

ADMISSION SHEET


Registration Details :

Admission No : IP5-00175851 Admit Date : 02-Jul-2026 Admit Time : 02:27 AM UHID : BAH-00655934

Patient Details :

Patient Name	: Baby ALETY KUNDANA SRI	Age	: 4 Y 3 M 21 D
Guardian	: Mr ALETY SHOBHANA CHARY	DOB	: 11-03-2022
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: RAVINUTHALA (V), BONAKAL Bommakal Khammam Telangana INDIA 507204	Phone No	: 9550254269/ 9121260465
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : FOUR SHARING Bed No : FSW ~~127~~ 137 Ward Name : 1F-HEMATO-ONCOLOGY
Room No : FSW ~~127~~ 139 Admission Type : First Visit

Contact Details :

Name : Mr ALETY SHOBHANA CHARY Relationship : Father
Contact Address : RAVINUTHALA (V), BONAKAL Bommakal
Khammam Telangana INDIA 507204 Phone No : 9550254269 / 9121260465

Ashobhachary
Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI Specialisation : HEMATO ONCOLOGY
Referral Doctor : Self Phone No :
Co-Consultant : Dr. SANDHYA VADDADI

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

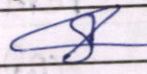
Name : _____

UHID No. : _____ IP **BAH-00655934** **IP5-00175851** ant: _____ Dept : _____
Baby ALETY KUNDANA SRI
11-03-2022 **4 Y 3 M 21 D** (F)
Dr. SIRISHA RANI

Date of Admission: _____ Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
02/7/26	3 Am	ER	137	

Cross Consultation Visit

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

[illegible]

Investigations

Order No.

Signature

~~2/2~~

Cbl. CRP. & Electrolytes
& Creat, Blood c/s

6604

Refine.

217

Urine c/s

217

Chest xray

26066119

1976

feritin

032901

Qizh

317

CBP

26066 329

Qing

317

Stool cl's

26066399



2606638

Drugs

CK2

Q. Explain the role of Electrolyte in RBS.

26067199

Amratha

67

Electrolyte

67390

[Handwritten signature]

[illegible]

[illegible]

Don't change for NHA. - manly

Prepared By : Pooja

Billing Supervisor

Morning
Shift

BAH-00655934 IP5-00175851
Baby ALETY KUNDANA SRI (F)
11-03-2022 4 Y 3 M 21 D
Dr. SIRISHA RANI

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ADMISSION CRITERIA – ONCOLOGY

Admission / Transfer from:

☒ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others:

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

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

Signature of the Doctor:

Name of the Doctor:

Date & Time:

BAH-00655934 IP5-00175851
Baby ALETY KUNDANA SRI
11-03-2022 4 Y 3 M 21 D (F)
Dr. SIRISHA RANI




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DISCHARGE CRITERIA – ONCOLOGY

Discharge to:

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

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

- ☐ Completion of chemotherapy, with no debilitating side effects.
- ☐ Resolution of febrile episode, with no fever > 24hrs and Absolute Neutrophil count (ANC) > 500cells/mm³.
- ☐ Admitted patients - Once the admitting problem gets resolved or made a plan to manage further on out-patient basis.

Signature of the Doctor: [Signature]

Name of the Doctor: Sirisha Rani

Date & Time: 6/3/22 @ 12pm



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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00655934 IP5-00175851
Baby ALETY KUNDANA SRI
11-03-2022 4 Y 3 M 21 D (F)
Dr. SIRISHA RANI



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Kundana Sri Age/Sex 4/F
Information given by: mother Relationship good

Chief Presenting Complaints & Duration (Chronologically)

- k/c/o B-AU. on consolidation
c/o fever since 4 hours.

History of present illness :

child is a k/c/o B-AU / CAUA (+) / TLF₃-PBX
negative / MRD (-) / CNS (-)
extensive intramedullary disease
currently on consolidation (25/6)

last chemo on 25/6 - Cyclophosphamide
& intrathecal - Methotrexate,
hydrocortisone, cytarabine

urine c/s 21/6 - Klebsiella UTI
was on Augmentin since then

last CBP - 29/6 - 6.9×10^9 / 920×10^9 / $79,000$
ANC - 598

c/o fever x 4 hours -
initially low grade; then
↑ temp

no localising symptoms
child can



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

① perinatal transition

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

no sick contact

Developmental History :

appropriate

Immunization History :



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 13.83 kg Centile _____

On Examination :

Temperature : 102°F Pulse Rate : 126/min B.P. 114/85 SPO2 100%
Resp. rate and type of breathing : 30/min

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

severe pallor (+)

no I/C/C/L/E

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any added sounds : _____

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

BAE (+)

clear / NvBS

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : _____

Any murmur : _____

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

(+) no gallop

no gallop

Per Abdomen :

Inspection _____

Palpation : _____

Auscultation : _____

Spine : _____

External Genitalia : _____

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

(+) soft

non tender / no Hsm



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

dull / febrile

Cranial Nerves :

Motor System:

Nutriton :

Tone :

Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR

Superficials:

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Febrile neutropenia

in Kc/o B-Ac on consolidation



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Shock.

Desired goals of the treatment : resolution of febrile illness

Planned Labs:

Febrile neutropenia
panel - 1
NIB
Sagar
2:45 Am

Planned Management

- 1) IVF DNS.
- 2) Inj Ceftriaxone.
- 3) Inj Pantoprazole.
- 4) Fever management
- 5) Zincovit
Calcimax plus
- 6) Voriconazole

Signature of the Doctor: Akhile

Name of the Doctor: Dr. Akhile

Date & Time: 2/7/26

Signature of the Consultant: Sandhya

Name of the Consultant: Dr. Sandhya

Date & Time: 27/26 @ 10:40am

Dr. SANDHYA VADDADI
Reg. No: 71664



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/2/26 6pm	Evening rounds B-Aul TCF₂-PR X⁺/MIL low⁺ with febrile neutropenia Ongoing high grade fever⁺ to AHA pain presumable poor intake⁺ U/O Adequate hydration good WS NK /⁺ PK /⁺ Musopenem Vanomycin pleural effusion monitor at HO	AAs 1) Meropenem 2) Vanomycin 1) cont drugs as per chart 2) monitor intake 3) w/f hydration 4) CBP / this re-bp pain 5) Inform SOS 6) feel it's same sample Shambha
3/2/26 3:40pm	Seen by Resident. child asleep, afebrile, last fever spike - 6 hrs ago - 102°F. Plan No fresh issues. child on room air hemodynamically stable chest clear abdomen soft hydration fair.	1. Continue medications as charted 2. monitor vitals, w/f fever/fever spikes & uniform SOS Salvatore M.B. 00014 @ 6:40 3/2/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 9AM	B-ALL TCF ₂ -PBX(F) febrile Enterocolitis	Consolidation Neutropenia
	fever spikes (+) 6 loose stools since last night	
	no rash (erythematous) over neck / trunk	
	Tachycardia (+) HR - 130/min BP - 106/79 (85) mmHg	<u>Plan</u> 1. ct IV antibiotics 2. send stool cl. & stool parasites 3. Trace blood & urinalysis 4. Add ZEP. 5. Add Trauxa 6. lig AVIL IV STAT.
	R4-BLUE (+) clear P/A-soft B - Meropenem BSC (+) varco } CET - 2 sec dinitaen - P ₂ - stop F - vari.	
	Blood cl. - 24 hrs no growth.	

[Signature]
 3/7/26
 10 AM

Dr. SANDHYA VADDADI
 Reg. No: 71664

M.B. Mounida
 3/7/26
 10 AM
train



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/2/20 4pm.	CSD Dr Sandhya. Well built baby - PDX. now with ent Febrile neutropenia / late VTI	
	Aspirin - 9 AM. Baby under bath	1) wait as per chart 2) w/f fever 3) DRESSING TO BE DONE
3 loose stools	Asleep Accepting liquids vitals stable - 9 AM	4) have urine ds. 5) monitor urine 6) Enforce OR.
Urine ds → core growth	WS DS PR	Thank you
		Noted by Moumita 31/12/26 5 PM
		Dr. SANDHYA VADDADI Reg. No: 71664



Date & Time	Progress Notes	Doctor's Order
4/2/21 9 AM	<u>C/IB Resident</u> Bcell-ALL / TCF3-PBX + Now with febrile neutropenia No fever spikes - last spike yesterday @ 9 AM. 3 episodes of semi-solid stools in morn. <u>O/S</u> Child Alert & Active. Vital stable Cx: clear @ Mx: Nil @ P/A: R+H (M): WAD.	<u>Plan</u> → LP TM if well → GMP today if no → CBP } TM SE → Exh. plan → <i>[Signature]</i> 4/2/21 [Signature] Noted by alu <i>[Signature]</i> 4/2/21 Dr. SANDHYA MODABATI Reg. No: 71664



PROGRESS NOTES AND DOCTOR'S ORDER

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



7

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/22 9am	B-411 / consolidation febrile Neutropenia Hypokalemia	
	afebrile x 2 days.	
	No loose stools	
		<u>Plan</u>
		1. Lp today
		2. continue IV antibiotics
	Meropenem - D4 → stop	3. d/c today
	Amikacin - D5/7	4. Trace stool cl.
	Vori	from 9/7 c
	Linezolid - D2/5	CDP. <u>Shari</u>
		cyhearthine t/m.
		(R/W) TPMT.
		NDPTIS.
	<u>Procedure notes</u>	
6/7/22 12pm	Under sterile aseptic precautions, lumbar puncture done clear CSF seen, intrathecal medications administered. procedure uneventful vitals stable	
		<u>Plan</u>
		1. d/c Today <u>Shari</u>



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BAH-00655934 IP5-00175851
Baby ALETY KUNDANA SRI
11-03-2022 4 Y 3 M 21 D (F)
Dr. SRISHA RANI



1)

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RESULT SHEET

Date	2/7	3/7/26	5/7/26	6/7/26.		
Time	4 AM	5:40 am	8 AM	8 AM.		
Hb	6.5	10.1	9.7			
PCV	19.8	29.3	27.9			
RBC	2.17	30.52	3.40			
WBC	0.33	690	1.83			
N/L	333/456	53/23	37/53			
Platelets	51,000	27000	34000			
CRP	5.0	normal				
ESR		40K				
PCT						
RBS			74mg/dL.			
Na	130		137	135		
K	4.0		1.9	3.3		
Cl	102		107	101		
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.2					
ALP			2.0.			
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						



REGULAR PRESCRIPTIONS

Weight Ward

Sheet No:

DRUG : TAB VORICONAZOLE				Date: 2/3/24
Dose: 1/2	Route: PO	Frequency: OD	Start Dt: 2/7	
Name & Signature of the Doctor Starting the Drugs: <i>Shubh</i>				
Additional Instructions: (200mg)				
Daily Doctor's Endorsement by a Sign: <i>Shubh</i>				
DRUG : Symp CALMAX				Date: 2/3/24
Dose: 2.5ml	Route: PO	Frequency: OD	Start Dt: 2/7	
Name & Signature of the Doctor Starting the Drugs: <i>Shubh</i>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign: <i>Shubh</i>				
DRUG : Inj AMIKACIN				Date: 2/3/24
Dose: 100mg	Route: IV	Frequency: BD	Start Dt: 2/7	
Name & Signature of the Doctor Starting the Drugs: <i>Shubh</i>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign: <i>Shubh</i>				
DRUG : Inj PIPERACILIN-TAZOBACTAM				Date: 2/3/24
Dose: 1.125g	Route: IV	Frequency: TID	Start Dt: 2/7	
Name & Signature of the Doctor Starting the Drugs: <i>Shubh</i>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign: <i>Shubh</i>				

BAH-00655934 IP5-00175851
Baby ALETY KUNDANA SRI
11-03-2022 4 Y 3 M 21 D (F)
Dr. SIRISHA RANI



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Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : IN METROPERM

Dose 500mg Route IV Frequency 8th July 2/7 Start Dt.

Name & Signature of the Doctor Starting the Drugs:
Ahanhaka

Additional Instructions:

Date	Time	2/7	3/7	4/7	5/7	6/7
6AM	X	Son	Son	Son	Son	Son
2PM	X	An	An	An	An	An
10PM	X	An	An	An	An	An

Daily Doctor's Endorsement by a Sign

A d A d d

DRUG : IN VANCOMYUN

Dose 200mg Route IV Frequency 8th July 2/7 Start Dt.

Name & Signature of the Doctor Starting the Drugs:
Ahanhaka

Additional Instructions:

Date	Time	2/7	3/7	4/7
6AM	X	Son	Son	Son
2PM	X	An	An	An
10PM	X	An	An	An

Daily Doctor's Endorsement by a Sign

A d A d

DRUG : IN ONDANSETRON

Dose 3mg Route IV Frequency BD Start Dt. 2/7

Name & Signature of the Doctor Starting the Drugs:
Ahanhaka

Additional Instructions:

Date	Time	2/7	3/7	4/7	5/7	6/7
6AM	X	Son	Son	Son	Son	Son
12PM	X	An	An	An	An	An
6PM	X	An	An	An	An	An

Daily Doctor's Endorsement by a Sign

A d A d d

DRUG : IN PANTOPRAZOLE

Dose 10mg Route IV Frequency OD Start Dt. 2/7

Name & Signature of the Doctor Starting the Drugs:
Ahanhaka

Additional Instructions:

Date	Time	3/7	4/7	5/7	6/7
6AM	X	Son	Son	Son	Son
6PM	X	An	An	An	An

Daily Doctor's Endorsement by a Sign

d d d d

(P.T.O)

RAINBOW FIRM / CLINICAL / 108



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : Z + D drops				Date Time	3/7	4/7	5/7													
Dose	Route	Frequency	Start Dt.																	
1ml	PO	OD	3/7																	
Name & Signature of the Doctor Starting the Drugs:				8pm poor Am poor Am Am poor Am Am																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign				A A A																
DRUG : Tab TRANEXA				Date Time	3/7	4/7	5/7	6/7												
Dose	Route	Frequency	Start Dt.																	
1/2 tab	PO	BD	3/7																	
Name & Signature of the Doctor Starting the Drugs:				8AM poor Am poor Am Am poor Am Am																
Additional Instructions:				(1 tab = 500 mg)																
Daily Doctor's Endorsement by a Sign				A A A																
DRUG : INT AMIKACIN				Date Time	4/7	5/7	6/7													
Dose	Route	Frequency	Start Dt.																	
100mg	IV	BD	4/7																	
Name & Signature of the Doctor Starting the Drugs:				8am poor Am poor Am Am poor Am Am																
Additional Instructions:				8pm poor Am poor Am Am poor Am Am																
Daily Doctor's Endorsement by a Sign				A A A																
DRUG : SYR LINEZOLID				Date Time	5/7	6/7														
Dose	Route	Frequency	Start Dt.																	
5ml	PO	TID	5/7																	
Name & Signature of the Doctor Starting the Drugs:				8am poor Am poor Am Am poor Am Am																
Additional Instructions:				8pm poor Am poor Am Am poor Am Am																
Daily Doctor's Endorsement by a Sign				A																



Ward

STAT / ONCE ONLY DRUGS



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Weight: kgs

Sheet No:

[illegible]



DRUG CHART

Date of Admission: 2/7 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : <u>Syp MEFTAL P</u>				Date Time
Dose <u>7ml</u>	Route <u>PO</u>	Frequency <u>SOS</u>	Start Date <u>2/7</u>	
Doctor's Signature <u>[Signature]</u>		Valid Period	Pharm.	
Additional Instructions: <u>T > 102° F 8th mly</u>				

DRUG : <u>1mg PARACETAMOL</u>				Date Time
Dose <u>200mg</u>	Route <u>IV</u>	Frequency <u>6th mly</u>	Start Date <u>2/7</u>	
Doctor's Signature <u>[Signature]</u>		Valid Period	Pharm.	
Additional Instructions: <u>T > 100° F</u>				

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

Weight. 13'8 1/2 Ward.

Page: 2/4



		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Route	Start Date	Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Name & Signature of the Doctor		Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Additional Instructions:		Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Route	Start Date	Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Name & Signature of the Doctor		Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Additional Instructions:		Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/7	2:40pm	1mg AVIL	6mg	IV	AJ	Moumita Divya
2/7	2:40pm	PR.B.C.	250ml	IV	AJ	Moumita Divya
2/7	10am	1mg FURSEMIDE	10mg induray	N	AJ	Arun Arun
2/7	4pm	1mg HYDROCORTISONE	65mg	IV	d	Moumita Divya
3/7	8:30am	1mg DEXAMETHASONE	1.5mg in 100ml NS	IV	d	Moumita Pooja
3/7	11:30am	1mg AVIL	0.3ml	IV	d	Moumita Pooja
4/7	12:30pm	3-THIOBARBITONE	15mg	IV stat	AJ	Arun Arun
5/7	6pm	Kcl + mgso ₄	7.5ml + 1ml in 100ml NS	IV once 4 hour	d	Arun Arun
5/7	6pm	Kcl + mgso ₄	7.5ml + 1ml in 100ml NS	IV once 4 hour	d	Arun Arun

Weight. 134 Ward. 134

[illegible]

Signature

VERIFIED BY : Name



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: ICU

Shifted to: Oncology

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Syp AUGMENTIN	5ml	PO	BID	1/7	☐ C ☒ DC
2	Tab VORICONAZOLE	1/2 tab	PO	OD	1/7	☒ C ☐ DC
3	Syp ZINCOVIT	2.5ml	PO	OD	1/7	☐ C ☒ DC
4	Syp CALCIUMAX	2.5ml	PO	OD	1/7	☐ C ☒ DC
5	Syp SEPTRAN	2.5ml	PO	BD	1/7	☐ C ☒ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Shrivile

Date & Time: 2/7/2026

Nurse Name & Signature: Sagar

Date & Time: 02/7/26 @ 3 AM



PAIN ASSESSMENT FORM

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

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 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/7	6Am	0	N/A	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
5/7	2m	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N/A	Am m
5/7	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Q
4/7	6Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	2 Sorens
6/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sorens
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	naudin
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

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

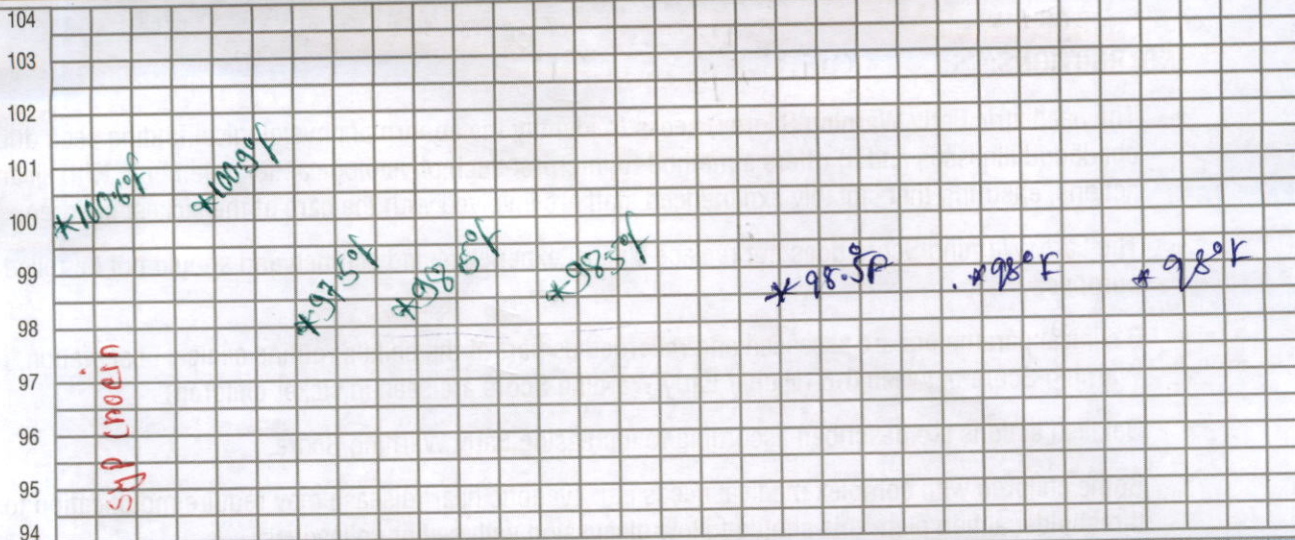
The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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)

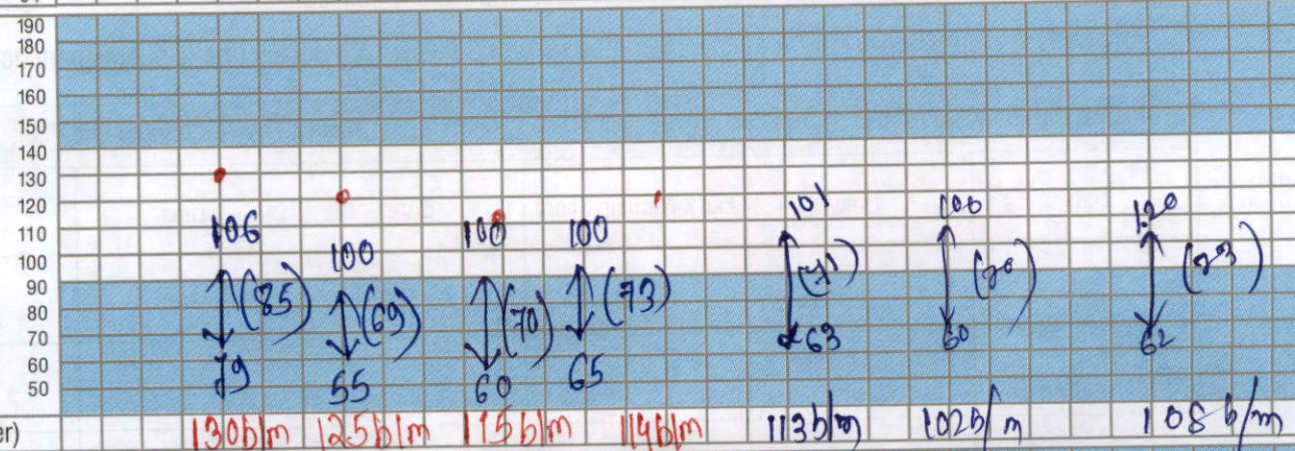
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/3 Time: 8AM 9AM 10AM 11AM 12PM 1PM 2PM 3PM 4PM
 Doctor / Nurse / Family Concern?

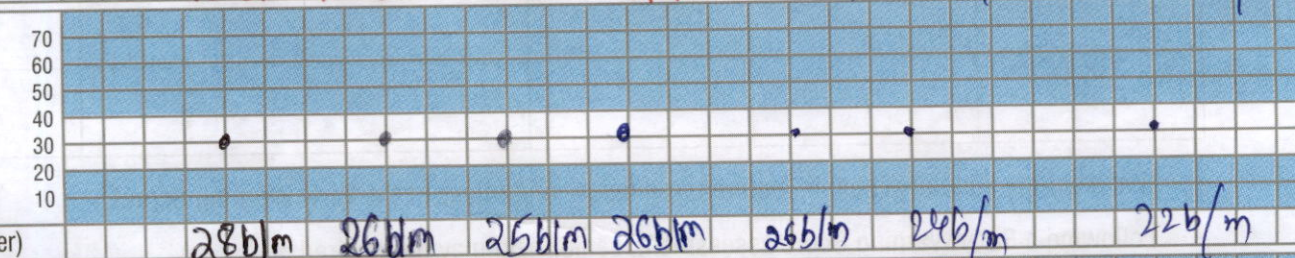
Temperature
 (F)



ate
 (upm)
 and
 Blood Pressure
 (mmHg) *
 Note:
 BP does not score
 in early
 warning scoring



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



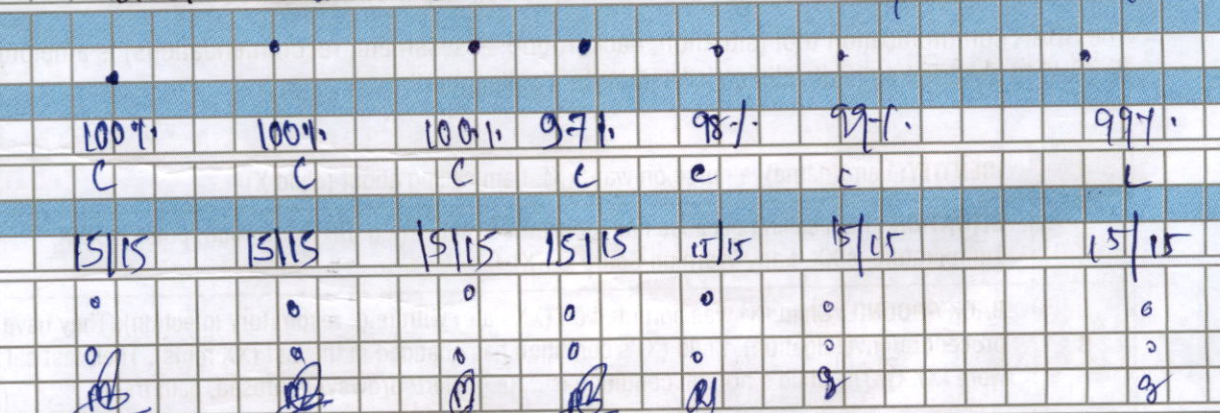
Resp Mod/ Severe
 Distress None / Mild

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

Conscious Normal
 Level Altered

GCS *

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



ACTIONS

NB: Scores 3 should be
 recorded overleaf

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

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

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BAH-00655934 IP5-00175851
 Baby ALETY KUNDANA SRI
 11-03-2022 4 Y 3 M 21 D (F)
 Dr. SIRISHA RANI



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

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

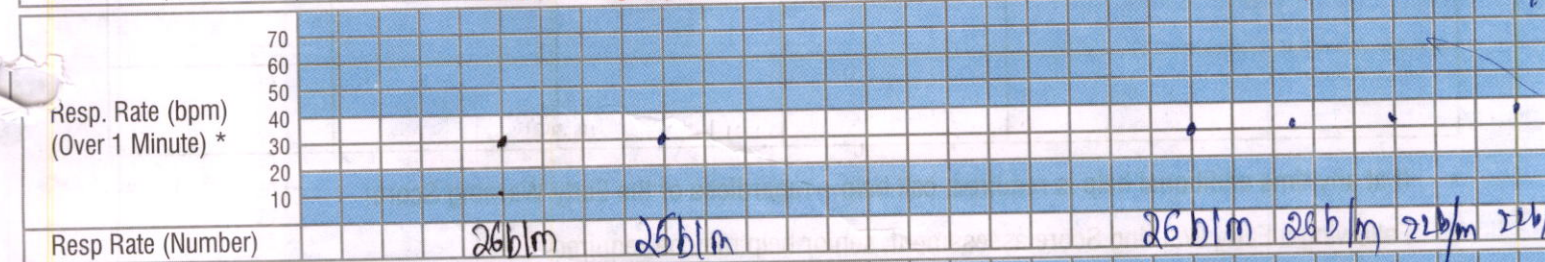
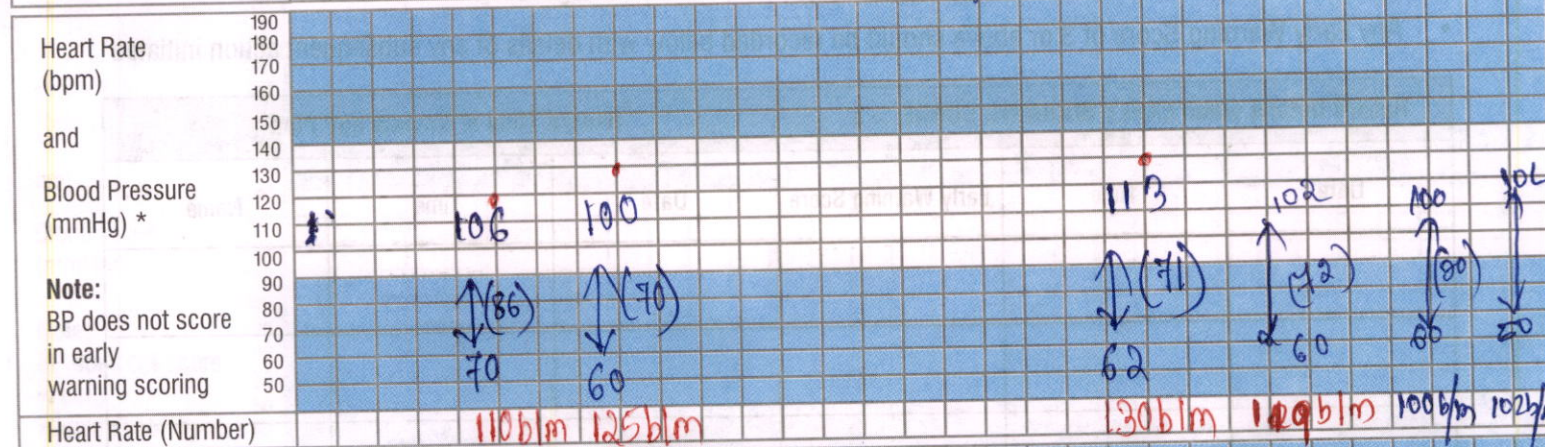
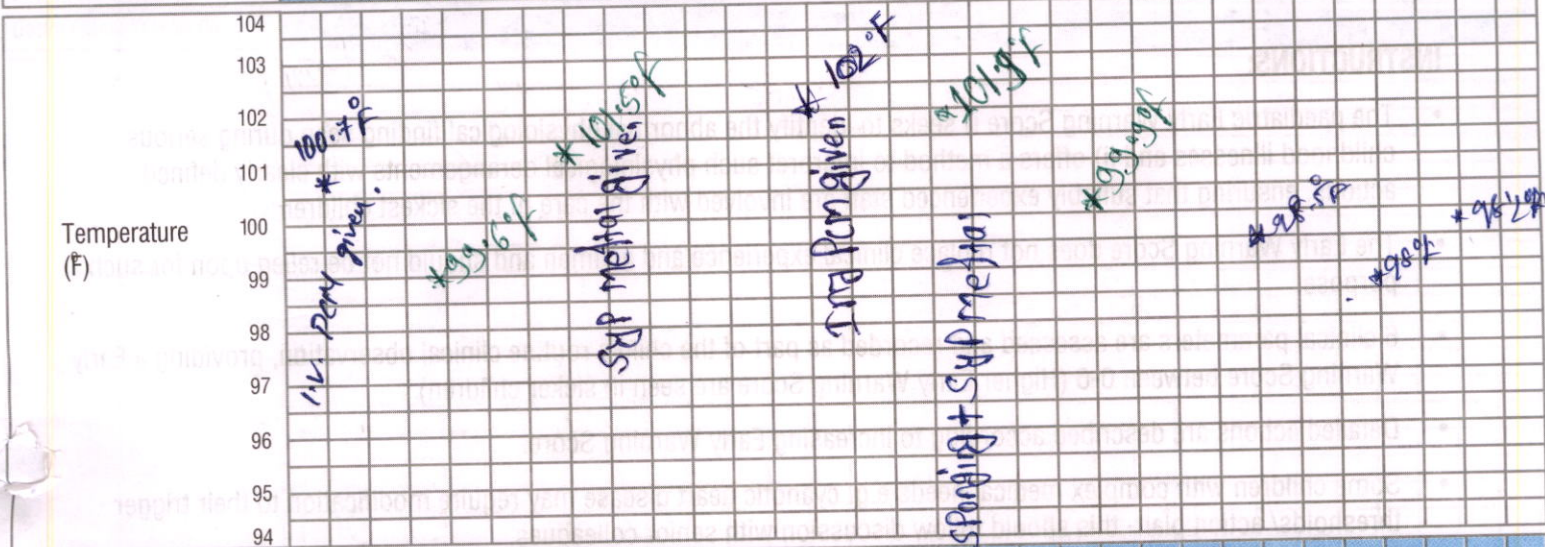
Pratiksha
 Rainbow
 Children's
 Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 27/03/22 Time: 8:24 am 9:30am 1pm 3:20pm 6pm 7pm 10pm 3am 6am

Doctor / Nurse / Family Concern?



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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BAH-00655934 IP5-00175851
 Baby ALETY KUNDANA SRI
 11-03-2022 4 Y 3 M 23 D (F)
 Dr. SIRISHA RANI



FLUID CHART

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Sheet No. : 6

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 Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
6/7													
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
	Total Intake :						Total Output :						
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
	Total Intake :						Total Output :						
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
	Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. : 6

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
5/9			Mouth	I.V	N.G							Gaya	
	08:00 am			25ml						100ml			
	09:00 am	2uly		25ml			✓						
	10:00 am			25ml									
	11:00 am		100ml.	25ml.						150ml			
	12:00 pm			25ml									
	01:00 pm			25ml									
Total Intake : 250ml.						Total Output : 250ml.						m=1	
	02:00 pm		100ml	50ml								Gaya	
	03:00 pm	tho		50ml						100ml			
	04:00 pm	rice		12.5ml									
	05:00 pm			12.5ml									
	06:00 pm			12.5ml						150ml			
	07:00 pm			12.5ml									
Total Intake : 345.5ml						Total Output : 250ml							
	08:00 pm			25ml								Gaya	
	09:00 pm	rice		25ml.						120ml			
	10:00 pm	H2O	100ml.	25ml									
	11:00 pm			25ml									
	12:00 am			25ml						200ml			
	01:00 am			25ml									
Total Intake : 275 ml						Total Output : 320ml							
	02:00 am			25ml								Gaya	
	03:00 am			25ml									
	04:00 am			25ml									
	05:00 am			25ml									
	06:00 am			25ml						350ml			
	07:00 am			25ml									
Total Intake : 150ml						Total Output : 350ml							

Total 24 hrs. Intake 1023 ÷ 74cc/kg

Total 24 hrs. Output 1120 ÷ 3.58cc/kg

M=1



FLUID CHART

Sheet No. : u

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
u/ghu	08:00 am	milk 50ml		50ml						100ml	1	Rane
	09:00 am	H2o 100ml		50ml								
	10:00 am			50ml						120ml		
	11:00 am			50ml								
	12:00 pm			50ml						130ml		
	01:00 pm	rice		50ml								
Total Intake : 450ml					Total Output : 380ml					m=5		
	02:00 pm			50ml							1	Rane
	03:00 pm			50ml						200ml		
	04:00 pm	H2o 100ml		50ml								
	05:00 pm			50ml								
	06:00 pm			50ml								
	07:00 pm			50ml						100ml		
Total Intake : 400ml					Total Output : 300ml							
	08:00 pm			50ml							1	Rane
	09:00 pm	H2o 100ml		50ml						200ml		
	10:00 pm	milk		50ml								
	11:00 pm	curry 100		50ml								
	12:00 am			25ml						150ml		
	01:00 am			25ml								
Total Intake : 350ml					Total Output : 350ml							
	02:00 am			25ml							1	Rane
	03:00 am			25ml						200ml		
	04:00 am			25ml								
	05:00 am			25ml								
	06:00 am			25ml						100ml		
	07:00 am			25ml								
Total Intake : 150ml					Total Output : 350ml							

Total 24 hrs. Intake

1450 ÷ 111 cc/kg

Total 24 hrs. Output

1350 ÷ 103.8 cc/kg/hr



FLUID CHART

Sheet No. : 3

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
3/2	08:00 am			25ml								
	09:00 am			25ml			25ml					
	10:00 am	H2O	50ml	25ml								
	11:00 am			25ml			25ml					
	12:00 pm	H2O	40ml	25ml						250ml		
	01:00 pm			25ml								
Total Intake :			240ml			Total Output :			250ml			
	02:00 pm	H2O	70ml	50ml								
	03:00 pm	Dal		25ml			Medicm			100		
	04:00 pm	Rice		25ml			(L)					
	05:00 pm	Muramba		25ml			(L)					
	06:00 pm	Milk	100ml	100ml			(M)			90ml		
	07:00 pm			25ml								
Total Intake :			420ml			Total Output :			190ml			
	08:00 pm			25ml								
	09:00 pm	Rice		25ml						240ml		
	10:00 pm	H2O	100ml	25ml								
	11:00 pm			25ml								
	12:00 am			25ml								
	01:00 am			25ml								
Total Intake :			250ml			Total Output :			240ml			
	02:00 am			25ml								
	03:00 am			25ml								
	04:00 am			25ml								
	05:00 am			25ml								
	06:00 am			25ml								
	07:00 am			25ml						150ml		
Total Intake :			150ml			Total Output :			150ml			

Total 24 hrs. Intake

1060 ÷ 76.8cc/kg/day

Total 24 hrs. Output

850 ÷ 2.506cc/kg

BAH-00655934 IP5-00175851
Baby ALETY KUNDANA SRI (F)
11-03-2022 4 Y 3 M 21 D
Dr. SIRISHA RANI

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Children's
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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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			NG	Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G		Diarrhoea	Vomit	Drainage	Urine			
	08:00 am			25ml			✓						
	09:00 am	H ₂ O	50ml	25ml									
	10:00 am			25ml									
	11:00 am			25ml			45ml						
	12:00 pm			25ml						200ml			
	01:00 pm			50ml									
Total Intake :			200ml			Total Output :			200ml				
	02:00 pm			50ml			3ml						
	03:00 pm	tdi (1flie)		62.4						100ml			
	04:00 pm			62.4			3ml						
	05:00 pm	H ₂ O	100ml	-									
	06:00 pm			-						80ml			
	07:00 pm			70ml									
Total Intake :			344.8ml			Total Output :			180ml				
	08:00 pm			70ml									
	09:00 pm	H ₂ O	100ml	70ml						150ml			
	10:00 pm			70ml									
	11:00 pm			25ml									
	12:00 am			25ml						100ml			
	01:00 am			25ml									
Total Intake :			385			Total Output :			250ml				
	02:00 am			25ml			✓(L)						
	03:00 am			25ml			✓(L)			200ml			
	04:00 am			25ml									
	05:00 am			25ml			✓(L)						
	06:00 am			25ml						80ml			
	07:00 am			25ml			✓(L)						
Total Intake :			150ml			Total Output :			280ml.				
Total 24 hrs. Intake		1079.8 ÷ 83.06 cckg/day				Total 24 hrs. Output		910 ÷ 2.9 cckg/hr.					



FLUID CHART

Sheet No. :

1. All measurements in ml.
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3. 24 hrs. total to be entered in the kardex in RED.

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											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am			25ml								
	04:00 am			25ml								
	05:00 am			25ml								
	06:00 am			25ml								
	07:00 am			25ml						200ml		
Total Intake : 125 ml						Total Output : 200ml						
Total 24 hrs. Intake		125 : 9.61 cc/kg										
Total 24 hrs. Output		200 : 1.92 cc/kg										

BAH-00655934 IP5-00175851
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11-03-2022 4 Y 3 M 21 D (F)
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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 3pm Mode of Arrival: wheel chair Admitting From: ☒ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: Not Significant Body Weight: 13 Kg
Height: _____ cm

Past Medical History: Obtained From ☐ Patient ☒ Family Member ☐ Medical Record ☐ Other (specify) _____

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nothing significant</u>	<u>Nothing significant</u>	<u>Yes</u>

Family History: There is nothing significant

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☒ No

If yes please list, _____

Was the child's birth normal? ☒ Yes ☐ No If No, please describe problems: _____

Are the child's immunization up to date? ☐ Yes ☒ No

Current Medication: ☒ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: 13kgs Length: 85cm Head Circumference (< 2 years): 51cm

Temp.: 99.8°F HR: 135bpm RR: 24bpm BP: 100/60 (70)

Pain Score: 0 Specify Site: _____ (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☒ Yes ☐ No Score: 10 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☒ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☒ FLACC ☐ Wong Baker

Character of Pain _____ Location _____ Frequency _____ Duration _____

FUNCTIONAL SCREENING:☒ No Abnormalities Detected☐ Mobility Problem☐ Walking Problem☐ Developmental Delay☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:☒ No Abnormalities Detected☐ Underweight☐ Overweight☐ Special Feeding Method☐ Feeding Problem☐ Special diet☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening:☐ No Significant FindingsUnusual concerns about patient's Psychological Status: ☐ Yes ☒ No

If Yes Consultant Notified: (Date/Time):

Cultural & Spiritual Needs: ☐ Yes ☒ No if Yes specify Inform consultant for positive criteria.**Social History:** Lives With *parents*Siblings in household ☐ Yes ☒ No (if yes How Many?)All Information Obtained From ☐ Patient ☒ Mother ☐ Father ☐ Other Family Member**Orientation has been given regarding the following aspects:**Call Bell in Reach: ☒ Yes ☐ NoWaste Disposal Explained: ☒ Yes ☐ NoInfusion Pump: ☒ Yes ☐ NoHand hygiene Explained: ☒ Yes ☐ No☐ OthersPatient Rights & Responsibilities: ☒ Yes ☐ NoInformation given to *Mother*Nurse Signature: *[Signature]*Nurse Name: *Sonam*Date: *2/3/22*Time: *3:15 AM*



(F)

4 Y 3 M 24 D

Dr. SIRISHA RANI



Nurse Signature: Nurse Name: Date & Time:



11

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 6/2/26

Assessment: The Patient having Klebsiella

Goals

- ☐ Maintain Airway and Oxygenation
☐ Maintain Personal Hygiene
☐ Identify Potential Complications
☐ Relieve Pain & Discomfort
☐ Prevent Infection
☐ Any Others. Specify.....
☒ Maintain Fluid Balance
☐ Meet Elimination Needs
☒ Improve Activity Tolerance
☐ Ensure Safety
☐ Maintain Good Nutritional Status
☐ Early Ambulation Reduce Anxiety
☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8am	Monitor Vitals.	9am	Monitored Vitals	Pt felt better
9am	Administer medication as per doctor advice	10am	Administered medication as per doctor advice	
10am	Provide Hydration	11am	Provided Hydration	
11am	Provide Supportive Care.	12pm	Provided Supportive Care	

Re-Assessment: Pt felt better

Special Notes: D/G today.

Nurse Signature:

Nurse Name: Pooja

Date & Time: 6/2/26 12pm

BAH-00655934 IP5-00175851
 Baby ALETY KUNDANA SRI
 11-03-2022 4 Y 3 M 23 D (F)
 Dr. SIRISHA RANI



NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 5/4/26

Assessment: Patient having weakness

- | | | | | | | |
|-------|---|--|--|---|--|--|
| Goals | ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☒ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☒ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| | ☒ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☐ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☒ Patient & Family Education |
| | ☐ Identify Potential Complications | | | | | |
| | ☐ Any Others. Specify..... | | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the general condition of the patient.	9pm	→ Assessed the general condition of the patient.	Patient felt better
10pm	→ Monitor vital signs	11pm	→ Monitored vital signs.	
11pm	→ Provide side rails	12am	→ Provided side rails.	
2am	→ Maintain hygiene	3am	→ Maintained hand hygiene.	
5am	→ Administer medication	6am	→ Administered medication	
7am	→ Maintain I/O chart.	8am	→ Maintained I/O chart.	

Re-Assessment: Patient felt better

Special Notes: SE albumin done

Nurse Signature: Nurse Name: Sonam

Date & Time: 6/4 @ 8am

BAH-00655934

IP5-00175851

Baby ALETY KUNDANA SRI

11-03-2022

4 Y 3 M 23 D

(F)

Dr. SIRISHA RANI



NURSING CARE RECORD

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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 5/7/26

Assessment: Baby hungry at hydration looks good

Goals

- ☐ Maintain Airway and Oxygenation
☐ Maintain Personal Hygiene
☐ Identify Potential Complications

- ☒ Relieve Pain & Discomfort
☐ Prevent Infection
☐ Any Others. Specify.....

- ☐ Maintain Fluid Balance
☐ Meet Elimination Needs

- ☒ Improve Activity Tolerance
☐ Ensure Safety

- ☐ Maintain Good Nutritional Status
☒ Early Ambulation Reduce Anxiety

- ☐ Maintain Skin Integrity
☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
2pm	* Assess the child General condition	3pm	* Assessed the child condition	
4pm	* monitor vital signs	5pm	* monitor vital signs	
5:40pm	* maintain D6 chart	5:40pm	* maintain D6 chart	
6pm	* Administer medication given as per doctor order	6:30pm	* Administer medication given as per doctor order	
7pm	* provide comfort & rest	7:30pm	* provided comfort & rest	

Re-Assessment: with hourly vital monitors

Special Notes: watch for diet & any abnormal

Nurse Signature: [Signature]

Nurse Name: Bhuvy

Date & Time: 5/7/26 @ 8pm



NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 31/7/20

Assessment:

patient having weakness

Goals

- | | | | | | |
|---|--|---|---|---|---|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☐ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☐ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications ☐ Any Others. Specify..... | | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8 AM	Assess the patient's general condition	9 AM	Assessed the patient's general condition	patient feels better
10 AM	check vital	10:30	checked vital	
11 AM	provide side rail	11:30	provided side rail	
12 PM	Maintain SLO chart	12:30	Maintained SLO chart	
1 PM	Administer medication	2 PM	Administered medication	

Re-Assessment:

NA

Special Notes:

NA

Nurse Signature:

[Signature]

Nurse Name:

Gouyathu

Date & Time:

31/7/20 @ 4 PM

BAH-00655934
Baby ALETY KUNDANA SRI
11-03-2022 4 Y 3 M 23 D (F)
Dr. SIRISHA RANI

NURSING CARE RECORD

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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 4/3/20

Assessment: The Patient having weakness

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☒ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☒ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify

Time	Plan of Care	Time	Implementation	Evaluation
2pm	Monitor Vitals	3pm	Monitored Vitals	
3pm	Administer medication as per doctor advice	4pm	Administered medication as per doctor advice	PR felt better
4pm	Provide Hydration	5pm	Provided Hydration	
5pm	Provide Supportive care	6pm	Provided Supportive care	

Re-Assessment: PR felt better

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Roja

Date & Time: 4/2 5pm

BAH-00655934 IP5-00175851
 Baby ALETY KUNDANA SRI
 11-03-2022 4 Y 3 M 22 D (F)
 Dr. SIRISHA RANI



NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 3/7

Assessment: patient hearing weakness

Goals

- | | | | | | |
|---|---|---|---|---|---|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☒ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the patient general condition	9pm	Assessed the pt general condition	patient feels better
10pm	Monitor vitals	10:15pm	monitored vitals	
12am	Maintain personal Hygiene	11am	maintained personal hygiene	
2am	ensure Safety Needs	3am	provided side rails	
4am	Administer medications	5am	Administered medications	
6am	Maintain glu chart	8am	maintained glu chart	

Re-Assessment: patient feels better

Special Notes:

Nurse Signature: [Signature]

Nurse Name: pooja

Date & Time: 4/7/22 @ 8am



6

NURSING CARE RECORD



Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 4/2/26

Assessment: patient is dull and having weakness

- Goals
- ☒ Maintain Airway and Oxygenation
☒ Maintain Personal Hygiene
☐ Identify Potential Complications

☐ Relieve Pain & Discomfort
☐ Prevent Infection
☐ Any Others. Specify

☒ Maintain Fluid Balance
☐ Meet Elimination Needs

☒ Improve Activity Tolerance
☒ Ensure Safety

☒ Maintain Good Nutritional Status
☒ Early Ambulation Reduce Anxiety

☐ Maintain Skin Integrity
☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8 AM	Assess general condition of the patient	8 AM	Assess general condition of the patient	Patient is stable
10 AM	Monitor vital signs	10:30 AM	monitored vital signs	
11 AM	Administered medication	11:40 AM	administered medicine	
12:30 PM	Maintain hygiene	1:10 PM	Maintained hygiene	
1:10	Ensure safety	1:20 PM	provided safety	
1:40 PM	Maintain I/O chart	2:00 PM	Maintain I/O chart	

Re-Assessment: patient is stable.

Special Notes: Dressing done

Nurse Signature: [Signature] Nurse Name: Nandhu Date & Time: 4/2/26 @ 2 PM

BAH-00655934 IP5-00175851
 Baby ALETY KUNDANA SRI
 11-03-2022 4 Y 3 M 21 D (F)
 Dr. SIRISHA RANI



④

NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 3/7/26

Assessment: Patient Having fever

Goals

- | | | | | | |
|---|---|--|---|--|--|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☒ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☒ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☒ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☒ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8AM	TO Assess the baby condition	9AM	Assessed the baby condition	Patient feel better
10AM	TO Monitor vitals and Record	11AM	monitored vitals and Recorded	
12PM	TO maintain fluid balance	1PM	Maintained fluid balance	
2PM	TO Ensure safety	3PM	Provided supportive care	
4PM	wif fever spike	5PM	Medication given as per doctor's order	
6PM	Administer medication as per doctor's order	7PM	wif loose stools	
6:30PM	wif Distress	7:30PM	Dexta given today	

Re-Assessment: Re-assessment done

Special Notes:

Nurse Signature:

Nurse Name: Moumita

Date & Time: 3/7/26 8PM

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 2/7/26

Assessment: patient having weakness

Goals

- ☒ Maintain Airway and Oxygenation
- ☒ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify
- ☒ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☒ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8am	Assess the general condition of the patient.	9am	Assessed the general condition of the patient.	Patient felt better
10am	Monitor vital signs.	11am	Monitored vital signs.	
12AM	Provide side rails.	1AM	Provided side rails.	
2AM	Maintain hygiene.	3AM	Maintained hygiene.	
4AM	Administer medication.	5AM	Administered medication.	
7AM	Maintain I/O chart.	8AM	Maintained I/O chart.	

Re-Assessment: Patient felt better

Special Notes: C/P, extra plan, done.

Nurse Signature: [Signature]

Nurse Name: Sonam

Date & Time: 3/7 @

BAH-00655934 IP5-00175851
 Baby ALETY KUNDANA SRI
 11-03-2022 4 Y 3 M 21 D (F)
 Dr. SIRISHA RANI

NURSING CARE RECORD

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Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 21/7/26

Assessment:

Goals

- | | | | | | |
|---|---|--|---|--|--|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☒ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☒ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☒ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☒ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8AM	TO ASSES the baby condition	9AM	Assessed the baby condition	Patient feel better
10AM	TO Moniten vitals and Record	11AM	Monitored vitals and Recorded	
12PM	TO Maintain fluid balance	1PM	Maintained fluid balance	
2PM	to Ensure safety	3PM	wif fever spike	
4PM	Plan PRBC transfusion today	5PM	PRBC transfusion given	
6PM	Administer medication as per doctor's order	7PM	Medication given as per doctor's order	

Re-Assessment:

Re-assessment done

Special Notes:

Nurse Signature:

Nurse Name: Moumita

Date & Time: 21/7/26 @ 8PM

BAH-00655934 IP5-00175951
 Baby ALETY KUNDANA SRI
 11-03-2022 4 Y 3 M 21 D (F)
 Dr. SIRISHA RANI



NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 2/7

Assessment: Pt having fever.

Goals

- | | | | | | |
|---|--|---|---|---|---|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☐ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☐ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
3:30AM	Assess the pt general condition.	3:30AM	Assessed the pt general condition.	
5:30AM	Maintain s/o chest.	5:30 AM	Continue s/o fluid.	Pt felt comfortable now.
7AM	Monitor vitals.	7AM	Checked vitals.	
8AM	Administer medication as per order.	8AM	Giving medication as per order.	

Re-Assessment: Pt felt comfortable.

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Gargi

Date & Time: 2/7, 8AM



1

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Sirisha Rani Department: ER Date of Admission: 02/7/26

SITUATION	Diagnosis: <u>Fever x 10:30 pm</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:					
BACKGROUND	Area	Shift Time	ER 3 Am	onco Day	onco 8 Am	onco	onco 8 Am	onco 8 AM-2
	Medical Condition (Any special condition to be noted):		Nil	MA	NA	MA	NA	NA
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp:	102.1°F	100.5°F	98.5°F	97.5°F	98.4°F	98.6°F
		Res:	24 b/m	25 b/m	24 b/m	25 b/m	24 b/m	26 b/m
		SpO ₂ :	99%	100%	98%	98%	99%	100%
		Pulse:	82 b/m	100	98 b/m	100 b/m	100 b/m	102 b/m
		BP:	112/52	100/50	99/62	100/50	98/61	95/68
		Fall Risk Score:	10	10	10	10	10	10
	Pain Score:		0	0	0	0	0	0
	Recommendations	Safety Needs:		Yes	NA	NA	NA	Yes
Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Others Specify:		Nil	NA	NA	NA	NA	NA	
Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Other Special Orders / Medications:		Nil	NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:		Nil	NA	NA	NA	NA	NA	
Handed Over By Name :		Sagar	Moumita	Pooja	Moumita	Pooja	Nandhu	
Signature :								
Date:		02/7/26	2/7	3/7	3/7	4/7	4/7	
Time:		3 Am	8 PM	8 AM	8 PM	8 AM	2 PM	
Taken Over By Name :		Arunadha	Devi	Moumita	Devi	Devi	Pooja	
Signature :								
Date:		2/7	2/7	3/7	3/7	4/7	4/7	
Time:		3 AM	8 AM	8 AM	8 PM	8 AM	4 PM	



2

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Sirisha Rani Department: Oncology Date of Admission: 2/7

SITUATION	Diagnosis: <u>ALL</u>						Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: _____	
BACKGROUND	Area	01/10 8pm	01/10 8am	01/10 8am-11am	01/10 8am	01/10 8am		
	Shift Time							
ASSESSMENT	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA		
	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
RECOMMENDATIONS	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp:	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F
		Res:	24b/m	24b/m	24b/m	24b/m	24b/m	24b/m
		SpO ₂ :	100%	99%	99%	100%	99%	99%
		Pulse:	104b/m	110b/m	110b/m	110b/m	106b/m	106b/m
		BP:	100/60	97/60	97/60	97/60	97/60	97/60
	Fall Risk Score:	10	10	10	10	10	10	
	Pain Score:	0	0	0	0	0	0	
Safety Needs:	Side rail	Side rail	Side rail	Side rail	Side rail	Side rail		
Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Others Specify:	NA	NA	NA	NA	NA	NA		
Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA		
Post Operative Procedure Special Orders:	NA	NA	NA	NA	NA	NA		
Handed Over By Name :	Rooj	Sonam	Goya3	Shu	Sonam			
Signature :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]			
Date:	4/7	5/7	5/7	5/7	5/7			
Time:	8pm	8am	2pm	8am	8am			
Taken Over By Name :	Sonam	Goya3	Shu	Shu	Shu			
Signature :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]			
Date:	4/7	5/7	5/7	5/7	5/7			
Time:	8pm	8am	2pm	8am	8am			



3

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area	Shift Time	on 12pm					
	Medical Condition (Any special condition to be noted):		na					
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:	98.2					
	Res:	26/1m						
	SpO ₂ :	100%						
	Pulse:	104/1m						
	BP:	100/62						
	Fall Risk Score:	10						
Recommendations	Pain Score:	0						
	Safety Needs:	200g						
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	na						
	Special Diet:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:		na						
Post Operative Procedure Special Orders:		na						
Handed Over By Name :		Bojg						
Signature :		gen						
Date:		6/7						
Time:		2pm						
Taken Over By Name :		D/C						
Signature :								
Date:								
Time:								



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area							
	Shift Time							
	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		Fall Risk Score:						
Recommendations	Safety Needs:							
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Others Specify:							
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Other Special Orders / Medications:							
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature :								
Date:								
Time:								
Taken Over By Name :								
Signature :								
Date:								
Time:								



CONSENT FOR BLOOD TRANSFUSION

Name: Kundana Sri Age: 4yrs Gender: Male ☐ Female ☐
UHID.No: BAH-00855934 Date: 1/7/20

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

I Auma 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 Immunodeficiency 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

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):

Signature: Auma
Name: Auma
Date & Time: 21/7/20 2pm

Doctor (Who is talking the consent)

Signature: Shanish
Name: Shanish
Date & Time: 1/7/20 2pm

Witness

Signature: Auma
Name: Auma
Date & Time: 21/7/20 2pm

BAH-00655934 IPS-00175851
Baby ALETY KUNDANA SRI
11-03-2022 4 Y 3 M 21 D (F)
Dr. SIRISHA RANI



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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 21/7/26 Time: 2:45 PM

Blood Group of the Patient: A+ Positive Blood Group on the Blood Bag: A+ Positive

Blood Bank Issue No: BAH-26-01555 Date of Collection: 29/6/26 Date of Expiry: 10/8/26

Date & Time of Starting Transfusion: 21/7/26 Planned duration of Transfusion: 4 hours

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Moumita Nurse 2: Saritha

Before starting transfusion vitals: Temp: 97.5°F HR: 101 RR: 101 BP: 100/50 SpO₂: 100

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
21/7/26	15 Min	101	97.9°F	101/56	100	NA	NA	NA	NA
21/7	15 Min	105	100°F	90/60	100	NA	NA	NA	NA
21/7	30 Min	106	98.5°F	100/60	100	NA	NA	NA	NA
21/7	30 Min	95	99.5°F	90/60	100	NA	NA	NA	NA
21/7	30 Min	105	98.9°F	101/62	100	NA	NA	NA	NA
21/7	1 Hr	115	99.2°F	100/59	100	NA	NA	NA	NA
21/7	1 Hr	120	99.6°F	100/60	100	NA	NA	NA	NA

Comments:

Name of the Incharge-Nurse: Divya

Name of the Nurse: Moumita

Signature of the Incharge-Nurse: Divya

Signature of the Nurse: Moumita

Date & Time: 21/7/26 6 PM

Date & Time: 21/7/26 6 PM

THEORY OF THE EARTH

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CONSENT FOR BLOOD TRANSFUSION

BAH-00655934 IP5-00175851
Baby ALETY KUNDANA SRI
11-03-2022 4 Y 3 M 24 D (F)
Dr. SIRISHA RANI

Name:

Age:

Gender: Male ☐ Female ☒

UHID.No :

Date: 5/7/26

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

I 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

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):

Signature: A. Uma Prasanna

Name: A. Uma Prasanna

Date & Time 5/7/26 @ 3:42pm

Doctor (Who is talking the consent)

Signature: A

Name: Dr. Sirishi

Date & Time 5/7/26 3:40pm

Witness

Signature: N. S. S. S.

Name: N. S. S. S.

Date & Time 5/7/26 @ 3:42pm

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

రక్త ఉత్పత్తి రకాలు:

- | | | |
|---|---|---|
| ☐ తాజా ఘనీభవించిన ప్లాస్మా | ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | ☐ Random Donor Platelets |
| ☐ క్రయోప్రెసిపిటేట్ | ☐ ఒకే ధాత ఫ్లేటిలెట్స్ | ☐ Whole Blood |
| ☐ మొత్తం రక్తం | ☐ ఎర్ర రక్త కణం | ☐ 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 హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ జి సర్వేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిప్లిస్ 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 ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెష్ ఫ్రాజెన్ ప్లాస్మా, క్రయో ప్రెసిపిటేట్ 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

BAH-00655934 IP5-00175851
Baby ALETY KUNDANA SRI
11-03-2022 4 Y 3 M 25 D (F)
Dr. SIRISHA RANI




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CONSENT FOR SPECIAL PROCEDURES

Patient Name : kundana Sri Gender: ☐ Male ☒ Female

UHID No : BAH-00655934 Department : Oncology Date 6/7/26

I S/D/W/O

Here by give consent for procedure of : liver puncture, 1st chemotherapy
for my patient, Named : kundana Sri

The doctors have clearly explained to me that the procedure has following possible complications:

pain, bleeding, Haematuria

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

None

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Akanksha

Patient Attendant :

Signature : A. Uma Prasadha

Name : A. Uma Prasadha

Relationship with Patient: Mother

Date & Time : 6/7/26 @ 11.45 am

Witness :

Signature : A. Shobhanachari

Name : A. Shobhanachari

Date & Time : 6/7/26 @ 11.50 am

Doctor (who is taking the consent) :

Signature : Akanksha

Name : Akanksha

Date & Time : 6/7/26

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము



CONSENT FOR PROCEDURAL SEDATION

Authorization By: ☐ Patient ☒ Patient Attendant

I, the undersigned do hereby acknowledge the following:

- I have been made aware by the doctors in language known to me the details of sedation planned for the procedure
Lumbar puncture
- I have been made aware of the possible complications from the procedure of sedation as follows:
Changes in heart rate, blood pressure, need for oxygen supplementation, allergic reactions, upper airway obstruction, laryngospasm, conversion to general anaesthesia
- I have been made aware that the sedation is being advised to relieve pain and anxiety during the procedure. It will help me remain calm, comfortable, and cooperative, allowing the procedure to be performed smoothly and safely.
- I have been clearly explained about the benefits, risk, and alternative of the sedation which is General Anaesthesia.
- I authorize Dr. SIRISHA RANI and his / her team to perform the procedural sedation upon the patient / myself.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: A. Uma Prasadha
Name: A. Uma Prasadha
Relationship with patient: Mother
Date & Time: 6/7/26 @ 11:50am

Witness:

Signature: A. Shobhanachari
Name: A. Shobhanachari
Date & Time: 6/7/26 @ 11:50am

Doctor (who is taking consent):

Signature: S Name: SIRISHA RANI Date: 6/7/26 Time: 12pm

ప్రాసీజర్ సెడేషన్కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, క్రింది విషయాలను అంగీకరిస్తున్నాను:

నాకు తెలిసిన భాషలో, వైద్యులు ఈ క్రింది ప్రాసీజర్కు ఇచ్చే సెడేషన్ గురించి పూర్తి వివరాలు నాకు తెలిపారు:

- సెడేషన్ వల్ల సంభవించగల సాధ్యమైన క్రింది సమస్యలు/ప్రమాదాలు గురించి నాకు తెలిపారు: గుండె వేగం మారడం, రక్తపోటు మారడం, ఆక్సిజన్ అవసరం, అలర్జిక్ ప్రతిచర్యలు, ఎగువ శ్వాసనాళ అడ్డంకి, లాలింజోస్టానమ్, జనరల్ అనస్థీషియాగా మారాల్సిన అవకాశం.
- ప్రాసీజర్ సమయంలో నొప్పి, భయం, ఆందోళన తగ్గించేందుకు సెడేషన్ ఇవ్వడం అవసరం అని నాకు వివరించారు. ఇది ప్రాసీజర్ సజావుగా, సురక్షితంగా జరగడానికి సహాయపడుతుంది.
- సెడేషన్కు సంబంధించిన ప్రయోజనాలు, ప్రమాదాలు, ప్రత్యామ్నాయం (జనరల్ అనస్థీషియా) గురించి నాకు స్పష్టంగా వివరించారు.
- డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ ప్రాసీజర్ సెడేషన్ చేయడానికి నేను అనుమతిస్తున్నాను.
- పై సమాచారాన్ని నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ఉన్న ప్రశ్నలన్నీ, నాకు అర్థమయ్యే భాషలో సమాధానమిచ్చారు. ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగిత్వ సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

Moderate Sedation Flow-Sheet

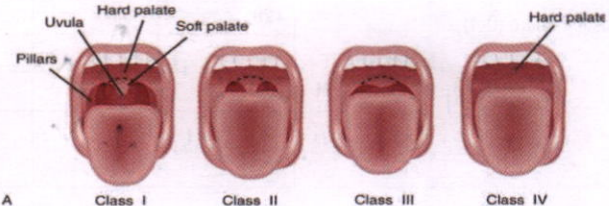
Immediate Pre-Sedation Assessment

B.P	P.R	R.R	Temp	SPO ₂	Pain Score	Weight
100/60	101	25	98.5°F	100%	0	13.8 kg

Diagnosis: B-ALL

Procedure: Lumbar puncture

Comorbidities: nil

☒ Risk, benefits & alternatives discussed; ☒ Patient understand & elects to proceed ☒ Consents for procedure and sedation signed and dated ASA Physical Status ☒ ASA PS 1: Healthy Patient ☐ ASA PS 2: Mild Systemic Disease, no functional limitations ☐ ASA PS 3: Severe Systemic Disease, functional limitations ☐ ASA PS 4: Severe Systemic Disease, constant threat to life ☐ ASA PS 5: Moribund Patient unlikely to survive 24 hrs. ☐ ASA PS 6: A declared braindead patient whose organs are being removed for donor purposes ☐ E: Emergency procedure GCS: E 4 M 6 V 5 ☐ IV Site: Gauge: <u>goshory</u> Sedation Plan: <u>goshory</u> Allergies: <u>nil</u>	AIRWAY EVALUATION Mouth: ☒ Normal ☐ Loose Teeth ☐ Small Mouth ☐ Protruding Incisors ☐ Receding Lower Jaw ☐ Dentures Neck: ☒ Normal ☐ Decreased ROM ☐ Thyromental Distance Less Than 6 cm ☐ Short Neck  A Class I Class II Class III Class IV Mallampati Class: ☒ I ☐ II ☐ III ☐ IV
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Monitoring of Patient Intra – Procedure

Procedure Monitoring

Heart Rate (HR), Respiratory Rate (RR), Oxygen Saturation (O₂ Sat) continuously monitored, and Level of Consciousness (LoC) to be monitored and recorded minimally every 15 minutes until 15 minutes after the last administration of any sedation, then every 30 minutes, then every 1 hour until stable. Respiratory status to be monitored continuously.

Level of Consciousness (LOC):

- ☒ A - Alert
☐ V - Verbally Responsive
☐ P - Painfully Responsive
☐ U - Unresponsive

TIME	BP	PR	RR	O ₂ Sat%	O ₂ Supplementation	Comments / Initials
Baseline	100/60	103	25	100%	-	-

Doctor Notes: Overenthusiastic procedure

Doctor Name: Dr. Luavai Signature: A

[illegible]

Activity :	Consciousness:	Respiration:	Oxygen Saturation:	Circulation:
Four extremities = 2	Fully awake = 2	Breathe Deep= 2	Sat O ₂ >92 % on room air = 2	BP +/- 20 mm hg of pre-op = 2
Two extremities = 1	Arousal on calling=1	Dyspnea, limited breathing = 1	Needs oxygen to maintain Sat O ₂ >90% = 1	BP +/- 20-50 mm hg of pre-op = 1
No extremities = 0	Unresponsive=0	Apnea = 0	Saturation <90% with oxygen = 0	Bp +/-50 mm hg of Pre-Op = 0

Signature: 

Signature: d

Stamp

BA-00655934 IP5-00175851
 Baby ALETY KUNDANA SRI
 11-03-2022 4 Y 3 M 25 D (F)
 Dr. SIRISHA RANI

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

Procedure Name: Lumbar puncture Date: 6/2/26 In-Time: 11:40AM Out-Time: 11:55AM
 Doctor Performing Procedure: Dr. Sravan Doctor Giving Sedation: Dr. Sandhya Assisting Nurse: _____

SIGN IN		Time: <u>11:45AM</u>	TIME OUT		Time: <u>11:55AM</u>	SIGN OUT		Time: <u>12:10PM</u>
Patient is verified using two identifiers (Name & UHID)	Yes ☒ No ☐ NA ☐		Correct Patient	Yes ☒ No ☐ NA ☐		Name of the Surgical / Invasive Procedure is recorded	Yes ☒ No ☐ NA ☐	
All required documents, images, studies are available	☒ ☐ ☐		Correct Site	☒ ☐ ☐		Instrument, Sponge and Needle Count Completed	☒ ☐ ☐	
NPO Status Checked from Patient / Patient Attendant	☒ ☐ ☐		Correct Procedure	☒ ☐ ☐		Specimens are labeled	☒ ☐ ☐	
Consent is Signed	☒ ☐ ☐		All the team members introduced	☒ ☐ ☐		Any equipment problems are addressed	☒ ☐ ☐	
Any need for blood products	☒ ☐ ☐							
If Yes Comment: _____								
Any Risk of Hemodynamic Compromise	☐ ☒ ☐							
If Yes Comment: _____								
Any drug or food allergy	☐ ☒ ☐							
If Yes Comment: _____								
Correct Site of Procedure Marked	☒ ☐ ☐							
All resources required are correct, available and functioning	☒ ☐ ☐							
Signature of the Doctor: <u>D</u>			Signature of the Nurse: <u>[Signature]</u>			Signature of the Nurse: <u>[Signature]</u>		
Name of the Doctor: <u>SRAVAN</u>			Name of the Nurse: <u>Moumita</u>			Name of the Nurse: <u>Moumita</u>		

Any Adverse / Unexpected Events

NA

11/11/11

11/11/11

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