

ACTIVITY RECORD FOR BILLING


Name : _____

UHID No. : _____ IP No _____ Dept : _____

Date of Admission: _____ Charge : _____ Time: _____

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

BAH-00641122 IP5-00173730
Master ABDIMALIK OMAR HASSAN
06-06-2020 5 Y 11 M 6 D (M)
Dr. SIRISHA RANI



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/1/26	1:45pm	ER	oncology	BS

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Don't Charge for NHA.

NKithen

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
-------------	--------------	-------------------	--------------------

ADMISSION SHEET



Registration Details :

Admission No : IP5-00173730

Admit Date : 12-May-2026

Admit Time : 01:24 PM UHID : BAH-00641122

Patient Details :

Patient Name : Master ABDIMALIK OMAR HASSAN

Age : 5 Y 11 M 6 D

Guardian : Mr OMAR HASSAN

DOB : 06-06-2020

Gender : Male

Religion :

Occupation :

Martial Status : Single

Address (H) : STAR INN HOTEL , B 91, JUBILEE HILLS , NEAR
APOLLO HOSPITAL , RD NO 3, JOURNALIST
COLONY Film Nagar Hyderabad Telangana
INDIA 500096

Phone No : 7601056842

E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE

Bed No : SPVT 105

Ward Name : 1F-VIBGYOR

Room No : SPVT 105

Admission Type : First Visit

Contact Details :

Name : Mr OMAR HASSAN

Relationship : Father

Contact Address : STAR INN HOTEL , B 91, JUBILEE HILLS ,
NEAR APOLLO HOSPITAL , RD NO 3,
JOURNALIST COLONY Film Nagar Hyderabad
Telangana INDIA 500096

Phone No : 7601056842

Signature

Doctor Details :

Doctor Name : Dr. SIRISHA 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 : SELFPAY



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00641122 IP5-00173730
Master ABDIMALIK OMAR HASSAN
06-06-2020 5 Y 11 M 8 D (M)
Dr. SIRISHA RANI



Patient Name:

Abdimalik Omar Hassan.

UHID ID:

BAH-00641122.

Department:

Consultant:



History & Physical Examination

Name : Abdimalik Omar Hassan Age/Sex 5y/m
Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

B-cell ALL
= planned for chemotherapy
Outpatient

History of present illness :

K/c/o B cell acute lymphoblastic leukemia
CALLA positive.
standard cytogenetics on reinduction
planned for Chemotherapy.
last cycle - 28/4/26.
No fever / cough / cold / vomitings / loose stools
oral intake fair



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs) 26.8 kg (Centile _____)

On Examination :

Temperature : 98° F Pulse Rate : 117/min B.P. 109/69 ^{(79) mmHg} SP02 99%
Resp. rate and type of breathing : 24/min, Regular

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

Respiratory System :

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

Cardiovascular System :

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

Per Abdomen :

Inspection _____
Palpation : soft, NT
Ausculation : Bowel sounds ⊕
Spine : _____ External Genitalia : _____
Relevant data from outside (CT, USG etc.,) _____

BAH-00641122 IP5-00173730
Master ABDIMALIK OMAR HASSAN
06-06-2020 5 Y 11 M 6 D (M)
Dr. SIRISHA RANI



Pediatric ... ry & Physical Examination

Central Nervous System :

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

Cranial Nerves : (III) (IV)

Motor System:

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes : NAD.

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : Regular

Summary & Diagnostic:

Kidney B-ALL CALCA @ve
planned for chemotherapy.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complication

Desired goals of the treatment: hemodynamic stability.

Planned Labs:
Plan to do CBP on 16/5
m/B Anub 12/5/20

Planned Management
Syp ONDANSETRON
Syp DOMSTAL.
Syp CALCIMAX
Syp SEPTIRAN.
m/B Anub 12/5/20

Signature of the Doctor: [Signature]
Name of the Doctor: Sahini
Date & Time: 12/5/26 1 PM.

Signature of the Consultant: [Signature]
Name of the Consultant: Dr. Anurag Reddy
Date & Time: 12/5/26 @ 4pm
Dr. Anurag Reddy



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/20	Procedure note	
3:30 pm		
	Under sterile aseptic precaution lumbar puncture done clear CSF seen, intrathecal medications administered. Procedure uneventful	
vital stable		Plan
		1. Send creatinine
		2. Monitor vitals
		314 Cytarabine 1m.
		Seari
B/S/20	B-ALL/ consolidation	
9 am		
	2 episodes of vomiting	
	o/b stable vitals	
	CSF	Ad
	12/5/20	
		- to give 2 Cytarabines & discharge
		- 16/5 CSF & review

BAH-00641122 IP5-00173730
 Master ABDIMALK OMAR HASSAN
 06-06-2020 6 Y 11 M 6 D (M)
 Dr. SIRISHA RANI



RESULT SHEET

Date	12/5				
Time					
Hb	9.5				
PCV	30.1				
RBC	3.10				
WBC	2.74				
N/L	94/44				
Platelets	381				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
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					

BAH-00641122 IP5-00173730
 Master ABDIMALIK OMAR HASSAN (M)
 06-06-2020 5 Y 11 M 8 D
 Dr. SIRISHA RANI

mar Hassan



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: Onco

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	Syrup SEPTRAN	5ml	PO	BD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	Syrup MOKTEL	5ml	PO	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	Syrup CALCIMAV	5ml	PO	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	DOMSTAL suspension	5ml	PO	BD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *Sahithi* &

Date & Time : 12/5/26 12:50 pm

Nurse Name & Signature: *Anneeb* A

Date & Time : 12/5/26 1:30 pm

BAH-00641122 IP5-00173730
 Master ABDIMALIK OMAR HASSAN (M)
 06-06-2020 6 Y 11 M 6 D
 Dr. SIRISHA RANI



na



Sheet No:

REGULAR PRESCRIPTIONS

Weight 26.8 · Ward

DRUG : <u>seip MOKTEL</u>				Date/Time	<u>12/5</u>																		
Dose	Route	Frequency	Start Dt.																				
<u>5ml</u>	<u>PO</u>	<u>OD</u>	<u>12/5</u>																				
Name & Signature of the Doctor Starting the Drugs:																							
<u>Sirishi</u>																							
Additional Instructions:																							
<u>10pm pm meals</u>																							
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

BAH-00641122 IP5-00173730
 Master ABDIMALIK OMAR HASSAN
 06-06-2020 5 Y 11 M 6 D (M)
 Dr. SIRISHA RANI



DRUG CHART

Date of Admission: 12/5/20 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Sign

BAH-00641122 IP5-00173730
 Master ABDIMALIK OMAR HASSAN
 06-06-2020 5 Y 11 M 6 D (M)
 Dr. SIRISHA RANI



Weight. Ward.

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/5/26	3pm	lyg MIRAZOLAM	1.5mg	IV	A	<i>[Signature]</i>
12/5/26	3pm	lyg KETAMINE	15mg	IV	A	<i>[Signature]</i>
12/5/26	11 AM	INS CYTARABINE	60mg	IV	<i>[Signature]</i>	<i>[Signature]</i>

Signature

VERIFIED BY : Name



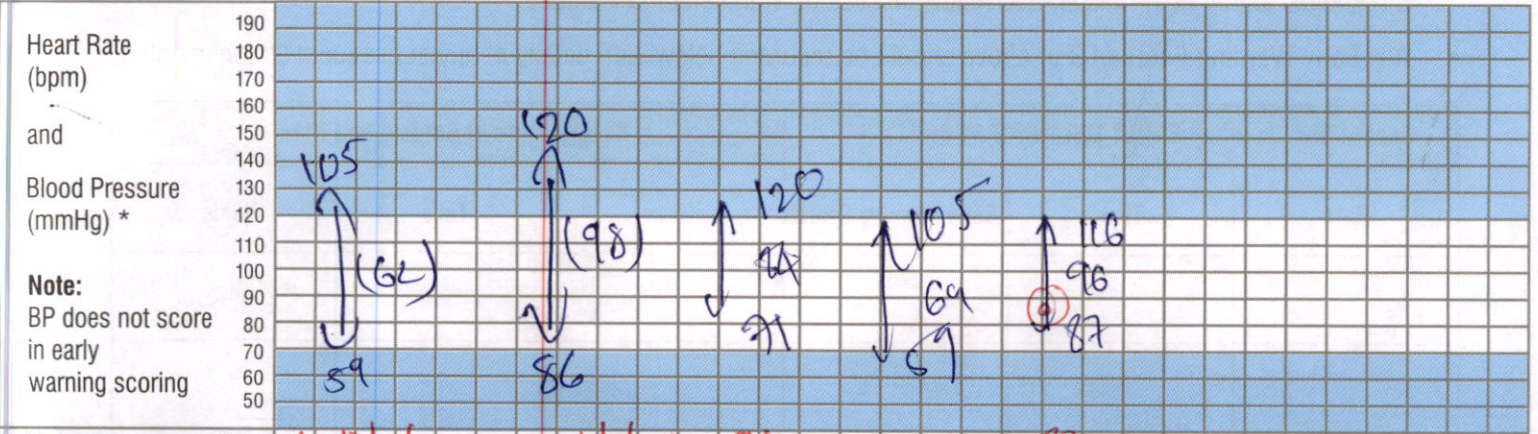
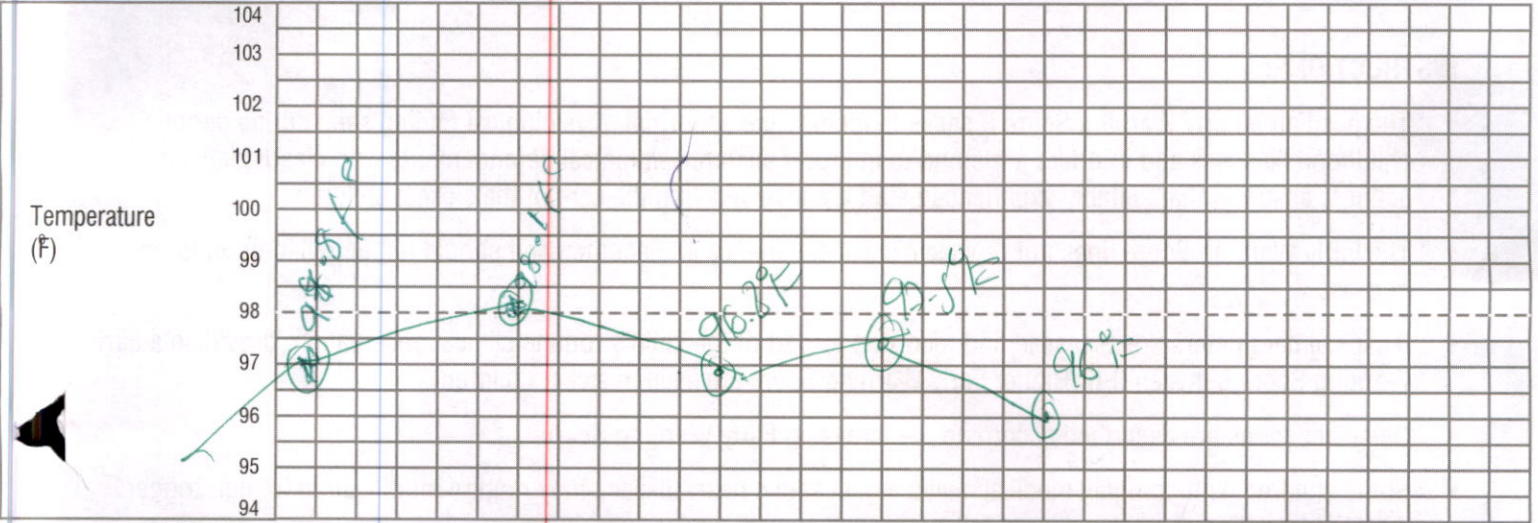
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 9PM 6PM 10PM 2AM 6AM

Doctor / Nurse / Family Concern?



Heart Rate (Number) 100b/m 101b/m 91b/m 110b/m 87b/m



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

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 100% 100% 96% 98% 96%

Conscious Level Normal / Altered 15/15 15/15 15/15 15/15 15/15

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

TOTAL SCORE Number of shaded boxes 1 1 0 0 0

Pain Score 0 0 0 0 0

Observer's Initials [Signature] [Signature] [Signature] [Signature] [Signature]

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

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

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)

Patient

BAH-00641122 IP5-00173730
 Master ABDIMALIK OMAR HASSAN
 06-06-2020 5 Y 11 M 6 D (M)
 Dr. SIRISHA RANI



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.

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output		IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											

Total Intake :

Total Output :

12/5	02:00 pm											
	03:00 pm											
	04:00 pm	NO										
	05:00 pm	IV										
	06:00 pm											
	07:00 pm											

Total Intake :

Total Output :

12/5	08:00 pm											
	09:00 pm											
	10:00 pm	NO										
	11:00 pm	IV										
	12:00 am											
	01:00 am											

Total Intake :

Total Output :

13/5	02:00 am											
	03:00 am											
	04:00 am	NO										
	05:00 am	IV										
	06:00 am											
	07:00 am											

Total Intake :

Total Output :

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00641122 IP5-00173730
 Master ABDIMALIK OMAR HASSAN
 06-06-2020 5 Y 11 M 7 D (M)
 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.
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				
	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



CONSENT FOR CHEMOTHERAPY

Patient Name : Abdimalik Omar Age : 5y Gender : Male Female

UHID No : BAH - 00641122 Department : PHO Date : 12/5/26

Type of Chemotherapy : Intravenous

The type of reactions, nature of the major risks and complications arising from the treatment despite precautions has been explained to me. These can include Bone Marrow depression with subsequent infections, bleeding, nausea, vomiting, diarrhea, mouth ulcers, alopecia, fever, phlebitis, ulceration at the site of injection organ injuries etc.

The doctor have explained to me about the benefits and alternative for this procedure that

I understand that no promise of cure or freedom from risk can be given. During the course of treatment I will report any symptoms if they become bothersome.

I have read the above and have no further questions about the treatment to be given.

Patient Attendant :
Signature : [Signature]
Name : Omar Hassan
Relationship with Patient :
Date & Time :

Witness :
Signature :
Name :
Date & Time :

Doctor (who is taking the consent):
Signature : [Signature]
Name : Sirisha
Date & Time : 12/5/26 2PM

కీమో థెరపీ కొరకు అంగీకారం

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

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

తేదీ

కెమోథెరపీ రకాలు:

ఈ చికిత్స చేయు సమయములో తగు జాగ్రత్తలు తీసుకున్న సంభవించు వివిధ రకములైన ప్రమాదాలు తలెత్తే సమస్యల నాకు డాక్టర్ వివరించబడింది. వీటిలో ఎముక మజ్జ మాంద్యం, తదుపరి అంటువ్యాధులు, రక్తస్రావం, వికారం, వాంతులు, విరేచనాలు, నోటి పూతల, అలోపేసియా, జ్వరం, ఫ్లెబిటిస్, అవయవ గాయాలు, ఇంజెక్షన్ ఉన్న ప్రదేశంలో పుండ్లు మొదలైనవి కలగవచ్చు ఈ విధానం యొక్క ప్రయోజనాలు మరియు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు.

డాక్టర్ నీకు ఈ ప్రక్రియ వల్ల కలుగు లాభాలు మరియు ప్రత్యామ్నాయాలు వివరించారు

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

నేను చికిత్స గురించి పూర్తిగా తెలుసుకున్నాను, చికిత్స గురించి తదుపరి ప్రశ్నలు లేవు.

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

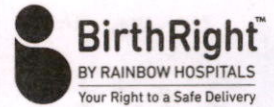
సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

BAH-00641122 IP5-00173730
Master ABDIMALIK OMAR HASSAN
06-06-2020 5 Y 11 M 6 D (M)
Dr. SIRISHA RANI



CONSENT FOR SPECIAL PROCEDURES

Patient Name : Abdimalik Omar Hassan Gender: Male Female

UHID No : 641122 Department : PHO Date : 12/5/26

I S/D/W/O

Here by give consent for procedure of : lumbar puncture

For my patient, Named : Abdimalik Omar Hassan

The doctors have clearly explained to me that the procedure has following possible complications:

pain / bleeding / Infection

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

- MA

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Sarani

Patient Attendant :

Signature : [Signature]

Name : Margan di

Relationship with Patient: Mother

Date & Time : 12/5/26 2pm

Witness :

Signature :

Name :

Date & Time :

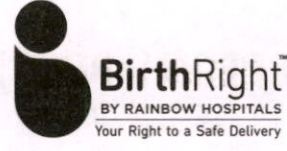
Doctor (who is taking the consent) :

Signature : [Signature]

Name : Sarani

Date & Time : 12/5/26 2pm

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....
.....
.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

BAH-00641122 IP5-00173730
Master ABDIMAJUK OMAR HASSAN
P 06-06-2020 5 Y 11 M 6 D (M)
Dr. SIRISHA RANI



CONSENT FOR PROCEDURAL SEDATION

Authorization By: Patient Patient Attendant

I, the undersigned do hereby acknowledge the following:

- I have been made aware by the doctors in language known to me the details of sedation planned for the procedure
lumbar puncture
- I have been made aware of the possible complications from the procedure of sedation as follows:
- Changes in heart rate, blood pressure, need for oxygen supplementation, allergic reactions, upper airway obstruction, laryngospasm, conversion to general anaesthesia
- I have been made aware that the sedation is being advised to relieve pain and anxiety during the procedure. It will help me remain calm, comfortable, and cooperative, allowing the procedure to be performed smoothly and safely.
- I have been clearly explained about the benefits, risk, and alternative of the sedation which is General Anaesthesia.
- I authorize Dr. SIRISHA RANI and his / her team to perform the procedural sedation upon the patient / myself.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: [Signature]
Name: Mangan ali
Relationship with patient: Mother
Date & Time: 12/5/21 2pm

Witness:

Signature: [Signature]
Name: Mangan ali
Date & Time: _____

Doctor (who is taking consent):

Signature: [Signature] Name: SIRISHA RANI Date 12/5/21 Time: 2pm

ప్రాసీజరల్ సెడేషన్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, క్రింది విషయాలను అంగీకరిస్తున్నాను:

నాకు తెలిసిన భాషలో, వైద్యులు ఈ క్రింది ప్రాసీజర్ కు ఇచ్చే సెడేషన్ గురించి పూర్తి వివరాలు నాకు తెలిపారు:

- సెడేషన్ వల్ల సంభవించగల సాధ్యమైన క్రింది సమస్యలు/ప్రమాదాలు గురించి నాకు తెలిపారు: గుండె వేగం మారడం, రక్తపోటు మారడం, ఆక్సిజన్ అవసరం, అలర్జి ప్రతిచర్యలు, ఎగువ శ్వాసనాళ అడ్డంకి, లాలింజోస్టానమ్, జనరల్ అనస్థీషియాగా మారాల్సిన అవకాశం.
- ప్రాసీజర్ సమయంలో నొప్పి, భయం, ఆందోళన తగ్గించేందుకు సెడేషన్ ఇవ్వడం అవసరం అని నాకు వివరించారు. ఇది ప్రాసీజర్ సజావుగా, సురక్షితంగా జరగడానికి సహాయపడుతుంది.
- సెడేషన్ గురించిన ప్రయోజనాలు, ప్రమాదాలు, ప్రత్యామ్నాయం (జనరల్ అనస్థీషియా) గురించి నాకు స్పష్టంగా వివరించారు.
- డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ ప్రాసీజర్ సెడేషన్ చేయడానికి నేను అనుమతిస్తున్నాను.
- పై సమాచారాన్ని నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ఉన్న ప్రశ్నలన్నీ, నాకు అర్థమయ్యే భాషలో సమాధానమిచ్చారు. ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

BAH-00641122 IP5-00173730
 Master ABDIMALIK OMAR HASSAN
 06-06-2020 5 Y 11 M 7 D (M)
 Dr. SIRISHA RANI



ate Sedation Flow-Sheet

Immediate Pre-Sedation Assessment

B.P	PR	R.R	Temp	SPO ₂	Pain Score	Weight

Diagnosis: B-ALL

Procedure: lumbar puncture

Comorbidities: nil

Risk, benefits & alternatives discussed;
 Patient understand & elects to proceed
 Consents for procedure and sedation signed and dated

ASA Physical Status

ASA PS 1: Healthy Patient
 ASA PS 2: Mild Systemic Disease, no functional limitations
 ASA PS 3: Severe Systemic Disease, functional limitations
 ASA PS 4: Severe Systemic Disease, constant threat to life
 ASA PS 5: Moribund Patient unlikely to survive 24 hrs.
 ASA PS 6: A declared braindead patient whose organs are being removed for donor purposes

E: Emergency procedure

GCS: E 4 M 6 V 5

IV Site: Gauge: goshory line

Sedation Plan: g conscious

Allergies: nil

AIRWAY EVALUATION

Mouth:

Normal
 Loose Teeth
 Small Mouth
 Protruding Incisors
 Receding Lower Jaw
 Dentures

Neck:

Normal
 Decreased ROM
 Thyromental Distance Less Than 6 cm
 Short Neck

Mallampati Class: I II III IV

Monitoring of Patient Intra – Procedure

Procedure Monitoring

Heart Rate (HR), Respiratory Rate (RR), Oxygen Saturation (O₂ Sat) continuously monitored, and Level of Consciousness (LoC) to be monitored and recorded minimally every 15 minutes until 15 minutes after the last administration of any sedation, then every 30 minutes, then every 1 hour until stable. Respiratory status to be monitored continuously.

Level of Consciousness (LOC):

- A - Alert
- V - Verbally Responsive
- P - Painfully Responsive
- U - Unresponsive

Observation to be documented every 15 mins

TIME	BP	PR	RR	O ₂ Sat%	O ₂ Supplementation	Comments / Initials
Baseline						

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME
IV MIDAZOLAM	IV	1.5mg	3pm	
IV KETAMINE	IV	15mg	3pm	

Doctor Notes: Unsuccessful procedure

Time of transportation to post sedation care room: LOC:

Doctor Name: Dr. Navin Signature: A

Post Sedation Care Room

Time																			
Monitoring	180																		
ECG NBP Oximeter	160																		
Pain Score (0-10)	140																		
Sedation Score (0-4).....	120																		
	100																		
	80																		
	60																		
	40																		

TOTAL ALDRETTE SCORE AT DISCHARGE =
 (If 9 and more patient can discharge from post Sedation care unit)

Activity :	Consciousness:	Respiration:	Oxygen Saturation:	Circulation:
Four extremities = 2	Fully awake = 2	Breathe Deep= 2	Sat O ₂ >92 % on room air = 2	BP +/- 20 mm hg of pre-op = 2
Two extremities = 1	Arousal oncalling=1	Dyspnea, limited breathing = 1	Needs oxygen to maintain Sat O ₂ >90% = 1	BP +/- 20-50 mm hg of pre-op = 1
No extremities = 0	Unresponsive=0	Apnea = 0	Saturation <90% with oxygen = 0	Bp +/-50 mm hg of Pre-Op = 0

Patient Discharge Time:

Nurse Name:

Signature:

Date: Time:

Consultant Name: Dr. SRISHARAWI / Dr. SANDHYA

Signature: A

Stamp



NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 12/5/26 Time: 2PM

Weight: 26.8kg Centile: >97th

Height: 120cm Centile: >90th

Inference: obese child

RDA: - Calories: 1400kcal/d Protein: 24g/d

Diet Recommendations: Normal high protein diet

Re-Assesment: Avoid spicy, chilled & outside foods.

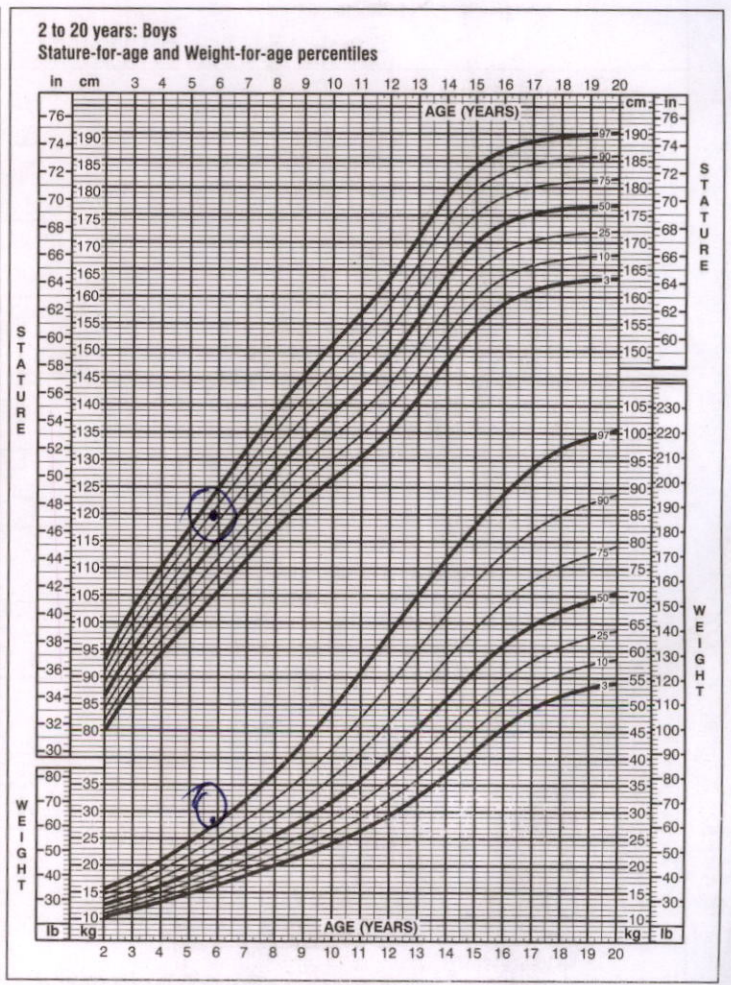
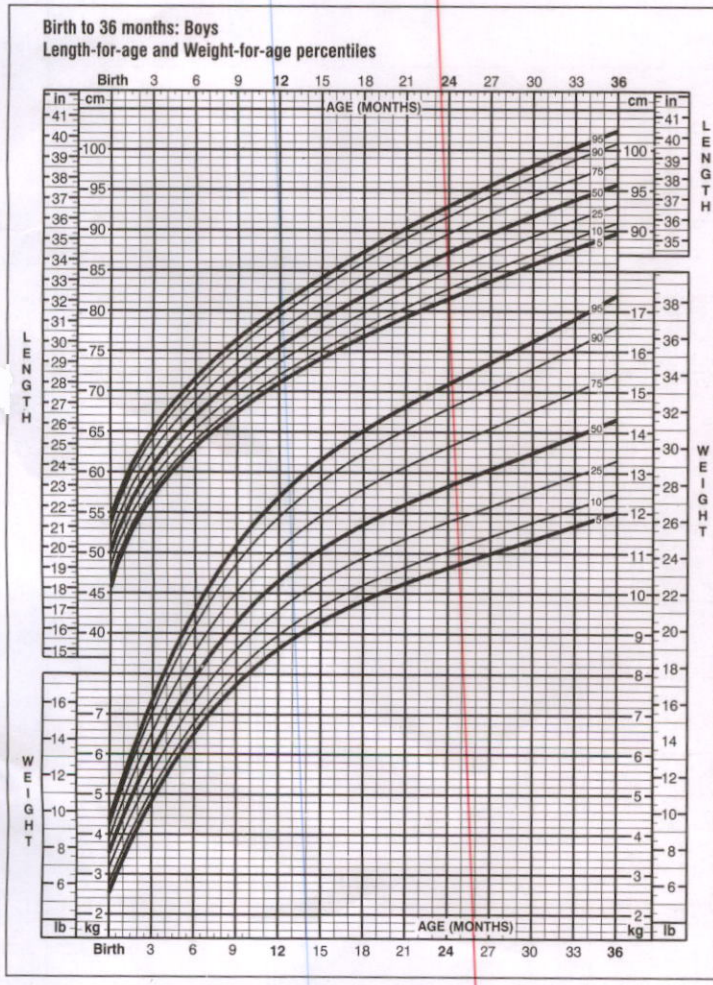
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: K1C10 B-AU (ALCA) (+ve)

Nutritional Intervention - Oral Enteral Parenteral

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

GROWTH CHART (BOYS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

