(4)

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ACTIVITY RECORD FOR BILLING

Name : BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 2 D (M)
Dr. SANDHYA VADDADI

UHID No. : _____ Consultant: _____ Dept : _____

Date of Ad..... _____ Date of Discharge : 29/5/26 Time: 11am

Room / Bed No : 127 Ward : oncology Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/05	5:10pm	ER	127	[illegible]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. B. RAMIYA	26/5/26	0628674	[illegible]
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
25/5	CBP (OP Basis)		[illegible]
27/5	CBP, SE, Cat, MGT, Creat	26053758	[illegible]
28/5	CSF analysis	26054333	[illegible]
28/5	CSF malignancy	26054259	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/5	Infusion pump	6pm	28/5/26 @11AM	9627097.	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25/5	IV placement	1 (OP Basis).		
26/5.	Chemotherapy	1	628630	
28/5/26	Lumber puncture,	1	963/261	
	Concious sedation			
26/5	NHA	1	9632922	

ANY OTHER INFORMATION

Date : 29/5/26 Time : Prepared By : Rajamani

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Rajamani	oncology		

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Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174298 **Admit Date** : 25-May-2026 **Admit Time** : 02:14 PM **UHID** : BAH-00650364

Patient Details :

Patient Name	: Master BOBBA SATHWIK REDDY	**Age**	: 0 Y 10 M 2 D
Guardian	: Mr BOBBA DAMODAR REDDY	**DOB**	: 23-07-2025 04:37 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 1-80, MAIN ROAD, PEDANEMILLA Noothankal Suryapet Telangana INDIA 508221	**Phone No**	: 9063522522/ 9154522522
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : SW148(B) **Ward Name** : 1F-VIBGYOR

Room No : SW148(B) **Admission Type** : First Visit

Contact Details :

Name	: Mr BOBBA DAMODAR REDDY	**Relationship**	: Father
Contact Address	: H NO 1-80, MAIN ROAD, PEDANEMILLA Noothankal Suryapet Telangana INDIA 508221	**Phone No**	: 9063522522

B. Damodar Reddy

Signature

Doctor Details :

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

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: SELFPAY

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 5 D (M)
Dr. SANDHYA VADDADI

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	4			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	5			
7	Nursing plan of care and handover sheets	6			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy	1			
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	6			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	1+1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	5			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1+3			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	2			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note	1			
43	BP Monitoring chart				
44	RBS monitoring chart				
	Extra.	9			
	Total No. of Pages	56			

Signature and Date :
22/5/26

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

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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ADMISSION SHEET

Registration Details :

Admission No : IP5-00174298 **Admit Date** : 25-May-2026 **Admit Time** : 02:14 PM **UHID** : BAH-00650364

Patient Details :

Patient Name	: Master BOBBA SATHWIK REDDY	**Age**	: 0 Y 10 M 2 D
Guardian	: Mr BOBBA DAMODAR REDDY	**DOB**	: 23-07-2025 04:37 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 1-80, MAIN ROAD, PEDANEMILLA Noothankal Suryapet Telangana INDIA 508221	**Phone No**	: 9063522522/ 9154522522
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD **Bed No** : GW 117 **Ward Name** : 1F-GENERAL WARD I

Room No : GW 117 **Admission Type** : First Visit

Contact Details :

Name : Mr BOBBA DAMODAR REDDY **Relationship** : Father

Contact Address : H NO 1-80, MAIN ROAD, PEDANEMILLA Noothankal Suryapet Telangana INDIA 508221 **Phone No** : 9063522522

B Damodar Reddy

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 : DC/CC Card **Deposit Amount** : 16000.00

Payor Name : SELFPAY

add co-consultant kindly add this sheet in patient case sheet.

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2026 0 Y 10 M 2 D (M)
Dr. SANDHYA VADDADI

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ADMISSION CRITERIA – ONCOLOGY

Admission / Transfer from:

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

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

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

Signature of the Doctor: .....

Name of the Doctor: .....

Date & Time: 25/5@ 5:30pm

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 3 D (M)
Dr. SANDHYA VADDADI

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DISCHARGE CRITERIA – ONCOLOGY

Discharge to:

☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☑ Others: home

Tick (✓) any of the following criteria requiring discharge / transfer from ONCOLOGY

☐ Completion of chemotherapy, with no debilitating side effects.

☐ Resolution of febrile episode, with no fever>24hrs and Absolute Neutrophil count (ANC)> 500cells/mm3.

☑ Admitted patients - Once the admitting problem gets resolved or made a plan to manage further on out-patient basis.

Signature of the Doctor: .....

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

Date & Time: 29/8/26 @ 10.00am

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PEDIATRIC IN-PATIENT MEDICAL RECORD

1

Patient Name: _____

UHID ID: _____

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 3 D (M)
Dr. SANDHYA VADDADI

Department: _____

Consultant: _____

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 3 D (M)
Dr. SANDHYA VADDADI

Pediatric Multiorgan History & Physical Examination

Name : Sathwik Reddy Age/Sex 10 m / male

Information given by: parents Relationship father

Chief Presenting Complaints & Duration (Chronologically)

c/o fever spikes at home.

History of present illness :

Had 1 episode of focal seizures in morning yesterday

No H/o vomiting, loose stools

Was feeding well

U/o - (N)

Activity - until now baby was (N), now post ictal drowsiness (+)

BAH-00650364 IP5-00174298
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23-07-2025 0 Y 10 M 3 D (M)
Dr. SANDHYA VADDADI

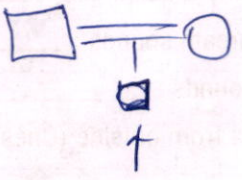
Pediatric Multiorgan History & Physical Examination

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

c/o primary HCH
on treatment c̄ Cicloferin, Dexamethasone

Birth & Neonatal History:

2° GM, first child, FT, NVD, CIAB



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

age appropriate development

Immunization History :

till 6m of life

(P.T.O.)

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 3 D (M)
Dr. SANDHYA VADDADI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 7kgs (Centile _____)

On Examination :

Temperature : (N) Pulse Rate : 120/min B.P. _____ SPO2 _____

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 : B/L NVBS (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft, nontender

Ausculation :

Spine : External Genitelia :

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

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 3 D
Dr. SANDHYA VADDADI (M)

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : ~~AVPU/~~GCS score : 15/15

Cranial Nerves :

(N) B/L Pupils 2mm RTL

Child is sleeping

Motor System:

Nutriton : ~~in~~ ~~post~~ ~~ic~~ more

Tone: Power moving all limbs equally

Co-ordinator :

Posture :

Involuntary Movements : nil

Reflexes :

DTR **Superficials:**

Plantars

Sensory System : (N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

- c/o Primary HLH - LATC 13 Mutation
- ★ febrile illness
- ★ focal seizures - 1st episode

(P.T.O.)

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 3 D (M)
Dr. SANDHYA VADDADI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Prevent further injuries

Desired goals of the treatment : hemodynamic stability

Planned Labs:

- CBP

Planned Management

→ Admit ↓ 2-3 days
→ Start Ceftriaxone
→ Neuro Consultation
- ↓ levipil

NB
Rajamani
Keerthi
ER

Signature of the Doctor: Nikhilla
Name of the Doctor: Dr. Nikhilla
Date & Time: 26/5/26, 6 Am

Signature of the Consultant: Sandhya
Name of the Consultant: Dr. Sandhya.
Date & Time: 26/5/26, 10 Am

Dr. SANDHYA VADDADI
Reg. No: 71664

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2026 0 Y 10 M 2 D (M)
Dr. SANDHYA VADDADI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 2pm	C/S/B - Resident	
	Case of primary HCT	
		Plan
	NOCO - C/O: - fever x 4 days dull activity mild - cold / cough. NO H/O - vomitings /. oral intake - fair	→ Daycare admission → Cannula - CBP / CRP / ferritin / extra plain / EDTA - Inj ceftriaxone L-topcid Ondem IVS + IV IVF. DNS
	O/E: child /. HR - 110 / min BP - 110/76 (89) mmHg peripheries - warm. Pulse volume - good. Chest - Clear CVS - S1S2. P/A - soft.	Tab Dexamethasone CYCLOSPORINE / po → Tab Antoclopin ½ tab stat. Inj Lasix x 5mg stat - SOS IV/G
	23/5 - Hb - 9.7 / WBC 6100 / 92K	N/B Keerthi
		Paras

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 2 D (M)
Dr. SANDHYA VADDADI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 2:45 pm		C/S/B - Dr. Sandhya Plan
	Child had paroxysmal eyes in the form of	→ Midaz stat given
	focal - twitching of mouth	- Inj Levipil stat given
	- deviation of mouth to left.	→ for O2 supplementation - positioning → Nasal suction
	& tonic ↓ Midaz ↓ ongoing seizure ↓ Levipil ↓ seizures controlled	→ Neuro review today
	GRBS - 120 mg/dl	SOS - NSG / MRI brain
	duration - 2 mins	→ Pt NG-tube
	N/B Kuthi 90103	Pawani
		Sandhya 25/5 @ 3pm.

Dr. SANDHYA VADDAD
Reg. No: 71604

BAH-00850364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 2 D (M)
Dr. SANDHYA VADDADI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 7pm	CA Primary HLH on HH 2004 Protocol:	UNC13 mutation
	Acute symptomatic seizures / PRES.	
	No fever	
	had seizure in ER	
	No further seizures.	
	No vomiting	Plan
	o/e - child drowsy.	1. 3% NaCl 40ml IV over 1 hour
	Pupils - B/L equal reacting to light	2. Continue IV fluids.
	AF at level / pulsatile	3. continue inj LEVITIRACETAM
	No focal deficit	4. strict BP monitoring 3rd hourly
		5. Continue AMLODIPINE + PRAZOSIN
	RS - BILAE (+) clear	
	P/A - soft	Target BP 80 - 90 mmHg
	BP -	40 - 50 mmHg.
		Done
	10 months old:	
	BP -	
	50th 86 41	
	90 100 53	
	95 103 55	
	95+12 115 66.	
		N.B Subhankar 25/5 7:30PM.

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 3 D (M)
Dr. SANDHYA VADDADI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 Sun	Morning Rounds C/o Primary HLH / UNC 13D metabolism (*) Ch HLH 2004 protocol (*) New onset seizures y'day -> PRES / ? HLH	
	No fever spikes since admission ~~taken~~ is sleeping more As per parents - baby is drowsy & dull actually U/o - (N) No cough / vomiting / loose stools vitals - (N) LATN settled	Plan 1. Continue supportive care 2. Monitor NIBP every 3-4th hourly and inform if BP > 90/55 mmHg
	Ferritin - 154 CRP - 5	
	Ceftriaxone - D2	3. With next prick, send SE, Calcium, Magnesium 4. No charting 5. Neuro R/V today SOS Neurosonogram Vs MRI brain
		N/B Rajamani 26/5/26 7 AM Sandhya DR SANDHYA VADDADI Reg. No: 71664 26/5 @ 9:30 am

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 3 D (M)
Dr. SANDHYA VADDADI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11:30 Am	S/B Dr. Sandhya	
		① MRI Brain E Contrast Tm
		② Next prick / Tm
		CBP, S/E, Calcium, Mg, Creatinine
		Nikhil
4pm	Evening Rounds	
	No fever / vomiting	
	NIBP	
	@ 1pm — 100/65/73 mmHg	
		Plan
		① Tm Sam CBP, S/E, Calcium, Mg, Creatinine
		② Etoposide today
		③ MRI brain with contrast tomorrow. Nikhil
		Sandhya V 26/5 @ 11:30 AM
		N.B Rajamani 26/5/26 @ 5pm
		Dr. SANDHYA VADDADI Reg. No: 71664

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 3 D (M)
Dr. SANDHYA VADDADI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 9 AM	S/B Hematoncology Team	
	Primary HLH / UNC13 mutation	
	admitted with seizures.	
	? secondary to PRES	
	? CNS HLH.	
	No fever	
	No further seizures	
		Plan
	BP - 85/53(60) mmHg	1. MRI Brain with contrast today
	O/E	
	Baby alert	2. Continue LEVIPIL
	AF at level.	3. monitor blood pressure
	No focal deficit.	4. Continue AMLODIPINE & PRAZOSIN.
	Ceftriaxone - D3.	5. decide on Lumbar puncture after MRI report.
		Levipil oral 5mm TDS
		Sandhya V 27/5 @ 10am
		⑥ LEVIPIL OTOI Evening
		Dr. SANDHYA VADDADI Reg. No: 71664

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 4 D (M)
Dr. SANDHYA VADDADI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 10 pm	CNS HLH Counselling note Family counselled about child's condition. He has mutation proven primary HLH. Now admitted with seizures. MRI brain is suggestive of CNS HLH. Explained about need of CNS directed therapy followed by HSCT. Explained guarded prognosis Dr. Sandhya V Dr. SANDHYA VADDADI Reg. No: 71664	Rp → to do lumbar puncture csf analysis / malignant cell IT Methotrexate 10m INT Hydrocortisone → IV omnacortil / Lenvatinib / Rituxitac plan to add Ruxolitinib N/B Rajamani 27/5/26 C SPO Dr. Sandhya V Dr. SANDHYA VADDADI Reg. No: 71664

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 4 D (M)
Dr. SANDHYA VADDADI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 9 Am	Primary HLH with CNS involvement (UNC13 mutation)	
	Acute symptomatic seizures / CNS HLH	
	No further seizures	Plan
	No vomiting	1. Lumbar puncture Today To send CSF malignant cells.
	No fever	2. weekly etoposide
		3. start Ruxotinib from today
	O/E	4. Taper Omnacortil every week.
	Baby alert active looking around hemodynamically stable	5. To give Intrathecal Methotrexate, hydrocortisone Today.
		6. change IV Lempil to oral.
	BP -	N/B Rajamani 28/5/26 @ 10AM
		Sravani
28/5/26 11:30Am	Procedure notes	
	Under sterile aseptic precautions, lumbar puncture done clear CSF seen, intrathecal methotrexate (6mg) and Intrathecal hydrocortisone (8mg) administered. procedure uneventful	
	vitals - stable	Plan
		1. send CSF analysis CSF malignant cells.
		N/B Rajamani 28/5/26 @ 1PM
		Sravani

MAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
3-07-2025 0 Y 10 M 5 D (M)
Dr. SANDHYA VADDADI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	Evening Rounds	
5pm	No Complaints Vitals (N)	plan (1). Cont. Supportive Care (2). Trace CSF (R) N/B Rajamani 28/5/26 @ 6pm
29/5/26 8am	Morning Rounds C/o Primary AHN c̄ CNS involvement UNC 13B (+) c̄ Acute Symptomatic Injury	
	No fever spikes. oral intake (N) Vitals - Stable Cough (+) Elafusile given on - 26/5/26	plan (1). trace CSF malignant Cells. (2). R/v discharge plan (3). Cont. Supportive Care ↓ DIC today Syp Cefixime (5ml/100mg) 2ml — 2ml ~~AM~~ R/v Syp OMNACORTIL (5ml/5mg) 2.5ml TID ~~AM~~ 3/6/26 f/b 2.5ml — BD 4/6 to 10/6 then to tapering dulters NB: Rajamani 29/5/26 @ 11AM

Docu. No. : RCHBH /FRM / CLINICAL / 088 (P.T.O)

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
3-07-2025 0 Y 10 M 5 D (M)
Dr. SANDHYA VADDADI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Rp lumpW
		T. Amlodipine
		1/4 — 1/4 HS RN
		T. Prazosin 1/4 — OD
		Tab Duxolitinib 5mg
		1/2 — OD to ct
		ct Lanval / Domstal / Levitral
		RV on 3/6 c
	NB Regarding 29/5/25 OT	CBP, RBS
		Sandhya
		Dr Sandhya V
		29/5 (a)
		9:30 am

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 3 D (M)
Dr. SANDHYA VADDADI

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CROSS CONSULTATION FORM

Date: 26/5/26 Time: 10 Am

Doctor Name: Dr Ramya Bandi

Diagnosis: Primary HLH

Hospital: RCHB

Type of Referral:
- ☐ Emergency
- ☐ Urgent
- ☐ Non Urgent

Referred for: ☑ Opinion ☐ Co-Management ☐ Transfer of care

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

c/o Primary HLH, E fever spikes and seizures

Signature:

Findings and Recommendations:

A 10 m/m child E 1° HLH
⇓
yest. 1 spl. of seizures → facial deviation to (R) for 10
c/o fever
dull activity
∴ 1 day, also impaired cons
⇓
also HTN

T/ ~~DBA~~
no petechial lesions

O/E
HC - 43 cm
child sleeping
drowsy
good spontaneous movements

Consultant:

Name: Dr Ramya Signature

Doc. No.: RCHBH/ FRM / CLINICAL / 049

Pt's Patient
Patient Sticker

Plan

1. EEG
2. MRI Brain with contrast
3. ↑ Levipil to 40 mg/kg/day

LP if MRI Brain abnormal

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RESULT SHEET

Date	25/5/26	27/05/26				
Time		6:56 Am.				
Hb	9.6.	9.2				
PCV		30.2				
RBC	4.22.	4.07				
WBC	8150	5.68				
N/L	35/58.	44.1/41.9				
Platelets	1.17	143				
CRP	5.0					
ESR						
PCT ferritin	154					
RBS	120mg/dl					
Na		134				
K		4.5				
Cl		99				
Ca/Mg		8.6/1.7				
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	A	d				

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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DRUG CHART

Date of Admission: 25/05/26 Drug Allergies; .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 2 D (M)
Dr. SANDHYA VADDADI

REGULAR PRESCRIPTIONS

Weight. 7 Kg Ward. .....

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
500mg	IV	OD	25/5

Name & Signature of the Doctor Starting the Drugs: Pavani

Additional Instructions:

Date/Time: 25/5 6pm

6pm 3pm Kutti

STOP Dhanari 27/5/26 @ 5pm

Daily Doctor's Endorsement by a Sign

DRUG : Tab DEXAMETHASONE

Dose	Route	Frequency	Start Date
1 tab	PO	TID	25/5

Name & Signature of the Doctor Starting the Drugs: Pavani

Additional Instructions: 1 tab - 0.5 mg

STOP Dhanari 27/5/26 @ 9pm

Daily Doctor's Endorsement by a Sign

DRUG : Syp CYCLOSPORINE

Dose	Route	Frequency	Start Date
0.1ml	PO	BD	25/5

Name & Signature of the Doctor Starting the Drugs: Pavani.

Additional Instructions:

STOP Dhani 27/5/26.

Daily Doctor's Endorsement by a Sign

DRUG : Syp RANITIDINE

Dose	Route	Frequency	Start Date
1ml	PO	OD	25/5

Name & Signature of the Doctor Starting the Drugs: Pavani

Additional Instructions: 5ml / 25mg

STOP

Daily Doctor's Endorsement by a Sign

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 7kg Ward ....

DRUG : Inj FUROSEMIDE

Dose	Route	Frequency	Start Dt.
5mg	IV	BD	25/5

Name & Signature of the Doctor Starting the Drugs: Pawani

Additional Instructions:

Date/Time	25/5	26/5	27/5	28/5
6am				
6pm				

S T O P

Daily Doctor's Endorsement by a Sign

DRUG : Inj LEVETIRACETAM

Dose	Route	Frequency	Start Dt.
70mg	IV	BD	25/5

Name & Signature of the Doctor Starting the Drugs: Pawani

Additional Instructions:

Date/Time	25/5	26/5
6am		
6pm		

S T O P

Daily Doctor's Endorsement by a Sign

DRUG : Tab PRAZOPESS

Dose	Route	Frequency	Start Dt.
1/4th tab	PO	OD	25/5

Name & Signature of the Doctor Starting the Drugs: Pawani

Additional Instructions: 1tab - 2.5mg

Date/Time	25/5	26/5	27/5	28/5
4pm				
2pm				

Daily Doctor's Endorsement by a Sign

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
350mg	IV	Q12h	25/5

Name & Signature of the Doctor Starting the Drugs: Sravani

Additional Instructions:

Date/Time	25/5	26/5	27/5	28/5	29/5
6am					
(2pm)					
6pm					

Daily Doctor's Endorsement by a Sign

VERIFIED

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

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23-07-2025 0 Y 10 M 2 D
Dr. SANDHYA VADDADI

...ik Reddy

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 7.1kg Ward OMO

DRUG : VITAMIN - D3 drops

Dose	Route	Frequency	Start Dt.
0.5ml	PO	OD	25/5

Name & Signature of the Doctor Starting the Drugs: Pawani.

Additional Instructions: (1ml/800IU)

Date/Time	25/5	26/5	27/5	28/5
8pm	X	Pooja Subhalaxmi	Gayatri Poojitha	Sujitha
Daily Doctor's Endorsement by a Sign		d	d	d

DRUG : Syp CALCIMAX PLUS

Dose	Route	Frequency	Start Dt.
2.5ml	PO	OD	25/5

Name & Signature of the Doctor Starting the Drugs: Pawani.

Additional Instructions:

Date/Time	25/5	26/5	27/5	28/5
8pm	X	Sabina Nasha	Gayatri Poojitha	Sujitha
Daily Doctor's Endorsement by a Sign		d	d	d

DRUG : Syp SEPTRAN

Dose	Route	Frequency	Start Dt.
2.5ml	PO	alt day	25/5

Name & Signature of the Doctor Starting the Drugs: Pawani

Additional Instructions: (5ml - 40mg) Mon/Wed/Fri Twice daily

Date/Time	25/5	26/5	27/5	28/5
8am	X	X	Raji	X
8pm	X	X	Raj Sai	X
Daily Doctor's Endorsement by a Sign		d	d	d

DRUG : Tab AMLODEPINE

Dose	Route	Frequency	Start Dt.
1/2 tab	PO	BD	25/5

Name & Signature of the Doctor Starting the Drugs: Pawani

Additional Instructions: (1tab = 2.5mg)

Date/Time	25/5	26/5	27/5	28/5
8am	X	Raj Divya (Poojitha 12:30 PM)	Raj Poojitha	
8pm	X	Sabina Sabina	Sabina Sabina	
Daily Doctor's Endorsement by a Sign		d	d	d

VERIFIED VERIFIED VERIFIED VERIFIED

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

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Sheet No: .....

REGULAR PRESCRIPTIONS

Dept. Ped Ward. Ward

DRUG : Syp. OMNACORTIL

Dose	Route	Frequency	Start Dt.
2.5ml	P/O	Q8H	26/5

Name & Signature of the Doctor starting the Drugs: Dr. Nikhil

Additional Instructions: (5ml/5mg)

Daily Doctor's Endorsement by a Sign.

Date	26/5	27/5	28/5
Time			
	6AM	NPO	
	2PM	Roy	Roy
	10PM		

VERIFIED

DRUG : Tab dr. LANZOLE

Dose	Route	Frequency	Start Dt.
1/2 tab	PO	Q24h	26/5

Name & Signature of the Doctor starting the Drugs: Sravani

Additional Instructions: (1tab = 15mg)

Daily Doctor's Endorsement by a Sign.

Date	26/5	27/5	28/5
Time			
	6AM	Roy	NPO
		(LAN)	

VERIFIED

DRUG : Syp RANITIDINE

Dose	Route	Frequency	Start Dt.
1ml	PO	Q12h	26/5

Name & Signature of the Doctor starting the Drugs: Sravani

Additional Instructions: (1ml/15mg)

Daily Doctor's Endorsement by a Sign.

Date	26/5	27/5	28/5
Time			
	8AM	Roy	NPO
	8PM	POOJA	

VERIFIED

DRUG : DOMPERIDONE - Suspension

Dose	Route	Frequency	Start Dt.
2ml	PO	Q12h	26/5

Name & Signature of the Doctor starting the Drugs: Sravani

Additional Instructions: (1ml/1mg)

Daily Doctor's Endorsement by a Sign.

Date	26/5	27/5	28/5
Time			
	8AM	Roy	NPO
	8PM	POOJA	

VERIFIED

VERIFIED BY: Name.....

Docu. No.: RCHBH/FRM/CLINICAL/108

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Sheet No. .....

REGULAR PRESCRIPTIONS

Dept. ..PICU..... Ward.....

DRUG : Inj LEVETIRACETAM

Dose	Route	Frequency	Start Dt.
140mg	IV	Q12h	26/5/26

Name & Signature of the Doctor starting the Drugs: Sravani

Additional Instructions: 40mg/kg/day

Date	27/5												
Time	9:45												
6AM	X	Shown subline											
6PM	Sai 28/5												
Daily Doctor's Endorsement by a Sign.	d	d											

Change to oral drug 28/5/26 @ 5pm

DRUG : Syp LEVIPIL

Dose	Route	Frequency	Start Dt.
1.5ml	PO	Q12h	28/5

Name & Signature of the Doctor starting the Drugs: Sravani

Additional Instructions: LEVETIRACETAM (1ml/100mg)

Date	28/5												
Time													
6AM	Sai 28/5												
1PM													
6PM	Given subline												
Daily Doctor's Endorsement by a Sign.	N												

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

VERIFIED

VERIFIED

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

Weight. ...7 kg.... Ward. ...CMMO.

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.	

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 Name

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/5/25	2.40 pm	Inj ONDANSETRON	1.5 mg	IV	Pana	[illegible] 2:35
25/5/25	2.30 pm	Tab AMLODEPINE	1/2 tab (1 tab - 2.5mg)	PO	Pana	[illegible] 2:45
25/5/25	2.38 pm	Inj LASIX	5mg	IV	Pana	[illegible] 2:4
25/5/26	2.35 pm	Inj LEVETIRACETAM	140mg	IV	Pana	Venkat 2:45
25/5		~~Tab PRAZOPRESS~~				
25/5	8:30 pm	3% NaCl	40 ml	IV 1 hour (ms)	[illegible]	Subhankar Bhuvana 8:45 p

Dr. SANDHYA VADDADI (M)

BAH-00850364 IP5-0017429 8
Master BOBBA SATHWIK REDDY

I.V. FLUIDS CHART

Weight. 57 Kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
25/5	6pm	IVF · DNS	IV	20ml/hr	Pavan	Sanj Pooja	25/5		Divya Ratnam

Signature .....

VERIFIED BY : Name .....

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Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 2 D (M)
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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ..... ER ..... Shifted to: ..... On cha. .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Syp SEPTRAN	2.5ml	PO	BD	25/5	☐ C ☐ DC
2	VIT. D3	0.5ml	PO	PW	25/5	☐ C ☐ DC
3	Syp CALCIMAX PLUS	2.5ml	PO	PO	25/5	☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Pavani V.

Date & Time : 25/5 12 6

Nurse Name & Signature: Keerthi

Date & Time : 25/05/26 @ 4pm

Docu. No. : RCHBH /FRM / GENERAL / 090

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CHEMOTHERAPY PRESCRIPTION

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

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Sheet No. : 1	Weight (kg) : 7 kg	Body Surface Area:	Diagnosis: Primary HLH	Protocol: HLH-2004 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.
26/5/26	8pm.	1mg ETOPOSIDE in 150ml NS	30mg	IV.	35ml/hr	d	Rajamani / DIVYA	27/5	d	Subhankar / Nandini

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

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3-07-2025 0 Y 10 M 5 D (M)
Dr. SANDHYA VADDADI

6

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/5 Time:	9AM																														
Doc / Nurse / Family Concern?																															
Temperature (°F) 104																															
103																															
102																															
101																															
100																															
99	98.8																														
98																															
97																															
96																															
95																															
94																															
Heart Rate (bpm) and Blood Pressure (mmHg) * 190																															
180																															
170																															
160																															
150																															
140																															
130																															
120																															
110																															
100																															
90	90																														
80																															
70	(67)																														
60																															
50	59																														
Note: BP does not score in early warning scoring																															
Heart Rate (Number)	125 b/m																														
Resp. Rate (bpm) (Over 1 Minute) * 70																															
60																															
50																															
40																															
30																															
20																															
10																															
Resp Rate (Number)	26 b/m																														
Resp Distress: Mod/ Severe																															
Resp Distress: None / Mild																															
Receiving O_2(l/min)																															
O_2Saturations (%)	100%																														
Conscious Level: Normal																															
Conscious Level: Altered																															
GCS *	15/15																														
TOTAL SCORE Number of shaded boxes	0																														
Pain Score	0																														
Observer's Initials	[illegible]																														

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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Dr. SANDHYA VADDADI

(5)

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/5 Time:	9AM	1pm	4pm	7pm	7:30pm	10pm	3Am	6Am
Doctor / Nurse / Family Concern?								
Temperature (°F)	98°F	98.6°F	97.8°F	98.6°F	98.8°F	98.6°F	98.6°F	98.8°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	112 (75) 80	110 (94) 64	100 (71) 60	102 (94) 64	83 (74) 32 during sleep	94 (54) 44	100 (60) 50	98 (62) 56
Heart Rate (Number)	120b/m	120b/m	110b/m	118b/m	128b/m	100b/m	100b/m	102b/m
Resp. Rate (bpm) (Over 1 Minute) *	•	•	•	•	•			
Resp Rate (Number)	25b/m	26b/m	24b/m	26b/m	25b/m	25b/m	25b/m	25b/m
Resp Distress: Mod/ Severe								
Resp Distress: None / Mild	•	•	•	•	•	•		
Receiving O_2 (l/min)								
O_2 Saturations (%)	100%	100%	100%	100%	100%	100%	100%	100%
Conscious Level: Normal		C	C	C	C	C	C	C
Conscious Level: Altered								
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 4 D (M)
Dr. SANDHYA VADDADI

(21)

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

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 : 27/7 Time:	10Am	1pm	4pm	7pm	10pm	3Am	6Am
Doctor / Nurse / Family Concern?							
Temperature (F)	98.6F	98.8F	97.6F	98.1F	98.8F	98.5F	98.8F
Heart Rate (bpm) and Blood Pressure (mmHg) *	85 [69] U64	88 [70] U65	91 [65] U54	92 [65] U63	95 [61] U50	100 [60] U50	91 [65] U54
Heart Rate (Number)	143bpm	130bpm	115bpm	120bpm	107bpm	102bpm	100bpm
Resp. Rate (bpm) (Over 1 Minute) *		0		1			
Resp Rate (Number)	30bpm	30bpm	30bpm	30bpm	30bpm	30bpm	30bpm
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	100%	100%	100%	100%
Conscious Level: Normal / Altered	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	SI	SI	SI	SI	SI	SI	SI

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE >3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 3 D (M)
Dr. SANDHYA VADDADI

(2)

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

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 : 26/5/25 Time:	9AM	1PM	4PM	7PM	10PM	12AM	6AM
Doctor / Nurse / Family Concern?							
Temperature (°F)	98.6°F	98.8°F	98.8°F	98.8°F	* 98.4°F	* 98.6°F	* 98.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	99 (71) 60	100 (73) 65	90 (67) 59	89 (70) 60	87 (65) 47	88 (63) 40	85 (60) 53
Heart Rate (Number)	124 b/m	120 b/m	90 b/m	100 b/m	109 b/m	106 b/m	109 b/m
Resp. Rate (bpm) (Over 1 Minute) *	0	0	0	0	0	0	0
Resp Rate (Number)	25 b/m	24 b/m	26 b/m	26 b/m	26 b/m	26 b/m	25 b/m
Resp Distress: Mod/ Severe							
Resp Distress: None / Mild	0	0	0	0	0	0	0
Receiving O_2 (l/min)							
O_2 Saturations (%)	100%	100%	100%	100%	100%	99%	98%
Conscious Level: Normal						C	C
Conscious Level: 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	R	R	R	R	R	R	R

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 2 D (M)
Dr. SANDHYA VADDADI

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

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 : 25 Time:	5:50pm	7pm	8pm		10pm		3AM		6AM
Doctor / Nurse / Family Concern?									
Temperature (F)	98.6F	98.5F	98.6F		*99.7F		*98.5F		*97.5F
Heart Rate (bpm) and Blood Pressure (mmHg) *	110 (62) 52	112 (89) 70	98 (62) 59		87 (58) 50		90 (65) 50		90 (71) 60
Heart Rate (Number)	120b/m	112b/m	120b/m		130 b/m		120 b/m		125 b/m
Resp. Rate (bpm) (Over 1 Minute) *	-	-	-		•		•		•
Resp Rate (Number)	28 b/m	29b/m	28b/m		28 b/m		26 b/m		25 b/m
Resp Distress: Mod/ Severe / None / Mild	-	-	-		•		•		•
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%		100%		98%		99%
Conscious Level: Normal / Altered	C	C	C		C		C		C
GCS *	15/15	15/15	15/15		15/15		15/15		15/15
TOTAL SCORE Number of shaded boxes	0	0	0		0		0		0
Pain Score	0	0	0		0		0		0
Observer's Initials	[illegible]	[illegible]	[illegible]		[illegible]		[illegible]		[illegible]

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 3 D (M)
Dr. SANDHYA VADDADI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 3

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
28/5	08:00 am			20ml							0	
	09:00 am			20ml							0	
	10:00 am			20ml						100ml	0	
	11:00 am			20ml							0	Rajamani
	12:00 pm	H2O	50ml	20ml						60ml	0	
	01:00 pm	Milk	250ml	20ml							0	
Total Intake : 420ml.						Total Output : 160ml – M-D						
	02:00 pm	H2O	50ml	20ml							0	
	03:00 pm			20ml							0	
	04:00 pm	milk	300ml	–						80ml	0	
	05:00 pm										0	Rajamani
	06:00 pm										0	
	07:00 pm									120ml	0	
Total Intake : 390ml						Total Output : 200ml – M-D						
	08:00 pm										0	
	09:00 pm	H2O	100ml							100ml	0	
	10:00 pm										0	Gayathri
	11:00 pm	Milk	150ml							100ml	0	
	12:00 am										0	
	01:00 am										0	
Total Intake : 250ml.						Total Output : 200ml						
	02:00 am										0	
	03:00 am									80ml	0	
	04:00 am										0	Gayathri
	05:00 am									100ml	0	
	06:00 am										0	
	07:00 am										0	
Total Intake :						Total Output : 180ml						

Total 24 hrs. Intake	1,060 – 1,510ml/kg	Total 24 hrs. Output	740 – 1,410ml/kg/kg

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Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 3 D (M)
Dr. SANDHYA VADDADI

FLUID CHART

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : (3)

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
											0	
	08:00 am			20ml							0	
	09:00 am			20ml							0	
	10:00 am			20ml			✓			100	0	
27/5-	11:00 am	H2O	50ml	20ml							0	Sign
	12:00 pm	Milk	200ml	20ml						80ml	0	
	01:00 pm			20ml								
Total Intake :				340ml				Total Output :		180ml	M-1	
	02:00 pm			20ml							0	
	03:00 pm			20ml							0	
	04:00 pm	H2O	60ml	20ml						100ml	0	
	05:00 pm	milk	200ml	20ml							0	Sajeevan
	06:00 pm			20ml						60ml	0	
	07:00 pm			20ml							0	
Total Intake :				380ml				Total Output :		160ml		
	08:00 pm	Ukina		20ml							0	
	09:00 pm	Milk	100ml	20ml							0	
	10:00 pm	H_2O		20ml						180ml	0	
	11:00 pm			20ml							0	
	12:00 am			20ml							0	
	01:00 am			20ml							0	
Total Intake :		220ml						Total Output :		180ml		
	02:00 am			20ml						100ml	0	
	03:00 am			20ml							0	
	04:00 am			20ml							0	
	05:00 am			20ml							0	
	06:00 am			20ml							0	
	07:00 am			20ml						50ml	0	
Total Intake :		120ml						Total Output :		150ml		

Total 24 hrs. Intake	1,090 :- 15,570/kg	Total 24 hrs. Output	670 :- 3,98 cal/kg/kg

Docu. No. : RCHBH/FRM/CLINICAL/092

m-(1)

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 2 D (M)
Dr. SANDHYA VADDADI

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (2)

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
26/5	08:00 am			20ml						60ml	0	
	09:00 am	H2O	110ml	20ml							0	
	10:00 am	Milk	90ml	20ml						100ml	0	
	11:00 am			20ml							0	
	12:00 pm			20ml							0	
	01:00 pm			20ml						40ml		
Total Intake :				310ml		Total Output :				200ml	NO	
	02:00 pm			20ml							0	
	03:00 pm			20ml							0	
	04:00 pm	H2O	100ml	20ml						80ml	0	
	05:00 pm	Milk	70ml	20ml							0	
	06:00 pm			20ml							0	Deepti
	07:00 pm			20ml						50ml	0	
Total Intake :				290ml		Total Output :				130ml	NO	
	08:00 pm			35ml							0	
	09:00 pm	H2O	100ml	35ml						80ml	0	
	10:00 pm	milk	60ml	20ml							0	pooja
	11:00 pm			20ml							0	
	12:00 am			20ml							0	
	01:00 am			20ml						100ml	0	
Total Intake :				310ml		Total Output :				180ml		
	02:00 am			20ml							0	
	03:00 am	H2O	70ml	20ml							0	
	04:00 am			20ml						110ml	0	Navina
	05:00 am	milk	0ml	20ml							0	
	06:00 am			20ml							0	
	07:00 am			20ml						80ml	0	
Total Intake :				230ml		Total Output :				190ml		

Total 24 hrs. Intake	1140ml ≙ 47.5cc/kg	Total 24 hrs. Output	700 ≙ 4.1cc/kg

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 2 D (M)
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FLUID CHART

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
25/5	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
25/5	02:00 pm										0	
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm										0	
	06:00 pm			20ml						100ml	0	
	07:00 pm			20ml							0	
Total Intake :		40ml				Total Output :				100ml		
25/5	08:00 pm			50ml							0	
	09:00 pm		D	50ml							0	
	10:00 pm		B	20ml							0	pooja
	11:00 pm			20ml							0	
	12:00 am		M	40ml						150ml	0	
	01:00 am			20ml							0	
Total Intake :				180ml		Total Output :				150ml		
26/5	02:00 am			20ml							0	
	03:00 am		D	20ml							0	
	04:00 am			20ml							0	
	05:00 am		B	20ml							0	
	06:00 am		M	20ml						180ml	0	
	07:00 am			20ml							0	
Total Intake :				120ml		Total Output :						

Total 24 hrs. Intake	340 ÷ 24.28cc/kg	Total 24 hrs. Output	430ml ÷ 4.7cc/kg

Docu. No. : RCHBH/FRM/CLINICAL/092

BAH-00650364 IP5-00174298
Master BOBBA SATHWIK REDDY
23-07-2025 0 Y 10 M 2 D (M)
Dr. SANDHYA VADDADI

127

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 26/5/26 Time: 8:30 AM

Weight: 7kgs Centile: <5th

Height: 66cms Centile: <5th

Inference: underweight child

RDA: — Calories: 98 Kcals/kg/d Protein: 1.8 g/kg/d

Diet Recommendations: Aptamil Gold 1:30 ml dilution

Re-Assesment: Stage II weaning food HEE Advised

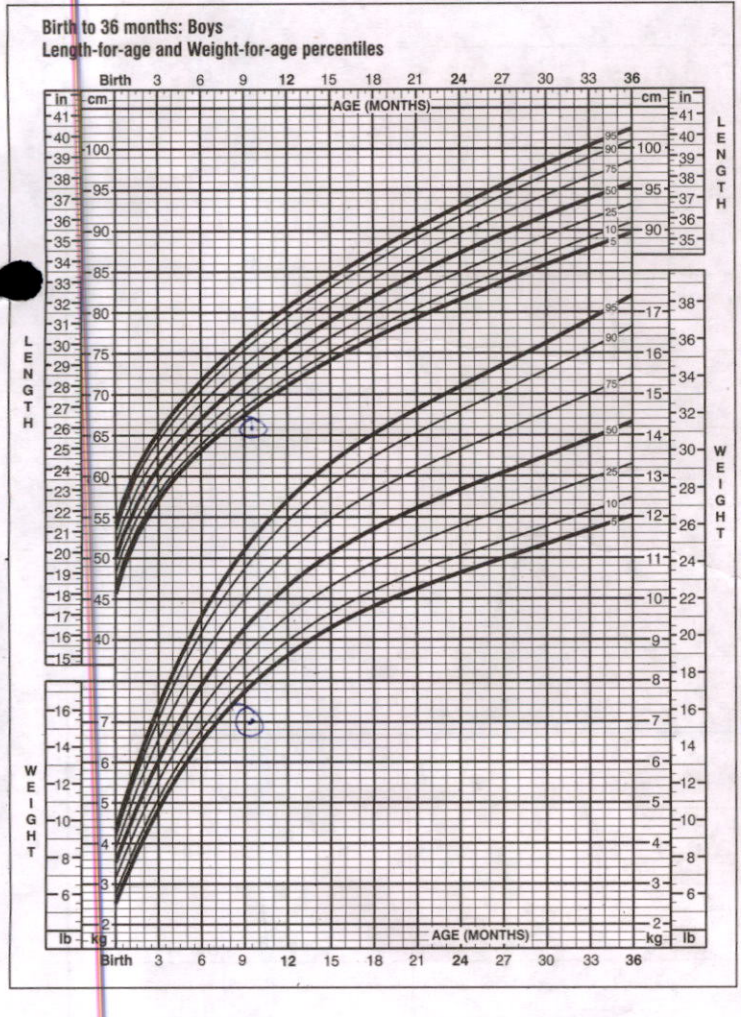
Food Allergies: ND Veg/Non-veg veg

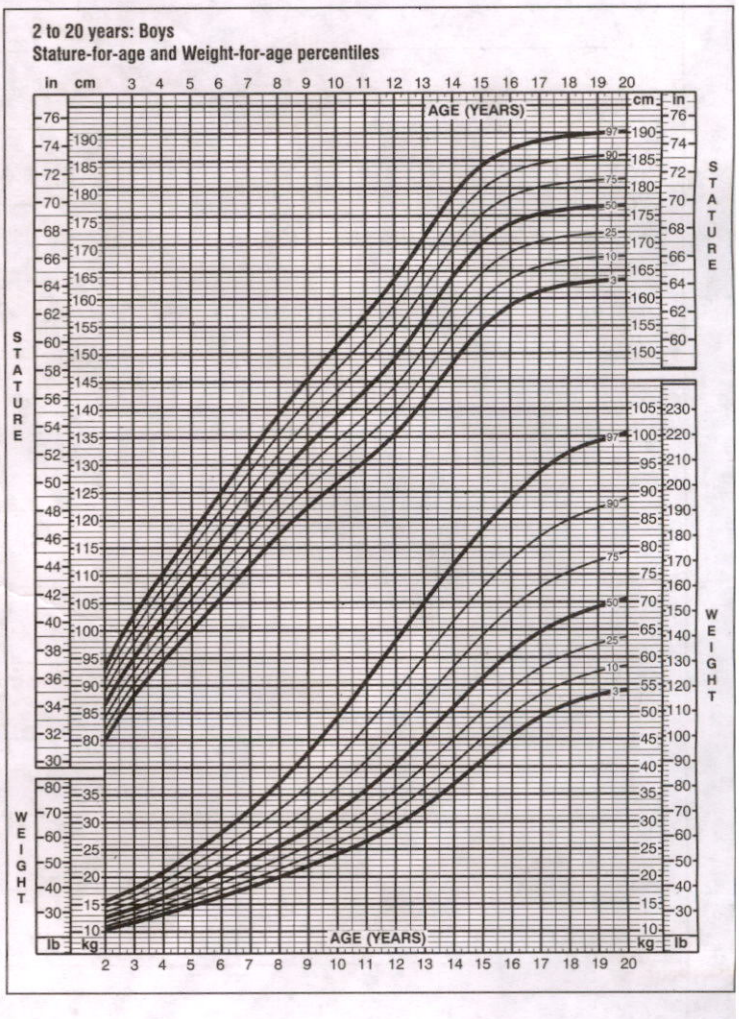
Diagnosis: primary HLH / UNC A. symptomatic Seizure / PDES

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: B. Gautham

GROWTH CHART (BOYS)





Dietician's Name N. Kithar Dietician's Signature N. Kithar

Daily Notes:

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Sathwik Reddy Age: 10 m. Sex: M UHID.No : BAH-00650364

Date: 26/5/26 Time: 10:00pm. Proposed Operation: MRI Brain c contrast

Diagnosis: seizure

B.P / CRT: <3sec H.R: 120 Weight: 7 kgs ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 9-6.	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 8150	Creat: 0.4	Total Bill:	HCV:	2D Echo:
Plate: 117	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: Nil

Medical History: CVS : ~~LSCD~~ | FT | CLAB | NO NICU admissions

RESP : Diabetes :

CNS : Nil Development appropriate.

Renal : Immunized till 6 months.

Hepatic / GE : Physical Activity: —

Others : primary HLH Δ @ 7 months of age

Past Anaesthetic History: Hemophagocytic lymphohistiocytosis

Physical Exam: PETScan ↓ sedation Bonemarrow Biopsy ↓ sedation

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs : BAE ⊕ ch.

Heart: S1 m ⊕

CNS: c/c/c.

Pregnant: ☐ Yes ☐ No ☑ NA | Venous Access Site : accessible Spine Exam for regional : (N)

Anaesthetic Plan: ☑ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
Cyclosporine	
Dexamethasone	

Pre-Operative Instructions:

1. DVT Prophylaxis : ✓
2. NIL ORAL → Water / ORS 2 Hours } 6AM. → Others 6 Hours } 2AM
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions: Sr. Creat.

Signature: [signature] Name: Dr. Akhilesh.

Docu. No. : RCHBH /FRM / CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No

Fasting Status:

Physical Status: ☐ Patient Identified ☐ Consent Present ☐ Chart Reviewed

H.R: B.P / CRT: SpO$_2$: R.R: Last Feed:

Pre-OP Diagnosis: .... Operation: .... Date : ....

Surgeon: .... Anaesthesiologist: .... Technician: ....

TIME
N$_2$O /AIR /O$_2$ LPM
HALO /ISO /SEVO
Drugs:

Antibiotic

Suppository

Blood Loss

FIO$_2$ / SaO$_2$
ETCO$_2$
ECG
Temperature
Urine Output

NOTES

Fluids
Blood

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240
220
200
180
160
140
120
100
80
60
40
20
10
0

LAB Values
ABG
GRBS
Others

☐ Equipment Checked and Functional
☐ BP
☐ Cuff Site: ....
☐ Art Site: ....
☐ EKG Lead
☐ Temp Site
☐ FIO$_2$Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: ....
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: ....
OP Start: ....
OP End: ....
Leave OR: ....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☐ IV: ....
☐ IV: ....
☐ IV: ....

Induction
☐ IV ☐ Inhal
☐ Pre O$_2$ ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ....
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why? ....

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: ....
☐ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: ....
Site: ....
Needle Size: .... Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: ....
Bolus: ....
Infusion: ....
Block Level: ....
Comments: ....
Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor :..
Signature of the Doctor :..

Patient Sticker

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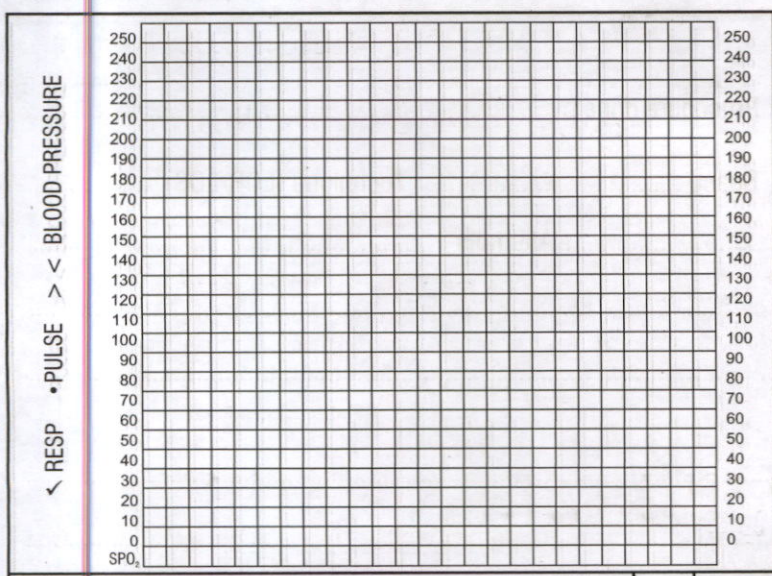
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

☐ O_2Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY					
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION					
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION					
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS					
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR					
		TOTAL					

SCORING INTERPRETATION

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:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:

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

Anaesthesiologist Name : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : .....

PACU Nurse Signature: .....

Date & Time: .....

Transferred to Unit by (PACU): .....

Date & Time: .....

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....