

ACTIVITY RECORD FOR BILLING

BAH-00681513 IP5-00176473
Name : Baby TIANA LAYEFA EZE
21-03-2017 9 Y 3 M 25 D (F)
Dr. SIRISHA RANI

UHID No. :  Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : 21/7/20 Time: 11 AM

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6/7	4:10 pm	ER	ward	Subbur.

Cross Consultation Visit

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

[illegible]
$$16 \div 27$$

LPT

71409

Israf

pi2

CBP, IFT

Gas



1917

Wine culture	CUE
--------------	-----

2509615

SP

19/7

HIV:

26010918

Arung

CVU, urine culture

20/1/22

OSG RBR, Report given
to attendees

035035



MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
16/07	20 placement	1	706266	Temp
16/7	chemotherapy	①	706267	APR

ANY OTHER INFORMATION

Don't charge for NHA - nibotte

USG abdomen - ①

Date : 21/7/26

Time : 10am

Prepared By : nm

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Selules	Sute		

ADMISSION SHEET



Registration Details :

Admission No : IP5-00176473 Admit Date : 16-Jul-2026 Admit Time : 02:31 PM UHID : BAH-00661513

Patient Details :

Patient Name	: Baby TIANA LAYEFA EZE	Age	: 9 Y 3 M 25 D
Guardian	: Mr SOLOMON	DOB	: 21-03-2017
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: BALAJI GUEST HOUSE Banjara Hills Hyderabad Telangana INDIA 500034	Phone No	: 7038847020
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type	: SEMI PRIVATE	Bed No	: SPVT 112	Ward Name	: 1F-VIBGYOR
Room No	: SPVT 112	Admission Type	: First Visit		

Contact Details :

Name	: Mr SOLOMON	Relationship	: Father
Contact Address	: BALAJI GUEST HOUSE Banjara Hills Hyderabad Telangana INDIA 500034	Phone No	: 7038847020


Signature

Doctor Details :

Doctor Name	: Dr. SRISHA RANI	Specialisation	: HEMATO ONCOLOGY
Referral Doctor	: Self	Phone no	:
Co-Consultant	: Dr. NALLA ANURAAG REDDY		

Payment Details :

Payment Mode	: Cash	Deposit Amount	: 0.00
		Payor Name	: SELF PAY

Tiana Layja E2E

DATE - 00661117

Patient Sticker

112

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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	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	3			
7	Nursing plan of care and handover sheets	6			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	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	6			
30	Intake and Out take chart (fluid chart)	3			
31	Drug chart (Regular Prescription)	2			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	2			
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				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Other :-	7			
	Total No. of Pages	42			

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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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

TIANA LAYEFA EZE

UHID ID:

Department:

Consultant:

BAH-00661513 IP5-00176473
Baby TIANA LAYEFA EZE
21-03-2017 9 Y 3 M 26 D (F)
Dr. SIRISHA RANI



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

~~Pain abdomen occasional (+)~~
w/o Relapsed Wilms tumor of Rt kidney tumor bed post radical
nephrectomy.
Jaundice / yellowish discoloration of eyes (+) since 2 days

History of present illness :

↓
Now came for chemotherapy.
No H/o fever, cold, cough, vomiting, loose stools, pain abdomen.
No fresh complaints

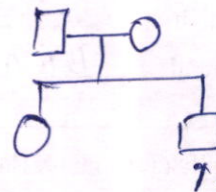


Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

3.45 kg / NVD / NO H/O NICU stay.



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

} upper middle class

Developmental History :

② development

Immunization History :

vaccination given within country.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 63.5 kg (Centile _____)

On Examination :

Temperature : 98.5°F Pulse Rate : 101/min B.P. 107/57(60) 97% on RA SP02

Resp.rate and type of breathing : RR = 20/min

Rash _____

Lymphadenopathy ? nil

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/LAEP

Any addles 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 : Sg + LNT

Ausculation : _____

Spine : _____ External Genitalia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____

Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Relapsed Wilms tumor of Rt kidney .

S/p Post Radical Nephrectomy

Now for chemotherapy

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

LF1 1
 1 Extra EDTA N/A
 1 sup
 16/07/26

Planned Management

Chemotherapy
 Zofen
 Domstal
 Ceftaz
 Mouthcare

Signature of the Doctor: *Ramy*

Name of the Doctor: Dr. RAMYA

Date & Time: 16/7/26; 3pm

Signature of the Consultant: *Sirisha*

Name of the Consultant: Dr. SIRISHA

Date & Time: 16/7/26 - 11:00am

DR. SANDHYA VADDADI
 Registration No: 71864

Date & Time	Progress Notes	Doctor's Order
	Morning Rounds	
7/07/20 8:30 AM	Relapsed wilms tumour of Rt kidney S/p post radical Nephrectomy ↓ Now for chemotherapy plan	
	No fresh concerns C.V.S. / R / PIA / (W)	→ Continue Same Treatment → monitor vitals → strict I/O charting
	Ongoing chemo.	
		DR. SANDHYA VADDADI Registration No. 71664
3pm	O/G: Stable vitals cup / R / var	→ Continue chemo. → Vira pane Spoon Cannula Sample

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/07/26	Evening Round	
18/07/26	Relapsed Wilms tumor plan of Rt kidney SLP Radical Nephrectomy	Continue Same Tx
	Now for chemotherapy → monitor vitals	
	No fresh concerns	
	C/S / RS / P/A / Icterus (A)	→ Strict I/O charting.
	On going Chemo	→ To withhold Etoposide today
		CBP / LET / T/m
		Ru T Parani

PROGRESS NOTES AND DOCTOR'S ORDER

DR. SANDHYA VADDADI
Registration No: 71664

BAH-00661513
Baby TIANA LAYEFA EZE
21-03-2017
Dr. SIRISHA RANI 9 Y 3 M 28 D (F)



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/3/20 10 AM	Morning rounds by Dr Anurag	
	Relapsed wilms tumor of Rt kidney S/P Bot radical Nephrectomy → involvement of CRSD	1). cont same. 2). have urine cl on HIV Abx / fuc 3) plan O/C thm 4) rest same.
	Afebrile, Alert Vitals (2) S/E - wts Mx / P/R /	
		Dr. Sandhya Vaddadi
		Registration No: 71654
20/3 5:40 PM	S/O Asimally no acute issues	Ⓟ G lyphalins ct supportive care Plan O/C Tm Inj. GCSF on 22/7 300 mg s/c. 24/7 Inj DARBADIENTIN on 25/7 Rpt CBR on 25/7

BAH-00661513
 Baby TIANA LAYFA EZE
 21-03-2017 9 Y 3 M 28 D (F)
 Dr. SIRISHA RAMI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/07/18 8 AM	Morning Rounds Relapsed wilms tumour Post S/p Radical Nephrectomy Encasing CBD Afebrile Alert Cvs Rs PIA Icterus	plan Continue Same Continue supportive care Plan @ today after round In: ACSF 22/07 - 300mg In: DARBA POLTIN ON 24/07 100mg s/c Rpt CBR on 25/07
	Tab Progen 1 — once daily evening Xantho fort	21/7
	Continue VDI LIV Mucut BD x 2 day Plb op Ser Duphalac.	

DR SANDHYA VADDADI
 Registration No: 71654



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. : 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.
19/7/26	7:30 PM (2)	INT MFSNA with 500 ml 1/2 NS	700mg	IV	@ 75 ml/hr 10		Anurag Anirban	20/7		Soma Mithu
20/7/26	2:10 AM (3)	INT ETOPOSIDE with 500 ml NS 150	120mg 60mg	IV	@ 40 ml/hr 10		Smita Mithu	20/7		Mithu Soma
20/7/26	6:10 AM (4)	INT MFSNA with 500 ml 1/2 NS	700mg	IV	@ 75 ml/hr 10		Soma Mithu	20/7		Mithu Ramesh
20/7/26	8:30 PM (5)	INT IFOSFAMIDE in 200 ml NS	1300mg	IV	@ 80 ml/hr		Anurag Ramesh	20/7		Mithu Ramesh
20/7/26	7:30 PM (6)	INT MFSNA in 500 ml 1/2 NS	700mg	IV	@ 75 ml/hr		Mithu Ramesh	21/7		Mithu Soma
20/7/26		INT ETOPOSIDE in 300 ml NS	120mg	IV	@ 75 ml/hr					

20/7 3:20 AM INT MFSNA 700mg
 with 500ml 1/2 NS IV @ 75 ml/hr Mithu
 Soma

BAH-00861513
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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) : 43.5 kg	Body Surface Area : 1.3 m ²	Diagnosis : Relapsed wilms	Protocol : ICE						
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.
16/07/26	10:30pm	Inj CARBO PLATIN in 150ml NS	450mg	IV	@ 75ml/hr	Z.	Karima Nasheena	17/7/26		Pintu Appu
17/07/26	9AM	Inj IFOSFAMIDE in 200ml NS	130mg	IV	@ 100ml/hr	Z.	Anuradh Divya	18/7		Sorn Anu
17/07/26	11:30 AM (11:30AM)	Inj MESNA in 500ml 1/2 DNS	500mg	IV	@ 75ml/hr	Z.	Sorn Sushma	17/7		Malin pintu
17/07/26	9 PM	Inj ETOPOSIDE in 300ml NS	120mg	IV	@ 75ml/hr	Z.	Karima Nasheena	18/7		Malin pintu
18/07/26	2AM	Inj CARBOPLATIN in 100ml NS	200mg	IV	@ 50ml/hr	Z.	Karima meelin	18/7		Malin pintu
18/7/26	4 AM	Inj MESNA in 500ml 1/2 DNS	500mg	IV	@ 75ml/hr	Z.	Meelin pintu	18/7		



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. ②	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.
D1 18/7	③ 10pm	INT MESNA with 200 ml 1/2 DNS	300mg	IV	① 75ml/hr	[Signature]	Sona mintha	18/7	[Signature]	Sona nikita
D2 18/7	① 7AM ④ 4pm	INT IFOSFAMIDE with 200 ml NS	1300mg	IV	① 80ml/hr	[Signature]	Susmita [Signature]	18/7	[Signature]	Sona nikita
	④ 10am	INT MESNA with 500 ml 1/2 DNS	700mg	IV	① 75ml/hr	[Signature]	Sona mintha	19/7	[Signature]	[Signature]
	② 7AM	INT ETOPOSIDE with 300 ml NS	120mg	IV	① 75ml/hr	[Signature]	[Signature]	19/7		
19/7	⑤ 8:30AM	INT MESNA with 500 ml 1/2 DNS	700mg	IV	① 75ml/hr	[Signature]	Arora Anirban.	19/7	[Signature]	Arora Sona
D3 19/7	① 2:50p	INT IFOSFAMIDE with 200 ml NS	1300mg	IV	① 80ml/hr	[Signature]	Arora Sona	19/7	[Signature]	Arora Anirban

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RESULT SHEET

Date	16/7/26	19/07			
Time	3:51 PM	7:57 AM			
Hb		9.1			
PCV		27.4			
RBC		3.55			
WBC		2.14			
N/L		48/39			
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP	398	313			
SGPT	239	206			
SGOT	138	82			
T.Bill/Conj	4.8/4.4	5.8/5.3			
T.Protein	8.7	7.7			
S.Albumin	5.0	4.2			
S.Globulin	3.7	3.4			
A/G Ratio	3.7	3.4			
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

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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: 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						☐ 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 : Dr. Remy

Date & Time : 16/7/26, 3:05 pm

Nurse Name & Signature: poor

Date & Time : 16/7/26 & 3:15 pm

DRUG CHART

Date of Admission: 16/2/26 Drug Allergies: ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. **ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.**
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature				Valid Period
Pharm.				
Additional Instructions:				

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature				Valid Period
Pharm.				
Additional Instructions:				

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature				Valid Period
Pharm.				
Additional Instructions:				



REGULAR PRESCRIPTIONS

Weight. 43.5kg Ward.

VERIFIED

VERIFIED

VERIFIED

VERIFIED

DRUG : <u>7mg ONDANSETRON</u>				Date Time	16/7	17/7	18/7	19/7	20/7	21/7
Dose <u>8mg</u>	Route <u>ZV</u>	Frequency <u>TID</u>	Start Date <u>16/7/26</u>							
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Rani</u>				6AM X 20mg <u>8mg</u> 2PM X <u>8mg</u> 10PM X <u>8mg</u>						
Additional Instructions:										
Daily Doctor's Endorsement by a Sign				Dr. Rani Dr. Rani Dr. Rani						
DRUG : <u>DOMPERIDONE</u>				Date Time	16/7	17/7	18/7	19/7	20/7	21/7
Dose <u>10mg</u>	Route <u>PO</u>	Frequency <u>BD</u>	Start Date <u>16/7/26</u>							
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Rani</u>				6AM X <u>10mg</u> 6PM X <u>10mg</u>						
Additional Instructions: <u>10mg</u>										
Daily Doctor's Endorsement by a Sign				Dr. Rani Dr. Rani						
DRUG : <u>7mg SEPTIRAN</u>				Date Time	16/7	17/7	18/7	19/7	20/7	
Dose <u>10mg</u>	Route <u>PO</u>	Frequency <u>BD</u>	Start Date <u>16/7/26</u>							
Name & Signature of the Doctor Starting the Drugs: <u>Re</u>				10AM X <u>10mg</u> 10PM X <u>10mg</u>						
Additional Instructions: <u>Mon, Wed, Friday only</u>										
Daily Doctor's Endorsement by a Sign				Dr. Rani Dr. Rani						
DRUG : <u>T. UDILIV</u>				Date Time	16/7	17/7	18/7	19/7	20/7	21/7
Dose <u>10mg</u>	Route <u>PO</u>	Frequency <u>TID</u>	Start Date <u>16/7/26</u>							
Name & Signature of the Doctor Starting the Drugs: <u>Ashwini</u>				6AM X <u>10mg</u> 2PM X <u>10mg</u> 10PM X <u>10mg</u>						
Additional Instructions: <u>10mg</u>										
Daily Doctor's Endorsement by a Sign				Dr. Rani Dr. Rani						

Ward

VERIFIED

VERIFIED

VERIFIED BY:

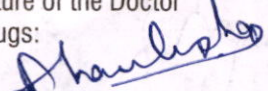
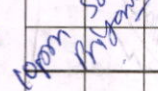
DRUG : A farax lotion				Date	20/8	21/8
				Time		
Dose	Route	Frequency	Start Dt.			
LA	LA	Q8H	19/8/20	X	X	
Name & Signature of the Doctor Starting the Drugs: T. Pavane						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : MUDUT POWDER				Date Time	20/8														
Dose	Route	Frequency	Start Dt.																
3 scoops	PO	OD	20/8/17																
Name & Signature of the Doctor Starting the Drugs:				 															
Additional Instructions:				3 scoops in 180ml water															
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																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

VERIFIED BY : Name Signature



Weight. Ward.

		Date Time	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.	
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

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/7	7AM	MESNA	300mg in 100ml iv over 1hr		Ag.	Pink Aparanjitha
10/7	7pm	INJ FOSAPREPITANT	150 MG over 1hr	iv	Ag	
21/7	12pm	INT VITAMIN B12	1000mcg iv		[Signature]	mfn Sulew

VERIFIED BY : N. Signature

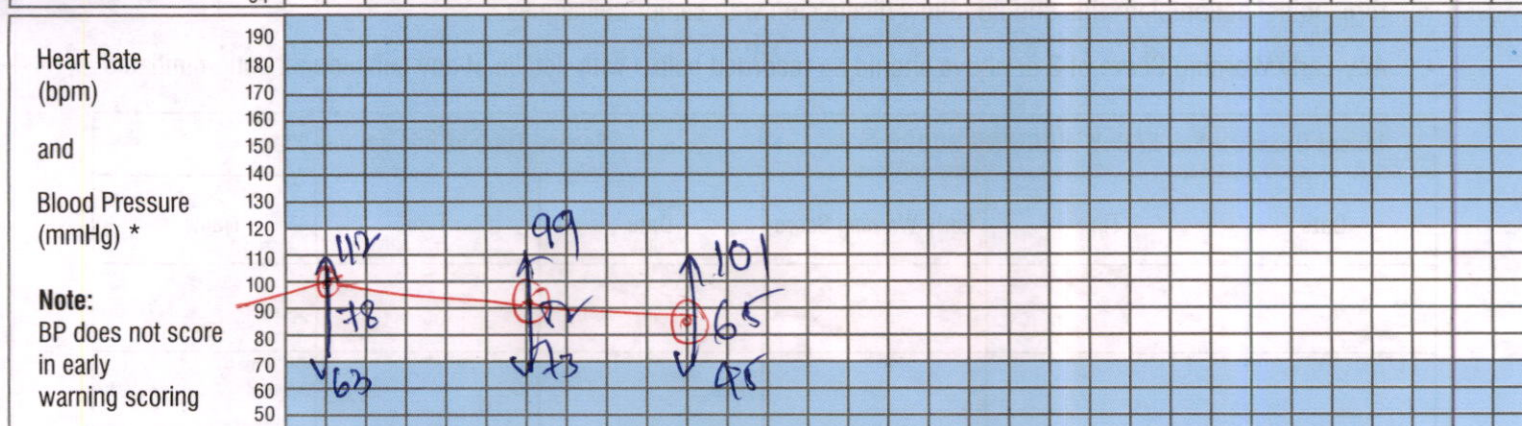
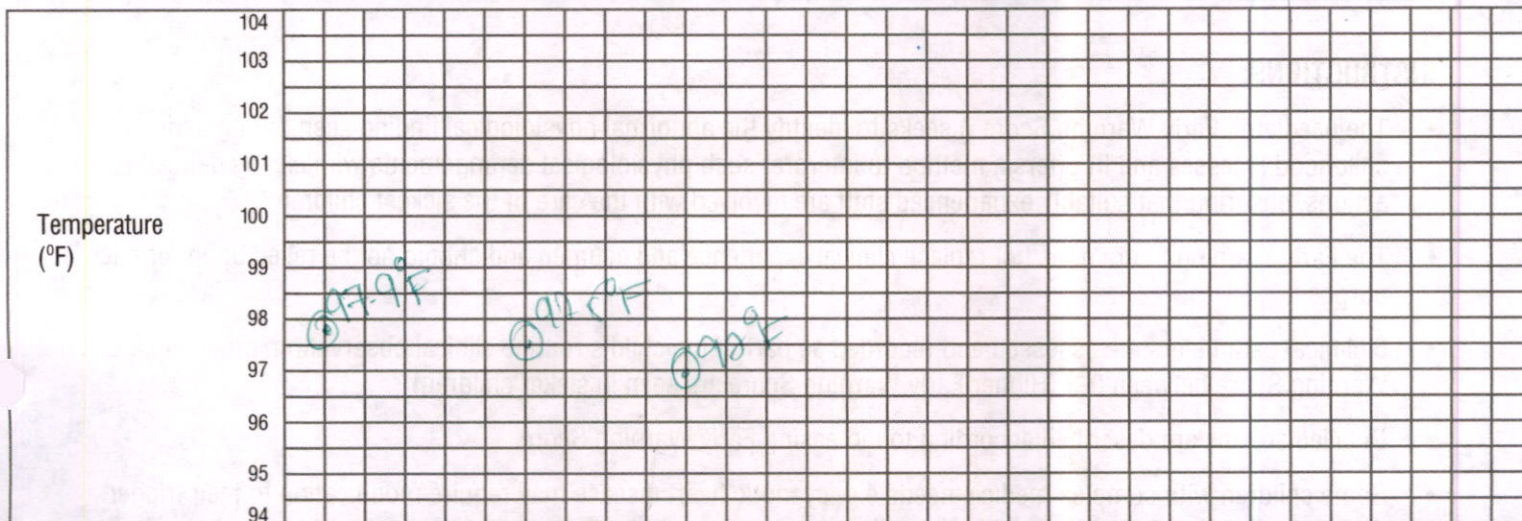
Weight. Ward.

[illegible]



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/3 Time: 10pm 2Am 6Am
 Doctor / Nurse / Family Concern?



Heart Rate (Number)

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 *

TOTAL SCORE

Number of shaded boxes

Pain Score

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

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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-00661513 IP5-00176473
Baby TIANA LAYEFA EZE
21-03-2017 9 Y 3 M 28 D (F)
Dr. SIRISHA RANI



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

SCHOOL AGE (5-12 years)

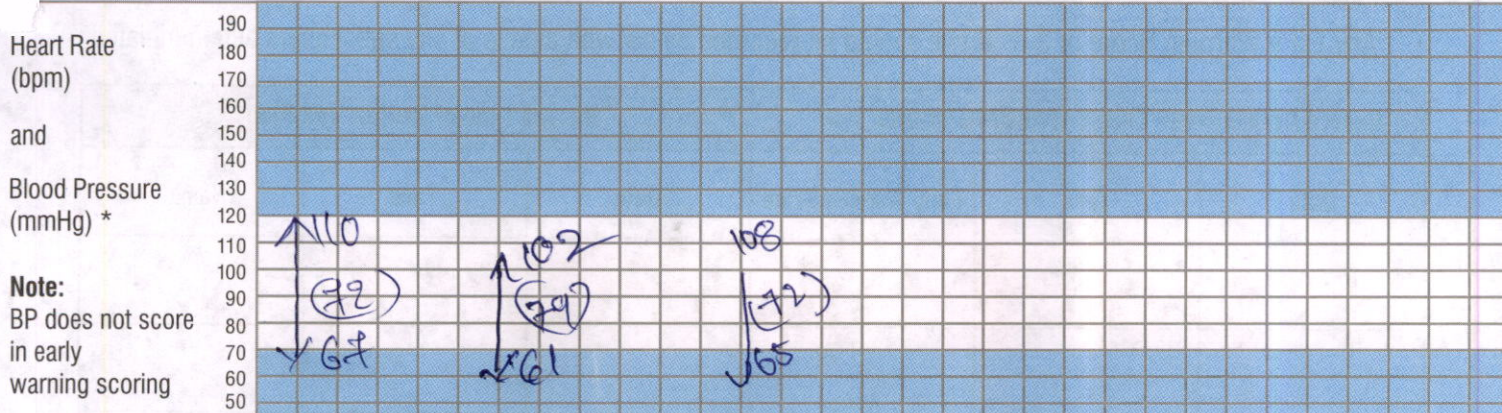
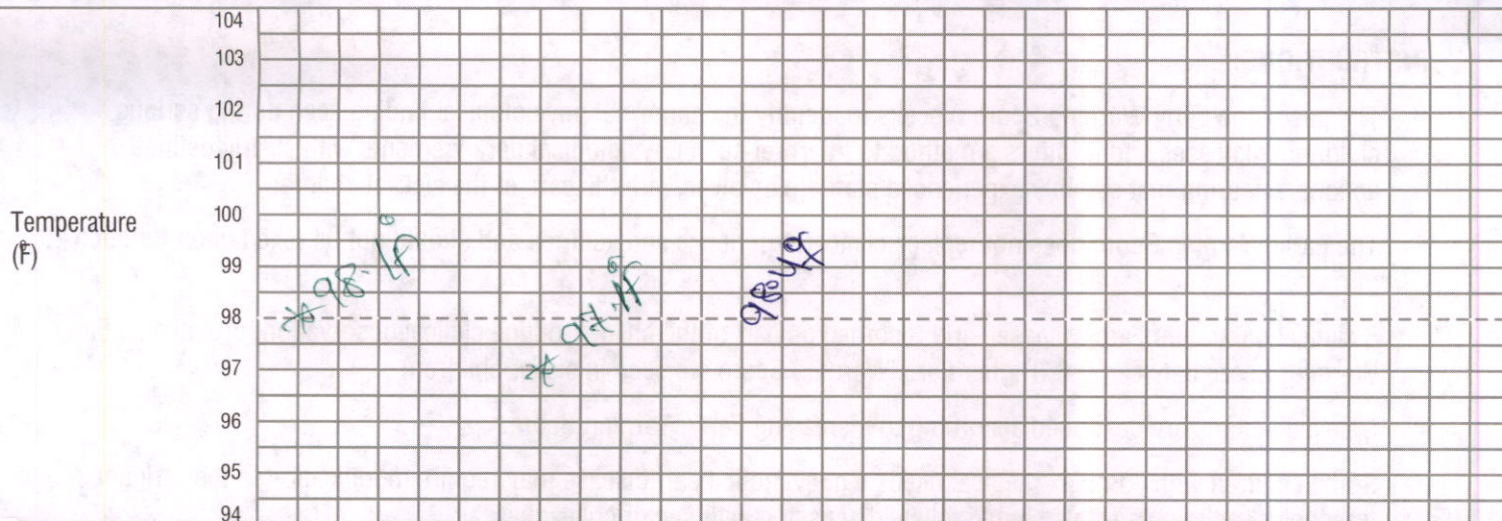
Children's Observation &
Early Warning Scoring Chart

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 : 20/7	Time: 10AM	1PM	6PM
Doctor / Nurse / Family Concern?			



Heart Rate (Number)	102b/m	119b/m	106b/m
---------------------	--------	--------	--------



Resp Rate (Number)	26b/m	26b/m	26b/m
--------------------	-------	-------	-------

Resp Distress	Mod/ Severe	None / Mild
---------------	-------------	-------------

Receiving O ₂ (l/min)	99-1.	99-1.	99-1.
O ₂ Saturations (%)			

Conscious Level	Normal	Altered
-----------------	--------	---------

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

TOTAL SCORE	1	1	1
Number of shaded boxes			
Pain Score	0	0	0
Observer's Initials	2	2	2

ACTIONS

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

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Date	Time	Early Warning Score	Date	Time	Name

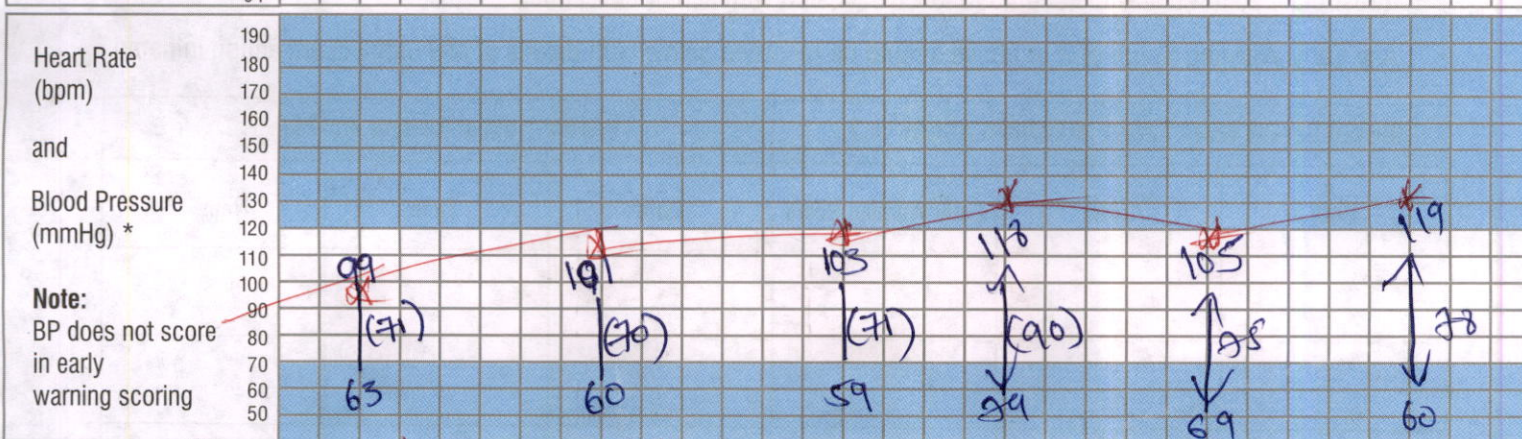
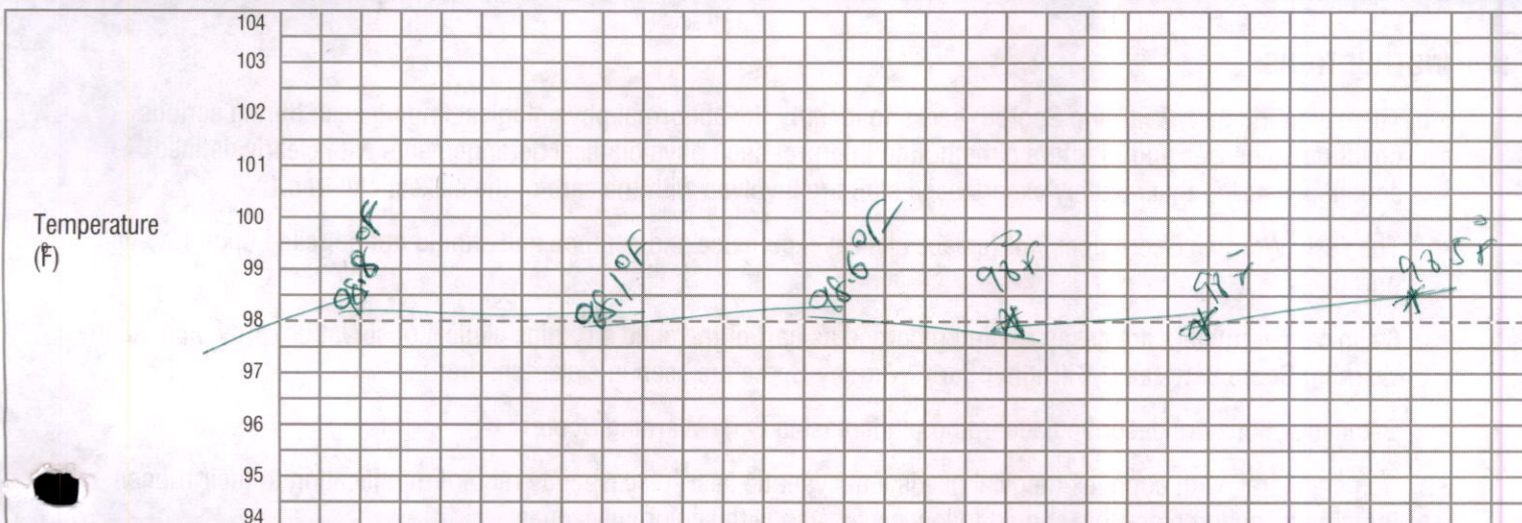
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/3 Time : Doctor / Nurse / Family Concern?



Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal / Altered

GCS *

Time	Resp Mod/ Severe Distress	Receiving O ₂ (l/min)	O ₂ Saturations (%)	Conscious Level	GCS *
10am		99%	99%	Normal	15/15
2pm		99%	99%	Normal	15/15
6pm		99%	99%	Normal	15/15
10pm		100%	100%	Normal	15/15
2am		99%	99%	Normal	15/15
6am		100%	100%	Normal	15/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

Time	TOTAL SCORE	Number of shaded boxes	Pain Score	Observer's Initials
10am	1	1	0	0
2pm	1	1	0	0
6pm	1	1	0	0
10pm	1	1	0	0
2am	1	1	0	0
6am	1	1	0	0

ACTIONS

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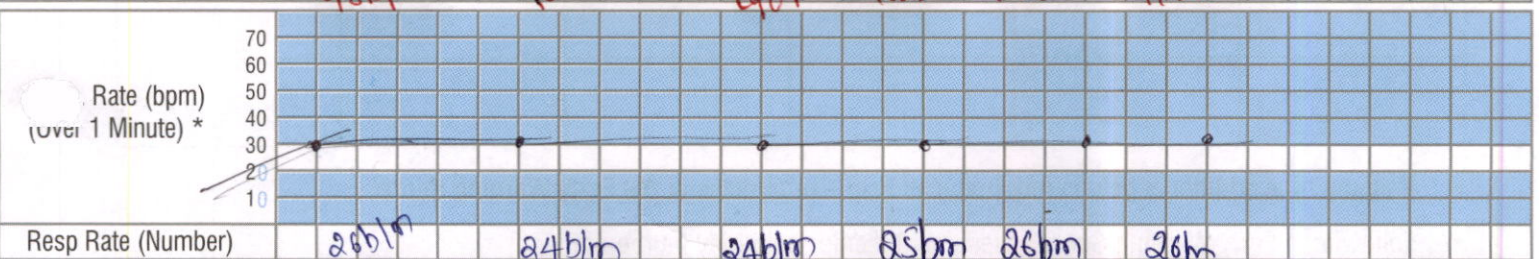
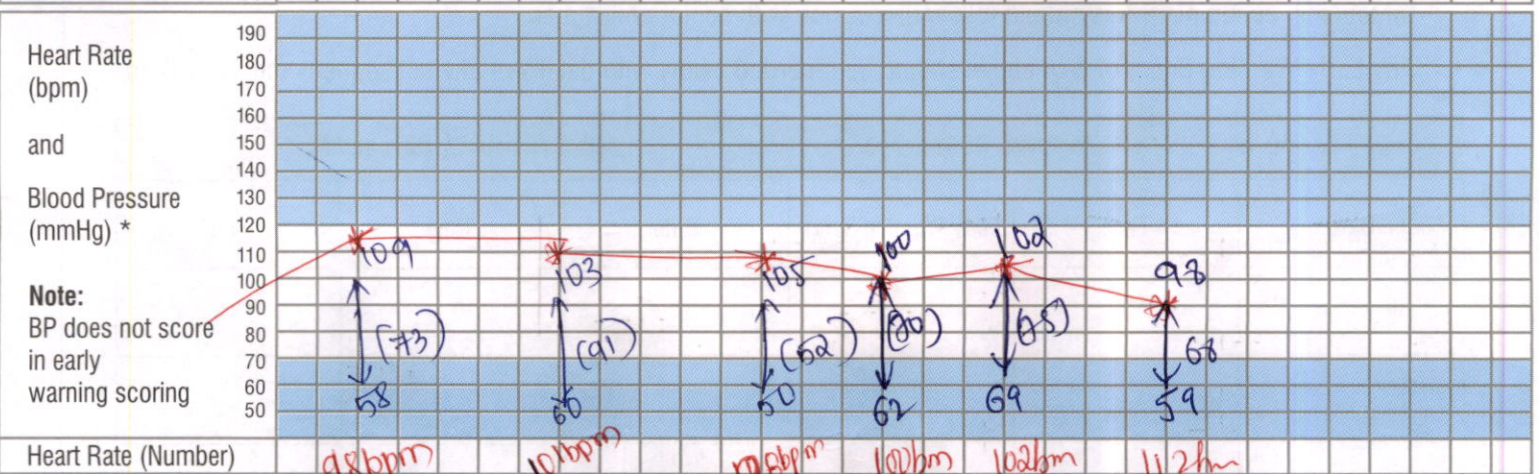
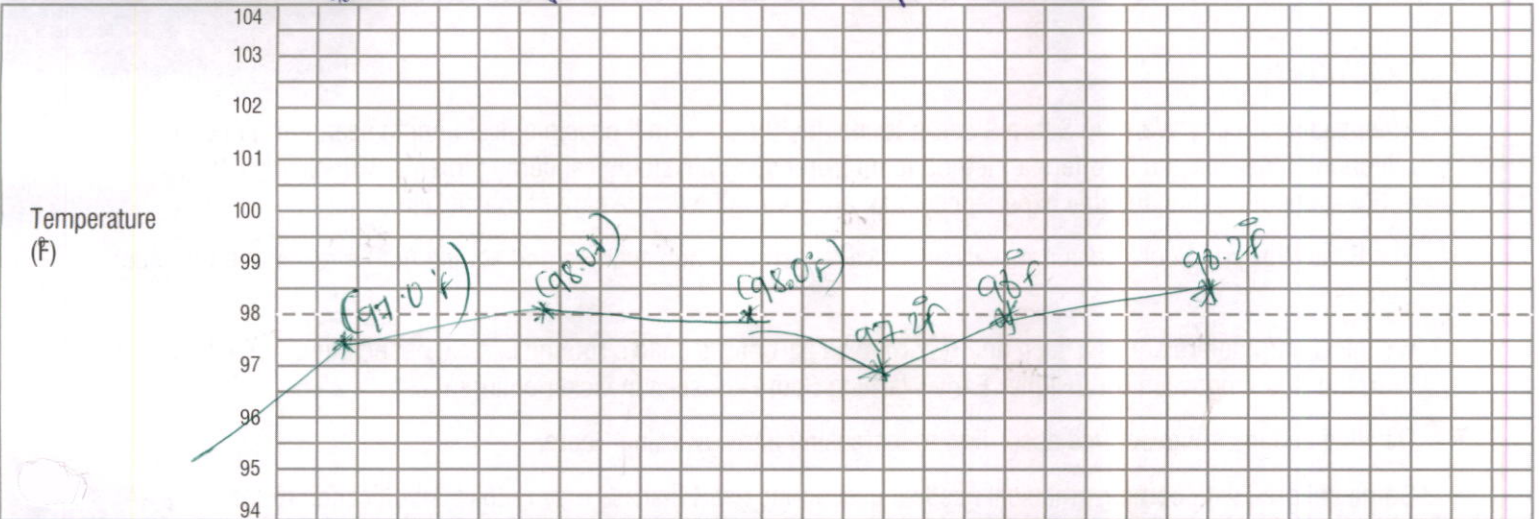


SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 18/3 Time: 10 am 2 pm 6 pm 10 pm 2 am 6 am

Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe					
	None / Mild					
Receiving O ₂ (l/min)						
O ₂ Saturations (%)		98%	99%	97%	98%	100%
Conscious Level	Normal					
	Altered					
GCS *		15/15	15/15	15/15	15/15	15/15
TOTAL SCORE						
Number of shaded boxes		1	1	1	1	1
Pain Score		0	0	0	0	0
Observer's Initials						

ACTIONS

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	Time:	10am	1pm	6pm	10pm	2am	6am
Doctor / Nurse / Family Concern?							
Temperature (F)	104						
	103						
	102						
	101						
	100						
	99						
	98						
97							
96							
95							
94							
Heart Rate (bpm)	190						
	180						
	170						
	160						
	150						
	140						
	130						
120							
110							
100							
90							
80							
70							
60							
50							
Note: BP does not score in early warning scoring							
Blood Pressure (mmHg) *	140						
	130						
	120						
	110						
	100						
	90						
	80						
	70						
	60						
	50						
Heart Rate (Number)	119 bpm	112 bpm	111 bpm	112 bpm	110 bpm	119 bpm	
esp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30						
	20						
	10						
Resp Rate (Number)	28 bpm	29 bpm	29 bpm	27 bpm	26 bpm	27 bpm	
Resp Distress	Mod/ Severe	None / Mild					
Receiving O ₂ (l/min)							
O ₂ Saturations (%)	97%	98%	92%	99%	100%	100%	
Conscious Level	Normal	Altered					
GCS *	14/5	14/5	14/5	15/15	15/16	16/16	
TOTAL SCORE	1	1	1	0	1	1	
Number of shaded boxes	1	1	1	0	1	1	
Pain Score	0	0	0	0	0	0	
Observer's Initials	g	g	g	m	m	g	
ACTIONS NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse					
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : <u>16/3</u> Time: <u>12/17</u>			
Doctor / Nurse / Family Concern?	<u>6p</u>	<u>10pm</u>	<u>2am</u>
Temperature (F)	<u>98.3 F</u>	<u>97.0 F</u>	<u>98.7 F</u>
Heart Rate (bpm)	<u>118</u>	<u>96</u>	<u>81</u>
Blood Pressure (mmHg) *	<u>107/60</u>	<u>113/80</u>	<u>108/48</u>
Resp. Rate (bpm) (Over 1 Minute) *	<u>28</u>	<u>25</u>	<u>22</u>
Resp Mod/ Severe Distress None / Mild			
Receiving O ₂ (l/min) O ₂ Saturations (%)	<u>0.8</u>	<u>100.1</u>	<u>0.9</u>
Conscious Level Normal Altered			
GCS *	<u>15/15</u>	<u>15/15</u>	<u>15/15</u>
TOTAL SCORE	<u>1</u>	<u>1</u>	<u>1</u>
Number of shaded boxes	<u>0</u>	<u>0</u>	<u>0</u>
Pain Score	<u>0</u>	<u>0</u>	<u>0</u>
Observer's Initials	<u>S</u>	<u>S</u>	<u>S</u>

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BAH-00661513 IP5-00176473
 Baby TIANA LAYEFA EZE
 21-03-2017 9 Y 3 M 26 D (F)
 Dr. SIRISHA RANI

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. :

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								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
16/3	05:00 pm	1									0	} APPY	
	06:00 pm	1									0		
	07:00 pm										0		
Total Intake :						Total Output :							
	08:00 pm	1									0	} APPY	
	09:00 pm	1									0		
	10:00 pm	1									0		
16/3	11:00 pm	1									0	} APPY	
	12:00 am										0		
	01:00 am										0		
Total Intake :						Total Output :							
	02:00 am										0	} APPY	
	03:00 am										0		
	04:00 am	1									0		
17/3	05:00 am	1									0	} APPY	
	06:00 am										0		
	07:00 am										0		
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00661513
Baby TIANA LAYEFA EZE
21-03-2017 9 Y 3 M 25 D (F)
Dr. SIRISHA RANI

FLUID CHART

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

BirthRight
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Your Right to a Safe Delivery

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
12/12	08:00 am			200ml		/	/	/	/		0	Sushu
	09:00 am			200ml							0	
	10:00 am			Chemo						✓	0	
	11:00 am	DNS+									0	
	12:00 pm	Alac								✓	0	
	01:00 pm									✓	0	

Total Intake :

Total Output :

12/12	02:00 pm	↑		Chemo		/	/	/	/		0	Sushu
	03:00 pm			Chemo						✓	0	
	04:00 pm										0	
	05:00 pm									✓	0	
	06:00 pm									✓	0	
	07:00 pm	↓									0	

Total Intake :

Total Output :

12/12	08:00 pm			75+2		/	/	/	/		0	mechi
	09:00 pm	Chemo		75+2						✓	0	
	10:00 pm	therapy		75+2							0	
	11:00 pm	f		75+2						✓	0	
	12:00 am	Nac		75+2							0	
	01:00 am			75+2							0	

Total Intake :

Total Output :

12/12	02:00 am			50+2		/	/	/	/			mechi
	03:00 am	Chemo		50+2						✓		
	04:00 am	therapy		75+2								
	05:00 am	Nac		75+2						✓		
	06:00 am			75+2								
	07:00 am											

Total Intake :

Total Output :

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00661513 IP5-00176473
 Baby TIANA LAYEFA EZE
 21-03-2017 9 Y 3 M 27 D (F)
 Dr. SIRISHA RANI



FLUID CHART

Sheet No. :

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	Sign. Nurse		
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		Thrombo-phlebitis Score	
			Mouth	I.V	N.G								
18/7	08:00 am	↑		75+2ml	/	/	/	/	/	✓	0	Jglsay	
	09:00 am	↑		75+2ml						✓	0		
	10:00 am	NGCC		-						✓	0		Jgls
	11:00 am	Chemotherap		75+2ml						✓	0		
	12:00 pm			75+2ml						500ml	0		
	01:00 pm	↓		75+2ml						0			
Total Intake :					Total Output :								
18/7	02:00 pm	↑		75+2ml	/	/	/	/	/	400	0	Jglsay	
	03:00 pm	↑		75+2ml						0			
	04:00 pm	chemo		75+2ml						500	0		Jglsay } not measur
	05:00 pm	therap		-						0			
	06:00 pm	↓		75+2ml						300	0		
	07:00 pm	↓		75+2ml						0			
Total Intake :					Total Output :								
18/7	08:00 pm	↓		75+2ml	/	/	/	/	/	380	0	Nikisha	
	09:00 pm			75+2ml						340	0		
	10:00 pm	chemo		75+2ml						0	Nikisha		
	11:00 pm	therapy		75+2ml						0			
	12:00 am	↓		75+2ml						0			
	01:00 am	↓		75+2ml						0			
Total Intake :					Total Output :								
19/7	02:00 am	↓		75+2ml	/	/	/	/	/	250	0	Nikisha	
	03:00 am			75+2ml						0			
	04:00 am	chemo		75+2ml						0	Nikisha		
	05:00 am	therapy		75+2ml						0			
	06:00 am	↓		75+2ml						0			
	07:00 am	↓		75+2ml						0			
Total Intake :					Total Output :								

Total 24 hrs. Intake		Total 24 hrs. Output	
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FLUID CHART

Sheet No. :

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				
19/2			Mouth	I.V	N.G									
	08:00 am	↑		7512ml		/				300ml	0	Jashant		
	09:00 am	chemo + NACC	↑	7512ml		/				300ml	0	Jashant		
	10:00 am			-		/				300ml	0	Jashant		
	11:00 am			-		/				300ml	0	Jashant		
	12:00 pm	↓		7512ml		/					0	Jashant		
01:00 pm				7512ml		/					0	Jashant		
Total Intake :						Total Output :								
19/2	02:00 pm	↑	↑	7512ml		/				400ml	0	Jashant		
	03:00 pm			7512ml		/					0	Jashant		
	04:00 pm	chemo therapy		7512ml		/				250ml	0	Jashant		
	05:00 pm			7512ml		/					0	Jashant		
	06:00 pm	NACC		-		/					0	Jashant		
	07:00 pm	↓		-		/				350ml	0	Jashant		
Total Intake :						Total Output :								
19/2	08:00 pm	↓		2512		/				250	0	Jashant		
	09:00 pm			7512ml		/				300ml	0	Jashant		
	10:00 pm	chemo therapy		7512ml		/				250ml	0	Jashant		
	11:00 pm	↑		7512ml		/					0	Jashant		
	12:00 am	NACC		7512ml		/					0	Jashant		
	01:00 am			7512ml		/				220ml	0	Jashant		
Total Intake :						Total Output :								
20/2	02:00 am	↓		uoml		/					0	Jashant		
	03:00 am	chemo therapy		uoml		/				300ml	0	Jashant		
	04:00 am			uoml		/					0	Jashant		
	05:00 am	NACC		uoml		/					0	Jashant		
	06:00 am			uoml		/				350ml	0	Jashant		
	07:00 am			uoml		/					0	Jashant		
Total Intake :						Total Output : 3.620 ml.								

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. :

- 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	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		Thrombo-phlebitis Score
			Mouth	I.V	N.G							
20/7	08:00 am	chemo + NAC		75+12	/	/	/	/	/	/	/	/
	09:00 am			75+12								
	10:00 am			75+12								
	11:00 am			75+12								
	12:00 pm			75+12								
	01:00 pm											
Total Intake :					Total Output :							
20/7	02:00 pm	chemo + NAC		80ml	/	/	/	/	/	/	/	/
	03:00 pm			80ml								
	04:00 pm			80ml								
	05:00 pm			80ml								
	06:00 pm			80ml								
	07:00 pm			80ml								
Total Intake :					Total Output :							
21/7	08:00 pm	chemo + NAC		75+12	/	/	/	/	/	/	/	/
	09:00 pm			75+12								
	10:00 pm			75+12								
	11:00 pm			75+12								
	12:00 am			75+12								
	01:00 am			75+12								
Total Intake :					Total Output :							
21/7	02:00 am	chemo + NAC		75+12	/	/	/	/	/	/	/	/
	03:00 am			75+12								
	04:00 am			75+12								
	05:00 am			75+12								
	06:00 am			75+12								
	07:00 am			75+12								
Total Intake :					Total Output :							
Total 24 hrs. Intake					Total 24 hrs. Output							

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		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								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake													
Total 24 hrs. Output													



NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 16/3/26 Time: 4:30 PM

Weight: 43.5 kg Centile: >90th

Height: 144 cms Centile: >90th

Inference: Obese child

RDA: — Calories: 1600 kcal/d Protein: 28 g/d

Diet Recommendations: Normal high protein diet

Re-Assessment: Avoid spicy, chilled & outside foods

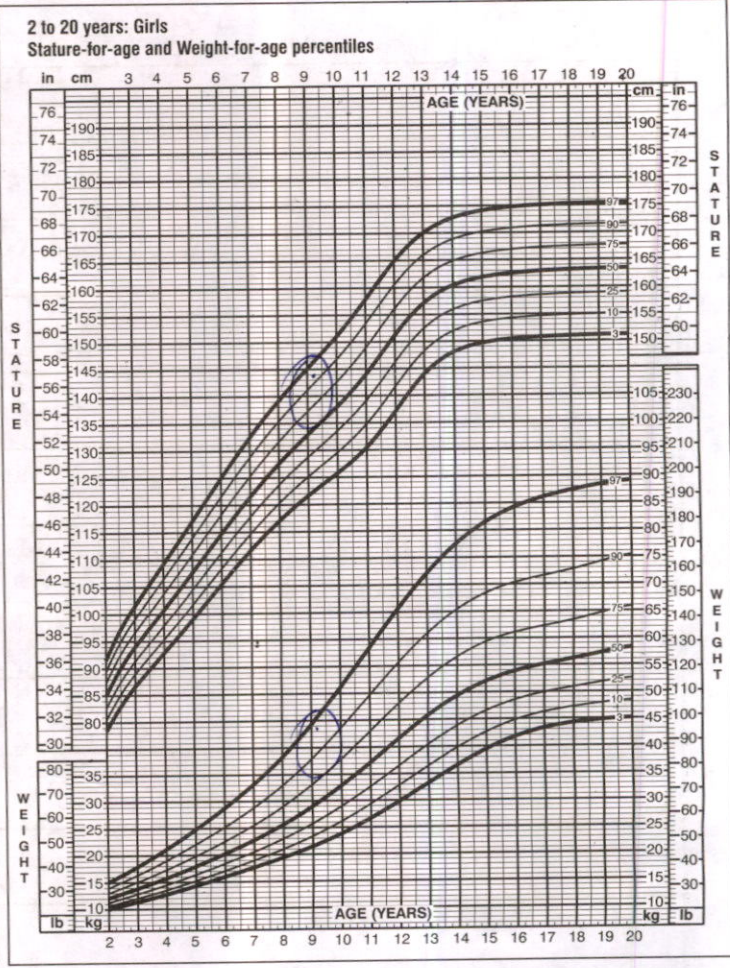
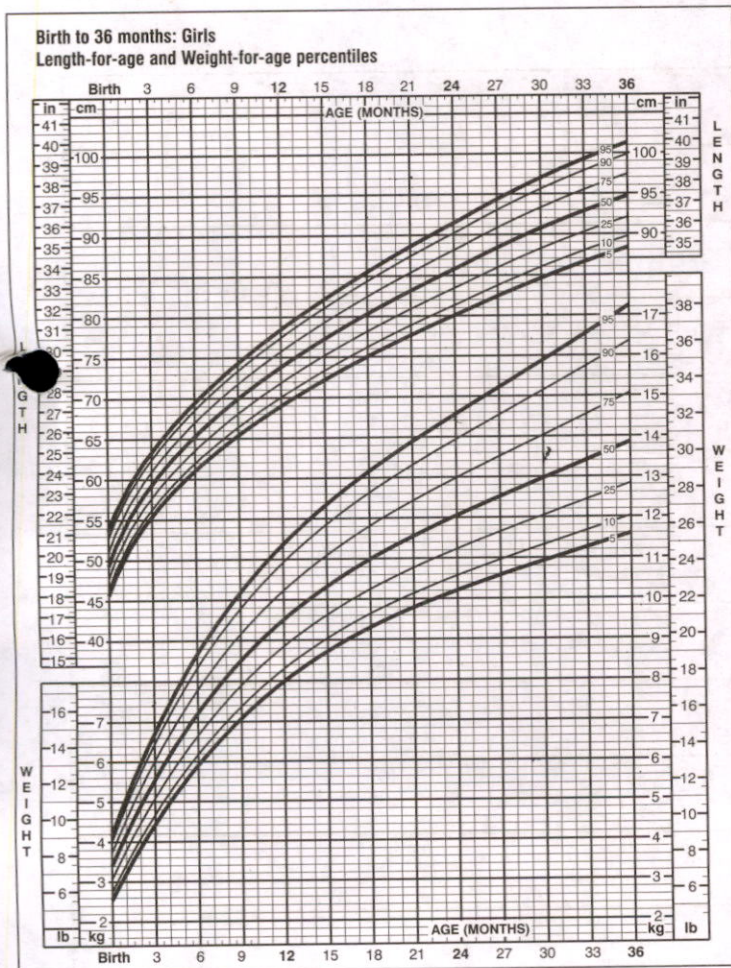
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: Relapsed wilms tumor of RT kidney, sp. part. Right Nephrectomy

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: parent's don't need dietitian. don't charge for NHA

GROWTH CHART (GIRLS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

[illegible]