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ACTIVITY RECORD FOR BILLING

Name :_____ CUV-00149900 IP5-00176703 Baby MOHAMMED AFIYA 14-03-2024 2 Y 4 M 7 D (F) Dr. SIRISHA RANI _____

UHID No. : _____ __Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	11:50 am	FL	ONCCO	Anusha

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
21/2/2026	CBP, Fibrinogen done on op BAN's	04 10/2/2026	
21/2/26	Blood transfusion (FFP)	31	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/7/26	infusion. pump	4pm	22/7 9am	971B104	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7/26	Chemotherapy	(1)	9215109	Dig
21/7	Blood transfusion (FFP)	(1)	9715126	Sonam
22/7	Lumbar puncture } Conscious Sedation }	(2)	9716021	Dig

ANY OTHER INFORMATION

Doolt charge for NMA — Nibedita

Date : 22/7

Time : 11 AM

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Dig	Morg ONCO		

Mohammed Abiya
CUV-0001499 00
Patient Sticker
Dr. Sirisha Rao

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	2			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	8			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion	1 PL			
12	Consent for chemotherapy	1			
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	4			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1 PL			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Extra	7			
	Total No. of Pages	35			

Signature and Date :
22/7/26

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176703 **Admit Date** : 21-Jul-2026 **Admit Time** : 11:22 AM **UHID** : CUV-00149900

Patient Details :

Patient Name	: Baby MOHAMMED AFIYA	**Age**	: 2 Y 4 M 7 D
Guardian	: Mr AZAM MOHAMMED	**DOB**	: 14-03-2024
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO-19-1-687, GARSI STREET WATER TANK CHINNA BAZAR, Nellore Nellore Andhra Pradesh INDIA 524001	**Phone No**	: 8106127120/ 9515214553
		E-mail	: junaidmohammad89@gmail.com

Admission Details :

Bed Type : FOUR SHARING **Bed No** : FSW 135 **Ward Name** : 1F-HEMATO-ONCOLOGY

Room No : FSW 135 **Admission Type** : First Visit

Contact Details :

Name : Mr AZAM MOHAMMED **Relationship** : Father

Contact Address : H.NO-19-1-687, GARSI STREET WATER TANK CHINNA BAZAR, Nellore Nellore Andhra Pradesh INDIA 524001 **Phone No** : 8106127120 / 9642620512

Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI **Specialisation** : HEMATO ONCOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant : Dr. NALLA ANURAAG REDDY

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

CUV-I0149900 IP5-00176703
Baby MOHAMMED AFIYA
14-03-2024 2 Y 4 M 7 D (F)
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: T Pavani

Date & Time: 21/7/26 @ 12:10 pm

CUV-00149900 IP5-00176703
Baby MOHAMMED AFIYA
14-03-2024 2 Y 4 M 7 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: Abhishek

Name of the Doctor : Abhishek

Date & Time: 22/2/24 11am

CUV-00149900 IP5-00176703
Baby MOHAMMED AFIYA
14-03-2024 2 Y 4 M 7 D (F)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: R/O B-ALL / CALLA⊕ / CNS⊖
Adhesive intestinal obstruction and K/C laparotomy + adhesiolysis (11/3/24)
Fibrile pancytopenia
Admitted for chemo, PRP, transfusion

(P.T.O.)

CUV-00149900 IP5-00176703
Baby MOHAMMED AFIYA
14-03-2024 2 Y 4 M 7 D (F)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Infection

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

CBP
Fibrinogen } Daily at 17/7/26.

NMB
Sagar
21/7/26
11:40 am

Planned Management

Chemotherapy.
FFP - 1 unit
Zipcar
Omnacortil
Voriconazole
Lanerol
Septran.

NMB
Sagar
21/7/26
11:40 am

Signature of the Doctor: N.P.S
Name of the Doctor: N. Pradeep Kumar.
Date & Time: 21/07/26, 11 am.

Signature of the Consultant:
Name of the Consultant: Dr. Anuroop Reddy
Date & Time: 21/7/26 11 am

Dr. Anuroop Reddy

CUV-00149900 IP5-00176703
Baby MOHAMMED AFIYA
14-03-2024 2 Y 4 M 7 D (F)
Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	R	
21/7/26 12.10pm		Adv 1) CBP, RFOW.
21/7/26	B-ALL | high count | CNS⊖ | Std- cytogenetics S/p- Lap + Adhesiolysis POD 11 (wk-2 chemotherapy)	
	No fever No complaints	Plan 1. chemotherapy today 2. Lp Tlm.
		N/B Veena 60638 21/7/26 @ 1pm.

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

(P.T.O)

CUV-00149900 IP5-00176703
Baby MOHAMMED AFIYA
14-03-2024 2 Y 4 M 7 D (F)
Dr. SIRISHA RANI

2

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 8:45AM	Morning rounds	
	B cell ALL (high count / CNS (-) / st. cytogenetics) now for W-2 chemotherapy.	
	Afebrile No fresh issues V. Fels (N). S/E → CVS, RS, MS (N)	Adv. 1) IT + IT chemo today 2) count sent. 3) D/c today Atraumatics
		→ 1) Pegaspargnase today. CBP, LFT review on Saturday
	[signature] Dr. [illegible] 43199 @ 5:30AM	NB Given 1183 22/7 @9AM

CUV-00149900 IP5-00176703
Baby MOHAMMED AFIYA
14-03-2024 2 Y 4 M 7 D (F)
Dr. SIRISHA RANI

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RESULT SHEET

Date	21/7/26					
Time	8AM					
Hb	11.5.					
PCV	34.6.					
RBC	4.18.					
WBC	2940					
N/L	47/41.					
Platelets	1.45.					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

CUV-00149900 IP5-00176703
Baby MOHAMMED AFIYA
14-03-2024 2 Y 4 M 7 D (F)
Dr. SIRISHA RANI

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DRUG CHART

Date of Admission: 21/7/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name .....

CUV-00149900
Baby MOHAMMED AFIYA
14-03-2024 2Y4M7D (F)
Dr. SIRISHA RANI

REGULAR PRESCRIPTIONS

Weight. 9.8kg Ward. PICU

DRUG : T. VORICONAZOLE 200mg

Dose	Route	Frequency	Start Date
½ tab	PO	24H	21/7

Name & Signature of the Doctor Starting the Drugs: N. Prathusha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	21/7
	8pm AJ Subha
	A

DRUG : TAB. LANAZOL DT

Dose	Route	Frequency	Start Date
15mg	PO	24H	21/7

Name & Signature of the Doctor Starting the Drugs: N. Prathusha.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	21/1
	6am Home
	D

DRUG : SYP. OMNACORTIL FORTE

Dose	Route	Frequency	Start Date
3ml	PO	8H	21/7

Name & Signature of the Doctor Starting the Drugs: N. Prathusha

Additional Instructions: (5ml/15mg)

Daily Doctor's Endorsement by a Sign

Date/Time	21/7 22/7
	6am Home
	8pm Veera Vinya
	10pm AJ Subha
	A

DRUG : TAB. AMLODIPINE

Dose	Route	Frequency	Start Date
½	PO	24H	21/7

Name & Signature of the Doctor Starting the Drugs: N. Prathusha.

Additional Instructions: 2.5mg → ½ tablet

Daily Doctor's Endorsement by a Sign

Date/Time	21/7
	6am Home
	D

CUV-00149900 IP5-00176703
Baby MOHAMMED AFIYA (F)
14-03-2024 2 Y 4 M 7 D
Dr. SIRISHA RANI

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 9.8 kg. Ward PICU

DRUG : Inj. ONDANSETRON

Dose	Route	Frequency	Start Dt.
2mg	IV	8	

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time																	

DRUG : Inj. ONDANSETRON

Dose	Route	Frequency	Start Dt.
2mg	IV	12H	21/7

Name & Signature of the Doctor Starting the Drugs:
N. Praveen

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time																	
21/7	22/7																
6AM	12pm 1:30 SVMD																
6pm																	

DRUG : DOMPERIDON Susp.

Dose	Route	Frequency	Start Dt.
2ml	PO	8H	21/7

Name & Signature of the Doctor Starting the Drugs:
N. Praveen.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time																	
21/7	22/7																
6AM																	
2pm																	
10pm																	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time																	

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

CUV-00149900 IP5-00176703
Baby MOHAMMED AFIYA
14-03-2024 2 Y 4 M 7 D (F)
Dr. SIRISHA RANI

Mohammed Afifa.

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 9-8 Kg. Ward .....

DRUG : Syp. MVOUT

Dose	Route	Frequency	Start Dt.
10ml	PO	24H	21/7

Name & Signature of the Doctor Starting the Drugs: N. Pratusha.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	21/7
	8pm SM

DRUG : Syp. SERRAN

Dose	Route	Frequency	Start Dt.
2.5ml	Po	12H	21/7

Name & Signature of the Doctor Starting the Drugs: N. Pratusha

Additional Instructions: Monday, Wednesday, friday

Daily Doctor's Endorsement by a Sign

Date ▸ Time	21/7
	8AM X
	8pm X

DRUG : Syp. ZINCONT

Dose	Route	Frequency	Start Dt.
2.5ml	Po	24H	21/7

Name & Signature of the Doctor Starting the Drugs: N. Pratusha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	21/7
	8pm SM

DRUG : Syp. CALCIMAX PLUS

Dose	Route	Frequency	Start Dt.
5ml	Po	24H	21/7

Name & Signature of the Doctor Starting the Drugs: N. Pratusha.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	21/7
	8pm SM

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

CUV-I00149900 IP5-00176703
Baby MOHAMMED AFIYA
14-03-2024 2 Y 4 M 7 D (F)
Dr. SIRISHA RANI

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/07	12:30 pm	FFP	1 unit	IV		Veeru Divya
21/7	12:30 pm	Inj AVIL	5mg	IV		Veeru Divya

CUV-I00149900 IP3-00170700
Baby MOHAMMED AFIYA
14-03-2024 2 Y 4 M 7 D (F)
Dr. SIRISHA RANI

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

CUV-00149900 IP5-00176703
Baby MOHAMMED AFIYA
14-03-2024 2 Y 4 M 7 D (F)
Dr. SIRISHA RANI

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MEDICATION RECONCILIATION FORM

Drug Allergies: No ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: Ortho ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. VORICONAZOLE 200mg	100mg	PO	24H	20/07	☑C ☐DC
2	T. LANAZOL DT 15mg	2tab	PO	24H	20/7	☑C ☐DC
3	SYP. OMNACORTIL FORTE	3ml	PO	8H	20/7 8pm	☑C ☐DC
4	TAB. AMLODIPINE 2.5mg	½ tab	PO	24H	20/7 8pm	☐C ☐DC
5	SYP. MVOUT	10ml	PO	24H	20/7	☑C ☐DC
6	SYP. SERRAN	2.5ml	PO	12H	20/7	☑C ☐DC
7	SYP. CALCIMAX PLUS	5ml	PO	24H	20/7	☑C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : N. Preethiba. NSR

Date & Time : 21/7/26, 12pm.

Nurse Name & Signature: Sagar

Date & Time : 21/7/26 @ 11:40 am

CUV-00149900 IP5-00176703
Baby MOHAMMED AFIYA
14-03-2024 2 Y 4 M 7 D (F)
Dr. SIRISHA RANI

CHEMOTHERAPY PRESCRIPTION

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

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Sheet No. : 1	Weight (kg) : 9.8kg	Body Surface Area: 0.47	Diagnosis: B-ALL	Protocol:

DATE	TIME	Composition of Chemotherapy (if infusion, mention ml / hr = Mcg / kg / min. etc.)	DOSE	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
21/7	4:20 pm	Inj VINCRISTINE in 10ml NS	0.6mg	IV	over 10 min	d	Veena / Soniam	21/7	d	Veena / Soniam
21/7	4:30 pm	Inj DAUNORUBICIN in 300ml 1/2 DNS	9mg.	IV.	60ml/h	d	Veena / Soniam.	21/07	d	Sushmita. / Subhankari
22/7.	9AM	Inj METHOTREXATE Inj CYTARABINE Inj HYDROCORTISONE	~~10~~ 10mg 25mg 10mg	IT	STAT	d.	Diya / pooja	22/7	d	Diya / pooja

Docu. No. : RCHBH /FRM / CLINICAL / 082

CUV-00149900 IP5-00176703
Baby MOHAMMED AFIYA
14-03-2024 2 Y 4 M 7 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
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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/07 Time: 9am

Doctor / Nurse / Family Concern?

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

Heart Rate (bpm)
and
Blood Pressure (mmHg) *
190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
100 80 69

Note:
BP does not score in early warning scoring

Heart Rate (Number)

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

Resp Rate (Number)

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

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

CUV-I)0149900 IP5-00176703
Baby MOHAMMED AFIYA
14-03-2024 2 Y 4 M 7 D (F)
Dr. SIRISHA RANI

1

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/7 Time: 12:20pm | 4pm | 7pm | 10pm | 3am | 6am

Doctor / Nurse / Family Concern?

Temperature (F)

	12:20pm	4pm	7pm	10pm	3am	6am
	98.6F	98.6F	98.6F	98°F	98°F	98.6°F

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

Note: BP does not score in early warning scoring

	12:20pm	4pm	7pm (Crying)	10pm	3am	6am
	93/71/56	96/69/53	100/73/60	97 (64) 54	90 (27) 46	97 (69) 58
Heart Rate (Number)	106b/m	109b/m	113b/m	108b/m	108b/m	112b/m

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

	12:20pm	4pm	7pm	10pm	3am	6am
Resp Rate (Number)	26b/m	23b/m	29b/m	24b/m	22b/m	24b/m
Resp Distress: Mod/ Severe / None / Mild	0	0	0	0	0	0
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	100%	99%	99%
Conscious Level: Normal / Altered	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						N

ACTIONS

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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

CUV-00149900 IP5-00176703
Baby MOHAMMED AFIYA
14-03-2024 2 Y 4 M 7 D (F)
Dr. SIRISHA RANI

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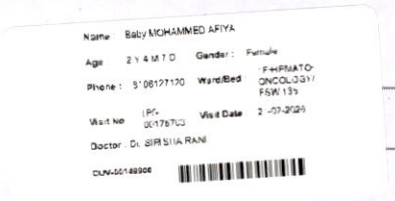
FLUID CHART

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
22/07	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	


Name Baby MOHAMMED AFIYA
Age 2 Y 4 M 7 D Gender : Female
Phone : 9108127130 Ward/Bed PAEDIATRIC ONCOLOGY FSW 139
Visit No IP/-00178703 Visit Date 2-07-2026
Doctor : Dr. SIRISHA RANI
CLN-0014990

FLUID CHART

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BirthRight™ BY RAINBOW HOSPITALS
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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 Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
2/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	Vomited		.			.					
	01:00 pm	H2O	100ml	200ml			✓			120ml		
Total Intake :		300ml				**Total Output :**				120ml +1m		
	02:00 pm			30ml						100ml		
	03:00 pm	H/O	20ml	30ml								
	04:00 pm			50ml								
	05:00 pm	Vomit		60ml								
	06:00 pm			60ml								
	07:00 pm	H/O	40ml	60ml						100ml		
Total Intake :		350 ml				**Total Output :**				200ml		
	08:00 pm	rice		60ml								
	09:00 pm			60ml						130ml		
	10:00 pm	water	100ml	15ml								
	11:00 pm			15ml								
	12:00 am			15ml								
	01:00 am	water	50ml	15ml						180ml		
Total Intake :		250 ml				**Total Output :**				310ml		
	02:00 am			15ml								
	03:00 am			15ml								
	04:00 am			20ml								
	05:00 am			20ml								
	06:00 am			20ml								
	07:00 am			20ml						250ml		
Total Intake :		110ml				**Total Output :**				250ml		

Total 24 hrs. Intake	1010 ÷ 103.06 cc/kg.	Total 24 hrs. Output	880 ÷ 3.74 cc/kg/hr.

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CONSENT FOR CHEMOTHERAPY

Patient Name : Afiya Age : 2year Gender : Male ☐ Female ☑

UHID No : CUV-00149900 Department : PHO Date : 21/7/26

Type of Chemotherapy : Zuliamenon

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 .....

N/A

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 : Molly

Name : Ajan Mohammed

Relationship with Patient: Father

Date & Time : 21/07/26 16:29

Witness :

Signature : Clerk

Name : Veera

Date & Time : 21/7/26 @ 16:39pm

Doctor (who is taking the consent):

Signature : d

Name : IRAVANI

Date & Time : 21/7/26 3pm

CUV-00149900 IPS-00176703
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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 21/7/26 Time: @12:30pm

Blood Group of the Patient: B+ve Blood Group on the Blood Bag: B+ve

Blood Bank Issue No: BAH26-01119 Date of Collection: 11/5/~~25~~26 Date of Expiry: 11/5/27

Date & Time of Starting Transfusion: 21/7/26@12:30pm Planned duration of Transfusion: 30 mints

Check for Correct Unit: ☑ Correct Patient: ☑

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

Before starting transfusion vitals: Temp: 98.6F HR 126/m RR: 26/m BP: 100/60@1 SpO 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	126	98.6F	100/60@1	100%	No	No	No	No
	15 Min	110/m	98.6F	93/56@1	100%	No	No	No	No
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: NA

Name of the Incharge-Nurse: Divya Name of the Nurse: Uceen

Signature of the Incharge-Nurse: Divya Signature of the Nurse: Uceen

Date & Time: 21/7/26 @ 1pm Date & Time: 21/7/26 @ 1pm

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

FRESH FROZEN PLASMA B.P

Qty. 204 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./ SAGM Solution.

B

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

Unit No : BAH26-01119
Blood Group: B Rh Positive
Collection Date: 11/May/2026
Expiry Date: 11/May/2027

1)administer Without Warming. 2)shake Gently Before Use.3)do Not Add Any Medication. 4)check Blood Group on Label & Recipient's Group and Name Before Administration. 5)use with [illegible] Filter. 6)do Not Dispense Without Prescription. 7)do Not Use if There is Any Visible Evidence. 8)store Between -30° C or Below. 9)resuspend Thawed Precipitate Carefully & Completely Into Residual Plasma. 10) [illegible] Between 30 [illegible]th

Issue Label / CrossMatching Report

Patient : **Baby Mohammed Afiya -**
Patient's Blood Group :B Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,DR. SIRISHA RANI
UHID No.: CUV-00149900 Wd-Bed No.:
Product : FFP
Blood Group : B Rh Positive
Unit No.:**BAH26-01119**
XMatching Report:ABO Compatible
X-matched by: Premalatha
Issue Dt : 21/Jul/2026
Colln. Dt :11/May/2026
Exp. Dt :11/May/2027
Issued By : Premalatha

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
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CUV-00149900 IP5-00176703
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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 21/3/26 Time: 1PM

Weight: 9.8 kg Centile: <5th

Height: 81 cms Centile: <5th

Inference: underweight child

RDA: — Calories: 1250 kcal/d Protein: 21 g/d

Diet Recommendations: soft high protein diet

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

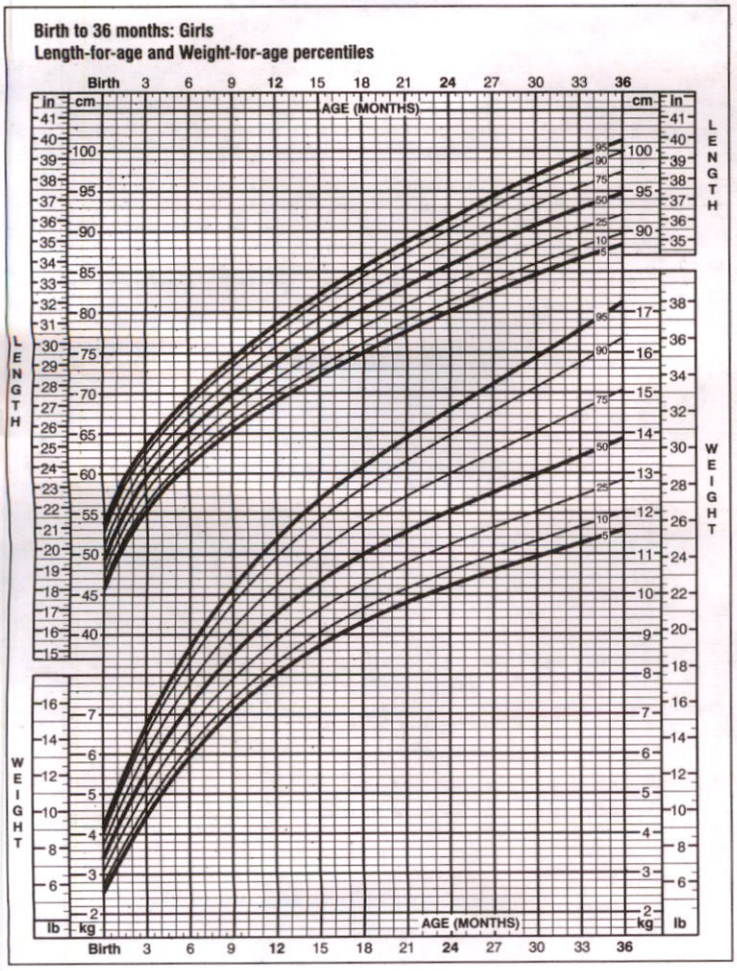
Food Allergies: NO Veg/Non-veg Non-veg

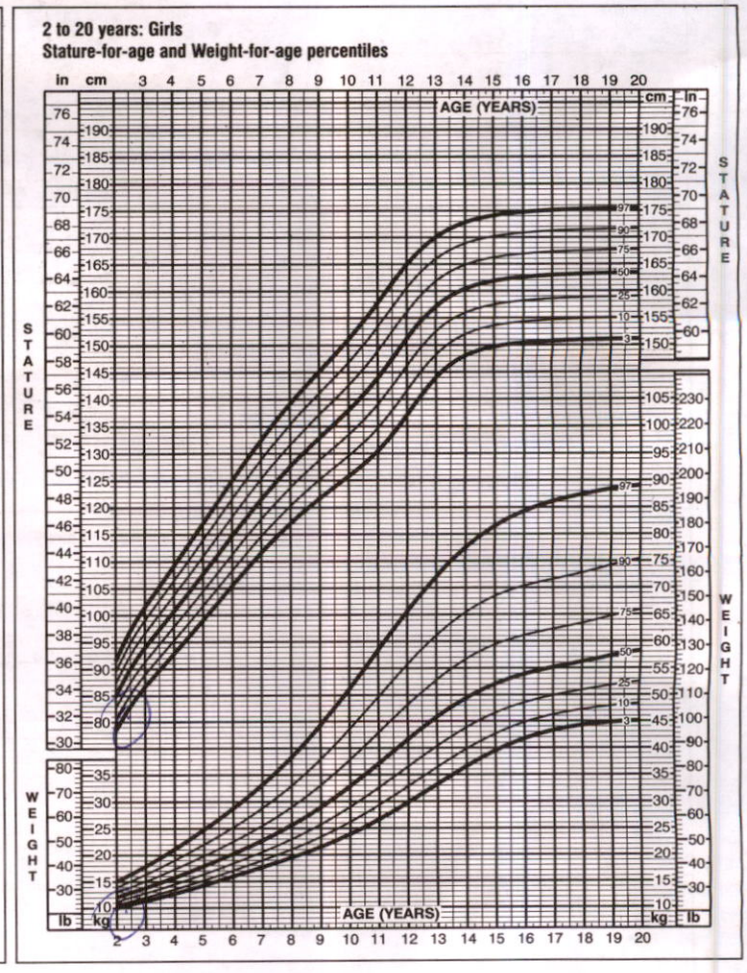
Diagnosis: Field B ALL / CALLA(P) / CNS(P)

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

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

GROWTH CHART (GIRLS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Docu. No. : RCHBH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes: