Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00421700 IP5-00176725
Master SAYEED BIN OMER
04-11-2019 6 Y 8 M 17 D (M)
Dr. NALLA ANURAAG REDDY

UHID No. : _____Consultant: _____ Dept : _____

Date of Admis _____Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	6.30pm	ER	Onco	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
21/7	CBP, CRP, Blood C/S		[signature]
	(C/P Bams)		
22/7	~~Bloo~~ URINE C/S.	26075365	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7	INFUSSION PUMP	7PM.	11:30AM 2/7	975659.	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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 : IP5-00176725 **Admit Date** : 21-Jul-2026 **Admit Time** : 05:55 PM **UHID** : BAH-00421700

Patient Details :

Patient Name	: Master SAYEED BIN OMER	**Age**	: 6 Y 8 M 17 D
Guardian	: Mr OMER BIN SHAKEEL	**DOB**	: 04-11-2019
Gender	: Male	**Religion**	: Muslim
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO-21-3-589,MOOSA BOWLI Charminar Hyderabad Telangana INDIA 500002	**Phone No**	: 9573355662/ 9381733839
		E-mail	: na123@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 133 **Ward Name** : 1F-HEMATO-ONCOLOGY

Room No : SPVT 133 **Admission Type** : First Visit

Contact Details :

Name : Mr OMER BIN SHAKEEL **Relationship** : Father

Contact Address : H.NO-21-3-589,MOOSA BOWLI Charminar Hyderabad Telangana INDIA 500002 **Phone No** : 9573355662 / 9381733839

Signature

Doctor Details :

Doctor Name : Dr. NALLA ANURAAG REDDY **Specialisation** : HEMATO ONCOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. SIRISHA RANI

Payment Details :

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

Payor Name : SELFPAY

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ADMISSION CRITERIA – ONCOLOGY

Admission / Transfer from:

☑ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: .....

Tick (✓) any of the following criteria requiring admission / transfer to ONCOLOGY

- ☐ For Chemotherapy-Day Care or IP Admission as per the Type of Chemotherapy
- ☑ Febrile Neutropenias (ANC <500 cells / mm3)
- ☐ Netropenic Enterocolitis
- ☐ Mucositis Induced Significant Diarrohea or Pain
- ☐ Neurological Complications (like Seizures, Bleeding, Thrombosis) that can arise while on Chemotherapy Treatment or at the Time of Presentation and also for other Systemic Problems like Pancreatitis during Chemotherapy
- ☐ Management of Oncological Emergencies
- ☐ Bleeding Problems (where it is indicated)
- ☐ Evaluation and Management of Severe Anemias
- ☐ Day Care Admissions for PRBC Transfusions
- ☐ Evaluation and Management of Sick Children who come with Hematological Problems like Severe Anemia like Autoimmune Hemolytic Anemia/ Bleeding/ Others
- ☐ Primary Immunodeficiency Disorders with Infections that Warrants Hospitalisation
- ☐ Management and Evaluation of Hemophagocytic LymphoHisticytosis
- ☐ Any Systemic Disorders with Significant Hematological issues like JRA / SLE with Secondary HLH

Signature of the Doctor: .....

Name of the Doctor: Dr Anurag

Date & Time: 21/7/26 @ 6:30pm

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DISCHARGE CRITERIA – ONCOLOGY

Discharge to:

☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☐ Others: .....

Tick (✓) any of the following criteria requiring discharge / transfer from ONCOLOGY

☐ Completion of chemotherapy, with no debilitating side effects.

☐ Resolution of febrile episode, with no fever>24hrs and Absolute Neutrophil count (ANC)> 500cells/mm3.

☑ Admitted patients - Once the admitting problem gets resolved or made a plan to manage further on out-patient basis.

Signature of the Doctor: .....

Name of the Doctor : Vishwaja

Date & Time: 22/7/26 @ 10.00am

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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	2			
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	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
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				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1+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				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Entries	7			
	Total No. of Pages	28			

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

Signature and Date :
22/7/26

(P.T.O)

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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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00421700 IPS-00176725
Master SAYEED BIN OMER
04-11-2019 6 Y 8 M 17 D (M)
Dr. NALLA ANURAAG REDDY

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

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Dr. NALLA ANURAAG REDDY

Pedia **ysical Examination**

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

K/C/O B-cell ALL / CALLA positive / CNS negative
now ↓ c/o fever since 1day
headache

History of present illness :

K/C/O Bcell ALL / CALLA positive / CNS negative

now ↓ c/o fever since 1 day
moderate grade
not also ↓ Rash

nausea (+)
c/o headache.

oral intake- good

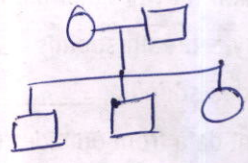
Pediatric Multiorgan History & Physical Examination

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

nil

Birth & Neonatal History:

Term / ~~Pre~~ No NICU stay x 7days



Birth & Socio Economic History:

About Father : middle

About Mother :

Any additional Information :

Developmental History :

appropriate for age

Immunization History :

vaccinated till date

(P.T.O.)

BAH-00421700 IP5-00176725
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04-11-2019 8 Y 8 M 17 D (M)
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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 37kgs (Centile _____)

On Examination :

Temperature : 98.3°F Pulse Rate : 80/min B.P. _____ SPO2 100% @ RA

Resp.rate and type of breathing : 22/min

Rash NIL perfusion good

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BLAE (+)

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

Ausculation :

Spine : External Genitelia :

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves :

Motor System:

Nutriton :

NAD

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR

Superficials:

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

K/c/o B-ALL / CALLA (+) / CNS negative

now : AM

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: complications

Desired goals of the treatment : Resoln of symptoms

Planned Labs:

CBP, LFT
Blood C/S

N/B
pooja
21/7/26
6:30pm

Planned Management

① levofloxacin 10ml BD.
② posaconazole 1tab BD.
③ udilin 10ml TID
④ Septran 7.5ml. BID.
⑤ Norflet. 5ml OD.
⑥ tab. NAC 300mg TID
⑦ IV ceftriaxone

NTD
Renewed
21/7/26

Signature of the Doctor: Madhu
Name of the Doctor: Madhu.
Date & Time: 21/7/26 6:30pm

Signature of the Consultant:
Name of the Consultant:
Date & Time:

Dr. Anuraag Reddy
22/7/26 @ 9am.

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 9AM.	B-ALL | EOI MRD (-) |	Consolidation
		Febrile ~~neutropenia~~ illness
	1 fever spike	
		Plan
	Ceftriaxone - D2	1. Continue IV antibiotics
	Poso	2. Trace blood & urine c/s.
	BP - 101/60 (78) mmHg · Levofloxacin	3. If no fever spikes - LP Tmr.
		4. R/v Labs Tmr.
		Noted by Nalini 22/7/26 Sreeni 11:30pm
	Dr Anuraag 9:45AM.	
		d/c today
		R/v on 24/7/26 ē CBP.
		LP on 24/7/26.
		Oral Azee
		Levoflox.
		Posoconazole
		Noted by Nalini 22/7/26 @ 11:30

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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	21/7					
Time						
Hb	9.8					
PCV	28.6					
RBC	3.46					
WBC	7.99					
N/L	83/11					
Platelets	141					
CRP	18					
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						

OP Basis).

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 : urine c/s

Blood c/s

Radiology :

USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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Master SAYEED BIN OMER

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DRUG CHART

Date of Admission: 21/7/25 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.

[redacted]URSES - 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 :				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:				

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

Signature

VERIFIED BY : Name

ANURAAG REDDY

REGULAR PRESCRIPTIONS

Weight. 37 Kgs Ward. ....

DRUG : INJ. CEFTRIAXONE				Date / Time	21/7	22/7
Dose	Route	Frequency	Start Date			
1.8g	IV	BD	21/7/26			
Name & Signature of the Doctor Starting the Drugs: Madhuri				6Am	X	as Subh
Additional Instructions:				6Pm	Sona Veena	
Daily Doctor's Endorsement by a Sign					d	d

DRUG : SYRUP- LEVOFLOXACIN				Date / Time	21/7	22/7
Dose	Route	Frequency	Start Date			
10ml	P/o	BD	21/7/26	8AM	X	Dee DIW
Name & Signature of the Doctor Starting the Drugs: Madhuri						
Additional Instructions:				8PM	as Subh	
Daily Doctor's Endorsement by a Sign					d	

DRUG : SYRUP. POSOCONAZOLE				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 : Tab POSOCONAZOLE				Date / Time	21/7	22/7
Dose	Route	Frequency	Start Date			
1tab	P/o	BD	21/7/26	8AM	X	Dee DIW
Name & Signature of the Doctor Starting the Drugs: Madhuri				8pm	as Subh	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign					d.	

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 37kg Ward .....

DRUG : SYRUP. UDILIV

Dose	Route	Frequency	Start Dt.
10ml	P/o	TID	21/3/26

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/3	22/3
6AM	✓	
2PM	✓	
10PM	CN Sudha	

DRUG : SYRUP. SEPTRAN

Dose	Route	Frequency	Start Dt.
2.5ml	P/o	A/D	21/3/26

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions: (Mon - Wed - Fri)

Daily Doctor's Endorsement by a Sign

Date / Time	21/3	22/3
6AM	✓	
2PM	✓	
10PM	CN Sudha	

DRUG : SYRUP. MOLYTEL

Dose	Route	Frequency	Start Dt.
5ml	P/o	OD	21/3/26

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/3
8PM	CN Sudha

DRUG : Tab. NAC

Dose	Route	Frequency	Start Dt.
1 tab	P/o	TID	21/3/26

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions: (1 tab - 300mg)

Daily Doctor's Endorsement by a Sign

Date / Time	21/3	22/3
6AM	✓	
2PM	✓	
10PM	CN Sudha	

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

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

				Date / Time
DRUG : SYRUP. PREVALL				21/7
Dose	Route	Frequency	Start Dt.	
3ml	P/O	OD	21/7/26 8PM	
Name & Signature of the Doctor Starting the Drugs: Madhu				STOP
Additional Instructions:				21/7/26
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				
DRUG :				
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
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				

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

Weight. .... 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.	

VERIFIED BY .... Signature ....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Dr. NALLA ANURAAG REDDY

BAH-00421700
BIN OMER
IPS-00176725
(M)

I.V. FLUIDS CHART

Weight. 37kg 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

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

BAH-00421700 IP5-00176725
Master SAYEED BIN OMER
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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: onco .....

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 : .....

Date & Time : 21/3/25 @ 6:10p .....

Nurse Name & Signature: female .....

Date & Time : 21/3/25 @ 6:20p .....

BAH-00421700 IP5-00176725
Master SAYEED BIN OMER
04-11-2019 6 Y 8 M 18 D (M)
Dr. NALLA ANURAAG REDDY

(2)

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

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

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/07/26 Time:	9AM
Doctor / Nurse / Family Concern?	
Temperature (F) (104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94)	98.3F (plotted *)
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	110 / 78 / 60 (plotted)
Note: BP does not score in early warning scoring	
Heart Rate (Number)	103b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)	
Resp Rate (Number)	23b/m
Resp Distress — Mod/ Severe	
Resp Distress — None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	99%
Conscious Level — Normal	
Conscious Level — Altered	C
GCS *	15/15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	[illegible]

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:** ! 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-00421700 IP5-00176725
Master SAYEED BIN OMER
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/7 ..... Time:	7pm	10pm	1:30pm	3AM	6AM
Doctor / Nurse / Family Concern?					
Temperature (F)	*98.5°F	98.8°F *	100°F * [IND. PEM]	*98°F	*98.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	95 (92) 60	98 (78) 68	97 (90) 60	98 (77) 62	
Heart Rate (Number)	80b/m	96bm	100b/m	104b/m	
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	24b/m	26bm	24b/m	22b/m	
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	99%	99%	
Conscious Level: Normal / Altered	C	C	C	C	
GCS *	15/15	15/15	15/15	15/15	
TOTAL SCORE Number of shaded boxes	0	0		0	
Pain Score	0	2		0	
Observer's Initials	AM				

ACTIONS NB: Scores 3 should be recorded overleaf	
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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)

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FLUID CHART

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.

		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							
2/11	08:00 am			60ml						200ml		
	09:00 am	1/2 Stop		60ml								
	10:00 am	Idli		60ml								
	11:00 am			60ml								
	12:00 pm			60ml						150ml		
	01:00 pm			60ml								
Total Intake :				480ml		**Total Output :** 350ml						
	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	

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FLUID CHART

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BirthRight BY RAINBOW HOSPITALS
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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.
3. 24 hrs. total to be entered in the kardex in RED.

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 :						
	08:00 pm	Rice	Lup	60M								
	09:00 pm	H20	200M	60M						200m		
	10:00 pm			60M								2
	11:00 pm			60M								
	12:00 am			60M						250m		
	01:00 am			60M								
Total Intake :	560ML					Total Output :	450M					
	02:00 am			60M								
	03:00 am			60M						200m		
	04:00 am			60M								
	05:00 am			60M								2
	06:00 am			60M						200m		
	07:00 am			60M								
Total Intake :	360ML					Total Output :	400ML					

Total 24 hrs. Intake	920:24cc/kg	Total 24 hrs. Output	850:1.91cc/kg/hr

Docu. No. : RCHBH/FRM/CLINICAL/092

V-(1)