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

ACTIVITY RECORD FOR BILLING

BAH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D (M)
Dr. SIRISHA RANI

Name :_____

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

Date of Admission: _____ Time : _____ arge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/5/26	12:40pm	ER	124	

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
27/5	CBP (OP Basis)		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
~~4:30PM~~ 27/05/26	INFUSSION PUMP.	4:30PM		9629969	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/5	Blood Transfussion. (PRBC)	(1)	9629967.	
28/5	Chemotherapy	(1)	9630466	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : 28/5/26. Time : 12pm Prepared By : Pooja.

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Pooja. N.	Day Shift / oncology		

Thimmaiah Rai Akshath.
Patient Sticker
BAH-00651447
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	1			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion	1+e1			
12	Consent for chemotherapy	1			
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
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+e1			
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	1			
43	BP Monitoring chart				
44	RBS monitoring chart				
	Extra	7			
	Total No. of Pages	34			

Signature and Date :
28/5/26

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 - 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 : IP5-00174384 **Admit Date** : 27-May-2026 **Admit Time** : 12:07 PM **UHID** : BAH-00651447

Patient Details :

Patient Name	: Master THIMMAIAH GARI AKSHATH SKANDA	**Age**	: 2 Y 8 M 8 D
Guardian	: Mr THIMMAIAH GARI ADITYA	**DOB**	: 19-09-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 7-4-43/2, VENKATESHWARA COLONY , Mahabubnagar Mahabubnagar Telangana INDIA 509001	**Phone No**	: 9866870763/ 8328072369
		E-mail	: ADITYARAO.SHARMA6@GMAIL.COM

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT 124 **Ward Name** : 1F-HEMATO-ONCOLOGY

Room No : PVT 124 **Admission Type** : First Visit

Contact Details :

Name : Mr THIMMAIAH GARI ADITYA **Relationship** : Father

Contact Address : H NO 7-4-43/2, VENKATESHWARA COLONY , Mahabubnagar Mahabubnagar Telangana INDIA 509001 **Phone No** : 9866870763 /

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 : VIDAL HEALTH INSURANCE TPAPVT LTD

EAH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D (M)
Dr. SIRISHA RANI

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ADMISSION CRITERIA – ONCOLOGY

Admission / Transfer from:

☑ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: .....

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

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

Signature of the Doctor: .....

Name of the Doctor: .....

Date & Time: 27/05/26 @ 12:55 pm.

BAH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
9-09-2023 2 Y 8 M 9 D (M)
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: .....

Name of the Doctor : .....Dr. Soumya.....

Date & Time: .....22/5/2026 @ 10.00am.....

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D (M)
Dr. SIRISHA RANI

Patient Name: _____ Kavala

UHID ID: _____

Department: _____

Consultant: _____

BAH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2Y 8M 8D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Name : Akshath Skanda Age/Sex 2y 2m

Information given by: Mothers Relationship

Chief Presenting Complaints & Duration (Chronologically)

K/C/O:-
B cell ALL / CALLA-positive
Now admitted for chemotherapy

History of present illness :

child is a K/c/o-

-B cell ALL / CALLA-positive / FISH-Neg / CNS-Neg

-On- consolidation chemotherapy

-Now admitted for chemotherapy

-No H/O - fever / cold / cough / vomitings

Hb-7.5
WBC-2170
N-55%
Plt-1.02 Lakhs

BAH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Normal perinatal transition

Birth & Socio Economic History:

About Father : upper middle

About Mother :

Any additional Information :

Developmental History :

as per age.

Immunization History :

as per age.

(P.T.O.)

BAH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 9.9kg (Centile _____)

On Examination :

Temperature : 98.°f. Pulse Rate : 120/min B.P. 98/44 (59) mm Hg SPO2 100% (RA).

Resp.rate and type of breathing :

Rash

Lymphadenopathy

Oedema : nil

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds :

Any addes sounds : Clear.

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds :

Any murmur : S_1S_2 +0

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

Per Abdomen :

Inspection

Palpation :

Ausculation : Soft, NT

Spine : External Genitelia :

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

BAH-00851447 IP5-0017384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D (M)
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 (N)

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

K/C/O- B cell ALL, CALLA - positive
Now admitted for Chemotherapy

(P.T.O.)

BAH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: sepsis

Desired goals of the treatment : Uneventful chemotherapy

Planned Labs:

CBP- done on alternate

Planned Management

PRBC transfusion

Zofer / Domstal

Support Management

Noted by Rachel

Signature of the Doctor: Pavan

Name of the Doctor: Pavan D

Date & Time: 22/5/26

Signature of the Consultant:

Name of the Consultant: Dr. Anusuya Rath

Date & Time: 22/5/26 @ 10.00 am

Dr. Anusuya Rath

BAH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D (M)
Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 3pm	Afternoon Rounds Clo B-ALL / CALLA ⊕ / consolidation	
	No Complaints vitals (N)	Plan ① PRBC today ② chemo after PRBC Noted by Sumita. 0500 PM 27/05/26 @ 4 PM
28/5/26 8AM	B-ALL on consolidation Admitted for Day 29 cyclophosphamide	
	No complaints Activity normal	R ① Continue supportive care ② Input/output charting ③ Discharge today ④ Follow up on 28/5/26 with CBP in OPD. N/B Pod 29 28/5/26 10am.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Aks

Patie

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Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D (M)
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RESULT SHEET

Date	27/5/16					
Time						
Hb	7.5					
PCV						
RBC						
WBC	2170					
N/L	55/38					
Platelets	1.2/lac					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bil/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.,) : .....

BAH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D (M)
Dr. SIRISHA RANI

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DRUG CHART

Date of Admission: 27/5/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name ..... ature .....

Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D (M)
Dr. SIRISHA RANI

REGULAR PRESCRIPTIONS Weight. 10kg Ward. UNIT

DRUG : Inj ONDANSETRON				Date ▸ Time	27/5	28/5
Dose	Route	Frequency	Start Date	6 AM	X	Bhanu Sankar
2mg	IV	TID	27/5			
Name & Signature of the Doctor Starting the Drugs: Pavani				2 pm	APM Susmita Divya	
Additional Instructions:				10 pm	Sanj	
Daily Doctor's Endorsement by a Sign					A	A

DRUG : Syp DOMSTAL				Date ▸ Time	27/5	28/5
Dose	Route	Frequency	Start Date	6 AM	X	Nalini Ram
2ml	PO	TID	27/5			
Name & Signature of the Doctor Starting the Drugs: Pavani				2 pm	Susmita Divya	
Additional Instructions: 5ml/5mg				10 pm	Gayatri Sujatha	
Daily Doctor's Endorsement by a Sign					A	

DRUG : Syp SEPTRA.				Date ▸ Time	27/5	28/5
Dose	Route	Frequency	Start Date	8 AM	X	Nalini Ram
2.5ml	PO	BD	27/5			
Name & Signature of the Doctor Starting the Drugs: Pavani				8 pm	Gayatri Sujatha	
Additional Instructions: Mon/Wed/Fri						
Daily Doctor's Endorsement by a Sign					A	

DRUG : Syp ZINCOVIT				Date ▸ Time	27/5
Dose	Route	Frequency	Start Date		
2.5ml	PO	OD	27/5		
Name & Signature of the Doctor Starting the Drugs: Pavan				8 pm	Gayatri Sujatha
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					A

VERIFIED VERIFIED VERIFIED VERIFIED

BAH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D
Dr. SIRISHA RANI (M)

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 10 kg ... Ward ....

DRUG : Syp CALCIMAX PLUS				Date ▸ Time ▾	27/5
Dose	Route	Frequency	Start Dt.		
0.5ml	PO	OD	27/5		
Name & Signature of the Doctor Starting the Drugs: Pavana				8pm	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

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

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

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

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

VERIFIED

3AH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
9-09-2023 2 Y 8 M 9 D (M)
Dr. SIRISHA RANI

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight 10kg Ward [illegible]

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

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

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

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

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

BAH-00851447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D (M)
Dr. SIRISHA RANI

Weight. 10.0kg Ward. oncology

	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
27/5	4:20pm	Inj AVIL.	5mg	IV	Paru	Susmita Divya
27/5/26	4:20pm	Inj HYDROCORTISONE	20mg	IV	Paru	Susmita Divya
27/5/26	4:30pm	PRBC.	150ml. Over 4 hrs	IV	Paru	Susmita Divya
27/5	10pm	Inj LASIX	5mg	IV	Paru	Savithri Subhankar

VERIFIED BY : Nurse Signature

BAH-00651447 IP3-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D (M)
Dr. SIRISHA RANI

I.V. FLUIDS CHART

Weight. 9.9kg 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 .....

BAH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 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. : 1	Weight (kg) : 9.98	Body Surface Area: 0.5	Diagnosis: B-ALL	Protocol: Consolidation

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.
27/5/26	10pm	2j. MESNA in 100ml NS	100 mg	IV	50 ml/hr	Nikitha	Savithri Subhankar	28/5	d	Savithri Subhankar
28/5/26	1AM	2j. CYCLOPHOSPHAMIDE in 100ml NS	300 mg	IV	50 ml/hr	Nikitha	Savithri Subhankar	28/5	d	Rebuts Subhankar
28/5/26	3:20 am	2j. MESNA in 300ml 1/2 DNS	300 mg	IV	@ 50 ml/hr	Nikitha	Rebuts Subhankar	28/5	d	Pooja Dilip

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

VERIFIED

BAH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D (M)
Dr. SIRISHA RANI

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ ~~Not~~ known any Drug Allergies

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

Shifting From: ER Shifted to: Onco

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 CALCIMAX PLUS	2.5ml	PO	OD	22/5	~~☐C~~ ☐ DC
2	Syp ZINCOVIT	2.5ml	PO	OD	22/5	~~☐C~~ ☐ DC
3	Syp SEPTRAN	2.5ml	PO	BD (Mon/Wed/Fri)	22/5	~~☐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 : Praveen

Date & Time : 22/5/26 @ 12:31 pm

Nurse Name & Signature: Rachel

Date & Time : 22/5/26 @ 12:45 pm

①

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PAIN ASSESSMENT FORM

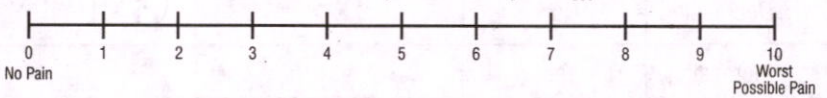
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/5	12:40 pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
27/05	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita
28/5	2Am	0	NA.	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nill	Gayathri
				☐ 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		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

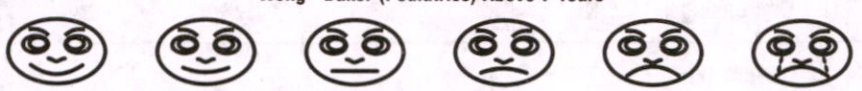
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minu[...]er pain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

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

BAH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 9 D (M)
Dr. SIRISHA RANI

(2)

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 : 28/5/26. Time: 9am

Doctor / Nurse / Family Concern?

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

98 ✓

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

90 / 60 (2y)

Note: BP does not score in early warning scoring

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	✓
Receiving O_2(l/min) O_2Saturations (%)		100 %
Conscious Level	Normal	C
	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

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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)

BAH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D (M)
Dr. SIRISHA RANI

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 : 9/5/25 Time: 1pm. 6pm 10pm 3Am 6Am

Doctor / Nurse / Family Concern?

Temperature (F)

98.6F 98.1F 97.6F 98F 98.6.

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

Note: BP does not score in early warning scoring

90 (71) 61 | 94. (72) 61 | 98 (60). 50 | 90 (60). 50 | 97 (66). 56

Heart Rate (Number) 120bpm 125bpm 109bpm 102bpm 105bpm.

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

Resp Rate (Number) 24bpm 24bpm 24bpm 26bpm 26bpm.

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min) O_2Saturations (%) 100% 100% 100% 100% 100%

Conscious Level: Normal | Altered

C C C C

GCS * 15|15 15|15 15|15 15|15 15|15

TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	SI	SI	SI	SI	SI.

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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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

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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)

Patient St...

BAH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH (M)
19-09-2023 2 Y 8 M 8 D
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.

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
28/5												
	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	

BAH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D (M)
Dr. SIRISHA RANI

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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
27/5	08:00 am				NEW ADMISSION							
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm	rice								120ml		
	03:00 pm	Paneer curry										
	04:00 pm	water	100ml	40ml								
	05:00 pm	fruits		40 ml								
	06:00 pm	water	50ml	40ml								
	07:00 pm			40 ml						140ml		
Total Intake :		310 ml				**Total Output :**				260 ml		
	08:00 pm			40ml						200ml		
	09:00 pm			40ml								
	10:00 pm	H2o	100ml	50ml								
	11:00 pm			50ml								
	12:00 am			50ml						50ml		
	01:00 am			50ml								
Total Intake :		280ml				**Total Output :**				250ml		
	02:00 am			50ml						100ml		
	03:00 am			50ml								
	04:00 am			50ml								
	05:00 am			50ml								
	06:00 am			50ml						80ml		
	07:00 am			50ml								
Total Intake :		300ml				**Total Output :**				180ml		

Total 24 hrs. Intake	990cc – 1000cc/kg	**Total 24 hrs. Output**	690cc – 3,87cc/kg

BAH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D (M)
Dr. SIRISHA RANI

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CONSENT FOR CHEMOTHERAPY

Patient Name : Akshath Age : 2y.8m. Gender : Male ☑ Female ☐

UHID No : 651447 Department : PHO Date : 27/5/26.

Type of Chemotherapy : Intravenous

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

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

nil

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 : M. Ruchitha

Name : Ruchitha

Relationship with Patient: mother

Date & Time : 27/05/26 @ 3pm.

Witness :

Signature : M Ruchitha

Name : Aditya

Date & Time : 27/05/26 @ 3pm

Doctor (who is taking the consent):

Signature : Akhil

Name : Dr. Akhil

Date & Time : 27/5/26, 1pm

Doc. No. : RCHBH/ FRM / CLINICAL / 015

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కీమో థెరపీ కొరకు అంగీకారం

రోగి పేరు : ..... వయస్సు ..... లింగం పు ☐ స్త్రీ ☐

యు.హెచ్.ఐ.డి. ..... రిజిస్ట్రేషన్ నెం.: .....విభాగము .....

తేదీ .....

కెమోథెరపీ రకాలు: .....

ఈ చికిత్స చేయు సమయములో తగు జాగ్రత్తలు తీసుకున్న సంభవించు వివిధ రకములైన ప్రమాదాలు తలెత్తే సమస్యల నాకు డాక్టర్ వివరించబడింది. వీటిలో ఎముక మజ్జ మాంద్యం, తదుపరి అంటువ్యాధులు, రక్తస్రావం, వికారం, వాంతులు, విరేచనాలు, నోటి పూతల, అలోపేసియా, జ్వరం, ఫ్లేబిటిస్, అవయవ గాయాలు, ఇంజెక్షన్ ఉన్న ప్రదేశంలో పుండ్లు మొదలైనవి కలగవచ్చు ఈ విధానం యొక్క ప్రయోజనాలు మరియు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు.

డాక్టర్ నీకు ఈ ప్రక్రియ వల్ల కలుగు లాభాలు మరియు ప్రత్యామ్నాయాలు వివరించారు .....

.....

చికిత్స వల్ల కలుగు ఫలితాలు గురించి ఏ విధమైన వాగ్దానం ఇవ్వలేరని నేను అర్థం చేసుకున్నాను. చికిత్స సమయంలో ఏవైనా లక్షణాలు ఇబ్బందికరంగా ఉంటే నేను డాక్టర్ కి తెలియపరుస్తాను.

నేను చికిత్స గురించి పూర్తిగా తెలుసుకున్నాను, చికిత్స గురించి తదుపరి ప్రశ్నలు లేవు.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

BAH-00051447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D (M)
Dr. SIRISHA RANI

CONSENT FOR BLOOD TRANSFUSION

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Name: THIMMAIAH GARI AKSHATH Age: 2Y8M Gender: Male ☑ Female ☐

UHID.No : BAH-00051447 Date: 26/05/26

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☑ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☐ Others .....

I Aditya hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

.....

I 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: Aditya

Date & Time 27/05/26, 4Pm

Doctor (Who is talking the consent)

Signature: .....

Name: Dr. Nikitha

Date & Time 27/5/26, 4pm

Witness

Signature: .....

Name: Ruchitha

Date & Time 27/05/26, 4Pm

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండ్డెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

BAH-00651447 IP5-00174384
Master THIMMAIAH GARI AKSHATH
19-09-2023 2 Y 8 M 8 D (M)
Dr. SIRISHA RANI

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 27/05/26. Time: 4:30pm.

Blood Group of the Patient: AB(+ve) Blood Group on the Blood Bag: AB(+ve)

Blood Bank Issue No: BAH26-01266 Date of Collection: 26/05/26 Date of Expiry: 07/06/26

Date & Time of Starting Transfusion: 27/05/26 @ 4:30pm. Planned duration of Transfusion: 4 hours.

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Sumita. Nurse 2: Divya

Before starting transfusion vitals: Temp: 98.2°F HR 116b/m RR: 24b/m BP: 96/52 SpO2 98%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
27/05/26	15 Min	118b/m	98.3°F	92/53	99%.	Nil	Nil	Nil	Nil
	15 Min	120b/m	98.6°F	90/60	99%.	Nil	Nil	Nil	Nil
	30 Min	125b/m	98.1°F	94/61	100%.	Nil	Nil	Nil	Nil
	30 Min	116b/m	98.3°F	95/55	100%.	Nil	Nil	Nil	Nil
	30 Min	110bm	98.5F	91/61(71)	100%.	NIL	NIL	NIL	NIL
	1 Hr	112bm	98.3F	95/65(75)	100%.	NIL	NIL	NIL	NIL
	1 Hr								

Comments: no reaction.

Name of the Incharge-Nurse: subhankar. Name of the Nurse: savitri

Signature of the Incharge-Nurse: subhankar. Signature of the Nurse: savitri

Date & Time: 27/5/26 @ 9pm. Date & Time: 27/5/26 @ 9pm.

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

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-1

Qty. 150 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./
SAGM Solution.

AB

Rh Positive

HIV I & II/ HBsAG/ HCV - Non
reactive
VDRL - No
MP - Nega
NAT(HIV
reactive

Unit No.: BA
Blood Group:
Collection Da
Expiry Date:

1) Administer Without Warming. 2) Shake Gent
Add Any Medication. 4) Check Blood Group of
Group and Name Before Administration. 5) Use
With Filter. 6) Do Not Dispense Without Prescr
There is Any Visible Evidence. 8.) Store Betwee
Appropriate Compatible Cross Matched Bl
Antibodies

Issue Label / CrossMat

Patient : **Master Thimmaiah Gari**
Patient's Blood Group :AB Rh Positive
Hosp/Dr :Rainbow Childrens Hospital
UHID No.: BAH-00651447

Product : LR-PRBC Pedia-1
Blood Group : AB Rh Positive
Unit No.: **BAH26-01266**
XMatching Report:Compatible
X-matched by: B.Abhishek

Issue Dt : 27/May/2026
Colln. Dt :26/May/2026
Exp. Dt :07/Jul/2026
Issued By : Nachiket

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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BAH-00651447 IP5-00174384
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124

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 27/5/26 Time: 12:30 pm

Weight: 9.9kgs Centile: <5th

Height: 83cms Centile: <5th

Inference: Underweight Child.

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

Diet Recommendations: Soft high protein diet

Re-Assesment: Avoid spicy, chilled and Outside foods.

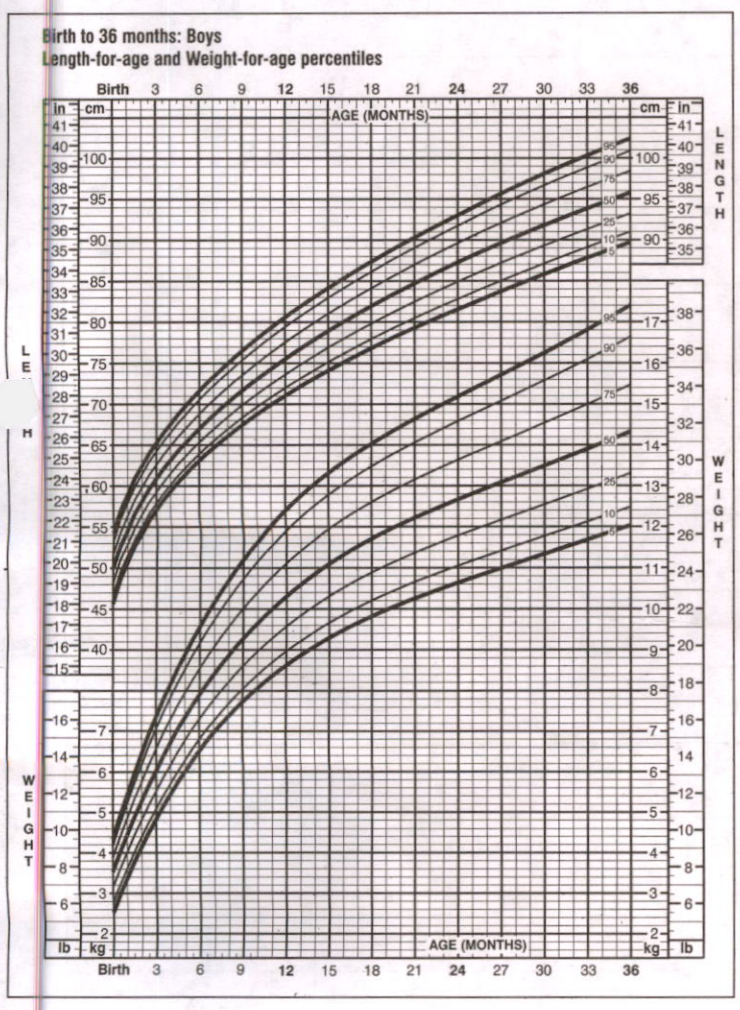
Food Allergies: NO Veg/Non-veg NO-veg

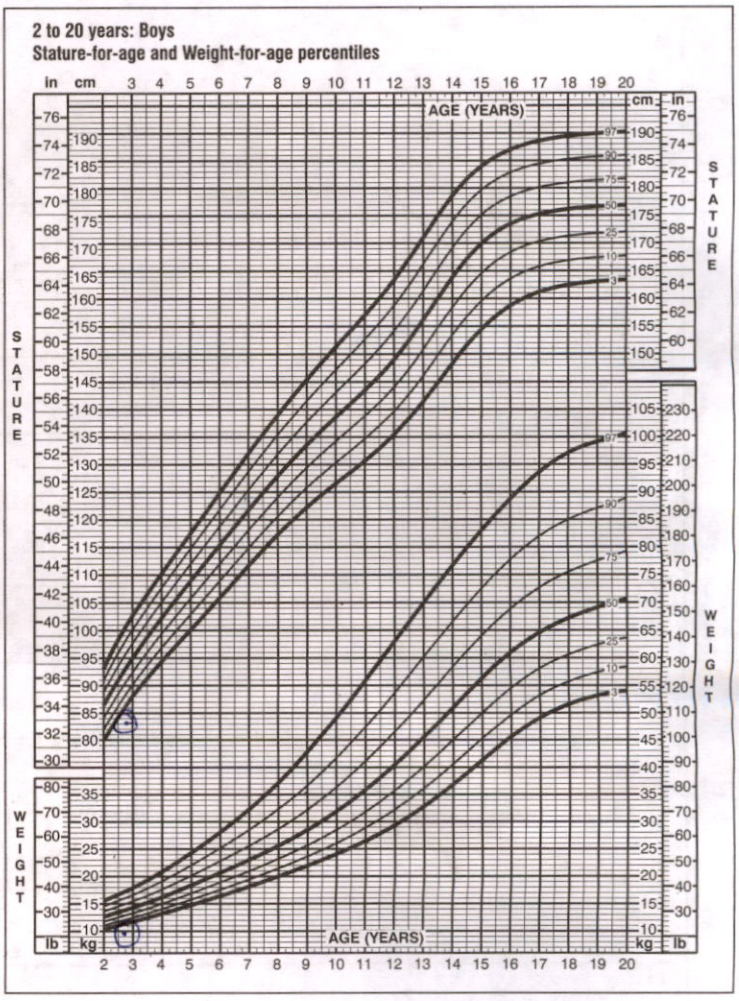
Diagnosis: K/C/O Bcell ALL

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Parent's Don't need diet plan. Don't charge for NHA.

GROWTH CHART (BOYS)





Dietician's Name N.Pavithra Dietician's Signature N.Pavithra

Daily Notes: