

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174230 Admit Date : 23-May-2026 Admit Time : 12:49 PM UHID : PHW-00110942

Patient Details :

Patient Name	: Master KARTHIK REDDY A	Age	: 11 Y 4 M 18 D
Guardian	: Mr MADAN MOHAN REDDY	DOB	: 05-01-2015
Gender	: Male	Religion	:
Occupation	:	Marital Status	: Single
Address (H)	: H.NO-3-112/8/A/4, BEERAPPA NAGAR Torru Warangal Telangana INDIA 506163	Phone No	: 9949007332/ 8096505063
		E-mail	: na@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE Bed No : SPVT 111 Ward Name : 1F-VIBGYOR
Room No : SPVT 111 Admission Type : First Visit

Contact Details :

Name : Mr MADAN MOHAN REDDY Relationship : Father
Contact Address : H.NO-3-112/8/A/4, BEERAPPA NAGAR Torru
Warangal Telangana INDIA 506163 Phone No : 9949007332 / 8096505063

Am
Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI Specialisation : HEMATO ONCOLOGY
Referral Doctor : SELF Phone No :
Co-Consultant : Dr. NALLA ANURAAG REDDY

Payment Details :

Payment Mode : Cash Deposit Amount : 0.27
Payor Name : NIVA BUPA HEALTH INSURANCE COMPANY LTD

HW-00110942
 Master KARTHIK REDDY A
 IP5-00174230

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ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

Date of Admis. : _____

Room / Bed No : _____

Consultant : _____

Dept : _____

Date of Discharge : _____

Time : _____

Ward : _____

Suggested Billable bed type : _____

PHW-00110942 IP5-00174230
Master KARTHIK REDDY A
05-01-2015 11 Y 4 M 18 D (M)
Dr. SIRISHA RANI



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/5	1:30pm	ER	111	Keethi
23/5	2 pm	111	104	V. Ravina
25/5	1 pm	104	oncology 137	V. Ravina

Cross Consultation Visit

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

PHW-00110942 IP5-00174230 Master KARTHIK REDDY A



PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/5	Blood Transfusion	1	9626488	[Signature]
25/5	Blood transfusion (S.D.D)	①	9626488	[Signature]
27/5	Blood transfusion (PRBC)	①	9629992	[Signature]
	PRBC			
28/5	Lumbar puncture	②	9631813	[Signature]
	conscious sedation			
2/6	chemotherapy	①	9639267	[Signature]

ANY OTHER INFORMATION

Don't charge for N/A - Nikitha

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Date: 3/6/26 Time: 10AM Prepared By: [Signature]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[Signature]	Oncology		

PHW-00110542 IPS-0174230
 Master KARTHIK REDDY A



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

①

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

PHW-00110942 IP5-00174230
Master KARTHIK REDDY A
05-01-2016 11 Y 4 M 18 D (M)
Dr. SIRISHA RANI

UHID ID: _____

Department: _____

Consultant: _____

Dr. Sirisha Rani

Pediatric Multiorgan History & Physical Examination

Name : Karthik Reddy Age/Sex _____
Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

K1c1o Bcell ALL (CAUA ⊕)
2lo Bone pain since 1week
now come for Lumbar puncture
and chemotherapy

History of present illness :

K1c1o Bcell ALL | on Intensive chemotherapy
do Bone pain which is of 7 days duration
more in night time

Now come for chemotherapy

No H/o fever/ No H/o cough, cold
no abdominal pain
no vomitages



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Term | CIAB | NO NICU

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Appropriate for age

Immunization History :

Immunized till date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 36.33kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 82/min B.P. 100/63 (71) mmHg SPO2 99.1% RA

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

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : RACE

Any addes sounds : Clear

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

Cardiovascular System :

Inspection of precordium : (N)

Heart Sounds : S1, S2

Any murmur : NO murmur

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

Per Abdomen :

Inspection (N)

Palpation : Soft

Ausculation : BS

Spine : _____ External Genitelia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

_____ (N)

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____ (N)

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Plantars _____ flexor

Superficials:

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

K1c10 B cell ALL/ALLA ⊕
on intensive chemotherapy
now came for LP and chemotherapy



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : Hemodynamic Stability

Planned Labs:

CRP
RBS

Planned Management

- 1) NPO since 8AM solids
10:30AM water
- 2) Iuf. DNs @ 60ml/hr
- 3) Lumbar puncture today
- 4) Chemotherapy as advised
by Hemato-onco team
- 5) PEGLES at night
- 6) continue supportive medication

Dr. SIRISHA RANI
Reg. No: 40525

Signature of the Doctor: [Signature]

Name of the Doctor: Sai

Date & Time: 23/1/26

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. Sirisha Rani

Date & Time: [Signature]



①
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 4pm	<p style="text-align: center;"><u>Afternoon rounds</u></p> <p style="text-align: center;">do B-AU / Induction - wk ② <u>for neutropenia</u></p> <p>No fever Constipation ⊕ vitals ⊖ abd pain ⊕</p> <p>RBS - 92</p>	<p style="text-align: center;"><u>plan</u></p> <ol style="list-style-type: none"> ①. Hold LP today ②. USG abd today ③. Send urine c/s now + start Piptog ④. ptyler at night. ⑤. SDP T_m
24/5/26 9 Am	<p style="text-align: center;"><u>Morning rounds</u></p> <p style="text-align: center;">do B-AU / Induction wk ② <u>for Neutropenia</u></p> <p>No fever / vomiting stool vitals ⊖</p> <p>Piptog - ⊕ voriconazole</p> <p><u>USG abd</u> fecal loading ⊕</p>	<p style="text-align: center;"><u>plan</u></p> <ol style="list-style-type: none"> ①. SDP unit now ②. T_m CBP, RBS ③. trace urine c/s ⊕ ④. LP T_m + plan chemo

A. Ganesh

Noted by *V. Ravina*
 24/5/26
 @cran



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 9am	Morning rounds	
	Clo B-Au / Zulastrop wk (2) <u>Neutropenic</u>	
	No fever / vomiting oral intake (2) Vitals - (2)	
	Piptaz / vor (D3)	<p><u>plan</u></p> <ol style="list-style-type: none"> Stop Piptaz Upgrade to Meropenem Trace urine cl (R) Send blood cl now Shift to oncology <p>PRBC to day</p> <p>Noted by S. Ravanthe 25/5/26 @ 9am</p> <p><i>[Signature]</i> S. Sandhya Vaddadi 25/5 @ 10am</p>
25/5/26	Evening rounds	
4pm		
	No fever no vomiting	
	o/e vitals stable	<p><u>Plan</u></p> <ol style="list-style-type: none"> Continue Meropenem Viviconazole CAP in 27/5/26. RBS <p><i>[Signature]</i> N.B 25/5 @ 3:30pm</p> <p><i>[Signature]</i> S. Sandhya Vaddadi Reg. No: 77554</p> <p><i>[Signature]</i> S. Sandhya Vaddadi</p>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/1/16 4:15pm	<p>B-ALL Female Neutropenia</p> <p>child alert vitals stable</p>	<p>Plan</p> <ol style="list-style-type: none"> Chest X Ray - Today/TIM continue IV antibiotics <p>AB Subantix @ BA</p>
26/01/21 8AM	<p>B-ALL on Induction due for work 2</p> <p>Severe Neutropenia</p> <p>no temperature spikes activity normal Hemodynamically stable Received unit preb on Exonigotun 5 normal Systemic Exonigotun 5 normal</p>	<p>Plan:</p> <ol style="list-style-type: none"> Continue supportive care Input/output monitoring TO collect urine culture report TO collect blood culture Monitor vitals TO collect chest xray. (17/20/21) <p>AB Kashyap 01/2/25 @ 11AM</p>

PHW-00110942 IP5-00174230
 Master KARTHIK REDDY A
 05-01-2015 11 Y 4 M 18 D (M)
 Dr. SANDHYA VADDADI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		(1) CBP, Electrolytes plain 27105
		NB Masheer OP 12:25 @ 10:30 AM
		(R)
		(171201)
2/15/26 5pm	<u>Evening rounds</u>	
	No Complaints	flow
	vitals (R)	(1) CBP, Hb, extra plain - the electrolyte
	Urine cl- no growth	(2) Continue Supportive Care
		(3) Collect Urine cl (R)
		NB Masheer OP 12:25 @ 5pm
		Wash



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PROGRESS NOTES AND DOCTOR'S ORDER

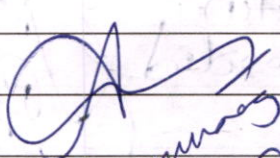
Date & Time	Progress Notes	Doctor's Order
27/6/26 9am	<p><u>Morning Rounds</u> clo B-Ally Induction / D₁₈ of Induction <u>Severe Neutropenia</u></p>	
	<p>No fever spikes. no cold cough, oral intake (N) vitals - (N)</p>	<p><u>Plan</u> ①. Continue Supportive Care ②. Rlv giving vibramycin - wk @ ③. monitor vitals LP TIM</p>
	<p>Meropenem (D₃) voriconazole <u>Blood clt (25/6)</u> sterile - 2 vials urine c/s - 2 no growth</p>	<p>Repeat CBSP by next altm Any fever → to add meto colistin unneeded</p> <p><i>[Signature]</i> 27/6 @ 10am</p>
5pm	<p><u>Evening Rounds</u></p>	<p>DR. SANDHYA VADDADI Reg. No: 71664</p> <p>N/B Karim 015046 27/6 @ 12pm</p>
	<p>No Complaints Vitals (N)</p>	<p><u>Plan</u> ①. LP TIM ②. If any fever - inform.</p> <p>N/B Karim 015046 27/6 @ 6pm</p>

PHW-00110942 IP5-00174230
 Master KARTHIK REDDY A
 05-01-2015 11 Y 4 M 20 D (M)
 Dr. SANDHYA VADDADI

(6)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/14 9 AM	B- ALL on Induction Severe neutropenia	Day 19 of Induction
	No fever No cough No vomiting	Plan
	child hemodynamically stable	1. Continue IV antibiotics 2. CBP sterile extra plan } Transferred
	Meropenem - 1g voiconazole	3. Lumbar Puncture today
		Noted by Sumitha. 015800 28/05/26 @ 10 AM <u>haver</u>
	 Sumitha 4:55 @ 9:20 AM	
28/5 1 PM	<u>procedure note</u> under strict aseptic condition the CICC done; Lumbar puncture done using 22 G LP needle; free flow ⊕; intro theco chemotherapy given. Child tolerated well	⊕ (haver)



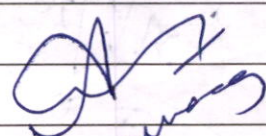
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5 10AM	<p><u>BALL on Induction</u> (2)</p> <p>C.I. - Severe neutropenia - prolonged/delayed wound recovery</p>	
	<p>No temperature spikes Activity (2) Hemodynamically stable CVP, RI HA (2) TNC (2)</p>	<p>1) vent supportive care 2) I/O charting 06+</p>
	<p>On: Inj Mowperem (2) (2st of blood as sterile wk @ VCR</p>	<p>3) RW antifungals / Amphotericin Fungal markers 7sup IV (2) Monitor vitals Tab ALDACTONE (2sup) (2st)</p>
	<p>Dr. SANDHYA VADDADI Reg. No: 71664</p> <p>29/5/26 @ room</p>	<p>6) Any Fever add colistin</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5	BALL on Induction D(21)	
8AM	C.I = Delayed wound recovery ? sepsis	
	NO temp spikes Activity (N) vital signs + O2	<p>↓</p> <p>① Wound supportive care</p>
	CVS, R2 PIA (N) Tbc (N)	② I/O charting OBH
	on P inj MOW (D6)	③ Trace Fungal markers.
	Linezolid / Amphot (D2)	④ CBP, PLE / T/M
	- Wk @ VUE (27/5)	⑤ Monitor vitals
	- Blood cu (25/5) + sterile	⑥ Chemotherapy (T/M) (DOUND)
	- urine 23/5 + sterile	Noted by soumya on 30/5 @ 11:30am 0212N
	 Sandhya Vaddadi 43495 @ 9:30 AM	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26		
9am	B-ALL Induction (P22)	
	Persistent Neutropenia	
	No fever	Vinc - 17/5, 27/5
	No vomiting	danno - 16/5
		Peg - 16/5 LP - 16/5,
	vitals - stable	28/5
		<u>Plan</u>
		1. Continue IV antibiotics
	• Blood & urine cr:	2. Trace β D glucan.
	Sterile	3. Trace CBP.
	• Aspergillus Ag: -ve	4. Review colistin - <u>hold</u>
	• β D glucan - awaited	Danno TIm \rightarrow
		Rt CBP, SE <u>done</u>
	USG abd	@W 2/6
	CXR	Send LFT today
	Meopenem - D1	PEG today
	Linezolid - P3	Noted by soumya @ 12pm 02/2/11
	dnytho - P3	31/5 @ 10 am

Dr. SANDHYA VADDADI
 Reg. No: 7166A

PHW-00110942 IP5-00174230
 Master KARTHIK REDDY A
 05-01-2015 11 Y 4 M 24 D (M)
 Dr. SANDHYA VADDADI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26		
9 Am	B-All / Induction - ^(D23)	
	Persistent Neutropenia	
	No fever	vire - 16/5, 27/5
	3 stools - semisolid	LP - done, peg - 16/5, 31/5
	No abdomen pain	Plan
	Meropenem - D8	1. Continue IV antibiotics
	Vaniloid - D4	2. Trace β -D glucan
	Amphotericin - D4	3. Repeat CBP
	Blood & urine cs - sterile	S.E
	Aspergillus Ig: -ve	RBS
	β D glucan - awaited	4. Rt Danno today -
		vire, Danno Tm (2/6/26)
		Noted by soumya 021211
		@ 11:30am
		- downscale to P1502

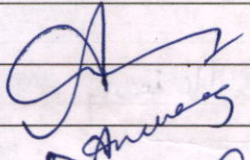
[Signature]
 @ 9:10 AM

PHW-00110942 IP5-00174230
 Master KARTHIK REDDY A
 05-01-2015 11 Y 4 M 26 D (M)
 Dr. SANDHYA VADDADI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/06	<u>BXLL Induction</u> (S2)	
8AM	C.I: delayed wntf recovery	✓ CR = 16/5; 27/5
	NO temp spikes	<u>2 PEG done, Lp</u> (S)
	Activity (S)	R
	Hemodypanically stable	DTPOU Labs
	W/S, R/V	Q I is starting ok
	HA (W)	
	TUC (W)	Q R/w chemotherapy today
	(culture sterile)	Q Monitor vitals
	Inj Inj w/o/ROZINE (S2)	N/B Sanyu 021211 @ 11:30 am
	Amphomule (S4)	P
	Line solid (S4)	(M/S)
	 Dr. Sanyu 4/3/2015 @ 9:20 AM	- Daunorubicin Today - ✓ T/M.
		N.B Sanyu 021211 @ 11:30 am



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/16/26 2 AM	B-ALL Induction Severe Neutropenia	(P25 of Induction) Prolonged Neutropenia
		Vck - 3 don Dano - 2
	No fever no vomiting	leg - 2 LP - 2
	vitab - stable	
		<u>Plan</u>
	leflunomide - P3 Linezolid - P6 Voi	1. Trace p D glucose 2. ct w antibiotics.
	amplio - P6 (STOP)	Noted by soumya @ 10:40 02/21/11
		d/c Teddy Voi Ziprax
		Flu - 6/6 . CBP ROS fibrinogen

PHW-00110942 IP5-00174230
 Master KARTHIK REDDY A
 05-01-2015 11 Y 4 M 28 D (M)
 Dr. SANDHYA VADDADI



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RESULT SHEET



Date	2/6/26				
Time	8AM				
Hb	10.7				
PCV	31.7				
RBC	3.93				
WBC	0.59				
N/L	49.1/42.4				
Platelets	54,000				
CRP					
ESR					
PCT					
RBS	83				
Na	129				
K	4.7				
Cl	101				
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					

PHW-00110942 IP5-00174230
 Master KARTHIK REDDY A
 05-01-2016 11 Y 4 M 18 D (M)
 Dr. SIRISHA RANI



1

25/05/26
 RBS :- 180 mg/dl

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

RESULT SHEET

23/05/26
 RBS :- 92

Date	23/5	25/5/26	27/5	29/5	31/5	31/5/26
Time		8 AM	8 AM	8 AM	8 AM	12:43 pm
Hb	8.1	6.9	7.9	10.4	10.7	
PCV	23.2		22.5	30.1	31.6	
RBC	3.06L		2.81	3.84	3.93	
WBC	340	200	0.30	0.18	0.28	
N/L	35/62		26/70		25/60	
Platelets	14000	58,000	46,000	65,000	59,000	
CRP						
ESR						
PCT						
RBS						
Na			134		128	
K			4.3		4.8	
Cl			105		100	
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						80
SGPT						30
SGOT						17
T.Bill/Conj						0.8 < 0.7
T.Protein						4.8
S.Albumin						2.6
S.Globulin						2.2
A/G Ratio						1.1
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						



REGULAR PRESCRIPTIONS

Weight: 36.3kg Ward: @m

VERIFIED

VERIFIED

VERIFIED

VERIFIED

DRUG: Tab. ZIPRAX				Date/Time: 23/5
Dose: 1 tab	Route: po	Frequency: Q12H	Start Date: 23/5	
Name & Signature of the Doctor Starting the Drugs: Sai				
Additional Instructions: 1 tab: 200mg				
Daily Doctor's Endorsement by a Sign				
DRUG: Tab. VORICONAZOLE				Date/Time: 23/5
Dose: 200mg	Route: po	Frequency: OD	Start Date: 23/5	
Name & Signature of the Doctor Starting the Drugs: Nikhila				
Additional Instructions: 1 tablet				
Daily Doctor's Endorsement by a Sign				
DRUG: Inj. DNDENSETRON				Date/Time: 23/5
Dose: 5mg	Route: IV	Frequency: Q12H	Start Date: 23/5	
Name & Signature of the Doctor Starting the Drugs: Sai				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG: T. AMLODIPINE				Date/Time: 23/5
Dose: 2.5mg	Route: po	Frequency: OD	Start Date: 23/5	
Name & Signature of the Doctor Starting the Drugs: Sai				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Sam none
 8pm
 3hr 23/5/26

6pm pseudo
 8pm
 2hr 23/5/26

6 AM x
 6pm pseudo
 8pm
 2hr 23/5/26

Sam none
 8pm
 2hr 23/5/26
 24/5 25/5 26/5 27/5 28/5 29/5 30/5 31/5 1/6 2/6 3/6

PHW-00110942 IP5-00174230
 Master KARTHIK REDDY A
 05-01-2015 11 Y 4 M 18 D (M)
 Dr. SIRISHA RANI



Sheet No: **REGULAR PRESCRIPTIONS** Weight 3.6-3.5kg Ward Omni

DRUG: 2. APERACUN TAB 200mg Date/Time: 23/5 24/5 25/5

Dose	Route	Frequency	Start Dt.
<u>3.6gm</u>	<u>IV</u>	<u>Q8H</u>	<u>23/5</u>

Name & Signature of the Doctor Starting the Drugs: Dr. Sirisha Rani

Additional Instructions: alohu

Daily Doctor's Endorsement by a Sign: [Signature]

DRUG: 2. TRANEXAMIC ACID Date/Time: 23/5 24/5 25/5 26/5 27/5

Dose	Route	Frequency	Start Dt.
<u>100mg</u>	<u>IV</u>	<u>Q12H</u>	<u>23/5</u>

Name & Signature of the Doctor Starting the Drugs: Dr. Sirisha Rani

Additional Instructions: alohu

Daily Doctor's Endorsement by a Sign: [Signature]

DRUG: 7. DEXAMETHASONE Date/Time: 23/5 24/5 25/5 26/5 27/5 28/5 29/5 30/5 31/5 1/6 2/6 3/6

Dose	Route	Frequency	Start Dt.
<u>1mg</u>	<u>PO</u>	<u>BD</u>	<u>23/5</u>

Name & Signature of the Doctor Starting the Drugs: Dr. Sirisha Rani

Additional Instructions: morning - 1 tab
night - 1/2 tab
1 tab = 4 mg

Daily Doctor's Endorsement by a Sign: [Signature]

DRUG: 2. MEROPENEM Date/Time: 25/5 26/5

Dose	Route	Frequency	Start Dt.
<u>1.0gm</u>	<u>IV</u>	<u>Q8H</u>	<u>25/5</u>

Name & Signature of the Doctor Starting the Drugs: Dr. Sirisha Rani

Additional Instructions: alohu

Daily Doctor's Endorsement by a Sign: [Signature]

Signature

VERIFIED

VERIFIED

VERIFIED

VERIFIED



Sheet No:

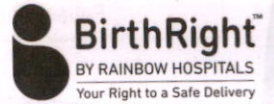
REGULAR PRESCRIPTIONS

Weight 25.33kg Ward 8W

DRUG	Dose	Route	Frequency	Start Dt.	Date/Time														
Zij. MEROPENEM	1gm	IV	Q24H	28/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6							
					Subst	Subst	Subst	Subst	Subst	Subst	Subst								
					Name & Signature of the Doctor Starting the Drugs: Dr. Nishit														
					Additional Instructions: 6pm dose Subst														
Daily Doctor's Endorsement by a Sign						N	N	N	d	d	d	d	d						
T. VORICONAZOLE	1tab	PO	Q12H	28/5	25/5	26/5	27/5												
					Subst	Subst	Subst												
					Name & Signature of the Doctor Starting the Drugs: Dr. Nishit														
					Additional Instructions: 1 tab = 200mg														
Daily Doctor's Endorsement by a Sign						N	d	d											
Tab VORICONAZOLE	1tab	PO	Q12H	28/5	28/5	29/5	30/5	31/5	1/6	2/6	3/6								
					Subst	Subst	Subst	Subst	Subst	Subst	Subst								
					Name & Signature of the Doctor Starting the Drugs: Nishit														
					Additional Instructions: (1tab = 200mg)														
Daily Doctor's Endorsement by a Sign						d	d	d	d	d	d								
T. LINEZOLID	1/2 tab	PO	TID	29/5	29/5	30/5	31/5	1/6	2/6	3/6									
					Subst	Subst	Subst	Subst	Subst	Subst	Subst								
					Name & Signature of the Doctor Starting the Drugs: BVKRoi														
					Additional Instructions: (600mg)														
Daily Doctor's Endorsement by a Sign						d	d	d	d	d	d								

VERIFIED Signature VERIFIED Signature VERIFIED Signature

HW-00110942 IP5-00174230
 Patient KARTHIK REDDY A
 5-01-2015 11 Y 4 M 24 D (M)
 Mr. SANDHYA VADDADI



Sheet No: 3

REGULAR PRESCRIPTIONS

Weight 3.6kg

Ward

DRUG				Date						
				Time						
DRUG: <u>DTJ AMPHOWLE</u>					29/5	30/5	31/5	1/6	2/6	3/6
Dose	Route	Frequency	Start Dt.							
75mg	IV	OD	29/5							
Name & Signature of the Doctor Starting the Drugs:				<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <p><i>[Signature]</i></p> </div> <div style="width: 20%;"> <p>12:40 12:40 12:30 12:30</p> </div> <div style="width: 20%;"> <p>12:40 12:40 12:30 12:30</p> </div> <div style="width: 20%;"> <p>12:40 12:40 12:30 12:30</p> </div> </div>						
Additional Instructions:				<p>(in room 5/10 NOR 1hr)</p>						
Daily Doctor's Endorsement by a Sign				<p>d d d A A</p>						
DRUG: <u>TALDATONE</u>					29/5	30/5	31/5	1/6	2/6	
Dose	Route	Frequency	Start Dt.							
1 tab	PO	OD	29/5							
Name & Signature of the Doctor Starting the Drugs:				<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <p><i>[Signature]</i></p> </div> <div style="width: 20%;"> <p><i>[Signature]</i></p> </div> <div style="width: 20%;"> <p><i>[Signature]</i></p> </div> <div style="width: 20%;"> <p><i>[Signature]</i></p> </div> </div>						
Additional Instructions:				<p>(25mg)</p>						
Daily Doctor's Endorsement by a Sign				<p>d d d A A</p>						
DRUG: <u>ly PIPERACILIN + TAZOBACTAM</u>										
Dose	Route	Frequency	Start Dt.							
Name & Signature of the Doctor Starting the Drugs:										
Additional Instructions:										
Daily Doctor's Endorsement by a Sign										
DRUG: <u>ly CEFTRIAXONE</u>										
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



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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
23/5	9pm	PEGLEG SACHET	1/2 sachet	PO	nlb	Praveen Priyanka
		in 50ml water	and give over			
			6 hours			Soma
24/5	7pm	Zig. Avil	1ml	IV	nlb	Sirisha
24/5	9pm	SDP	1unit	IV	nlb	Soma Sirisha
25/5	2PM	Zig. Avil	1ml	IV	nlb	Gogi
25/5	2PM	PRBC	1U	IV	nlb	Soma Gogi Saurav
25/5	11am	Zig. Avil	15mg	IV	nlb	Soma

Signature

VERIFIED Name

VERIFIED



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.

Sheet No. : ①		Weight (kg) : 38 kg	Body Surface Area: 1.2	Diagnosis: B-AU	Protocol: Induction / BFM					
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.
27/5/26	2:50pm	2y: VINCRISTINE iv 15ml NS	1.8 mg	IV	over 15 minutes	nikhila	Karima Divya	27/5/26	nikhila	Karima Divya
2/6/26	4pm	1y DAUNORUBICIN in 300ml 1/2 NS	28mg	IV	60ml/h	A	Pooja Divya	2/6	A	Amudha Pooja
3/6/26	6am	INT VINCRISTINE with 10ml NS	1.6mg	IV	over 10mins	Ⓟ	Dehats Amudha	3/6	A	Dehats Amudha

PHW-00110942 IP5-00174230
 Master KARTHIK REDDY A
 05-01-2016 11 Y 4 M 18 D (M)
 Dr. SIRISHA RANI



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: 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	T.D EXAMETHASONE	1 tablet morning	PO	BD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2		1/2 tablet evening				<input type="checkbox"/> C <input type="checkbox"/> DC
3	T. AMLODIPINE 2.5mg	2.5mg	PO	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	Syr. SUCRAL	1ml	PO	BD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	Tab. TRANEXAMIC ACID	300mg	PO	BD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	Tab. PANTOPRAZOLE	40mg	PO	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	Syr. CALCIMAX Plus	5ml	PO	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
8	Syr. ZINCOVIT	5ml	PO	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *Sy Sai*

Date & Time : 23/5/26 @ 12:30pm

Name & Signature: *Keerthi KJ*

Date & Time : 23/05/26 @ 1pm

PHW-00110942 IP5-00174230
 Master KARTHIK REDDY A
 05-01-2015 11 Y 4 M 28 D (M)
 Dr. SANDHYA VADDADI

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

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/6 Time: 9AM

Doctor / Nurse / Family Concern?

Temperature (F)

104
103
102
101
100
99
98
97
96
95
94

98.5

Heart Rate (bpm)

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

and

Blood Pressure (mmHg) *

Note:
BP does not score in early warning scoring

100
69
60

Heart Rate (Number)

101/60

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

70
60
50
40
30
20
10

Resp Rate (Number)

27/60

Resp Distress Mod/ Severe None / Mild

0

Receiving O₂ (l/min) O₂ Saturations (%)

100%

Conscious Level Normal Altered

1

GCS *

15/5

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

0
0
0

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/6 Time: 9 AM 1 pm 4 pm 7 pm 10 pm 3 am 6 am
 Doctor / Nurse / Family Concern? _____

Temperature (F)	104							
	103							
	102							
	101							
	100							
	99							
	98	<u>98.0F</u>	<u>98.2F</u>	<u>* 98.5F</u>	<u>98.6F</u>	<u>98.6F</u>	<u>98.6F</u>	<u>96.5F</u>
	97							
96								
95								
94								

Heart Rate (bpm) and Blood Pressure (mmHg) *	190							
	180							
Note: BP does not score in early warning scoring	170							
	160							
	150							
	140							
	130							
	120							
	110							
	100							
	90							
	80							
70								
60								
50								
Heart Rate (Number)		<u>98 b/m</u>	<u>92 b/m</u>	<u>95 b/m</u>	<u>89 b/m</u>	<u>91 b/m</u>	<u>100 b/m</u>	<u>102 b/m</u>

Resp. Rate (bpm) (Over 1 Minute) *	70								
	60								
Note: BP does not score in early warning scoring	50								
	40								
	30								
	20								
	10								
	Resp Rate (Number)		<u>22 br/m</u>	<u>24 br/m</u>	<u>26 br/m</u>	<u>24 br/m</u>	<u>28 br/m</u>	<u>29 br/m</u>	<u>28 br/m</u>

Resp Distress	Mod/ Severe None / Mild	*	.	.	-	-	-
Receiving O ₂ (l/min) O ₂ Saturations (%)		<u>99%</u>	<u>100%</u>	<u>99%</u>	<u>99%</u>	<u>100%</u>	<u>100%</u>
Conscious Level	Normal Altered	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>
GCS *		<u>15/15</u>	<u>15/15</u>	<u>15/15</u>	<u>15/15</u>	<u>15/15</u>	<u>15/15</u>

TOTAL SCORE							
Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	0	0	0
Observer's Initials		<u>S</u>	<u>Q</u>	<u>AN</u>	<u>S</u>	<u>S</u>	<u>R</u>

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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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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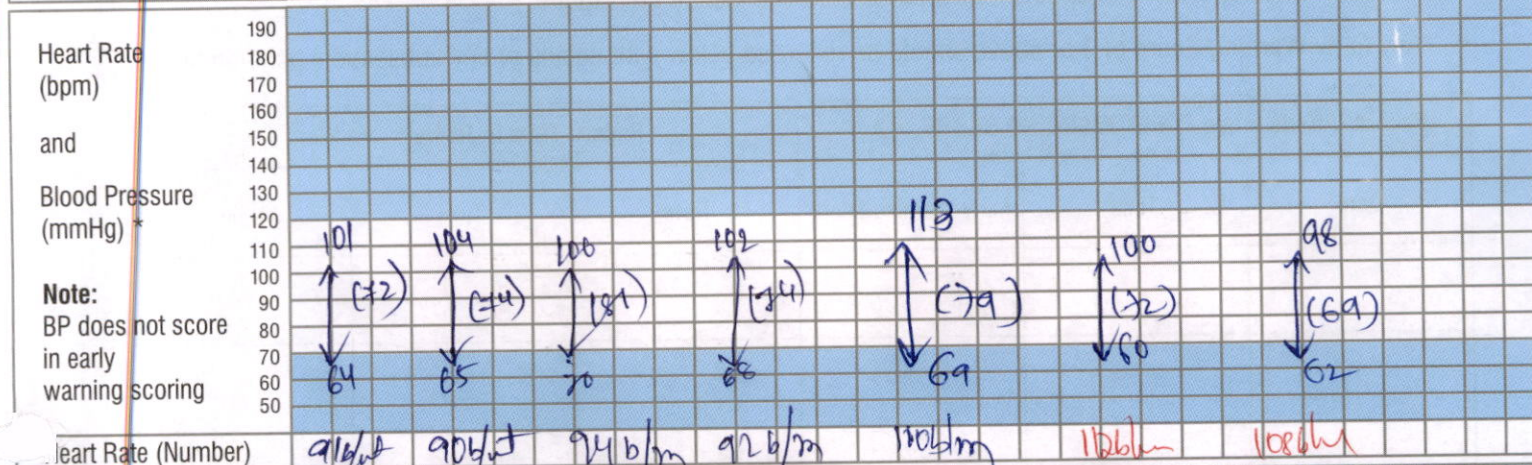
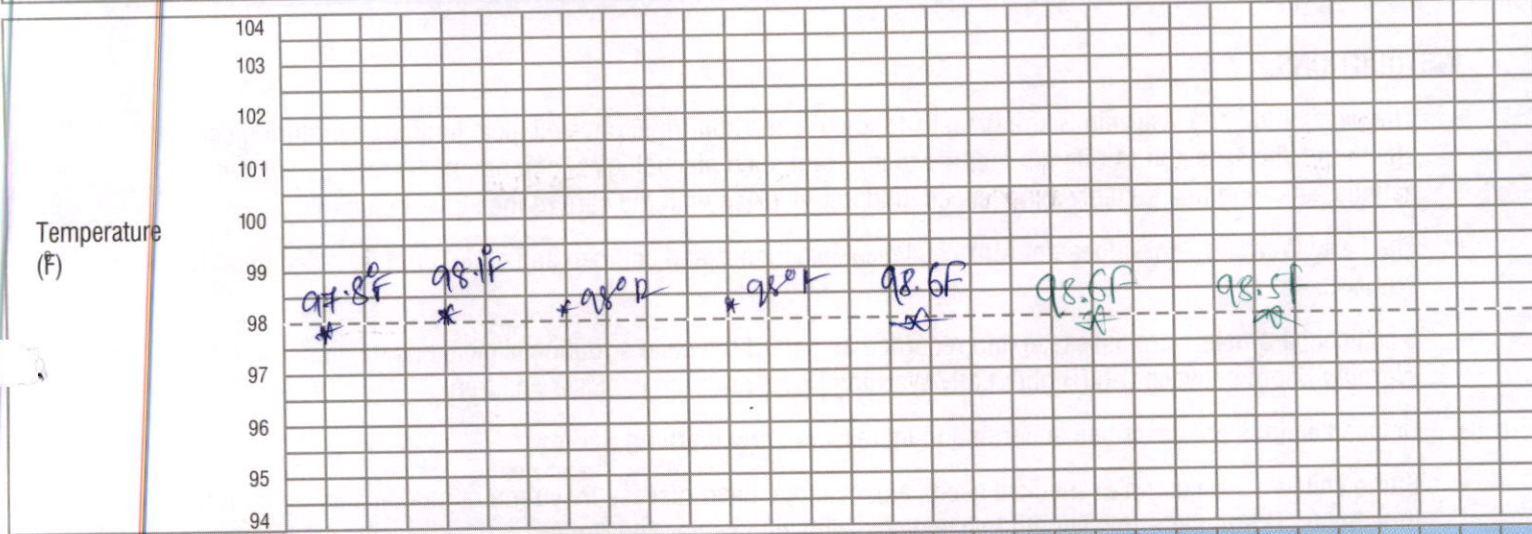
SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/6 Time: 10am . 1 pm . 4pm 7pm 10pm 2am 6am
 Doctor / Nurse / Family Concern?



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

Resp Rate (Number)

Time	10am	1pm	4pm	7pm	10pm	2am	6am
Resp Rate (bpm)	26	24	22	24	28	29	28

Resp Distress	*	*	*	*	-	-	-
Receiving O ₂ (l/min) O ₂ Saturations (%)	99%	100%	99%	99%	100%	100%	100%
Conscious Level	c	c	c	c	c	c	c
GCS *	15/5	15/5	15/5	15/5	15/5	15/5	15/5

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	S	S	S	S	S	S	S

- ACTIONS
- Score 1 : Continue normal observation by staff nurse
 - Score 2 : Shift in charge nurse to be informed and continue hourly observations
 - Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
 - Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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)

PHW-00110942 IP5-00174230
 Master KARTHIK REDDY A
 05-01-2015 11 Y 4 M 24 D (M)
 Dr. SANDHYA VADDADI



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

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/15 Time: 10 AM 1 PM 4 PM 7 PM 10 PM 3 AM 6 AM
 Doctor / Nurse / Family Concern? [Blank]

Temperature (F)	104						
	103						
	102						
	101						
	100						
	99						
	98	97.6	98.1	98.2	98.2	98.5	98.5
	97						

Heart Rate (bpm) and Blood Pressure (mmHg) * Note: BP does not score in early warning scoring	190						
	180						
	170						
	160						
	150						
	140						
	130						
	120	114	108	100	104	107	107
110							
100							
90							
80							
70							
60	66	65	60	66	63	68	
50							
Heart Rate (Number)	96b/m	92b/m	90b/m	92b/m	106b/m	106b/m	102b/m

Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30						
	20						
	10						
	Resp Rate (Number)	24b/m	24b/m	22b/m	24b/m	28b/m	26b/m

Resp Distress	Mod/ Severe	None / Mild							
Receiving O ₂ (l/min)	O ₂ Saturations (%)		98%	100%	99%	99%	100%	100%	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	1	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]

ACTIONS
 Score 1 : Continue normal observation by staff nurse
 Score 2 : Shift in charge nurse to be informed and continue hourly observations
 Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
 Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 20/5/20	Time: 9:30 am	1 pm	4 pm	6:30 pm	10 pm	2 am	6 am
Doctor / Nurse / Family Concern?							

Temperature (F)	104							
	103							
	102							
	101							
	100							
	99	98.1 F	98 F	98.5 F	98.2 F	98.4 F	98.6 F	98.6 F
	98	*	*	*	*	*	*	
	97							
96								
95								
94								

Heart Rate (bpm)	190						
	180						
and Blood Pressure (mmHg) *	170						
	160						
Note: BP does not score in early warning scoring	150						
	140						
Heart Rate (Number)	130						
	120	109 (76)	105 (71)	106 (72)	108 (76)	109 (73)	100 (73)
	110						
	100						
	90						
	80						
	70	67	62	61	66	65	68
	60						
	50						
		79 bpm	80 bpm	106 bpm	106 bpm	105 bpm	100 bpm

Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
Resp Rate (Number)	50						
	40	*	*		*		*
	30						
	20						
	10						
		24 bpm	24 bpm	22 bpm	22 bpm	28 bpm	26 bpm

Resp Distress	Mod/ Severe						
	None / Mild	*	*	-	-	-	*
Receiving O ₂ (l/min)							
	O ₂ Saturations (%)	98%	100%	99%	98%	100%	100%
Conscious Level	Normal	c	c	e	e	c	c
	Altered						
GCS *		15/5	15/5	15/5	15/5	15/5	15/5

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	A	A	P	P	P	Amm	Amm

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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

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- Following a Early Warning Score assessment, senior help may be required

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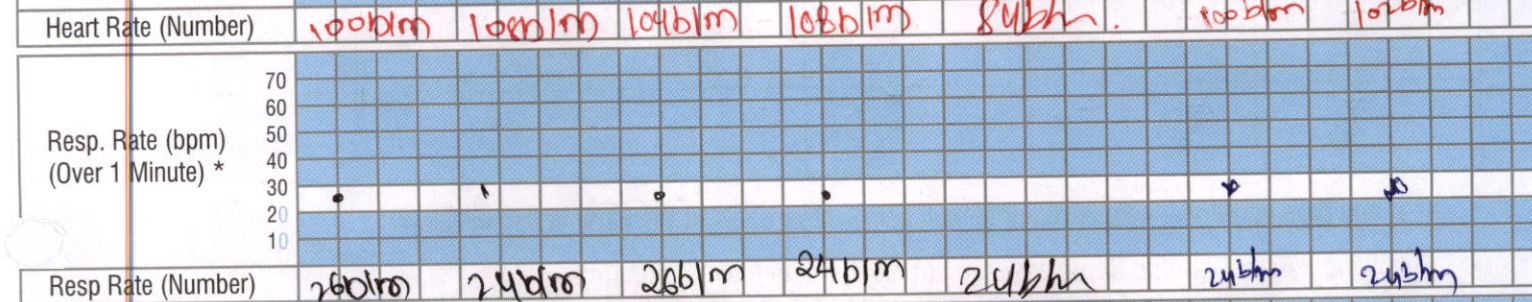
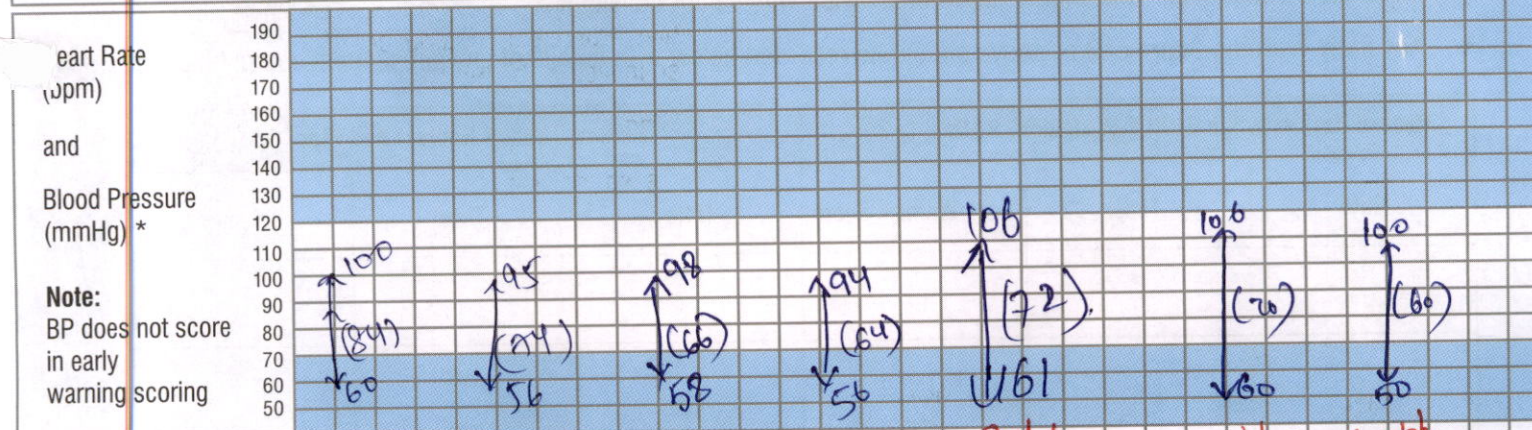
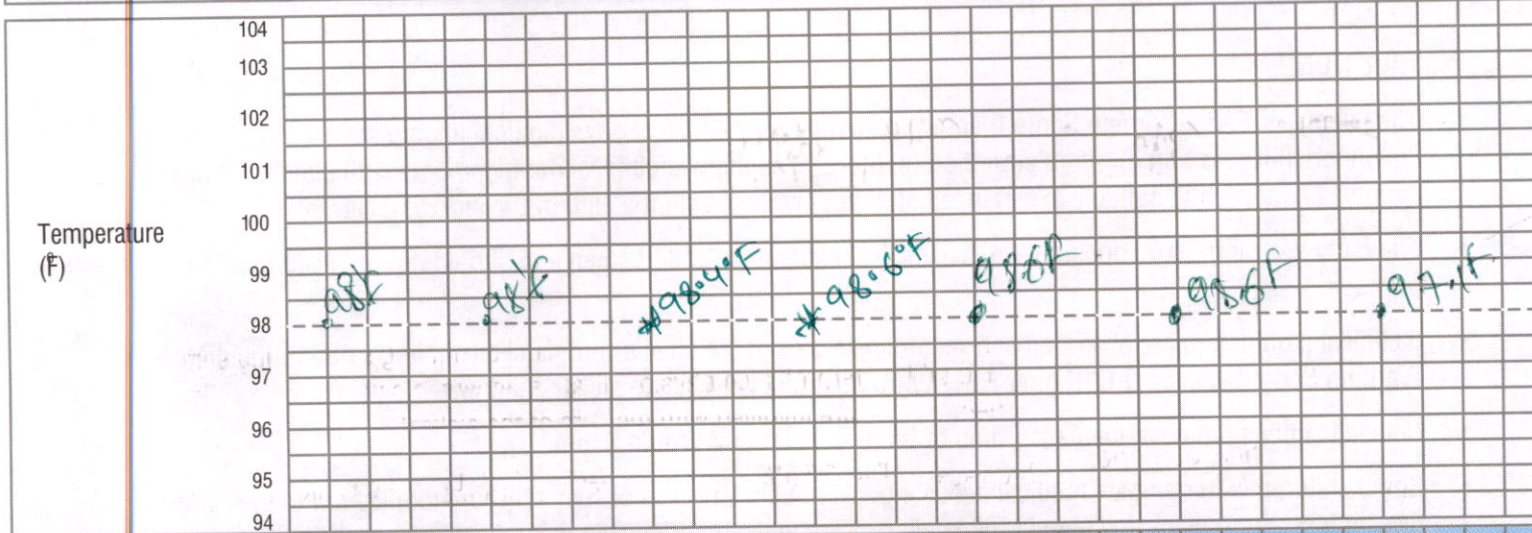
SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/12/15 Time: 9am 1pm 4pm 7pm 10pm 3am 6am
 Doctor / Nurse / Family Concern? _____



Resp Distress	Mod/ Severe None / Mild	*	*
Receiving O ₂ (l/min)	O ₂ Saturations (%)	100%	100%	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		AS	AS	AS	AS	AS	AS

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
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- Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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)
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PHW-00110942 IP5-00174230
 Master KARTHIK REDDY A
 05-01-2015 11 Y 4 M 22 D (M)
 Dr. SANDHYA VADDADI



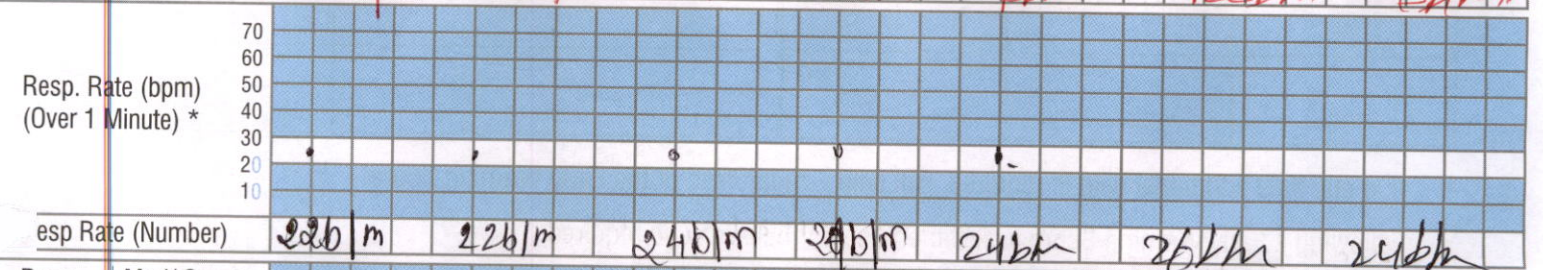
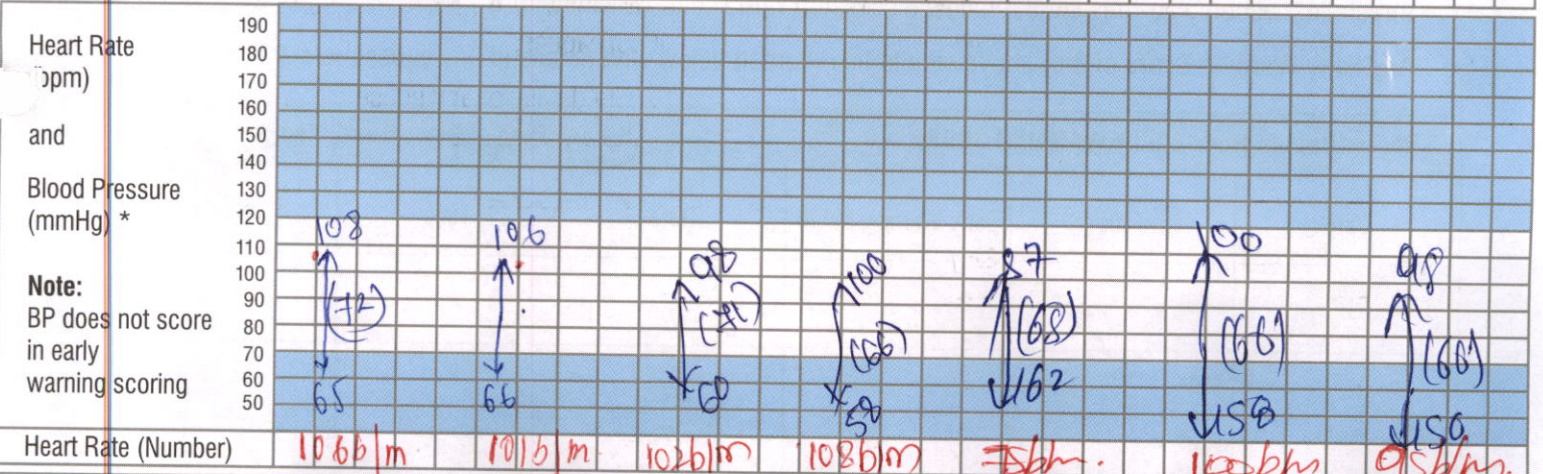
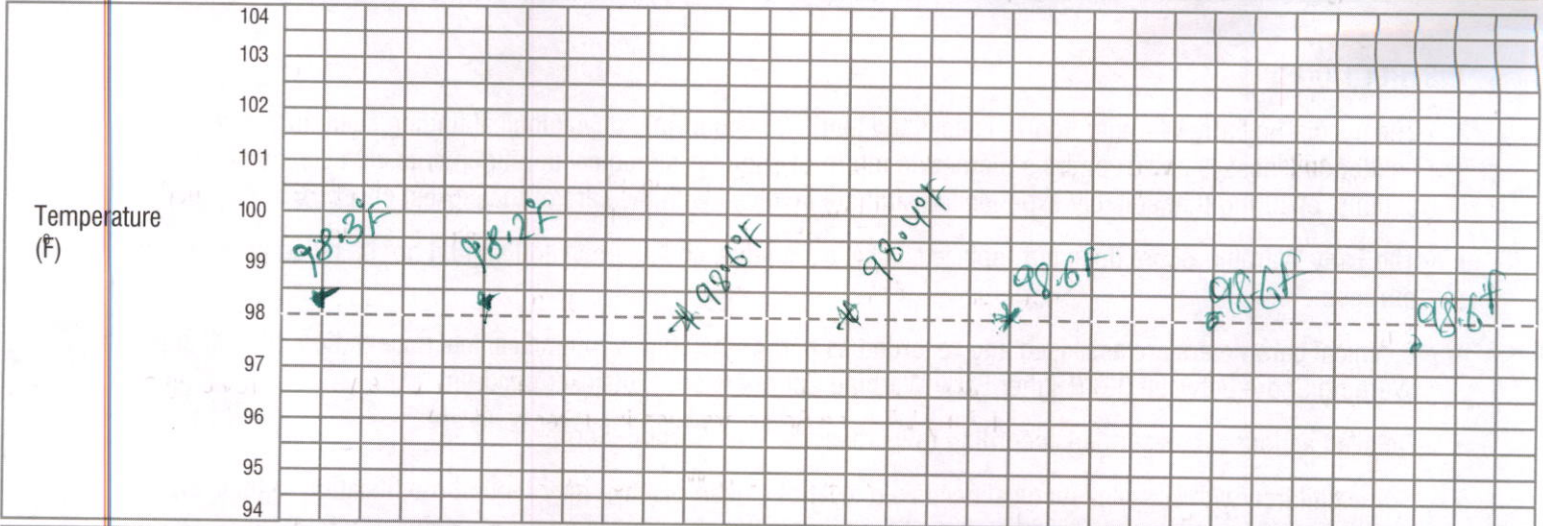
Doc. No. : RCHB/FRM/CLINICAL/126

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/5/26 Time: 9 AM 1 PM 4 PM 7 PM 10 PM 5 AM 6 AM
 Doctor / Nurse / Family Concern?



Resp Mod/ Severe Distress None / Mild							
Receiving O ₂ (l/min)							
O ₂ Saturations (%)	100%	100%	100%	100%	100%	100%	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	JS	JS	JS	JS	JS	JS	JS

ACTIONS

NB: Scores 3 should be recorded overleaf

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- Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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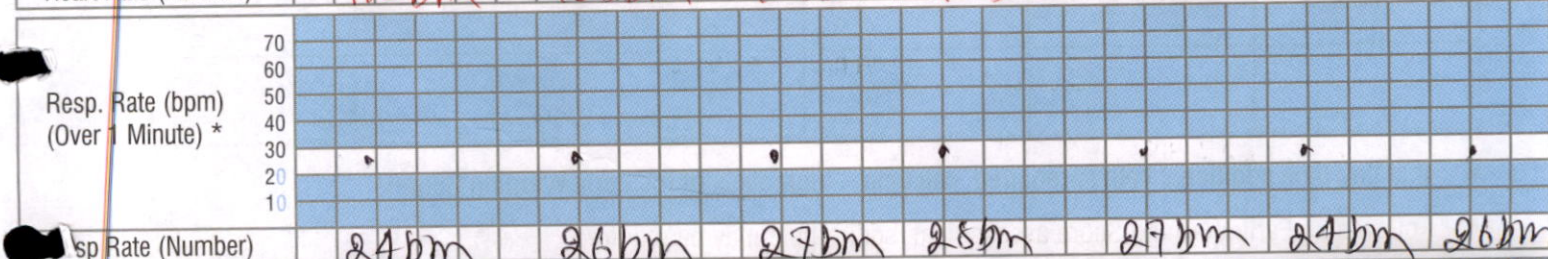
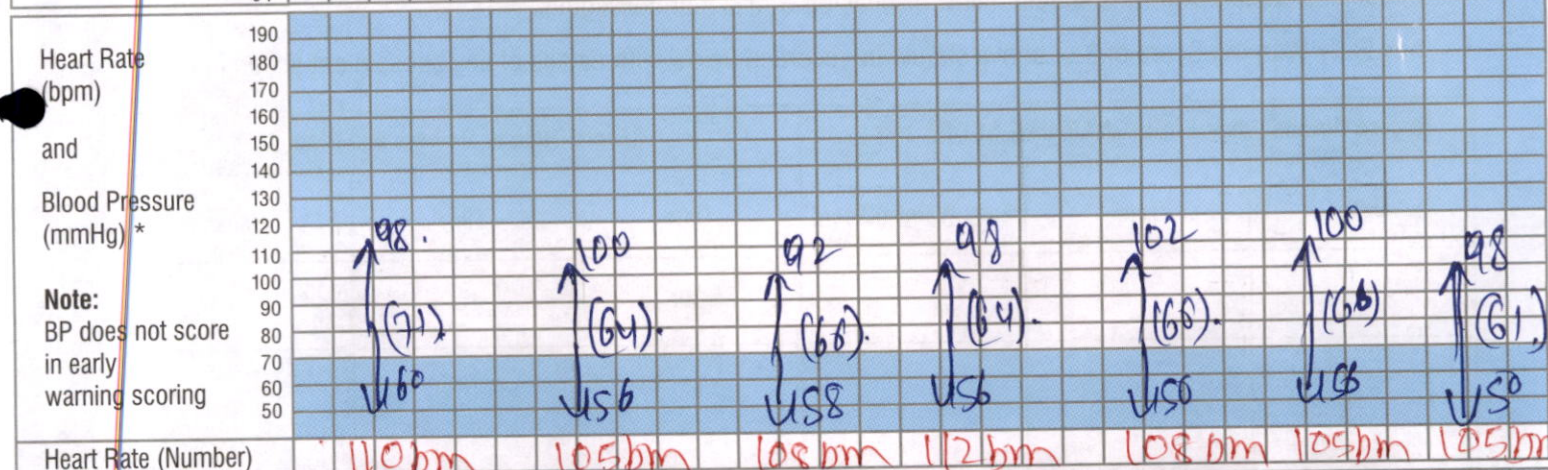
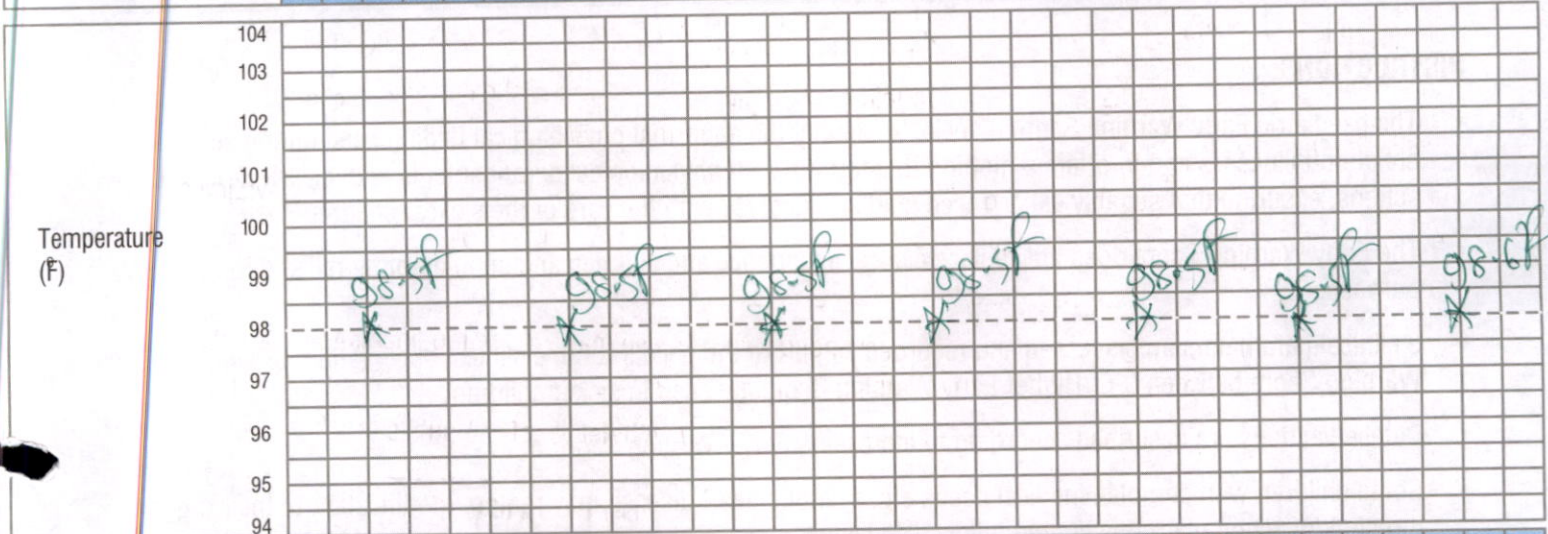
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B	BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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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)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/1/15 Time: 9 AM 1 PM 4 PM 7 PM 10 PM 3 AM 6 AM
 Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe None / Mild	0	0	0	0	0	0	0
Receiving O ₂ (l/min)	O ₂ Saturations (%)	100%	100%	100%	100%	100%	100%	100%
Conscious Level	Normal / Altered	C	C	C	C	C	C	C
GCS *		5/5	5/5	5/5	5/5	5/5	5/5	5/5
TOTAL SCORE	Number of shaded boxes	0	0	0	0	0	0	0
Pain Score		2	2	2	2	2	2	2
Observer's Initials		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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PHW-00110942 IP5-00174230
 Master KARTHIK REDDY A
 05-01-2015 11 Y 4 M 20 D (M)
 Dr. SANDHYA VADDADI



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



SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 26/5 Time: 8 AM 9 AM 1 PM 4 PM 7 PM 10 PM 3 AM 6 AM
 Doctor / Nurse / Family Concern?

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

Heart Rate (bpm) and Blood Pressure (mmHg) *	190										
	180										
	170										
	160										
	150										
	140										
	130										
	120										
	110										
	100										

Heart Rate (Number) 89 bpm 97 bpm 101 bpm 115 bpm 111 bpm 108 bpm 104 bpm 101 bpm

Resp. Rate (bpm) (Over 1 Minute) *	70										
	60										
	50										
	40										
	30										
	20										
	10										
	0										
	0										
	0										

Resp Rate (Number) 26 bpm 27 bpm 29 bpm 28 bpm 27 bpm 24 bpm 26 bpm 25 bpm

Resp Distress	Mod/ Severe	None / Mild									
---------------	-------------	-------------	--	--	--	--	--	--	--	--	--

Receiving O ₂ (l/min)	O ₂ Saturations (%)										
----------------------------------	--------------------------------	--	--	--	--	--	--	--	--	--	--

Conscious Level	Normal / Altered										
-----------------	------------------	--	--	--	--	--	--	--	--	--	--

GCS *											
-------	--	--	--	--	--	--	--	--	--	--	--

TOTAL SCORE											
-------------	--	--	--	--	--	--	--	--	--	--	--

Number of shaded boxes											
------------------------	--	--	--	--	--	--	--	--	--	--	--

Pain Score											
------------	--	--	--	--	--	--	--	--	--	--	--

Observer's Initials											
---------------------	--	--	--	--	--	--	--	--	--	--	--

- ACTIONS**
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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3

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 25/5 Time: 6am 10am 2PM 8PM 10pm 3AM
 Doctor / Nurse / Family Concern?

Temperature (F)	104						
	103						
	102						
	101						
	100						
	99						
	98	97.5F	98.5F	98.0F	98.2F	98.5F	98.5F
	97						
	96						
	94						

Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
	170						
	160						
	150						
	140						
	130						
	120						
	110	109	99	100	105	104	90
	100	(63)	(62)	(61)	(61)	(62)	(61)
90							
80							
70							
60	59	62	60	75	62	45	
50							
Heart Rate (Number)	102b/m	98b/m	99b/m	98b/m	81b/m	81b/m	

Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30						
	20						
	10						
	Resp Rate (Number)	26b/m	26b/m	28b/m	26b/m	26b/m	26b/m

Resp Mod/ Severe or None/ Mild	Mod/ Severe						
	None/ Mild						
	Living O ₂ (l/min)						
	Saturations (%)	100%	100%	100%	99%	98%	99%
	SpO ₂ Normal/ Altered	c	c	c	c	c	c
	Urine	15/15	15/15	15/15	15/15	15/15	15/15

SCORE	Shaded boxes	1	1	0	0	0	
	Observations	0	0	0	0	0	
	Initials	0	0	0	0	0	
	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.					
Should be	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.					

the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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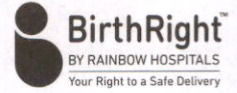
I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION: I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). 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)

PHN-00110942 IP5-00174230
 Master KARTHIK REDDY A
 05-01-2015 11 Y 4 M 18 D (M)
 Dr. BANDHYA VADDADI



RCHBH/ FRM / CLINICAL / 126

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

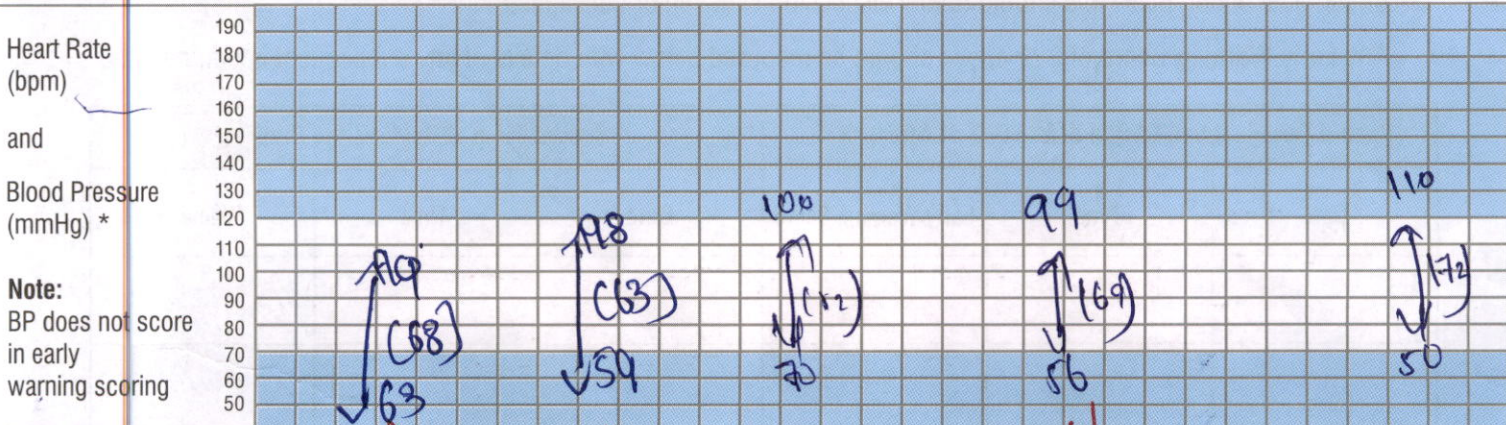
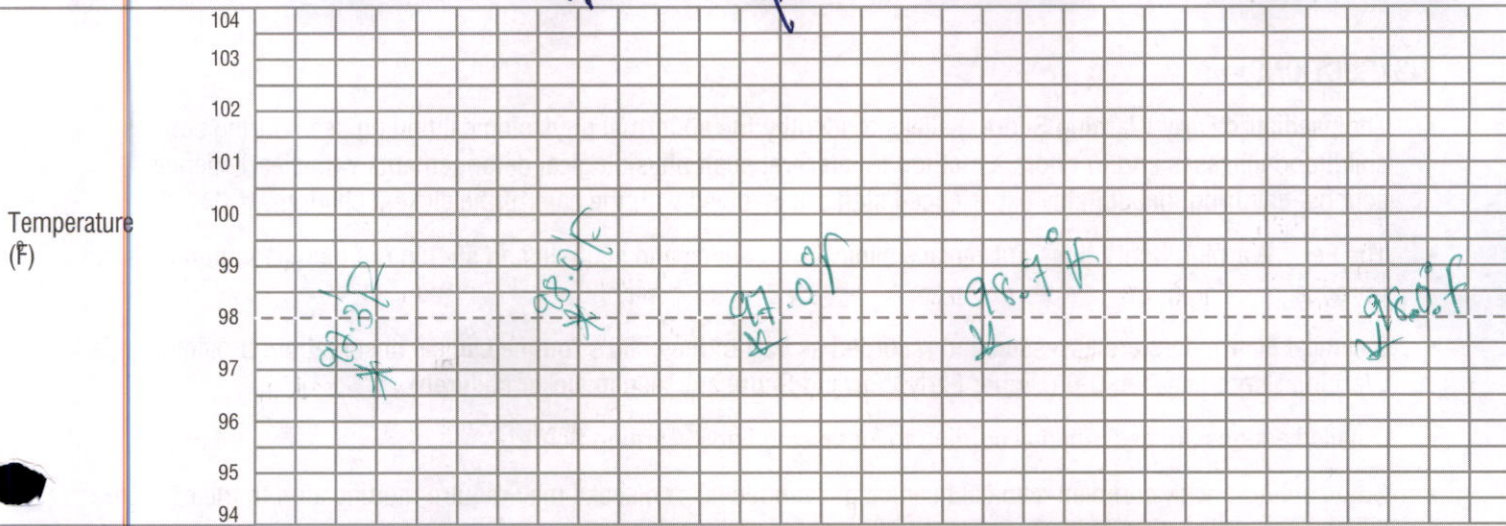


EARLY WARNING SCORE: CHILDREN'S UNIT

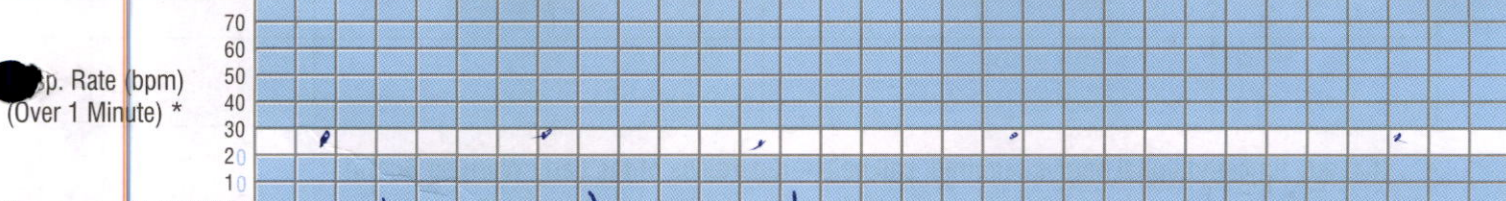
Date : 24/5/26 Time:

Doctor / Nurse / Family Concern?

10a 1pm 4pm 10pm 25/05/26 2am



Heart Rate (Number) 109bpm 108bpm 100bpm 99bpm 110bpm



Resp Rate (Number) 28 28 28 26 27

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 28l 28l 28l 29% 28%

Conscious Level Normal Altered e c c c c

GCS * 15/15 15/15 15/15 15/15 15/15

TOTAL SCORE Number of shaded boxes 1 1 1 1 1

Pain Score 0 0 0 0 0

Observer's Initials

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

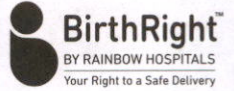
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A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

PHW-00110942 IP5-00174230
 Master KARTHICK REDDY A
 05-01-2015 11 Y 4 M 18 D (M)
 Dr. SANDHYA VADDADI



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

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 24/5/25 Time: 2:15/26

Doctor / Nurse / Family Concern? 10pm 2am 6am

Temperature (F)	104			
	103			
	102			
	101			
	100			
	99	98.6	97.6	98.2
	98			
	97			
	96			
	95			
	94			

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

Heart Rate (Number) 86 bpm 80 bpm 88 bpm

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

Resp Rate (Number) 28 29 bpm 28 bpm

Resp Distress Mod/ Severe None / Mild . . .

Receiving O₂ (l/min) O₂ Saturations (%) 99% 98% 99%

Conscious Level Normal Altered C C C

GCS * 15/15 15/15 15/15

TOTAL SCORE Number of shaded boxes 1 1 1

Pain Score 0 0 0

Observer's Initials 2 0 0

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
 - Score 2 : Shift in charge nurse to be informed and continue hourly observations
 - Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
 - Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

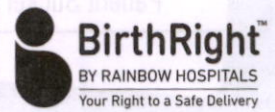
Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

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PHW-00110942 IP5-00174230
 Master KARTHIK REDDY A
 05-01-2015 11 Y 4 M 26 D (M)
 Dr. SANDHYA VADDADI



FLUID CHART

Sheet No. : 2

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am	Breakfast									0	Suf	
	09:00 am	H ₂ O	100ml								0	Suf	
	10:00 am												
	11:00 am												
	12:00 pm	D/C											
	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							



FLUID CHART

Sheet No. : 77

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
2/6	08:00 am	Dosa		35ml							I	Sawanya
	09:00 am	H ₂ O	100ml	35ml					220ml			
	10:00 am			35ml								
	11:00 am	Fruits		35ml								
	12:00 pm			50ml					230ml			
	01:00 pm	H ₂ O	100ml	50ml								
Total Intake :			2340ml			Total Output : 450ml + 9M						
	02:00 pm			50ml							I	pooja
	03:00 pm	Rice		50ml					200ml			
	04:00 pm	H ₂ O	100ml	60ml								
	05:00 pm			60ml								
	06:00 pm			60ml					150ml			
	07:00 pm			60ml								
Total Intake :			340ml			Total Output : 350ml						
	08:00 pm			60ml					200ml		I	S
	09:00 pm			60ml								
	10:00 pm	Chud		60ml								
	11:00 pm	Rice		60ml								
	12:00 am	Tea	200ml	60ml								
	01:00 am			60ml					200ml			
Total Intake :			560ml			Total Output : 400ml						
	02:00 am			60ml					220ml		I	S
	03:00 am			60ml								
	04:00 am			60ml								
	05:00 am			60ml								
	06:00 am			60ml								
	07:00 am			60ml					230ml			
Total Intake :			360ml			Total Output : 450ml						

Total 24 hrs. Intake	1,700 :- 46.83 c/kg	Total 24 hrs. Output	1,650 :- 1.89 c/kg
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m - (7)



FLUID CHART



Sheet No. : 10

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
7/6	08:00 am	Jelly									I	Somya
	09:00 am	H ₂ O	100ml						210			
	10:00 am											
	11:00 am	soop	100ml									
	12:00 pm											
	01:00 pm	H ₂ O	50ml	100ml						140		
Total Intake :			350ml			Total Output :					350ml + 9M.	
	02:00 pm	rice		10ml							I	S.
	03:00 pm	H ₂ O	180ml	10ml								
	04:00 pm			10ml					200ml			
	05:00 pm			10ml								
	06:00 pm	H ₂ O	100ml	10ml					180ml			
	07:00 pm			100ml								
Total Intake :			430 ml			Total Output :					380ml	
	08:00 pm			10ml					200ml		I	S.
	09:00 pm	rice		10ml								
	10:00 pm	chapati										
	11:00 pm	H ₂ O	200ml									
	12:00 am											
	01:00 am								50ml			
Total Intake :			220ml			Total Output :					250ml	
	02:00 am										I	S.
	03:00 am								200ml			
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am	H ₂ O	200ml						100ml			
Total Intake :			200ml			Total Output :					300ml	

Total 24 hrs. Intake 1200 ml = 33cc/kg

Total 24 hrs. Output 1280 ml = 1.4cc/kg/hr



FLUID CHART

Sheet No. : 9

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	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
8/15	08:00 am										I I I I I I	Somya
	09:00 am	Boosa H ₂ O	100ml						220ml			
	10:00 am											
	11:00 am											
	12:00 pm	H ₂ O	180ml						130ml			
	01:00 pm											
Total Intake :			330ml			Total Output :					350ml + 9ml	
	02:00 pm	Kietchappi									I I I I I I	Somya
	03:00 pm			100 ml					300ml			
	04:00 pm	H ₂ O	200ml	40 ml								
	05:00 pm			40 ml								
	06:00 pm	H ₂ O	180ml						180ml			
	07:00 pm											
Total Intake :			460 ml			Total Output :					480 ml	
	08:00 pm			60ml					200ml		I I I I I I	Somya
	09:00 pm	Rice		60ml								
	10:00 pm	H ₂ O	200ml	60ml								
	11:00 pm			60ml								
	12:00 am			60ml								
	01:00 am			60ml					200ml			
Total Intake :			560ml			Total Output :					700ml	
	02:00 am			60ml							I I I I I I	Somya
	03:00 am			60ml								
	04:00 am			60ml					250ml			
	05:00 am			60ml								
	06:00 am			60ml								
	07:00 am			60ml					200ml			
Total Intake :			360ml			Total Output :					450ml	

Total 24 hrs. Intake : 1,710 ; 47 cc/kg

Total 24 hrs. Output : 1,680 ; 1.9 cc/kg/hr

M-1



FLUID CHART



Sheet No. : 8

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
30/5	08:00 am	H ₂ O		-			✓				I I I I I I	Saanaya
	09:00 am	H ₂ O	100ml.	-					200ml.			
	10:00 am											
	11:00 am											
	12:00 pm	H ₂ O	100ml.						250ml			
	01:00 pm											
Total Intake :			200ml.			Total Output : 550ml. + ①						
	02:00 pm	rice		60ml							I I I I I I	Sumita
	03:00 pm	chapatti		60ml					260ml			
	04:00 pm	water	200ml	60ml								
	05:00 pm			60ml								
	06:00 pm	chana		60ml		✓						
	07:00 pm	water	100ml	60ml					300ml			
Total Intake :			660ml			Total Output : 560ml M + ①						
	08:00 pm	chapatti		60ml					200ml		I I I I I I	S
	09:00 pm			60ml								
	10:00 pm	Rice		60ml								
	11:00 pm	H ₂ O	200ml	60ml								
	12:00 am			60ml								
	01:00 am			60ml					200ml			
Total Intake :			560ml			Total Output : 400ml						
	02:00 am			60ml							I I I I I I	Arun
	03:00 am			60ml								
	04:00 am			60ml		✓			300ml			
	05:00 am			60ml								
	06:00 am			60ml								
	07:00 am	H ₂ O	100ml	60ml					200ml			
Total Intake :			460ml			Total Output : 500ml + 1M						

Total 24 hrs. Intake	1,880 ; 51.7 cc/kg	Total 24 hrs. Output	2010 ; 2.3 cc/kg/24
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HW-00110942 IP5-00174230
 Master KARTHIK REDDY A
 5-01-2015 11 Y 4 M 23 D (M)
 Dr. SANDHYA VADDADI



FLUID CHART

Sheet No. : 7

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am									200ml		
	09:00 am	Dofa										
	10:00 am	H ₂ O	200ml	60ml								
	11:00 am			60ml								
	12:00 pm			60ml								
	01:00 pm			60ml						300ml		
Total Intake :			440ml			Total Output :					500ml	
	02:00 pm	H ₂ O	200ml	60ml								
	03:00 pm	Dal		60ml						200ml		
	04:00 pm	Kechini	1cup	50ml								
	05:00 pm	veg rice	1cup	60ml								
	06:00 pm	H ₂ O	200ml	60ml						280ml		
	07:00 pm			60ml								
Total Intake :			540ml			Total Output :					480ml	
	08:00 pm			60ml								
	09:00 pm		100ml	60ml						200ml		
	10:00 pm	chapt		60ml								
	11:00 pm	rice		60ml								
	12:00 am			60ml								
	01:00 am	H ₂ O		60ml						340ml		
Total Intake :			460ml			Total Output :					540ml	
	02:00 am			60ml								
	03:00 am			60ml						200ml		
	04:00 am			60ml								
	05:00 am			60ml						125ml		
	06:00 am			60ml								
	07:00 am			60ml						250ml		
Total Intake :			360ml			Total Output :					575 ml + 2ml	

Total 24 hrs. Intake	1830 ml ; 50.4 cc/kg	Total 24 hrs. Output	2095 ; 2.4 cc/kg
-----------------------------	----------------------	-----------------------------	------------------



FLUID CHART

Sheet No. : 6

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
28/1/15	08:00 am			60ml						280ml	}	Susmita
	09:00 am	N		60ml								
	10:00 am	P		60ml								
	11:00 am			60ml								
	12:00 pm	O		60ml								
	01:00 pm			60ml						310ml		
Total Intake :			360ml			Total Output :					590ml	
	02:00 pm	H ₂ O	100ml	60ml							}	Kavina
	03:00 pm	Rice	200ml	60ml					200ml			
	04:00 pm			60ml								
	05:00 pm	H ₂ O	200ml	60ml								
	06:00 pm			60ml								
	07:00 pm			60ml					300ml			
Total Intake :			660ml			Total Output :					500ml	
	08:00 pm			60ml						200ml	}	S
	09:00 pm		100ml	60ml								
	10:00 pm	chapt		60ml								
	11:00 pm			60ml								
	12:00 am	H ₂ O		60ml								
	01:00 am			60ml					200ml			
Total Intake :			460ml			Total Output :					400ml	
	02:00 am			60ml						150ml	}	Sany
	03:00 am			60ml								
	04:00 am			60ml								
	05:00 am			60ml								
	06:00 am			60ml								
	07:00 am			60ml					150ml			
Total Intake :			360ml			Total Output :					300ml	

Total 24 hrs. Intake 1,840 - 50,600g

Total 24 hrs. Output 1,790 - 2,05000g



FLUID CHART



Sheet No. : 5

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
27/5	08:00 am	H ₂ O	150ml	60ml						200ml	Karina	
	09:00 am	utapum	2p.c	60ml								
	10:00 am	sup	200ml	60ml								
	11:00 am			60ml						100ml		
	12:00 pm	H ₂ O	180ml	60ml								
	01:00 pm			60ml						100ml		
Total Intake :			890ml			Total Output :					400ml + 1 (M)	
	02:00 pm	H ₂ O	200ml	60ml							Karina	
	03:00 pm	Rice	2cup	65ml					200ml			
	04:00 pm			65ml								
	05:00 pm	ots	1cup	65ml								
	06:00 pm	H ₂ O	200ml	65ml					300ml			
	07:00 pm			65ml								
Total Intake :			785ml			Total Output :					500ml	
	08:00 pm			60ml						200ml	Jk	
	09:00 pm	egg	100ml	60ml								
	10:00 pm	hull		60ml								
	11:00 pm			60ml								
	12:00 am	H ₂ O		60ml					50ml			
	01:00 am			60ml								
Total Intake :			460ml			Total Output :					250ml	
	02:00 am			60ml						200ml	Jk	
	03:00 am			60ml								
	04:00 am			60ml								
	05:00 am			60ml								
	06:00 am			60ml								
	07:00 am			60ml					200ml			
Total Intake :			360ml			Total Output :					400ml	

Total 24 hrs. Intake 2,495 - 68.730kg

Total 24 hrs. Output 1,550 - 1,770kg

m - ①



FLUID CHART

Sheet No. 4

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
26/5	08:00 am			60ml						250ml		A
	09:00 am	Dosa	1	60ml								
	10:00 am	H2O	200ml	60ml								
	11:00 am			60ml								
	12:00 pm	Rice	1/2 cup	60ml						210ml		
	01:00 pm	Chapati	1 1/2 pieces	60ml								
Total Intake :			560ml			Total Output :					460ml + 1 time (m)	
26/5	02:00 pm	Tea	100ml	60ml								A
	03:00 pm	Juice	200ml	60ml					250ml			
	04:00 pm	Snacks	1/2 cup	60ml								
	05:00 pm	H2O	200ml	60ml					100ml			
	06:00 pm			60ml								
	07:00 pm			60ml						120ml		
Total Intake :			860ml			Total Output :					470ml	
26/5	08:00 pm	Roti	2P	60ml								Subrata
	09:00 pm	H2O	200ml	60ml					250ml			
	10:00 pm			60ml								
	11:00 pm			60ml								
	12:00 am			60ml					250ml			
	01:00 am			60ml								
Total Intake :			560ml			Total Output :					500ml	
27/5	02:00 am			60ml								Subrata
	03:00 am			60ml					200ml			
	04:00 am			60ml								
	05:00 am			60ml								
	06:00 am			60ml					250ml			
	07:00 am			60ml								
Total Intake :			360ml			Total Output :					450ml	

Total 24 hrs. Intake 2340 : 70cc/kg

Total 24 hrs. Output 1880 : 2cc/kg/Hr

m-a

PHW-00110942 IP5-00174230
 Master KARTHIK REDDY A
 05-01-2015 11 Y 4 M 20 D (M)
 Dr. SANDHYA VADDADI



FLUID CHART

Sheet No. : 3

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
25/5	08:00 am			60ml							}	}
	09:00 am			60ml								
	10:00 am			60ml								
	11:00 am			60ml								
	12:00 pm			60ml				200ml	200ml			
	01:00 pm			60ml								
Total Intake :			360 ml			Total Output : 200ml.						
25/5	02:00 pm	H ₂ O	200ml	50ml							}	}
	03:00 pm	Rice		50ml								
	04:00 pm			50ml								
	05:00 pm			60ml								
	06:00 pm			60ml				150ml	450ml			
	07:00 pm			60ml								
Total Intake :			330 ml			Total Output : 450ml						
25/5	08:00 pm	Rice		60ml							}	}
	09:00 pm	H ₂ O	200ml	60ml					200ml			
	10:00 pm			60ml								
	11:00 pm			60ml								
	12:00 am			60ml								
	01:00 am			60ml					200ml			
Total Intake :			560ml			Total Output : 400ml						
25/5	02:00 am			60ml							}	}
	03:00 am		100ml	60ml					50ml			
	04:00 am			60ml								
	05:00 am			60ml								
	06:00 am		50ml	60ml					200ml			
	07:00 am			60ml								
Total Intake :			510ml			Total Output : 300ml						

Total 24 hrs. Intake 1760 ÷ 73.33cc/kg

Total 24 hrs. Output 1350 ÷ 1.56cc/kg

PHW-00110942
 Master KARTHIK REDDY A
 08-01-2018 11 Y 4 M 18 D (M)
 Dr. SIRISHA RANI



Patient S

FLUID CHART

Sheet No. : ①

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output		IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine		
	08:00 am											
	09:00 am						ER					
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm			60 ml							0	
	03:00 pm			60 ml							0	Pauni
	04:00 pm			-							0	
	05:00 pm	ORS		-							0	Pauni
	06:00 pm			-							0	
	07:00 pm			-							0	Pauni
Total Intake :						Total Output :						
	08:00 pm			60 ml							P	Sub
	09:00 pm			60 ml							P	Sub
	10:00 pm			60 ml							E	Sub
	11:00 pm	ORS		60 ml							E	Sub
	12:00 am			-							line	Sub
	01:00 am			60 ml								
Total Intake :						Total Output :						
	02:00 am			60 ml							P	Sub
	03:00 am			60 ml							P	Sub
	04:00 am	ORS		60 ml							C	Sub
	05:00 am			60 ml							C	Sub
	06:00 am			60 ml							line	Sub
	07:00 am			-								
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						



FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
24/5	08:00 am	DWS		60ml	/						0		
	09:00 am		60ml								0		
	10:00 am		60ml								0	10/12/16	
	11:00 am		60ml								0		
	12:00 pm		60ml								0	phys	
	01:00 pm		60ml									0	
Total Intake :						Total Output :							
24/5	02:00 pm	DWS		60ml	/						0		
	03:00 pm		60ml								0	10/12/16	
	04:00 pm		60ml								0		
	05:00 pm		60ml								0	10/12/16	
	06:00 pm											0	
	07:00 pm											0	
Total Intake :						Total Output :							
24/5	08:00 pm	DWS		60ml	/						0		
	09:00 pm		60ml								0	10/12/16	
	10:00 pm		60ml								0	10/12/16	
	11:00 pm		60ml								0	10/12/16	
	12:00 am		60ml								0		
	01:00 am		60ml									0	10/12/16
Total Intake :						Total Output :							
24/5	02:00 am	DWS		60ml	/						0		
	03:00 am		60ml								0	10/12/16	
	04:00 am		60ml								0	10/12/16	
	05:00 am		60ml								0	10/12/16	
	06:00 am		60ml								0		
	07:00 am		60ml									0	10/12/16
Total Intake :						Total Output :							

CONSENT FOR BLOOD TRANSFUSION

PHW-00110942 IP5-00174230
Master KARTHIK REDDY A
05-01-2015 11 Y 4 M 21 D (M)
Dr. SANDHYA VADDADI



Name: Karthik Reddy Age: 11 years Gender: Male Female
UHID.No: PHW-110942 Date: 24/5/26

Type of Blood Product: Fresh Frozen Plasma Packed Red Blood Cells Random Donor Platelets
 Cryoprecipitate Single Donor Platelet Whole Blood
 Albumin Red Blood Cell Others

A. Madan Mohan Reddy hereby give my consent for whole blood transfusion or
the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been
explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened
for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I
have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The
"window period" and also due to various other infections which have not been screened for. I also understand that any
blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally
rare. The same risks apply for multiple transfusions too.

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

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in
the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or
blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me /
Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: Am
Name: A. Madan Mohan Reddy
Date & Time: 27/5/2026 6:30pm

Doctor (Who is talking the consent)

Signature: Nalika
Name: Dr. Nalika
Date & Time: 27/5/26, 3pm

Witness

Signature: Chyl
Name: Ch. Pamuna
Date & Time: 27/5/26 6:30pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము పురుషుడు స్త్రీ
UHID. సంఖ్య: తేదీ:

- రక్త ఉత్పత్తి రకాలు:**
- | | | |
|---|---|---|
| <input type="checkbox"/> తాజా మిటిబిఐఐంబిన ప్లాస్మా | <input type="checkbox"/> ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> క్రయా పైసిటిట్ | <input type="checkbox"/> ఒకే దాత ప్లేటిలెట్స్ | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> మొత్తం రక్తం | <input type="checkbox"/> ఎర్ర రక్త కణం | <input type="checkbox"/> ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హాప్ ఐ ఐ యాంటీబడిస్, హైపబ్లెటీస్ జి సర్వేస్ యాంటీజెన్, హైపబ్లెటీస్ యాంటీబడిస్, మలేరియా మరియు సిస్టిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయకాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రక్తముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెస్ ప్రోజెన్ ప్లాస్మా, క్రయా పైసిటిట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటొండ్) సాక్షి
సంతకము సంతకం
పేరు పేరు
తేదీ మరియు సమయము తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి చేసుకుంటున్నారో)
సంతకము
పేరు
Doc. No. : RCHB/FRM / CLINICAL / 014

PHW-00110942 IP5-00174230
 Master KARTHIK REDDY A
 05-01-2015 11 Y 4 M 21 D (M)
 Dr. SANDHYA VADDADI



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 27/05/26. Time: 3pm.

Blood Group of the Patient: A (+ve) Blood Group on the Blood Bag: A (+ve)

Blood Bank Issue No: BAH26-01163 Date of Collection: 14/05/2026 Date of Expiry: 25/06/2026

Date & Time of Starting Transfusion: 27/5/26 @ 3PM Planned duration of Transfusion: 4 hours.

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Kanina Nurse 2: Divya

Before starting transfusion vitals: Temp: 98.6°F HR 108b/m RR: 26b/m BP: 100/60(41) SpO₂ 100%.

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>27/5/26</u>	<u>15 Min</u>	<u>100b/m</u>	<u>98.6°F</u>	<u>100/60(41)</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>15 Min</u>	<u>98b/m</u>	<u>96.8°F</u>	<u>98/60(42)</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>30 Min</u>	<u>100b/m</u>	<u>98.4°F</u>	<u>100/60(41)</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>30 Min</u>	<u>98b/m</u>	<u>96.4°F</u>	<u>98/56(64)</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>30 Min</u>	<u>88b/m</u>	<u>98.2°F</u>	<u>102/70(80)</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>1 Hr</u>	<u>100b/m</u>	<u>98.4°F</u>	<u>98/65(66)</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>1 Hr</u>								

Comments: no reaction.

Name of the Incharge-Nurse: subhankan.

Name of the Nurse: Savitri

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: Savitri

Date & Time: 27/5/26 @ 9PM.

Date & Time: 27/5/26 @ 9PM.

0110942
 IPS-001
 KARTHIK REDDY A
 115
 11 Y 4 M 21 D
 DHYA VADDADI

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
 D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
 Banjara Hills, Hyderabad, Telangana State
 Lic.No. 46/HD/TS/2018/BB/G

LEUCO REDUCED BLOOD CELLS I.P

Qty. 274 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D.A. Solution.



HIV I & II/ HBsAG/ HCV - Non reactive
 VDRL - Non reactive
 MP - Negative
 NAT(HIV I & II/ HBsAG/ HCV)- Non reactive

Unit No.: BAH26-01163
 Blood Group: A Rh Positive
 Collection Date: 14/May/2026
 Expiry Date: 25/Jun/2026


1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Evidence. 8.) Store Between 2° C to 6° C. Appropriate Compatible Cross Matched. Antinucleic Antibodies in Recipient.

Issue Label / Cross Matching Report

Patient : MASTER.KARTHIK REDDY -
 Patient's Blood Group : A Rh Positive
 Hosp/Dr : Rainbow Childrens Hospital, dr sandhya
 UHID No.: PHW-00110942 Wd-Bed No.:
 Product : I.R-PRBC
 Blood Group : A Rh Positive
 Unit No.: BAH26-01163
 X Matching Report: Compatible
 X-matched by: B.Abhishek
 Issue Dt : 27/May/2026
 Colln. Dt : 14/May/2026
 Exp. Dt : 25/Jun/2026
 Issued By : PILLEM 026
Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
 D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road : 6
 No.2, Banjara Hills, Hyderabad, Telangana State : 5
 Lic No. 46/HD/TS/2018/BB/G
 Banjara Hills, Hyderabad, Telangana State
 Lic.No. 46/HD,TS/2018/BB G

CONSENT FOR BLOOD TRANSFUSION



Name: PHW-00110942 IP5-00174230
Master KARTHIK REDDY A
05-01-2015 11 Y 4 M 20 D (M)
Dr. SANDHYA VADDADI
Age: 11y Gender: Male Female
UHD.No:  Date: 25/5/26

- Type of Blood Product:**
- | | | |
|--|--|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input checked="" type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

I, A. Madan Mohan Reddy hereby give my consent for whole blood transfusion or blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that NA

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):	Doctor (Who is talking the consent)
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Name: <u>A. Madan Mohan Reddy</u>	Name: <u>SRAVANI</u>
Date & Time: <u>25/5/2026 2pm</u>	Date & Time: <u>25/5/26 2pm</u>

Witness

Signature: [Signature]

Name: A. Madan Mohan Reddy

Date & Time: 25/5/2026 2pm

రోగి పేరు: వయస్సు: లింగము పురుషుడు స్త్రీ
UHID. సంఖ్య: తేదీ:

- రక్త ఉత్పత్తి రకాలు:**
- | | | |
|---|---|--|
| <input type="checkbox"/> తాజా ఘనీభవించిన ప్లాస్మా | <input type="checkbox"/> ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు | <input checked="" type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> క్రయోప్రెసిపిటేట్ | <input type="checkbox"/> ఒకే ధాత ప్లేటిలెట్స్ | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> మొత్తం రక్తం | <input type="checkbox"/> ఎర్ర రక్త కణం | <input type="checkbox"/> ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. ధాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటెటిస్ జి సర్ఫేస్ యాంటీజన్, హైపటెటిస్ యాంటీబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెప్స్ ఫ్రాజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 25/5 Time: 2 PM

Blood Group of the Patient: A (+ve) Blood Group on the Blood Bag: A (+ve)

Blood Bank Issue No: 25/5/26 Date of Collection: 10 May 26 Date of Expiry: 21/6/26

Date & Time of Starting Transfusion: 25/5/26 @ 2pm. Planned duration of Transfusion: 4 hours

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Gargi Nurse 2: Sameya

Before starting transfusion vitals: Temp: 98.1 F HR 97 RR: 24/mt BP: 110/60 SpO₂ 98%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>25/5</u>	<u>15 Min</u>	<u>90</u>	<u>98° F</u>	<u>90/60</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>25/5</u>	<u>15 Min</u>	<u>92</u>	<u>98° F</u>	<u>100/60</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>25/5</u>	<u>30 Min</u>	<u>84</u>	<u>98° F</u>	<u>92/54</u>	<u>99%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>25/5</u>	<u>30 Min</u>	<u>94</u>	<u>98° F</u>	<u>90/60</u>	<u>99%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>25/5</u>	<u>30 Min</u>	<u>100</u>	<u>98° F</u>	<u>90/60</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>25/5</u>	<u>1 Hr</u>	<u>78</u>	<u>98.2 F</u>	<u>95/55</u>	<u>99%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>1 Hr</u>								

Comments: No complaints

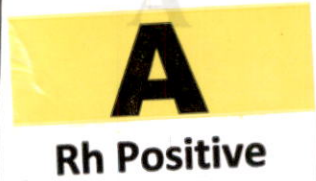
Name of the Incharge-Nurse: Pooja
 Signature of the Incharge-Nurse: [Signature]
 Date & Time: 25/5 @ 6pm.

Name of the Nurse: Gargi
 Signature of the Nurse: [Signature]
 Date & Time: 25/5 @ 6pm.

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-2

Qty. 230 ml, Prepared from Whole human blood collected in 63 ml. of C.P.D./SAGM Solution.

	HIV I & II/ HBsAG/ HCV - Non reactive VDRL - Non reactive MP - Negative NAT(HIV I & II/ HBsAG/ HCV)- Non reactive
	Unit No.: BAH26-01112 Blood Group: A Rh Positive Collection Date: 10/May/2026 Expiry Date: 21/Jun/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Administration. 5) Use Sterile Transfusion Set

With Filter
There is
Appropri-
Antibod

Issue Label / Cross Matching Report	
Patient : MASTER.KARTHIK REDDY -	
Patient's Blood Group : A Rh Positive	
Hosp/Dr : Rainbow Childrens Hospital, dr sandhya	Wd-Bed No.:
UHID No.: PHW-00110942	
Product : LR-PRBC Pedia-2	
Blood Group : A Rh Positive	
Unit No.: BAH26-01112	Issue Dt : 25/May/2026
XMatching Report: Compatible	Colln. Dt : 10/May/2026
X-matched by: Premalatha	Exp. Dt : 21/Jun/2026
Issued By : PILLEM	
Rainbow Hospital Blood Centre, Rainbow Childrens Hospital	
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State	
Lic.No. 46/HD/TS/2018/BB/G	



CONSENT FOR BLOOD TRANSFUSION



PHW-00110942 IP5-00174230
Master KARTHIK REDDY A
05-01-2015 11 Y 4 M 19 D (M)
Dr. SANDHYA VADDADI

Name: Age: 11y Gender: Male Female
UHID No : Date: 24/05/26 @ 4pm

- Type of Blood Product:**
- | | | |
|--|---|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input checked="" type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

I, A. Madam Mohan Reddy hereby give my consent for whole blood transfusion or blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that
-NA-

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Doctor (Who is talking the consent)

Signature: A.M.

Signature: [Signature]

Name: A. Madam Mohan Reddy

Name: Dr. Ayushman

Date & Time: 24/05/2026 @ 4pm

Date & Time: 24/5/26 @ 4pm

Witness

Signature: Souhan.

Name: Souhan.

Date & Time: 24/5/26 @ 4pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము పురుషుడు స్త్రీ
UHID సంఖ్య: తేదీ:

- రక్త ఉత్పత్తి రకాలు:**
- తాజా ఘనీభవించిన ప్లాస్మా
 - ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు Random Donor Platelets
 - క్రయో ప్రెసిపిటేట్
 - ఒకే ధాత ప్లేటిలెట్స్
 - Whole Blood
 - మొత్తం రక్తం
 - ఇతరులు.....

నేను
ఉన్నప్పుడు పూర్తి చికిత్సలో భాగం
దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ
లక్షణాలు లేవని పరీక్షించి బడిన
ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదు
ప్రతిచర్యలు సోకే ప్రమాదం వుండు
చేసుకున్నాను.
ఈ ప్రక్రియకు ప్రత్యామ్నాయం

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

PLATELETAPHERESIS

Qty. 250 ml. Prepared from Human Whole Blood by Apheresis using Cell Separator (Qty. 250 ml ± 20 ml.)

A	HIV I & II/ HBsAG/ HCV - Non reactive VDRL - Non reactive MP - Negative Donor Type: Replacement Unit No.: BAH26-P0110 Blood Group: A Rh Positive Collection Date: 24/May/2026 Expiry Date: 29/May/2026
---	---

1. Do Not Dispense Without Prescription. 2. Check Blood Group On Label & Gently After Is There Clottin Gentle 9. Adm

Issue Label/ Cross Matching Report

Patient : MASTER.KARTHIK REDDY -	Issue Dt : 24/May/2026
Patient's Blood Group : A Rh Positive	Colln. Dt : 24/May/2026
Hosp/Dr : Rainbow Childrens Hospital, dr sandhya	Exp. Dt : 29/May/2026
UHID No. : PHW-00110942 Wd-Bed No.:	Issued By : PILLEM
Product : SDP	
Blood Group : A Rh Positive	
BAH26-P0110	
Matching Report: Group Specific	
X-matched by: MONOJ	

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic No. 46/HD/TS/2018/BB/G

ప్రతిలో అడ్మిట్ అయి
ంగీకారం తెలుపుతున్నాను.
యా మరియు సిప్లిన్
రీక్షలో కనబడని అనేక
ప్రతిచర్యలు సోకే ప్రమాదం వుండు
చేసుకున్నాను.
శాక్టర్ ద్వారా నాకు
ప్రతిచర్యలు ప్యాక్ చేయబడిన
అంగకారము తెలుపుతున్నాను.

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్ర-
వివరించబడ్డాయి. చికిత్స చేస్తున్న
ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, క్ష-
నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగి
సహాయకుడు(అటెండెంట్)
సంతకము
పేరు
తేదీ మరియు సమయము
వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)
సంతకము
పేరు

సంతకం
పేరు
తేదీ మరియు సమయము

PHV-00110942 IP5-00174230
 Master KARTHIK REDDY A
 05-01-2015 11 Y 4 M 20 D (M)
 Dr. SANDHYA VADDADI



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 29/05/26 Time: 1pm

Blood Group of the Patient: ABh positive Blood Group on the Blood Bag: A positive

Blood Bank Issue No: BAH 26- P0110 Date of Collection: 24/5/26 Date of Expiry: 29/5/26

Date & Time of Starting Transfusion: 24/5/26 1pm Planned duration of Transfusion: 24/5/26 4 hours

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Soma Nurse 2: Divya

Before starting transfusion vitals: Temp: 97.5°F HR: 102/min RR: 26 BP: 96/70 SpO₂: 98%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>29/05/26</u>	<u>15 Min</u>	<u>102</u>	<u>97.5°F</u>	<u>96/70</u>	<u>99%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>15 Min</u>	<u>112</u>	<u>98.0°F</u>	<u>101/60</u>	<u>97%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>30 Min</u>	<u>107</u>	<u>97.0°F</u>	<u>110/50</u>	<u>98%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>30 Min</u>	<u>110</u>	<u>99.0°F</u>	<u>102/70</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>30 Min</u>	<u>101</u>	<u>98.5°F</u>	<u>100/50</u>	<u>98%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>1 Hr</u>	<u>97</u>	<u>97.8°F</u>	<u>102/70</u>	<u>98%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>1 Hr</u>	<u>112</u>	<u>98.7°F</u>	<u>110/60</u>	<u>99%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

Comments: nil

Name of the Incharge-Nurse: Anirban

Name of the Nurse: Divya

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 29/5/26 1pm

Date & Time: 25/5/26 1pm



CONSENT FOR CHEMOTHERAPY

Patient Name : Karthik Reddy Age : 11y 4m Gender : Male Female

UHID No : 110942 Department : PTH Date : 27/5/26

Type of Chemotherapy : Interventive

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.M.

Name : A. Madan Mohan Reddy

Relationship with Patient : Father

Date & Time : 27/5/2026 @ 10:30 Am

Witness :

Signature : Chy

Name : Ch. Yamuna

Date & Time : 27/5/26, @ 10:30 Am

Doctor (who is taking the consent):

Signature : Dr. Nikhil

Name : Dr. Nikhil

Date & Time : 27/5/26, 10 Am

కీమో థెరపీ కొరకు అంగీకారం

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

యు.పాచ్.ఐ.డి. రిజిస్ట్రేషన్ నెం.: విభాగము

తేదీ

కెమోథెరపీ రకాలు:

ఈ చికిత్స చేయు సమయములో తగు జాగ్రత్తలు తీసుకున్న సంభవించు వివిధ రకములైన ప్రమాదాలు తలెత్తే సమస్యల నాకు డాక్టర్ వివరించబడింది. వీటిలో ఎముక మజ్జ మాంద్యం, తదుపరి అంటువ్యాధులు, రక్తస్రావం, వికారం, వాంతులు, విరేచనాలు, నోటి పూతల, అలోపేసియా, జ్వరం, ఫ్లెబిటిస్, అవయవ గాయాలు, ఇంజెక్షన్ ఉన్న ప్రదేశంలో పుండ్లు మొదలైనవి కలగవచ్చు ఈ విధానం యొక్క ప్రయోజనాలు మరియు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు.

డాక్టర్ నీకు ఈ ప్రక్రియ వల్ల కలుగు లాభాలు మరియు ప్రత్యామ్నాయాలు వివరించారు

చికిత్స వల్ల కలుగు ఫలితాలు గురించి ఏ విధమైన వాగ్దానం ఇవ్వలేరని నేను అర్థం చేసుకున్నాను. చికిత్స సమయంలో ఏవైనా లక్షణాలు ఇబ్బందికరంగా ఉంటే నేను డాక్టర్ కి తెలియపరుస్తాను.

నేను చికిత్స గురించి పూర్తిగా తెలుసుకున్నాను, చికిత్స గురించి తదుపరి ప్రశ్నలు లేవు.

సహాయకుడు (అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

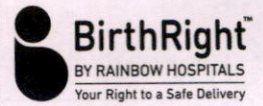
సంతకము

పేరు

PHW-00110942 IP5-00174230
 Master KARTHIK REDDY A
 05-01-2015 11 Y 4 M 26 D (M)
 Dr. SANDHYA VADDADI



RESTRICTED ANTIMICROBIAL USE JUSTIFICATION FORM



Patient Name : Karthik Reddy Age : 11 Y 4 M Gender : Male Female
 UHID No. : PHW-00110942 Department : Ped. Hematology Date of Admission : 23/5/20
 Diagnosis : k/c/o B cell ALL , On intensive Chem
 Brief Clinical History: Now for IP Schem

k/c/o B cell ALL
c/o Bone pain since 2 week

Clinical Features & Relevant Investigations Suggestive of Infection

Date	23/5	25/5		
Fever	23/5	69		
Other C/F				
HB	8.1	6.9		
TLC	340	200		
N,L,E	35/22			
PLT	12000	58200		
CRP				
PCT/ESR				
WIDAL				
MP Optimal				
WEIL-FELIX				
CUE				
BODY FLUID CYTOLOGY				
LATEX				

Restricted Antimicrobial Use

Antimicrobial	Date	DOA	Justification	Antimicrobial	Date	DOA	Justification
1. Meropenam	25/5/20		Persistent Neutropenia & sepsis	5.			
2.				6.			
3.				7.			
4.				8.			

Any Other Comment:

	Date	DOA	Result	Date	DOA	Result	Date	DOA	Result
A. Blood									
B. Urine									
C. CSF									
D. E Secretion									
E. BAL									
F. T Mini BAL									
G. Body Fluids									
H. PCR									

Elaboration:

If no please justify

[Handwritten notes in a box, including dates like 25/10/20 and other illegible text]

At Day 7 De-Escalation done: Yes No

If no please justify

[Handwritten notes in a box, including dates like 25/10/20 and other illegible text]

Justification:

I	Risk Factor for ESBL	I	Risk Factor for MDR Infection
11	Prior Antibiotic use (within 90 days)	11	Prior Antibiotic use (within 90 days)
12	Recent hospitalization ion(>2d, within 90 days)	12	Recent hospitalization (>2d, within 90 days)
13	current hospitalization of (>5 days)	13	current hospitalization of (>5 days)
14	Immunosuppression	14	Chronic / Nursing Home Care
15	Prolonged Mechanical Ventilation (>3days)	15	Dialysis
16	Suspected Septic Shock-hit First Hit hard Policy	16	Immunosuppression
17	Other	17	Suspected Septic Shock-Hit First Hit Hard Policy
		18	Others
K	Risk Factors for Invasive Candidacies / Candidemia	L	Risk Factors for MRSA
K1	Immunosuppression	L1	Immunosuppression
K2	Dialysis	L2	Dialysis
K3	Prolonged Hospitalization (>5 days)	L3	Exposure to MRSA
K4	Previous Broad Spectrum Antibiotic Use	L4	Central Lines, ICD, PD, Catheter, ET Tubes
K5	CVP/HD Catheter / PA Catheter	L5	Chronic / Nursing Home Care
K6	Total Parenteral Nutrition	L6	Multi Focal Candida Coloniation
K7	Others	L7	Suspected Septic Shock-Hit First Hit Hard Policy
		L8	Others

[Handwritten signature]
Signature of Consultant

Signature of Microbiologist

11) → 138

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 23/5/2016 Time: 1:20 PM

Weight: 36.3 kgs Centile: >25th

Height: 139 cm Centile: >10th

Inference: well child

RDA: - Calories: 1700 kcal/d Protein: 30 g/d

Diet Recommendations: child is on NPO

Re-Assessment:

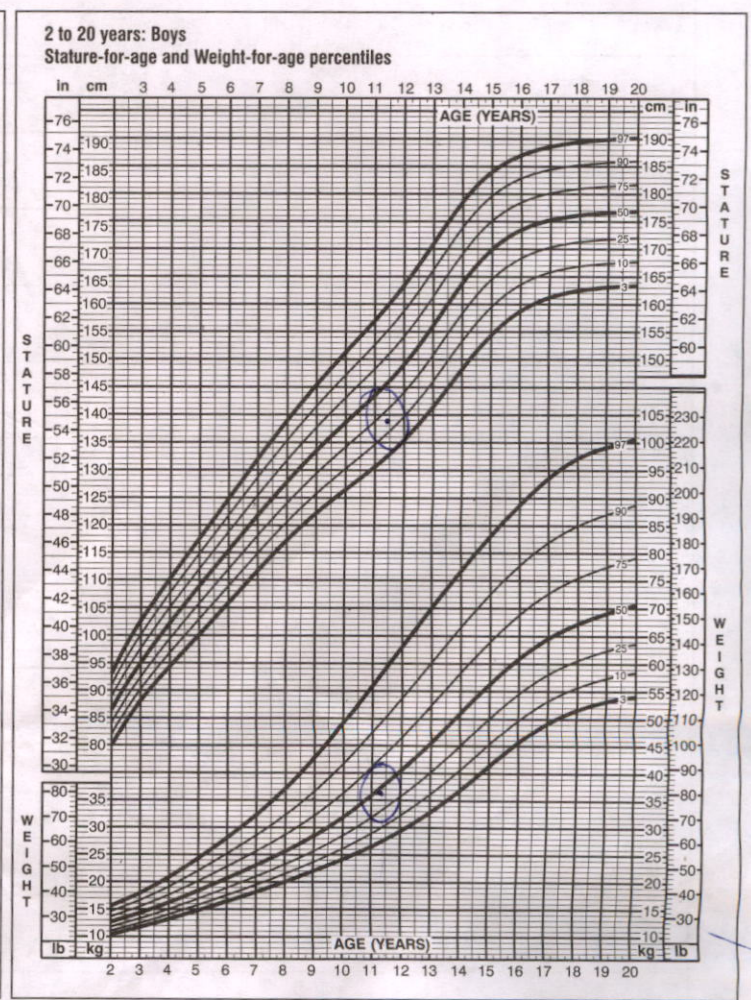
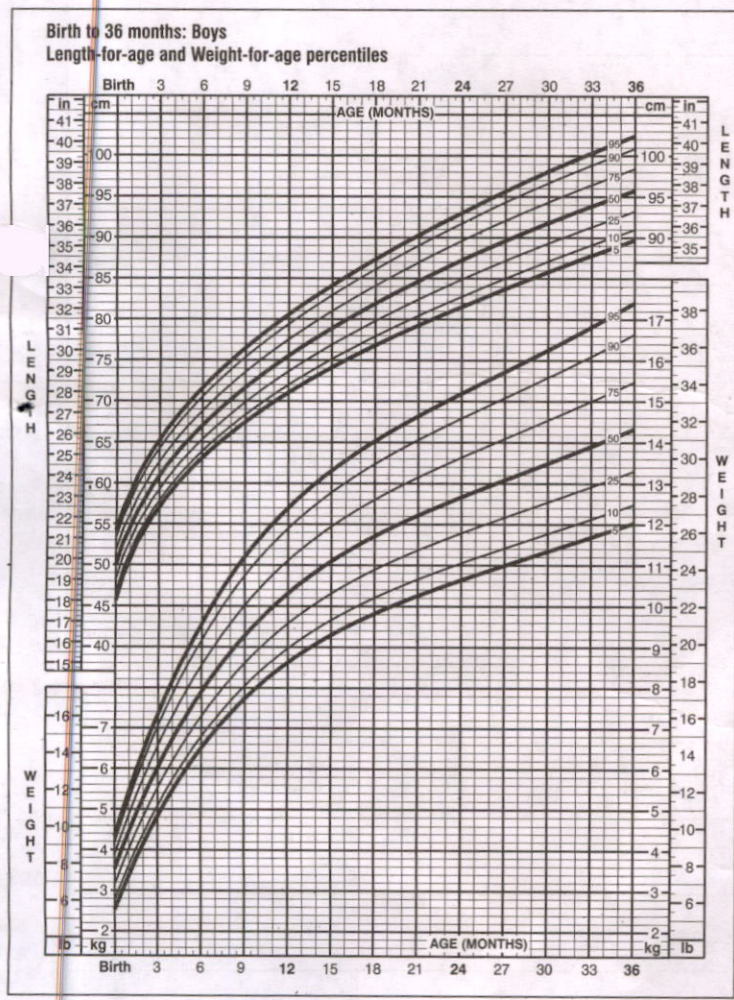
Food Allergies: No Veg/Non-veg: Non-veg

Diagnosis: K1C10 B cell ALL

Nutritional Intervention - Oral Enteral Parenteral

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

GROWTH CHART (BOYS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

Daily Notes:

24/5/26
10:30am

child is stable. oral intake is good.

~~continue~~ continue with normal high protein diet - morning.

25/5/26
8am

child is stable. Intake is better.

continue with normal high protein diet night