[illegible]
29/5	2D ECHO	027930	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/5/26	Pr Placement	1	31117	[illegible]
28/05/26	NHA	1	240589	[illegible]

ANY OTHER INFORMATION

USG Left thigh

2DEcho

Date : 29/5/2026 Time :

Prepared By : Ramadevi

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Ramadevi	discharge		

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174445 **Admit Date** : 28-May-2026 **Admit Time** : 12:34 PM **UHID** : BAH-00657461

Patient Details :

Patient Name	: Master PRAJWAL SWAMY	**Age**	: 8 Y 6 M 0 D
Guardian	: BHIMAIAH SWAMY	**DOB**	: 28-11-2017
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 8-1-207/5/1, BRUNDAVAN COLONY, MAILARDEV PALLY, RAJENDRA NAGAR, Keshogiri Ranga Reddy Telangana INDIA 500005	**Phone No**	: 8885959601/ 9392429446
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD **Bed No** : GW 121 B **Ward Name** : 1F-GENERAL WARD I

Room No : GW 121 B **Admission Type** : First Visit

Contact Details :

Name	: BHIMAIAH SWAMY	**Relationship**	: Father
Contact Address	: H NO 8-1-207/5/1, BRUNDAVAN COLONY, MAILARDEV PALLY, RAJENDRA NAGAR, Keshogiri Ranga Reddy Telangana INDIA 500005	**Phone No**	: 8885959601

Signature

Doctor Details :

Doctor Name	: Dr. BANDI RAMYA	**Specialisation**	: PEDIATRIC NEUROLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: SELFPAY

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

UHID ID:

Department:

Consultant:

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Master PRAJWAL SWAMY
28-11-2017 8 Y 6 M 0 D (M)
Dr. BANDI RAMYA

BAH-00657461 IP5-00174445
Master PRAJWAL SWAMY
28-11-2017 8 Y 6 M 0 D (M)
Dr. BANDI RAMYA

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Information given by: ______ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

c/o difficulty in walking x5d
c/o cola coloured urine x1day
Pain moving UL & LL

History of present illness :

Pt was apparently alright 5 day back
to start with he developed
Difficulty in walking since 5 days
sudden in onset, progressive
in nature, not a/w fever, cough,
a/w inability in getting up from
squatted position. & generalised
hypotonia of all 4 limbs, more prominent in 4 limbs
No resp symptoms associated

h/o of trauma present 1 year ago

1 c/o cola coloured urine present
since yesterday.

Pain a/w with movement of U/L & LL
Decreased power in all 4 limbs.

BAH-00657461 IP5-00174445
Master PRAJWAL SWAMY
28-11-2017 8 Y 6 M 0 D (M)
Dr. BANDI RAMYA

Pediatric Multiorgan History & Physical Examination

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

Not significant

Birth & Neonatal History:

(N) perinatal history

Birth & Socio Economic History:

About Father :

About Mother : Not significant

Any additional Information :

Developmental History :

Achieved as per age

Immunization History :

Taken all vaccines due to age as per age

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 17.83 kg (Centile ______)

On Examination :

Temperature : 98.1°F Pulse Rate : 108/min B.P. 120/80 mmHg SPO2 100% @ RA

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

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Allergies (if any): ______

Respiratory System :

Inspection (any s/o distress) : ______

Air entry & breath sounds : ______

Any addes sounds : B/L AE (+)

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

Cardiovascular System :

Inspection of procordium : ______

Heart Sounds : S1 S2 (+) M0

Any murmur : ______

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

Per Abdomen :

Inspection ______

Palpation : P/A Soft, NT.

Ausculation : ______

Spine : ______ External Genitelia : ______

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

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves :

Motor System:

Nutriton : (N)

Tone: Power UL - 3/5, LL - 3/5

Co-ordinator : (N)

Posture : (N)

Involuntary Movements : (-)

Reflexes :

DTR

Superficials:

Plantars Flexor

Sensory System :

(N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

DMD / LGMD with Acute Onset Rhabdomyolysis

(P.T.O.)

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Master PRAJWAL SWAMY
28-11-2017 8 Y 6 M 0 D (M)
Dr. BANDI RAMYA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Handicap, Doing day to day activities

Desired goals of the treatment : Resolution

Planned Labs:

CBP, CRP, CPK, LFT, S.electrolytes, S. Creatinine
S. Calcium
Urine for Myoglobin

2D Echo - USG Calf & Thigh

Planned Management

Inj Tramadol SR
Syp Ibuprofen
Syp Calamax plus

Signature of the Doctor: Dr. Ayushman Achary
Name of the Doctor: Rehan
Date & Time: 28/5/26, 2pm

Signature of the Consultant: ....
Name of the Consultant: Dr. B. Ramya
Date & Time: 28/5/26 2.50pm

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Master PRAJWAL SWAMY
28-11-2017 8 Y 6 M 0 D (M)
Dr. BANDI RAMYA

PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor: Dr. Ramya Date: 28/05/26

Type of Admission: ☐ OPD ☐ ER ☐ Referral (if referral, Doctor's Name: ....

Start Time of Assessment: .... Weight: 17.83kg

Allergic History: ....

Chief Complaints:
c/o difficulty in walk - 5 days
Had cola coloured urine - yesterday
pain in moving UL & LL especially proximal muscles

Pediatric Assessment Triangle

A Appearance - TICLS: Normal

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

Any urgent interventions needed: ☐ Yes ☑ No
If Yes ....

Significant Past History: .... NCM

Medication History: ....

Relevant Investigations: .... FT/NVD/CIAB/ 2.5kg

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No
If Yes ....

Breathing

Rate: 22/min SpO₂ on FiO₂: 100% @RA

Rhythm: regular

Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: BAE ⊕

Palpation Findings (If necessary) ....

Any urgent interventions needed: ☐ Yes ☑ No
If Yes ....

Circulation

HR: 107/min

CFT — Central .... Peripheral ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

BP: 120/82 mmHg

Pulse Volume: Central <3 sec Peripheral

If in Shock: Compensated .... Hypotensive ....

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☑ No

Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☑ No

Disability

GCS: .... AVPU: Alert

Pupils: Responsive ☑ Non-Responsive ☐

Size — Right .... Left ....

Active Seizures: ☐ Yes ☑ No Sugars: ....

Signs of Neurological compromise ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Exposure

Temp.: 98.1°F

Any Rash: ☐ Yes ☑ No,

If yes describe the rash —

Active bleed —

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: —

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: ....

Labs Planned:	**Treatment Planned:**
→ IV cannula – CBP, CRP, CPK, LFT, Sr electrolytes, Sr. Creatinine, Sr. calcium	Inj Tramadol – sos
- Urine for myoglobin	Syp Ibuprofen
→ 2D ECHO; USG calf & Thigh	Syrup Calcimax P

[signature] 28/5/26

Need for Oxygen: ☐ Yes ☑ No if yes Low Flow ☐ High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): ? DMD / LGMD with Acute Onset Rhabdomyolysis

Assessment done by

Name of the Doctor: Jayasri

Signature: [signature]

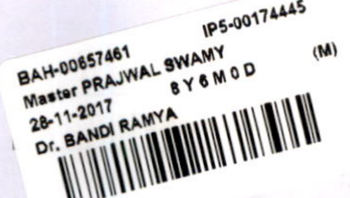
Date & Time: 28/05/26 @ 12:40 pm

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

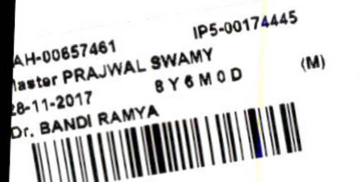
Signature: ....

Date & Time: ....



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5	c/s/b Neuroteam	
6pm		
	? DMD / LGMD	
	O/E: Child conscious	
	active	
	vitals: stable	
	Issues: c/o difficulty in	
	walking	
	pain in both LL.	
		Adv:
		[illegible]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5 10AM	C/S/B Neuroteam. ? DMD c̄ myositis c̄ ? rhabdomyolysis Issues: Cola coloured urine (improving) B/L L/L weakness. pain in both L/L O/E: vitals: stable. HMF: (N); conscious, coherent B/L pupils NSRL. ~~Tone~~ - Tone - pain & tenderness (+) of both L/L. U/L - N N 2D ECHO: Normal.	Adv: S. creat - Creatinine, - S. Urea ~~[illegible]~~ - continue Hydration - vitals Dr Vineet 12 noon
29/5 11:30AM		Adv RFT [S. Urea. / S. Creatinine CUE $S. HCO_3^-$ S. Electrolytes. S. Uric Acid Trace: Urine myoglobin

DISCHARGE @ REQUEST
4 c̄ repeat S. CPK [illegible]

CARDIOLOGY REQUISATION FORM

Name: Prajwal Swamy.	Age: 8 Y6 M
Sex: M	Date: 29/5/26
UHID No: BAH-00657461	Weight:

DIAGNOSIS: ? DMD c̄ myositis

SILENT CLINICAL FINDINGS: c/o difficulty in walking

IMPORTANT LAB PARAMETERS: S.CPK - 32,000.

INDICATION FOR ECHO & REQUIRED INFORMATION:

CONSULTANT NAME: for Dr. Ramya.

RESIDENT SIGNITURE:

BAH - 00657461

Patient Sticker

Prajwal Swamy

TRANSTHORACIC ECHOCARDIOGRAM FOR CONSULTANT

Date: ....

Clinical Diagnosis:

Situs & Looping	
Systemic Veins	
Pulmonary Veins	
Atria	
Atrial Septum	
AV Valves	
Ventricles	
Ventricular Septum	
Outflow Tracts	
Semilunar Valves	
Branch PA	
Aorta and Aortic Arch	
PDA	
Coronaries	
Pericardium	
Others	

Measurements:

Parameter	Absolute (mm)	'Z' Value	Parameter	Absolute (mm)	'Z' Value
AO			Tricuspid Annulus		
LA			Mitral Annulus		
RVid			Aortic Annulus		
IVSd			PA Annulus		
LVIDd	2.5		MPA		
LVIPWd			RPA		
IVSs			LPA		
LViDs	1.8		Aortic Isthmus		
LViPWs			LV Mass		
FS	36		Others		
EF	64%				

Aortic Flow	Velocity m/sec			Gradient (mm Hg)		AR
Pulmonary Flow				Peak:	Mean:	PR
Mitral Flow				Peak:	Mean:	MR
Tricuspid Flow	E:	A:	Edit:	Peak:	Mean:	TR
IV Gradient				RVSP:-		
Others						

Colour Doppler Assessment:

Tissue Doppler:

Mitral	E'	A'	S'
Media LV	E'	A'	S'
Tricuspid	E'	A'	S'
Time Intervals	IVRT	IVCT	DT
Others			

Descriptive Findings:

Impression:

(N) study
MV GA = 1.2
GBVf

Echo Perform:

Signature of the Doctor: ....

Name of the Doctor: 29/5/26

Date & Time: ....

BAH-00657461 IP5-00174445
Master PRAJWAL SWAMY
2?-11-2017 8 Y 6 M 0 D (M)
Dr. BANDI RAMYA

CROSS CONSULTATION FORM

Doctor Name : .... Date : .... Time : ....

Diagnosis : ....

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 :

?: DMD

CVS – S1, S2 (+)
NO murmur

calf Tenderness (+)

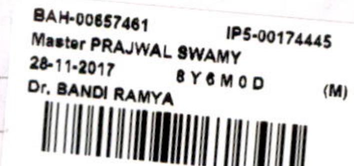
ECHO — Structural (N) heart
Mitral E/A = 1.2
NO LVH
GBVF

Adv — R/V – 6 mnth (ECG / ECHO)

Consultant :

Name : Bhargavi Signature : [signature] Date & Time : 29/5/26

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



MEDICATION RECONCILIATION FORM

Drug Allergies: ....

☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER   Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐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 : Jayasri (Jr)

Date & Time : 28/05/26 @ 12:40 Pm

Nurse Name & Signature: Bhavani

Date & Time : 28/5/26 @ 1:08 pm

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

BAH-00657461 IP5-00174445
Master PRAJWAL SWAMY
28-11-2017 8 Y 6 M 0 D (M)
Dr. BANDI RAMYA

RESULT SHEET

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

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

Others (ECG, Contrast Studies etc.,) : ....

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Master PRAJWAL SWAMY
28-11-2017 8 Y 6 M 0 D (M)
Dr. BANDI RAMYA

DRUG CHART

Date of Admission: 28/05/26 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 / 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: Inj- TRAMADOL				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
15mg	iV	SOS	28/5	
Doctor's Signature		Valid Period	Pharm.	
[signature]				
Additional Instructions:				

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

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

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

28-11-2017 8Y6M0D (M)
Dr. BANDI RAMYA

REGULAR PRESCRIPTIONS

Weight. 17.8 kg Ward. ....

DRUG : Syp. IBUPROFEN				Date ▸ Time ▾	28/5	29/5
Dose	Route	Frequency	Start Date			
9ml	PO	TID	28/5	6AM		Sudha
Name & Signature of the Doctor Starting the Drugs: Dr. Vineet				2pm		Pulak
Additional Instructions: 100mg/5ml				10pm		Sudha
Daily Doctor's Endorsement by a Sign						

DRUG : Syp. CALCIMAX-P				Date ▸ Time ▾	28/5
Dose	Route	Frequency	Start Date		
5ml	PO	OD	28/5		
Name & Signature of the Doctor Starting the Drugs: Dr. Vineet				6pm	Pulak
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG :				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Dr. BANDI RAMYA

Weight. 17.8kg Ward. ED

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
28/5/26	6:10pm	CALLIROL SACHETS (60k)		PO	[signature]	Pulakesh
28/5/26	11:10pm	Inj. TRAMADOL	15mg	IV	Jayasri	Bhavani Anji
28/5/26	11:10pm	Inj. ONDENSETRON	3mg	IV	Jayasri	Bhavani Anji

28-11-2017 8 Y 6 M 0 D (M)
Dr. BANDI RAMYA

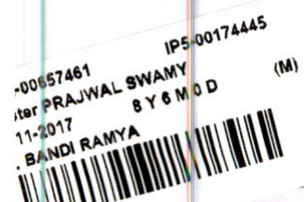
IPS-0017445
BAH-00657461

I.V. FLUIDS CHART

Weight. 17-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
28/5		Inj - DNS	IV	80 ml/hr	[signature]				

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



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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/5	Time: 6am
Doctor / Nurse / Family Concern?	
Temperature (F) — 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94	98.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) * — 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50 **Note:** BP does not score in early warning scoring	112 / 72 (81)
Heart Rate (Number)	116 b/m
Resp. Rate (bpm) (Over 1 Minute) * — 70, 60, 50, 40, 30, 20, 10	
Resp Rate (Number)	26 b/m
Resp Distress — Mod/ Severe	
Resp Distress — None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	100%
Conscious Level — Normal	
Conscious Level — Altered	
GCS *	15/15
TOTAL SCORE Number of shaded boxes	1
Pain Score	0
Observer's Initials	s

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

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-00657461 IP5-00174445
Master PRAJWAL SWAMY
28-11-2017 8 Y 6 M 0 D (M)
Dr. BANDI RAMYA

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: 28/05/26 Time:

Parameter	Observation 1	Observation 2	Observation 3
Date / Time	4:45 PM	10 PM	29/5 2am
Doctor / Nurse / Family Concern?			
Temperature (F) (scale 94–104)	98.5F	97.0F	98.5F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	100/62 (72)	97/53 (66)	110/70 (83)
Heart Rate (Number)	120bpm	102bpm	112bpm
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)			
Resp Rate (Number)	28bpm	22bpm	26bpm
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	99%	100%	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			

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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Patient Sticker

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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)

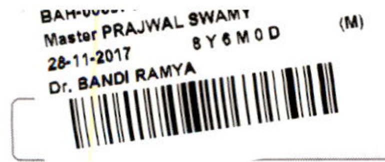
FLUID CHART

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: 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 :**						
28/05/20	02:00 pm										0	
	03:00 pm										0	[illegible]
	04:00 pm	No IVF		NA					NA		0	
	05:00 pm									✓	0	
	06:00 pm										0	[illegible]
	07:00 pm									✓	0	
Total Intake :						**Total Output :**						
28/5	08:00 pm										0	
	09:00 pm									✓	0	[illegible]
	10:00 pm	No IVF					✓				0	
	11:00 pm										0	[illegible]
	12:00 am									✓	0	
	01:00 am										0	[illegible]
Total Intake :						**Total Output :**						
29/5	02:00 am										0	[illegible]
	03:00 am										0	
	04:00 am	No IVF								✓	0	[illegible]
	05:00 am										0	
	06:00 am										0	[illegible]
	07:00 am									✓	0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake			Total 24 hrs. Output	



Sheet No. : ....

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

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

Total 24 hrs. Intake	

Total 24 hrs. Output	

BAH-00657461 IP5-00174445
Master PRAJWAL SWAMY
28-11-2017 8Y6M0D (M)
Dr. BANDI RAMYA

121B

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 28/5/26 Time: 2PM

Weight: 17.83Kgs Centile: < 5th

Height: 118cms Centile: < 5th

Inference: Underweight child

RDA: – Calories: 1550kcals/d Protein: 27g/d

Diet Recommendations: Normal diet

Re-Assesment: Avoid spicy, chilled and outside foods

Food Allergies: No Veg/Non-veg: veg

Diagnosis: ? DMD / LGMD c̄ Acute Onset Rhabdomyolysis.

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Shruti

GROWTH CHART (BOYS)

Birth to 36 months: Boys
Length-for-age and Weight-for-age percentiles

2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles

Dietician's Name: Mounika Dietician's Signature: Mounika

Daily Notes:

22/5/26
11am

Child is Stable Oral Intake is better
Continue c̄ Normal diet. — [signature]