

VH-00201487 IP5-00173720
 Master MITTAPALLY NIHAN REDDY
 30-07-2021 4 Y 9 M 12 D (M)
 Dr. SANDHYA VADDADI



ACTIVITY RECORD FOR BILLING

Name : _____
 UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____
 Date of Admission: _____ Time : _____ Date of Discharge : 16/5/26 Time: _____
 Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/5/26	11:20 AM	ER	oncology	[Signature]

Cross Consultation Visit

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

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173720 Admit Date : 12-May-2026 Admit Time : 10:55 AM UHID : VIH-00201487

Patient Details :

Patient Name : Master MITTAPALLY NIHAN REDDY Age : 4 Y 9 M 12 D
Guardian : Mr MITTAPALLY RAJA REDDY DOB : 30-07-2021
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H NO 5-113/6 MENDORA Pochampad Project Phone No : 9491010409/ 9505901624
Nizamabad Telangana INDIA 503219 E-mail : RAJAREDDY229724@GMAIL.COM

Admission Details :

Bed Type : FOUR SHARING Bed No : FSW 126 Ward Name : 1F-HEMATO-ONCOLOGY
Room No : FSW 126 Admission Type : First Visit

Contact Details :

Name : Mr MITTAPALLY RAJA REDDY Relationship : Father
Contact Address : H NO 5-113/6 MENDORA Pochampad Project Phone No : 9491010409
Nizamabad Telangana INDIA 503219

M. Raja Reddy
Signature

Doctor Details :

Doctor Name : Dr. SANDHYA VADDADI 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 : NIVA BUPA HEALTH INSURANCE COMPANY LTD



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

U

Patient Name: _____

VIH-00201487 IPS-00173720
Master MITTAPALLY NIHAN REDDY
30-07-2021 4 Y 9 M 12 D (M)
Dr. SANDHYA VADDADI



UHID ID: _____

~~VIH-00201487~~ ~~800~~ - VIH-00201487 .

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Master Mittapally Nihan Reddy. Age/Sex _____
Information given by: Father Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

child k/c/o Acute Promyelocytic
Leukemia / PMC - vara +ve / FLT3 - ITD +ve /
Post Induction - Quant PCR

History of present illness :

no c/o cold / cough
no H/o fever / vomiting / loose stool

Post HDPAC @ D+10

Now for RDP Transfusion



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

(N) perinatal transition

Birth & Socio Economic History:

About Father : _____

About Mother : _____ *J middle*

Any additional Information : _____

Developmental History :

Attained appropriate for age

Immunization History :

Immunised till date.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs) 17.3kg (Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate : 112/min B.P. 95/63 SPO2 99% @ RA

Resp. rate and type of breathing : 26/min.

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BAE (A), clear

Any added sounds : _____

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

Cardiovascular System :

Inspection of precordium : (N)

Heart Sounds : S₁, S₂ heard.

Any murmur : _____

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

Per Abdomen :

Inspection (N)

Palpation : soft non tender

Auscultation : B3 (A)

Spine : (N) External Genitalia : (N)

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves : Intact

Motor System:

Nutriton : Good

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : Nil

Reflexes :

DTR (P) Superficials:
Plantars _____

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

k/c/o Acute Promyelocytic Leukemia (APML) /
PML - RARA +ve / FLT3 - ITD +ve / Post induction - Quant
Post HIDAC 1 - PCR - ve / Post HIDAC 2 PCR
Day +10
now for RPP



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment: For hemodynamic stability

Planned Labs:

Send Blood cfs from line.

M/B Bhavan 12/5/26

Planned Management

- IV ceftriaxone BP
- Tab voriconazole
- RDP - 2 units

M/B Bhavan 12/5/26

Signature of the Doctor: JN

Name of the Doctor: Jayashri

Date & Time: 12/5/26 @ 12P

Signature of the Consultant: [Signature]

Name of the Consultant: _____

Date & Time: 12/5/26 @ 12P



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 5pm	K/clo APRM / post HIDA C ② Absolute Neutropenia	Day + 10
	No fever No bleeding manifestations vitals - stable	Plan 1. Next fever spike $T > 101^{\circ}F$ add amikacin, send 2. Trace blood cs. urine ds
		aloped by all 03/33 w/len Karan
13/5/26 am	K/clo APRM / Post HIDA C ② Severe - Neutropenia	Day + 11.
	No fever No bleeding manifestations No vomiting / cough vitals - stable	Plan 1. continue IV ceftriaxone 2. Trace blood cs 3. Next fever spike - add amikacin $T > 101^{\circ}F$
		4. CBP tehraplan } Tim. Karan

[Handwritten signature]
 13/5
 @ 10 am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26	<u>Evening rounds</u>	
Spms	No Complaints Vitals @	Plan PM CBP RW discharge
		<p>Noted by @ 013735</p>
ILLOS	KICW X/OML / DTI @ of HIB AC @	
8AM	C.I = Febrile Neutropenia NO temperature spikes activity @	R DTTOW Lab
	Hemodynamically stable on En: xirt	@ I/O charting 064
	CNS, LFT PA @	@ RW antibiotic
	THe @	@ Therapeutic vitals
	Inj cft @3 / TVO in monitor	
		@ Rpt Labs (L6/S) R (DTTOW)
	<p><i>[Signature]</i> @ 10:30 AM</p>	<p>N/D Karim 0155 @ 12PM 14/5 @ 12PM</p>

VIH-00201487
 Master MITTAPALLY NIHAN REDDY
 30-07-2021 4 Y 9 M 13 D (M)
 Dr. SANDHYA VADDADI

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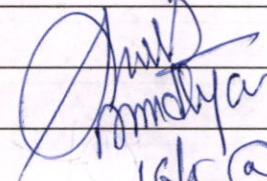
NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1505 8AM	<p>K100 APMLI D(3) H10AC @</p> <p>C.T: Febrile Neutropenia</p>	
	<p>NO temp spikes activity (N)</p>	<p>1) cont supportive care</p>
	<p>vitals stable</p>	<p>2) I/O charting q4h</p>
	<p>CNS, RX PLA (N)</p>	<p>3) CBP, Hb (M)</p>
	<p>Tnc (N)</p>	<p>4) Monitor vitals</p>
	<p><i>[Signature]</i> A. Annam 5/5/26 @ 9:30 AM</p>	<p>N/S Karima 015896 15/5/26 @ 12 PM</p>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/05 8AM	KULO APUL D (HIL) HILU AC (2)	
	NO complaints Activity (1) vitals stable W/S/R (1) P/A (1) T/C (1)	R 1) TROU LOH 2) I/O charting Q6H 3) RN discharge plan
		4) Monitor vitals rpt CBP on 18/5/26
		 16/5 @ 9 am
		11B P/S 11/5/26 16/5 9 am

VIH-00201-87 IP5-00173720
 Master M. TAPALLY NIHAN REDDY
 30-07-2021 4 Y 9 M 12 D (M)
 Dr. SANDHYA VADDADI



RESULT SHEET

MPV: 8.9
 F.

Date	12/5	14/5	16/5		
Time		8AM	8AM		
Hb	10.7	9.5	9.8		
PCV	30.6	27.9	27.2		
RBC	3.66	3.28	3.37		
WBC	400	310	0.55		
N/L					
Platelets	5000	56,000	29000		
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					

(COP basis)

Handwritten annotations and a circled '5000' in the Platelets row.



MEDICATION RECONCILIATION FORM

Drug Allergies: NO 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: ONCU

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	Tab VORICONAZOLE 200mg	1/2 tab	PO	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	Tab TRANEXA 500mg	1/2 tab	PO	BD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input 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: Jayash (JN)

Date & Time: 12/5/2021 @ 10:45AM

Nurse Name & Signature: Bhavana

Date & Time: 12/5/2021 @ 11:20AM



DRUG CHART

Date of Admission: 12/5/26 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:																				

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. 17 kg Ward. 0700

DRUG : Inj CEFTRIAXONE				Date Time	12/5	13/5	14/5	15/5	16/5											
Dose	Route	Frequency	Start Date																	
850mg	IV	BD	12/5	6AM	12:30pm	10:30am	10:30am	10:30am	10:30am											
Name & Signature of the Doctor Starting the Drugs: Jayashri																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign				M V																

DRUG : Tab VORICONAZOLE				Date Time	12/5	13/5	14/5	15/5												
Dose	Route	Frequency	Start Date																	
1/2 tab	PO	OD	12/5																	
Name & Signature of the Doctor Starting the Drugs: Jayashri																				
Additional Instructions: 1 tab = 200mg																				
Daily Doctor's Endorsement by a Sign				✓																

DRUG : Tab TRANEXAMIC ACID				Date Time	12/5	13/5	14/5	15/5												
Dose	Route	Frequency	Start Date																	
1/2 tab	PO	BD	12/5																	
Name & Signature of the Doctor Starting the Drugs: Saran																				
Additional Instructions: (1 tab = 500mg)																				
Daily Doctor's Endorsement by a Sign				✓																

DRUG :				Date Time																
Dose	Route	Frequency	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				



VARIABLE DOSE		Date Time	Nurse Sig.	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.

VARIABLE DOSE		Date Time	Nurse Sig.	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	12:30 PM	RDP	2 units (each over 30 min)	IV	Jayohn	MS Subh
12/5	12:28 PM	100 AVIC	0.4 ml	IV	d	Daw Subh

Signature

VERIFIED BY : Name

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 Dr. SANDHYA VADDADI



No. : RCH/ FRM / CLINICAL / 125



PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 26/5 Time: 9 AM

Doctor / Nurse / Family Concern?

Temperature (F)	104	
	103	
	102	
	101	
	100	
	99	98.6 F
	98	*
	97	
	96	
	95	
	94	

Heart Rate (bpm) and Blood Pressure (mmHg) *	190	
	180	
	170	
	160	
	150	
	140	
	130	
	120	
	110	
	100	100
	90	68

Note: BP does not score in early warning scoring

Heart Rate (Number) 108 bpm

Resp. Rate (bpm) (Over 1 Minute) *	70	
	60	
	50	
	40	
	30	
	20	
	10	
	0	

Resp Rate (Number) 24 bpm

Resp Distress	Mod/ Severe None / Mild	
Receiving O ₂ (l/min)	O ₂ Saturations (%)	99%
Conscious Level	Normal Altered	C
GCS *		15/15

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

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.

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)



15/5 (4)

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/5	Time:	9am	1pm	4pm	6:30pm	10pm	3am	6am
Doctor / Nurse / Family Concern?								
Temperature (F)	104							
	103							
	102							
	101							
	100							
	99							
	98							
97								
96								
95								
94								
Heart Rate (bpm) and Blood Pressure (mmHg) *	190							
	180							
	170							
	160							
	150							
	140							
	130							
120								
110								
100								
90								
80								
70								
60								
50								
Note: BP does not score in early warning scoring								
Heart Rate (Number)		106b/m	108b/m	104b/m	93b/m	102b/m	112b/m	106b/m
Resp. Rate (bpm) (Over 1 Minute) *	70							
	60							
	50							
	40							
	30							
	20							
	10							
Resp Rate (Number)		26b/m	28b/m	24b/m	24b/m	28b/m	29b/m	28b/m
Resp Distress	Mod/ Severe None / Mild	0	0			-	-	-
Receiving O ₂ (l/min) O ₂ Saturations (%)		100%	100%	98%	99%	100%	100%	100%
Conscious Level	Normal Altered	e	e	e	e	e	e	e
GCS *		15/5	15/5	15/5	15/5	14/5	15/5	15/5
TOTAL SCORE		0	0	0	0	0	0	0
Number of shaded boxes		0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0
Observer's Initials		C	C	F	F	F	F	F

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.

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Date	Time	Early Warning Score	Date	Time	Name

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I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
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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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

WY (3)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 14/5 Time: 9 AM 1 PM 4 PM 6 PM 10 PM 3 AM 6 AM

Doctor / Nurse / Family Concern?

Temperature (F)	104							
	103							
	102							
	101							
	100							
	99							
	98	98.2	98.4	98.5	98.5	98.5	98.5	98.5
	97							
	96							
	94							

Heart Rate (bpm) and Blood Pressure (mmHg) *	190							
	180							
	170							
	160							
	150							
	140							
	130							
	120							
	110							
	100							

Heart Rate (Number) 101b/m 102b/m 100b/m 101b/m 116b/m 102b/m 102b/m

Resp. Rate (bpm) (Over 1 Minute) *	70							
	60							
	50							
	40							
	30							
	20							
	10							

Resp Rate (Number) 24b/m 26b/m 27b/m 26b/m 28b/m 26b/m 26b/m

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal / Altered C C C C C C C

GCS * 15/15 15/15 14 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	V	C	I	A	F	R	R

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 13/5 Time: 9am 10am 11pm 6pm 10pm - 3am 6am
 Doctor / Nurse / Family Concern?

Temperature (F)	104							
	103							
	102							
	101							
	100							
	99	98.8	98.8	98.8	98.8	98.8	98.8	98.8
	98	*	*	*	*	*	*	*
	97							

Heart Rate (bpm)	190							
	180							
and Blood Pressure (mmHg)	170							
	160							
Note: BP does not score in early warning scoring	150							
	140							
Heart Rate (Number)	130							
	120							
Note:	110							
	100	98 (70)	98 (70)	100 (69)	100 (69)	100 (55)	98 (67)	100 (60)
Heart Rate (Number)	90							
	80							
Note:	70							
	60							
Heart Rate (Number)	50							
		102bpm	102bpm	102bpm	102bpm	102bpm	100bpm	97bpm

Resp. Rate (bpm) (Over 1 Minute)	70							
	60							
Resp Rate (Number)	50							
	40							
Resp Rate (Number)	30							
	20							
Resp Rate (Number)	10							
		24bpm	24bpm	24bpm	24bpm	24bpm	24bpm	24bpm

Resp Mod/ Severe Distress	None / Mild	*	*
Receiving O ₂ (l/min)	O ₂ Saturations (%)	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		0	0	0	0	0	0	0
Number of shaded boxes		0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0
Observer's Initials		Am	Am	Am	Am	Am	Am	Am

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.
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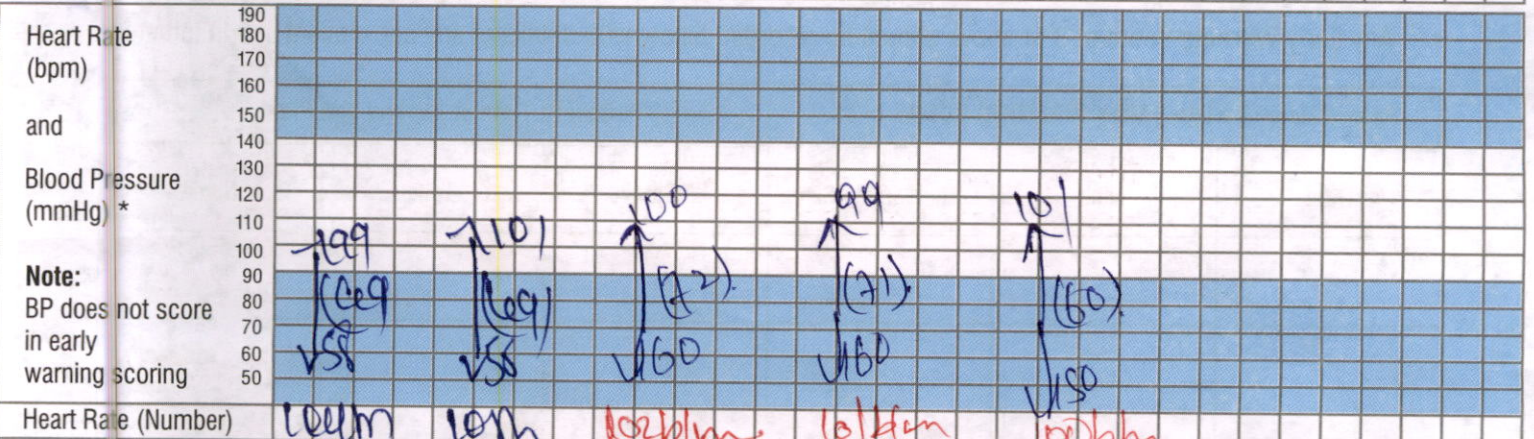
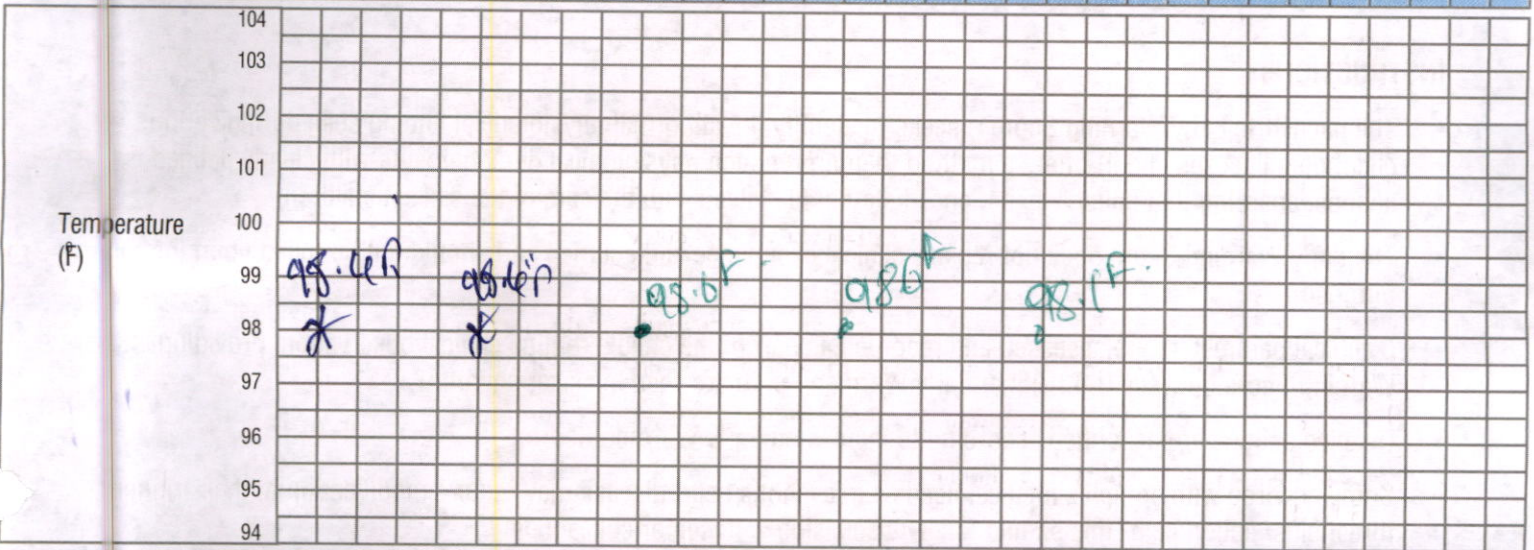
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/11/11 Time: 3pm 7pm 10pm 3Am 6Am

Doctor / Nurse / Family Concern?



Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

Receiving O₂(l/min) O₂Saturations (%)

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



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			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	H ₂ O	150ml	50ml							[Signature]	
	09:00 am	Idly	1pc	50ml					200ml			
	10:00 am	Bust milk	100ml	50ml								
	11:00 am	Banana		50ml								
	12:00 pm	Banana	1pc	50ml								
	01:00 pm	H ₂ O	180ml	50ml					150ml			
Total Intake :			730ml			Total Output :					350ml	
	02:00 pm	rice		50ml		✓					[Signature]	
	03:00 pm	dinner		50ml					200ml			
	04:00 pm	water	150ml	50ml								
	05:00 pm	bread		50ml								
	06:00 pm	bread		50ml								
	07:00 pm	water	150ml	50ml					180ml			
Total Intake :			600ml			Total Output :					380ml	
	08:00 pm	Tomato		50ml							[Signature]	
	09:00 pm	rice							200ml			
	10:00 pm	rice										
	11:00 pm	H ₂ O	200ml									
	01:00 am								150ml			
Total Intake :			200ml			Total Output :					300ml	
	02:00 am								200ml		[Signature]	
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am								200ml			
Total Intake :						Total Output :					900ml	

Total 24 hrs. Intake : 1,530 - 90cc/kg

Total 24 hrs. Output : 1,430 - 3,50cc/kg

m-(1)

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.
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			
14/5	08:00 am	H2O	150ml							150ml		Kaurma	
	09:00 am	Jelly	1 1/2 pc										
	10:00 am	Banana	1 pc										
	11:00 am	mango	1/2 pc										
	12:00 pm									200ml			
	01:00 pm	H2O	150ml										
Total Intake : 300ml						Total Output : 350ml							
14/5	02:00 pm	Rice	scup									M	
	03:00 pm	H2O	200ml							120ml			
	04:00 pm	Coconut	200ml										
	05:00 pm												
	06:00 pm												
	07:00 pm									140ml			
Total Intake : 400ml						Total Output : 260ml							
14/5	08:00 pm	Rice										M	
	09:00 pm	H2O	200ml							200ml			
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am									200ml			
Total Intake : 200ml						Total Output : 400ml							
15/5	02:00 am											M	
	03:00 am									200ml			
	04:00 am	H2O	100ml										
	05:00 am												
	06:00 am									150ml			
	07:00 am												
Total Intake : 100ml						Total Output : 350ml							

Total 24 hrs. Intake : 1,000 ÷ 41.6 cc/kg/day

Total 24 hrs. Output : 1360 ÷ 3.3 cc/kg/day

FLUID CHART

Sheet No. : 2

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
13/4	08:00 am			50 ml					250 ml			
	09:00 am	H ₂ O	200 ml	50 ml								
	10:00 am			50 ml								
	11:00 am			50 ml					150 ml			
	12:00 pm			50 ml								
	01:00 pm			50 ml					100 ml			
	Total Intake :			500 ml			Total Output :					500 ml
	02:00 pm			50 ml								
	03:00 pm	Apple juice	200 ml	50 ml								
	04:00 pm	H ₂ O	200 ml	50 ml					200 ml			
	05:00 pm	Juice		50 ml								
	06:00 pm	H ₂ O	200 ml	50 ml								
	07:00 pm			50 ml					200 ml			
Total Intake :			600 ml			Total Output :					400 ml	
	08:00 pm	Milk		50 ml								
	09:00 pm	egg		50 ml					180 ml			
	10:00 pm	H ₂ O	100 ml	50 ml								
	11:00 pm			50 ml								
	12:00 am			50 ml					200 ml			
	01:00 am			50 ml								
Total Intake :			400 ml			Total Output :					380 ml	
	02:00 am			50 ml								
	03:00 am			50 ml					180 ml			
	04:00 am			50 ml								
	05:00 am			50 ml								
	06:00 am			50 ml					120 ml			
	07:00 am			50 ml								
Total Intake :			300 ml			Total Output :					300 ml	

Total 24 hrs. Intake 1800 ÷ 105 cc/kg

Total 24 hrs. Output 1580 ÷ 3.8 cc/kg



FLUID CHART

Sheet No. : 0

- 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			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									125ml			
	12:00 pm												
	01:00 pm	Pile H ₂ O		50ml						135ml			
Total Intake : 100			Total Output : 260										
	02:00 pm			50ml									
	03:00 pm			50ml									
	04:00 pm	Pile H ₂ O		50ml						200ml			
	05:00 pm	H ₂ O		50ml									
	06:00 pm			50ml									
	07:00 pm			50ml						130ml			
Total Intake : 400ml			Total Output : 250ml										
	08:00 pm	Pile		50ml									
	09:00 pm	dal	100ml	50ml									
	10:00 pm			50ml						150ml			
	11:00 pm	H ₂ O		50ml									
	12:00 am			50ml									
	01:00 am			50ml						50ml			
Total Intake : 300ml			Total Output : 200ml										
	02:00 am			50ml									
	03:00 am			50ml									
	04:00 am			50ml									
	05:00 am			50ml									
	06:00 am		200ml	50ml									
	07:00 am			50ml						340ml			
Total Intake : 500ml			Total Output : 340ml										

Total 24 hrs. Intake 1400 ± 70cc/kg

Total 24 hrs. Output 1040 ± 2.54cc/kg

VH-00201487 IP5-00173720
 Master MITTAPALLY NIHAN REDDY
 30-07-2021 4 Y 9 M 12 D (M)
 Dr. SANDHYA VADDADI



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

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

Blood Group of the Patient: O+ve Blood Group on the Blood Bag: O+ve

Blood Bank Issue No: BAT-22-010-20 Date of Collection: 9/5/26 Date of Expiry: 11/5/26

Date & Time of Starting Transfusion: 12/5/26 @ 12:30 Planned duration of Transfusion: 1/2

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Nandini Nurse 2: Subha

Before starting transfusion vitals: Temp: 98.2 HR 102/h RR: 24/h BP: 100/60 SpO₂ 92

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>12/5</u>	<u>15 Min</u>	<u>103h</u>	<u>98.0</u>	<u>101/60</u>	<u>90</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>C</u>
<u>12/5</u>	<u>15 Min</u>	<u>100</u>	<u>98.3</u>	<u>100/60</u>	<u>99%</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: nil

Name of the Incharge-Nurse: Nasheera

Name of the Nurse: Pooja

Signature of the Incharge-Nurse: Nasheera

Signature of the Nurse: Pooja

Date & Time: 2pm 12/5/26

Date & Time: 12/5/26 2pm

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
 D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
 Banjara Hills, Hyderabad, Telangana State
 Lic.No. 46/HD/TS/2018/BB/G

PLATELE CONCENTRATE I.P.

Qty. 65 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./SAGM Solution.

O	HIV I & II/ HBsAG/ HCV - Non reactive VDRL - Non reactive MP - Negative NAT(HIV I & II/ HBsAG/ HCV)- Non reactive
	Unit No.: BAH26-01097 Blood Group: O Rh Positive Collection Date: 09/May/2026 Expiry Date: 14/May/2026

1. Do Not Dispense Without Prescription. 2. Check Blood Group On Label & Recipient's Group And Name Before Administration. 3. Shake Gently Before Use. 4. Do Not Add Any Medication. 5. Use Immediately After Issued. Do Not Use If There Is Clotting. 6. Do Not Use If Gentle A. 7. Do Not Use If 9. Admi

Issue Label / Cross Matching Report

Patient: MASTER MNIHAN REDDY
 Patient's Blood Group: O Rh Positive
 Hosp/Dr: Rainbow Childrens Hospital, dr sandhya
 UHID No.: VIH-00201487 Wd-Bed No.:

Product: RDP
 Blood Group: O Rh Positive Issue Dt: 12/May/2026
 Unit No.: BAH26-01097 Colln. Dt: 09/May/2026
 XMatching Report: Group Specific Exp. Dt: 14/May/2026
 X-matched by: K.SAIKUMAR Issued By:

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
 D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
 Lic.No. 46/HD/TS/2018/BB/G

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 Lic.No. 46/HD/TS/2018/BB/G

PLATELET CONCENTRATE I.P.

Qty. 75 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./SAGM Solution.

O	HIV I & II/ HBsAG/ HCV - Non reactive VDRL - Non reactive MP - Negative NAT(HIV I & II/ HBsAG/ HCV)- Non reactive
	Unit No.: BAH26-01101 Blood Group: O Rh Positive Collection Date: 09/May/2026 Expiry Date: 14/May/2026

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 Patient's Blood Group: O Rh Positive
 Hosp/Dr: Rainbow Childrens Hospital, dr sandhya
 UHID No.: VIH-00201487 Wd-Bed No.:

Product: RDP
 Blood Group: O Rh Positive Issue Dt: 12/May/2026
 Unit No.: BAH26-01101 Colln. Dt: 09/May/2026
 XMatching Report: Group Specific Exp. Dt: 14/May/2026
 X-matched by: K.SAIKUMAR Issued By:

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
 D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
 Lic.No. 46/HD/TS/2018/BB/G



CONSENT FOR BLOOD TRANSFUSION

Name: Mittapally Nihan Reddy Age: 44 Gender: Male Female
UHID.No : 20487 Date: 12/5/26

- Type of Blood Product:**
- | | | |
|--|---|--|
| <input type="checkbox"/> Fresh Frozen Plasma | <input type="checkbox"/> Packed Red Blood Cells | <input checked="" type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

I Raja Reddy hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

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

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):	Doctor (Who is talking the consent)
Signature: <u>M. Raja Reddy</u>	Signature: <u>A</u>
Name: <u>M. Raja Reddy</u>	Name: <u>DR. Sravani</u>
Date & Time: <u>12/5 @ 1PM</u>	Date & Time: <u>12/5/26 @ 1pm</u>

Witness

Signature: M. Raja Reddy

Name: M. Raja Reddy

Date & Time: 12/5, 1PM

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 12/5/26 Time: 12 pm

Weight: 17.15 kg Centile: > 50th

Height: 108 cms Centile: > 50th

Inference: Well child

RDA: - Calories: 1350 Kcal/d Protein: 23 gm/d

Diet Recommendations: Soft High protein diet

Re-Assessment: Avoid spicy, chilled and outside foods

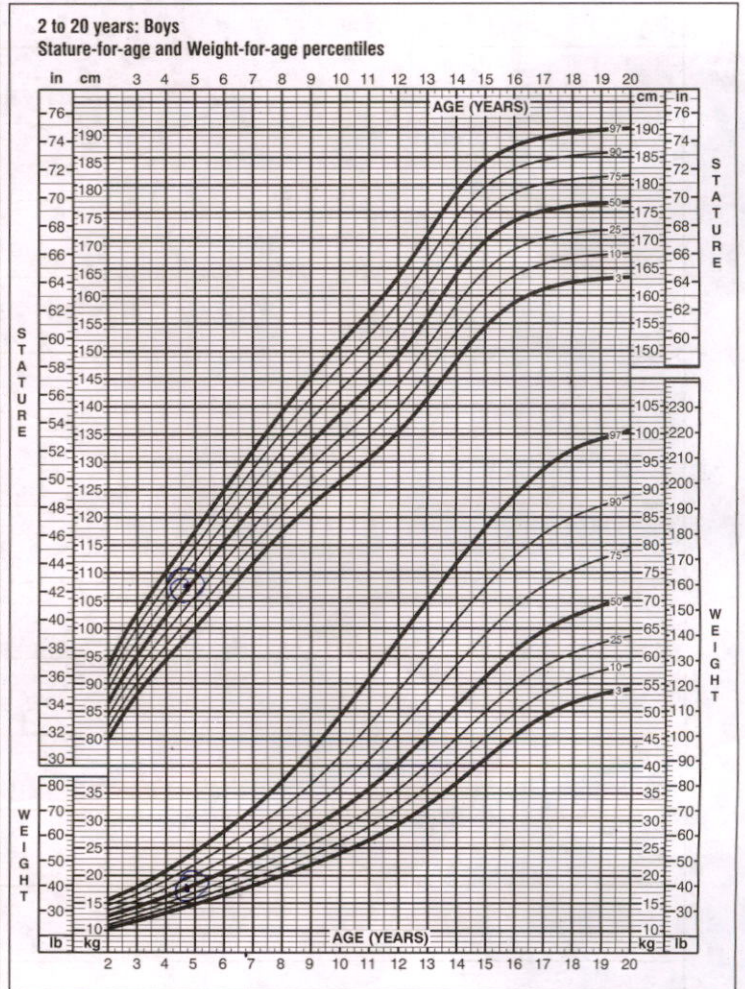
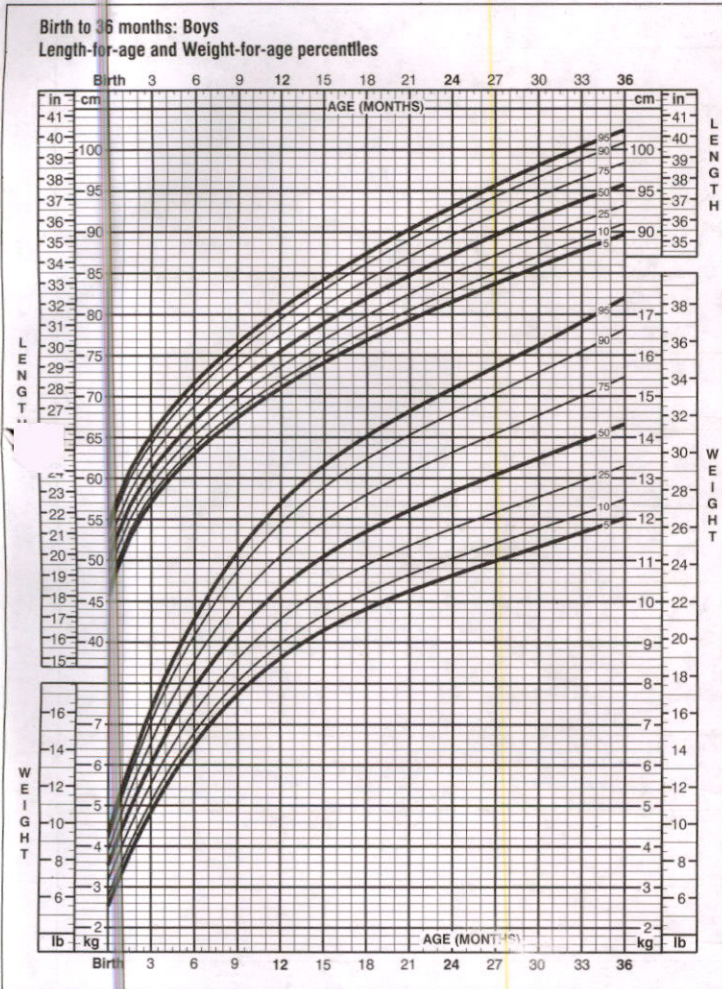
Food Allergies: No Veg/Non-veg Non-veg

Diagnosis: K110 Acute promyelocytic Leukemia (APML) post Induction - Quant pos, post H IDAC₂ D¹¹⁰ Now for RPP.

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: *Dr. V*

GROWTH CHART (BOYS)



Dietician's Name: Nikitha

Dietician's Signature: *Nikitha*

