

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No. : _____ Dept : _____

BAH-00643313 IP5-00174427
Baby KOTTE SAAKSHIKA (B/O
05-10-2023 2 Y 7 M 23 D (F)
Dr. SIRISHA RANI

Date of Admission: _____ Ti _____ Charge : _____ Time: _____



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/12/23	8:40 AM	ED	ONCO	Aug

Cross Consultation Visit

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

AH-00643313 IP5-00174427
aby KOTTE SAAKSHIKA (B/O
-10-2023 2 Y 7 M 23 D (F)
SIRISHA RANI



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: A

Name of the Doctor: Manavi

Date & Time: 28/05/26 @ 9AM.

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10-2023 2 Y 7 M 23 D (F)
r. SIRISHA RANI



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

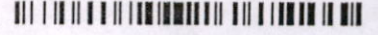
- Completion of chemotherapy, with no debilitating side effects.
- Resolution of febrile episode, with no fever > 24hrs and Absolute Neutrophil count (ANC) > 500cells/mm³.
- Admitted patients - Once the admitting problem gets resolved or made a plan to manage further on out-patient basis.

Signature of the Doctor: [Signature]

Name of the Doctor : Sirisha Rani

Date & Time: 28/5 @ 4pm

ADMISSION SHEET



Registration Details :

Admission No : IP5-00174427 Admit Date : 28-May-2026 Admit Time : 08:34 AM UHID : BAH-00643313

Patient Details :

Patient Name : Baby KOTTE SAAKSHIKA (B/O ANITHA B) Age : 2 Y 7 M 23 D
Guardian : Mr KOTTE NAVEEN DOB : 05-10-2023
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : #1-145/1 GUNDLAPALLI DIST PEDDAPALLI Phone No : 8919891140/ 6265288480
Kanagarthi Karimnagar Telangana INDIA E-mail : KOTTENAVEEN38@GMAIL.COM
505152

Admission Details :

Bed Type : DAY CARE Bed No : HO DC 1 Ward Name : 1F-HEMATO-ONCOLOGY
Room No : HO DC 1 Admission Type : First Visit

Contact Details :

Name : Mr KOTTE NAVEEN Relationship : Father
Contact Address : #1-145/1 GUNDLAPALLI DIST PEDDAPALLI Phone No : 8919891140 / 6265288480
Kanagarthi Karimnagar Telangana INDIA 505152


Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash Deposit Amount : 3000.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Sirisha Rani

Date : 28/5/26

Type of Admission: OPD ER Referral (if referral, Doctor's Name:

Start Time of Assessment:

Weight: 11.26 kg

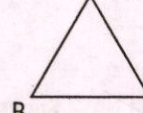
Allergic History: Nil

Chief Complaints:

1k1k1o B cell AU / CALLA ⊕ (CNS ⊕)
on protocol M
Now came for
chemotherapy

Pediatric Assessment Triangle

A Appearance - TICLS



B Breathing Normal Abnormal

- Breathing
- ↑ WOB
 - ↓ WOB
 - Normal
 - Gasping / Apnea

- Pallor
- Cyanosis
- Mottling
- Bleeding

Initial Physiological Status: Stable Unstable

- Life Threatening
- Non Life Threatening

Any urgent interventions needed: Yes No

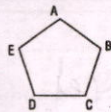
If Yes

Significant Past History: 1k1k1o B cell AU / on protocol M

Medication History: Protocol M Chemotherapy

Relevant Investigations:

Primary Assessment



Airway



- Open
- Maintainable
- Not Maintainable

Any urgent interventions needed: Yes No

If Yes

Breathing



Rate: 22/min SpO₂ on FiO₂ 99.1% RA

Rhythm: Regular

- Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring

Respiratory Noises: Stridor Wheezing Grunting

Air Entry: RAL ⊕

Palpation Findings (If necessary)

Any urgent interventions needed: Yes No

If Yes



Circulation

HR: 116/min

CFT [Central] < 3 sec
[Peripheral]

Any urgent interventions needed: Yes No

BP: 85/58 (68) mmHg

Pulse Volume: [Central] wood
[Peripheral]

Murmurs: Yes No

Liver Span:

ECG:

If in Shock: [Compensated]
[Hypotensive]

Any Signs of Heart Failure: Yes No

Muffled Heart Sound: Yes No

Engorged Neck Veins: Yes No



Disability

GCS: 15/15 AVPU:

Any urgent interventions needed: Yes No

Pupils: [Responsive Non-Responsive
Size [Right
Left]

If Yes

Active Seizures: Yes No Sugars:

Signs of Neurological compromise

Exposure



Temp.: 98.5°F

Any urgent interventions needed: Yes No

Any Rash: Yes No

If Yes

If yes describe the rash

Active bleed

Lacerations Abrasions bruises

Describe:

- Final Physiological Status:** Respiratory Distress Respiratory Failure Respiratory Arrest
 Shock - Compensated Hypotensive
 Cardiopulmonary Arrest Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings:

Labs Planned:

CBP

Treatment Planned:

1) sup. maintained 10ml ple RO
2) Inj. ONDENITRON 3mg IV BP
3) chemotherapy as advised by Hematology team

Need for Oxygen: Yes No if yes Low Flow High Flow PPV

Final Diagnosis with possible Differential Diagnosis (If necessary): pllo B cell ALL now for chemotherapy

Assessment done by
 Name of the Doctor: doi
 Signature: [Signature]
 Date & Time: 28/1/26

Sr. Doctor on Duty (If necessary)
 Name of the Sr. Doctor:
 Signature:
 Date & Time:

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 Baby KOTTE SAAKSHIKA (B/O
 15-10-2023 2 Y 7 M 23 D (F)
 Dr. SIRISHA RANI



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26		
4pm	B-All / Resuduction	
	No fever	
	No vomitig	
	vitals - stable	
		<u>Plan</u> 1. discharge today Fu - 4/6/26 with CBP RBS fibrocyte <u>Sarai</u>

NIB
 RI up
 11826
 28/5
 @ ST

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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	26/5/26				
Time	11				
Hb	9.8				
PCV	29.7				
RBC	3.23				
WBC	4250				
N/L	88/10				
Platelets	3.8 lakh				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

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DRUG CHART

Date of Admission: 28/5/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. 11.26kg Ward. ED

VERIFIED

VERIFIED

DRUG : Inj ONDENSETRON				Date/Time	28/5
Dose	Route	Frequency	Start Date		
3mg	IV	Q12H	28/5	11AM	8AM
Name & Signature of the Doctor Starting the Drugs:					
Sai					
Additional Instructions:				6PM	
Daily Doctor's Endorsement by a Sign					

DRUG : Symp. MUCAINE GEL				Date/Time	28/5
Dose	Route	Frequency	Start Date		
10ml	PO	Q12H	28/5	8AM	X
Name & Signature of the Doctor Starting the Drugs:					
Sai					
Additional Instructions:				8PM	
Daily Doctor's Endorsement by a Sign					

DRUG :				Date/Time	
Dose	Route	Frequency	Start Date		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG :				Date/Time	
Dose	Route	Frequency	Start Date		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Sai
28/5

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 Baby KOTTE SAAKSHIKA (B/O
 05-10-2023 2 Y 7 M 23 D (F)
 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	Syp. mucaine Gel	1ml	PO	OP		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input 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 : *Dr. Sai*

Date & Time : 28/5/26

Nurse Name & Signature: *Dr. Sai*

Date & Time : 28/5/26 @ 8:40 AM

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)

Patient

BAH-00643313 IP5-00174427
 Baby KOTTE SAAKSHIKA (B/O
 05-10-2023 2 Y 7 M 23 D (F)
 Dr. SIRISHA RANI



FLUID CHART

Sheet No. :

- 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												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

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 Baby KOTTE SAAKSHIKA (B/O
 05-10-2023 2 Y 7 M 23 D (F)
 Dr. SIRISHA RANI



FLUID CHART



Sheet No. : 1

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

		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am			60ml								
	12:00 pm			60ml								
	01:00 pm	water	100ml	60ml					150ml			
Total Intake :					Total Output : 150ml							
	02:00 pm	rice		60ml								
	03:00 pm	water	100ml	60ml					110ml			
	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

AH-00643313
 IP5-00174427
 by KOTTE SAAKSHIKA (B/O
 5-10-2023 2 Y 7 M 23 D (F)
 r. SIRISHA RANI



Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 9 Am Mode of Arrival: By wheel chair Admitting From: ER OPD Direct

Allergy / Adverse Reaction: Not known Body Weight: 11.26 Kg
 Height: 90.8 cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>no significant</u>	<u>no significant</u>	<u>no significant</u>

Family History: Nil

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: 11.26 kg Length: 90.8 cm Head Circumference (< 2 years): -
 Temp: 98.4° F HR: 110 b/m RR: 24 b/m BP: 94/62 (72)

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

Fall Risk Assessment: Yes No Score: 11 (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: Nil Location: Nil Frequency: Nil Duration: Nil

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 Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: Nil (Date/Time): Nil/

Cultural & Spiritual Needs: Yes No if Yes specify Inform consultant for positive criteria.

Social History: Lives With family.

Siblings in household Yes No (if yes How Many?) 1 brother

All Information Obtained From Patient Mother Father Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : Yes No

Waste Disposal Explained: Yes No


Infusion Pump : Yes No

Hand hygiene Explained: Yes No

Others

Patient Rights & Responsibilities: Yes No

Information given to Father.

Nurse Signature: 

Nurse Name: Sumita

Date: 28/05/26

Time: 9 AM



CONSENT FOR CHEMOTHERAPY

Patient Name : Saakshika Age : 2y 7 months Gender : Male Female

UHID No : BAH-00643313 Department : PHO Date : 28/5/26

Type of Chemotherapy : Intravenous

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

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

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 : [Signature]
Name : [Name]
Relationship with Patient : [Relationship]
Date & Time : 10:45am 28/05/2026

Witness :
Signature : [Signature]
Name : [Name]
Date & Time : 28/05/26 @ 10:45am.

Doctor (who is taking the consent):
Signature : [Signature]
Name : SRAVANI
Date & Time : 28/5/26 10:11am

కీమో థెరపీ కొరకు అంగీకారం

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

యు.హెచ్.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, ప్లేజిటిస్, 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)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము