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 : IP5-00176029 **Admit Date** : 06-Jul-2026 **Admit Time** : 12:52 PM **UHID** : CUV-00172369

Patient Details :

Patient Name	: Baby PEMULA SAMAIRA GRETCHEN	**Age**	: 5 Y 5 M 6 D
Guardian	: Mr PEMULA PRUDHVI PORUS	**DOB**	: 30-01-2021
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 35-3-69(36) SANJAY GANDHI COLONY, Ongole Prakasam Andhra Pradesh INDIA 523001	**Phone No**	: 9849044877/ 7330730449
		E-mail	: PEMULA.PRUDHVI@GMAIL.COM

Admission Details :

Bed Type : FOUR SHARING **Bed No** : FSW 125 **Ward Name** : 1F-HEMATO-ONCOLOGY

Room No : FSW 125 **Admission Type** : First Visit

Contact Details :

Name : Mr PEMULA PRUDHVI PORUS **Relationship** : Father

Contact Address : H NO 35-3-69(36) SANJAY GANDHI COLONY, Ongole Prakasam Andhra Pradesh INDIA 523001 **Phone No** : 9849044877 /

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 : HEALTH INSURANCE TPA OF INDIA LTD

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ACTIVITY RECORD FOR BILLING

CUV-00172369 IP5-00176029
Baby PEMULA SAMAIRA GRETCHEN
30-01-2021 5 Y 5 M 6 D (F)
Dr. SIRISHA RANI

Name : ______________________

UHID No. ________ Consultant: ____________ Dept : __________

Date of Admission: _________ Time : _________ Date of Discharge : _________ Time: ________

Room / Bed No : __________ Ward : __________ Suggested Billable bed type : ______________

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	1:30 pm	ER	onco	pooja

Cross Consultation Visit

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

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
6/7	CBP done on op basis		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7	infusion pump	3pm	7/7/2026 6AM	7690532	Sign

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/7	Chemotherapy	(1)	9690537	Dipy

ANY OTHER INFORMATION

Doubt charge for NIAs — Mamta

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

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Dipy	Morng ONCO		

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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: Dr Prashanthi

Date & Time: 06/07/26 @ 1:45pm

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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. prashanthi

Date & Time: ..... 7/7 @ 12pm

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PEDIATRIC IN-PATIENT MEDICAL RECORD

(1)

CUV-00172369 IP5-00176029
Baby PEMULA SAMAIRA GRETCHEN
30-01-2021 6 Y 5 M 6 D (F)
Dr. SIRISHA RANI

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

CUV-00172369 IP5-00176029
Baby PEMULA SAMAIRA GRETCHEN
30-01-2021 5 Y 5 M 6 D (F)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

HCO B cell ALL/ CALLA positive/ CNS -ve/ CPR
EOT - MRD Negative, TPMT & NUDT'15 - N; MTHFR - A 1298 C heterozygous mutant, C667 - N

History of present illness :

Now came for ~~Dose~~ chemotherapy

No H/o fever, cold, cough, vomitys, loosestools, flush complaints.

6/7/ CBP → 9.2 | 2.26 | 243
28.2 | 57 | 35

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30-01-2021 5 Y 5 M 6 D (F)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

□T○

Birth & Socio Economic History:

About Father :
About Mother : upper middle class
Any additional Information :

Developmental History :

(N) development

Immunization History :

(P.T.O.)

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30-01-2021 5 Y 5 M 6 D (F)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 17.79 kg (Centile _____)

On Examination :

Temperature : 97.5F Pulse Rate : 101/min B.P. 87/58 (64) SPO2 98% on RA

Resp.rate and type of breathing : RR = 24/min

Rash

Lymphadenopathy

Oedema : Nil

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L AE (+)

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, NT, Occasional tenderness in ~~Hypo obtuse~~ Rt (+) Rt hypochondriac region (+)

Ausculation :

Spine : External Genitelia :

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

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30-01-2021 5 Y 5 M 6 D (F)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : (N) _____

_____

_____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : (N) _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials:**

Plantars _____

Sensory System : (N)

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

B-cell ALL Came for chemotherapy.

_____

_____

_____

(P.T.O.)

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30-01-2021 5 Y 5 M 6 D (F)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

Done
CBP on OPD basis
NB Continue

Planned Management

Chemotherapy
Inj. ondem
Syp. Domstal
NB Continue

Signature of the Doctor: Ramya
Name of the Doctor: Dr. RAMYA
Date & Time: 6/7/26 ; 1:15 pm.

Signature of the Consultant: Sandhya
Name of the Consultant: Dr. Sirisha
Date & Time: 7/7/26 @ 9:40 Am

Dr. SANDHYA VADDADI
Reg. No. 71664

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Dr. SIRISHA RANI

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 6 pm	Evening rounds B cell ALL Alert, active, No fresh issues Vitals (N) S/E → CVS / RS / P/A (N)	Adv 1) cont chemo 2) monitor vitals 3) cont supp. care 4) Inform SOS. 5) cytarabine from 4th 6) plan D/C thru Dhanteshwar Noted by Sumita. 06/07 @ 6:30 pm
7/7/26 8:45 AM	Morning rounds B cell ALL / CR / MRD (-) / CNS (-) / Rx consolidation for CT Alert, active Vitals (N) No fresh issues S/E → P/W F/CFT L/S CVS / RS / P/A (N)	Adv 1) chemo as per chart 2) cont rest 3) monitor vitals 4) cytarabine from today 5) plan D/C today Inj cytarabine on 7/2, 8/2, 9/2 Dhanteshwar R/V on 10/2 CBC on OP GMT as advised. Dr. SANDHYA VADDADI Reg. No: 71664 9:40 AM Noted by M. Sarasha 04882

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

CUV-00172369 IPS-00176029
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RESULT SHEET

Date	6/7					
Time	1pm					
Hb	9.2					
PCV	28.2					
RBC	2.84					
WBC	2.26					
N/L	58/35					
Platelets	243					
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.,) : .....

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DRUG CHART

Date of Admission: 6/7/26 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:				

Signature .....

VERIFIED BY : Name .....

Baby PEMULA SAMAIRA GRETCHEN
30-01-2021 5 Y 5 M 6 D (F)
Dr. SIRISHA RANI

REGULAR PRESCRIPTIONS

Weight. 17.794 Ward. .....

DRUG : Inj ONDANSETRON				Date / Time 6/7/26
Dose	Route	Frequency	Start Date	
3.5mg	IV	TID	6/7/26	6Am ✓ Soan Aon
Name & Signature of the Doctor Starting the Drugs: Dr Ramya				2pm 3pm Sumita Divya ✓
Additional Instructions:				10pm Aon Pog
Daily Doctor's Endorsement by a Sign				

DRUG : Syp · DOMPERIDONE				Date / Time 6/7/26
Dose	Route	Frequency	Start Date	
3.5ml	PO	BD	6/7/26	8am ✓ Veer Divij
Name & Signature of the Doctor Starting the Drugs: Dr. Ramya				8pm 2nd dose
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				

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				

Patient Sticker

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

Signature .....

VERIFIED BY : Name .....

Baby PEMULA SAMAIRA GRETCHEN
30-01-2021 5 Y 5 M 6 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 .....

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Baby PEMULA SAMAIRA GRETCHEN
30-01-2021 5Y5M6D (F)
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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: 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	Syp Zincovit	5ml	PO	OD		☑C ☐DC
	Syp Celemex	5ml	PO	OD		☑C ☐DC
3	Syp. Sephran	5ml	PO	BD		☑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 : Dr. Ramya

Date & Time : 6/7/26 ; 1:20 pm

Nurse Name & Signature: POOJS

Date & Time : 6/7/26 @ 1:25 pm

CUV-00172369 IP5-00176029
Baby PEMULA SAMAIRA GRETCHEN
30-01-2021 5 Y 5 M 6 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) : 18kg	Body Surface Area: 0.73	Diagnosis:	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.
6/7/25	3pm	INT MESNA with 100 ml NS	100 mg	IV	@ 100ml/hr	CS	Susmita / Divya.	06/07	R	Susmita / Divya.
6/7	4:25pm	INT CYCLOPHOSPHAMIDE 650 mg with 100 ml NS		IV	@ 100 ml/hr	CS	Susmita / Divya.	06/07	R	Susmita / Divya
6/7	5:40pm	INT MESNA with 500ml ½ DNS	700 mg	IV	@ 80 ml/hr	CS	Susmita. / Divya.	6/7	R	Soran / Anuradha

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

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PAIN ASSESSMENT FORM

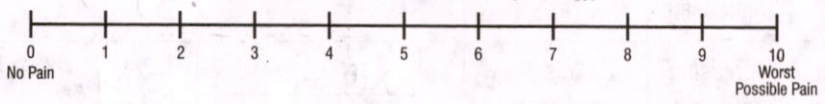
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/26	1pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	poojs
6/7	7pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Susmita.
7/7	3AM	0	NA.	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	pooja.
7/7	11AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Divya
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pa[illegible]f interven

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Apprppriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

CUV-00172369 IP5-00176029
Baby PEMULA SAMAIRA GRETCHEN
30-01-2021 5 Y 5 M 6 D (F)
Dr. SIRISHA RANI

(2)

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

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

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 27 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) *

Note: BP does not score in early warning scoring

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

98
80
76

Heart Rate (Number) 110 b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 26 b/m

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

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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30-01-2021 5 Y 5 M 6 D (F)
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 06/07 Time: 4pm - 6:30pm 10PM 3AM 6AM

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.2°F 98.3°F 98°F (Baby sleeping) 98.5°F

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

Note: BP does not score in early warning scoring

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

92 (72) 61 | 93 (67) 59 | 92 (68) 58 | 99 (62) 78

Heart Rate (Number)	108b/m	105b/m	110b/m	100b/m

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

70 60 50 40 30 20 10

Resp Rate (Number)	22b/m	22b/m	24b/m	22b/m
Resp Distress (Mod/ Severe / None / Mild)				0
Receiving O_2(l/min) O_2Saturations (%)	98%	100%	99%	100%
Conscious Level (Normal / Altered)	C	C	C	C
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]

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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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-00172369 IP5-00176029
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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 1:45 pm Mode of Arrival: By wheel chair Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Sea food. Body Weight: 17.79 Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
No significant.	No significant	No significant.

Family History: Nil.

Is 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: 17.79 kg Length: - Head Circumference (< 2 years): -

Temp.: 98.2°F HR: 102 b/m RR: 22 b/m BP: 98/63 (72)

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

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

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

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

Character of Pain 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 sister.

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 mother.

Nurse Signature: .....

Nurse Name: Susmita.

Date: 06/07/26.

Time: 3pm

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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							
21/7	08:00 am	idly								150ml		clear
	09:00 am	HNO	100ml									
	10:00 am											
	11:00 am	HNO	100ml									
	12:00 pm											
	01:00 pm											
Total Intake : 200 ml						**Total Output :** 150 ml						
	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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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.

6/7		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							
	08:00 am											
	09:00 am							ADMISSION				
	10:00 am			MBW								
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm	lemon rice	-	-								
	03:00 pm			100ml						200ml		
	04:00 pm	water	150ml	100ml								Sirisha.
	05:00 pm	Murmura		80ml								
	06:00 pm			80ml								
	07:00 pm	water	100ml	80ml						220ml		
Total Intake :		610ml				**Total Output :**				420 ml.		
	08:00 pm			80ml								
	09:00 pm	Milk	100 ml	80ml						200ml		
	10:00 pm	H_2O	100 ml	80ml								prop
	11:00 pm			80ml								
	12:00 am			80ml						100ml		
	01:00 am			80ml								
Total Intake :		680ml				**Total Output :**				300ml		
	02:00 am			80ml								
	03:00 am			80ml						350ml		
	04:00 am			80ml								
	05:00 am			80ml								prop
	06:00 am			80ml						100ml		
	07:00 am			80ml								
Total Intake :		480ml				**Total Output :**				450ml		

Total 24 hrs. Intake	1850 ÷ 103.9 cc/kg/day	Total 24 hrs. Output	1170 ÷ 3.6 cc/kg/hr

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NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: ....

Assessment: ....

....

Goals

☐ Maintain Airway and Oxygenation ☐ Relieve Pain & Discomfort ☐ Maintain Fluid Balance ☐ Improve Activity Tolerance ☐ Maintain Good Nutritional Status ☐ Maintain Skin Integrity

☐ Maintain Personal Hygiene ☐ Prevent Infection ☐ Meet Elimination Needs ☐ Ensure Safety ☐ Early Ambulation Reduce Anxiety ☐ Patient & Family Education

☐ Identify Potential Complications ☐ Any Others. Specify..

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment: ....

....

Special Notes: ....

....

Nurse Signature: .... Nurse Name: .... Date & Time: ....

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NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 7/7/20

Assessment: Patient having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	→ Assess the Patient General Condition	8:30am	→ Assessed the patient General Condition	Patient feel Better
9am	→ Maintain personal hygiene	9:30am	→ Maintained personal hygiene.	
10am	→ Maintain fluid Balance	10:30am	→ Maintained fluid Balance	
11am	→ Monitor I/o chart.	11:30am	→ Monitored I/o Chart.	
12pm	→ Administer medications as orders.	12:30PM	→ Given medications as orders	

Re-Assessment: Patient feel Better.

Special Notes:

Nurse Signature: Nurse Name: Savitri Date & Time: 7/7 8am

Docu. No: RCHBH /FRM / CLINICAL / 148

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 6/7

Assessment: patient having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the patient general condition	9pm	Assessed the patient general condition	patient feels better.
10pm	monitor vitals	10:15pm.	monitored vitals	
12AM	maintain personal hygiene.	1AM	TO Explained personal hygiene	
2AM	Ensure safety.	3AM	provided side rails	
4AM	Administer medications	5AM	Administered medications	
6AM	maintain I/v chart.	8AM	maintained I/v chart.	

Re-Assessment: patient is stable.

Special Notes:

Nurse Signature: Nurse Name: pooja Date & Time: 7/2/16 @ 8AM

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NURSING CARE RECORD

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 06/07/26.

Assessment: Patient's having vomiting Sensation.

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	Assess the patient condition.	2:30pm	Assessed the patient condition.	
3pm.	To start chemotherapy.	3:30pm	chemotherapy ~~so~~ started.	Patient's condition is now improved
4pm	To check vital signs.	4:30pm	checked vital signs and recorded	
5pm	To maintain fluid balance.	5:30pm	Maintained fluid balance.	
6pm	To ~~xxx~~ decrease vomiting Sensation.	6:30pm	~~Administered~~ medications as per doctors order.	
7pm	To maintain I/o chart.	7:30pm	Maintained I/o chart.	

Re-Assessment: Patient's ~~@~~ vomiting sensation reduced.

Special Notes: — Nil —

Nurse Signature: ..... Nurse Name: Sumita Date & Time: 06/07/26 @ 8pm

Docu. No: RCHBH /FRM / CLINICAL / 148

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SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. SR Department: Onco Date of Admission: 6/7/26

SITUATION

Diagnosis: Chemotherapy

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: .....

	Area / Shift Time	ER 1:38pm	Oncology 2pm-8pm	Onco 8AM	Onco 12pm		
BACKGROUND	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2°F	98.3°F	98.4°F	98.6F		
	Res:	28b/m	22b/m	22b/m	28b/m		
	SpO_2:	100%	98%	99%	100%		
	Pulse:	109b/m	108b/m	108b/m	106b/m		
	BP:	87/58	92/61(72)	98/61	98/59(62)		
	Fall Risk Score:	10	10	10	10		
	Pain Score:	0/10	0	0	0		
Recommendations	Safety Needs:	ref	Side rails	Side rails	Side rails		
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	NA	NA	NA	NA		
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA	NA		
Post Operative Procedure Special Orders:		NA	NA	NA	NA		
Handed Over By Name :		pooja	Sumita	pooja	Veena		
Signature :							
Date:		6/7/26	6/7	7/7	7/7		
Time:		1:40pm	8pm	8AM	12pm		
Taken Over By Name :		Sumita	Veena	Veena	D/C		
Signature :							
Date:		6/7/26	7/7	7/7/26			
Time:		@1:45pm	8	8:05AM			

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

CUV-00172369 IP5-00176029
Baby PEMULA SAMAIRA GRETCHEN
30-01-2021 5 Y 5 M 6 D (F)
Dr. SIRISHA RANI

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

CONSENT FOR CHEMOTHERAPY

Patient Name : Pemula Samaira Gretchen Age : 5y 5 mths Gender : Male ☐ Female ☐

UHID No : CUV-00172369 Department : oncology Date : 6/7/26

Type of Chemotherapy : enhancement

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 : Rey

Name : A. Roopa

Relationship with Patient: Mother

Date & Time : 06/07 @ 2:45pm

Witness :

Signature : Rey

Name : A. Roopa

Date & Time : 06/07 @ 2:45pm

Doctor (who is taking the consent):

Signature :

Name : Dr Sanellyaw

Date & Time : 6/7/26 @ 2:45pm

CUV-00172369 IP5-00176029
Baby PEMULA SAMAIRA GRETCHEN
30-01-2021 5 Y 5 M 6 D (F)
Dr. SIRISHA RANI

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 6/7/26 Time: 2pm

Weight: 12.79kgs Centile: >10th

Height: 95cms Centile: 25th

Inference: underweight child

RDA: - Calories: 1400kcals/d Protein: 24g/d

Diet Recommendations: Normal High protein diet

Re-Assesment: Avoid spicy, chilled and outside foods

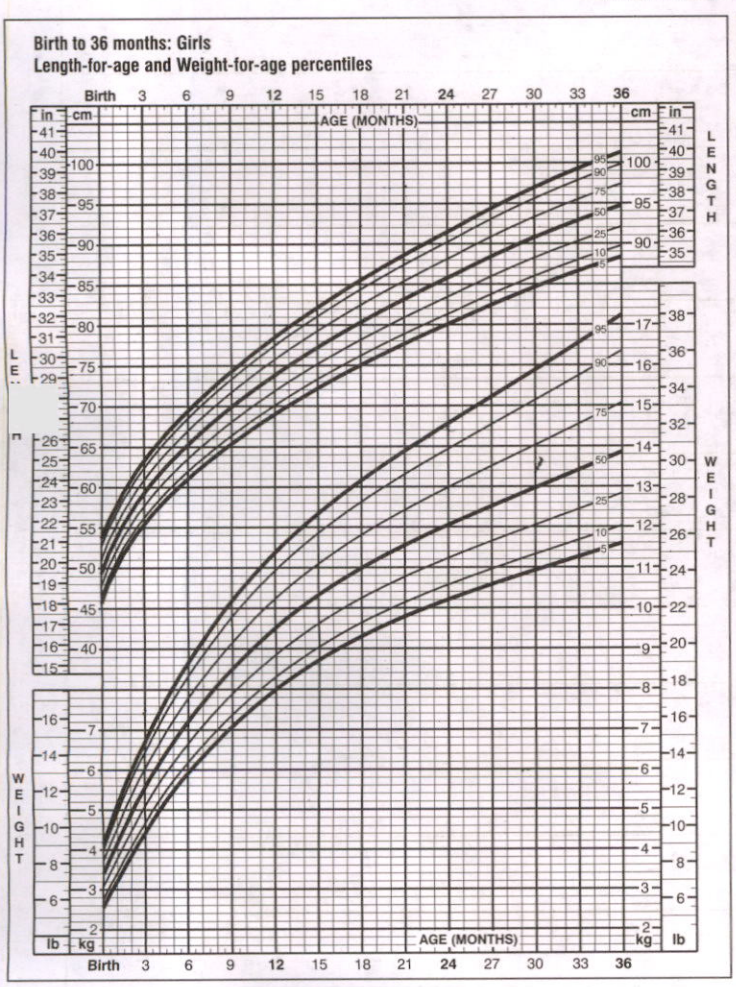
Food Allergies: No Veg/Non-veg non-veg

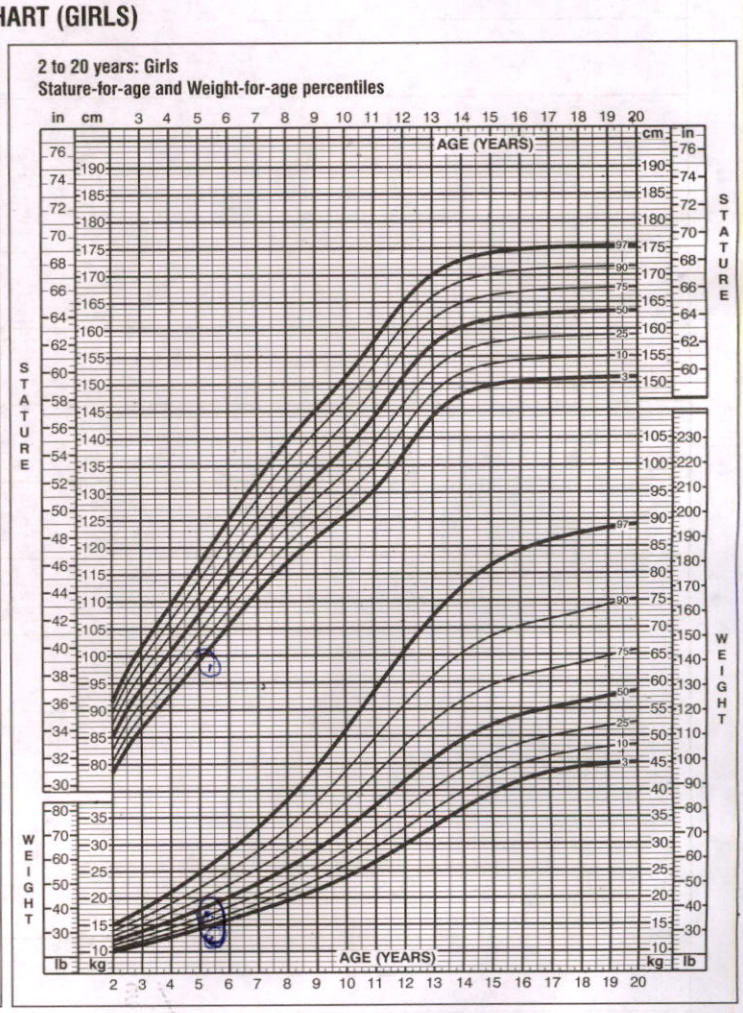
Diagnosis: Bcell ALL for chemotherapy

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

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

GROWTH CHART (GIRLS)





Dietician's Name Mounika Dietician's Signature Mounika

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

(P.T.O.)

Daily Notes: