

BAH-00648103 IP5-00174549
 Baby TATAVARTHI JANAKI SAHASRA
 08-12-2013 12 Y 5 M 23 D (F)
 Dr. SANDHYA VADDADI



ACTIVITY RECORD FOR BILLING

Name: -----
 UHID No : ----- IP 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
31/5/26	9pm	110	132 oncology	<i>[Signature]</i>

Cross Consultation Visit

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

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174549 Admit Date : 30-May-2026 Admit Time : 06:00 PM UHID : BAH-00648103

Patient Details :

Patient Name : Baby TATAVARTHI JANAKI SAHASRA Age : 12 Y 5 M 22 D
Guardian : Mr TATAPARTI SSN MURTY DOB : 08-12-2013
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : PLOT NO - 50 , ARUNA ENCLAVE,
TIRIMALAGIRI Trimulgherry Hyderabad Phone No : 9014456795/ 8885680969
Telangana INDIA 500015 E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE Bed No : SPVT 110 Ward Name : 1F-VIBGYOR
Room No : SPVT 110 Admission Type : First Visit

Contact Details :

Name : Mr TATAPARTI SSN MURTY Relationship : Father
Contact Address : PLOT NO - 50 , ARUNA ENCLAVE,
TIRIMALAGIRI Trimulgherry Hyderabad Phone No : 9014456795 / 8885680969
Telangana INDIA 500015


Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : STATE BANK OF INDIA

Re-Admission

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
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	6			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
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	Anaesthesia notes (Pre Anaesthesia & post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation				
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	4			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	2			
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				
	Other:-	4			
	Drugs:-	2			
	Total No. of Pages	<u>31</u>			

RAINBOW CHILDREN'S HOSPITAL
DEFICIENCY OF CARE SHEET

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

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00648103 IP5-00174549
Baby TATAVARTHI JANAKI SAHASRA
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Dr. SANDHYA VADDADI



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

W/O
B cell ALL / ^{complete} Protruded M /
Now ^a high Methotrexate level

History of present illness :

child is a 12yr old female who is a k/eb
B cell ALL, CALCA +ve, CNS → -ve

Now presented with high methotrexate level for which she had to be readmitted in the hospital for further management



Pediatric Multiorgan History & Physical Examination

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

Δ = AB cell ALL in Feb 2022 &
in on Chemotherapy since then
Currently for 3rd dex
HDM Tx

Birth & Neonatal History:

Ⓝ perinatal transition

Birth & Socio Economic History:

About Father : _____
About Mother : _____
Any additional Information : not significant

Developmental History :

Achieved as per age

Immunization History :

Received all vac^s as per age as per NIS



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 47.2kg (Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate : 98/min B.P. _____ SPO2 98% 9-1-2013

Resp. rate and type of breathing : 26/min, Regular

Rash _____

Lymphadenopathy 0

Oedema : 0

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any added sounds : B/LAE (+)

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : _____

Any murmur : S2 (+) M6

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

Per Abdomen :

Inspection _____

Palpation : _____

Auscultation : BA Soft NT

Spine : _____ External Genitalia : _____

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



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 : (M)

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Plantars Flexor

Superficials:

Sensory System :

(M)

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

complete
B cell ALL / (Protocol M) ~ High Methotrexate level



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis, dehydration,

Desired goals of the treatment: Resolutⁿ, 1 tumor (ca)

Planned Labs:

Planned Management

inj Folic acid
Sy p Ascoryl = D
inj Ceftriaxone
inj Ondansetron
IVF - 1/2 D5W + 20ml NaCl
WCB
~~Subcut~~

DR. SANDHYA VADDADI
Registration No: 71664

Signature of the Doctor: [Signature]

Signature of the Consultant: [Signature]

Name of the Doctor: Dr. Anushman

Name of the Consultant: Dr. Sandhya V

Date & Time: 30/1/16, 7p

Date & Time: _____



1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/16 9 AM	B-AU completed protocol-M 3rd dose with high Methotrexate levels.	
No fever.		
NO vomiting		Plan
Ceftriaxone		1. Continue FOLINIC ACID; ASCORBIC-D.
		2. CBP Methotrexate levels creatinine LFT } by price tomorrow
		3. Trace blood & urine culture
		4. Continue Bicarb hydration.
		5. Rlv gram positive cover
		DR. SANDHYA VADDADI Registration No: 71664
		[Signature] 31/5/16
		N.B Chandana.



(2)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/06/25 9AM	<p><u>BXLL</u> / Admitted for <u>HOMTX</u> post ③</p> <p>C.I. - High Mtx Level (1.4)</p> <p>- Mucositis gr II</p> <p>NO temp spikes</p> <p>Activity (w)</p> <p>vitals stable</p> <p>Cvs, res</p> <p>RA (w)</p> <p>Thx (w)</p> <p>clb throat pain (w)</p>	<p>R</p> <p>① Urin Iv fluids</p> <p>② I/O charting q 4h</p> <p>③ TPOC Lab, Mtx Level</p> <p>④ TK w/twrc...</p>
		<p>⑤ Monitor vitals</p>
		<p>⑥ RLW OI Linezolid (prn)</p>
		<p>Add Oral utiliv</p> <p>ly Tramadol 1v BD</p> <p>Oral pem</p>
	<p><i>[Signature]</i></p> <p>4/3/15 @ 5:20 PM</p>	<p>⑦ Any fever spike - upgrade to</p>
		<p>Noted by <u>Roanya</u> (PIPTA2-021211 @ 11:30am.</p>

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/12/13 8AM	<p><u>BALLI D(+6)</u> C-I = High Mtx Levels; MUCOSITIS</p>	<p><u>2nd HDMTX</u></p>
	<p>- Neutropenia</p>	<p>1) Wnt supportive care</p>
	<p>NO temp spikes</p>	
	<p>cl mild pain ⊕</p>	<p>2) I/O charting q4h</p>
	<p>Activity ⊕</p>	
	<p>Mild ↓ vitol in disc</p>	<p>3) TStou wine vs, Good cu.</p>
	<p>on En = Alert</p>	
	<p>CVS, RS</p>	<p>4) R/w vitolizable & gram positive wnt</p>
	<p>PIA ⊕</p>	
	<p>Tone ⊕</p>	<p>5) Monitor vitols</p>
	<p>(wine vs 1/6 = sterile)</p>	
	<p>Blood 3/15 sterile</p>	<p>PRBC today ⊕</p>
	<p>Inj ust ⊕</p>	<p>Noted by sanhya 021211 @ 11:30 am</p>
	<p><i>[Signature]</i></p>	<p>- Add Vericonazole</p>
	<p><i>[Signature]</i></p>	<p>- renew abaxil d/c bidide =</p>
	<p>93292 @ 9:30 AM</p>	<p>DIC on T. Taxim (comp) 1-1</p>
		<p>T. Vancomycin (comp)</p>
		<p>1-1</p>
		<p>R/w on 4/6 & CBP</p>
		<p>Noted by sanhya 021213 @ 11:30 am</p>
	<p>DR. SANDHYA VADDADI Registration No: 71664</p>	<p><i>[Signature]</i></p>

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①

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

RESULT SHEET

Date	1/6/26	2/6/26			
Time	7:24AM	8:04AM			
Hb	7.9	7.5			
PCV	24.8	22.9			
RBC	2.65	2.218			
WBC	0.96	0.65			
N/L	35.5/51.0	29.3/53.8			
Platelets	253	236			
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine	0.6				
ALP	46				
SGPT	163				
SGOT	74				
T.Bill/Conj	0.2 < 0.1				
T.Protein	5.9				
S.Albumin	3.6				
S.Globulin	2.3				
A/G Ratio	2.3				
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

110

DRUG CHART

Date of Admission: 1/6/26 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
Name



REGULAR PRESCRIPTIONS

Weight. 47kg Ward.

DRUG : <i>ly folic ACID</i>				Date Time	20/5	31/5	1/6													
Dose	Route	Frequency	Start Date																	
28mg	IV	Q8h	30/5																	
Name & Signature of the Doctor Starting the Drugs: <i>harani</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <i>ly ASCORYL-D</i>				Date Time	30/5	31/5	1/6	2/6												
Dose	Route	Frequency	Start Date																	
7.5ml	PO	Q12h	30/5																	
Name & Signature of the Doctor Starting the Drugs: <i>harani</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <i>ly CEFTRIAXONE</i>				Date Time	30/5	31/5	1/6	2/6												
Dose	Route	Frequency	Start Date																	
1.5gm	IV	Q12h	30/5																	
Name & Signature of the Doctor Starting the Drugs: <i>harani</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <i>ly ONNANETRON</i>				Date Time	31/5	1/6	2/6													
Dose	Route	Frequency	Start Date																	
6mg	IV	Q12h	30/5																	
Name & Signature of the Doctor Starting the Drugs: <i>harani</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				



Sheet No: ①.....

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : Syrup MUCAINE GEL				Date Time	11/6/26																
Dose	Route	Frequency	Start Dt.																		
10ml	PO	BD	11/6	8PM X																	
Name & Signature of the Doctor Starting the Drugs:				Sarani																	
Additional Instructions:				Syrup 8PM X																	
Daily Doctor's Endorsement by a Sign				Kc																	
DRUG : Iij TRAMADOL.				Date Time	11/6/26																
Dose	Route	Frequency	Start Dt.																		
50mg	IV	BD	11/6																		
Name & Signature of the Doctor Starting the Drugs:				Sarani																	
Additional Instructions:				(slow IV) C T 6 P Sarani																	
Daily Doctor's Endorsement by a Sign				11/6/26																	
DRUG : Iij P 500				Date Time	11/6/26																
Dose	Route	Frequency	Start Dt.																		
1ml	PO	BD	11/6																		
Name & Signature of the Doctor Starting the Drugs:				Sarani																	
Additional Instructions:				PARACETAMOL (5-500mg) U P O T L P Sarani																	
Daily Doctor's Endorsement by a Sign				11/6/26																	
DRUG : Tab UPICIV				Date Time	11/6/26																
Dose	Route	Frequency	Start Dt.																		
1tab	PO	BD	11/6	8PM X																	
Name & Signature of the Doctor Starting the Drugs:				Sarani																	
Additional Instructions:				(1tab = 300mg) Syrup 8PM X																	
Daily Doctor's Endorsement by a Sign				Kc																	

Signature
Verified by Name

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 Dr. SANDHYA VADDADI



REGULAR PRESCRIPTIONS

Weight Ward

DRUG : INT AMINOPHYLLINE				Date Time	1/6	2/6															
Dose	Route	Frequency	Start Dt.																		
100mg	IV	Q12H	1/6/26																		
Name & Signature of the Doctor Starting the Drugs: Satomellye				[Handwritten signatures and notes]																	
Additional Instructions: x 2 days over 30 MIN				[Handwritten notes]																	
Daily Doctor's Endorsement by a Sign				[Handwritten signature]																	
DRUG : TAB CEFIXIME				Date Time	2/6																
Dose	Route	Frequency	Start Dt.																		
1 tab	P/O	Q12H	2/6/26																		
Name & Signature of the Doctor Starting the Drugs: S. Sandhye				[Handwritten signature]																	
Additional Instructions: 1 tab = 200 mg				[Handwritten notes]																	
Daily Doctor's Endorsement by a Sign				[Handwritten signature]																	
DRUG :				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:				[Blank]																	
Additional Instructions:				[Blank]																	
Daily Doctor's Endorsement by a Sign				[Blank]																	
DRUG :				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:				[Blank]																	
Additional Instructions:				[Blank]																	
Daily Doctor's Endorsement by a Sign				[Blank]																	

VERIFIED BY : Name Signature



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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
1/6/26	11:15 am	ly TRAMADOL	50 mg	IV	A	Somya Nasheena
1/6/26		BUPRENORPHINE PATCH (10mg)		Transdermal		
2/6/26	1 pm	inj AVIL	1 ml	IV		Somya Anu
2/6/26	1 pm	PRBC	1 unit over 3 hrs	IV		Somya Anu
2/6/26	4 pm	NT FUROSEMIDE	20 mg	IV		Somya Nasheena

Signature

MEDICATED NAME



I.V. FLUIDS CHART

Weight. 47kg 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
<u>30/5/26</u>	<u>11:30 AM</u>	<u>1/2 DNS + 20ml NaHCO₃</u>	<u>IV</u>	<u>80 ml/h</u>	<u>d</u>	<u>Sandhya Vaddadi</u>	<u>2/6/26</u>	<u>[Signature]</u>	<u>[Signature]</u>

VERIFIED BY : Name Signature

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

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 25/12 Time: 10 am 1 pm

Doctor / Nurse / Family Concern?

Temperature (F)	104		
	103		
	102		
	101		
	100		
	99	98.2F	97.9F
	98	*	*
	97		
	96		
	95		
	94		

Heart Rate (bpm) and Blood Pressure (mmHg) *	190		
	180		
	170		
	160		
	150		
	140		
	130		
	120		
	110	102	111
	100	(78)	(85)
	90		
80			
70			
60			
50			

Note:
 BP does not score in early warning scoring

Heart Rate (Number) 110 bpm 82 bpm

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

Resp Rate (Number) 24 bpm 24 bpm

Resp Mod/ Severe Distress None / Mild .

Receiving O₂(l/min) O₂Saturations (%) 99% 100%

Conscious Level Normal Altered C C

GCS * 15/15 15/15

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

- ACTIONS**
- 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: Scores 3 should be recorded overleaf

* 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.

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.

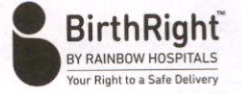
I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION: I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). 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 Is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)



3

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

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/6/20 Time: 10 am 1 pm 4 PM 7 PM 10 pm 3 AM 6 AM
 Doctor / Nurse / Family Concern? am pm Am Am

Temperature (F)	104							
	103							
	102							
	101							
	100							
	99	98.8F*	97.8F*	98.2F	98.0F	98.6F	98F*	97.5F*
	98							
	97							

Heart Rate (bpm) and Blood Pressure (mmHg) * Note: BP does not score in early warning scoring	190							
	180							
	170							
	160							
	150							
	140							
	130							
	120	114 (84)	110 (80)	100 (80)	102 (81)	84 (70)	110 (70)	102 (81)
110								
100								
90								
80								
70	76	70	70	72	66	60	72	
60								
50								
Heart Rate (Number)	109 bpm	102 bpm	94 bpm	96 bpm	110 bpm	110 bpm	112 bpm	

Resp. Rate (bpm) Over 1 Minute *	70							
	60							
	50							
	40							
	30							
	20	*	*	*				
	10							
	Resp Rate (Number)	24 bpm	24 bpm	22 bpm	24 bpm	28 bpm	28 bpm	28 bpm

Resp Distress	Mod/ Severe							
	None / Mild	*	*					
Receiving O ₂ (l/min)	O ₂ Saturations (%)	99%	98%	99%	99%	100%	100%	100%
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	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	Q	Q	E	L	Q	Q	Q	Q

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.

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)
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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 is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

BAH-00648103 IP5-00174549
 Baby TATAVARTHI JANAKI SAHASRA
 08-12-2013 12 Y 5 M 23 D (F)
 Dr. SANDHYA VADDADI



2

: RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/1/5 Time: 5 PM 10 PM 3 AM 6 AM
 Doctor / Nurse / Family Concern?

Temperature (F)	104				
	103				
	102				
	101				
	100				
	99	98.5	98.5	98.5	98.5
	98				
	97				
	96				
	94				

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					
Heart Rate (Number)	100bpm	98bpm	98bpm	100bpm	

Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
	30				
	20				
	10				
	Resp Rate (Number)	29bpm	28bpm	24bpm	26bpm

Resp Distress	Mod/ Severe None / Mild	-	-	*	*
Receiving O ₂ (l/min)	O ₂ Saturations (%)	100%	100%	100%	100%
Conscious Level	Normal Altered		C	C	C
GCS *		15/15	15/15	15/15	15/15

TOTAL SCORE		1	0	0	0
Number of shaded boxes		1	0	0	0
Pain Score		0	0	0	0
Observer's Initials		0	AS	AS	AS

ACTIONS

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.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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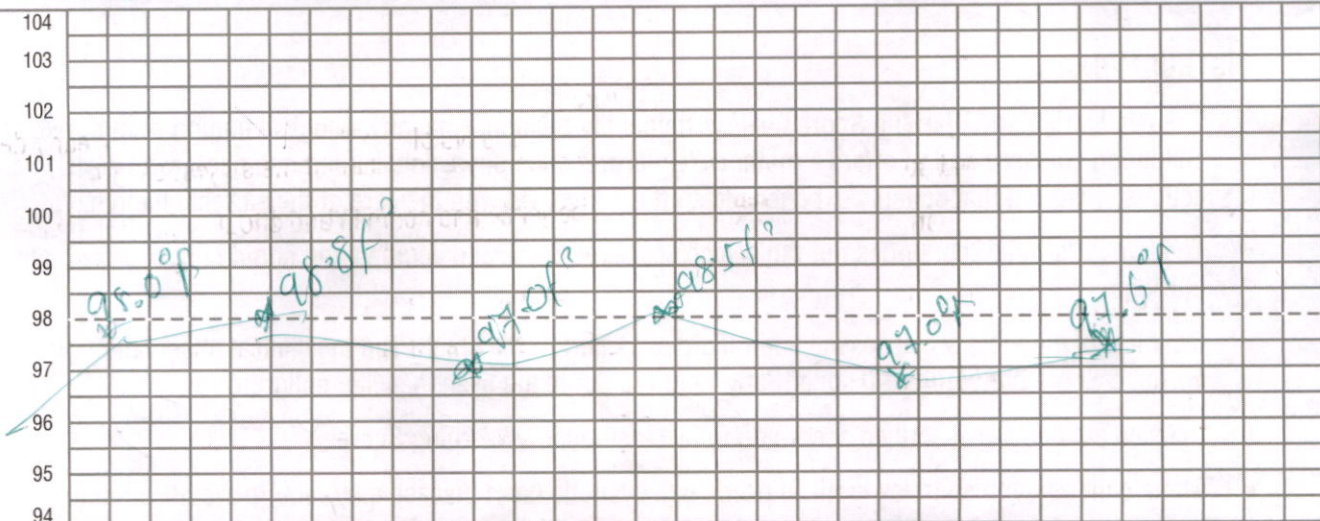
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 30/5 Time:

Doctor / Nurse / Family Concern?

6pm 10pm 2am 6am 10am 12pm

Temperature (F)

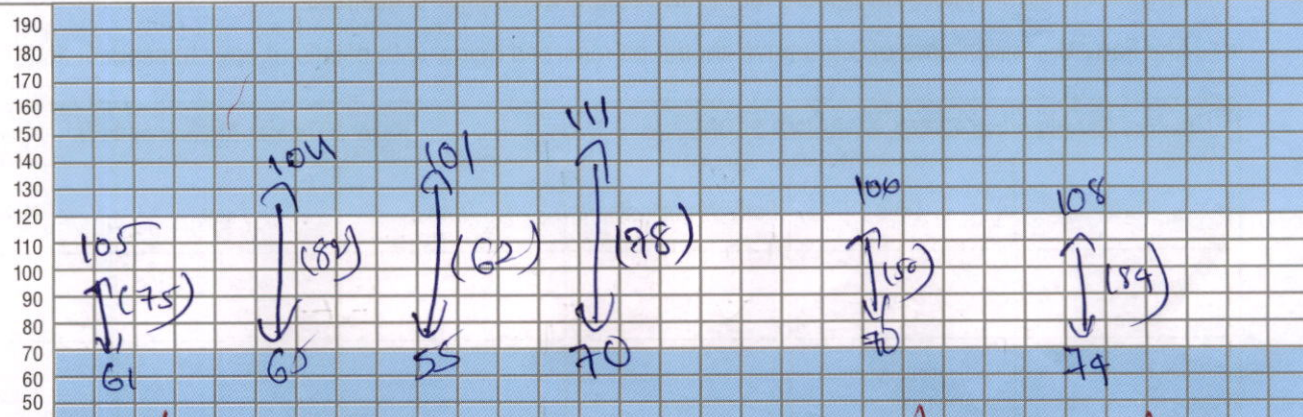


Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)

101b/h 102b/h 98b/h 99b/h 102b/h 105b/h

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

Resp Rate (Number)

26b/h 28b/h 28b/h 28b/h 27b/h 26b/h

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%)

99% 100% 100% 100% 99% 100%

Conscious Level Normal Altered

GCS *

15/15 15/15 15/15 15/15 15/15 15/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

1 1 1 1 1 1
 0 0 0 0 0 0
 S S S S S S

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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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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BAH-00648103 IP5-00174549
 Baby TATAVARTHI JANAKI SAHASRA
 08-12-2013 12 Y 5 M 23 D (F)
 Dr. SANDHYA VADDADI



FLUID CHART

Sheet No. : 14

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
2/6	08:00 am	Idly		80ml							I	Sanyu	
	09:00 am	H ₂ O	100ml	80ml					380ml				
	10:00 am			80ml									
	11:00 am			80ml									
	12:00 pm			80ml						220ml			
	01:00 pm			80ml									
Total Intake : 580ml.						Total Output : 600ml.							
	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							



FLUID CHART



Sheet No. : 3

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
1/6	08:00 am	2 bites of jolly		80ml							I	Sourya
	09:00 am	H ₂ O	100ml	80ml					250ml			
	10:00 am	watermelon juice	100ml	80ml					220ml			
	11:00 am			80ml								
	12:00 pm			80ml					✓ (S)			
	01:00 pm			80ml					230ml			
Total Intake :			680ml			Total Output :			700ml			
	02:00 pm			80ml					200ml	I	Sourya	
	03:00 pm	H ₂ O	100ml	50ml					200ml			
	04:00 pm			80ml					200ml			
	05:00 pm			80ml								
	06:00 pm			80ml					250ml			
	07:00 pm			80ml								
Total Intake :			550ml			Total Output :			650ml			
	08:00 pm			80ml					200ml	I	Sourya	
	09:00 pm			80ml								
	10:00 pm	Fruit		80ml								
	11:00 pm	H ₂ O	200ml	80ml								
	12:00 am	Juice	50ml	80ml								
	01:00 am			80ml					200ml			
Total Intake :			730ml			Total Output :			700ml			
	02:00 am			80ml						I	Sourya	
	03:00 am			80ml								
	04:00 am			80ml					200ml			
	05:00 am			80ml								
	06:00 am			80ml								
	07:00 am			80ml					150ml			
Total Intake :			480ml			Total Output :			350ml			

Total 24 hrs. Intake	2440 ÷ 51.9 cc/kg/day	Total 24 hrs. Output	2100 ÷ 1.8 cc/kg/h
-----------------------------	-----------------------	-----------------------------	--------------------

M - (1)



FLUID CHART

Sheet No. : ②

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route	NG	Diarrhoea	Vomit	Drainage	Urine				
3/5	08:00 am	1/2 DUST	Mouth	I.V	N.G					200ml	0	Arathy
	09:00 am	water		80ml							0	Arathy
	10:00 am										0	Arathy
	11:00 am			80ml						250ml	0	Arathy
	12:00 pm			80ml							0	Arathy
	01:00 pm			80ml							0	Arathy
Total Intake :			400ml			Total Output :					480ml	
3/5	02:00 pm			80ml							0	Arathy
	03:00 pm	1/2 mango		80ml						200ml	0	Arathy
	04:00 pm	1/2 water		80ml							0	Arathy
	05:00 pm	water	coconut water	80ml						180ml	0	Arathy
	06:00 pm			80ml							0	Arathy
	07:00 pm			80ml							0	Arathy
Total Intake :			400ml			Total Output :					380ml	
	08:00 pm			80ml						200ml	0	Arathy
	09:00 pm	fruit		80ml							0	Arathy
	10:00 pm	egg		80ml							0	Arathy
	11:00 pm	1/200ml		80ml							0	Arathy
	12:00 am			80ml							0	Arathy
	01:00 am			80ml						200ml	0	Arathy
Total Intake :			580ml			Total Output :					400ml	
	02:00 am			80ml							0	Arathy
	03:00 am			80ml						200ml	0	Arathy
	04:00 am			80ml							0	Arathy
	05:00 am			80ml							0	Arathy
	06:00 am			80ml						250ml	0	Arathy
	07:00 am			80ml							0	Arathy
Total Intake :			480ml			Total Output :					450ml	

Total 24 hrs. Intake : 1,940 ; 41 cc/kg.

Total 24 hrs. Output : 1,710 ; 1.5 cc/kg/24hrs



FLUID CHART



Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
30/12/16	08:00 pm			-							0		
	09:00 pm			-							0		Smooth
	10:00 pm	420ml + 120ml		-							0		Smooth
	11:00 pm	120ml		80ml							0		Smooth
	12:00 am			80ml							0		Smooth
	01:00 am			80ml							0		Smooth
Total Intake :						Total Output :							
31/12/16	02:00 am			80ml							0		Smooth
	03:00 am	420ml + 120ml		80ml							0		Smooth
	04:00 am	120ml		80ml							0		Smooth
	05:00 am			80ml							0		Smooth
	06:00 am			80ml							0		Smooth
	07:00 am			-							0		Smooth
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

CONSENT FOR BLOOD TRANSFUSION



BAH-00648103 IP5-00174549
 Baby TATAVARTHI JANAKI SAHASRA
 08-12-2013 12 Y 5 M 25 D (F)
 Dr. SANDHYA VADDADI

Name: Age: Gender: Male Female
 UHID.No : Date: 2/6/26.

- Type of Blood Product:**
- | | | |
|--|--|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input checked="" type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

I, Lakshmi Pradanna 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
 N.A.

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):

Doctor (Who is talking the consent)

Signature: Lakshmi Signature: [Signature]
 Name: Lakshmi Pradanna Name: Dr. Sravani
 Date & Time: 2-6-2026 at 1 PM Date & Time: 2/6/26 @ 1 pm

Witness

Signature:
 Name: T.S.S.W. Murthy
 Date & Time: 2/6/26 @ 1 pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము పురుషుడు స్త్రీ
UHID. సంఖ్య: తేదీ:

- రక్త ఉత్పత్తి రకాలు:**
- | | | |
|---|---|---|
| <input type="checkbox"/> తాజా ఘనీభవించిన ప్లాస్మా | <input type="checkbox"/> ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> క్రయాప్రెసిపిటేట్ | <input type="checkbox"/> ఒకే ధాత ఫ్లేటిలెట్స్ | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> మొత్తం రక్తం | <input type="checkbox"/> ఎర్ర రక్త కణం | <input type="checkbox"/> ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో ఆడ్మిట్ అయి

ఉన్నప్పుడు పూర్తి బికిట్లలో భాగంగా నాకు గాని/నా రోగికి గాని రక్తమార్పిడికై/రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. ధాత రక్తాన్ని హాప్ బి యాంటీబడిస్, హైపటైటీస్ బి సర్వైస్ యాంటీజన్, హైపటైటీస్ యాంటీబడిస్, మలేరియా మరియు సిస్టిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్ల సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిపర్లు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలివైనప్పు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి బికిట్ల చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. బికిట్ల చేస్తున్న సమయంలో అన్ని రక్తముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడి ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్రిష్ ప్రోజెస్ ప్లాస్మా, క్రయాప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్) సాక్షి
సంతకము సంతకం
పేరు పేరు
తేదీ మరియు సమయము తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 2/6/26 Time: 1 p.m.

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

Blood Bank Issue No: BAH26-01235 Date of Collection: 22/5/26 Date of Expiry: 3/7/26

Date & Time of Starting Transfusion: 2/6/26 @ 1 p.m. Planned duration of Transfusion: 3 hours.

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Sounya. Nurse 2: Arun.

Before starting transfusion vitals: Temp: 98.1°F HR 82b/min RR: 24b/min BP: 111/79 SpO₂ 98%.

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>2/6/26</u>	<u>15 Min</u>	<u>82b/min</u>	<u>98°F</u>	<u>110/80</u>	<u>98%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>2/6/26</u>	<u>15 Min</u>	<u>90b/min</u>	<u>98.2°F</u>	<u>115/82</u>	<u>99%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>2/6/26</u>	<u>30 Min</u>	<u>80b/min</u>	<u>97.9°F</u>	<u>108/79</u>	<u>98%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>2/6/26</u>	<u>30 Min</u>	<u>93b/min</u>	<u>98.1°F</u>	<u>105/80</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: no complaints

Name of the Incharge-Nurse: Nashay

Name of the Nurse: Sounya

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 2/6/26 @ 3 p.m.

Date & Time: 2/6/26 @ 2 p.m.

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



Rh Positive

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

Unit No.: **BAH26-01235**
Blood Group: **A Rh Positive**
Collection Date: **22/May/2026**
Expiry Date: **03/Jul/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 Antibodi

Issue Label / Cross Matching Report

Patient : **Baby Tatavarthi Janaki Sahasra**

Patient's Blood Group : **A Rh Positive**

Hosp/Dr : **Rainbow Childrens Hospital, dr sandhya**

UHID No. : **BAH-00648103** Wd-Bed No.:

Product : **I.R-PRBC**

Blood Group : **A Rh Positive**

Unit No. : **BAH26-01235**

XMatching Report: **Compatible**

X-matched by: **Premalatha**

Issue Dt : **02/Jun/2026**

Colln. Dt : **22/May/2026**

Exp. Dt : **03/Jul/2026**

Issued By : **Premalatha**

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital

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



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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 31/5/26 Time: 9am

Weight: 47.2 kg Centile: >50th

Height: 156 cms Centile: >50th

Inference: well child

RDA: - Calories: 1750 kcal/d Protein: 31g/d

Diet Recommendations: Normal high protein diet

Re-Assessment: Avoid spicy, chilled, outside foods

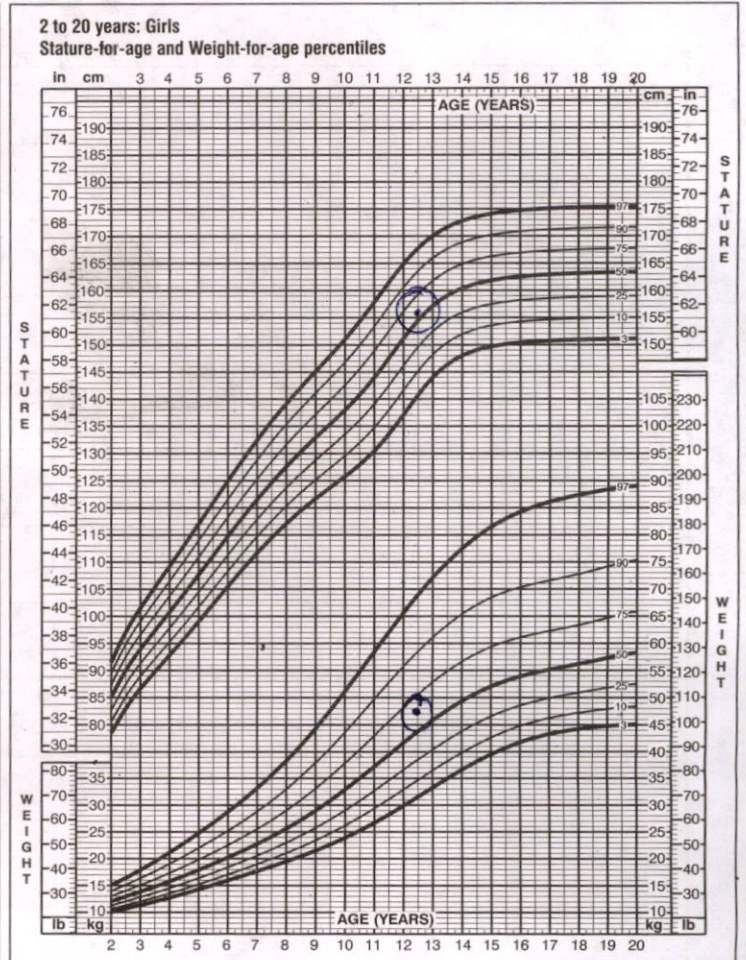
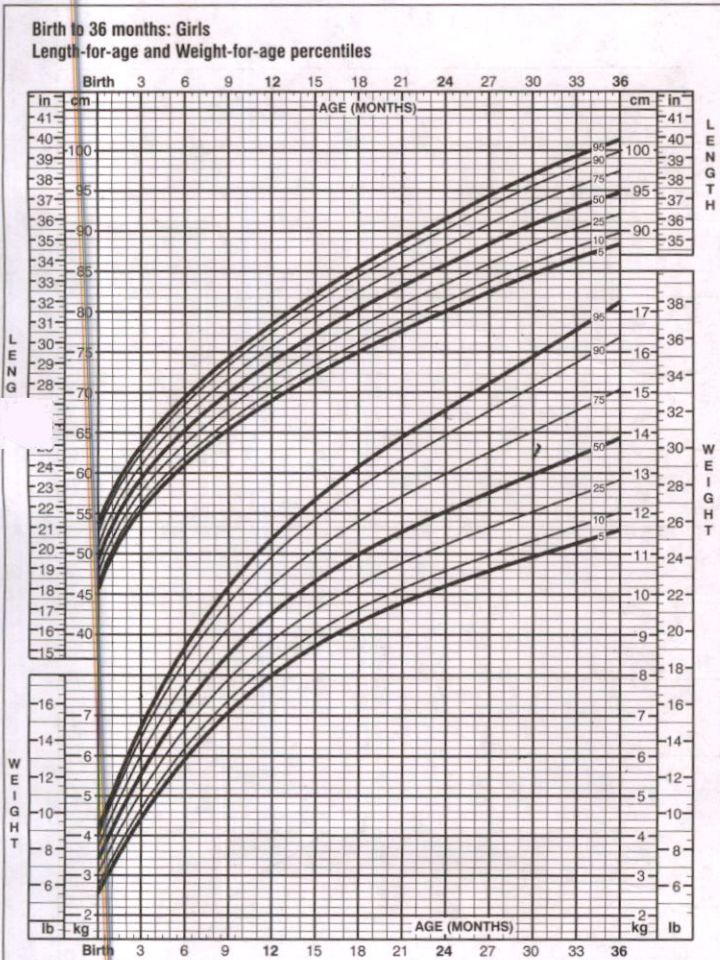
Food Allergies: No Veg/Non-veg Non veg

Diagnosis: B cell All

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: Parents dont want dietitian. Do not charge for NHA

GROWTH CHART (GIRLS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

