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ACTIVITY RECORD FC

BAH-00658802 IP5-00176633
Master MAYUR SHRINIVAS YADAV
11-09-2011 14 Y 10 M 9 D (M)
Dr. SANDHYA VADDADI

Name :_____ _____

UHID No. : _____ Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/26	10:55 AM	ER	ONCO	Pooja

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Leena priyanka	21/7/26	971552.	Dr.
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
20/07	CBP/ESR, Creat	72667	
22/7	S/E	26073488	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7	Infusion pump	2:pm	22/7 12pm	97/3/35	Darshini

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/07	iv placement	1	12186	[illegible]
20/7/26	chemothrapy	(1)	9713137	[illegible]

ANY OTHER INFORMATION

Don't charge for NHA —Nikitha

Date : 22/7 Time : 11 Am Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[illegible]	Mrng ONCO		

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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	3			
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	4			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy	1			
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)	1			
31	Drug chart (Regular Prescription)	1+2			
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				
	Extra	7			
	Total No. of Pages	34			

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

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 : IP5-00176633 **Admit Date** : 20-Jul-2026 **Admit Time** : 10:29 AM **UHID** : BAH-00658802

Patient Details :

Patient Name	: Master MAYUR SHRINIVAS YADAV	**Age**	: 14 Y 10 M 9 D
Guardian	: Mr SHRINIVAS RAVIKANT YADAV	**DOB**	: 11-09-2011
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO - 28 , MODIKHANA , CENTRAL HIGH SCHOOL JAVAL , SOLAPUR NORTH , Solapur H O Maharashtra INDIA 413001	**Phone No**	: 9823602277/ 8208932747
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 132 **Ward Name** : 1F-HEMATO-ONCOLOGY

Room No : SPVT 132 **Admission Type** : First Visit

Contact Details :

Name : Mr SHRINIVAS RAVIKANT YADAV **Relationship** : Father

Contact Address : H NO - 28 , MODIKHANA , CENTRAL HIGH SCHOOL JAVAL , SOLAPUR NORTH , Solapur H O Maharashtra INDIA 413001 **Phone No** : 9823602277 / 8208932747

Signature

Doctor Details :

Doctor Name : Dr. SANDHYA VADDADI **Specialisation** : HEMATO ONCOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. SIRISHA RANI

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : CARE HEALTH INSURANCE LIMITED

BAH-00658802 IP5-00176633
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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: .....

Date & Time: 20/6/26 2 pm

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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 : Dr Sandhya

Date & Time: 27/7/16 @ 10.00 am

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1

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Mayur Shrinivas yadav

UHID ID:

BAH-00658802 IP5-00176633
Master MAYUR SHRINIVAS YADAV
11-09-2011 14 Y 10 M 9 D (M)
Dr. SANDHYA VADDADI

Department:

Consultant:

BAH-00658802 IP5-00176633
Master MAYUR SHRINIVAS YADAV
11-09-2011 14 Y 10 M 9 D (M)
Dr. SANDHYA VADDADI

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

K/C/O Supreseller Germinoma with obstructive Hydrocephalus with dyselectrolytemia / Neoadjuvant chemotherapy D16 of Carb/ Etop

History of present illness :

Now came for chemotherapy.

No H/O fever, cold cough, abd pain etc

No fresh complaints

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Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Birth & Socio Economic History:

About Father :

About Mother : upper middle class

Any additional Information :

Developmental History :

(N) development

Immunization History :

Vaccination

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 28kg (Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate : 98/min B.P. 116/83(91) SPO2 100% on

Resp.rate and type of breathing : RR = 22/min

Rash Nil

Lymphadenopathy Nil

Oedema : Nil

Allergies (if any): Nil

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L AE (+)

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 :

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

Cranial Nerves : WNL

Motor System:

Nutriton :

Tone: Power

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System : WNL

Bladder / Bowel :

Clinical Summary & Diagnostic:

Supra seller Germinome with obstructive Hydrocephalus

↓

Now came for Chemotherapy.

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP
S-Electrolytes N/B
Creatinine
Tomorrow
20/7/26

Planned Management

- Admit in ward
- ~~Inj~~ Chemotherapy
- Inj ondem
- Syp. Domstal.

Signature of the Doctor: Ramya
Name of the Doctor: Dr. RAMYA
Date & Time: 20/7/26; 10:30 am

Signature of the Consultant:
Name of the Consultant: DR. Sandhya
Date & Time: 21/7/26 @ 10am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 6:20 pm	Suprasellar germinoma / now for chemotherapy	Adv 1) Chemo as per chart 2) w/f vomitings 3) Inform SOS
	No fresh issues V, vitals (N) S/E - S1S2 + RS P/A (N)	Dhanalakshmi
		Noted by nurse 20/7/26 6pm
21/7/26 9 Am	germ Germinomatosis ACT / suprasellar region now admitted for chemotherapy COG cycle (2) with OI	
	I/O 1150 ml / 3000 ml. U.op. 5cc/kg/hr.	Plan 1. ct chemotherapy 2. ct supportive care 3. d/c TTm Endocrine R/V Dr Leena Sravani
		Sandhya 21/7/26 @ 10 AM
		Noted by nurse 21/7/26 12

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Evening Rounds	
21/07/26	CNS Germ Cell tumour/ Germinoma. Hypopituitarism & Central Diabetes insipidus / Now for chemotherapy.	
	No fresh concerns vitally stable.	Plan
	CVS RS PIA (2)	→ Continue chemo
		→ Continue supportive care
		→ D/C TPM
	Endocrinologist opinion done.	→ monitor vitals
		T Pavani
		N/B Pooja @ 6pm. 21/7

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/8/26 8:50AM	CNS Germ cell tumor / Hypo. panhypopituitarism / ē DI.	
		Adv
	Afebrile	1) Send sodium now
	No vomiting	2) Sort urat
		3) D/C today.
	I/D 850/1800 (N)	4) + Trace electrolytes
		f/u ē CBP on Monday
	Vitals (N).	
	S/E → (N)	
	hydration good.	[signature]
		to inform Na & review ē Dr. Level.
	[signature] Dr. [illegible] 43434 @ 9:30AM	
		NB [signature] 11826 22/8 @ 9AM

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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MAYUR

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CROSS CONSULTATION FORM

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

Diagnosis : .....

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

DI

Signature:

Findings and Recommendations :

Central polydipsia (~~x~~ habitual)
+
DI (mild).
12 hours overnight I/O - 1.3 L/1.3 L.

Plan
- I/O
- T. Minirin 12.5 µg at night ~~8 am~~ (8 pm).
- S. electrolytes - tomorrow morning.
- Plan minirin based on that.

Consultant :

Name : Dr. Priyambada Signature : Date & Time : 21/7/26. 12 pm

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RESULT SHEET

Date	20/9/26	22/9/26				
Time						
Hb	11					
PCV	34.6					
RBC	3.85					
WBC	5800					
N/L	42/51					
Platelets	2.62L					
CRP						
ESR						
PCT						
RBS						
Na	144	138				
K	4.7	4.0				
Cl	107	107				
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.7					
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: ..... 20/7/26 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 :				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:				

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

BAH-00658802 IP5-00176633
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Dr. SANDHYA VADDADI

REGULAR PRESCRIPTIONS

Weight. 28 kg Ward. ....

DRUG: Inj ONDANSETRON				Date/Time	20/7	21/7	22/7
Dose	Route	Frequency	Start Date				
6mg	IV	TID	20/7/26	6AM	X	Suma	SW
Name & Signature of the Doctor Starting the Drugs: Dr. Ramya				2pm	Anu	Anu	
Additional Instructions:				10pm	Suma	Subhan	
Daily Doctor's Endorsement by a Sign					d	d	

DRUG: Syp DOMPERIDONE				Date/Time
Dose	Route	Frequency	Start Date	
6ml	PO	BD	20/7/26	
Name & Signature of the Doctor Starting the Drugs: Dr Ramya				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG: Tab THYROXINE 37.5mcg				Date/Time	20/7	21/7
Dose	Route	Frequency	Start Date			
1tab	PO	OD	20/7/26	6Am	Home	DW
Name & Signature of the Doctor Starting the Drugs: Dr Ramya						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign					d	

DRUG: Tab HISONE 5mg.				Date/Time	20/7	21/7	22/7
Dose	Route	Frequency	Start Date				
	PO	TID	20/7/26	6Am	Home	DW	DW
Name & Signature of the Doctor Starting the Drugs: Dr Ramya				2pm	Anu	Pooja Soram	
Additional Instructions: 1tab — 1tab — 1/2tab				10pm	Sanjay	Satish	
Daily Doctor's Endorsement by a Sign					d		

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight .....2.8 kg Ward .....

DRUG : Tab ZINCOVIT.

Dose	Route	Frequency	Start Dt.
1 tab	PO	OD	20/7/24

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

Additional Instructions:

Date/Time: 20/7/24 20/7/24

Daily Doctor's Endorsement by a Sign

DRUG : Tab SHELCAL

Dose	Route	Frequency	Start Dt.
1 tab	PO	OD	20/7/24

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

Additional Instructions:

Date/Time: 20/7/24

Daily Doctor's Endorsement by a Sign

DRUG : Tab DOMPERIDONE

Dose	Route	Frequency	Start Dt.
1 tab	PO	BD	20/7/24

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

Additional Instructions: 2 tab = 5 mg

Date/Time: 20/7/24 21/7/24

Daily Doctor's Endorsement by a Sign

DRUG : INJ DEXAMETHASONE

Dose	Route	Frequency	Start Dt.
2mg	IV	OD	20/7

Name & Signature of the Doctor Starting the Drugs: Dr Sandhya

Additional Instructions: x 2 days

Date/Time: 20/7/24

Daily Doctor's Endorsement by a Sign

Signature .....

VERIFIED BY : Name .....

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : INJ ESOMEPRAZOLE

Dose	Route	Frequency	Start Dt.
30mg	IV	OD	20/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 20/7/2017 2017

DRUG : T. MINRIN 100mg.

Dose	Route	Frequency	Start Dt.
12.5mg	PO	OD	21/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
@ 8pm
1/8th tab OD

Daily Doctor's Endorsement by a Sign

Date / Time: 21/7

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time:

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time:

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

Patient Sticker

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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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I.V. FLUIDS CHART

Weight. ..... 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 .....

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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): 28 kg | Body Surface Area: 1 | Diagnosis: CNS Germinoma | Protocol: COG

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.
20/7/26	2:40pm	INJ ETOPOSIDE with 300ml NS	100mg	iv	@ 75ml/hr	[signature]	Nalie / Anu	20/7	[signature]	Nalie / Anurag
20/7	11pm	INJ CARBOPLATIN with 100ml 5% DEXTROSE	550mg	iv	@ 50ml/hr	[signature]	Karima / Nasheena	21/7	[signature]	Subhankar / Nasheena
21/7	11Am.	INJ ETOPOSIDE with 300ml NS	100mg	iv	@ 75ml/hr	[signature]	Nalie / Divya	21/7	[signature]	pooja / Sonam
22/7	8am	INJ ETOPOSIDE with 300ml NS	100mg	iv	@ 75ml/hr	[signature]	Subhankar / Gaurav	22/7	[signature]	Divya / Pooja

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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: ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab THYROXINE	37.5mcg	PO	OD	20/7/16	☐C ☐DC
2	Tab HISONE	5mg	PO	TID 1-1-(½)	20/7/16 8AM	☐C ☐DC
3	Tab. SEPTRAN DS	1tab	PO	BD	19/7/16 6pm	☑C ☐DC
4	Tab ZINCOVIT	1tab	PO	OD	19/7/16	☐C ☐DC
5	Tab. SHELCAL	1tab	PO	OD	19/7/16	☐C ☐DC
6	Tab DOMPERIDONE	1tab	PO	BD	20/7/16 5pm	☐C ☐DC
7	Tab ONDEM	4mg	PO	BD	20/7/16 8am	☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Balaji

Date & Time : 20/7/16 / 10:30 Am

Nurse Name & Signature: Roojs

Date & Time : 20/7/16 @ 10:35 Am

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PAIN ASSESSMENT FORM

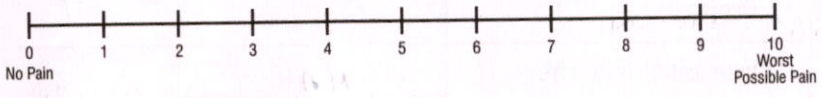
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/7/25	10:35 Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	[illegible]
20/7/25	6pm	0/10	an	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
20/7	2am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
21/7	21/7	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
22/7	9am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/7 Time: 9 AM

Doctor / Nurse / Family Concern?

Temperature (F)
104 103 102 101 100 99 98 97 96 95 94
98.3

Heart Rate (bpm) and Blood Pressure (mmHg) *
190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
99 73 80

Note: BP does not score in early warning scoring

Heart Rate (Number) 108 b/m

Resp. Rate (bpm) (Over 1 Minute)
70 60 50 40 30 20 10
23

Resp Rate (Number) 23 b/m

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

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/7 Time: 9am | 1pm | 4pm | 7pm | 10pm | 9am | 6am

Doctor / Nurse / Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.5F | *98.3F | *98.5F | *98F | *98°F | *98°F | *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

103/67 | 100/63 | 100 (26) 50 | 101 (25) 62 | 104 (24) 63 | 106 (20) 60 | 103 (22) 62

Heart Rate (Number): 99bpm | 100b/m | 98 b/m | 100b/m | 105b/m | 98b/m | 100b/m

Resp. Rate (bpm) (Over 1 Minute)

70 60 50 40 30 20 10

Resp Rate (Number): 23b/m | 24b | 23 b/m | 24b/m | 22b/m | 22b/m | 24b/m

Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)	99%	100%	99%	100%	99%	99%	99%
Conscious Level: Normal / Altered			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.
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.

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TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20.7 Time:	1 PM	4pm	7pm	10pm	3am	6am
Doctor / Nurse / Family Concern?						
Temperature (°F)	*98°F	98.3F *	98.4F *	98.6F *	98.6F *	98.5F *
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	120 (80) 60	100 (78) 63	99 (73) 60	98 (69) 59	100 (72) 60	98 (62) 59
Heart Rate (Number)	94 b/m	98 b/m	94 b/m	108 b/m	106 b/m	98 b/m
Resp. Rate (bpm) Over 1 Minute	•	•	•	-	-	-
Resp Rate (Number)	24 b/m	20 b/m	24 b/m	24 b/m	24 b/m	20 b/m
Resp Distress: Mod/ Severe / None / Mild	•	•	•	-	-	-
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	100%	100%	100%	100%
Conscious Level: Normal / Altered	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[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.

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FLUID CHART

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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	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
21/1											0	
	08:00 am		1 glass				✓			200ml	0	
	09:00 am		H2O 100ml								0	
	10:00 am										0	
	11:00 am			75ml						300ml	0	2nd
	12:00 pm			75ml							0	
	01:00 pm			75ml							0	
Total Intake :			325ml			**Total Output :**				500ml	m=1	
	02:00 pm			75ml							0	
	03:00 pm			75ml							0	
	04:00 pm	H2O	100ml	75ml						200ml	0	
	05:00 pm										0	
	06:00 pm									100ml	0	
	07:00 pm										0	
Total Intake :		325ml.				**Total Output :**	300ml.					
	08:00 pm										0	
	09:00 pm	Rice up								200ml	0	
	10:00 pm	H2O	200ml								0	
	11:00 pm										0	2
	12:00 am									250ml	0	
	01:00 am										0	
Total Intake :		200ml.				**Total Output :**	500ml.					
	02:00 am										0	
	03:00 am									250ml	0	
	04:00 am										0	
	05:00 am										0	2
	06:00 am									250ml	0	
	07:00 am										0	
Total Intake :						**Total Output :**	500ml.					

Total 24 hrs. Intake	850:300ccllm	Total 24 hrs. Output	1800:206ccllm

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m-(1).

[redacted]

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FLUID CHART

Sheet No. : 7

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
20/7												
	08:00 am										0	
	09:00 am										0	
	10:00 am										0	
	11:00 am										0	
	12:00 pm	H20	100ml								0	
	01:00 pm									250ml		
Total Intake : 100 ML.						**Total Output :** 250 ml						
	02:00 pm	Rice	1CUP.	50ml							0	
	03:00 pm			75ml						500	0	
	04:00 pm	H20	100ml	75ml						500.	0	Nurse
	05:00 pm			75ml						350ml	0	
	06:00 pm			75ml							0	
	07:00 pm			75ml						200ml	0	
Total Intake :				550ml		**Total Output :** 1550ml						
	08:00 pm			50ml							0	
	09:00 pm	Rice	1CUP.	50ml						300ml	0	
	10:00 pm	Semia		50ml							0	
	11:00 pm	H20	200ml	50ml							0	
	12:00 am			50ml						300ml	0	
	01:00 am			50ml							0	
Total Intake : 500 ML.						**Total Output :** 600 ML.						
	02:00 am										0	
	03:00 am									250ml	0	
	04:00 am										0	
	05:00 am										0	
	06:00 am									350ml	0	
	07:00 am										0	
Total Intake :						**Total Output :** 600 ML						

Total 24 hrs. Intake	1150.41 cc/kg	Total 24 hrs. Output	3000.4 cc/kg

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 20/12/26 Time: 1pm

Weight: 28 kgs Centile: < 5th

Height: 157 cms Centile: > 5th

Inference: underweight child

RDA: – Calories: 1850 kcal/d Protein: 33 g/d

Diet Recommendations: Normal high protein diet

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

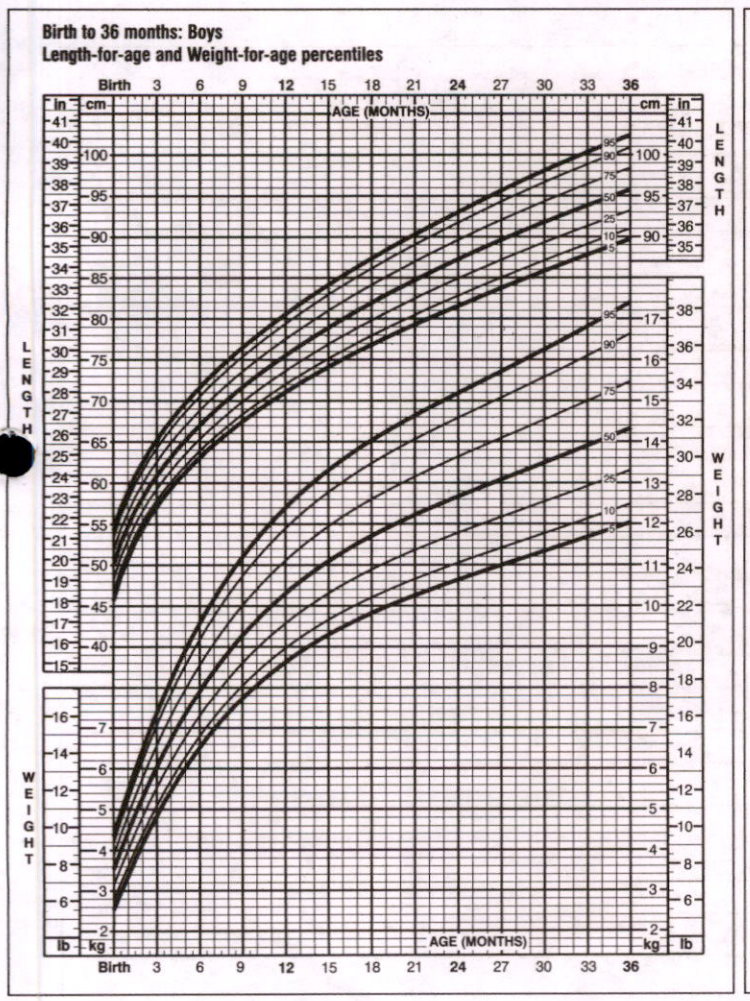
Food Allergies: NO Veg/Non-veg Non-veg

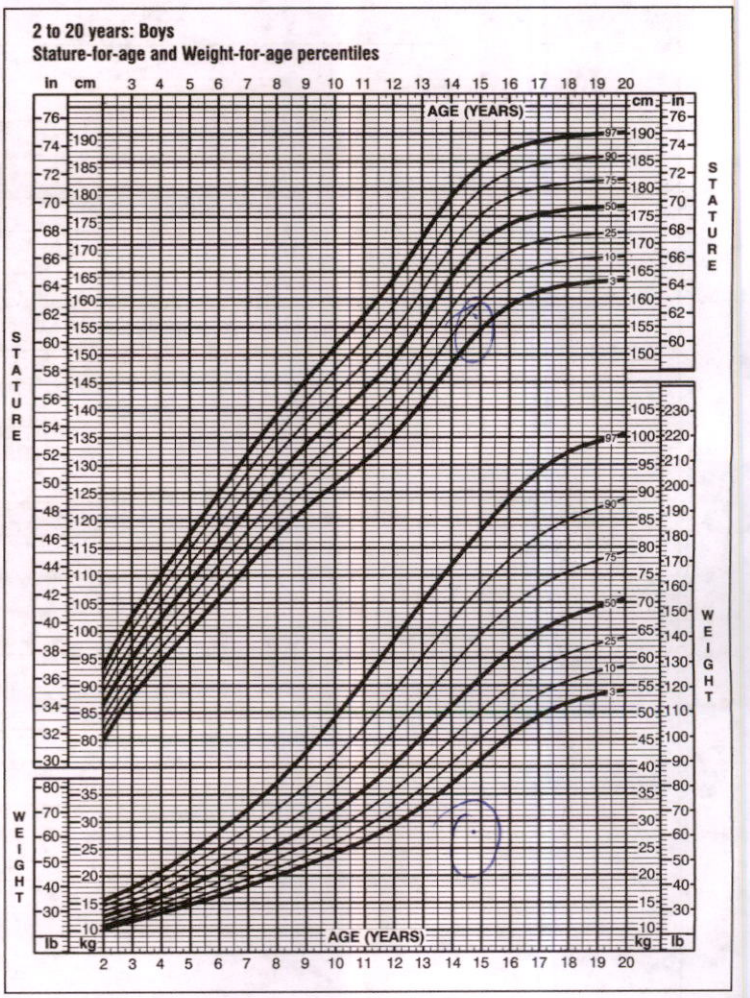
Diagnosis: Suprasellar Gumiboma with obstructive hydrocephalus

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: parent's don't need dietician. Don't charge for NHA.

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Docu. No. : RCHBH / FRM / CLINICAL / 160 (P.T.O.)

Daily Notes: