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

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____ GUC-00079463 IP18-00036363
Baby VRIHAASRI VENKATRAMAN
18-06-2025 1 Y 0 M 19 D (F)
Dr. MEENA SIVASANKARAN
_____

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

⇒ K/c/o retroperitoneal yolk sac tumour stage III
Malic risk stratification - Age < 11yrs c hypertension
⇒ S/p tumour excision with uterus & fallopian tube and bilateral preservation of ovaries.

Now came for 5th cycle of chemotherapy.

She has completed 4 cycles of JEB regimen & underwent tumor excision along with uterus & fallopian tube on 07/05/2026.

Last cycle of chemotherapy was given on 13/06/2026.

Currently on T. ENTAS 2.5mg ½-0-1
S/P SEPTRAN 2.5ml-0-2.5ml on Saturday & sunday

Patient Sticker

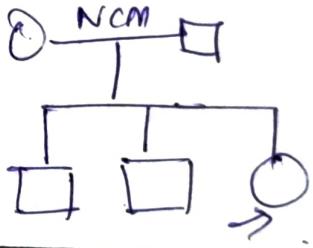
Past History : (Including details of any previous investigation or treatment)

Admitted with fever x3days & loose stools 1day @ IMOA.
USG Abdomen done to r/o pyelonephritis incidentally detected a large intraabdominal mass lesion c Bfl HUN.
MRI → ? sarcomatous lesion
PET CT supported the evidence with metabolically active retroperitoneal nodes. Based on biopsy, diagnosis finding of yolk sac tumour was made.

Birth & Neonatal History:

Term | NVD | 2.4kg | CIAB
No NICU stay.

Family Chart



Birth & Socio Economic History:

About Father : NCM
About Mother :
Any additional information :

Developmental History :

Appropriate for age.

Immunization History :

vaccinated upto 6months of age as per NIS.

Anthropometry :

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

Weight (kgs) 9.8kg (Centile _____)

On Examination :

Temperature : 98.6F Pulse Rate : 140/min B.P. _____ SPO2 100% ↓ RA

Resp.rate and type of breathing : 30/min, regular.

Rash
Lymphadenopathy : No
Oedema :
Allergies (if any):

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BIL AE (+)

Any addes sounds : (-)

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

_____

_____

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S_1S_2 (+)

Any murmur : (-)

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

_____

_____

Per Abdomen :

Inspection : _____

Palpation : Soft, No distension, BS (+)

Ausculation : _____

Spine : _____ External Genitelia : _____

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

_____

_____

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Cry, tone, activity (N)

Cranial Nerves : _____

Motor System :

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Patient Sticker

Reflexes :

DTR

Plantars **Superficials:**

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

K/C/O retroperitoneal yolk sac tumor grade III
Now came for 5th cycle of chemotherapy

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

~~EMESET~~
~~DOMSTAL~~
~~PAN~~.

Planned Management

Day 1 → IV line needs to be secured.
→ IVF - DNS @ 40ml/hr
→ INJ. EMESET 1mg IV Q8H
→ SYP DOMSTAL 1ml BD (1mg/ml)
→ SYP. SEPTRAN 3ml-0-3ml on Sat & Sunday (5ml/tsp)
→ INJ. ETOPOSIDE 45mg in 100ml NS x 4hrs
→ CANDID MOUTH PAINT

Signature of the Doctor: Sonali 154645
Name of the Doctor: Dr. S. Mahalakshmi
Date & Time: 07/07/2026 1PM

Signature of the Consultant:
Name of the Consultant:
Date & Time:

(P.T.O.)

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18-06-2025 1 Y 0 M 19 D
Dr. MEENA SIVASANKARAN (F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/25	S/B Dr. Meena	
		Plan:
	· Yolk sac tumor	
	· Cycle 5 JEB	· Proceed with chemo as Chart
	Clinically well	[signature] 9010r
7/7/25 5pm	S/B Dr. Chandiralega.	
	D - Retroperitoneal yolk sac tumor Grade III	
	S/P Tumor excision	
	For 5th cycle chemotherapy.	
	Child received	
	Alert, Active	
	no c/o fever, cough, cold	
	Tolerating oral feeds well	
	O/E	
	afebrile	
	CVS - S1S2 (+)	
	RS - B/L AE (+)	
	P/A - soft	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Adv:	
	- IV Fluids, premedications	
	Emeset, Pantoprazole, Zofer	
	↓	
	Etoposide 45mg in 100ml over 1 hr	
	- monitor vitals.	
	- W/F - fever, rash, hypotension	
	- Inform (SOS)	
	19/12/24	

-00079463 IP18-00036363
Baby VRIHAASRI VENKATRAMAN
18-06-2025 1 Y 0 M 19 D (F)
Dr. MEENA SIVASANKARAN

REGULAR PRESCRIPTIONS Weight. 9.8 kg Ward. .....

DRUG : INJ. EMESET

Dose	Route	Frequency	Start Date
1mg	IV	Q8H	7/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 11H | 6 am | 3pm | 1 pm AA SS | 9 pm

DRUG : SYP. DOMSTAL (1mg/ml)

Dose	Route	Frequency	Start Date
1ml	P/O	Q12H	7/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 11H | 8 am | 8 pm

DRUG : ~~INJ. ETOPOSIDE~~

Dose	Route	Frequency	Start Date
~~45mg~~ (~~1ml 100ml NS~~)	~~IV~~		

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : SYP. SEPTRAN 5ml/40mg

Dose	Route	Frequency	Start Date
3ml	P/O	Q12H	7/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: Only on Saturdays & Sundays.

Daily Doctor's Endorsement by a Sign

Date / Time

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 9.8kg Ward .....

DRUG : CANDID MOUTH PAINT

Dose	Route	Frequency	Start Dt.
	L/A	BD 12 H	7/7/25

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 8 AM / 8 PM

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
10mg	IV	OD	9/7/25

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time

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

GUC-00093507 IP18-00036345
Baby B/O SARANYA .S
06-07-2026 0 Y 0 M 0 D 14 H (F)
Dr. GIRIDHAR S

Weight. 9.8kg Ward. .....

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

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

Signature .....

VERIFIED BY .....me

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/07/26		INJ. PEG GCSF	1.5mg	S/C	Sraba	

I.V. FLUIDS CHART

Weight. 9.8kg Ward. .....

Date	Time	Composition of 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
7/7/25	2:50 pm	IVF 0.9% NS	IV	40					

Signature .....

VERIFIED BY : Name .....

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. S. Mahalakshmi Date : 07/07/26

Type of Admission: ☐ OPD ☑ ER ☐ Referral (If referral, Doctor's Name: .....

Start Time of Assessment: ..... Weight: 9.8 kg

Allergic History: No

Chief Complaints:
K/C/O retroperitoneal yolk sac tumour stage III
Came for 5th cycle of Chemotherapy

Pediatric Assessment Triangle

A Appearance - TICLS (N)

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Breathing

Rate: 30/min SpO_2 on FiO_2 100%
Rhythm: Regular
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: B/L AE (+)
Palpation Findings (If necessary) .....

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Circulation HR: 125/min CFT [Central ..<3s Peripheral ..<3s

BP: ..... mmHg

Pulse Volume: [Central ..↑↑↑ Peripheral ..↑↑

If in Shock: [Compensated ..... Hypotensive .....

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☑ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☑ No

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Disability GCS: 15/15 AVPU: .....

Pupils: [Responsive ☑ Non-Responsive ☐

Size [Right ..... Left .....

Active Seizures: ☐ Yes ☑ No Sugars: .....

Signs of Neurological compromise ..NRND.....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Exposure Temp.: 98.6F

Any Rash: ☐ Yes ☑ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: ..nr..

Labs Planned: .....

Treatment Planned: As per drug chart

...d for Oxygen: ☐ Yes ☐ No If yes Low Flow ☐ High Flow ☐ PPV ☐

...l Diagnosis with possible Differential Diagnosis (If necessary): Retroperitoneal yolk sac tumour stage

...ssessment done by Name of the Doctor: Dr. S. Mahalakshmi 151645

...gnature: .....

...te & Time: 07/07/26, 1:45pm

Sr. Doctor on Duty (If necessary) Came for check

Name of the Sr. Doctor: .....

Signature: .....

Date & Time: .....