

ACTIVITY RECORD FOR BILLING

Name : _____
UHID No. : _____

BAH-00645109 IP5-00175811
Master TEJAS NAGARAM
15-01-2015 11 Y 5 M 16 D (M)
Dr. SANDHYA VADDADI

sultant: _____ Dept: _____

Date of Admission: _____ e of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
01/01/2015	11:15 AM	ER.	138	[Signature]

Cross Consultation Visit

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

[illegible]

Investigations

Order No.

Signature

$$29 \overline{) 5}$$

CBP ^{creat} (done on op basis)

Chuz

$$3 \mid 7$$

CBP

26066393

Amir rather

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
1/7	chemotherapy	(1)	9682593	Diy

ANY OTHER INFORMATION

Don't change for NHA. — Mounten

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.....

.....

Date : 4/2/20

Time : 5pm

Prepared By : Roja

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Roja.	Day shift Onco.		

ADMISSION SHEET



Registration Details :

Admission No : IP5-00175811 Admit Date : 01-Jul-2026 Admit Time : 10:48 AM UHID : BAH-00645109

Patient Details :

Patient Name	: Master TEJAS NAGARAM	Age	: 11 Y 5 M 16 D
Guardian	: Mr RAJESH NAGARAM	DOB	: 15-01-2015
Gender	: Male	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: T5 1203 EIPL CORNERSTONE, PUPPALGUDA Manikonda Hyderabad Telangana INDIA 500089	Phone No	: 9731571136/ 9886138842
		E-mail	: RAZESH333@GMAIL.COM

Admission Details :

Bed Type : FOUR SHARING Bed No : FSW 138 Ward Name : 1F-HEMATO-ONCOLOGY
Room No : FSW 138 Admission Type : First Visit

Contact Details :

Name	: Mr RAJESH NAGARAM	Relationship	: Father
Contact Address	: T5 1203 EIPL CORNERSTONE, PUPPALGUDA Manikonda Hyderabad Telangana INDIA 500089	Phone No	: 9731571136 / 9886138842

[Signature]
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	: ICICI LOMBARD GENERAL INSURANCE CO LTD



It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

①

Patient Name:

Tejas

UHID ID:

BAH-00645109 IP5-00175811
Master TEJAS NAGARAM
15-01-2015 11 Y 5 M 16 D (M)
Dr. SANDHYA VADDADI

Department:

Consultant:



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Paraspinal Emrys (Neelastinal).

↓

History of present illness : Admitted for chemotherapy.

No H/o fever, cough, cold.

25/6/26 - 11.9
3.59

29/6/26 - 11.7 122
3.93 79/7.

creat - 0.4

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Yes/No/Not stay

TO

→

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Normal for age

Immunization History :

last 5 years, good



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs)) 30.56 (Centile _____)

On Examination :

Temperature : 97.5°F Pulse Rate : 95/min B.P. 99/59(68) SPO2 98.1% RA

Resp. rate and type of breathing : 24/min

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any addes sounds : B/W ear

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : _____

Any murmur : S2 2P

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

Per Abdomen :

Inspection _____

Palpation : _____

Ausculation : S2 2P

Spine : _____ External Genitelia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Alert

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Paraspinal Swings (Mediastinal)

Admitted for chemotherapy



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

uric acid

Desired goals of the treatment: _____

Reduction of symptoms

Planned Labs: _____

Planned Management _____

- check -

*N/B
new
01/07/25*

Signature of the Doctor: *N.P.*

Name of the Doctor: *N. Prathibha*

Date & Time: *01/07/25, 10:30am*

Signature of the Consultant: *[Signature]*

Name of the Consultant: _____

Date & Time: *1/7 @ 10:30am*



Date & Time	Progress Notes	Doctor's Order
2/7/20 9 AM	<u>Morning rounds</u> Paraspinal Swings for chemotherapy Afebrile, Alert, Vitals @ S/E → 100% LFTs WS R/S P/S @	Adv 1) cont sup care 2) cont cont chem 3) monitor vitals 4) Inform S/O 5) remaining fosac <u>Shankar</u> COP-T/M Noted by Soumya @ 11:30 am, 02/12/20 <i>[Signature]</i> 2/7 @ 10 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/20 9 AM	Morning rounds Paraspinal Ewing's sarcoma for CT Afebrile, Alert V, E, E (N) No fresh issues Stable SPWF, ATRU res WS He P/O (N)	1) cont chemo 2) cont supp care 3) monitor vitals 4) Inform SRS. Noted by soumya @ 3/7 0212H @ 11:40 AM
3/7/20 4:00 PM	Paraspinal Ewing's Sarcoma for Chemotherapy. O/E Vital stable W: 11.1 (N) R: B1A (N) P/A: Rtt CNS: WAD. No new issues.	1) Continue chemo. 2) Continue Opa (2mg) - IV - Once daily 3) Continue same med/side 4) Monitor vitals Inform (SRS) - Ola. for all day appt/n.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 2 PM	Morning rounds	
	Intraspinal Ewing's Sarcoma for chemotherapy	Ado
	Afebrile, Alert. Vitals (5) No fresh wounds S/E → PPWF, CPTC, Sca C/S R/S D/S	1) cont chemo 2) cont supp care 3) monitor vitals 4) plan DIC Hm 5) Inform SOS Send file evening
	R/R on 4/7/26 CBP ACSF on 8/7 in ACSF 250mg 8/c	Ahambharg Noted by samiya 02121N @ 4/7 @ 10:30.



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[illegible]

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1

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RESULT SHEET

Date	28/26	3/7/26			
Time	1P	5:30am			
Hb	11.7	11.6			
PCV	35.3	35.8			
RBC	4.27	4.31			
WBC	3.93	3.14			
N/L	79/7	78/5.7			
Platelets	172	1.49			
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine	0.4				
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					



DRUG CHART

Date of Admission: 1/2/16 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:																			



REGULAR PRESCRIPTIONS

Weight. 30.56 kg Ward.

DRUG : <u>ly ONDANSERON</u>				Date Time	1/7	2/7	3/7	4/7												
Dose <u>6mg</u>	Route <u>iv</u>	Frequency <u>8H</u>	Start Date <u>21/07/2015</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>N. Peruvolu</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>SYP-SEPRAN</u>				Date Time	1/7	2/7	3/7	4/7												
Dose <u>7-5ml</u>	Route <u>PO</u>	Frequency <u>12H</u>	Start Date <u>01/07/2015</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>N. Peruvolu</u>																				
Additional Instructions: <u>Monday, Wednesday, Friday.</u>																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>ly DEXAMETHASONE</u>				Date Time	1/7	2/7	3/7	4/7												
Dose <u>2mg</u>	Route <u>iv</u>	Frequency <u>OD</u>	Start Date <u>1/7</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>haron</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>Tab DAPERIDONE</u>				Date Time																
Dose <u>1/2 Tab</u>	Route <u>PO</u>	Frequency <u>BD</u>	Start Date <u>2/7</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>haron</u>																				
Additional Instructions: <u>(1 tab = 10mg)</u>																				
Daily Doctor's Endorsement by a Sign																				

Ward

Weight 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				



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

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

STAT / ONCE ONLY DRUGS[illegible]



CHEMOTHERAPY PRESCRIPTION

All the chemotherapy medications are high risk / high alert drugs.
While administering chemotherapy drugs watch for nausea, vomiting, rashes,
urine output and any local extravasation of the drug.

Sheet No. ①	Weight (kg) : 30kg	Body Surface Area: 1	Diagnosis: Ewing sarcoma	Protocol: 1F ④						
DATE	TIME	Composition of Chemotherapy (if infusion, mention ml / hr = Mcg / kg / min. etc.)	DOSE	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
1/7	1:20 pm	ly ETOPOSIDE in 250ml NS	75mg	IV	60ml/h d	Alene Bhuv.	1/7	Am	Moumita Dirga	
1/7	6:45 pm	ly MESNA in 100ml NS	200mg	IV	100ml/h d	Moumita Dirga	1/7	Am	Moumita Dirga	
1/7	7:40 pm	ly IFOSFAMIDE in 200ml NS	1.8gm	IV	50 ml/h d	Moumita Dirga	2/7	Am	Anush Sellen	
1/7	4:55 pm	ly MESNA in 500ml 1/2 NS	800mg	IV	100ml/h d	Anush Sellen	2/7	Am	Sanam Am	
1/7	5:55 Am	ly MESNA in 500ml 1/2 NS	800mg	IV	100ml/h d	Sanam Am	2/7	d	Sanya Nandini	
2/7	11:10 am	INT ETOPOSIDE with 250ml NS	75mg	IV	@ 60ml/h ⑤	Sanya Nandini	2/7	d	Devi Devi	

BAH 0645109 IP5-00175811
 Master TEJAS NAGARAM
 15-07-2015 11 Y 5 M 17 D (M)
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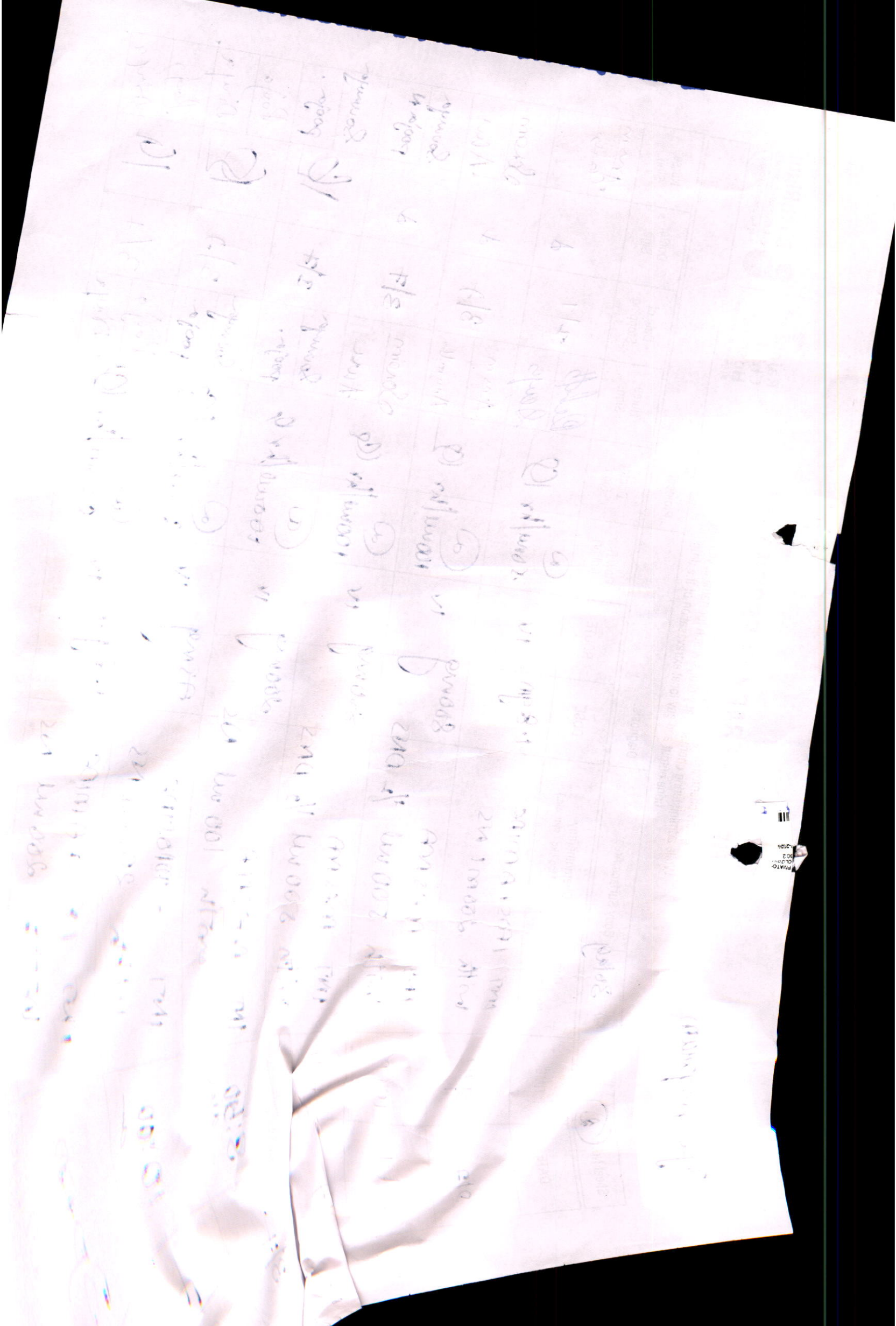
CHEMOTHERAPY PRESCRIPTION

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 While administering chemotherapy drugs watch for nausea, vomiting, rashes,
 urine output and any local extravasation of the drug.

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Sheet No. : 2		Weight (kg) : 30 kg	Body Surface Area:	Diagnosis:	Protocol:		Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
DATE	TIME	Composition of Chemotherapy (if infusion, mention ml / hr = Mcg / kg / min. etc.)		DOSE	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.		Doctor Sign.	Nurse Sign.
2/7	3pm	INT IFOSFAMIDE with 200ml NS		1.8 gm	IV	@ 50ml/hr 1Q	Dehth Sanyas	2/7	d		Am m
2/7	10pm	INT MASNA with 500 ml 1/2 DNS		800mg	IV	@ 100ml/hr 1Q	Am m Anuradha	3/7	d		Sonam Aur
3/7	8:10am	INT MASNA with 800 ml 1/2 DNS		800mg	IV	@ 100ml/hr 1Q	Sonam Aur	3/7	d		Sounya poorja N
3/7	8:50 am	INT MASNA with 100 ml NS		200mg	IV	@ 100ml/hr 1Q	Sounya poorja.	3/7	1Q		Sounya poorja.
3/7	10:00 am	INT ETOPOSIDE with 250 ml NS		75mg	IV	@ 60ml/hr 1Q	Sounya poorja	3/7	1Q		Pooja Diya.
3pm		INT IFOSFAMIDE with 200ml NS		1.8 gm	IV	@ 50ml/hr 1Q	Pooja diya	3/7	1Q		Pooja diya.



10-20-2020

Handwritten notes at the bottom right of the page.

20/10/20

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BAH-00645109

IP5-00175811

Master TEJAS NAGARAM

15-01-2015 11 Y 5 M 17 D (M)

Dr. SANDHYA VADDADI



CHEMOTHERAPY PRESCRIPTION

All the chemotherapy medications are high risk / high alert drugs.
While administering chemotherapy drugs watch for nausea, vomiting, rashes,
urine output and any local extravasation of the drug.

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Sheet No. 3	Weight (kg) :	Body Surface Area:	Diagnosis:	Protocol:						
DATE	TIME	Composition of Chemotherapy (if infusion, mention ml / hr = Mcg / kg / min. etc.)	DOSE	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
3/7	7pm	INT MASNA with 500ml 1/2 NS	800mg	iv	@ 100ml/hr	KG	Pooja Divya.	4/7	KG	Sonam Anu
4/7	12AM	INT MASNA with 500ml 1/2 NS	800mg	iv	@ 100ml/hr	KG	Sonam Anu	4/7	KG	Anu Sonam
4/7	5AM	INT MASNA with 100ml 1/2 NS	200mg	iv	@ 100ml/hr	KG	Sonam Anu	4/7	KG	Anu Sonam
4/7	8AM	INT ETOPOSIDE with 250ml NS	75mg	iv	@ 60ml/hr	KG	Anu Sonam	4/7		Sonam Anu
4/7	12:46 pm	INT IFOSFAMIDE with 200ml NS	1.8 gm	iv	@ 100ml/hr	KG	Anu Sonam	4/7		Pooja Divya.
4/7	3pm	INT MASNA with 500ml 1/2 NS	800mg	iv	@ 100ml/hr	KG	Pooja Divya.	4/7		Pooja Divya

subgroup only

BAH-00645109

IP5-00175811

Master TEJAS NAGARAM

15-01-2015 11 Y 5 M 17 D (M)

Dr. SANDHYA VADDADI



CHEMOTHERAPY PRESCRIPTION

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Sheet No. : 4	Weight (kg) :	Body Surface Area:	Diagnosis:	Protocol:						
DATE	TIME	Composition of Chemotherapy (if infusion, mention ml / hr = Mcg / kg / min. etc.)	DOSE	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
4/7	8pm	INT MASNA with 500ml 1/2 NS	800mg	IV	@ 100ml/hr IG		Pooja Dny	4/7		Pooja Dny
5/7	1pm	INT MASNA with 100ml NS	200mg	IV	@ 100ml/hr		Pooja Dny	4/7		Pooja Dny

MEDICATION RECONCILIATION FORM

Drug Allergies: ☒ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: *ICU* Shifted to: *Ward*

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	<i>Syr. Septon</i>	<i>7.5ml</i>	<i>PO</i>	<i>12h mon wed fri</i>	-	☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *P. Pentan - NPS*

Date & Time : *01/02/2020, 11 AM*

Nurse Name & Signature: *Penurka*

Date & Time : *1/2/20 & 11:10 AM*

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
4.4.2026	7pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Debut
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

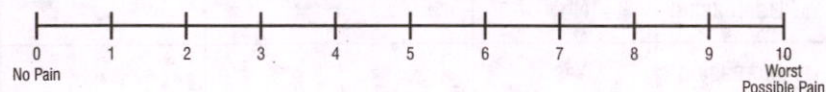
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
05/07/16	11am	0/10	nic	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nic nic	(Cesarean)
1/6	7PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	moomita
2/7	3AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Dehls
2/7	4AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Dehls
2/7	7PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Dehls
3/7	3PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Am m
3/7	11am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Soumya
3/7	4pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Dehls
4/7	3AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Dehls
4/7	11am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Soumya

Re-assessment Frequency:

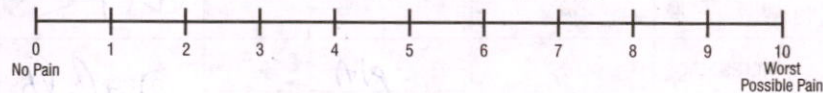
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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Wong - Baker (Pediatrics) Above 7 Years





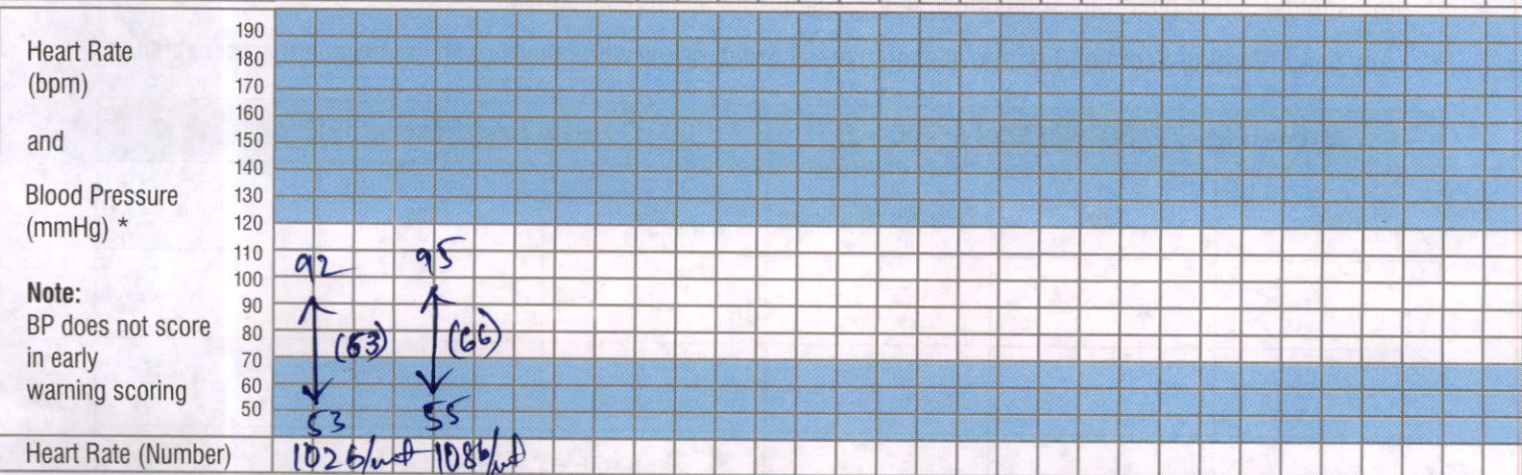
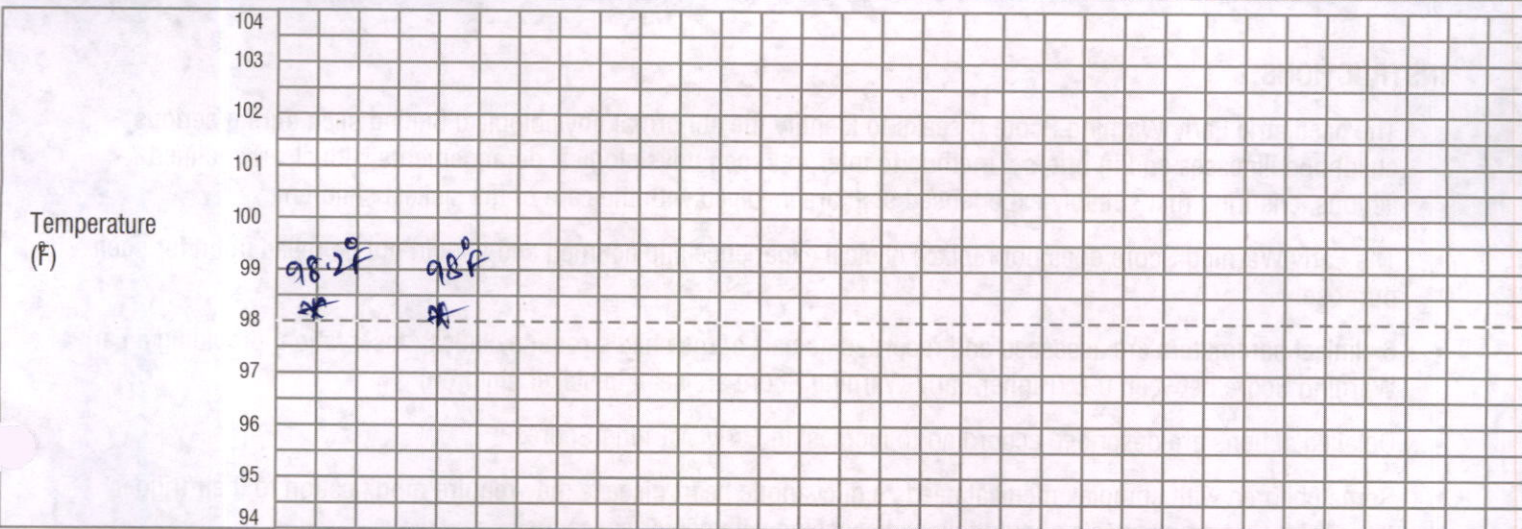
SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/7 Time: 9:30 1

Doctor / Nurse / Family Concern? am. pm.



Resp Rate (Number) 20 bpm 20 bpm

Resp Distress Mod/ Severe None / Mild

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

Conscious Level Normal Altered

GCS * 15/15 15/15

TOTAL SCORE Number of shaded boxes 0 0

Pain Score 0 0

Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1 : Continue normal observation by staff nurse

Score 2 : Shift in charge nurse to be informed and continue hourly observations

Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.

Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see

Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/1/20 Time: 9:30 am 1 pm 4 pm 7 pm 10 pm 9 am 6 am
Doctor / Nurse / Family Concern?

Temperature (F)

104							
103							
102							
101							
100							
99	98.4°F	98.1°F	98.1	98.2	98.5°F	98.0°F	98.0°F
98	*	*			*	*	*
97							
96							
95							
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	98	100	98	98	99	98	99
90	(63)	(66)	(69)	(74)	(78)	(68)	(68)
80	51	55	54	50	50	58	51
70							
60							
50							

Heart Rate (Number)

75 bpm	80 bpm	94 bpm	96 bpm	99 bpm	100 bpm	104 bpm
--------	--------	--------	--------	--------	---------	---------

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

70							
60							
50							
40							
30							
20							
10							

Resp Rate (Number)

20 bpm	20 bpm	20 bpm	16 bpm	20 bpm	22 bpm	20 bpm
--------	--------	--------	--------	--------	--------	--------

Resp Distress	Mod/ Severe	None / Mild					
Receiving O ₂ (l/min)							
O ₂ Saturations (%)	100%	98%	100%	100%	99%	99%	99%
Conscious Level	Normal	Altered					
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
Pain Score	0	0	0	0	0	0	0
Observer's Initials							

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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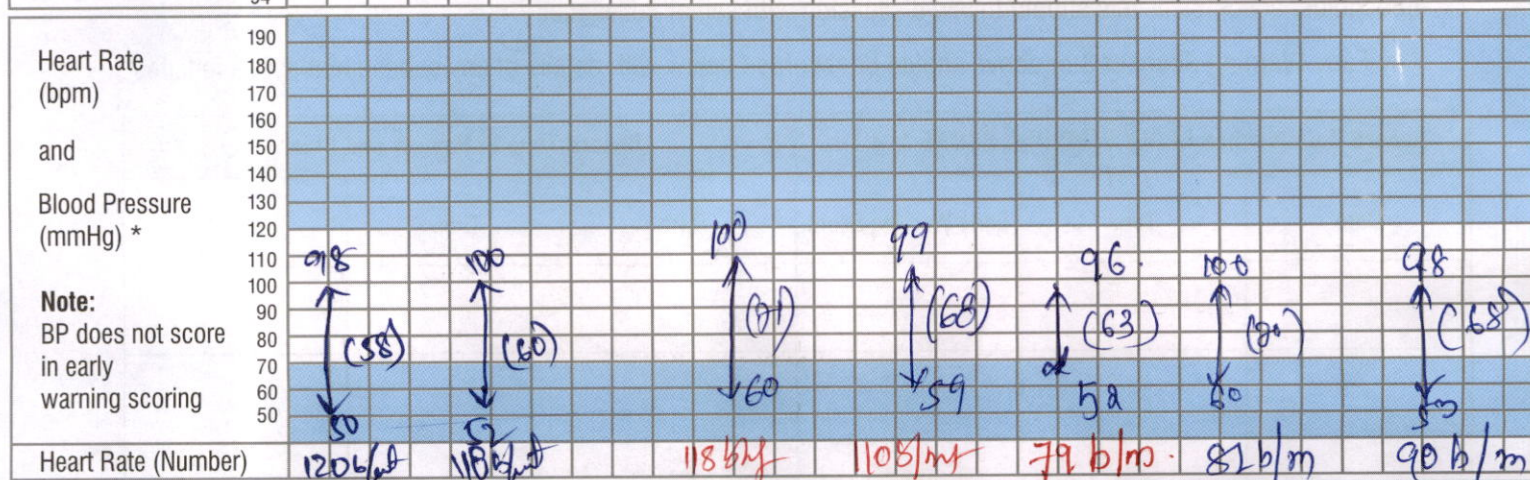
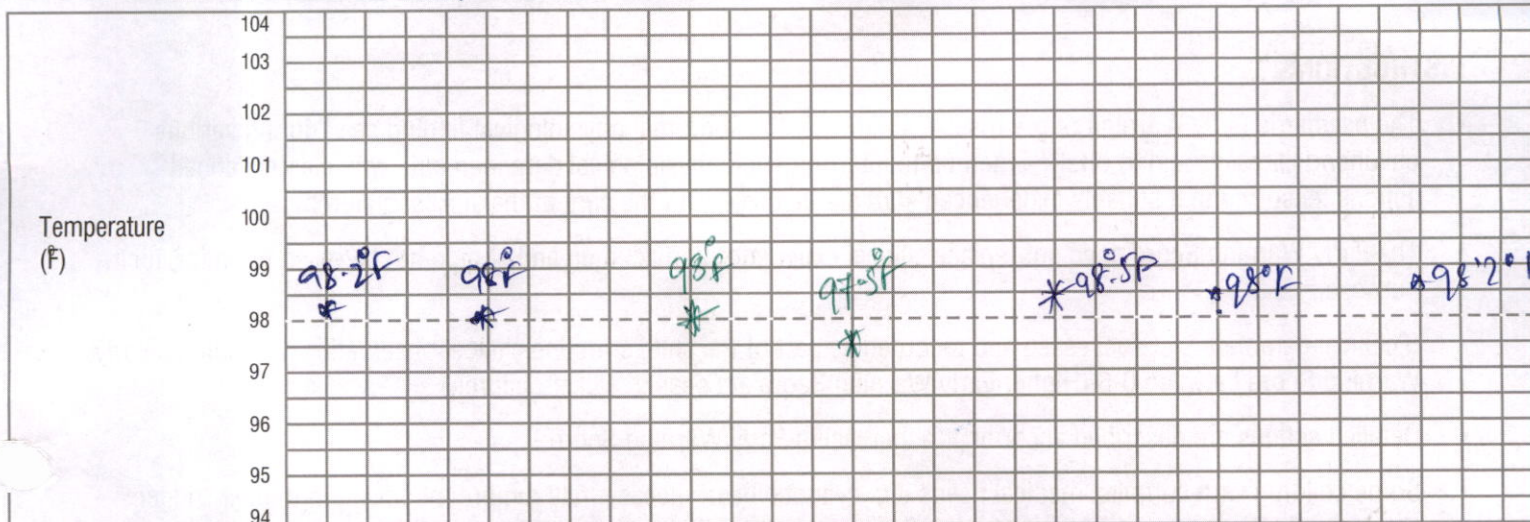


SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/7 Time: 9 1 3 7 10 PM 3 AM 6 AM
Doctor / Nurse / Family Concern? pm pm pm pm



Resp. Rate (bpm) (Over 1 Minute) *	29	20	20	20	20	24
Resp Rate (Number)	29	20	20	20	20	24
Resp Distress	None	None	None	None	None	None
Receiving O ₂ (l/min)	98%	99%	100%	100%	99%	99%
O ₂ Saturations (%)	98%	99%	100%	100%	99%	99%
Conscious Level	Normal	Normal	Normal	Normal	Normal	Normal
GCS *	15/15	15/15	15/15	15/15	15/15	15/15

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

ACTIONS

NB: Scores 3 should be recorded overleaf

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Date	Time	Early Warning Score	Date	Time	Name

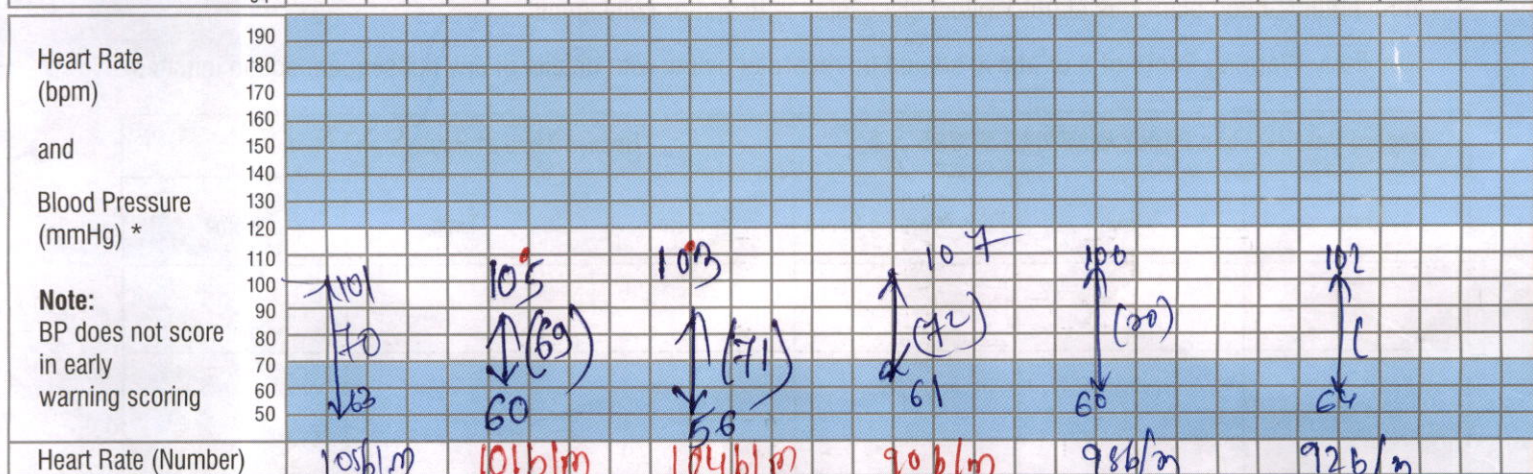
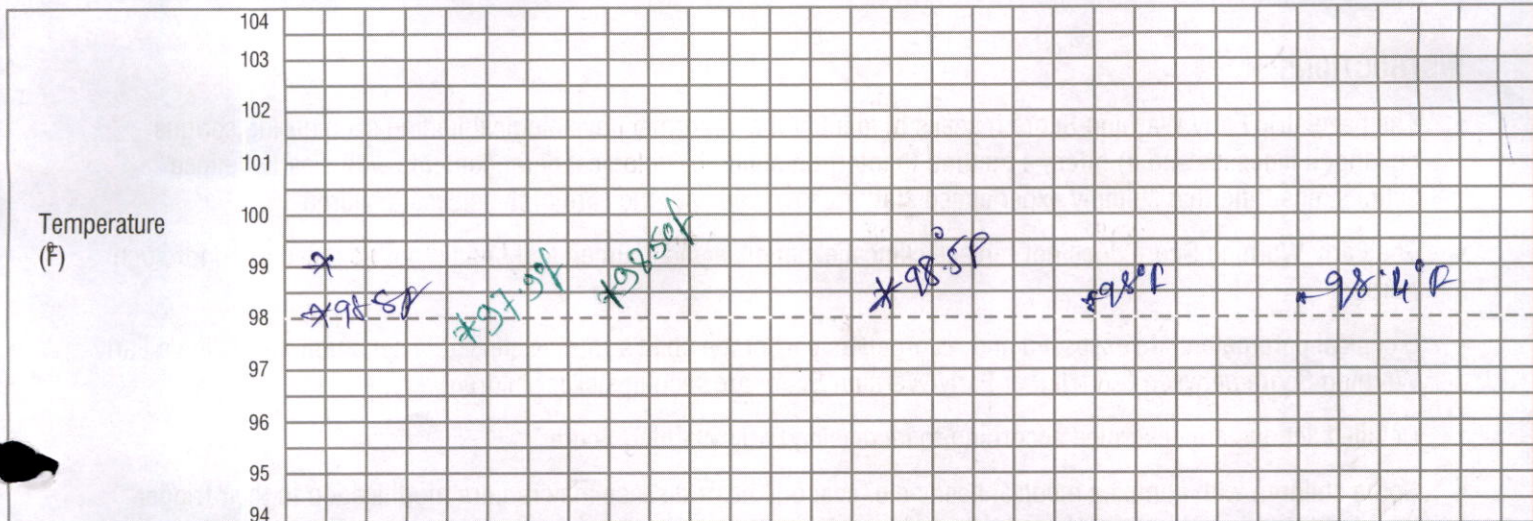
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R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/1/2015 Time: 1pm 4pm 7pm 10pm 3am 6am
Doctor / Nurse / Family Concern?



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

Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal Altered

GCS *

Time	Resp Rate (bpm)	Resp Mod/ Severe Distress	Receiving O ₂ (l/min)	O ₂ Saturations (%)	Conscious Level	GCS
1pm	23		99%	99%	Normal	15/15
4pm	21		100%	100%	Normal	15/15
7pm	21		100%	100%	Normal	15/15
10pm	21		99%	99%	Normal	15/15
3am	22		99%	99%	Normal	15/15
6am	22		99%	99%	Normal	15/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

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- Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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FLUID CHART

Sheet No. : 4

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
4/1/15	08:00 am			60ml				60ml		240ml	T	Sange	
	09:00 am	H ₂ O: 100ml		60ml				60ml		260ml			
	10:00 am			60ml				60ml					
	11:00 am			60ml				60ml					
	12:00 pm			60ml				60ml		250ml			
	01:00 pm			100ml				60ml		60ml			
Total Intake : 500ml						Total Output : 510ml							
	02:00 pm							60ml					
	03:00 pm							60ml					
	04:00 pm							60ml	60ml	60ml			
	05:00 pm							60ml					
	06:00 pm							60ml					
	07:00 pm							60ml	60ml	60ml			
Total Intake :						Total Output :							
	08:00 pm							60ml					
	09:00 pm							60ml		60ml			
	10:00 pm							60ml	60ml	60ml			
	11:00 pm							60ml					
	12:00 am							60ml					
	01:00 am							60ml					
Total Intake :						Total Output :							
	02:00 am							60ml					
	03:00 am							60ml					
	04:00 am							60ml					
	05:00 am							60ml					
	06:00 am							60ml	60ml	60ml			
	07:00 am							60ml					
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.

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
3/7	08:00 am	1/2 Dose		100ml								Sounmya	
	09:00 am	1/2 Dose	100ml	100ml						280ml			
	10:00 am			60ml									
	11:00 am			60ml						100ml			
	12:00 pm			60ml									
	01:00 pm	1/2 Dose	100ml	60ml						300ml			
Total Intake : 640ml						Total Output : 680ml							
	02:00 pm			60ml								Sounmya	
	03:00 pm			60ml						200ml			
	04:00 pm	1/2 Dose	100ml	50ml									
	05:00 pm			50ml									
	06:00 pm			50ml									
	07:00 pm	1/2 Dose	100ml	50ml						200ml			
Total Intake : 520ml						Total Output : 400ml							
	08:00 pm			100ml								Sounmya	
	09:00 pm	rice		100ml						200ml			
	10:00 pm	1/2 Dose	100ml	100ml									
	11:00 pm			100ml									
	12:00 am			100ml						120ml			
	01:00 am			100ml									
Total Intake : 400ml						Total Output : 320ml							
	02:00 am			100ml								Sounmya	
	03:00 am			100ml						150ml			
	04:00 am			100ml									
	05:00 am			100ml									
	06:00 am	1/2 Dose	50ml	100ml						200ml			
	07:00 am			100ml									
Total Intake : 680ml						Total Output : 350ml							
Total 24 hrs. Intake		2,540 ÷ 83.1 cc/kg/day											
Total 24 hrs. Output		1750 ÷ 2.3 cc/kg/day											

FLUID CHART

Sheet No. : 2

30.56 kg

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
2/4	08:00 am	1/2 Dosa .		100ml							I	}
	09:00 am	H ₂ O	100ml.	100ml					280ml			
	10:00 am			100ml								
	11:00 am			100ml								
	12:00 pm			60ml					310ml			
	01:00 pm			60ml.								
Total Intake :					580ml					Total Output : 590ml .		
	02:00 pm	Recd		60ml							I	}
	03:00 pm	H ₂ O	100ml	60ml					150 ml			
	04:00 pm			60ml								
	05:00 pm			50ml								
	06:00 pm			50ml					120ml			
	07:00 pm			50ml								
Total Intake :					430 ml					Total Output : 290 ml .		
	08:00 pm			50ml							I	}
	09:00 pm	Recd		50ml					200ml .			
	10:00 pm	H ₂ O	150ml	100ml								
	11:00 pm			100ml								
	12:00 am			100ml								
	01:00 am			100ml								
Total Intake :					650 ml					Total Output : 600ml .		
	02:00 am			100ml							I	
	03:00 am			100ml					280ml			
	04:00 am			100ml								
	05:00 am			100ml								
	06:00 am			100ml								
	07:00 am			100ml					280ml			
Total Intake :					600ml					Total Output : 530ml		

Total 24 hrs. Intake

2260: 73.9 cc/kg

Total 24 hrs. Output

1990: 2.7 cc/kg/h



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.

		Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
1/8	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm	Rice	50ml									2
Total Intake :			50ml			Total Output :						
	02:00 pm			50ml								
	03:00 pm	Dal		50ml								
	04:00 pm	Rice		50ml								
	05:00 pm	H2O	200ml	50ml								
	06:00 pm			100ml						300ml		
	07:00 pm			100ml								
Total Intake :			600ml			Total Output :			300ml			
	08:00 pm	curd		50ml								
	09:00 pm	Rice		50ml						200ml		
	10:00 pm	H2O	100ml	50ml								
	11:00 pm			50ml								
	12:00 am			100ml						100ml		
	01:00 am			100ml								
Total Intake :			500ml			Total Output :			300ml			
	02:00 am			100ml								
	03:00 am			100ml						150ml		
	04:00 am			100ml								
	05:00 am			100ml								
	06:00 am			100ml						100ml		
	07:00 am			100ml								
Total Intake :			600ml			Total Output :			250ml			

Total 24 hrs. Intake

1700 ÷ 55.4 cc/kg/day

Total 24 hrs. Output

850 ÷ 1.54 cc/kg/hr

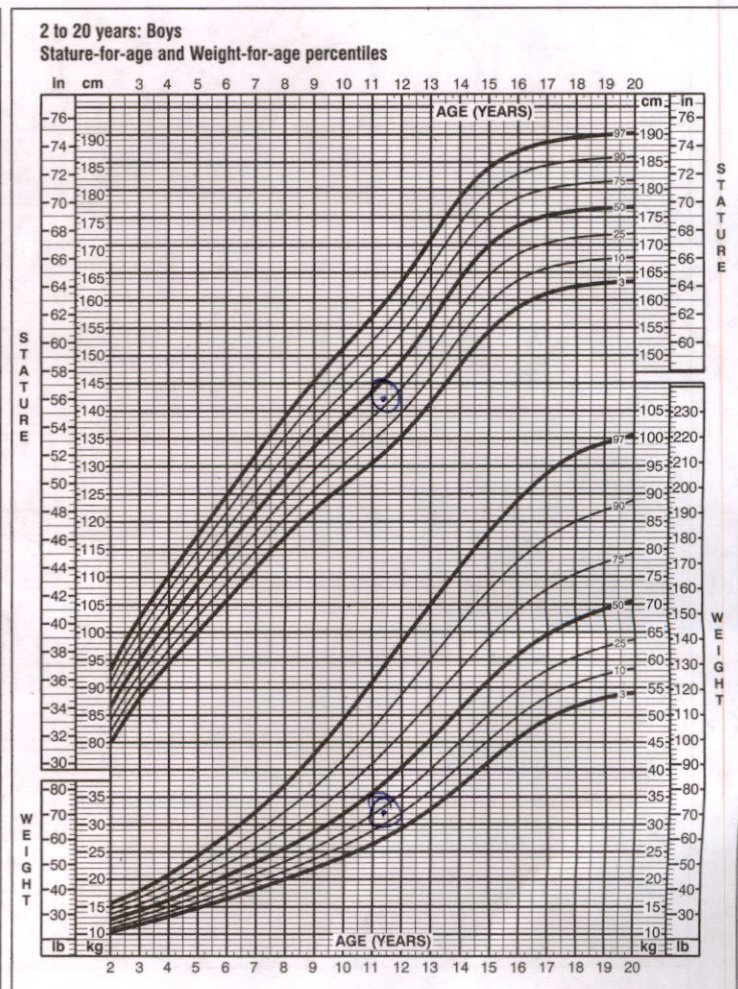
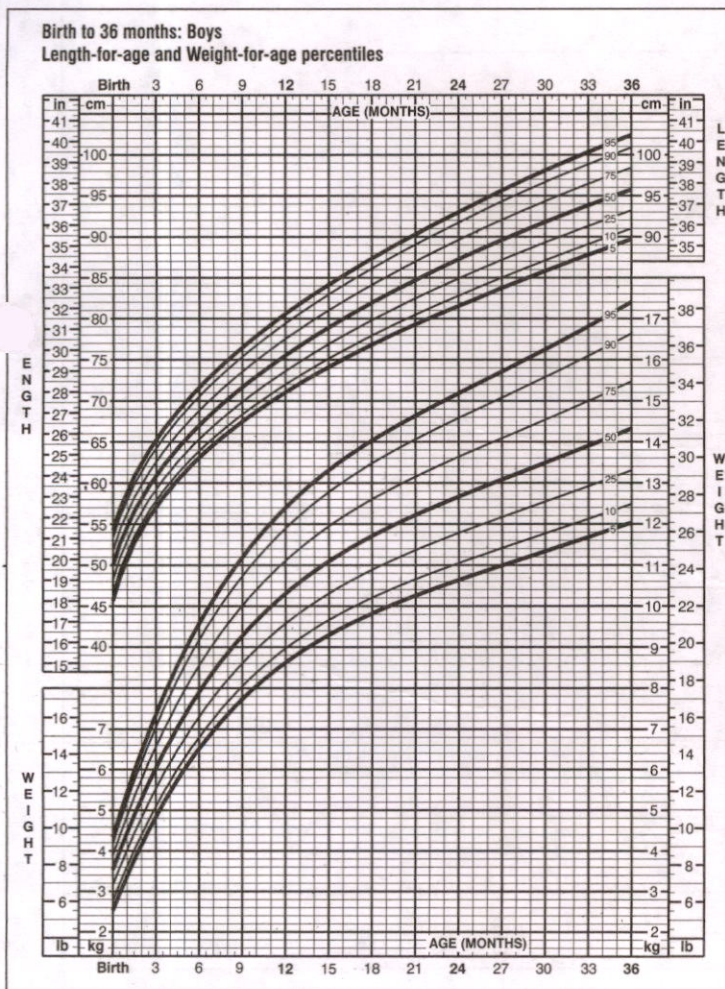


NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 3/12/26 Time: 10AM

Weight: 32.56 kgs Centile: 710th
 Height: 140 cms Centile: 25th
 Inference: underweight child
 RDA: — Calories: 1700kcal/d Protein: 30g/d
 Diet Recommendations: High protein Normal diet
 Re-Assessment: Avoid spicy, chilled and outside foods.
 Food Allergies: No Veg/Non-veg: non-veg
 Diagnosis: paraspinal cysts Admitted for chemotherapy
 Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral
 Patient's Signature: Parent's Don't need diet plan. Don't charge for NHA.

GROWTH CHART (BOYS)



Dietician's Name: Mounika

Dietician's Signature: Mounika

[illegible]