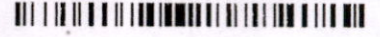


ADMISSION SHEET

Registration Details :



Admission No : IP5-00174565 Admit Date : 31-May-2026 Admit Time : 11:39 AM UHID : BAH-00370642

Patient Details :

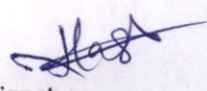
Patient Name : Master PARTH GUPTA Age : 8 Y 1 M 3 D
Guardian : Mr HARSH GUPTA DOB : 28-04-2018
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H.NO.8-2-600/1, 600/8, ROAD.NO.10,
KHAIRATABAD, Banjara Hills Hyderabad Phone No : 9963400022 / 8498800022
Telangana INDIA 500034 E-mail : NO@GMAIL.COM

Admission Details :

Bed Type : PRIVATE ROOM Bed No : PVT 337 Ward Name : 3F-ZONE B
Room No : PVT 337 Admission Type : First Visit

Contact Details :

Name : Mr HARSH GUPTA Relationship : Father
Contact Address : H.NO.8-2-600/1, 600/8, ROAD.NO.10,
KHAIRATABAD, Banjara Hills Hyderabad Phone No : 9963400022 / 8498800022
Telangana INDIA 500034


Signature

Doctor Details :

Doctor Name : Dr. KAPIL BHAGWATRAO SACHANE Specialisation : GENERAL PEDIATRICS
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : HDFC ERGO GENERAL INSURANCE
CO LTD

ACTIVITY RECORD FOR BILLING

Name : PARTH GUPTA

UHID No. : _____ IP No : _____ Dept : _____

Date of Admission: _____ Time _____

BAH-00370642 IP5-00174565
Master PARTH GUPTA
28-04-2018 8 Y 1 M 3 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

Room / Bed No : _____ Ward : _____



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
31/5/28	12.29pm	ER	334	Aug

Cross Consultation Visit

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



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

Parth Gupta

UHID ID:

Department:

Consultant:

BAH-00370642 IP5-00174565
Master PARTH GUPTA
28-04-2018 8 Y 1 M 3 D (M)
Dr. KAPIL BHAGWATRAO SACHANE




Curative management history & Physical Examination

Name : Parth Gupta Age/Sex 8y/m
Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o rashes since on face & arms
since 5 days.
fever since 3 days

History of present illness :

previously well child.
c/o itchy rashes on B/L flexor aspect of elbows.
blistering and increasing in size
spread to neck.
now, multiple rashes on neck healing with
scabs.
no redness, associated with itching.
slowly spreading to his hairline posteriorly

c/o fever: 3d, moderate grade, not also chills.
not also cough, vomiting, loose stools.
#/o travel to Vietnam last week.

Apetite, ⊕
bowel bladder ⊕.
no joint pains.

K/o Eczema under control
K/o Asthma, #/o exacerbation
requiring admission
3yo ago.

#/o water park ⊕ &
swimming pool use



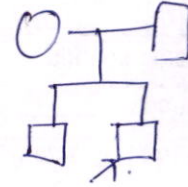
Perinatal, Multisystem History & Physical Examination

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

○

Birth & Neonatal History:

FT / (A) 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

Gaiteric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs) 26.7 kg Centile _____

On Examination :

Temperature : 101.6°F Pulse Rate : 113/min B.P. 118/78 (87) SPO2 98% JRA -
Resp. rate and type of breathing : 24/min

Rash multiple rashes on flexor aspect of forearm & neck
Lymphadenopathy ? Small blistering rash
Oedema : ⊖ involving scab.
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : BA ⊕ ⊕
Any addes sounds : ⊖
Relevant data from outside (Chest X-Ray, ABG, etc.,) /

Cardiovascular System :

Inspection of procordium : _____
Heart Sounds : S1S2 ⊕
Any murmur : ⊖
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : /

Per Abdomen :

Inspection _____
Palpation : Soft NT
Ausculation : BS ⊕
Spine : ⊖ External Genitalia : _____
Relevant data from outside (CT, USG etc.,) /



Pediatric neurology Physical Examination

Central Nervous System :

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

Cranial Nerves : (III) Sensorium (N)
pupils B/L reactive

Motor System:

Nutrition :
Tone: Power
Co-ordinator :
Posture : NAD
Involuntary Movements :

Reflexes :

DTR Superficials:
Plantars

Sensory System :

Intact

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Acute febrile illness & Rash.
? eczema herpeticiformis
? bacterial infection



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Exacerbation of rash

Desired goals of the treatment: hemodynamic stability

Planned Labs:

- Blood cfs
- CBP, CRP, S-Elect.
- Skin swab for gram stain & culture

AB Temp
3/5/16 11:30 AM

Planned Management

- IV Augment
- IV Zidovudine
- Dermatology consult
- fever management
- Acyclovir SOS.

Signature of the Doctor: [Signature]

Name of the Doctor: Savitri

Date & Time: 3/5/16 11:30 AM

Signature of the Consultant: [Signature]

Name of the Consultant: [Signature]

Date & Time: [Signature]

Dr. Kapil Bhagwatrao Sachane
Reg. No. 19525

4. Lucibet treatment

⊕ neck & elbow

8mm → qd cleansing with NS

8pm. — ~~10 days~~ 1 week

5. Sy. Allegra

5 →

→ 5 →

— 10 days.

6. Sy. Skin foy

5 → one a day × 3 months.

IN

~~DB~~ Serum B12

Serum vitD

Serum fE

Review in OP after discharge.

Sub



CROSS CONSULTATION FORM

Doctor Name : Dr. Niklal Date : 1/6/22 Time : 11:30 AM

Diagnosis : AD ± sec. infection (Bullous Impetigo)

Hospital : Rainbow children hospital

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:

in view of Eczema Herpeticum with 2° Bacterial Infection

Jayant
Signature:

Findings and Recommendations :

A known c/o AD with rash over neck & elbow - 1 week.

Qe: Neck shows : crusty & scaly with oozing of purulent fluid at submental bursa


Δ: Atopic Dermatitis ± 2° infectious Bullous Impetigo.

- Actv:
1. Sebamed body wash.
 2. Atoderm ultra cream (after BP oozing - 4pm - 8pm)
 3. Mersium cream (full body) at BT.

Consultant : Dr. Niklal Signature : Jayant Date & Time : 1/6 AM 11:30 AM

BAH-00370642 IP5-00174565
 Master PARTH GUPTA
 28-04-2018 8 Y 1 M 3 D (M)
 Dr. KAPIL BHAGWATRAO SACHANE

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/2026 5:00pm	CS/B P/W yellow	Dr. M. Kar
	Di- Acute febrile illness Skin lesions on Neck and hands	Plan ① continue Medications as per chart
	No fever spike - Admin antipyretic	② Dermatology consultation
	Hemodynamically stable	③ WTR fever spikes
	? Eczema is secondary infections	④ Encourage orally.
	Taking orally well	
		 Dr. M. Kar
		S/S noted by Dr. Karthik 02/05/23

BAH-00370642 IP5-00174565
 Master PARTH GUPTA
 28-04-2018 8 Y 1 M 3 D (M)
 Dr. KAPIL BHAGWATRAO SACHANE

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/20 Sun	<p style="text-align: center;"><u>C/S/B PICO Allow</u> (Dr Suby.)</p> <p>Δ: Acute febrile illness / Skin lesion on neck & elbow</p> <p>Afebrile. Stable on norm air. Ht 99cm. Wt: 7.5kg RR: 20/min Augmentation D2. Chest: RIL clear L/E:- Eczema ± secondary infection.</p>	<p>Plan:- ① Apply Atazanavir Presibact</p> <p>② Cont antibiotics</p> <p>③ Dermic opinion</p> <p>④ Water for fmg Suby</p>
1/6/20 Mon	<p style="text-align: center;"><u>C/S/IS Dr Kapil</u></p> <p>Δ: Eczema Herpeticum. ± 2 bacterial infection.</p> <p>Afebrile. Eczema (+) New lesion (+). Amodynamically stable</p>	<p>Add Acyclovir TSU per bowl</p> <p style="text-align: right;">Dr. Kapil Bhagwatrao Sachane Reg. No: TSMC/FMR/19525</p>

BAH-00370642
 Master PARTH GUPTA
 28-04-2018
 Dr. KAPIL BHAGWATRAO SACHANE (M)
 IP5-00174565
 8 Y 1 M 3 D



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 6:30pm	C/SIB PICU resident	Plan
	As:- Atopic dermatitis ± 2° infection/ Bullous impetigo	1) Send HSV PCR 2) Give medications and lotions as per chart
	No fever spikes on room air hemodynamically stable systemic exam - (N)	3) Send Vitamin B12, D3, Serum IgE levels
		<p>Noted by Shrishta 6/6/26</p>
	<u>C/SIB PICU Resident</u>	
2/6/26 8:30am	A: Atopic dermatitis ± 2° infection/Bullous impetigo.	<u>Plan:</u> ① Trace HSV PCR, Vit D3, IgE. ② Cont antibiotics. ③ Apply lotion locally. ④ Monitor vitals ⑤ Watch for fever.
	Ajesrib. Hemodynamically stable on room air.	
	U/E:- H/o lesion to healing so see scab (+). systemic exam: Normal.	

BAH-00370642 IP5-00174565
 Master PARTH GUPTA
 28-04-2018 8 Y 1 M 3 D (M)
 Dr. KAPIL BHAGWATRAO SACHANE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26		C/S/13 Dr. Kapil.
	<p>Δ: Atopic dermatitis with 2° infection/Bullous impetigo.</p>	<p>Discharge: Aciclovir 7 days Syp Augmentin</p>
	<p>Azobriol. Humidify naturally stable on room air.</p>	<p>Prax HSV PER. Apply lotion as per chart.</p>
	<p>Systemic exam: Normal. HE: Lesion healing. NO new lesion Scab formation.</p>	<p>① Keep skin clean & dry. ② Keep skin PRN on 2/2/26.</p>
	<p>Dr. Kapil Bhagwatrao Sachane Reg. No: TSMC/FMR/19525</p>	<p>Dr. Poorva chandra Dr. Kapil.</p>

BAH-00370642 IP5-00174565

Master PARTH GUPTA

28-04-2018 8 Y 1 M 3 D (M)

Dr. KAPIL BHAGWATRAO SACHANE



Pat



RESULT SHEET

Date	31/5/26				
Time	11:54am				
Hb	12.3				
PCV	38.0				
RBC	4.76				
WBC	5160				
N/L	60.0/31.6				
Platelets	251 Lkh				
CRP	5.0 4.4				
ESR					
PCT					
RBS					
Na	139				
K	4.3				
Cl	109				
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					

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 Master PARTH GUPTA
 28-04-2018 8 Y 1 M 3 D (M)
 Dr. KAPIL BHAGWATRAO SACHANE



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 (337)

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: Sanithi S.

Date & Time: 31/5/26 11:30 Am.

Nurse Name & Signature: [Signature]

Date & Time: 31/5/26 @ 12:20 pm

BAH-00370642
 Master PARTH GUPTA
 28-04-2018 8 Y 1 M 3 D
 Dr. KAPIL BHAGWATRAO SACHANE (M)

Sheet No: REGULAR PRESCRIPTIONS Weight Ward

DRUG : FUSIBACT OINTMENT				Date Time	3/5	1/6														
Dose	Route	Frequency	Start Dt.																	
	LA	TID	3/5																	
Name & Signature of the Doctor Starting the Drugs:				<p>Dr. Sachane 28/04/2018 10:30 am change Dr. Pratyaksha 1/6/26</p>																
Additional Instructions:				<p>For local application over Rashes</p>																
Daily Doctor's Endorsement by a Sign				<p>LA L1</p>																
DRUG : MOISTOFEX ointment				Date Time		1/6/26														
Dose	Route	Frequency	Start Dt.																	
	LA	BD	3/5																	
Name & Signature of the Doctor Starting the Drugs:				<p>Dr. Sachane 10:30 am 1/6/26</p>																
Additional Instructions:				<p>Oil over the body</p>																
Daily Doctor's Endorsement by a Sign				<p>5</p>																
DRUG : INT ACICLOVIR				Date Time		1/6														
Dose	Route	Frequency	Start Dt.																	
250mg	iv	TID	1/6																	
Name & Signature of the Doctor Starting the Drugs:				<p>Dr. Sachane 2pm 10pm</p>																
Additional Instructions:				<p></p>																
Daily Doctor's Endorsement by a Sign				<p></p>																
DRUG : TAB ACYCLOVIR				Date Time		1/6	2/6/26													
Dose	Route	Frequency	Start Dt.																	
400mg	PO	QID	1/6																	
Name & Signature of the Doctor Starting the Drugs:				<p>Dr. Sachane 12pm NOT given 6am NOT given 2:30 pm NOT given 6pm NOT given</p>																
Additional Instructions:				<p></p>																
Daily Doctor's Endorsement by a Sign				<p></p>																



Sheet No: REGULAR PRESCRIPTIONS Weight Ward

DRUG : FUCIBET OINTMENT				Date Time	15	215															
Dose	Route	Frequency	Start Dt.																		
	local	8am-8pm	1/6/26																		
Name & Signature of the Doctor Starting the Drugs:																					
Dr. Pradyumn																					
Additional Instructions:																					
neck & elbow after cleaning with NS																					
Daily Doctor's Endorsement by a Sign																					
DRUG : Sy. ALLEGRA				Date Time																	
Dose	Route	Frequency	Start Dt.																		
5ml	PO	BD	1/6/26																		
Name & Signature of the Doctor Starting the Drugs:																					
Dr. Pradyumn																					
Additional Instructions:																					
9 AM NOT 10 AM																					
Daily Doctor's Endorsement by a Sign																					
DRUG : Sy. SKINFAY				Date Time																	
Dose	Route	Frequency	Start Dt.																		
5ml	PO	OD	1/6/26																		
Name & Signature of the Doctor Starting the Drugs:																					
Dr. Pradyumn																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : ATODERM CREME ULTRA				Date Time																	
Dose	Route	Frequency	Start Dt.																		
	local	4pm-8pm	1/6/26																		
Name & Signature of the Doctor Starting the Drugs:																					
Dr. Pradyumn																					
Additional Instructions:																					
after sponging																					
Daily Doctor's Endorsement by a Sign																					

VERIFIED BY : Name Signature

Pao

BAH-00370642 IP5-00174565
Master PARTH GUPTA
28-04-2018 8 Y 1 M 3 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

DRUG CHART

Date of Admission: 31/5/26 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)

DRUG: <u>Syp PARACETAMOL</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>8.5ml</u>	<u>PO</u>	<u>SOS</u>	<u>31/5</u>	
Doctor's Signature		Valid Period	Pharm.	
<u>Salithi</u>		<u>48 hrs</u>		
Additional Instructions: <u>4 temp > 100°F (5ml/40mg)</u> <u>maximums 6 hourly</u>				

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

DRUG: <u>Syp MEFTAL</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>10ml</u>	<u>PO</u>	<u>SOS</u>	<u>31/5</u>	
Doctor's Signature		Valid Period	Pharm.	
<u>Salithi</u>		<u>48 hrs</u>		
Additional Instructions: <u>temp > 102°F</u> <u>5ml/100mg</u> <u>max. 8th hourly</u>				

nature
VERIFIED BY: Name

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 31/5/20 Time: 12:40pm 5pm 6pm 10:30pm 6am
 Doctor / Nurse / Family Concern?

Temperature (F)	104				
	103				
	102				
	101				
	100				
	99	98.7 F			
	98		97.8 F		98.0 F
	97		96.8 F		
	96				
	94				

Heart Rate (bpm) and Blood Pressure (mmHg) *	190			
	180			
Note: BP does not score in early warning scoring	170			
	160			
	150			
	140			
	130			
	120			
	110			
	100			
	90			
	80			
70				
60				
50				
Heart Rate (Number)	82bpm	81bpm		

Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
	30				
	20				
	10				
	Resp Rate (Number)	25bpm	26bpm		

Resp Distress	Mod/ Severe None / Mild		
Receiving O ₂ (l/min)			
O ₂ Saturations (%)	100%	100%	
Conscious Level	Normal Altered		
GCS *	15/15	15/15	

TOTAL SCORE		
Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	PG	E

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.

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)

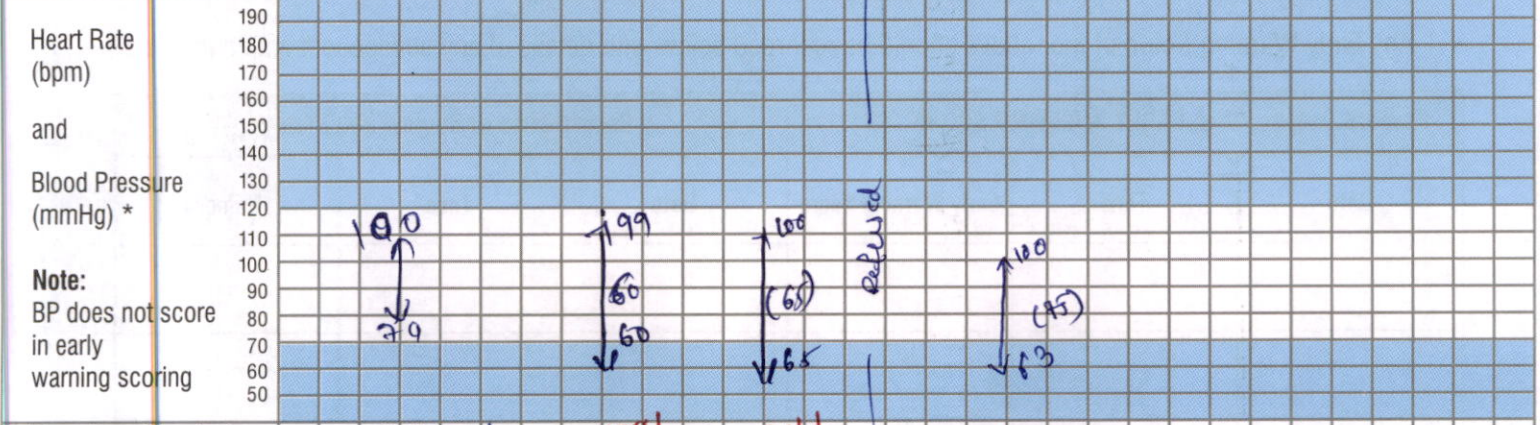
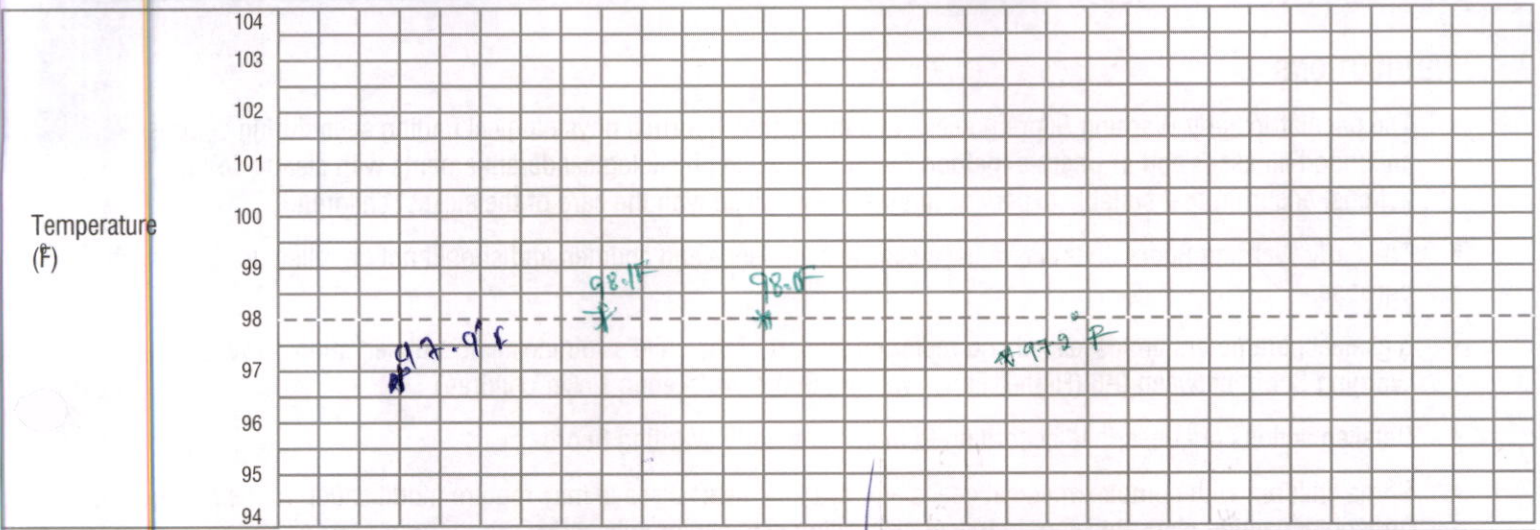


SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/26... Time: 11am 2pm 6pm 10pm 6am
 Doctor / Nurse / Family Concern?



Heart Rate (Number): 99bpm, 100bpm, 98bpm, 88bpm
 Resp. Rate (bpm) (Over 1 Minute)*: 24br in, 24blm, 24blm, 24brm
 Resp Rate (Number): 24br in, 24blm, 24blm, 24brm

Resp Mod/ Severe Distress None / Mild
 Receiving O₂ (l/min) O₂ Saturations (%): 29%, 29%, 100%, 29%
 Conscious Level Normal / Altered
 GCS*: 15/1r, 16/1r, 15/1r, 15/1r

TOTAL SCORE
 Number of shaded boxes: 0, 0, 0, 0
 Pain Score: 0, 0, 0, 0
 Observer's Initials: JS, JS, JS, JS

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.

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-00370642 IP5-00174565
 Master PARTH GUPTA 8 Y 1 M 3 D (M)
 28-04-2018
 Dr. KAPIL BHAGWATRAO SACHANE



FLUID CHART

Sheet No. :

31/5/26

- 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 Thrombo-phlebitis 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												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

m-0

u-6

BAH-00370642
 Master PARTH GUPTA IP5-00174565
 28-04-2018 8 Y 1 M 3 D
 Dr. KAPIL BHAGWATRAO SACHANE (M)

FLUID CHART

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

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 Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
1/6/26	08:00 am		H ₂ O								0	Saty	
	09:00 am					✓				0			
	10:00 am	no IVP	Saly						✓	0			
	11:00 am									0			
	12:00 pm		H ₂ O							0			
	01:00 pm						✓				0		
Total Intake :						Total Output : M-2						U-1	
	02:00 pm		Stool								0	Stool	
	03:00 pm										0		
	04:00 pm		H ₂ O						✓	0			
	05:00 pm	no IVP					NP			0			
	06:00 pm		H ₂ O						✓	0			
	07:00 pm										0		
Total Intake :						Total Output : M-2-2							
11/6/26	08:00 pm										0	Kwathi	
	09:00 pm		H ₂ O								0		
	10:00 pm	no IVP							✓	0			
	11:00 pm						NP			0			
	12:00 am		Saly							0			
	01:00 am										0		
Total Intake :						Total Output :							
	02:00 am		H ₂ O								0	Kwathi	
	03:00 am										0		
	04:00 am						✓				0		
	05:00 am	no IVP							NP	0			
	06:00 am		H ₂ O							0			
	07:00 am										0		
Total Intake :						Total Output :							

Total 24 hrs. Intake Orally taken

Total 24 hrs. Output U-2
M-3



337

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 31/5/26 Time: 1pm

Weight: 26.7kg Centile: 75th

Height: 105cm Centile: 75th

Inference: well child

RDA: Calories: 1550kcal/d Protein: 27gm/d

Diet Recommendations: Normal diet

Re-Assesment: Avoid Spicy, chilled & outside foods

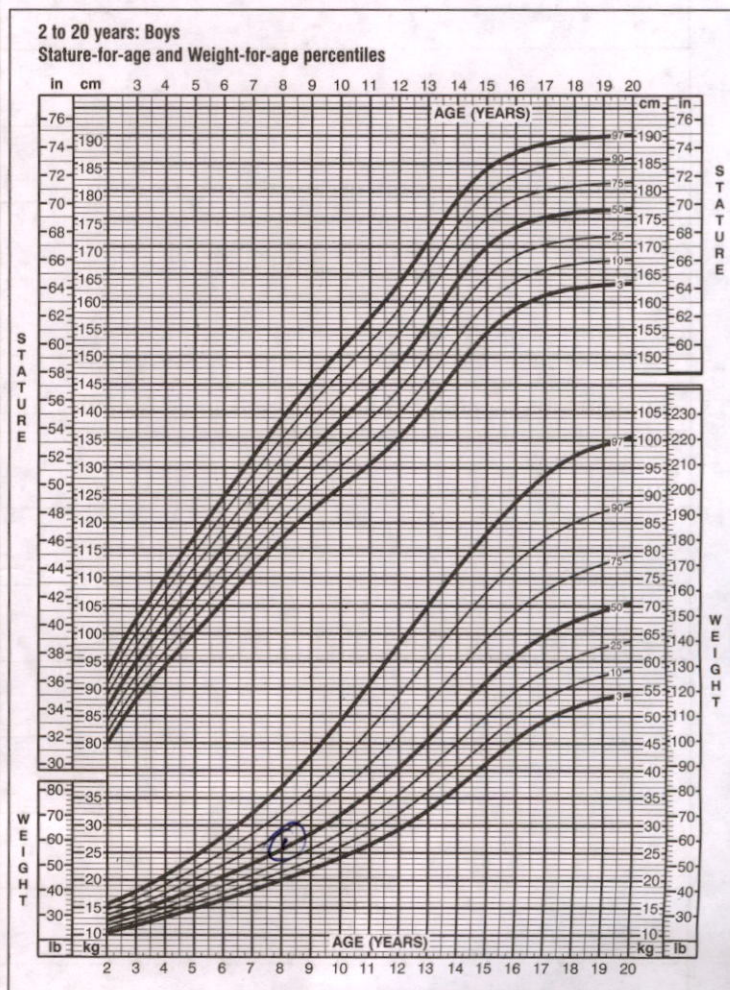
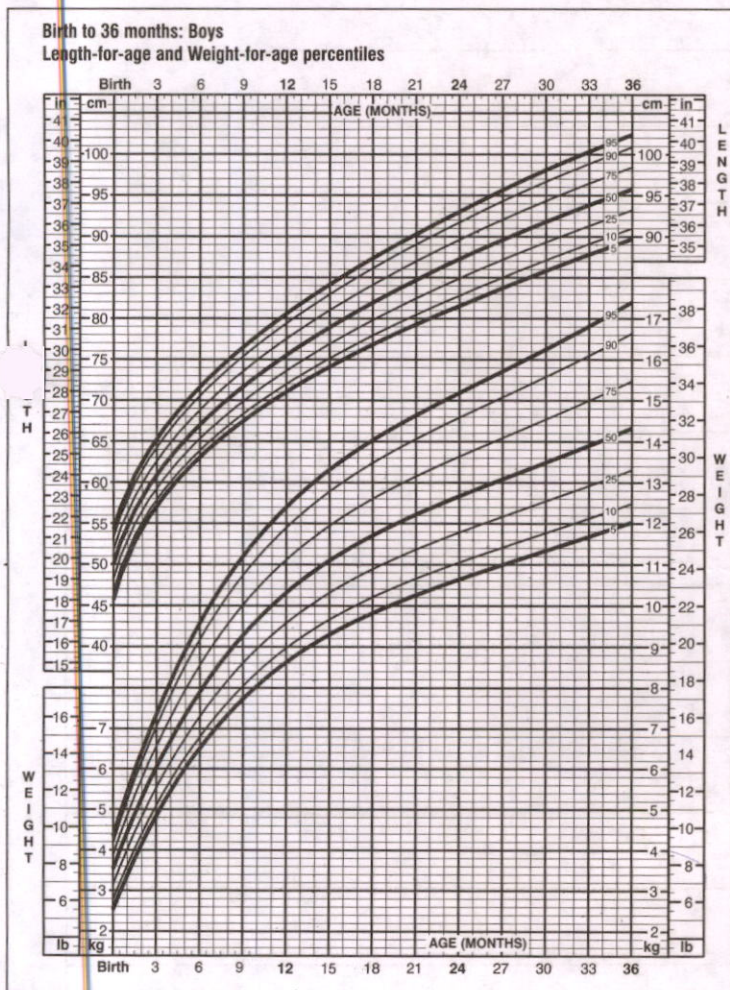
Food Allergies: NO Veg/Non-veg

Diagnosis: Df + Rsn [? anemia]

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: *[Signature]*

GROWTH CHART (BOYS)



Dietician's Name: *Raina*

Dietician's Signature: *Raina*

