

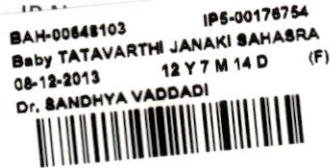
ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ Consultant: _____ Dept : _____

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

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



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/07/26	9:30 AM	cc	oncology	Reek

Cross Consultation Visit

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

INVESTIGATIONS

[illegible]

[illegible][illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
22/7/26	chemotherapy	①	92716296	Ueeng

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : 22/7/26

Time :

Prepared By : Ueeng

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Ueeng	day shift oncology		

BAH-00648103 IP5-00176754
Baby TATAVARTHI JANAKI SAHASRA
08-12-2013 12 Y 7 M 14 D (F)
Dr. SANDHYA VADDADI



EFFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	2			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record				
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy	1			
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
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	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1-2			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
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				
	<i>Entera</i>	6			
		25			
	Total No. of Pages				

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

ADMISSION SHEET

Registration Details :



Admission No : IP5-00176754

Admit Date : 22-Jul-2026

Admit Time : 09:03 AM UHID : BAH-00648103

Patient Details :

Patient Name : Baby TATAVARTHI JANAKI SAHASRA

Age : 12 Y 7 M 14 D

Guardian : Mr TATAPARTI SSN MURTY

DOB : 08-12-2013

Gender : Female

Religion :

Occupation :

Martial Status : Single

Address (H) : PLOT NO - 50 , ARUNA ENCLAVE,
TIRIMALAGIRI Trimulgherry Hyderabad
Telangana INDIA 500015

Phone No : 9014456795/ 8885680969

E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : DAY CARE

Bed No : HO DC 1

Ward Name : 1F-HEMATO-ONCOLOGY

Room No : HO DC 1

Admission Type : First Visit

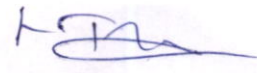
Contact Details :

Name : Mr TATAPARTI SSN MURTY

Relationship : Father

Contact Address : PLOT NO - 50 , ARUNA ENCLAVE,
TIRIMALAGIRI Trimulgherry Hyderabad
Telangana INDIA 500015

Phone No : 9014456795 / 8885680969


Signature

Doctor Details :

Doctor Name : Dr. SANDHYA VADDADI

Specialisation : HEMATO ONCOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : STATE BANK OF INDIA

SAH-00648103 IP5-00176754
Baby TATAVARTHI JANAKI SAHASRA
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Dr. SANDHYA VADDADI




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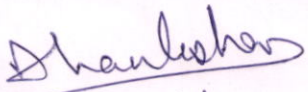
ADMISSION CRITERIA – ONCOLOGY

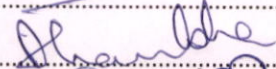
Admission / Transfer from:

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

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

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

Signature of the Doctor: 

Name of the Doctor: 

Date & Time: 22/7/2013 @ 12 PM

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Baby TATAVARTHI JANAKI SAHASRA
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DISCHARGE CRITERIA – ONCOLOGY

Discharge to:

☐ HDU / Step down ICU ☒ Ward ☐ Outside Facility ☐ Others:

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

- ☒ Completion of chemotherapy, with no debilitating side effects.
☐ Resolution of febrile episode, with no fever > 24hrs and Absolute Neutrophil count (ANC) > 500cells/mm³.
☐ Admitted patients - Once the admitting problem gets resolved or made a plan to manage further on out-patient basis.

Signature of the Doctor: Ashwika

Name of the Doctor : Ashwika

Date & Time: 22/12/16 06:00



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wt + 4r - 8 kg

(P.T.O)

[illegible]

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RESULT SHEET

Date	22/1/26				
Time	10 AM				
Hb	11.6				
PCV	34.6				
RBC	3.68				
WBC	10.32				
N/L	82/14				
Platelets	2.88				
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					

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DRUG CHART

Date of Admission: 22.12.13 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



REGULAR PRESCRIPTIONS

Weight. 10.5 kg Ward.

DRUG : <u>Tab. ONDANSETRON</u>				Date <u>22/12/13</u>																
Dose	Route	Frequency	Start Date	Time																
<u>6mg</u>	<u>PO</u>	<u>BD</u>	<u>22/12/13</u>	<u>11:30 am</u>																
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Balaji</u>																				
Additional Instructions: <u>6hr</u>																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>Tab. DOMPERIDONE</u>				Date <u>22/12/13</u>																
Dose	Route	Frequency	Start Date	Time																
<u>10mg</u>	<u>PO</u>	<u>TID</u>	<u>22/12/13</u>	<u>6am</u>																
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Balaji</u>																				
Additional Instructions: <u>2pm</u> <u>10pm</u>																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>Tab. METFORMIN</u>				Date <u>22/12/13</u>																
Dose	Route	Frequency	Start Date	Time																
<u>20mg</u>	<u>PO</u>	<u>BD</u>	<u>22/12/13</u>	<u>6am</u>																
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Balaji</u>																				
Additional Instructions: <u>AFTER food</u>																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>Tab. AMLODIPINE</u>				Date <u>22/12/13</u>																
Dose	Route	Frequency	Start Date	Time																
<u>5mg</u>	<u>PO</u>	<u>OD</u>	<u>22/12/13</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Balaji</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

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Baby TATAVARTHI JANAKI SAHASRA
08-12-2013 12 Y 7 M 14 D (F)
Dr. SANDHYA VADDADI

Baby TATAVARTHI JANAKI SAHASRA 08-12-2013 12 Y 7 M 14 D (F) Dr. SANDHYA VADDADI		Date Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DR		Dose		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route Start Date		Dose		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

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

[illegible]

Dr. SANDHYA VADDADI

11 JANAKI SAHASRA
12 Y 7 M 14 D (F)

BAH-00848103
Baby TATAVARTHI JANAKI SAHASRA
08-12-2013 12 Y 7 M 14 D (F)

Dr. SANDHYA VADDADI



I.V. FLUIDS CHART

Weight. Ward.

[illegible]

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 Baby TATAVARTHI JANAKI SAHASRA
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FLUID CHART

Sheet No. : (1)

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
22/7/26	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am		150ml						150ml				
	12:00 pm	HW 100ml	60ml										
	01:00 pm		60ml										
Total Intake : 270 ml						Total Output : 150 ml							
	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										

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FLUID CHART

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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					
			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									



Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 9:40am Mode of Arrival: By mother Admitting From: ☒ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction No allergy reaction Body Weight: 48.8 Kg
Height: cm

Past Medical History: Obtained From ☐ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify)

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>NA</u>	<u>NA</u>	<u>NA</u>

Family History: Healthy family

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☒ No

yes please list,

Was the child's birth normal? ☒ Yes ☐ No If No, please describe problems:

Are the child's immunization up to date? ☒ Yes ☐ No

Current Medication: ☒ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: 48.8kg Length: Head Circumference (< 2 years):
Temp.: 98.6f HR: 93b/m RR: 20b/m BP: 100/60(21)mmHg

Pain Score: Specify Site: (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☒ Yes ☐ No Score: 8 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☐ Yes ☒ No If Yes, Pain Score: Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

Character of Pain Location Frequency Duration

FUNCTIONAL SCREENING:☒ No Abnormalities Detected☐ Mobility Problem☐ Walking Problem☐ Developmental Delay☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:☒ No Abnormalities Detected☐ Underweight☐ Overweight☐ Special Feeding Method☐ Feeding Problem☐ Special diet☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening:☒ No Significant FindingsUnusual concerns about patient's Psychological Status: ☐ Yes ☒ No

If Yes Consultant Notified: (Date/Time):

Cultural & Spiritual Needs: ☐ Yes ☒ No if Yes specify Inform consultant for positive criteria.**Social History:** Lives With parentsSiblings in household ☒ Yes ☐ No (if yes How Many?) BrotherAll Information Obtained From ☐ Patient ☒ Mother ☒ Father ☐ Other Family Member**Orientation has been given regarding the following aspects:**Call Bell in Reach: ☒ Yes ☐ NoWaste Disposal Explained: ☒ Yes ☐ NoInfusion Pump: ☒ Yes ☐ NoHand hygiene Explained: ☒ Yes ☐ No ☐ OthersPatient Rights & Responsibilities: ☐ Yes ☐ NoInformation given to parentsNurse Signature: AliyNurse Name: AliyDate: 22/7/26Time: 10 AM

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CONSENT FOR CHEMOTHERAPY

Patient Name : Janaki Sahasra Age : 12y Gender : Male ☐ Female ☒
UHID No : BAH-00648103 Department : INO Date : 22/7/26
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 no

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 : Lakshmi Prasanna
Name :
Relationship with Patient : Mother
Date & Time : 22/7/26 @ 11:30am

Witness :

Signature : Lakshmi Prasanna
Name :
Date & Time : 22/7/26 @ 11:30am

Doctor (who is taking the consent):

Signature : S
Name : Savani
Date & Time : 22/7/26 11:30am