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ACTIVITY RECORD FOR BILLING

Name :_____ Esa _____

BAH-00649506 IP5-00175857
Master MOHAMMED ESA
28-03-2019 7 Y 3 M 4 D (M)
Dr. SIRISHA RANI

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

Date of Admission: _____ Time e : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
02/07	9:50AM	ER	ONCO	

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
2/7/26	CBP, SGPT	6107.	
3/7/26	CUE	26066504	
5/7/26	CBP. MTX	26067223	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7	Infusion pump	12:30pm	3/7 3pm	9683924	Chij
2/7	Infusion Pump	3pm	5/7 4pm	9684387	Mr

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/7/26	Chemotherapy			
	lumber puncture &	(1)	9683917	Veena
	Consious sedation			
3/7	Dressing (minor)	(1)	9685782	Riya
5/7	Blood transfusion (P.RBC)	(1)	9688658	Riya

ANY OTHER INFORMATION

Don't Change NHA. — Mounika

Date : 5/7 Time : 12pm Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Riya	Morning OSCD		

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 : IP5-00175857 **Admit Date** : 02-Jul-2026 **Admit Time** : 08:59 AM **UHID** : BAH-00649506

Patient Details :

Patient Name	: Master MOHAMMED ESA	**Age**	: 7 Y 3 M 4 D
Guardian	: Mr MOHAMMED MUSTAFA	**DOB**	: 28-03-2019
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 6-2-235, NEAR ISLAMIA HOSPITAL Bhoiguda Hyderabad Telangana INDIA 500003	**Phone No**	: 7702628842/ 9390787093
		E-mail	: MOHAMMED.MUSTAFA16@GMAIL.CO

Admission Details :

Bed Type : FOUR SHARING **Bed No** : FSW 138 **Ward Name** : 1F-HEMATO-ONCOLOGY

Room No : FSW 138 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHAMMED MUSTAFA **Relationship** : Father

Contact Address : H NO 6-2-235, NEAR ISLAMIA HOSPITAL Bhoiguda Hyderabad Telangana INDIA 500003 **Phone No** : 7702628842 / 9390787093

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 : MEDI ASSIST INSURANCE TPA PVT LTD

BAH-00649506 IP5-00175857
Master MOHAMMED ESA
28-03-2019 7 Y 3 M 5 D (M)
Dr. SIRISHA RANI

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	3			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	2			
7	Nursing plan of care and handover sheets	5+1			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy	1			
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	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	3+1			
30	Intake and Out take chart (fluid chart)	1+1			
31	Drug chart (Regular Prescription)	1+3			
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	46			

Signature and Date :
7/26

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00649506 IP5-00175857
Master MOHAMMED ESA
28-03-2019 7 Y 3 M 4 D (M)
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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: A

Name of the Doctor: Kumari

Date & Time: 2/7/26 @ 10AM

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28-03-2019 7 Y 3 M 4 D (M)
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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: .....

Name of the Doctor : Dr. Saranya

Date & Time: 4/7/26 @ 10.55am

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PEDIATRIC IN-PATIENT MEDICAL RECORD

1

Patient Name: _____

UHID ID: _____ BAH-00649506 IP5-00175857
Master MOHAMMED ESA
28-03-2019 7 Y 3 M 4 D (M)
Dr. SIRISHA RANI

Department: _____

Consultant: _____

BAH-00649506 IP5-00175857
Master MOHAMMED ESA
28-03-2019 7 Y 3 M 4 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Name : MOHAMMED ESA Age/Sex 7y/M

Information given by: Relationship Mother

Chief Presenting Complaints & Duration (Chronologically)

K/C/O B-cell ALL, now came for chemotherapy

History of present illness :

No fresh issues
Known case of B-cell ALL
(ALLA - Positive / FISH - Standard cytogenetics /
CSF Negative / CPR / Karyotyping - Normal /
MRD - Negative / on Protocol M - 3rd dose

↓

Now came for chemotherapy

Pediatric Multiorgan History & Physical Examination

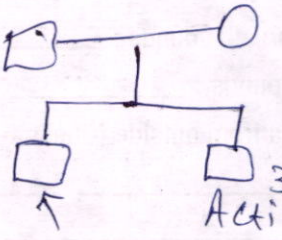
Past History : (Including details of any previous investigation or treatment)

K/C/O B-cell ALL

Birth &·Neonatal History:

FT/LSCS/CIAB/B.wt-3Kg

NO H/O NICU admission



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information : ~~Not significant~~ upper middle class

Developmental History :

Achieved as per age.

Immunization History :

As per IAP Schedule.

(P.T.O.)

BAH-00649506 IP5-00175857
Master MOHAMMED ESA
28-03-2019 7 Y 3 M 4 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 25.4 Kg (Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate : 102b/m B.P. 100/60mm/Hg SPO2 100 @ RA

Resp.rate and type of breathing : 24 br/min

Rash

Lymphadenopathy (-)

Oedema :

Allergies (if any): NKDA

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L AEE, clear

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : SOFT, NONdistended

Ausculation :

Spine : External Genitelia :

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

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Master MOHAMMED ESA
28-03-2019 7 Y 3 M 4 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness / AVPU/GCS score : 15/15

Cranial Nerves : @

Motor System:

Nutriton :

Tone: Power @

Co-ordinator : @

Posture :

Involuntary Movements :

Reflexes :

DTR @ **Superficials:** @

Plantars

Sensory System :

@

Bladder / Bowel :

Clinical Summary & Diagnostic:

K/C/O B-cell ALL now came for chemotherapy.

(P.T.O.)

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Master MOHAMMED ESA
28-03-2019 7 Y 3 M 4 D (M)
Dr. SIRISHA RANI

...atric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Relapse

Desired goals of the treatment :

Remission.

Planned Labs:

CBP
SGPT

Noted by
Kethe
2/7
@10A

Planned Management

- Chemotherapy
- Calcineurin inhibitor
- MOktel
- Zofer
- Domstal
- TAB. 6MP 50mg
½ tab OD (Mon-Friday)

Signature of the Doctor: .....
Name of the Doctor: Dr. Nanda
Date & Time: 02/07/2026@10AM

Signature of the Consultant: .....
Name of the Consultant: Dr. Sirisha Rani
Date & Time: 2/7/26@ 10AM

Dr. SANDHYA VADDADI
Reg. No: 71664

BAH-00649506 IP5-00175857
Master MOHAMMED ESA (M)
28-03-2019 7 Y 3 M 4 D
Dr. SIRISHA RANI

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 12pm	Procedure notes Under strict asepsis precautions, LP done, Intrathecal chemotherapy given. Uneventful. [signature]	
3/7/26 9AM	B cell ALL/Protocol-M/4th dose. c/o 2 ep of vomiting Vitals (N) c/o mild of pain (+) S/E: [illegible] CVS / RS / P/A (N).	Adv 1) CUE today 2) plan folinic acid from tm. 3) monitor vitals. 4) Inform SOS Do not [illegible] care. 1) plan to stop [illegible] after today [signature]

Noted by [illegible] 3/7/26 12pm

Dr [signature] 43491C 9:00 Am
Dr. Anurag Reddy

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Master MOHAMMED ESA
28-03-2019 7 Y 3 M 4 D (M)
Dr. SIRISHA RANI

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(2)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/4/26 4:00pm	C/S/B Resident K/C/O Burk-ALL - Maschemotherapy - 4th cycle. LP done - O/E Vitals Stable CVS: S1S2 (+) RS: BLAE (+) P/A: Soft CNS: NAD -	Adv - plan for folinic acid from T/m - monitor vitals - Inform (if)
Dr. praveen		NIB Gaiyathri 3/4/26 7pm

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Master MOHAMMED ESA
28-03-2019 7Y 3M 5D (M)
Dr. SIRISHA RANI

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 9am	B-ALL/ Protocol M 4th dose	
	No fever No vomiting	Iday 1. Inj FOLINIC ACID today 9am 2. CBP, MTX levels T/m. ct hydration Dr. SANDHYA VADDADI Reg. No: 71664
4/7/26 4:00pm	BCELL ALL/ 4th cycle chemotherapy. D/2 Chest Clear Vitals Stable	NB Gayathri sign 4/7/26. Adv - CBP, MTX levels - T/m. - Continue other medications. - Monitor vitals - Inform if any

(4)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26		
9AM	B-ALL / Protocol-M 4th dose	
		Plan
	No vomiting	1. PRBC today
	vitals stable	2. dlc today
		f/u - 11/7 ē CBp.
		Dr
		N/B 2w/ 11826 5/7 @10am

AH-00649506 IP5-00175857
Master MOHAMMED ESA
28-03-2019 7 Y 3 M 4 D (M)
Dr. SIRISHA RANI

(1)

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RESULT SHEET

Date	2/7/26	5/7				
Time	9AM	8 am				
Hb	9.0	7.9				
PCV	27.0	24.5				
RBC	3.53	3.19				
WBC	6.61	7.00.				
N/L	63/22	83/9.1				
Platelets	3.32	314				
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT	57					
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	3/7					
Time	IPD					
CUE - Alb	-					
CUE - Sugar	-					
CUE - Ketones	NEGATIVE					
CUE - PUS Cells	2-3					
CUE - RBC Cells	1-2					
CUE epithelial cells	1-2					
Nitrite	NEGATIVE					
PH :-	7.0					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Master MOHAMMED ESA
28-03-2019 7 Y 3 M 4 D (M)
Dr. SIRISHA RANI

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DRUG CHART

Date of Admission: 02/07/26 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 / 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 ....

AM-00849506 IPS-0017557
aster MOHAMMED ESA
3-03-2019 7 Y 3 M 4 D (M)
r. SIRISHA RANI

0.92

REGULAR PRESCRIPTIONS

Weight. 25.45 Kg Ward. .....

DRUG : INJ. ONDANSETRON

Dose	Route	Frequency	Start Date
6 mg	IV	BD	02/07/26

Name & Signature of the Doctor Starting the Drugs: Dr. Nandan

Additional Instructions:

Date / Time	2/7	3/7	4/7	5/7
	8AM	Sam	Sam	Am
	6pm	Am		
Daily Doctor's Endorsement by a Sign	A	A		

DRUG : ~~Syp~~ DOMSTAL SUSPENSION

Dose	Route	Frequency	Start Date
5 ml	PO	BD	02/07/26

Name & Signature of the Doctor Starting the Drugs: Dr. Nandan

Additional Instructions: 1 mg / 1 ml

Date / Time	2/7	3/7	4/7
	8AM	X	
	8pm	X	
Daily Doctor's Endorsement by a Sign			

DRUG : Syp. CALCIMAX-PLUS

Dose	Route	Frequency	Start Date
5 ml	PO	OD	02/07

Name & Signature of the Doctor Starting the Drugs: Dr. Nandan

Additional Instructions:

Date / Time	2/7	3/7	4/7
	8pm	pooja	
Daily Doctor's Endorsement by a Sign	d		

DRUG : Syp. MOXIEL

Dose	Route	Frequency	Start Date
5 ml	PO	OD	02/07

Name & Signature of the Doctor Starting the Drugs: Dr. Nanda

Additional Instructions:

Date / Time	2/7	3/7	4/7
	8pm	pooja	
Daily Doctor's Endorsement by a Sign	d		

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Dr. SIRISHA RANI

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : TAB. 6-MP

Dose	Route	Frequency	Start Dt.
½ TAB	PO	OD	02/07

Name & Signature of the Doctor Starting the Drugs: Dr. Nanda

Additional Instructions: Monday to friday
1 tab = 50 mg

Daily Doctor's Endorsement by a Sign

Date / Time: 2/7 3/7 4/7

6AM

DRUG : INJ DEXAMETHASONE

Dose	Route	Frequency	Start Dt.
2.5mg	IV	OD	2/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 2/7 3/7

12pm

STOP

DRUG : SYP SUCRAL

Dose	Route	Frequency	Start Dt.
10ml	P/O	BD	2/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 2/7 3/7 4/7

8am

DRUG : INJ FOLINIC ACID

Dose	Route	Frequency	Start Dt.
19 mg	IV	TID	4/7

Name & Signature of the Doctor Starting the Drugs: Sirisha

Additional Instructions: start at 9 am

Daily Doctor's Endorsement by a Sign

Date / Time: 4/7

6AM (19mg)

2pm 6pm

10pm 2AM 6AM

Docu. No. : RCHBH /FRM / CLINICAL / 108

(P.T.O)

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

BAH-00649506 IP5-00175857
Master MOHAMMED ESA
28-03-2019 7 Y 3 M 5 D (M)
Dr. SIRISHA RANI

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

DRUG :	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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		T. LANSOPRAZOLE	30mg	PO	AJ	Held.
5/7		PRBC	1unit	IV	d	
5/7		Inj AVIL	0.6ml	IV	d	

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I.V. FLUIDS CHART

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

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

Signature .....

VERIFIED BY : Name .....

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AMMED ESA

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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: Hemat-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. CALLIMAX PLUS	5ml	PO	OD	01/07/26 10AM	☑C ☐DC
2	SYP. MOKIEL	5ml	PO	OD	01/07/26 10AM	☐C ☐DC
3	TAB. 6 MP	½ TAB (1 tab = 50mg)	PO	OD	01/07/26 10AM	☑C ☐DC
4						☐C ☐DC
5						☐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 : Med.I. Dr. Nandan

Date & Time : 02/07/2026, 9 AM

Nurse Name & Signature: Keerthana

Date & Time : 02/07/26 @ 9AM

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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) : 25kg	Body Surface Area: 0.92	Diagnosis: B-ALL	Protocol: M 4th dose

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.
2/6/26	12pm	Inj METHOTREXATE Inj CYTARABINE Inj HYDROCORTISONE	12mg 30mg 15mg	IT	1 STAT	A	Veena Sanitha	2/7	Ahn	Veena Sanitha
2/6/26	12:45 pm	Inj $NaHCO_3$ in 100ml NS	10ml	IV.	100ml/h	A	Veena Sanitha	2/7	Ahn	Veena Sanitha
2/6/26	2pm	Inj METHOTREXATE in 100ml NS	200mg	IV	100ml/h	A	Veena pooja	2/7	Ahn	Pooja Divya
2/6/26	3pm	Inj METHOTREXATE in 500ml DNS	2.3gm	IV	25ml/h	A	Pooja Divya	3/7	A	Nisa pooja
2/6/26	3pm	Inj $NaHCO_3$ in 500ml ½ DNS	20ml	IV	50ml/h	A	Pooja Divya.	3/7	Ahn	Sonam Anu pooja
3/6/26	2AM	Inj $NaHCO_3$ in 500ml ½ DNS	20ml	IV	50ml/h	A	Sonam Anu	3/7	A	Nisa pooja

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

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28-03-2019 7 Y 3 M 4 D (M)
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. : 2	Weight (kg) : 25kg	Body Surface Area: 0.92	Diagnosis: B-ALL.	Protocol: M 4th dose.

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.
3/6/26	10Am	inj NaHCO3 in 500ml 1/2 DNS	20ml	IV.	75ml/h	A	Aleena Pooja	3/6	A	Gouya Pooja
3/6/26	6pm	inj NaHCO3 in 500ml 1/2 DNS	15ml	IV	75ml/h	A	Gouya Pooja	3/6	A	Soniaa Anuradha

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

Patient Sticker

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INTERDISCIPLINARY PATI... / FAMILY EDUCATION RECO...

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Part - I.

Patient's / Learner Language: English, Hindi Patient / Learner Literacy: ☑ Read ☐ Write ☑ Speak Willingness to Learn: ☐ Yes ☐ No Healthcare Literacy: ☑ Yes ☐ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others .....

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
2/7/26	9AM	7	Infection Control Measures	M	1	D	1	1	NA	
3/7/26	9AM	9	Normal HHigh protein diet	M	1	D	1	1	—	
3/7/26	10AM	5	Medication	M	1	D	1	1	—	

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C Caregiver O: Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

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MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
2/7/22 9 AM	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	B-cell ALL	Remission	Chemotherapy	Mukta	☑ Nursing ☐ Others:
2/7/22 9 AM	☐ Medical ☑ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	BCell ALL	To Resolve the Symptoms	Chemotherapy	sf	☑ Medical ☐ Others:
3/7/22 9 AM	☐ Medical ☐ Nursing ☑ Others: Dietician	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Bcell ALL	Normal High Protein diet	RDA E:- 1500kcals/d P:- 26g/d	Mounika	☐ Medical ☐ Nursing ☑ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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(3)

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/9/26 Time: 12Am | 1pm | 4pm | 7pm | 10pm | 3Am | 6Am

Doctor / Nurse / Family Concern?

Temperature (F)

	12Am	1pm	4pm	7pm	10pm	3Am	6Am
Temperature (F)	98.1F	98.1F	98.2F	98.1F	*98.5F	*98F	*98.5F

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

Note: BP does not score in early warning scoring

	12Am	1pm	4pm	7pm	10pm	3Am	6Am
BP	100 (60) / 150	101 (60) / 150	100 (60) / 150	99 (60) / 150	90 (71) / 60	90 (75) / 50	99 (75) / 60
Heart Rate (Number)	102b/m	105b/m	102b/m	100b/m	101b/m	100b/m	102b/m

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

	12Am	1pm	4pm	7pm	10pm	3Am	6Am
Resp Rate (Number)	24b/m	24b/m	24b/m	24b/m	24b/m	25b/m	24b/m
Resp Distress (Mod/ Severe / None / Mild)							
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	99%	99%	98%	99%	99%
Conscious Level (Normal / Altered)	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	J	J.	J.	J.			

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Master MOHAMMED ESA
28-03-2019 7 Y 3 M 4 D (M)
Dr. SIRISHA RANI

(2)

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 31/7/26 Time: 9pm | 1pm | 4pm | 7pm | 10pm | 3am | 6am

Doctor / Nurse / Family Concern?

Temperature (F): 98.3F | 97.3F | 98.1F | 98.4F | 98.5F | 98F | 98F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 106/m | 103/m | 102/m | 102/m | 101/m | 102/m | 100/m

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

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

Resp Distress	Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2Saturations (%)		99%	100%	100%	100%	99%	99%	99%
Conscious Level	Normal / Altered					
GCS *		15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0
Observer's Initials								

ACTIONS

NB: Scores 3 should be recorded overleaf

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

Patient Sticker

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- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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Dr. SIRISHA RANI

(1)

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

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

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

98.6F | 98.6F | 98F | 98F | 98.5F | 98°F | 98.2°F

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

Note: BP does not score in early warning scoring

96/65/58 | 99/63/57 | 100/69/54 | 98/74/50 | 115/81/70 | 100/80/60 | 98/62/52

Heart Rate (Number)	106b/m	101b/m	110b/m	108b/m	90b/m	92 b/m	90 b/m

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

Resp Rate (Number)	26 b/m	24b/m	24b/m	26b/m	26 b/m	22b/m	22b/m
Resp Distress (Mod/ Severe / None / Mild)	0	0	0	0	0	0	0
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	100%	99%	99%	99%
Conscious Level (Normal / Altered)	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	?	0
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
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

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

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FLUID CHART

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Sheet No. : 4

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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
5/3	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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28-03-2019 7 Y 3 M 5 D (M)
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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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	Jelly		50ml						200ml.		
	09:00 am			50ml.								
	10:00 am											
	11:00 am		100ml.									
	12:00 pm	H_2O								200ml		
	01:00 pm											
Total Intake : 200ml.						**Total Output :** 400ml.						
	02:00 pm	Rice										
	03:00 pm	dal,	100ml.							250ml		
	04:00 pm											
	05:00 pm									150ml		
	06:00 pm	H_2O	100ml	40ml								
	07:00 pm			40ml.						100ml		
Total Intake : 280ml.						**Total Output :** 450ml						
	08:00 pm			50ml								
	09:00 pm	Rice		50ml.						200ml		
	10:00 pm	H_2O	100ml	50ml								
	11:00 pm			50ml								
	12:00 am			50ml						150ml		
	01:00 am			50ml								
Total Intake : 450ml.						**Total Output :** 350ml.						
	02:00 am			50ml								
	03:00 am			50ml						200ml		
	04:00 am			50ml								
	05:00 am			50ml								
	06:00 am			50ml						20ml		
	07:00 am			50ml								
Total Intake : 300ml						**Total Output :** 400ml						

Total 24 hrs. Intake	1230 ÷ 48.3cc/kg/day.	Total 24 hrs. Output	7600 ÷ 2.6cc/kg/hr.

BAH-00649506 IP5-00175857
Master MOHAMMED ESA
28-03-2019 7 Y 3 M 4 D (M)
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							
3/7	08:00 am			25+50ml						200ml		
	09:00 am		ORS 100ml	25+50ml			✓					
	10:00 am			25+50ml								
	11:00 am		100ml	25+50ml						200ml		
	12:00 pm	Rice		50ml								
	01:00 pm											
Total Intake : 650ml						Total Output : 400ml						
	02:00 pm	Rice		75ml								
	03:00 pm	dal.		50ml						200ml		
	04:00 pm		100ml	50ml								
	05:00 pm			75ml								
	06:00 pm	H_2O	80ml	75ml						220ml		
	07:00 pm			75ml								
Total Intake : 580ml.						Total Output : 420ml						
	08:00 pm	Roti		75ml								
	09:00 pm	H_2O	100ml	75ml						200ml		
	10:00 pm			75ml								
	11:00 pm			75ml								
	12:00 am			75ml						150ml		
	01:00 am			75ml						350ml		
Total Intake : 550ml						Total Output : 350ml						
	02:00 am			50ml								
	03:00 am			50ml						150ml		
	04:00 am			50ml								
	05:00 am			50ml								
	06:00 am			50ml						250ml		
	07:00 am			50ml								
Total Intake : 300ml						Total Output : 400ml						

Total 24 hrs. Intake	2,080; 81cc/kg	Total 24 hrs. Output	1,570; 2.5cc/kg/hr

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FLUID CHART

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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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
2/7/19												
	08:00 am											
	09:00 am	N										
	10:00 am	P										
	11:00 am	O										
	12:00 pm	I		50 ml						200ml		
	01:00 pm	H2O	100ml	100 ml								
Total Intake :		250 ml				**Total Output :**				200 ml		
	02:00 pm	Rice		100ml								
	03:00 pm			25+50								
	04:00 pm		200ml	25+50						200ml		
	05:00 pm	+ h2o		25+50								
	06:00 pm			25+50								
	07:00 pm	H2O	100ml	25+50						200ml		
Total Intake :		775ml				**Total Output :**				400 ml		
	08:00 pm			25+50ml								
	09:00 pm	Roti.		25+50ml						200ml		
	10:00 pm	H2O	150ml.	25+50ml								
	11:00 pm			25+50ml								
	12:00 am			25+50ml						150ml		
	01:00 am			25+50ml								
Total Intake :		600 ml				**Total Output :**				350ml		
	02:00 am			25+50ml								
	03:00 am			25+50ml						150ml		
	04:00 am			25+50ml								
	05:00 am			25+50ml								
	06:00 am			25+50ml						300ml		
	07:00 am			25+50ml								
Total Intake :		450ml				**Total Output :**				450ml		

Total 24 hrs. Intake	2,075; 81 cc/kg.	Total 24 hrs. Output	1,400; 2.02 cc/kg/h

Docu. No. : RCHBH/FRM/CLINICAL/092

CONSENT FOR BLOOD TRANSFUSION

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BAH-00649506 IPS-00175857
Master MOHAMMED ESA
28-03-2019 7 Y 3 M 7 D (M)
Dr. SIRISHA RANI

Name: ..... Age: 7y Gender: Male ☑ Female ☐

UHID.No : ..... Date: 5/7

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 Ruhina 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 .....
Explained

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

Patient (Or Patient Relative / Guardian):

Signature: .....
Name: Ruhina
Date & Time 5/7 @ 10:30 am

Doctor (Who is talking the consent)

Signature: .....
Name: DR. Sravani
Date & Time 5/7 @ 10:30 am

Witness

Signature: .....
Name: .....
Date & Time 5/7 @ 10:30 am

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Master MOHAMMED ESA
28-03-2019 7 Y 3 M 7 D (M)
Dr. SIRISHA RANI

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 5/7/26 Time: 10:30am

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

Blood Bank Issue No: 26-01501 Date of Collection: 23/6/26 Date of Expiry: 4/8/26.

Date & Time of Starting Transfusion: 5/7 @ 10:30am Planned duration of Transfusion: 5hrs

Check for Correct Unit: ☑ Correct Patient: ☑

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

Before starting transfusion vitals: Temp: 98.6°f HR 110b/m RR: 28t/m BP: 100/69/77 SpO 100.1%.

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
5/7	15 Min	112bm	98.5	96/66(76)	100%	NO	NO	NO	NO
	15 Min	110bm	97.5°f	97/67(77)	100%	NO	NO	NO	NO
	30 Min	110b/m	98.6°f	100/79/88	100%	NO	NO	NO	NO
	30 Min	108b/m	98.6°f	98/69/77	100%	NO	NO	NO	NO
	30 Min	115b/m	98.6°f	95/79/88	100%	NO	NO	NO	NO
	1 Hr	112b/m	98.6°f	100/79/88	100%	NO	NO	NO	NO
	1 Hr	110b/m	98.6°f	95/65/79	100%	NO	NO	NO	NO

Comments: No reactions

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

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

Date & Time: 5/7 @ 1pm Date & Time: 5/7 @ 1pm

Docu. No. : RCHBH /FRM / CLINICAL / 078

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

LEUCO REDUCED BLOOD CELLS I.P

Qty. 250 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D.A. Solution.

A

Rh Positive

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

Unit No.: BAH26-01501
Blood Group: A Rh Positive
Collection Date: 23/Jun/2026
Expiry Date: 04/Aug/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Evidence. 8.) Store Between 2° C to 6° C 9) Appropriate Compatible Cross Matched Blood Without Atypical Antibodies i

Issue Label / CrossMatching Report

Patient : **MASTER MOHAMMED ESA**
Patient's Blood Group :A Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,DR. SIRISHA RANI
UHID No.: BAH-00649506 Wd-Bed No.:

Product : LR-PRBC
Blood Group : A Rh Positive
Unit No.: **BAH26-01501**
XMatching Report:Compatible
X-matched by: B.Abhishek

Issue Dt : 05/Jul/2026
Colln. Dt :23/Jun/2026
Exp. Dt :04/Aug/2026
Issued By : B.Abhishek

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

Master MOHAMMED ESA
28-03-2019 7 Y 3 M 4 D (M)
Dr. SIRISHA RANI

CONSENT FOR CHEMOTHERAPY

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Patient Name : Esa Age : 7y Gender : Male ☑ Female ☐

UHID No : BAH-00641506 Department : PHO Date : 2/7/26

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 PM

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 : Rukhiya

Relationship with Patient: Mother

Date & Time : 2/7/26 @ 12pm

Witness :

Signature : [signature]

Name : Veera

Date & Time : 2/7/26 @ 12pm

Doctor (who is taking the consent):

Signature : [signature]

Name : SRAVANI

Date & Time : 2/7/26 12pm

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 3/4/26 Time: 9Am

Weight: 25.4kg Centile: 75th

Height: Centile:

Inference: well child

RDA: — Calories: 1500kcals/d Protein: 26g/d

Diet Recommendations: Normal High protein diet

Re-Assesment: Avoid spicy, Chilled and outside foods.

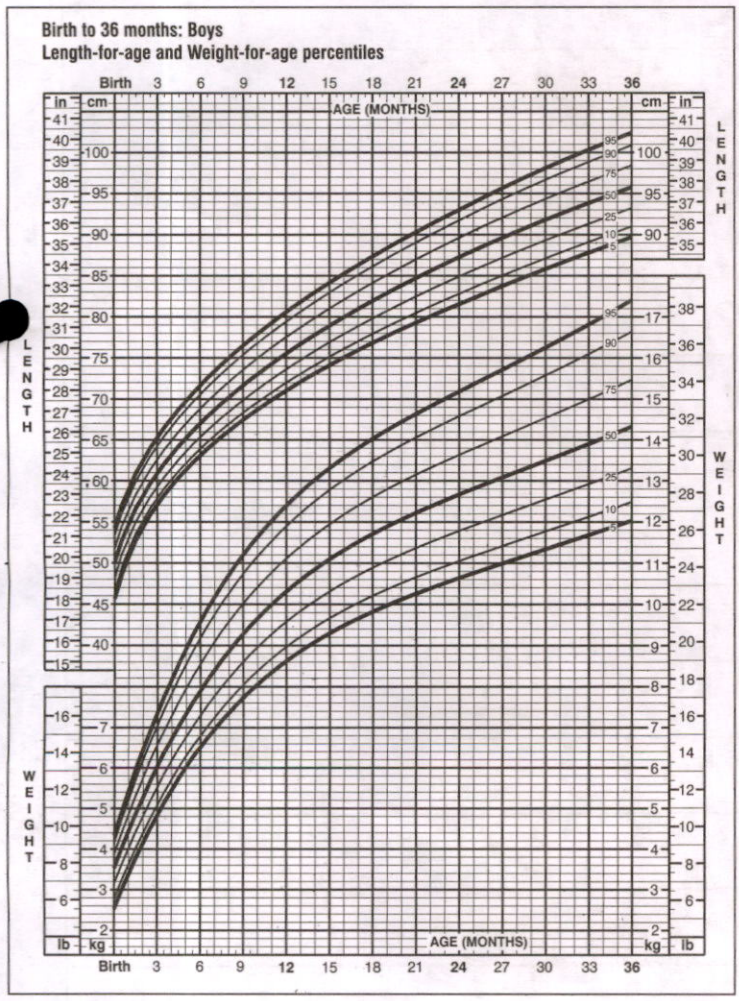
Food Allergies: NO Veg/Non-veg : non veg

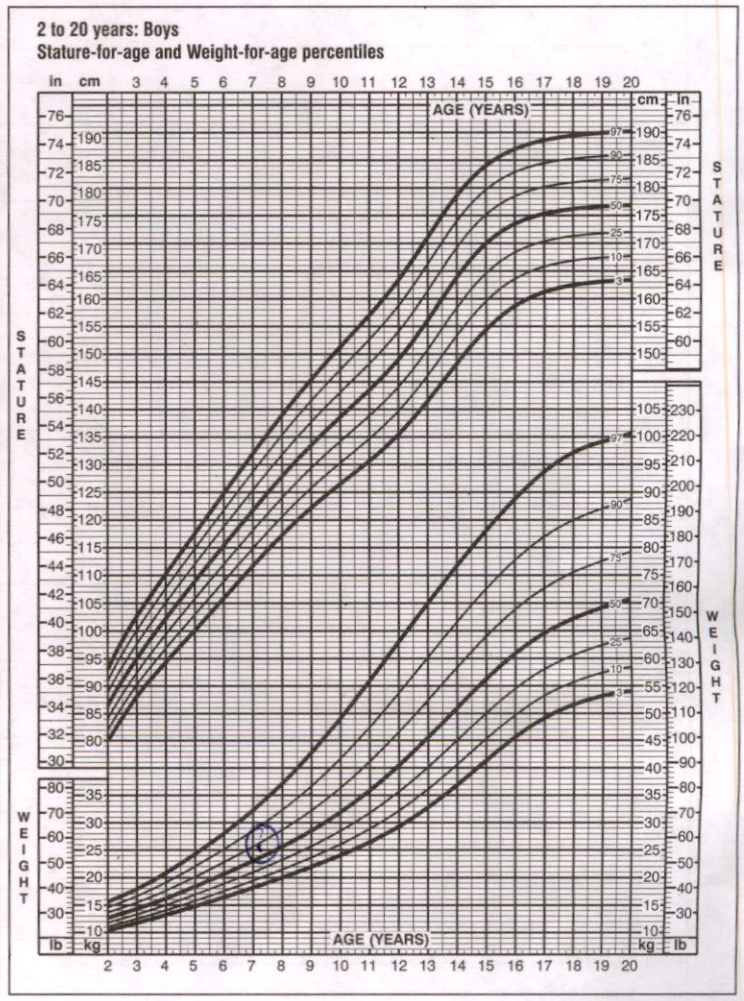
Diagnosis: K/C/O - B cell ALL for chemotherapy

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Parents Don't need dietician. Don't change for NHA.

GROWTH CHART (BOYS)





Dietician's Name Mamta Dietician's Signature Mamta

Daily Notes: