

ADMISSION SHEET



Registration Details :

Admission No : IP5-00174386

Admit Date : 27-May-2026

Admit Time : 12:44 PM UHID : KOH-00296691

Patient Details :

Patient Name : Baby SANNIDHANAM CHAITRA LATHIKAA

Age : 4 Y 1 M 5 D

Guardian : Mr SANNIDHANAM SRIKANTH

DOB : 22-04-2022

Gender : Female

Religion :

Occupation :

Martial Status : Single

Address (H) : FLAT NO 406, SHAMBAVI RESIDENCY, SRI
RAM NAGAR COLONY Manikonda Hyderabad
Telangana INDIA 500089

Phone No : 8897194477/ 9789841363

E-mail : sharmahema846@gmail.com

Admission Details :

Bed Type : GENERAL WARD

Bed No : GW 140

Ward Name : 1F-GENERAL WARD II

Room No : GW 140

Admission Type : First Visit


Contact Details :

Name : Mr SANNIDHANAM SRIKANTH

Relationship : Father

Contact Address : FLAT NO 406, SHAMBAVI RESIDENCY, SRI
RAM NAGAR COLONY Manikonda Hyderabad
Telangana INDIA 500089

Phone No : 8897194477


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 : 0.61

Payor Name : SELFPAY

KOH-00298691 IP5-00174386
 Baby SANNIDHANAM CHAITRA
 22-04-2022 4 Y 1 M 5 D (F)
 Dr. SRISHA RANI



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
27/05	1:40pm	CR	140	[Signature]
27/5	8:30PM	144	oncology	[Signature]
28/5	10:30AM	138	OT	[Signature]
28/5	3:45pm	OT	138	[Signature]

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/05	iv placement (p basis)	1	-	[Signature]
27/5	chemo therapy	①	9150105	Anupam
28/5	PAC	①	9631504	[Signature]

ANY OTHER INFORMATION

.....
 Don't charge for NHA

Date : 28/5 Time : 4pm Prepared By :

Staff Nurse [Signature]	Shift / Ward Eng on W	Billing Assistant	Billing Supervisor
--------------------------------	---------------------------------	-------------------	--------------------



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

KOH-00298601 IP5-00174386
Baby SANNIDHANAM CHAITRA
22-04-2022 4 Y 1 M 5 D (F)
Dr. SIRISHA RANI

aina lathika

UHID ID: _____



Department: _____

Consultant: _____

Dr. Sirisha Rani



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

1/cdo B cell ALL / CALHA positive (cns negative)
now came for chemotherapy

History of present illness :

child apparently asymptomatic till 4 months ago,
child was diagnosed with B cell ALL on
march 2026,
on chemotherapy

no H/o cough, cold
no H/o fever
no H/o vomiting

now came for chemotherapy



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Term / CTAB / NO NPLW

Birth & Socio Economic History:

About Father : _____
About Mother : _____
Any additional Information : _____

Developmental History :

Appropriate for age

Immunization History :

Immunized till date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs)) 13.5 kg (Centile _____)

On Examination :

Temperature : 98°f Pulse Rate : 112/min B.P. 96/51(57)/mmHg SPO2 99.1-ERA

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

Rash _____
Lymphadenopathy _____
Oedema : _____
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : (N)
Air entry & breath sounds : RAC ⊕
Any addes sounds : Clear
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of procordium : (N)
Heart Sounds : S1S2 ⊕
Any murmur : (N)
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection (N)
Palpation : Soft
Auscultation : B I ⊕
Spine : _____ External Genitalia : _____
Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

_____ (N)

Motor System:

Nutrition : _____

Tone: _____ Power _____

Co-ordinator : _____ (N)

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____ flexor

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

K1c1o B cell ALL / CALLA (+)
now for Chemotherapy



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~

Planned Management

1) Inj. Ondansetron 3mg IV Bo
2) Supportive medication
to continue
3) Chemotherapy as
advised by Hematology team

Signature of the Doctor: [Signature]

Name of the Doctor: SOV

Date & Time: 27/5/26 @ 12pm

Signature of the Consultant: [Signature]

Name of the Consultant: Abhishek Koush

Date & Time: 27/5/26 @ 12pm

[Signature]
Dr. SIRISHA RANI
Reg. No: 40525



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/4/22 2pm	<p><u>Afternoon rounds</u></p> <p><u>do B-Au / CALLA Due / CANS Due</u> <u>On consultation</u></p>	
	<p>⊕ Hickman line site bulge on flange, ⊕ vitals - ⊕ no other complaints</p>	<p>plan</p> <p>① Cyclophosphamide today ② DG Str</p> <p style="text-align: right;">Note by SIS Arun</p>
22/05 8AM	<p>CALLA ⊕ / BxLL</p> <p><u>Admitted for D29 cyclophosphamide</u></p>	
	<p>NO complaints Activity normal vitals stable</p>	<p>R</p> <p>① Line removal today</p> <p>② shift to OT in coll</p> <p>③ Discharge today</p> <p>④ Monitor vitals</p> <p>⑤ R/U after next 5 days</p> <p>Dr. SIRISHA RANI Reg. No: 49525</p> <p>(30626) (OT 101) No ted by N. S. R.</p>

KOH-00298691 IP5-00174386
Baby SANNIDHANAM CHAITRA
22-04-2022 4 Y 1 M 5 D (F)
Dr. SIRISHA RANI



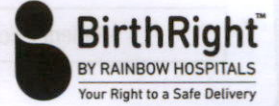
RESULT SHEET

Date	27/5				
Time	10AM				
Hb	8.7				
PCV	24.7				
RBC	3.02				
WBC	3.32				
N/L	56/38				
Platelets	44000				
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					

KOH-00296691 IP5-00174386
 Baby SANNIDHANAM CHAITRA
 22-04-2022 4 Y 1 M 5 D (F)
 Dr. SIRISHA RANI



Lathika



Sheet No:

REGULAR PRESCRIPTIONS

Weight 13.5kg

Ward

DRUG : <u>Syp. LA LOSAMIDE</u>				Date Time	<u>27/5</u>															
Dose	Route	Frequency	Start Dt.																	
<u>2.5ml</u>	<u>PO</u>	<u>Q12H</u>	<u>27/5</u>	<u>10</u>																
Name & Signature of the Doctor Starting the Drugs: <u>Sai</u>				<u>Am</u>	<u>4</u>	<u>27/5</u>														
Additional Instructions:				<u>10</u>	<u>pm</u>	<u>27/5</u>														
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>Syp. CARNISURG</u>				Date Time	<u>27/5</u>															
Dose	Route	Frequency	Start Dt.																	
<u>5ml</u>	<u>PO</u>	<u>Q24H</u>	<u>27/5</u>	<u>10</u>																
Name & Signature of the Doctor Starting the Drugs: <u>Sai</u>				<u>Am</u>	<u>10</u>	<u>27/5</u>														
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
VERIFIED

Signature
Name

20/5/20



Sheet No:

REGULAR PRESCRIPTIONS

Weight ... 13.5 ...

Ward

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



S... .. enoime latnikaa

KoA-00296691

DRUG CHART

Date of Admission: 21/05 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 Signature

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/5/26	11:30 AM	RDP	2 mits	IV	A	Shreya
28/5/26	11:25 AM	100 mg IVIL	0.3 ml	IV	A	Shreya
28/5/26	1:10 pm	100 AMOXICILLIN POTASSIUM CLAVULANATE	450 MG	IV	Dr. SR	Shreya
28/5/26	1:35 pm	100 PARACETAMOL	225 MG	IV	Dr. SR	Shreya

VERIFIED BY: Name Signature

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)

KOH-00296691 IP5-00174386
 Baby SANNIDHANAM CHAITRA
 22-04-2022 4 Y 1 M 5 D (F)
 Dr. SIRISHA RANI



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

①

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

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 27/15 Time: 2pm 6pm 10pm 3Am 6Am

Doctor / Nurse / Family Concern?

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

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

Heart Rate (Number) 115b/m 125b/m 103b/m 102b/m 115b/m

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

Resp Rate (Number) 26b/m 28b/m 24b/m 24b/m 26b/m

Resp Mod/ Severe Distress None / Mild

Receiving O₂(l/min) O₂Saturations (%) 99% 99% 99% 99% 90%

Conscious Level Normal / Altered C C C C C

GCS * 15/15 15/15 15/15 15/15 15/15

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

- 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.

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



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.
3. 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		
28/5	08:00 am	↓	N	30ml					200ml		0	Phy
	09:00 am	↓	N	30ml							0	Phy
	10:00 am	↓	N	30ml							0	Phy
	11:00 am	↓										
	12:00 pm	↓										
	01:00 pm	↓										
	Total Intake :						Total Output :					
28/5	02:00 pm	↓	N	30ml							0	Phy
	03:00 pm	↓	N	30ml							0	
	04:00 pm	↓	N	30ml							0	
	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. : 1

- 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 Thrombophlebitis 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	NS		100ml					200ml				
	05:00 pm												
	06:00 pm			50ml					750ml				
	07:00 pm			50ml									
Total Intake : 200ml.						Total Output : 350ml.							
	08:00 pm			50ml									
	09:00 pm	200ml		50ml					100ml				
	10:00 pm	Chapati		50ml									
	11:00 pm			50ml					150ml				
	12:00 am			50ml									
	01:00 am			50ml					100ml				
Total Intake : 500ml.						Total Output : 350ml.							
	02:00 am			50ml									
	03:00 am			50ml					150ml				
	04:00 am			50ml									
	05:00 am			50ml					100ml				
	06:00 am			50ml					200ml				
	07:00 am			50ml									
Total Intake : 300ml.						Total Output : 400ml.							

Total 24 hrs. Intake 100:74cc/kg

Total 24 hrs. Output 1100:3cc/kg/Hr



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Central line Removal + Groshong line placement

Anaesthesiologist: Dr. Dinesh Bhavani Surgeon: Dr. Shridhar & Dr. Subramanyam

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk(s): The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders
- Shock Obesity Chronic Obstructive Pulmonary Disease
- Others Hemodynamic changes, Meds, O₂ support, Seizures

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
 Regional Anaesthesia General Anaesthesia Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:
 Signature: [Signature]
 Name: S. Hemalatha
 Relationship with patient: Mother
 Date & Time: 28/5/22 12:15pm

Witness:
 Signature: [Signature]
 Name: Teener
 Date & Time: 28/5/22 12:15pm

Doctor (who is taking consent):
 Signature: [Signature] Name: Dr. Dinesh Bhavani Date: 28/5/22 Time: 12:15pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శరీరానికి ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై లిస్ట్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
 లీజనల్ అనస్థీషియా జనరల్ అనస్థీషియా మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సింట్టల్ వెనస్ యాక్సెస్, ఆర్థిలయల్ లైన్, సపోజిటిలిలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 28/5/26 Time: 11 AM

Blood Group of the Patient: O Blood Group on the Blood Bag: O

Blood Bank Issue No: BWH-20-0271 Date of Collection: 28/5/26 Date of Expiry: 01/6/26

Date & Time of Starting Transfusion: 28/5/26 @ 11 AM Planned duration of Transfusion: 30 min

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: N. Bhuvanani Nurse 2: M. Vijaya

Before starting transfusion vitals: Temp: 98.8 HR: 108 RR: 24 BP: 102/60 SpO2: 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
28/5/26	15 Min	108	98.8	102/60	99%	—	—	—	—
	15 Min	108	98.8	98/62	100%	—	—	—	—
	30 Min	102	102/62	98/62	99%	—	—	—	—
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: nil

Name of the Incharge-Nurse: Dr. Sridhar

Name of the Nurse: Bhuvanani

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 28/5/26 @ 11 AM

Date & Time: 28/5/26 @ 11 AM

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

PLATELET CONCENTRATE I.P.

Qty. 50 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./
 SAGM Solution.

O

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

Unit No.: BAH26-01271
Blood Group: O Rh Positive
Collection Date: 27/May/2026
Expiry Date: 01/Jun/2026

1. Do Not Dispense Without Prescription. 2. Check Blood Group On Label & Recipient's Group And Name Before Administration. 3. Shake Gently Before Use. 4. Do Not Add Any Medication. 5. Use Immediately After Issue. 6. Use Sterile Transfusion Set With Filter. 7. Do Not Use If There Is Any Visible Evidence Of Deterioration Like Haemolysis Clotting Or Discoloration. 8. Store Continuously At 22° C - 24° C With Gentle Agitation.Or Below.

9. Ad

Issue Label / CrossMatching Report

Patient : **Baby Sannidhanam Chaitra -**
 Patient's Blood Group : O Rh Positive
 Hosp/Dr : Rainbow Childrens Hospital, DR. SIRISHA RANI
 UHID No.: KOH-00296691 Wd-Bed No.:

Product : RDP
 Blood Group : O Rh Positive Issue Dt : 28/May/2026
 Unit No.: **BAH26-01271** Colln. Dt : 27/May 2026
 XMatching Report: Group Specific Exp. Dt : 01/Jun/2026
 X-matched by: Nachiket 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
 Lic.No. 46/HD/TS/2018/BB/G

Handwritten signature

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

PLATELET CONCENTRATE I.P.

Qty. 60 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./
 SAGM Solution.

O

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

Unit No.: BAH26-01241
Blood Group: O Rh Positive
Collection Date: 23/May/2026
Expiry Date: 28/May/2026

1. Do Not Dispense Without Prescription. 2. Check Blood Group On Label & Recipient's Group And Name Before Administration. 3. Shake Gently Before Use. 4. Do Not Add Any Medication. 5. Use Immediately After Issue. 6. Use Sterile Transfusion Set With Filter. 7. Do Not Use If There Is Any Visible Evidence Of Deterioration Like Haemolysis Clotting Or Discoloration. 8. Store Continuously At 22° C - 24° C With Gentle Agitation.Or Below.

Issue Label / CrossMatching Report

Patient : **Baby Sannidhanam Chaitra -**
 Patient's Blood Group : O Rh Positive
 Hosp/Dr : Rainbow Childrens Hospital, DR. SIRISHA RANI
 UHID No.: KOH-00296691 Wd-Bed No.:

Product : RDP
 Blood Group : O Rh Positive Issue Dt : 28/May/2026
 Unit No.: **BAH26-01241** Colln. Dt : 23/May/2026
 XMatching Report: Group Specific Exp. Dt : 28/May/2026
 X-matched by: Nachiket 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
 Lic.No. 46/HD/TS/2018/BB/G

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Baby Sannidhanam Chaitra Age: 4 yrs Sex: F UHID.No: POH 00296691

Date: 28/5/22 Time: 12:05 pm Proposed Operation: Central line removal & crosshair line placement

Diagnosis: Kidney Bile AU / CALCA ⊕ on chemotherapy

B.P / CRT: 96/57 H.R: 112 Weight: 15.2 kg ASA Physical Status: 1 2 3 4 5

SpO2 - 97% RA

Laboratory Data:			
Hgb: <u>8.7</u>	Glucose:	Protein:	HIV:
PCV: <u>24.2</u>	Urea:	Alb:	HBS Ag:
WBC: <u>3.32</u>	Creat:	Total Bill:	HCV:
Plate: <u>54000</u>	Na:	Dir. Bill:	Blood group:
PT:	K:	LDH:	T3
PTT:	Ca++:	Alk phos:	T4
INR:	Mg++:	Amylase:	TSH
	Cl-:	SGOT/SGPT:	

Allergies: NFDA

Medical History: CVS: on Amlodipine : feb. Diabetes: ⊖ FT/NVD 2.55 kg / immunised / Miletone upto date

RESP: ⊖ sinus CNS: H/o March 2 episode → ventilator 1 day → episode of seizure & RPP given Now

Renal: ⊖ Kidney Bile AU / CALCA ⊕ : feb 2022

Hepatic / GE: ⊕ H/o Jaundice in March. Physical Activity: Active

Others: ⊖

Past Anaesthetic History: ⊕ H/o Central line placement in March 5th.

Physical Exam: Airway: MP 1 2 3 4 Mouth Opening: 3 cm Mento-hyoid Distance: 4 cm Neck: ⊖ Teeth: No loose teeth / No dentures

Lungs: Clear

Heart: h/h

CNS: Alert, Oriented

Pregnant: Yes No NA Venous Access Site: ⊕ Spine Exam for regional: Spine palpable

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

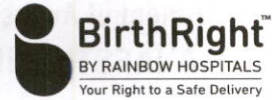
CURRENT MEDICATIONS	DOSAGE
<u>Levetiracetam 3ml</u>	
<u>levothyroxine 2.5ml</u>	
<u>Amlodipine</u>	
<u>Calcium</u>	

- Pre-Operative Instructions: NBM 8AM solids / 8AM clear
- DVT Prophylaxis:
 - NIL ORAL Water / ORS 2 Hours / Others 6 Hours
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:

Signature: [Signature] Name: Dr. Deep Shrivastava



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No

Fasting Status: Consumed

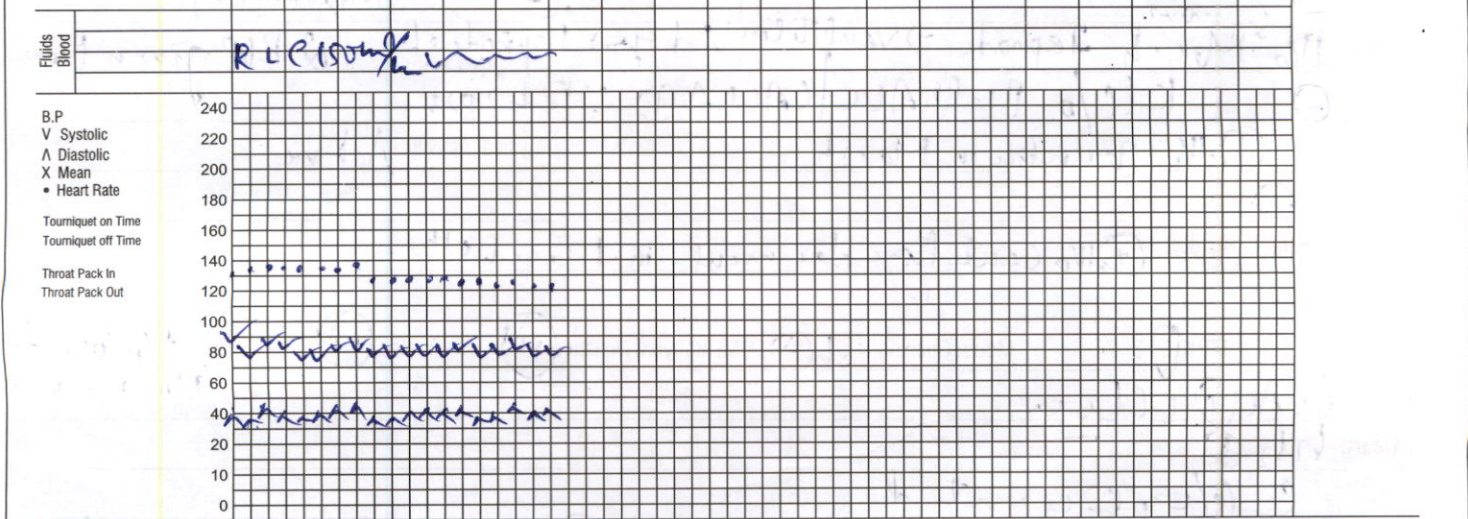
Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 130 B.P / CRT: 90/40 SpO₂: 100% R.R: 25 Last Feed: 7pm

Pre-OP Diagnosis: Cleft lip & palate Operation: urology placement / cleft lip repair Date: 22/04/22

Surgeon: Dr. Sridhar Anaesthesiologist: Dr. Deepa Technician: Alshah

TIME	N ₂ O	AIR	O ₂	LPM	HALO	ISO	SEVO	Drugs	Antibiotic	Suppository	Blood Loss	NOTES
12:30pm	50	50	10					MIDazolam 0.2mg Fentanyl 10mcg Propofol 60mcg Pacitane 25mg				
1:30pm												



LAB Values

ABG

GRBS

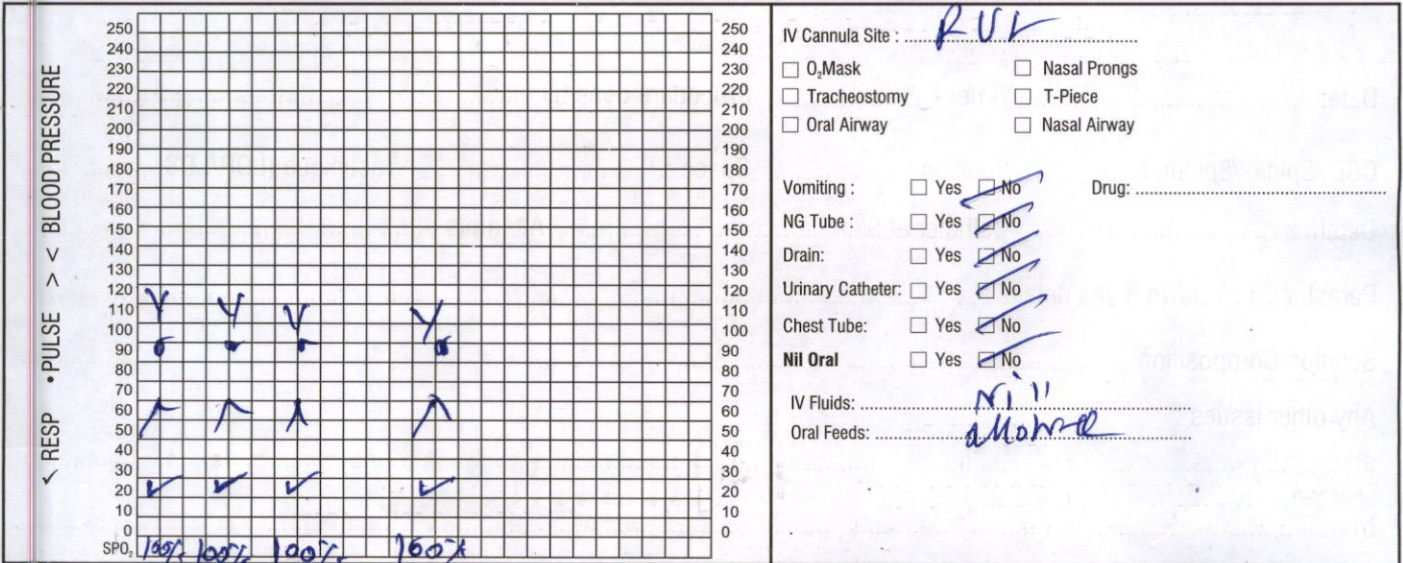
Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>RU</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead: <u>Lead</u> <input checked="" type="checkbox"/> Temp Site: <u>U-axilla</u> <input checked="" type="checkbox"/> FIO ₂ Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Supine</u> <input type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input checked="" type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input checked="" type="checkbox"/> Other: <u>Blanket</u> Times: Anaes Start: <u>12:30pm</u> OP Start: <u>12:40pm</u> OP End: <u>1:15pm</u> Leave OR: <u>1:45pm</u> Anaesthesia: <input checked="" type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>RU</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input checked="" type="checkbox"/> SGA <u>2.0</u> <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# at cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# Attempts: Difficulty Why? <input checked="" type="checkbox"/> Bilat = BS <input checked="" type="checkbox"/> Semi-Closed Circle <input checked="" type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: Site: Needle Size: Depth: Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr. Deepa</u> Signature of the Doctor: <u>[Signature]</u>
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POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Suman Time Received : 1:46 PM Time Discharged : 3:45 PM



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
able to move 4 extremities voluntary or on command = 2 able to move 2 extremities voluntary or on command = 1 able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
able to deep breathe & cough freely = 2 dyspnea or limited breathing = 1 apneic = 0	RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	1	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2		
Wink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL		8	9	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
28/5	2 PM	02/10	NA	Suman

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. Subhaswari

Anaesthesiologist Signature : [Signature]

Date & Time : 28/5/2022 at 2 PM

PACU Nurse Name : Suman

PACU Nurse Signature : [Signature]

Date & Time : 28/5/2022 at 2:45 PM

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): ORATORY Suman

Date & Time: 28/5/2022 at 2 PM

CONSENT FOR BLOOD TRANSFUSION

Name: BABY: SAMMIDHANAM CHAKRA Age: 4/ Gender: Male Female
 UHID.No: MDH-0029661 Date: 28/5/20

- 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 Hemofath here by 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

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

Patient (Or Patient Relative / Guardian):

Signature: *[Signature]*

Name: S. Hemalatha

Date & Time: 28th May 2026 - 11:33 AM

Doctor (Who is talking the consent)

Signature: *[Signature]*

Name: Dr. Sai

Date & Time: 28/5/20; 10AM

Witness

Signature: *[Signature]*

Name: *[Name]*

Date & Time: 28/5/20 @ 11:30 AM

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

- రక్త ఉత్పత్తి రకాలు:**
- | | | |
|---|---|---|
| <input type="checkbox"/> తాజా ఘనిభవించిన ప్లాస్మా | <input type="checkbox"/> ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> క్రయో ప్రెసిపిటేట్ | <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 అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. ధాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటెటిస్ జి సర్వేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడీస్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ 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 ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లాస్మా ప్రోజెన్ ప్లాస్మా, క్రయో ప్రెసిపిటేట్ 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



CONSENT FOR CHEMOTHERAPY

Patient Name : Chaitra SANNIDHANAM Age : 4y Gender : Male Female

UHID No : KOH Department : paed 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 : [Signature]
Name : S. Hemalatha
Relationship with Patient: Mother
Date & Time : 27/5/26 @ 9pm

Witness :
Signature : [Signature]
Name : Anupama
Date & Time : 27/5/26 @ 9pm

Doctor (who is taking the consent):
Signature : [Signature]
Name : [Signature]
Date & Time : 27/5/26, 2.30pm

కివెం థెరపీ కొరకు అంగీకారం

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

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

తేదీ

కెవెం థెరపీ రకాలు:

ఈ బికిత్తు చేయు సమయములో తగు జాగ్రత్తలు తీసుకున్న సంభవించు బిబిధ రకములైన ప్రమాదాలు తలెత్తే సమస్యల నాకు డాక్టర్ బివరించబడింది. వీటిలో ఎముక మజ్జి మాండ్యం, తదుపరి అంటువ్యాధులు, రక్తస్రావం, బికారం, వాంతులు, బిరేచనాలు, నోటి పూతల, అలోపేసియా, జ్వరం, ఫ్లెజిటిస్, అవయవ గాయాలు, ఇంజెక్షన్ ఉన్న ప్రదేశంలో పుండ్లు మొదలైనవి కలగవచ్చు ఈ బిధానం యొక్క ప్రయోజనాలు మరియు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు బివరించారు.

డాక్టర్ సీకు ఈ ప్రక్రియ వల్ల కలుగు లాభాలు మరియు ప్రత్యామ్నాయాలు బివరించారు

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

నేను బికిత్తు గురించి పూర్తిగా తెలుసుకున్నాను. బికిత్తు గురించి తదుపరి ప్రశ్నలు లేవు.

సహాయకుడు (అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు



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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 27/5/26 Time: 2pm

Weight: 13.54 kgs Centile: 5th

Height: 97cms Centile: > 10th

Inference: underweight child

RDA: - Calories: 1350kcal/d Protein: 23g/d

Diet Recommendations: Soft high protein diet

Re-Assesment: avoid 3ply, chilled and outside foods.

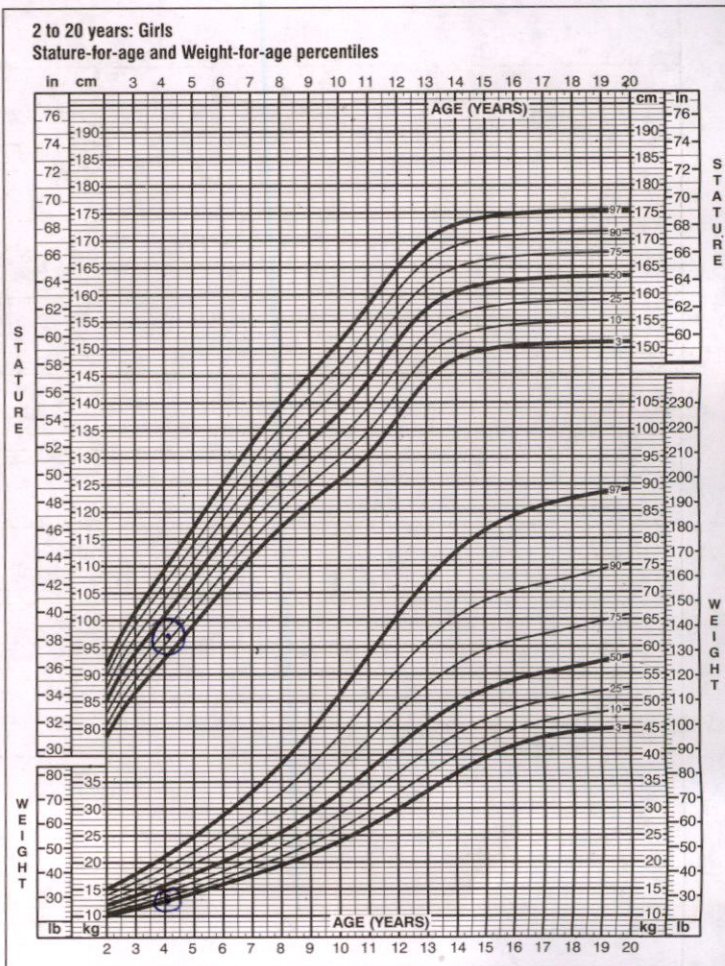
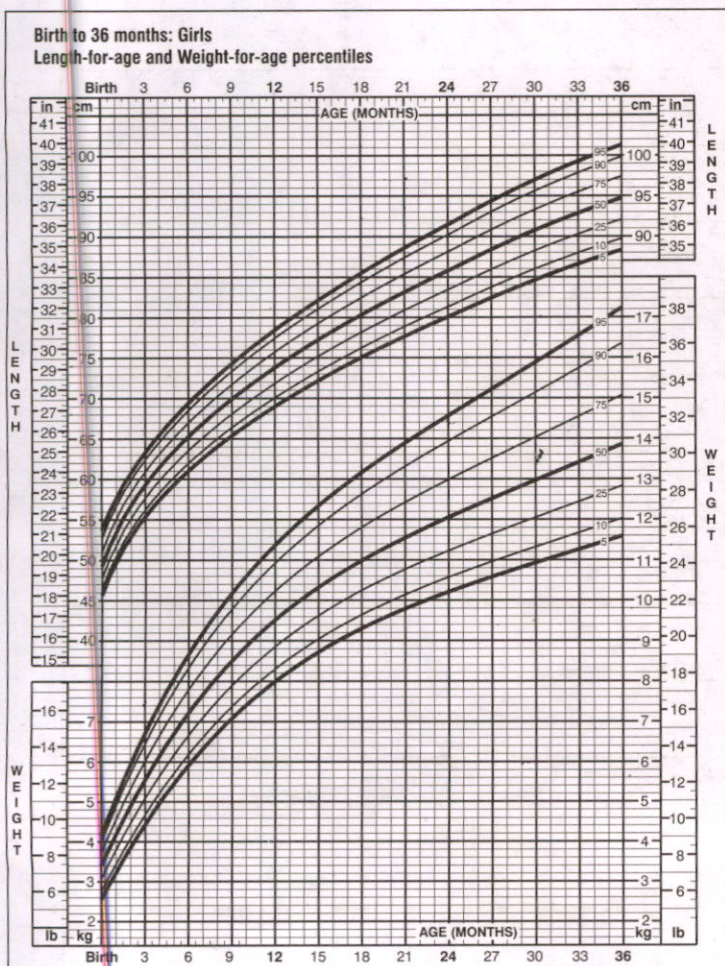
Food Allergies: NO Veg/Non-veg: veg

Diagnosis: K/c/o Bcell ALL (CALLA+) Now for chemotherapy.

Nutritional Intervention - Oral Enteral Parenteral

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

GROWTH CHART (GIRLS)



Dietician's Name: NPKitha

Dietician's Signature: NPKitha

