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Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP N LBH-00129056 IP5-00175919 Baby AZMEERA KEERTHIKA 18-11-2024 1 Y 7 M 15 D (F) Dr. SANDHYA VADDADI nt: _____ Dept : _____

Date of Admission: _____ ischarge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/7/26	1 pm	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
317	CBP	OP Basis	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/7	Infusion Pump	6PM	5/7 12pm	96886286	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/7/26	I v placement	1	PACE86287	
3/7/26	Chemotherapy	1		

ANY OTHER INFORMATION

Parent's Don't need dietician. Don't charge for NHA.
- Noorlaw

Date : 5/7 Time : 10am Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Evening		

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 : IP5-00175919 **Admit Date** : 03-Jul-2026 **Admit Time** : 12:18 PM **UHID** : LBH-00129056

Patient Details :

Patient Name	: Baby AZMEERA KEERTHIKA	**Age**	: 1 Y 7 M 15 D
Guardian	: Mr AZMEERA KISHAN NAIK	**DOB**	: 18-11-2024 11:19 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO- 1-78, THIRLAPURAM MARRIGUDEM, MAHABUBABAD (D), Garla Khammam Telangana INDIA 507210	**Phone No**	: 9177001742/ 7680837519
		E-mail	: iamkarthiknayak786@gmail.com

Admission Details :

Bed Type : FOUR SHARING **Bed No** : FSW 138 **Ward Name** : 1F-HEMATO-ONCOLOGY

Room No : FSW 138 **Admission Type** : First Visit

Contact Details :

Name : Mr AZMEERA KISHAN NAIK **Relationship** : Father

Contact Address : H NO- 1-78, THIRLAPURAM MARRIGUDEM, MAHABUBABAD (D), Garla Khammam Telangana INDIA 507210 **Phone No** : 9177001742 / 7680837519

Signature

Doctor Details :

Doctor Name : Dr. SANDHYA VADDADI **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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Patient Sticker

Ajmeera Kreethika
RBH0012056
138

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	2			
7	Nursing plan of care and handover sheets	3			
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	3			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	~~Bed side~~ check list Neonatal	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
45	Extra	4			
	Total No. of Pages	35			

Signature and Date : Sauy 5/7/26

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

LBH-00129056 IP5-00175919
Baby AZMEERA KEERTHIKA
18-11-2024 1 Y 7 M 16 D (F)
Dr. SANDHYA VADDADI

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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. Soarani .....

Date & Time: ..... 3/7/26 @ 6pm .....

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DISCHARGE CRITERIA – ONCOLOGY

Discharge to:

☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☑ Others: Home

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 : Dr. Sowmya

Date & Time: 5/12/24 12pm

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PEDIATRIC IN-PATIENT MEDICAL RECORD

(1)

Patient Name: Azmeera

UHID ID:

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Baby AZMEERA KEERTHIKA
18-11-2024 1 Y 7 M 15 D (F)
Dr. SANDHYA VADDADI

Department:

Consultant:

LBH-00129056 IP5-00175919
Baby AZMEERA KEERTHIKA
18-11-2024 1 Y 7 M 15 D (F)
Dr. SANDHYA VADDADI

Pediatric Multiorgan History & Physical Examination

Name : Azmeera Age/Sex 1½/F

Information given by: mother Relationship good

Chief Presenting Complaints & Duration (Chronologically)

K/C/O neuroblastoma / OMAS (paraspinal) on adjuvant chemo.

History of present illness :

↓

- now admitted for chemotherapy.

no c/o: fever / cough / cold.
doing O well.

→ detected in April 2026.

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Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

(N) transition

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information : (N)

Developmental History :

appropriate for age.

Immunization History :

immunised for age.

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 9.56kg (Centile _____)

On Examination :

Temperature : 97.9°F Pulse Rate : 107/min B.P. 98/65 SPO2 99%

Resp.rate and type of breathing :

Rash

Lymphadenopathy (-)

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : (N) BAE (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : (N)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft NT.

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 : alert

Cranial Nerves : (N) CN. V | VII |
(N) EOM.

ataxic gait (+)

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

(N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

K/C/O neuroblastoma
for chemotherapy

(P.T.O.)

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18-11-2024 1 Y 7 M 15 D (F)
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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: infection

Desired goals of the treatment : chemotherapy

Planned Labs:

Planned Management

1.) IV Ondem -
2.) Syp Domstal
3.) Chemotherapy today. ✓

N.B Samples Submitted 3/7/26

Signature of the Doctor: .....
Name of the Doctor: Dr. Akhila
Date & Time: 3/7/26 @14

Signature of the Consultant: .....
Name of the Consultant: DR. Sandhya
Date & Time: 3/7 @14.

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(1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 4:00pm	C/I B Resident. K/c/o Neuroblastoma / OMAS. Admitted for chemotherapy. O/E Vitals stable CVS: S1S2 (+) RS: B/L AE (+) P/A: soft CNS: NAD Dr. Prashanthi	Plan - Continue chemotherapy - monitor vitals - Inj. on (SOS). N.B. Moumita 3/7/26 5PM

Docu. No. : RCHBH /FRM / CLINICAL / 088

(P.T.O)

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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 9 AM	Morning rounds	
	Neuroblastoma/OMAS for chemotherapy	
	O/E	
	Vitals stable	
	CVS: S1S2 (+)	Adv
	RS: B/L AE (+)	
	P/A: soft	- Continue chemotherapy.
	CNS: NAD.	
Dr prashanth.		- monitor vitals
		- Inform (c/s).
		- Plan for d/c today. T/M send files emp
		Sandhya V 4/7 @ 9:30 am
		H/B Nandini 4/7/26 1pm

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(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 9AM	Neuroblastoma / Nmyc ⊖.	
	No fever	
	vitals stable	Plan
		1. ct supportive care
		2. d/c today
		f/u - 10/7/26 c̄ CBP.
		[signature]
		NB
		Disc
		5/7
		@ 10:30

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	317					
Time	10:30 AM					
Hb	8.6					
PCV	27.3					
RBC	4.39					
WBC	2.82					
N/L						
Platelets	595					
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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DRUG CHART

Date of Admission: 3/7 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 :				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:				

Sign & Name VERIFIED BY

Baby AZMEERA KEERTHIKA
18-11-2024 1 Y 7 M 15 D (F)
Dr. SANDHYA VADDADI

REGULAR PRESCRIPTIONS

Weight. 9.5kg Ward. ....

DRUG: ~~IVF~~				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: Inj ONDANSETRON				Date/Time	3/7	4/7	5/7
Dose	Route	Frequency	Start Date	6AM	X	Sonam AN	Sonam AN
2mg	IV	BD	3/7				
Name & Signature of the Doctor Starting the Drugs: [signature]				6PM	4PM Divya	10PM	
Additional Instructions:							
Daily Doctor's Endorsement by a Sign					[sign]	[sign]	[sign]

DRUG: DOMPERIDONE suspension				Date/Time	3/7	4/7
Dose	Route	Frequency	Start Date	6AM	X	[sign]
2ml	PO	TID	3/7			
Name & Signature of the Doctor Starting the Drugs: [signature]				2PM	X	[sign]
				10PM	pooja AN	pooja AN
Additional Instructions: (1ml/1mg)						
Daily Doctor's Endorsement by a Sign					[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. SANDHYA VADDADI

E 40 (room)

Weight. 3.5kg 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.	

Signature .....

VERIFIED BY : Nam...

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Dr. SANDHYA VADDADI

LBH-0012805 IPS-0017591

I.V. FLUIDS CHART

Weight. 9.5kg 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

Signature .....

VERIFIED BY : Name .....

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MEDICATION RECONCILIATION FORM

Drug Allergies: No ☐ 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: Oncology

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	Syp ZINCOVIT	5ml	PO	OD	2/7	☐ 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 : Dr. Akhila

Date & Time : 3/7/26

Nurse Name & Signature: Sowmita

Date & Time : 3/7/26 @ 1pm.

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Baby AZMEERA KEERTHIKA
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Dr. SANDHYA VADDADI

CHEMOTHERAPY PRESCRIPTION

All the chemotherapy medications are high risk / high alert drugs.
While administering chemotherapy drugs watch for nausea, vomiting, rashes, urine output and any local extravasation of the drug.

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Sheet No. : 1	Weight (kg) : 9.5kg	Body Surface Area:	Diagnosis: Neuroblastoma	Protocol: Carbo | etoposide

	DATE	TIME	Composition of Chemotherapy (if infusion, mention ml / hr = Mcg / kg / min. etc.)	DOSE	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
	3/7/26	6PM	Inj ETOPOSIDE in 150ml NS	40mg	IV.	35 ml/hr	d	Mounika / Divya	3/7/26	d	Sonam / Anu.
D1	3/7/26	11:30PM	Inj CARBOPLATIN in 200ml 5% D	100mg	IV	50 ml/hr	d	Sonam / Anu.	3/7/26	d	Pooja / Sonam
D2	4/7	10:17 AM	INT ETOPOSIDE with 150ml NS	40mg	IV	@ 35ml/hr	K	Uma / Bhavana	3/7	d	Pooja / Divya
	4/7	6pm	INT CARBOPLATIN with 200ml 5% DEXTROSE	100mg	IV	@ 50ml/hr	K2	Pooja / Divya.	4/7	d	Sonam / Anu
D3	5/7	8pm	INT ETOPOSIDE with 150ml NS	40mg	IV	@ 35ml/hr		Sonam / Anu	5/7	d	Divya / Gayathri

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

Patient's / Learner Language: Telugu Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: ☑ Yes ☐ No Healthcare Literacy: ☑ Yes ☐ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others .....

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
3/7/26	1pm	7	Infection control measure	M	4	0	1—	1	—	
3/7/26	3pm	9	Soft High protein diet	M	1	0	1	1	—	monthly
4/7/26	8am	7	Personal hygiene	M	1	0	1	1	nil	
5/7/	9am	7	Infection control measures.	M	1	0	1	1	Nil	

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C Caregiver O: Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

LBH-00129056 IP5-00175919
Baby AZMEERA KEERTHIKA
18-11-2024 1 Y 7 M 16 D (F)
Dr. SANDHYA VADDADI

MULTI-DISCIPLINARY PLAN OF CARE FORM

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Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
3/7	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	~~AML~~ B-ALL	chemo	chemo		☐ Nursing ☐ Others:
3/7/26 1pm	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	B-Cell ALL	chemo	chemo		☐ Medical ☐ Others:
3/7/26 3pm	☐ Medical ☐ Nursing ☐ Others: Dietician plan	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	neuroblastoma for chemotherapy	Soft High Protein diet	RDA E:- 1200kcal/d P:- 20g/d	Noorden	☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

LBH-00129056 IP5-00175919
Baby AZMEERA KEERTHIKA
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Dr. SANDHYA VADDADI

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 : 5/7 ..... Time: 9 Am

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

9 Am : 98.4°F

Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

9 AM : 120 (66) 95

Heart Rate (Number) 120 b/m.

. Rate (bpm) r 1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number) 26 b/m.

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2(l/min)		
O_2Saturations (%)		100%
Conscious Level	Normal	C
	Altered	
GCS *		15/15
TOTAL SCORE Number of shaded boxes		0
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

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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)

LBH-II0129056 IP5-00175919
Baby AZMEERA KEERTHIKA
18-11-2024 1 Y 7 M 15 D (F)
Dr. SANDHYA VADDADI

(2)

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PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9.1.25 Time:	9Am	1pm.	4pm	7pm	10pm	3Am	6Am
Doctor / Nurse / Family Concern?							
Temperature (F)	98.1F	98.4F - 98F	98F	*98.5F	*98F	*98F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	95 (61) / 158	100 (66) / 156	98 (64) / 134	90 (69) / 154	90 (71) / 156	98 (76) / 150	96 (72) / 158
Heart Rate (Number)	137b/mt	100b/m	120b/m	124b/m	125b/m	124b/m	120b/m
Resp. Rate (bpm) (Over 1 Minute) *							
Resp Rate (Number)	24b/m	24b/m	26b/m	24b/m	24b/m	24b/m	26b/m
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	100%	100%	99%	99%	100%
Conscious Level: Normal / Altered	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials							

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

LBH-00129056 IP5-00175919
Baby AZMEERA KEERTHIKA
18-11-2024 1 Y 7 M 15 D (F)
Dr. SANDHYA VADDADI

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 : 3/7/26 Time: 4pm 7PM 10pm 3Am 6Am

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

*98.6°F *97.9°F *98°F *98°F *98°F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

100 (60) 50 | 105 (60) 60 | 102 (46) 62 | 100 (80) 60 | 102 (58) 58

Heart Rate (Number): 110b/m | 100b/m | 103b/m | 100b/m | 112b/m

Resp. Rate (bpm) (Over 1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number): 25b/m | 26b/m | 25b/m | 22b/m | 24b/m

Resp Distress	Mod/ Severe / None / Mild	•	•	•	•	•
Receiving O_2(l/min) O_2Saturations (%)		100%	100%	99%	99%	99%
Conscious Level	Normal / Altered	C	C	C	C	C
GCS *		15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials						

ACTIONS

NB: Scores 3 should be recorded overleaf

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LBH-00129056 IP5-00175919
Baby AZMEERA KEERTHIKA
18-11-2024 1 Y 7 M 15 D (F)
Dr. SANDHYA VADDADI

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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		ADMISSION									
	01:00 pm											
Total Intake :						**Total Output :**						
3/7/26	02:00 pm										0	
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm										0	
	06:00 pm	Idli		35ml			✓			100ml	0	RS
	07:00 pm	H2O	50ml	35ml							0	
Total Intake :		120ml				**Total Output :**				100ml		
	08:00 pm			35ml							0	
	09:00 pm	Idli		35ml						150ml	0	
	10:00 pm	H2O	60ml	35ml							0	pooja
	11:00 pm			35ml							0	
	12:00 am			35ml						100ml	0	
	01:00 am			50ml							0	
Total Intake :		285 ml				**Total Output :**				250ml		
	02:00 am			50ml							0	
	03:00 am			50ml						100ml	0	
	04:00 am			50ml							0	pooja.
	05:00 am			50ml							0	
	06:00 am			50ml						100ml	0	
	07:00 am			50ml							0	
Total Intake :		300ml				**Total Output :**				200ml.		

Total 24 hrs. Intake	705 ÷ 74.2 cc/kg/day	Total 24 hrs. Output	550 ÷ 4.1 cc/kg/hr.

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FLUID CHART

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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							
4/12	08:00 am	Idly	Juice	Saml.						100ml	0	
	09:00 am			35ml							0	
	10:00 am			35ml							0	
	11:00 am		100ml.	35ml							0	Mamta
	12:00 pm	H_2O		35ml						150ml	0	
	01:00 pm			35ml.							0	
Total Intake : 325ml						Total Output : 250 ml.						
	02:00 pm			35ml							0	
	03:00 pm			35ml						100ml	0	
	04:00 pm			35ml							0	
	05:00 pm	tea	100ml	35ml							0	MS
	06:00 pm			35ml							0	
	07:00 pm			35ml						190ml	0	
Total Intake : 310ml						Total Output : 240 ml						
	08:00 pm	Idly		35ml					150ml			
	09:00 pm	H_2O	100 ml	35ml								
	10:00 pm			35ml.								
	11:00 pm								100ml			
	12:00 am											
	01:00 am											
Total Intake :						Total Output : 250 ml						
	02:00 am											
	03:00 am								100ml			
	04:00 am											
	05:00 am											
	06:00 am								100ml			
	07:00 am											
Total Intake :						Total Output : 200 ml						

Total 24 hrs. Intake	940 : 88 : 42 cc/kg	Total 24 hrs. Output	940 : 4 : 12 cc/kg

LBH-00129056 IP5-00175919
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FLUID CHART

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Sheet No. : 3

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							
SP	08:00 am	Jelly		40ml						100ml		Gowri
	09:00 am			40 ml.								
	10:00 am		100ml	40ml								
	11:00 am			40ml						150ml		
	12:00 pm	H2O.		40ml								
	01:00 pm			40ml.								
Total Intake : 340ml.						Total Output : 250ml						
	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	

Patient Sticker

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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.

		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							
	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**	

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CONSENT FOR CHEMOTHERAPY

Patient Name : Azmeera keerthika Age : 1yr Gender : Male ☐ Female ☐

UHID No : LBH-D 0129056 Department : PHO Date : 3/7/26.

Type of Chemotherapy : Intravenous

The type of reactions, nature of the major risks and complications arising from the treatment despite precautions has been explained to me. These can include Bone Marrow depression with subsequent infections, bleeding, nausea, vomiting, diarrhea, mouth ulcers, alopecia, fever, phlebitis, ulceration at the site of injection organ injuries etc.

The doctor have explained to me about the benefits and alternative for this procedure that .....

.....Nil.....

I understand that no promise of cure or freedom from risk can be given. During the course of treatment I will report any symptoms if they become bothersome.

I have read the above and have no further questions about the treatment to be given.

Patient Attendant :

Signature : A. Jyothi

Name : A. Jyothi

Relationship with Patient: Mother

Date & Time : 3/7/26 6pm

Witness :

Signature : A. Jyothi

Name : A Jyothi

Date & Time : 3/7/26 6pm

Doctor (who is taking the consent):

Signature : A. Jyothi

Name : RAVANI

Date & Time : 3/7/26 2pm

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 3/7/26 Time: 3pm

Weight: 9.56 kgs Centile: 5th

Height: ~~77~~ cms Centile: 10th

Inference: Underweight child

RDA: – Calories: 1200 kcals/d Protein: 20g/d

Diet Recommendations: Soft High protein diet

Re-Assesment: Avoid Spicy, Chilled and outside foods

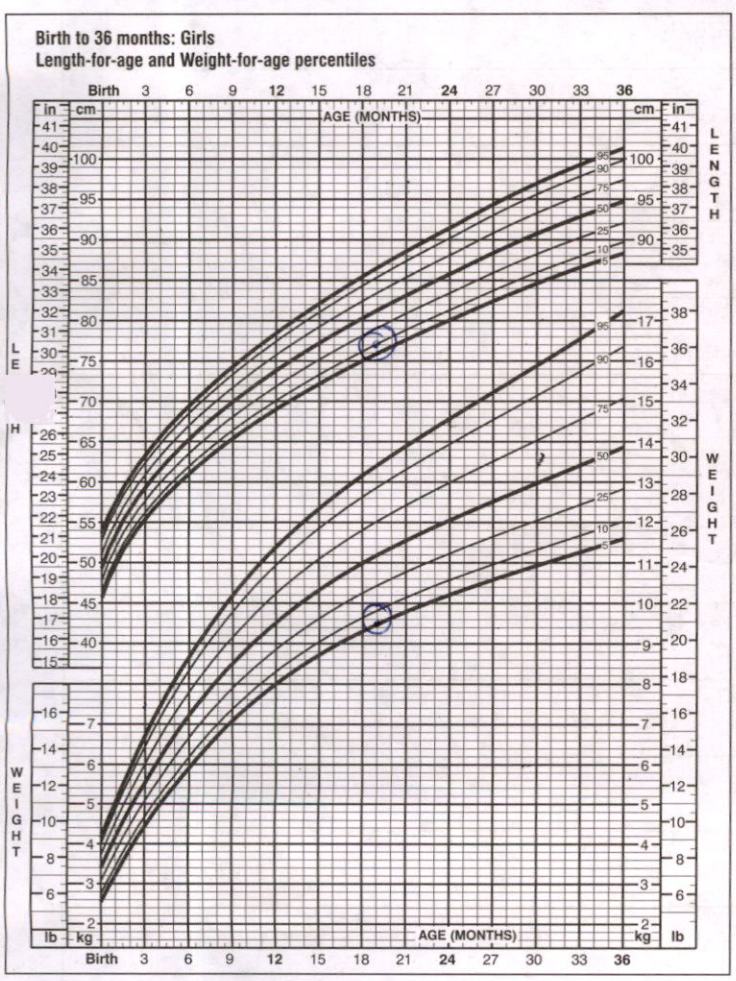
Food Allergies: ND Veg/Non-veg veg

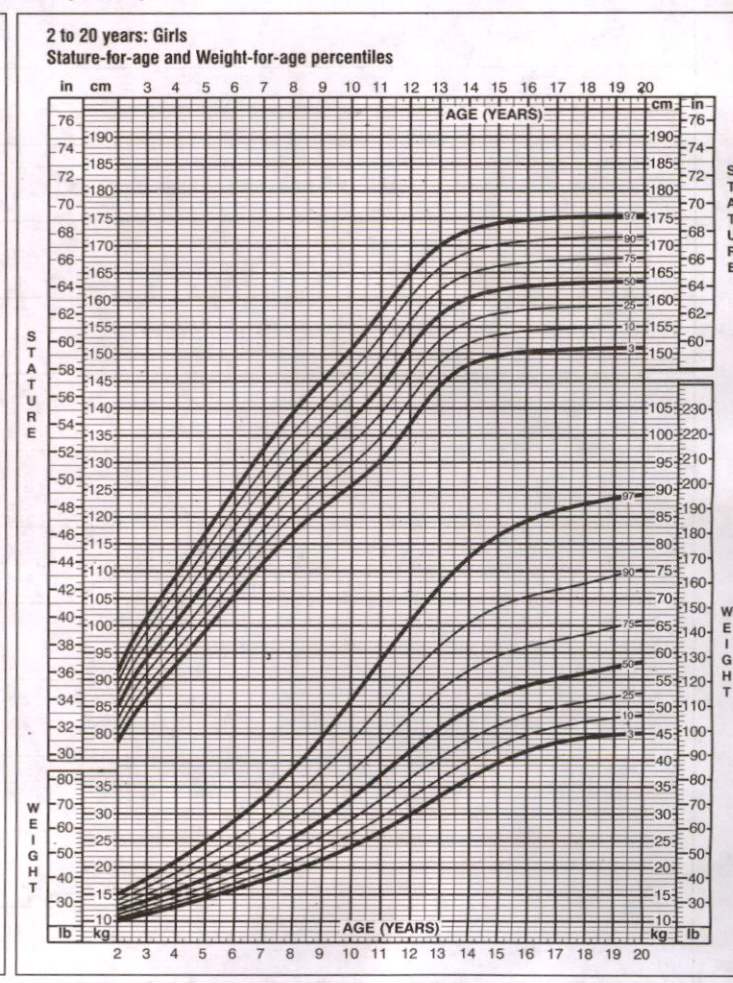
Diagnosis: K/C/O neuroblastoma for chemotherapy.

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Parent's Don't need dietician, Don't change for NHA.

GROWTH CHART (GIRLS)





Dietician's Name Mounica Dietician's Signature Mounica

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(P.T.O.)

Daily Notes: