

BAH-00652018 IP5-00173389
 Master AYMAN ABDIKARIM OMAR
 15-06-2018 7 Y 10 M 20 D (M)
 Dr. SIRISHA RANI



ACTIVITY RECORD FOR BILLING

11

Name : _____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/5/26	11:40pm	ER	oncology	B

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
5/5	chemotherapy	④	9593279	<i>Ding</i>
	Bone marrow		9593278	
	lumbar puncture			
	conscious sedation		9	
16/5	PRBC Transfusion	①	9611811	TA

plc

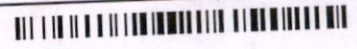
ANY OTHER INFORMATION

Don't charge for charge - *Simo*

Date: *25/5/26* Time: *12pm* Prepared By: *Saukter*

Staff Nurse <i>Saukter</i>	Shift / Ward <i>Morning Oncology</i>	Billing Assistant	Billing Supervisor
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ADMISSION SHEET



Registration Details :

Admission No : IP5-00173389

Admit Date : 05-May-2026

Admit Time : 11:10 AM UHID : BAH-00652018

Patient Details :

Patient Name : Master AYMAN ABDIKARIM OMAR HASSAN

Age : 7 Y 10 M 20 D

Guardian : Mr ABDIKARIM OMAR HASSAN

DOB : 15-06-2018

Gender : Male

Religion :

Occupation :

Marital Status : Single

Address (H) : PARAMOUNT COLONY, GATE NO 3 Tolichowki
Hyderabad Telangana INDIA 500008

Phone No : 7416952253

E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : FOUR SHARING

Bed No : FSW 135

Ward Name : 1F-HEMATO-ONCOLOGY

Room No : FSW 135

Admission Type : First Visit

Contact Details :

Name : Mr ABDIKARIM OMAR HASSAN

Relationship : Father

Contact Address : PARAMOUNT COLONY, GATE NO 3
Tolichowki Hyderabad Telangana INDIA 500008

Phone No : 7416952253


Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI

Specialisation : HEMATO ONCOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant : Dr. SANDHYA VADDADI


Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

BAH-0652018 IP5-00173389
 Master AYMAN ABDIKARIM OMAR
 15-04-2018 7 Y 10 M 20 D (M)
 Dr. SRISHA RANI




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: M. Subho

Name of the Doctor: Dr. M. Subho

Date & Time: 3/5/26 @ 11:45 Am

AH-00652018 IP5-00173389
Patient AYMAN ABDIKARIM OMAR
5-06-2018 7 Y 10 M 20 D (M)
Dr. SIRISHA RANI

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DISCHARGE CRITERIA – ONCOLOGY

Discharge to:

- HDU / Step down ICU Ward Outside Facility Others: *Home*

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

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

Signature of the Doctor: *[Signature]*

Name of the Doctor: *Sirishi*

Date & Time: *29/5/26 @ 10.30am*

①



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

①

BAH-00652018 IP5-00173389
Master AYMAN ABDIKARIM OMAR
15-06-2018 7 Y 10 M 20 D (M)
Dr. SIRISHA RANI



Patient Name:

Ayman Abdikarim Omar

UHID ID:

Department:

Consultant:

Dr. Sirisha Rani



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

k/d/o Burkitt leukemia | CNS negative

now came for chemotherapy, BMA

History of present illness :

child is k/d/o Burkitt leukemia

no H/o fever

no H/o vomiting, running nose, cough

no H/o loose stools

do intermittent loin pain

no H/o dysuria

k/d/o Burkitt leukemia | CNS negative



now child came for

- BMA

- LP and chemotherapy



Pediatric Multiorgan History & Physical Examination

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

k/c/o Burkitt's leukemia / group C
on fms-LMS protocol Ropaxom

Birth & Neonatal History:

Term / C/S / no NICU admission

Birth & Socio Economic History:

About Father : _____
About Mother : _____
Any additional Information : _____

Developmental History :

Appropriate for age

Immunization History :

Immunized till date

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 24.1 kg (Centile _____)

On Examination :

Temperature : 98.2^of Pulse Rate : 118/min B.P. 106/62 (73) mm Hg SPO2 99.1.era

Resp. rate and type of breathing : 24/min
Regular

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

Respiratory System :

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

Cardiovascular System :

Inspection of procordium : (N)
Heart Sounds : S1S2 ⊕
Any murmur : NO murmur
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection (N)
Palpation : Soft
Ausculation : RSC ⊕
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 _____ *flexor*

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

*Kc/cd Burkitts leukemia / cns negative
now come for chemotherapy with BMA & LP*

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Progression of disease

Desired goals of the treatment : _____

Hemodynamic stability

Planned Labs:

USG abdomen done on OP basis

all
 Charan
 s/r/r

Planned Management

- 1) NPO to continue
- 2) Inj. Ondansetron 4mg IV TID
- 3) IVF. DNR @ 40ml/hr
- 4) Cyp. maktel 5ml OD
- 5) sup. calceimax plus 5ml OD
- 6) sup. septran 5ml p.o. qd (mon, wed, friday)
- 7) Lumbar puncture
 Bone marrow Aspiration } new
- 8) Chemotherapy as advised by
 Hematocoe team
- 9) mouth care to continue
 Hexidine mouth wash
 Chlorinolate mouth past.

Signature of the Doctor: _____

Sai

Name of the Doctor: _____

Sai

Date & Time: _____

5/5/26

Signature of the Consultant: _____

K. Gayathri

Name of the Consultant: _____

K. Gayathri

Date & Time: _____

5/5/26 11:45 AM

Dr. Anurag Reddy

Sirisha Rani

0652018 IP5-00173389
 AYMAN ABDIKARIM OMAR
 2018 7 Y 10 M 20 D (M)
 SIRISHA RANI

①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
A/	Procedure notes	
5/5/26 3pm	<p>Under sterile aseptic precautions, lumbar puncture done clear CSF seen, intrathecal medications administered. Bone marrow aspiration done, procedure uneventful. vitals stable</p>	
		<p><u>Plan</u></p> <ol style="list-style-type: none"> 1. send Bone marrow aspiration for morphology 2. start chemotherapy. 3. start NAC infusion T/m.
		<p>Plan</p> <p>1. send Bone marrow aspiration for morphology</p> <p>2. start chemotherapy.</p> <p>3. start NAC infusion T/m.</p> <p>Sirisha</p> <p>Dr. Gayathri 5/5/26 7:30pm</p> <p>Dr. Sandhya Vaddadi 3/5 @ 4pm</p> <p>Dr. SIRISHA RANI Reg. No: 40525</p> <p>Dr. SANDHYA VADDADI Reg. No: 71664</p>

AH-00652018 IP5-00173389
 Ister AYMAN ABDIKARIM OMAR
 5-06-2018 7 Y 10 M 20 D (M)
 r. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26 Fam	<p>Morning Rounds do Burkitto chemotherapy GNS One for ROPAS M Cycle 2</p>	
	<p>No fever / vomiting oral intake (N) vitals - (N)</p>	<p>plan 1) Collect BM report 2) Continue chemotherapy as per chart. 3) CUE today</p>
	<p><i>[Signature]</i> A. Anusong 4x95 @ 10 AM Dr. Anusong Raddy</p>	<p>folinic acid Today night plan Box 9 Cycle</p>
6/5/26 fam	<p><u>Evening Rounds</u></p>	<p>noted by nurse 6/5/26</p>
	<p>No complaints vitals - (N)</p> <p>CUE - (N) 4 7.5</p> <p><i>[Signature]</i> Dr. SIRISHA RANI Reg. No: 40525</p>	<p>plan 1) Continue chemotherapy. 2) continue supportive care</p> <p><i>[Signature]</i></p>

BAH-00652018 IP5-00173389
 Master AYMAN ABDIKARIM OMAR
 15-08-2018 7 Y 10 M 21 D (M)
 Dr. SRISHA RANI



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 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5 8 AM	<p><u>KID BUKIT Lukemia</u> Admitted for PCWP ADM ②</p>	
	<p>NO temperature spikes activity ④ vitals stable CVS, RR PA ④ Tbc ④</p>	<p>① wnt supportive care ② T/O charting obil</p>
	<p><u>polwt ④</u></p>	<p>③ PRBC @ night today ④ send BMA M120 today to oncquest</p>
		<p>⑤ CBP, Mtx plan (TM)</p>
		<p>⑥ monitor ... DR. SRISHA RANI Reg. No: 40524</p>
		<p>als @ 10 am noted by Dr. S/S/S @ 12M</p>



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PROGRESS NOTES AND DOCTOR'S ORDER

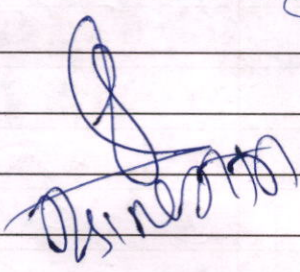
Date & Time	Progress Notes	Doctor's Order
8/5 8AM	<p><u>KLUO BUKTIH LUKEMIA</u> Admitted for KLUOPADM ②</p>	
	<p>NO temperature spikes Nausea ① ↓ Intoxication on Ent x 100%</p>	<p>① cont IV fluids + supportive care</p>
	<p>CNS, RT PIA / ① TUE ②</p>	<p>② INTASIO stop</p>
		<p>③ chem to continue</p>
		<p>④ Monitor vitals</p>
		<p>⑤ TROU Mtx Levels (1/201)</p>
	<p><i>[Signature]</i> Dr. Anand</p>	<p><i>[Signature]</i> noted by nurse 8/5/18 10:30 AM</p>
8/5 3PM	<p><u>afternoon rounds</u> clx Nauseo stable vital & stable</p>	<p>Dr. SIRISHA RANI Reg. No: 40525</p>
		<p>① cont chemotherapy</p>
		<p>② ID charting on ③ TROU Mtx Levels ④ Monitor vitals</p>

MIB completed 8/5/18
 2:30 PM
 hi roni

IAH-00652018 IP5-00173389
 Master AYMAN ABDIKARIM OMAR
 5-06-2018 7 Y 10 M 23 D (M)
 Dr. SIRISHA RANI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26 9 AM	MTx levels - 1.89	
		<p>Plan</p> <ol style="list-style-type: none"> 1. Continue folic acid 2. Bicarb hydration 3. SAPT <p>creatinine / Tm. NB Kayamani 8/5/26 @ 4 PM Sirani</p>
9/5/26 9 AM	Burkitt leukaemia / crnc ⊖ / crnc ⊖ <u>admitted for R-COPADM 2</u>	
	cli = ↑ methotrexate levels.	
	Nausea - better vitals - stable	<p>Plan</p> <ol style="list-style-type: none"> 1. continue chemotherapy. 2. continue folic acid 3. Trace reports 4. Trace BMA - MRO. 5. iv fosaprepitant today <p>Ⓢ send rpt Mtx levels @ 11 AM</p>
		<p>Savitree Sirani @ 11 AM</p>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5: 8AM	<p><u>Burkitt Luekemia / CMVCO / CNSO</u> admitted for RWPADH ②</p>	
	<p>CI: High Mtx (0.69) mucositis gr I-II NO temperature spikes CVS, IES PK ② TMC ②</p>	<p>Ⓡ ① went supportive care ② Inj. Filicid 100mg afternoon d/c</p>
		<p>③ In fluids to vent</p>
		<p>④ monitor vitals</p>
		<p>Ⓡ (m/s)</p>
	<p><i>[Signature]</i> Dr. Sirisha Rani</p>	<p>Ⓡ @ 1pm</p>
	<p><i>[Signature]</i> Dr. Sirisha Rani</p>	



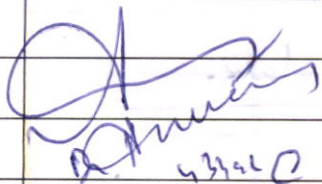
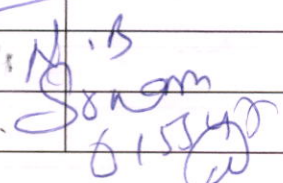
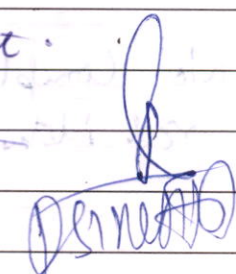
7

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/05 8AM	K1 UO Burkitt Lymphoma / Post ROPADM C:I = Mucoviscidosis No temperature spikes ↓ activity ch lower pain ↓ stool intake on the alert CVS, RR PA TNC	R 1) Supportive 2) Flt charting 3) In fluid + NAC (to wt) 4) Monitor vitals 5) Start Int. @ trioxone 6) CBP, SIE, RBS, TIM
	(UO = 2.7ml/kg/hr) [Signature] 4/5/55 @ 11 AM	7) NIR Sawtlere @ tap [Signature] [Signature]
11/05/26 3PM	ch vomiting ↓ stool intake CVS, RR PA TNC	R 1) Wt Int fluid + aminoc 2) CBP, SIE, RBS, TIM 3) monitor vitals P Inwori

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PROGRESS NOTES AND DOCTOR'S ORDER

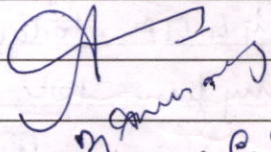
Date & Time	Progress Notes	Doctor's Order
14/5 8 AM	K/O Burkitt leukemia / MRD @ <u>POST OP ADM @</u> boy (10)	
	C-I = MUCUSITIS GI II-III Neutropenia	
	NO temp spikes Activity @	Dxert IJ fluid + smears
	Dol intake improved (slightly)	
	on Eho alert	② I/O charting 8h
	CNS, RS PLA @	③ TROU LABS
	TUC @	④ supportive care
	SNI - IJ Wt @ / IJ Fluorozone	⑤ monitor vitals
	I/O = 2108 / 1800 O/O = 3.1 ml/kg/hr	Ⓟ (1200)
		→ GUS T/M
		→ report CBP on 16/5/16.
		→ continue rest.
 10:10 AM	 10:00 AM	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26		
9 AM	Bulkit leukemia	MRD ⊖ at
	Post CoPAM ②-	Day + ⑪
	cli - mucositis grade 2-3	
	Neutropenia	
	no fever	<u>Plan</u>
	vital - stable	1. continue IV fluids +
		aminocou
	eftriaxone -	2. lig - aCRF today
	fluconazole - ①⑤	3. Repeat CBP
		extra plain } Tm.
		4. continue supportive care.
		⑤ change patch today
		⑥ change RM to IV <u>larai</u>
	 12/5/26 @ 9:45 AM	Noted by Nurse 15/5/26 @ 12:10



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26	Burkitt leukaemia/	Post R-COPADM (D+12)
9 AM	di. mucositis grade 2-3	
	Severe Neutropenia	
	No fever	
	No Vomiting -	
	Not passed stools - 6 days.	
	oli	Plan
	child sleeping	1. Continue W fluids
	vitals - stable	+aminocem.
		2. Continue VAC infusion
		3. Add IV linezolid
		4. PRBC today
		5. lig G-CSF today (T/M)
		6. Any fever spike - upgrade dby
		to PIPAZ. Pipaz +
		AMIKACIN.
		7. Rlv voriconazole - to day
		Rpt CBT, SE, extra plan on 18/5
		Mans
		<i>(Signature)</i>
		AM dby
		16/5/26 @ 10 AM
		Noted by Mans
		16/5/26
		Mans



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/20 APM	Burkitt leukaemia CI - mucositis	
	No fever no vomit poor oral intake	
	vital stable	Plan 1. ct IV antibiotics 2. Continue supportive care. 3. ↑ Analgesia to 20ml/hr <u>hourly</u>
		↓ later start TPN with lipid.
		Noted by Nelson 16/5/20 6 PM
	<u>KID BURKITT LEUKAEMIA</u>	D(13) of RWPADM(2)
1715	CI = GI II-III mucositis	R
	NO temperature spikes activity (N) ↓ oral intake throat pain (N) on Epi - a lot CNS R/L HA (N) Tone (N)	D WOT TPN ② IV fluids + antibiotics ③ ID charting Ob ④ CBP FIE / (TM) flora

NB Gouathay
17/5/20



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5 8 AM	Int J piptozil Amikacin Linezolid	Monitor vitals (BTKA)
		NIB Goyal 17/5/21 1:45 PM
18/5/21 8 AM	Morning rounds clo Baskitt leukemia / post Rloham 2nd cycle	Mucositis - grade 4 / neutropenia / Suspected sepsis hypokalemia - severe
	Ongoing fever spikes oral intake - nil - unable to swallow saliva pain vitals	T = 100.7 F 1. 2g KCl correction now 2. intracardiac stat. 3. trace up. 4. Rpt SIE @ 3 PM 5. Add Int Hydrowat T10 6. GCSE today 7. CBP, E/E plain
Memopress linezolid Amikacin	(D2) (D3) (D3)	(T/M)
		NIB Moomita 18/5/21 2 PM

BAH-0065/018 IP5-00173389
 Master AYMAN ABDIKARIM OMAR
 15-06-2018 7 Y 11 M 2 D (M)
 Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26 10 AM	S/B Dr. SIRISHA RANI	
		<p>Plan</p> <ol style="list-style-type: none"> 1. Buffy coats today 2. Iiy Dexa IV STAT 3. Keep NG tube. 4. send albumin in same sample 5. Add Iiy Micafungin . x 2 days 30mg IV OD 6. Syp septran. 7. <p>N.B MOOMITA Masari 18/5/26 12 PM</p>
18/5/26 4 PM	<p><u>Evening rounds</u></p> <p>No fever No vomit Severe mucositis pain (+) O/E 2- BIAE (+) clear 1b- soft BS (+)</p>	<p>Plan</p> <ol style="list-style-type: none"> 1. Trace electrolysis albumin report <p>N.B RASI</p>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5 8AM	K/NO Bwtkitt. Leukemia C-I = Mucositis q/IV Fertile neutropenia	D+(S) of KCPADM ②
		TWT =
	NO further temp spikes	R
	NO throat pain	① Supportive care
	↓ Otolintox	② Flushing 864
	on Et: x100+	③ Trau Lohs
	C/S: K/	④ Influid + TPN
	P/A ②	⑤ Stop Int Amikacin
	TWC ②	⑥ Monitor vitals
	<u>I/O = 1333/1600</u>	(Mubi)
	<u>U/O = 2.7ml/kg/hr</u>	⑦ Monitor vitals
	on Int MOW ③ / Linezolid ④	⑧ Monitor vitals
	Amikacin ⑤ — Stop ⑥	⑨ Monitor vitals
		⑩ Monitor vitals
		⑪ Monitor vitals
		⑫ Monitor vitals
		⑬ Monitor vitals
		⑭ Monitor vitals
		⑮ Monitor vitals
		⑯ Monitor vitals
		⑰ Monitor vitals
		⑱ Monitor vitals
		⑲ Monitor vitals
		⑲ Monitor vitals

(Signature)
 4/24/19 @ 8:30 AM

→ Plan S/E.
 → oral feeds to start
 → stop Micafungin today
 → K⁺ correction & Mg⁺ correction today.
 → Plan etc etc

2/10 14/5/24 @ 1:00

18

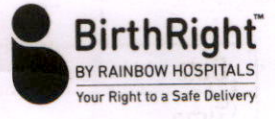
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26		
9 AM	Burkitt's leukaemia / CNS ⊖ /	RCOPADM-2
	Severe mucositis grade 3-4	(D+16)
	Febrile neutropenia	
	No fever	
	stools passed	
		Plan
		1. Continue IV antibiotics
		2. Continue supportive care
		3. Trace electrolytes
	Meropenem - P3	
	linezolid - P5	
		Plan:
(18/5)	Bloods - cultures no growth.	
		- STOP Meropenem
		& IV linezolid
		- oral cefixime & linezolid
		- CBP, LFT, urea & creatinine on Monday

Handwritten signature and notes: N. Anurag 9/5/26 @ 9:40 AM

Handwritten notes: N/B Rajamani 20/5/26 @ 10 AM

BAH-00652018 IP5-00173389
 Master AYM AN ABDIKARIM OMAR
 15-06-2018 7 Y 11 M 1 D (M)
 Dr. SIRISHA RANI



RESULT SHEET

Date	16/5	18/5	18/5	19/5/26	20/5/26
Time	8am	8am	4pm	8AM	
Hb	7.9	10.6		10.4	
PCV	22.1	30.8		30.9	
RBC	2.88	3.88		3.85	
WBC	0.25	0.57		5.37	
N/L		24/50		71/9	
Platelets	114	27,000		39,000	
CRP					
ESR					
PCT					
RBS					
Na		134	136	138	138
K		2.0	3.1	2.8	3.2
Cl		97	102	102	106
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin			3.6		
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L	d	A	d		

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

Culture and Sensitivities :

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.....

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :

IP5-00173389
 Master AYMAN ABDIKARIM OMAR (M)
 15-06-2013 7 Y 10 M 20 D
 Dr. SIRIHA RANI



9

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

RESULT SHEET

Date	5/5/26	8/5/26	9/5	11/5	12/5	14/5
Time		8AM	10AM	1PM	8AM	8AM
Hb	8.0	12.3		9.4	9.1	8.3
PCV				29.8		25.8
RBC				3.48		3.04
WBC	5910	13,780		6,411	3310	680
N/L	58/24	88/6.3		94/14	78/19	44/39
Platelets	5.55 lakh	4.72		342	2.8 L	203
CRP						
ESR						
PCT						
RBS					94	112 mg/dl
Na						
K					136	
Cl					3.5	
Ca/Mg					1.03	
Phosphate						
Urea						
Creatinine	0.3		0.5			0.4
ALP						126
SGPT	49		63			113
SGOT						81
T.Bill/Conj						0.3/0.1
T.Protein						5.2
S.Albumin						3.3
S.Globulin						1.9
A/G Ratio						1.7
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG :				Date											
Dose	Route	Frequency	Start Dt.	Time											
Zij. CEF TRIAXONE				11/5	12/5	13/5	14/5	15/5	16/5						
1gm	IV	Q12H	11/5												
Name & Signature of the Doctor Starting the Drugs:				<p>Dr. Sirisha Rani (Signature)</p> <p>Additional Instructions: Drink plenty of water</p>											
Daily Doctor's Endorsement by a Sign				<p>Signature (Signature)</p> <p>16/5/18</p>											
DRUG : INT. PANTOPRAZOLE				17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5			
25mg	IV	OD	11/5												
Name & Signature of the Doctor Starting the Drugs:				<p>BVKSOI (Signature)</p>											
Daily Doctor's Endorsement by a Sign				<p>Signature (Signature)</p>											
DRUG : INT. FLUCONAZOLE															
150mg	IV	OD	12/5												
Name & Signature of the Doctor Starting the Drugs:				<p>BVKSOI (Signature)</p>											
Daily Doctor's Endorsement by a Sign				<p>Signature (Signature)</p>											
DRUG : INT. FLUCONAZOLE				17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5			
150mg	IV	Q24H	12/5												
Name & Signature of the Doctor Starting the Drugs:				<p>BVKSOI (Signature)</p>											
Daily Doctor's Endorsement by a Sign				<p>Signature (Signature)</p>											



Sheet No:

REGULAR PRESCRIPTIONS

Weight ... 22 kg

Ward

DRUG :				Date														
Dose				Route	Frequency	Start Dt.	Time											
Tab DOMETAL								12/5	12/5	14/5	17/5	18/5	19/5					
126	PO	BD	12/5															
Name & Signature of the Doctor Starting the Drugs:				<div style="display: flex; justify-content: space-between;"> DR. BANUJAYA X X X X X X X </div>														
Additional Instructions:				<div style="display: flex; justify-content: space-between;"> DR. BANUJAYA X X X X X X X </div>														
Daily Doctor's Endorsement by a Sign				<div style="display: flex; justify-content: space-between;"> A A A </div>														
DRUG SYP. UROCIW D2				Date														
Dose				Route	Frequency	Start Dt.	Time											
7ml				PO	TID	14/5												
Name & Signature of the Doctor Starting the Drugs:				<div style="display: flex; justify-content: space-between;"> DR. BANUJAYA X (STOP) X </div>														
Additional Instructions:				<div style="display: flex; justify-content: space-between;"> DR. BANUJAYA X </div>														
Daily Doctor's Endorsement by a Sign				<div style="display: flex; justify-content: space-between;"> A </div>														
DRUG INT PARACETAMOL				Date														
Dose				Route	Frequency	Start Dt.	Time											
250mg				IV	TID	15/5												
Name & Signature of the Doctor Starting the Drugs:				<div style="display: flex; justify-content: space-between;"> DR. BANUJAYA X X X X X X </div>														
Additional Instructions:				<div style="display: flex; justify-content: space-between;"> DR. BANUJAYA X X X X X X </div>														
Daily Doctor's Endorsement by a Sign				<div style="display: flex; justify-content: space-between;"> A A A </div>														
DRUG : ly LINEZOLID				Date														
Dose				Route	Frequency	Start Dt.	Time											
200mg				IV	Q8h	16/5												
Name & Signature of the Doctor Starting the Drugs:				<div style="display: flex; justify-content: space-between;"> DR. BANUJAYA X X X X X X </div>														
Additional Instructions:				<div style="display: flex; justify-content: space-between;"> DR. BANUJAYA X X X X X X </div>														
Daily Doctor's Endorsement by a Sign				<div style="display: flex; justify-content: space-between;"> A A A </div>														

VERIFIED BY : Name Signature

AH-0652018 IP5-00173389
 Isteri AYMAN ABDIKARIM OMAR (M)
 5-06-2018 7 Y 10 M 20 D
 r. SIMSHA RANI



Sheet No: ... (2) ...

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : <i>Syp SUCRAL</i>				Date/Time	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5	
Dose	Route	Frequency	Start Dt.																		
<i>1ml</i>	<i>PO</i>	<i>BD</i>	<i>5/5</i>																		
Name & Signature of the Doctor Starting the Drugs:					<i>8AM</i>																
Additional Instructions:					<i>8PM</i>																
Daily Doctor's Endorsement by a Sign					<i>7</i>	<i>2</i>	<i>6</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	
DRUG : <i>Pab OMNACORTIL</i>				Date/Time	5/5	6/5	7/5	8/5	9/5												
Dose	Route	Frequency	Start Dt.																		
	<i>PO</i>	<i>TID</i>	<i>5/5</i>																		
Name & Signature of the Doctor Starting the Drugs:					<i>8AM</i>																
Additional Instructions:					<i>2PM</i>																
Daily Doctor's Endorsement by a Sign					<i>7</i>	<i>2</i>	<i>6</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	
DRUG : <i>LYONDARTRON</i>				Date/Time	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5	
Dose	Route	Frequency	Start Dt.																		
<i>6mg</i>	<i>IV</i>	<i>BD</i>	<i>5/5</i>																		
Name & Signature of the Doctor Starting the Drugs:					<i>8AM</i>																
Additional Instructions:					<i>6PM</i>																
Daily Doctor's Endorsement by a Sign					<i>0</i>	<i>7</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>	
DRUG : <i>FOLINIC XUD</i>				Date/Time	5/5	7/5	8/5														
Dose	Route	Frequency	Start Dt.																		
<i>18mg</i>	<i>IV</i>	<i>Q8H</i>	<i>5/5</i>																		
Name & Signature of the Doctor Starting the Drugs:					<i>8AM</i>																
Additional Instructions:					<i>8PM</i>																
Daily Doctor's Endorsement by a Sign					<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	

Signature
VERIFIED BY: Name

BAH-0052018
 Master AYMAN ABDIKARIM OMAR
 15-06-2018 7Y 11M 0D (M)
 Dr. SIKISHA RANI



REGULAR PRESCRIPTIONS

Weight Ward

Sheet No:

DRUG: ~~1g PIPERACILIN + TAZO DACTIN~~
 Date/Time: ~~16/5/18~~

Dose	Route	Frequency	Start Dt.
2.25gm	IV	Q8H	16/5

Name & Signature of the Doctor Starting the Drugs: ~~harani~~

Additional Instructions: ~~11 AM Substituted
9 PM Substituted
10 PM Substituted~~

Daily Doctor's Endorsement by a Sign

DRUG: ~~INTAMIKAEIN~~
 Date/Time: ~~16/5/18~~

Dose	Route	Frequency	Start Dt.
900mg	IV	Q8H	16/5

Name & Signature of the Doctor Starting the Drugs: ~~Abmalika~~

Additional Instructions: ~~11 AM Substituted
6 PM Substituted~~

Daily Doctor's Endorsement by a Sign

DRUG: ~~SPERMUCINE GEL~~
 Date/Time: ~~16/5/18~~

Dose	Route	Frequency	Start Dt.
10ml	PO	TID	16/5

Name & Signature of the Doctor Starting the Drugs: ~~BVKSOI~~

Additional Instructions: ~~10 PM Substituted~~

Daily Doctor's Endorsement by a Sign

DRUG: ~~2g MEROPENEM~~
 Date/Time: ~~16/5/18~~

Dose	Route	Frequency	Start Dt.
1gm	IV	Q8H	16/5

Name & Signature of the Doctor Starting the Drugs: ~~D. Malar~~

Additional Instructions: ~~10 PM Substituted~~

Daily Doctor's Endorsement by a Sign

Signature
 VERIFIED BY
 Do



I.V. FLUIDS CHART

Weight: 24.1 kg Ward:

BAH-0085:18
IP5-00173388

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
5/5		Inf. DNS	IV	40ml/hr	Sai				
5/5	5am	Inf N-Acetyl cysteine (12ml + 12ml NS)	IV	1ml/hr		Ally Rudra			
8/5	12:50 AM	1/2 DNS + 20ml HCO ₃ ⁻	IV	60 ml/hr	d	Surya prajapati	8/5	d	Sant Ding
10/5	7pm	1/2 DNS + 20ml HCO ₃ ⁻	IV	50 ml/hr	d	Sant Ding	11/5	d	Pooja Nahar
10/5	4pm	10% AMINOVEN	IV	10	d	Nay Anur	12/5	d	susmita my
12/5	8AM	DNS + 5ml mVI	IV	50	d	Rita Subh	13/5	d	
14/5	8AM	10% AMINOVEN	IV	10	d	Sumita Nashem	13/5	d	
16/5	6pm	DNS + 5ml mVI + 5ml KCl + 2ml MgSO ₄ + 2ml calcium gluconate	IV	30	d	Nandini	13/5	d	
16/5 17/5	12:30 AM	TPN	IV	20 ↓ 30	d	Subankal Alun			
18/5	10AM	DNS + 5ml mVI + 15ml KCl + 2mg MgSO ₄	IV	30ml/hr		Mousmita Divya			

VERIFIED BY: Name Signature

DRUG CHART

Date of Admission: 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. Ward.

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																			
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																			
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																			
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																			

Patient Sticker

Weight. Ward.

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature
Name
VERIFY



SIAT / ONCE ONLY DRUGS

Name: Ayman

Weight: kgs

Sheet No:

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
26/5	10am	ly FOSAPREPITANT	75mg	IV	d	Savitri	Dinika
10/5	1pm	ly DEXAMETHASONE	2mg	IV	d	Savitri	Dinika
10/5	11pm	ly DEXAMETHASONE	2mg	IV	d	Nasha	Raj
11/5	2:50pm	Int DEXAMETHASONE	2mg	IV	R	Deepa	Arundh
12/5	7:45pm	ly FOSAPREPITANT	75mg	IV	d	Sushita	Nasha
13/5	10AM	ly FOSAPREPITANT	75mg	IV	d	Deepa	Dinika
14/5	6:30pm	Int TRAMADOL	15mg	IV	R	Sumita	Nasha
15/5	1:40pm	Int GCSF	125mcg	SC	R	Deepa	Dinika
16/5	6pm	PRBC	unit	IV	d	Nasha	Dinika
16/5	6:50pm	ly AVIL	0.6ml	IV	d	Nasha	Dinika
16/5	11AM	ly G-CSF	150mg	SC	d	Deepa	Dinika
17/5	2pm	ly G-CSF	150mg	SC	d	Rajmani	PODIA
18/5	9:20pm	2g KCl	15ml in 100ml NS	IV	Hold	(Hold)	
18/5	9:30pm	2g MgSO4	20ml (100mg) in 100ml NS	IV	Hold	MOONITA	Dinika
			(mix KCl + MgSO4 in 100ml NS over 4 hours)				
8/5		Int HYDRURTHIONE	50mg	IV	R	Hold	
8/5	2pm	Int GCSF	150mcg	SC	R	MOONITA	Sonam
18/5	10AM	ly DEXAMETHASONE	2mg	IV 2 hours	d	MOONITA	Dinika
18/5	1:30pm	ly VITAMIN-B12	1000mcg	IV	d	MOONITA	Dinika

AH-00652018 IP5-00173389
 Master AYMAN ABDIKARIM OMAR
 5-06-2018 7 Y 10 M 20 D (M)
 r. SIRISHA RANI



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.: ① Weight (kg): 24kg Body Surface Area: 0.9 Diagnosis: Burkitt Protocol: RWPADM ②

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.
5/5	3pm	INT METHOTREXATE INT CYTARABINE INT HYDROCORTISONE	12mg 30mg 15mg	IT	stat	Ⓟ	Duiya Sonam	5/5	Ⓟ	Duiya Sonam
5/5/26	5:30pm	INT RITUXIMAB (in 200ml NS)	300mg	IV	75ml/hr	Ⓟ	Sonam Duiya	5/5	Ⓟ	Dehats Anuradha
5/5	9pm	INT NOHW3 (in 100ml NS)	10ml	IV	100ml/hr	Ⓟ	Dehats Anuradha	5/5/26	Niki	Dehats Anuradha
5/5	11pm	INT METHOTREXATE (in 300ml DNS)	2.6gm	IV	50ml/hr	Ⓟ	Dehats Anuradha	6/5/26	Niki	Dehats Anuradha
5/5	11pm	INT NOHW3 (in 300ml 1/2 DNS)	20ml	IV	50ml/hr	Ⓟ	Dehats Anuradha	6/5/26	Niki	Dehats Anuradha
6/5	5AM	INT NOHW3 (in 500ml 1/2 DNS)	20ml	IV	70ml/hr	Ⓟ	Dehats Anuradha	6/5/26	Ⓟ	Naru Subhan

AH-00652018 IP5-00173389
 Isteri AYMAN ABDIKARIM OMAR (M)
 7 Y 10 M 20 D



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) : 24 Body Surface Area: 0.9 Diagnosis: Burkitt Lukanio Protocol: RUPADAM ②

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.
6/5/26	② 1:15 pm	INT NAHWS (in 500ml 1/2 DNS)	15ml	IV	70ml/hr	Ⓟ	Naulio Sublu	6/5	Ⓟ	Naulio Dirya
6/5/26	③ 7:40 pm	INT NAHWS (in 500ml 1/2 DNS)	15ml	IV	70ml/hr	Ⓟ	Nault Dirya	7/5	Ⓟ	Sumta Nashera
6/05	① 1:30 pm	INT VINCRISTINE (in 10ml NS)	1.6mg	IV	over 10min	Ⓟ	Naulio Sublu	6/5	Ⓟ	Naulio Sublu
7/5	6 AM	INT MESNA (in 100ml NS)	100mg	IV	100ml/hr	Ⓟ	Dehth Nashera	7/5	Ⓟ	Dehth Nashera
② 7/5	7 AM	INT CYCLOPHOSPHAMIDE (in 100ml NS)	180mg	IV	100ml/hr	Ⓟ	Dehth Nashera	7/5	Ⓟ	Naulio Dirya
7/5	8 AM	INT MESNA (in 200ml NS)	200mg	IV	75ml/hr	Ⓟ	Naulio Dirya	7/5	Ⓟ	Naulio Dirya



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): 24 Body Surface Area: 0.9 Diagnosis: Burkitts Protocol: RWIADM ②

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.
7/5	12PM	INT DOXORUBICIN (in 250ml 1/2ONS)	18mg	IV	50ml/hr	R	Nandi Dingra	7/5	R	Goyal Anuradha
② 7/5	7PM	INT CYCLOPHOSPHAMIDE (in 100ml NS)	180mg	IV	100ml/hr	R	Sankhita Anuradha	7/5	R	Goyal Anuradha
7/5	8PM	INT MESNA (in 200ml 1/2ONS)	200mg	IV	75ml/hr	R	Sonam Anuradha	7/5	R	Nashera Priyanka
8/5	7AM	INT CYCLOPHOSPHAMIDE (in 100ml NS)	180mg	IV	100ml/hr	R	Debabati Nashera	8/5	R	Debabati Nashera
8/5	12PM	INT DOXORUBICIN (in 250ml 1/2ONS)	18mg	IV	50ml/hr	R	Nandi Dingra	8/5	d	Anuradha Goyal
8/5	7PM	INT CYCLOPHOSPHAMIDE (in 100ml NS)	150mg 180mg	IV	100ml/hr	R	Anuradha Goyal	8/5	d	Nashera Priyanka



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. : ④ Weight (kg) : 24 Body Surface Area: 0.9 Diagnosis: Burkitts Protocol: ROPADM ②

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.
③ 8/5	8 AM	INT MESNA (in 200ml 1/2 DNS)	200mg	IV	75ml/hr	Ⓟ	Debnath Narshema	9/5	Ⓟ	Debnath Narshema
9/5	5 AM	lyc CYCLOPHOSPHAMIDE in 100 ml NS	150mg	IV	100ml/hr	Ⓟ	Debnath Narshema	9/5	Ⓟ	Narshema Priyanka
④ 9/5	6 AM	lyc MESNA in 200ml 1/2 DNS	200mg	IV	75ml/hr	Ⓟ	Narshema Priyanka	9/5	Ⓟ	Sawitri Divya
9/5	3 PM	lyc CYCLOPHOSPHAMIDE (in 100ml NS)	150mg	IV	100ml/hr	Ⓟ	Sawitri Subankar	9/5	Ⓟ	Sawitri Subankar
9/5	4 PM	INT MESNA (in 200ml 1/2 DNS)	200mg	IV	75ml/hr	Ⓟ	Sawitri Subankar	9/5	Ⓟ	Sawitri Subankar

BAH-00652018 IP5-00173389
 Master: AYMAN ABDIKARIM OMAR
 15-06-2018 7 Y 10 M 20 D (M)
 Dr. S. RISHA RANI

①



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

	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Sup. SEPTRAN Sul = 400mg trimethoprim	5ml	PO	Q12H Monday Wednesday	4/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	200mg sulfamethoxazole			Friday		<input type="checkbox"/> C <input type="checkbox"/> DC
3	Sup. MOKTEL	5ml	PO	Q24H	4/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	Sup. CALCEmax plus	5ml	PO	Q24H	4/5	<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: Sup Sai

Date & Time: 5/5/26 at

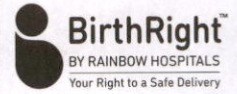
Nurse Name & Signature: Shreya

Date & Time: 5/5/26

16

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

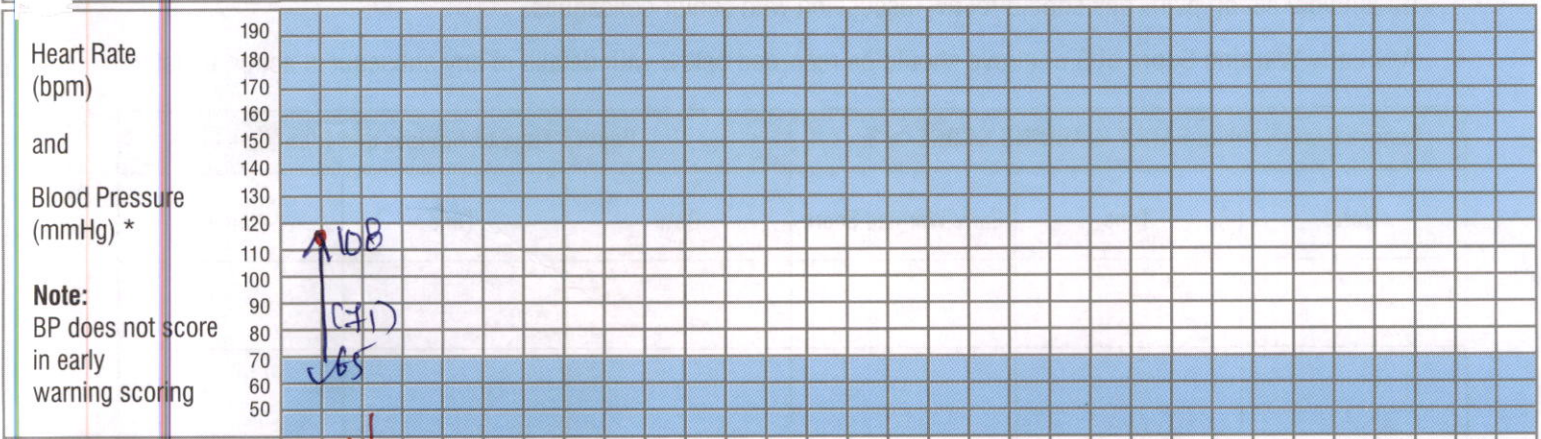
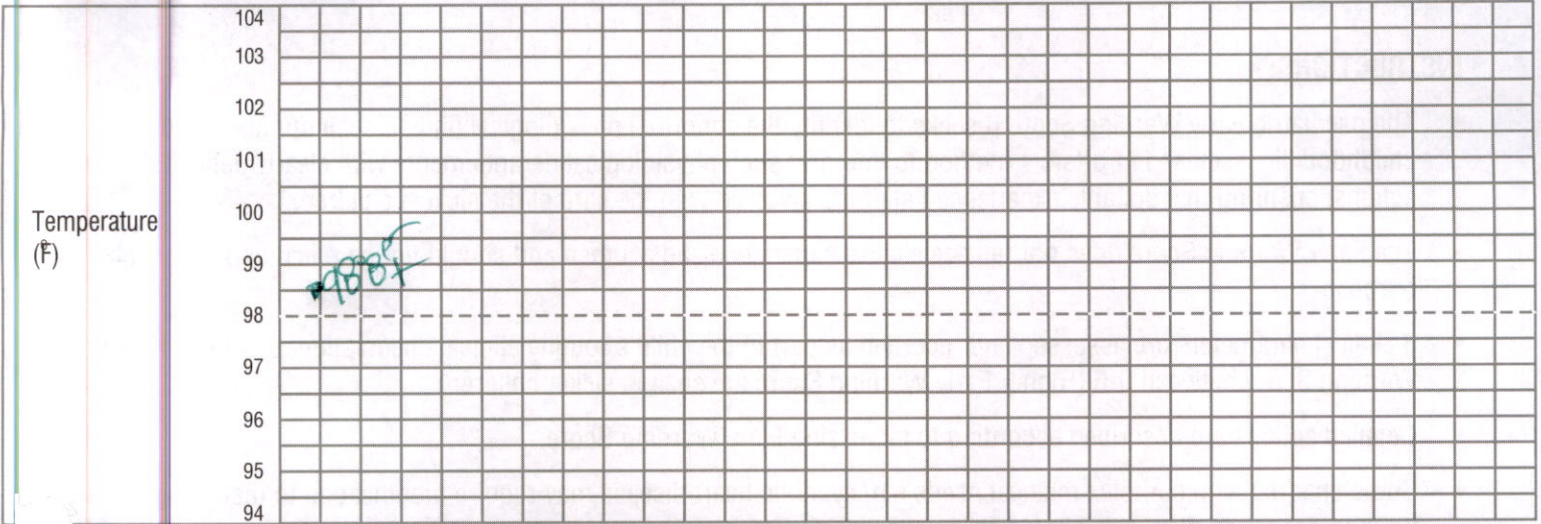
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



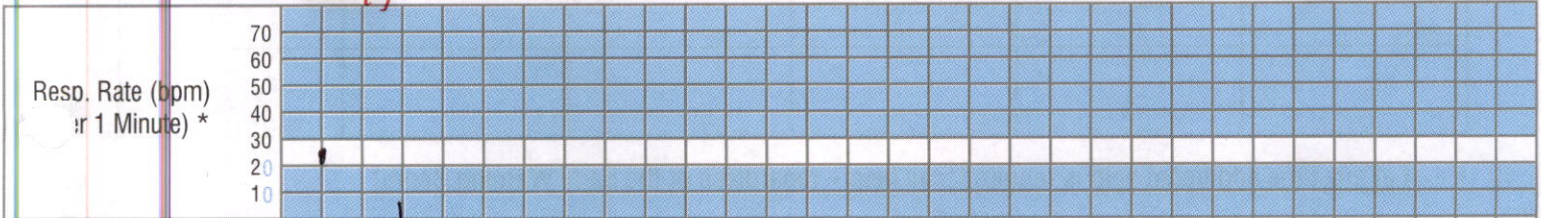
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/5... Time: 9 AM

Doctor / Nurse / Family Concern?



Heart Rate (Number) 112b/m



Resp Rate (Number) 24b/m

Resp Distress Mod/ Severe None / Mild

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

Conscious Level Normal / Altered 15/15

GCS *

TOTAL SCORE Number of shaded boxes 0

Pain Score 0

Observer's Initials 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.
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: Scores 3 should be recorded overleaf

* 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)



15

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/5 Time: 10AM 1PM 4PM 2PM 10PM 8AM 6AM
 Doctor / Nurse / Family Concern?

Temperature (F)	104							
	103							
	102							
	101							
	100							
	99							
	98	98.8°F	98.5°F	98.0°F	96.5°F	98.2°F	98°F	98°F
	97							
	96							
	95							
94								

Heart Rate (bpm) and Blood Pressure (mmHg) * Note: BP does not score in early warning scoring	190							
	180							
	170							
	160							
	150							
	140							
	130							
	120							
	110							
	100							
90								
80								
70								
60								
50								
Heart Rate (Number)		115b/min	135b/min	120b/min	109b/min	100b/min	102b/min	98b/min

Resp. Rate (bpm) or 1 Minute) *	70								
	60								
	50								
	40								
	30								
	20								
	10								
	Resp Rate (Number)		26b/min	21b/min	28b/min	24b/min	28b/min	24b/min	28b/min

Resp Distress	Mod/ Severe None / Mild							
Receiving O ₂ /min	O ₂ Saturations (%)	100%	100%	100%	100%	100%	100%	100%
Conscious Level	Normal Altered							
GCS *		15/5	15/5	15/5	15/5	15/5	15/5	15/5

TOTAL SCORE								
Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	R	D	R	R	S	S	S	S

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
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

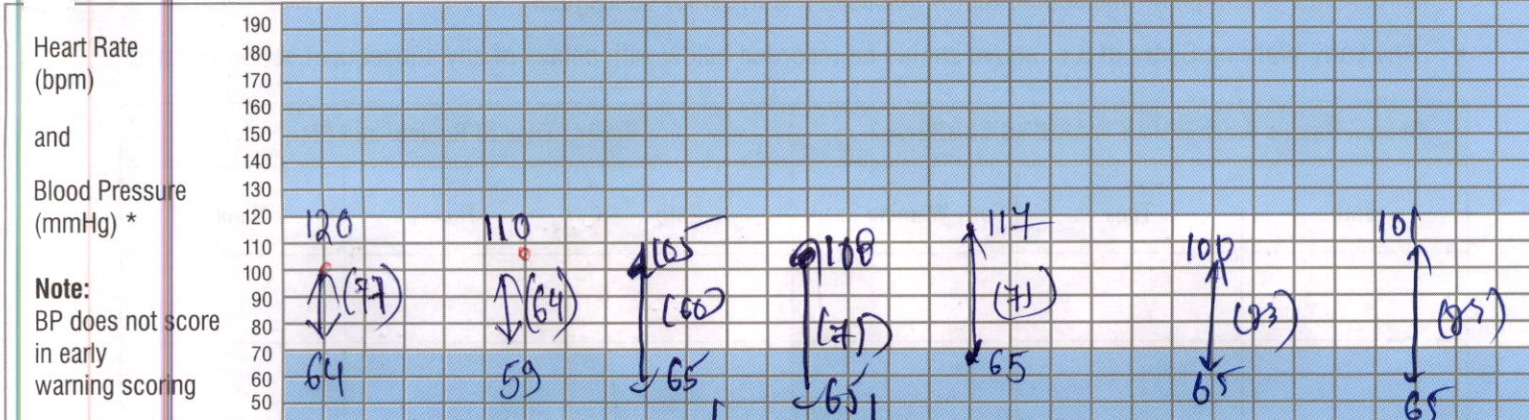
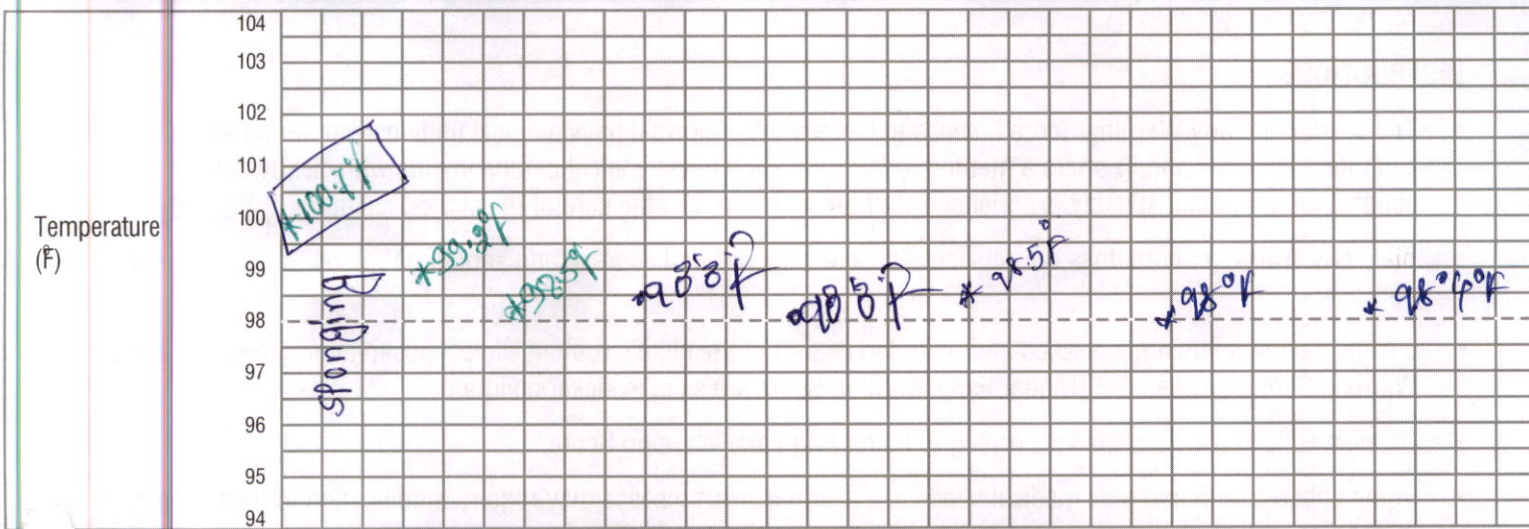
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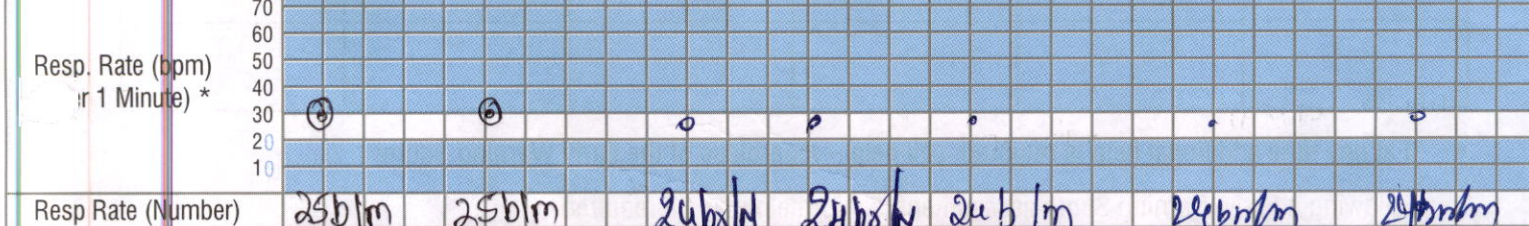
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 18/5..... Time: 9AM 11:30 am 1pm 3pm 7pm 10pm 3AM 6AM.
 Doctor / Nurse / Family Concern?



Heart Rate (Number) 97b/m 101b/m 103b/m 100b/m 101b/m 78 84



Resp Rate (Number) 25b/m 25b/m 25b/m 25b/m 25b/m 25b/m 25b/m

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

TOTAL SCORE	
Number of shaded boxes	0
Pain Score	0
Observer's Initials	[Signatures]

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
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A	ASSESSMENT : I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/5/26 Time: 10AM 1pm 3PM 7PM 10PM 2am 6am
 Doctor / Nurse / Family Concern?

Temperature (F)	104						
	103						
	102						
	101						
	100	98.6 F	99.6 F	98.8 F	98.8 F	98.6 F	98.6 F
	99						
	98						
	97						

Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
Note: BP does not score in early warning scoring	170						
	160						
	150						
	140						
	130						
	120						
	110						
	100						
	90						
	80						
Heart Rate (Number)		98bpm	100bpm	101bpm	98bpm	102bpm	103bpm

Resp Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30						
	20						
	10						
	Resp Rate (Number)		28bpm	26bpm	25bpm	24bpm	24bpm

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

ACTIONS NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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12

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



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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 16/5 Time: 10:07 1PM 4PM 7PM 10PM 3am 6am
 Doctor / Nurse / Family Concern?

Temperature (F)	104							
	103							
	102							
	101							
	100							
	99							
	98	98.07	97.81	97.77	98.24	98.67	98.07	98.57
	94							

Heart Rate (bpm) and Blood Pressure (mmHg) * Note: BP does not score in early warning scoring	190						
	180						
	170						
	160						
	150						
	140						
	130						
	120						
110							
100	101	100	101	99	105 (65)	100 (62)	98 (62)
90	69	70	68	72	53	60	59
80							
70							
60							
50							

Heart Rate (Number) 94bpm 106bpm 106bpm 112bpm 91bpm 100bpm 102bpm

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

Resp Rate (Number) 24bpm 23bpm 25bpm 25bpm 28bpm 29bpm 28bpm

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 100% 99% 98% 100% 100% 100%

Conscious Level Normal / Altered c c c

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

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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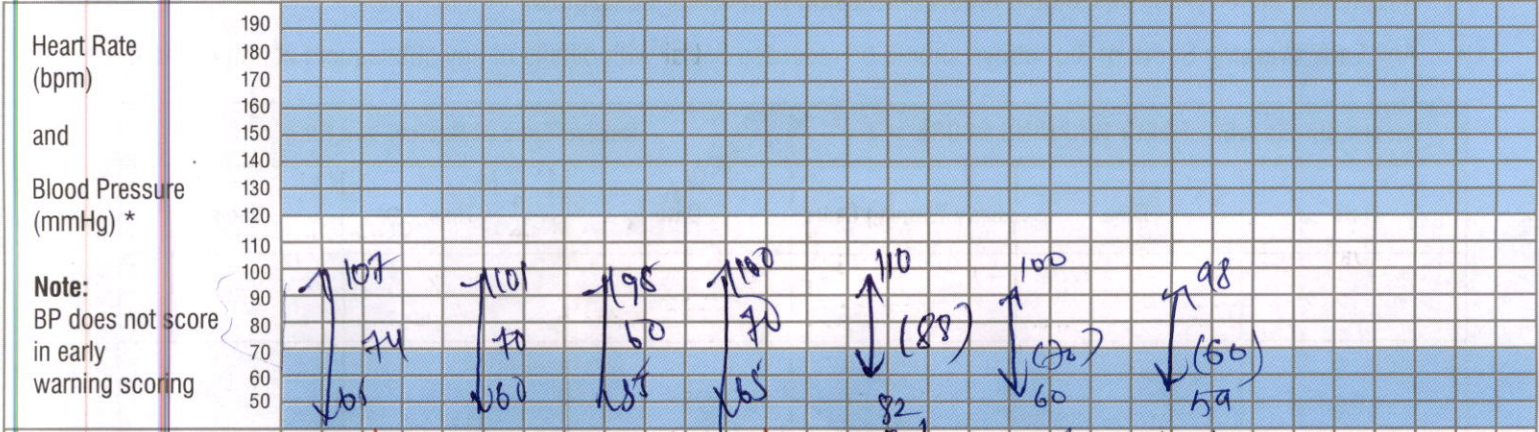
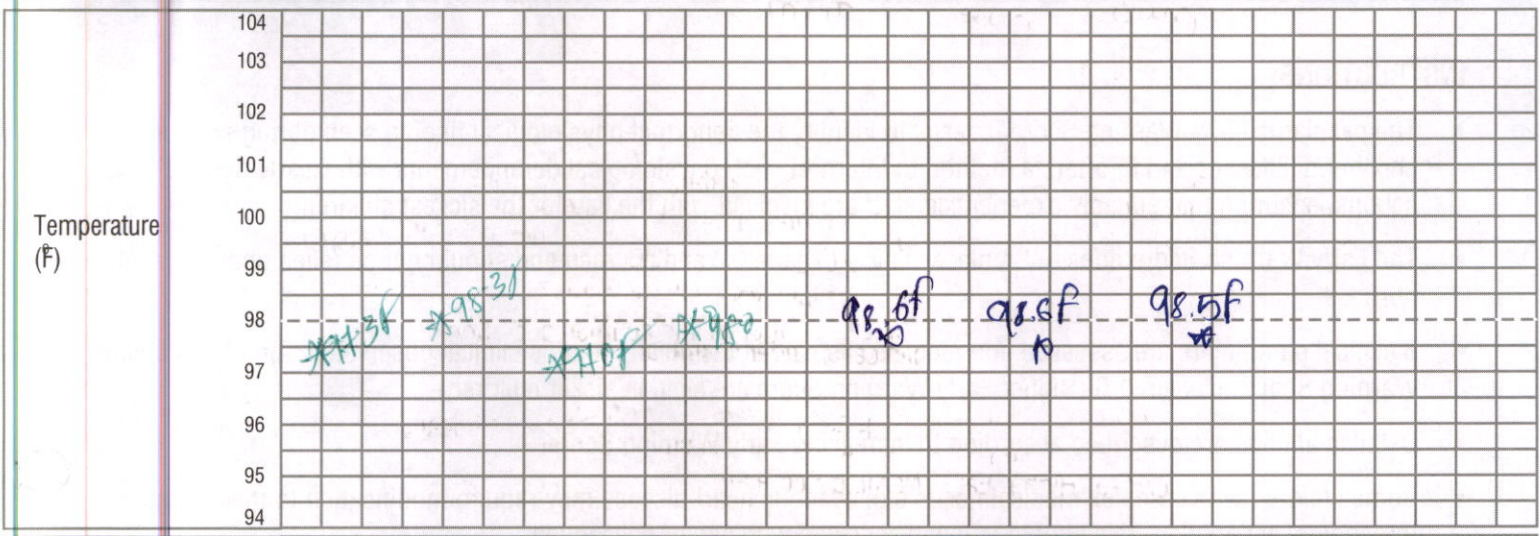
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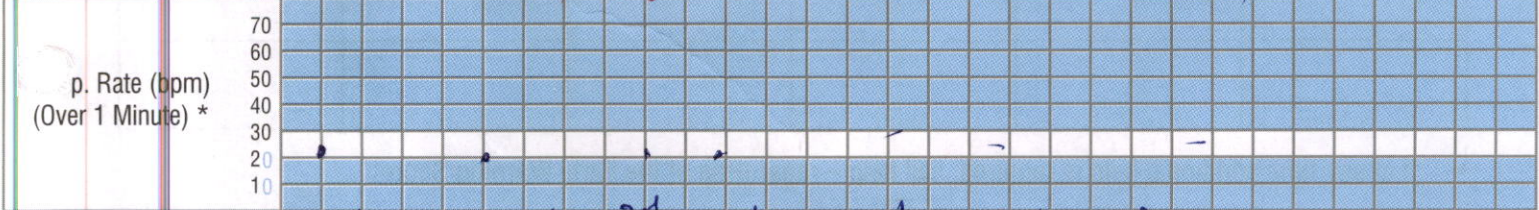
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/5 Time: 10AM 1PM 4PM 7PM 10PM 3am 6am
 Doctor / Nurse / Family Concern?



Heart Rate (Number)



Resp Rate (Number)

Resp Distress Mod/ Severe 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**
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10

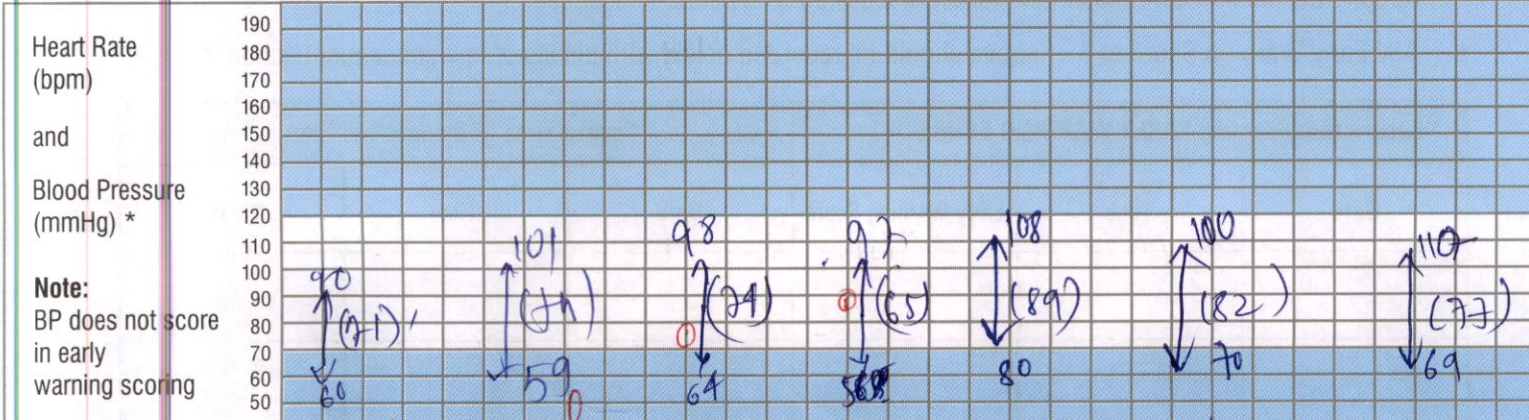
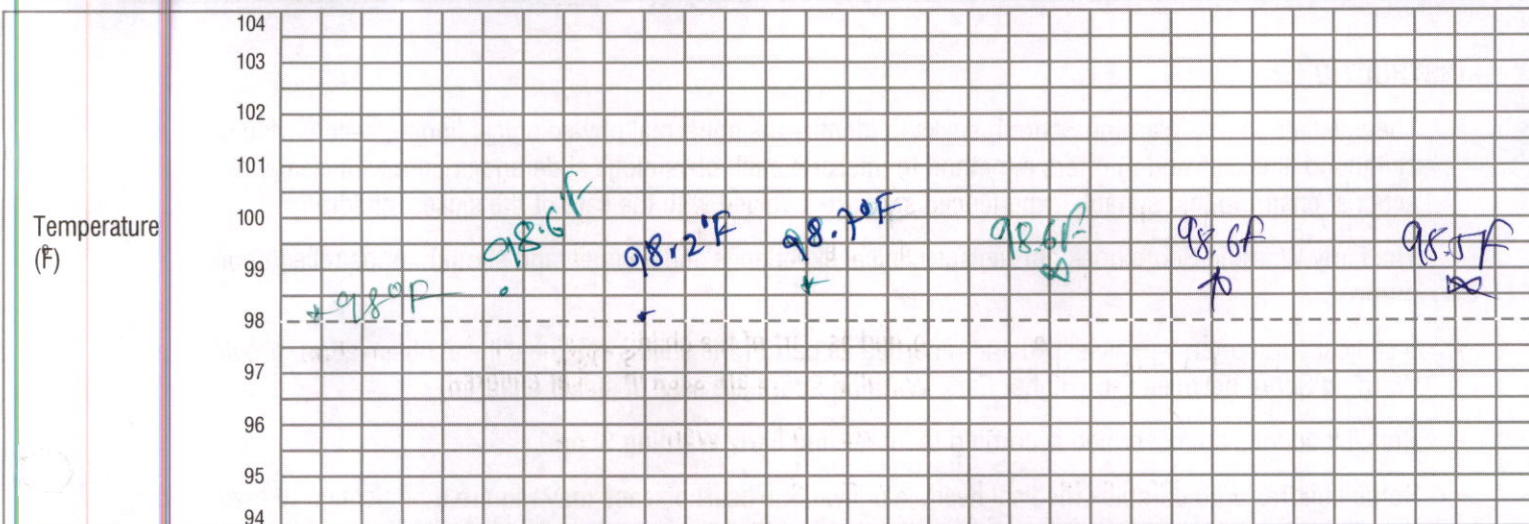
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



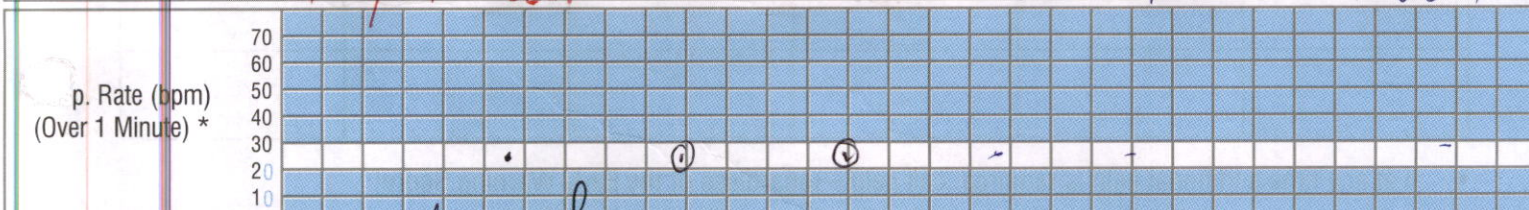
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/11/2018 Time: 9AM 11pm 4pm 7pm 10pm 2am 6am

Doctor / Nurse / Family Concern?



Heart Rate (Number) 79b/m 86b/m 76b/m 89b/m 98b/m 100b/m 102b/m



Resp Rate (Number) 24b/m 25b/m 24b/m 24b/m 26b/m 28b/m 29b/m

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal Altered

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

TOTAL SCORE Number of shaded boxes 0 0 0 0 0 0 0

Pain Score 0 0 0 0 0 0 0

Observer's Initials

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
 - Score 2 : Shift in charge nurse to be informed and continue hourly observations
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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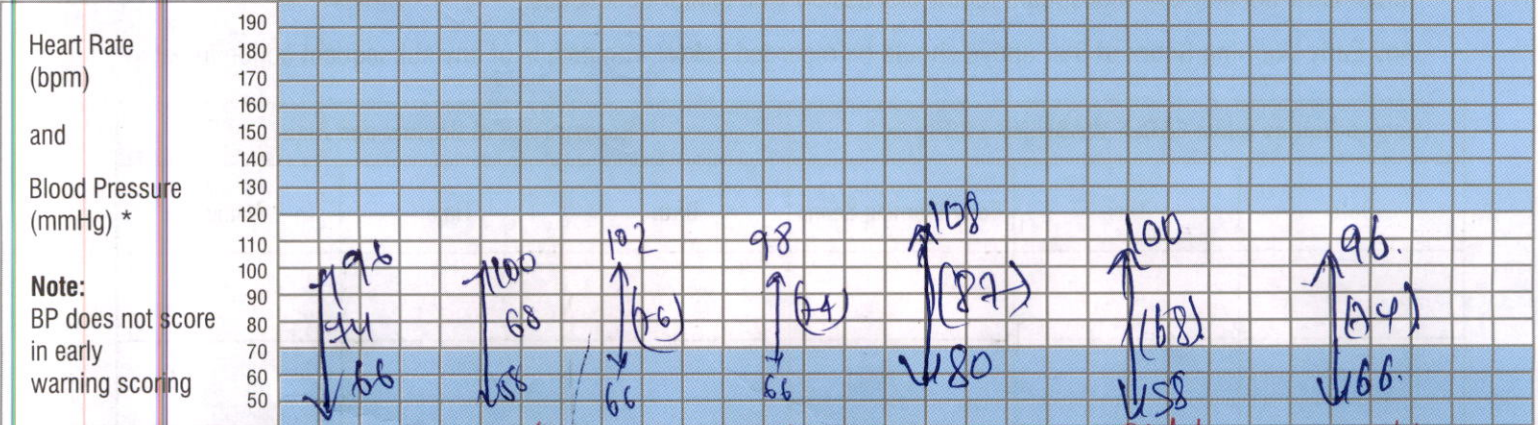
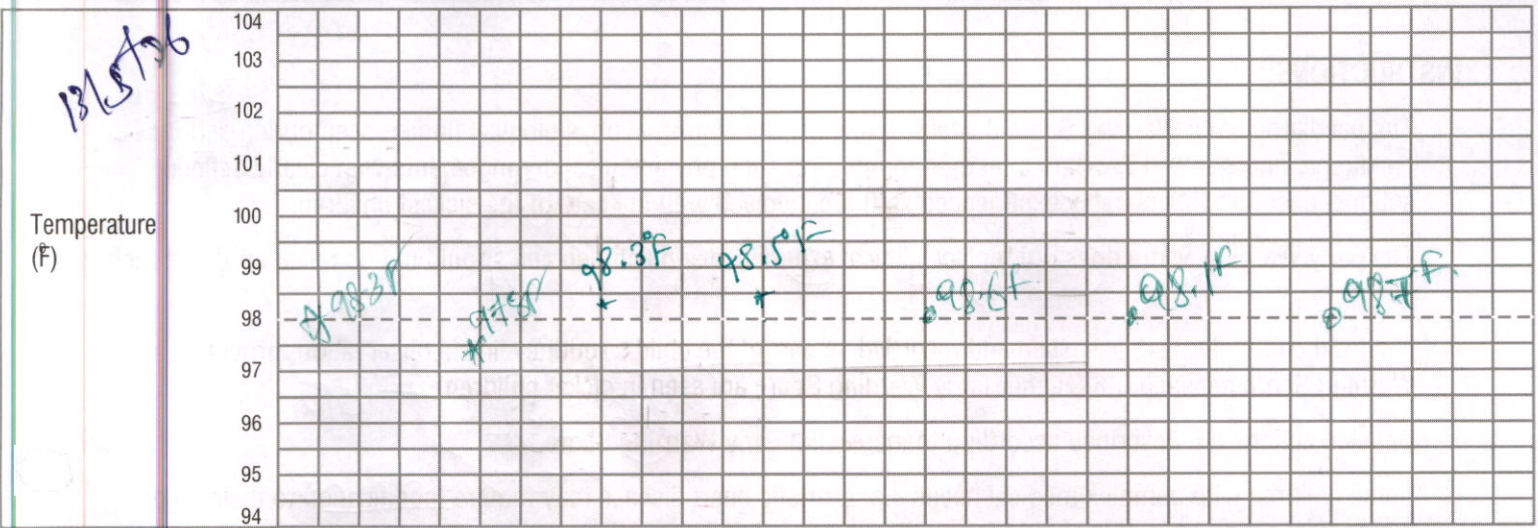
13/5/20

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

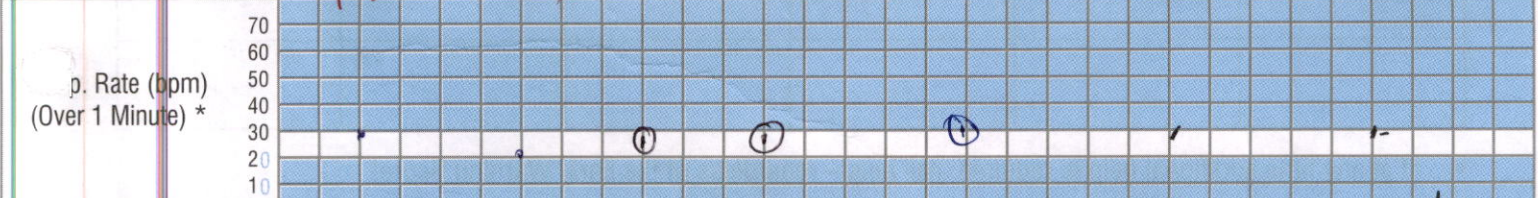


EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 10AM 9PM 4PM 7PM 10PM 3AM 6AM
 Doctor / Nurse / Family Concern?



Heart Rate (Number) 72b/m 88b/m 98b/m 96b/m 93b/m 88b/m 76b/m



Resp Rate (Number) 23b/m 23b/m 24b/m 24b/m 23b/m 24b/m 23b/m

Resp Distress Mod/ Severe None / Mild C C

Receiving O₂ (l/min) O₂ Saturations (%) 99% 100% 98% 97% 97b/m 100% 100%

Conscious Level Normal Altered C C C C C C C

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

TOTAL SCORE
 Number of shaded boxes 0 0 0 0 0 0 0
 Pain Score 0 0 0 0 0 0 0
 Observer's Initials J V B B F N S

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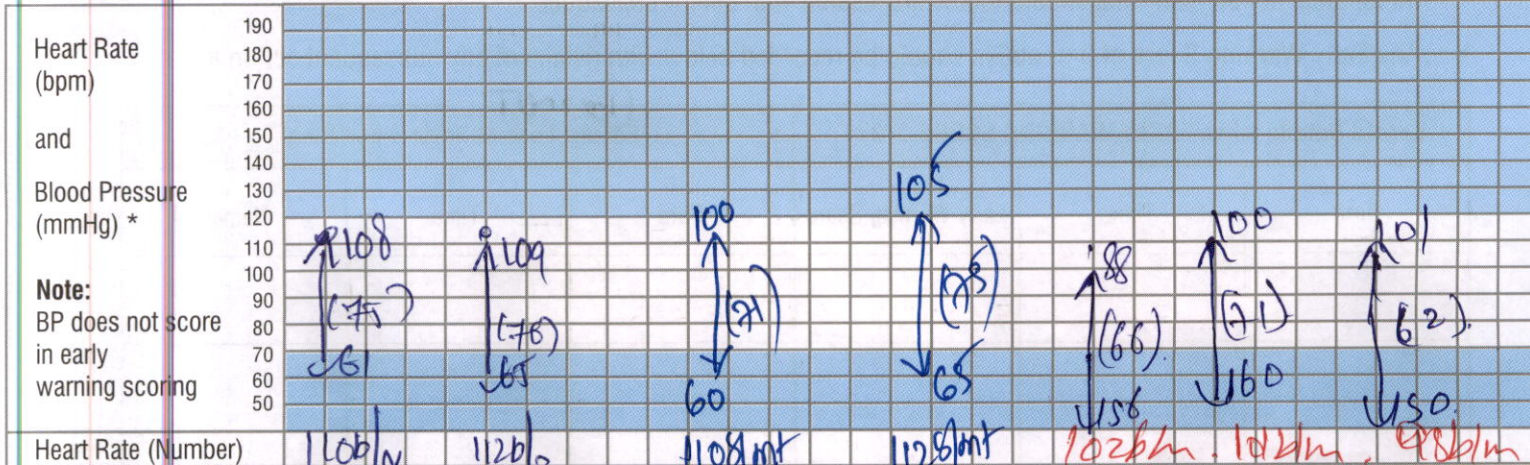
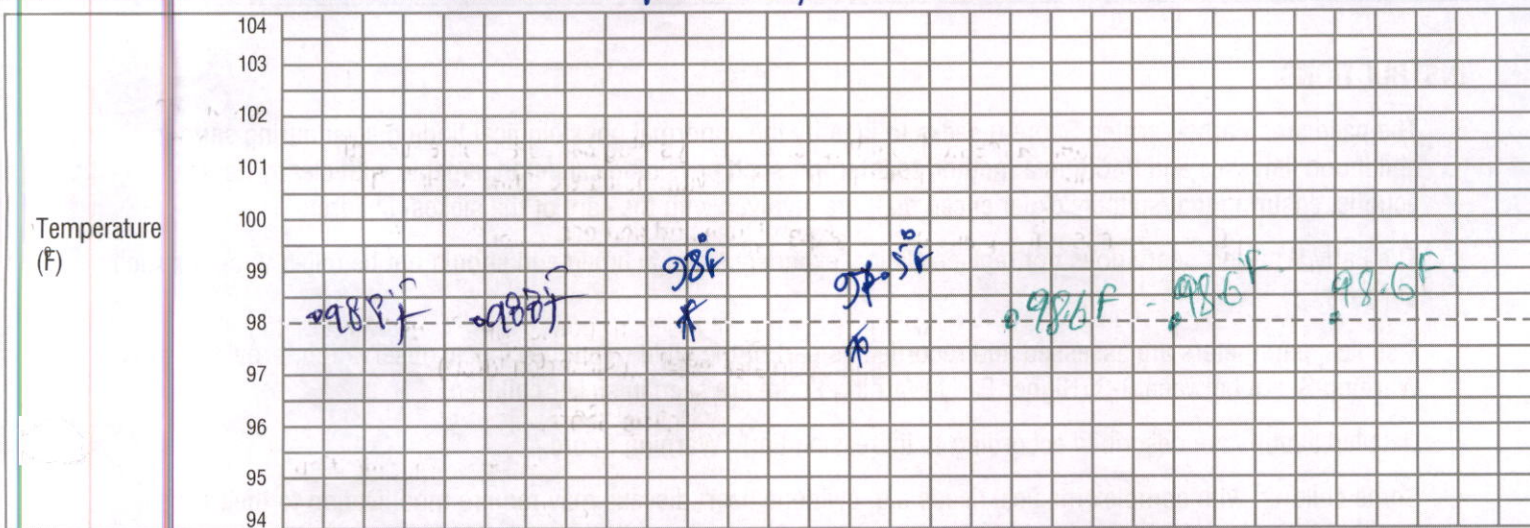
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/5 Time: 9 AM 1 PM 3 PM 7 PM 10 PM 3 AM 6 AM
 Doctor / Nurse / Family Concern?



Heart Rate (Number) 110b/m, 112b/m, 110b/m, 112b/m, 102b/m, 102b/m, 98b/m
 Resp. Rate (bpm) (Over 1 Minute) * 25b/m, 25b/m, 24b/m, 26b/m, 24b/m, 25b/m, 26b/m
 Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild
 Receiving O₂ (l/min) O₂ Saturations (%) 100%, 100%, 100%, 100%, 100%, 100%, 100%
 Conscious Level Normal / Altered
 GCS * 15/15, 15/15, 15/15, 15/15, 15/15, 15/15, 15/15

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

ACTIONS
 NB: Scores 3 should be recorded overleaf
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BAH-0652018 IP5-00173389
 Master AYMAN ABDIKARIM OMAR
 15-06-2018 7 Y 10 M 25 D (M)
 Dr. SIRISHA RANI

7

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

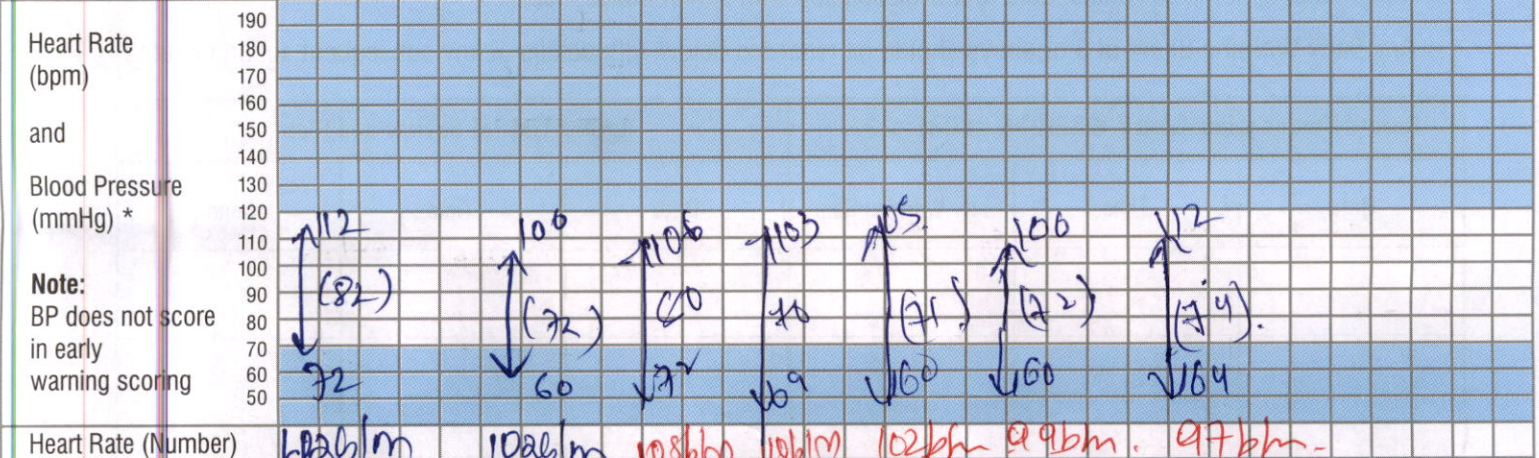
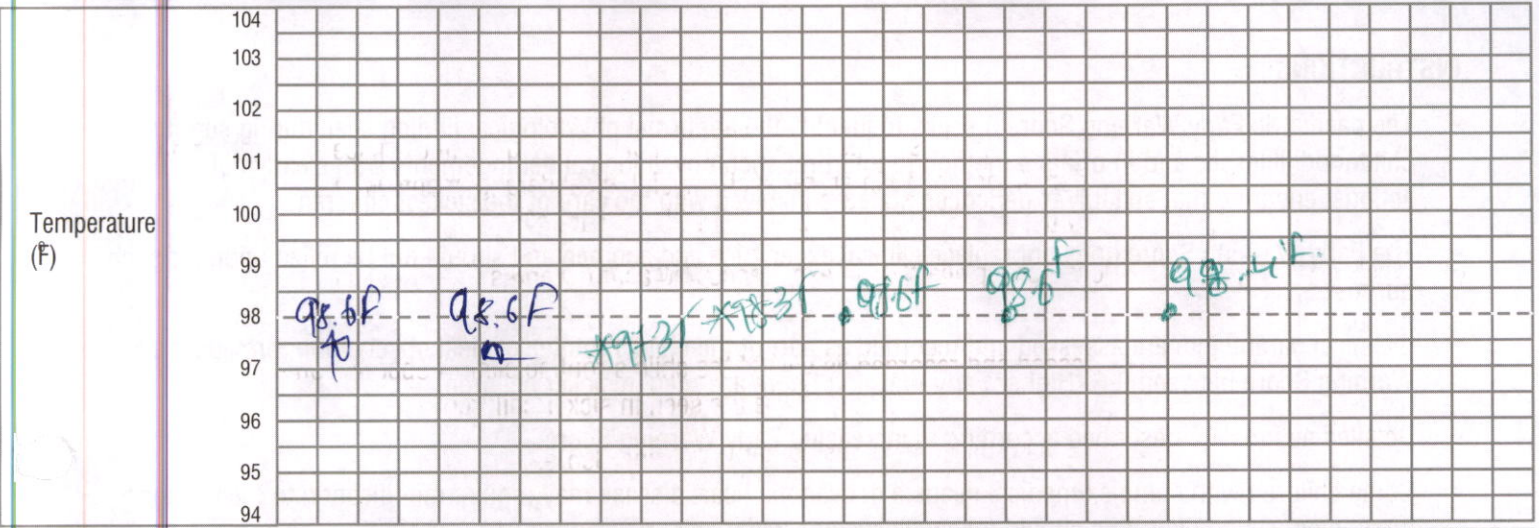
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/5 Time: 9am 1pm 4pm 7pm 10pm 3Am 6Am.
 Doctor / Nurse / Family Concern?



Heart Rate (Number) 112bpm 106bpm 106bpm 103bpm 105bpm 106bpm 112bpm
 Resp Rate (Number) 20bpm 29bpm 28bpm 25bpm 25bpm 25bpm 25bpm

Resp Mod/ Severe Distress None / Mild -
 Receiving O₂ (l/min) O₂ Saturations (%) 100% 100% 99% 100% 100% 100% 100%
 Conscious Level Normal Altered C C C C C C C
 GCS * 18/15 15/15 15/15 15/15 15/15 15/15 15/15

TOTAL SCORE Number of shaded boxes 0 0 0 0 0 0 0
 Pain Score 0 0 0 0 0 0 0
 Observer's Initials [Signature]

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/5/18 Time: 9am 1pm 4pm 8pm 10 pm 2 am 6 am
 Doctor / Nurse / Family Concern? _____

Temperature (°F)	104							
	103							
	102							
	101							
	100							
	99							
	98	98.6F	98.6F	98.5F	98.3F	98.8F	98.4F	98.1F
	97							

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

Heart Rate (Number)	112b/m	108b/m	106b/m	101b/m	106b/m	106b/m	68b/m
Resp Rate (Number)	22b/m	20b/m	23b/m	24b/m	24b/m	24b/m	24b/m

Resp Mod/ Severe Distress	None / Mild	-	-	-	-	-	-
Receiving O ₂ (l/min)	O ₂ Saturations (%)	100%	100%	99%	100%	100%	98%
Conscious Level	Normal / Altered	C	C	C	C	C	C
GCS *		15/15	15/15	15/15	15/15	15/15	15/15

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

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JAH-0052018 IP5-00173389
 Master AYYAN ABDIKARIM OMAR
 5-06-2018 7 Y 10 M 23 D (M)
 Dr. SIRISHA RANI



: RCHBH/ FRM / CLINICAL / 126

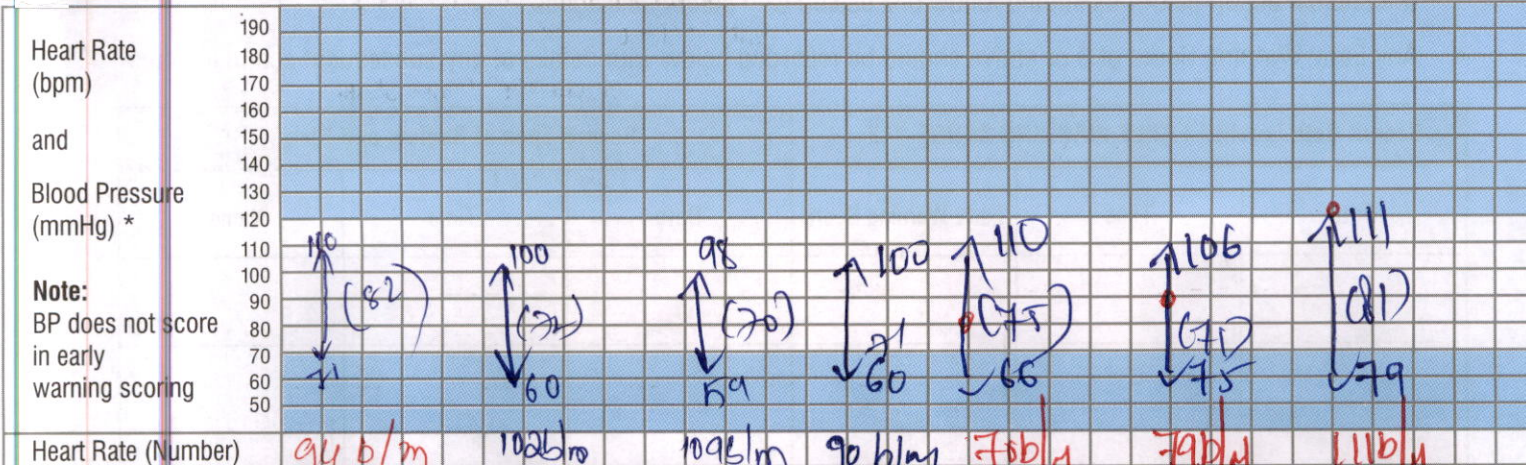
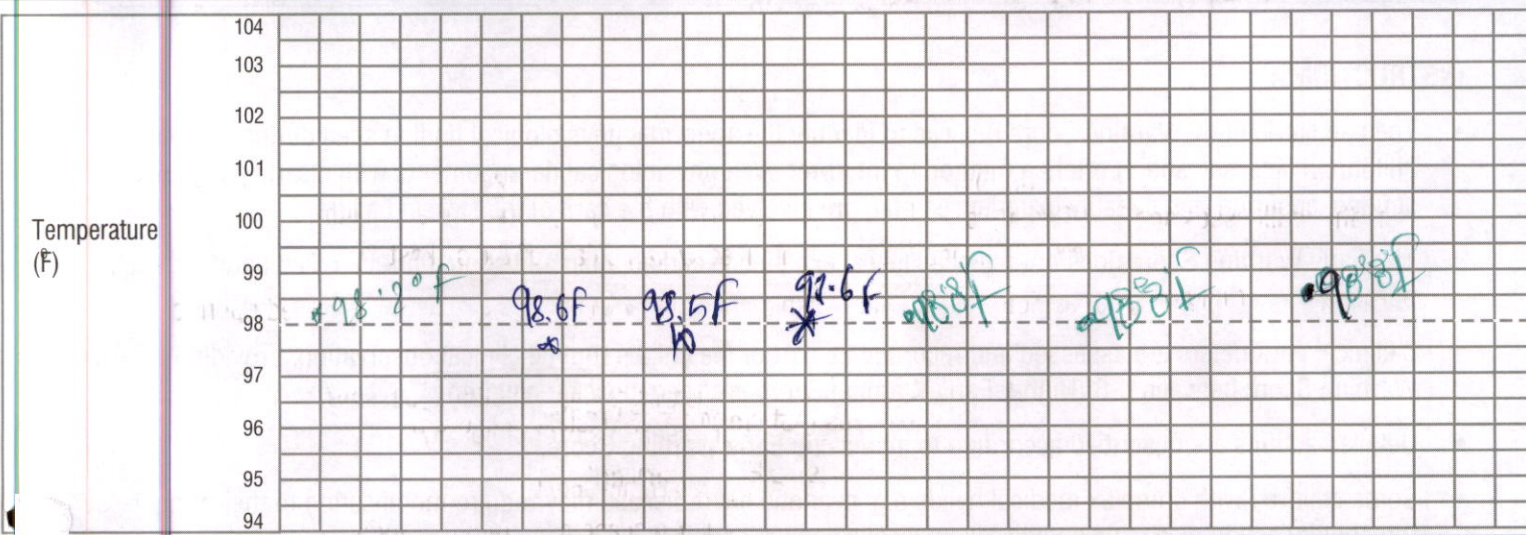
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BirthRight
 BY RAINBOW HOSPITALS
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9/5/26 Time: 9 AM 11 AM 4 PM 7 PM 9 PM 3 AM 7 AM
 Doctor / Nurse / Family Concern? _____



Heart Rate (Number) 94 b/m 102 b/m 109 b/m 90 b/m 70 b/m 79 b/m 111 b/m

Resp. Rate (bpm) or 1 Minute) *

Resp Rate (Number) 22 b/m 28 b/m 28 b/m 25 b/m 24 b/m 25 b/m 27 b/m

Resp Mod/ Severe Distress None / Mild 1 2 3 4 5 6 7

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 15/15 15/5 15/6 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 [Handwritten initials]

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BAH-0065/2018
 Master AYMAN ABDIKARIM OMAR
 15-06-2018 7 Y 10 M 22 D (M)
 Dr. SIRISHA RANI

4

No. : RCHB/ FRM / CLINICAL / 126

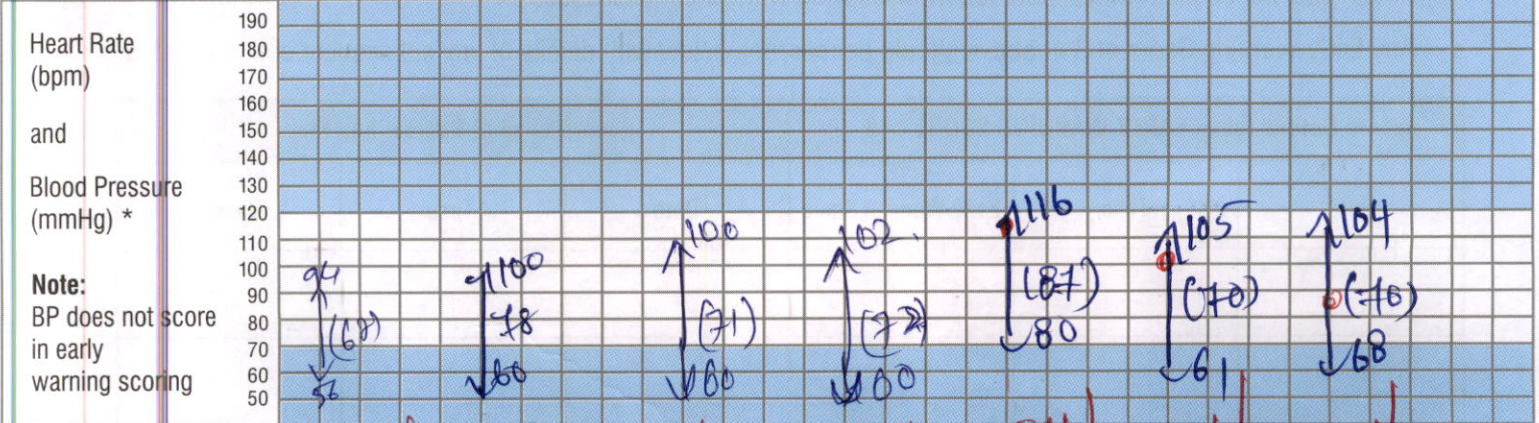
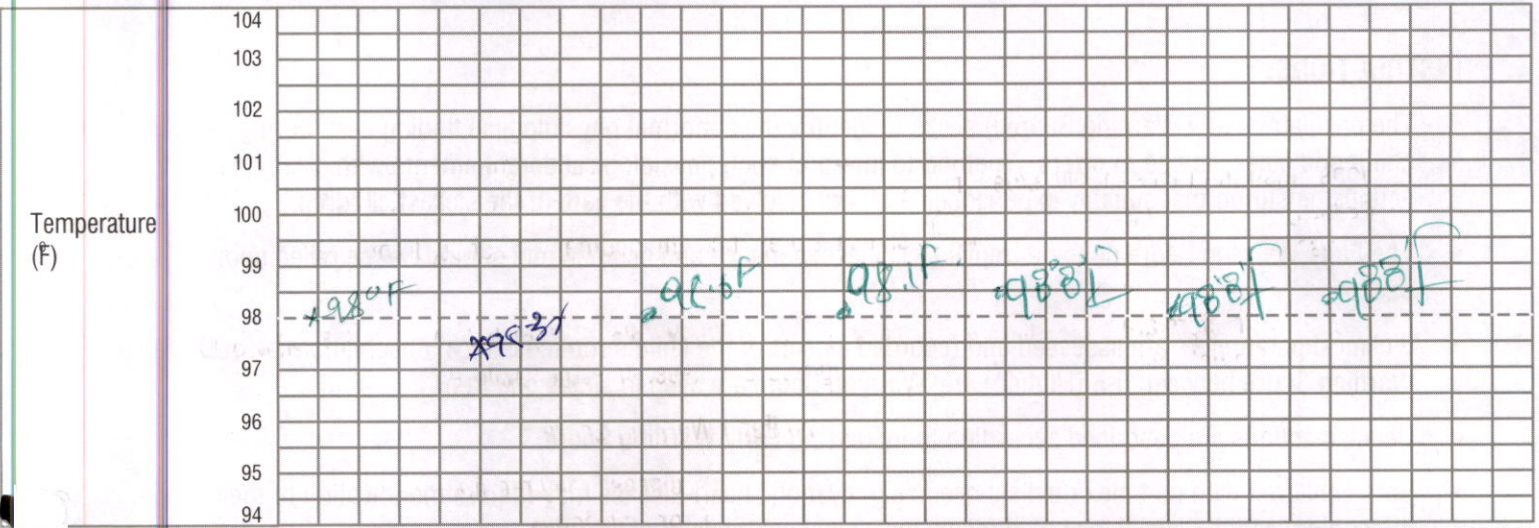
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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

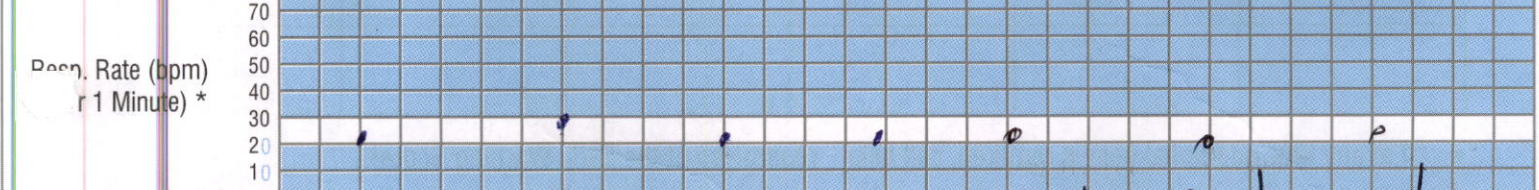
BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8-5-26 Time: 9 AM 1 PM 4 PM 7 PM - 9 PM 9 AM 6 AM
 Doctor / Nurse / Family Concern?



Heart Rate (Number) 90b/m, 100b/m, 99b/m, 100b/m, 116b/m, 105b/m, 104b/m



Resp Rate (Number) 24b/m, 26b/m, 25b/m, 25b/m, 25b/m, 24b/m, 24b/m

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99%, 98%, 100%, 100%, 100%, 100%, 100%

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

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

TOTAL SCORE
 Number of shaded boxes 0, 0, 0, 0, 0, 0, 0
 Pain Score 0, 0, 0, 0, 0, 0, 0
 Observer's Initials G, R, R, R, A, R, R

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)



3

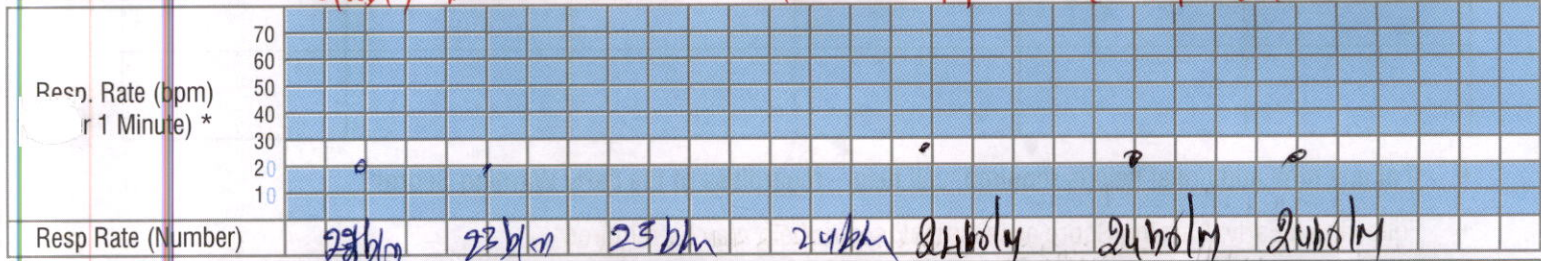
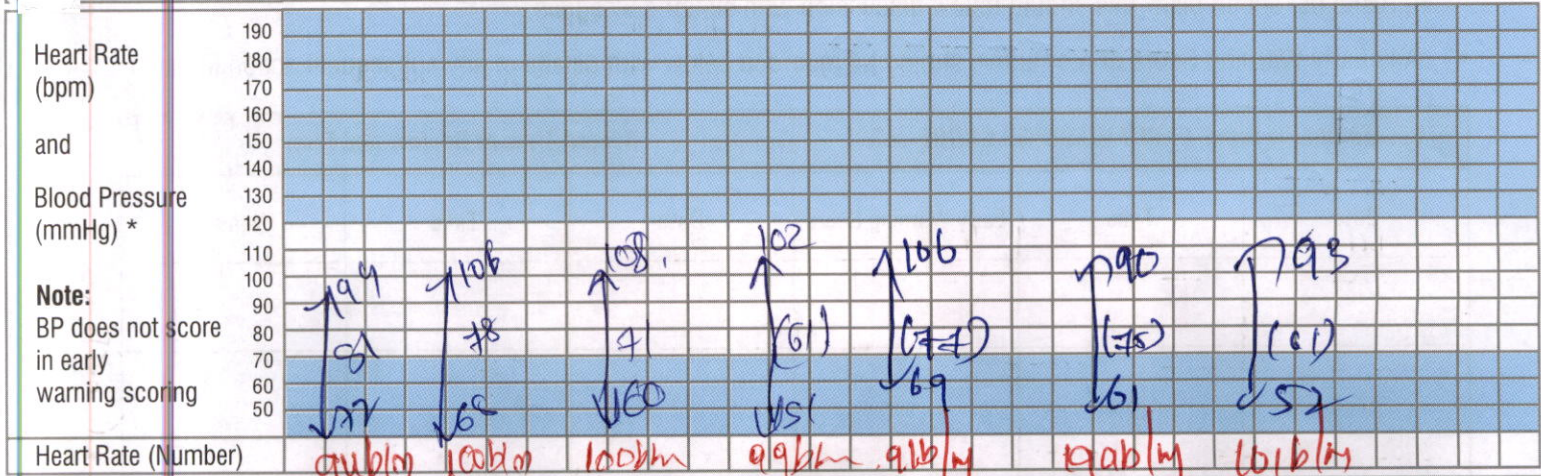
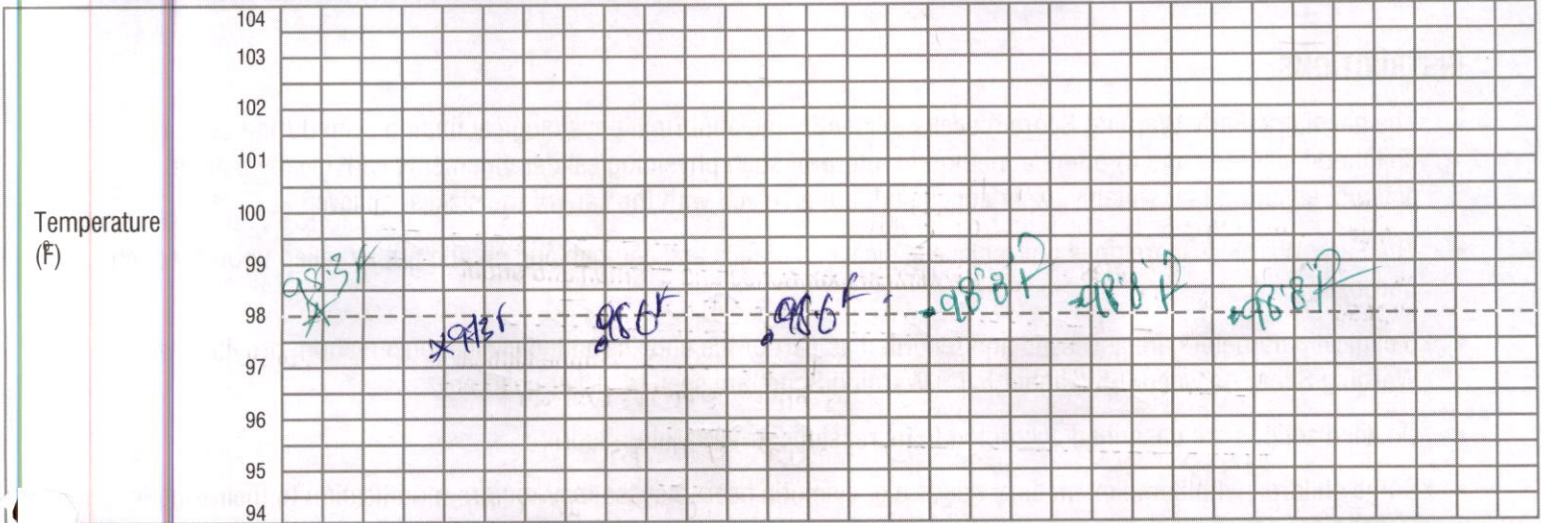
Doc. No. : RCHBH/FRM / CLINICAL / 126

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 7/5/25 Time: 10AM 1PM 4PM 7PM 9PM 3AM 6AM
 Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe	None / Mild					
Receiving O ₂ (l/min)							
O ₂ Saturations (%)	99.1	100.1	100.1	100.1	100.1	100.1	100.1
Conscious Level	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15

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

ACTIONS

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NB: Scores 3 should be recorded overleaf

* 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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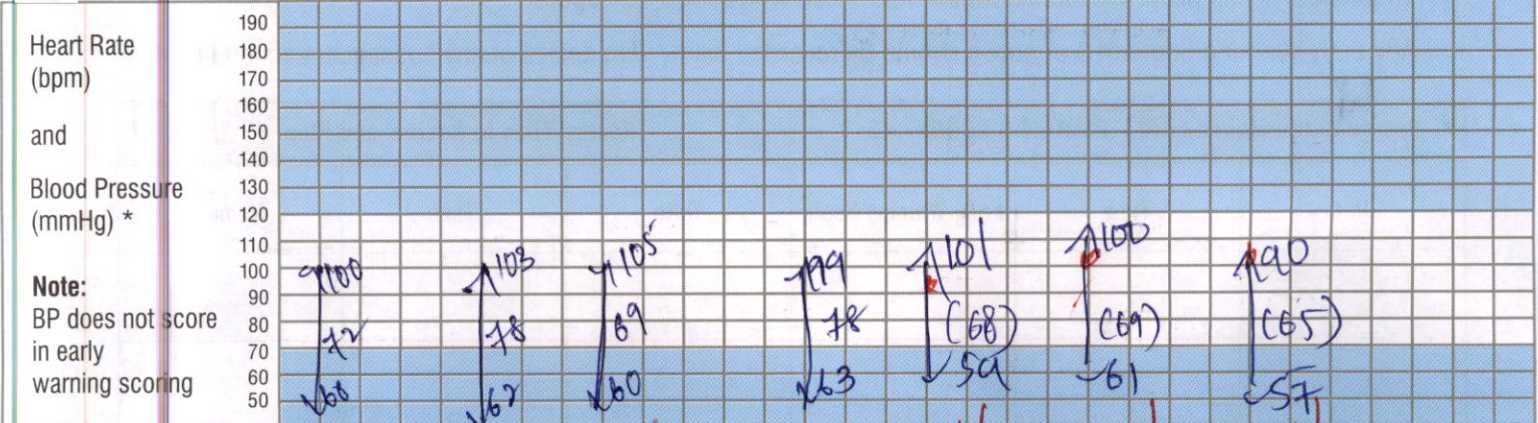
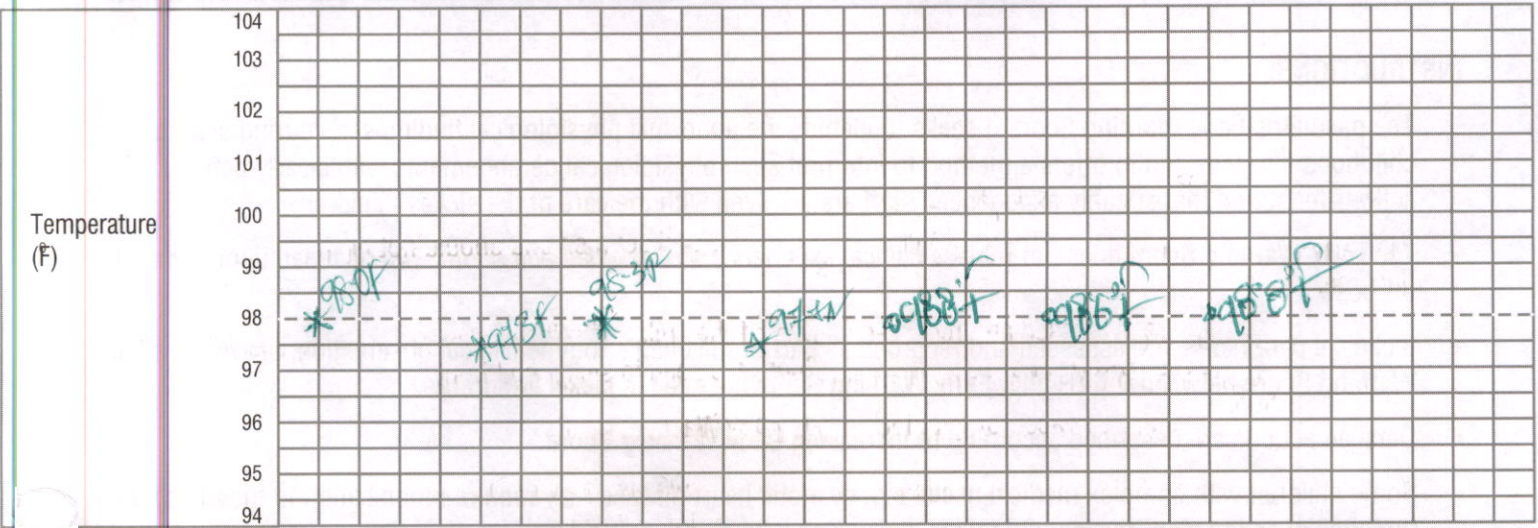
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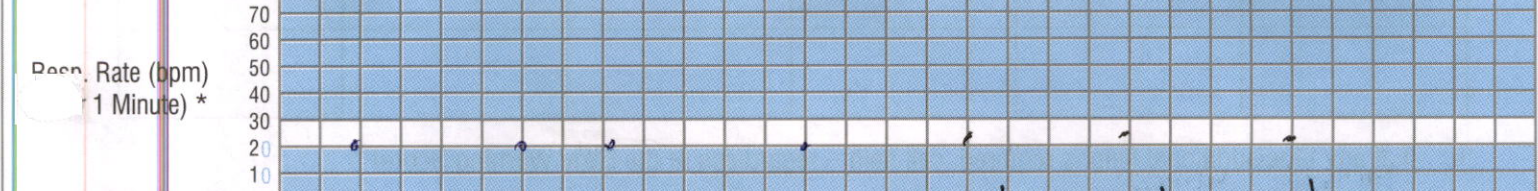


EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9/5/18 Time: 10AM 1PM 4PM 7PM 9PM 3AM 6AM
 Doctor / Nurse / Family Concern? _____



Heart Rate (Number) 108b/m 103b/m 105b/m 103b/m 101b/m 100b/m 100b/m



Resp Rate (Number) 22b/m 21b/m 23b/m 25b/m 24b/m 25b/m 26b/m

Resp Mod/ Severe Distress None / Mild 0 0 0 0 0 0 0

Receiving O₂ (l/min) O₂ Saturations (%) 0 0 0 0 0 0 0
99% 100% 99% 100% 100% 100% 100%

Conscious Level Normal Altered C C C C C C C

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

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

ACTIONS

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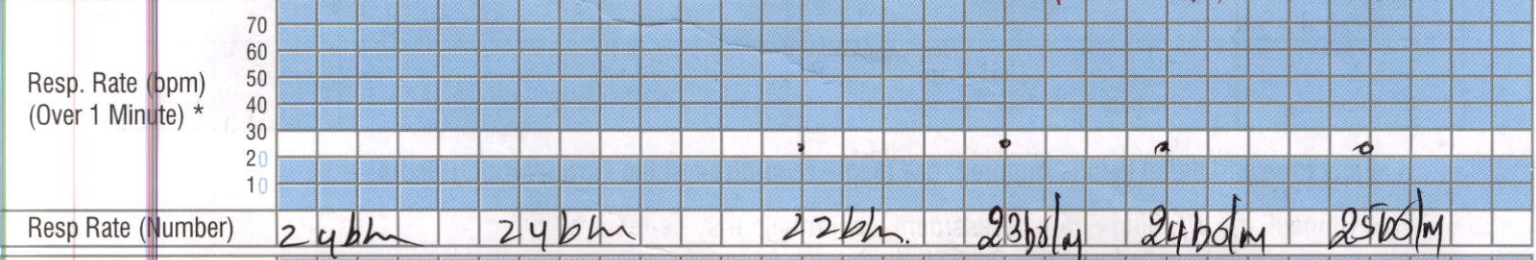
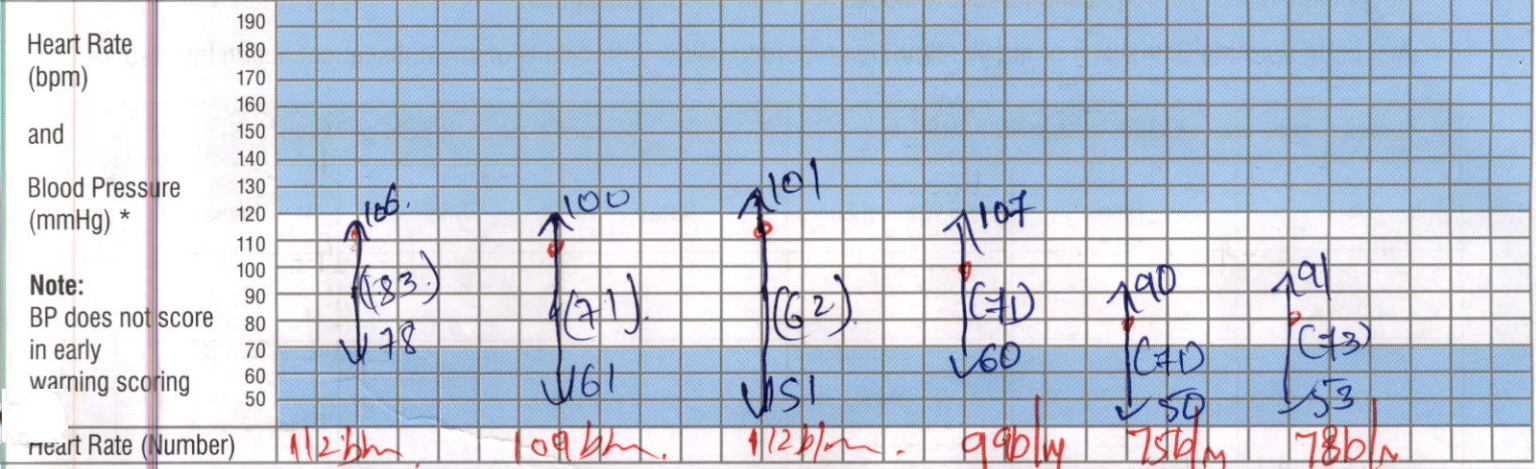
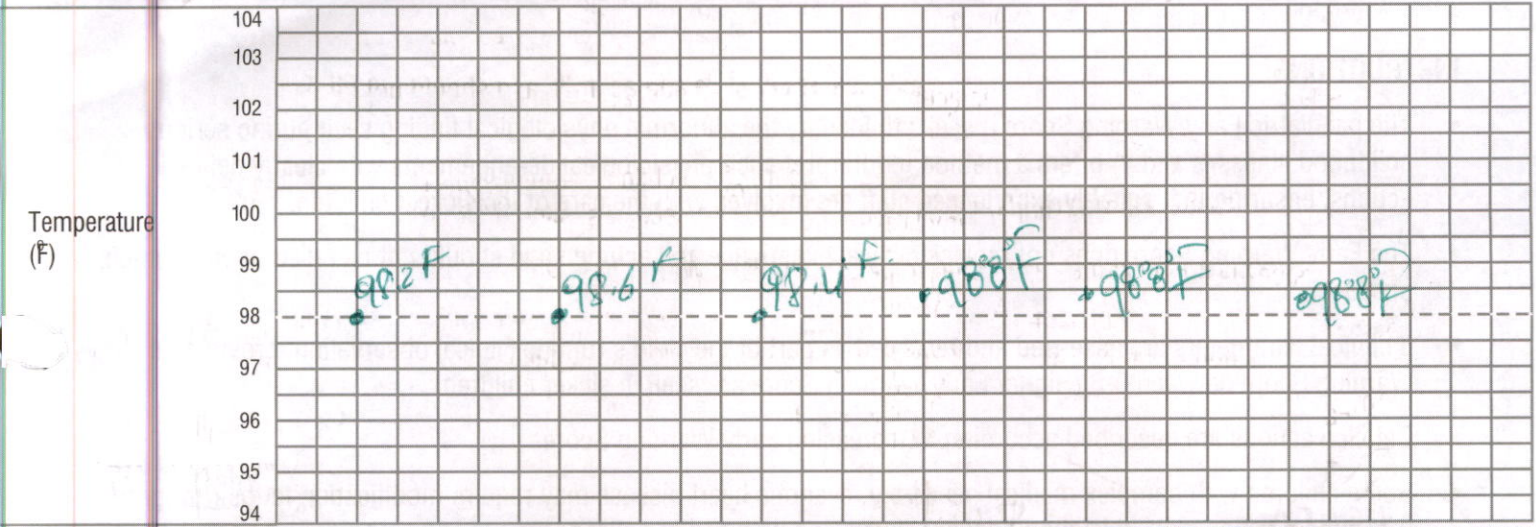
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 25/6 Time: 12pm 3pm 7pm 9pm 3am 6am
 Doctor / Nurse / Family Concern? _____



Resp Distress	Mod/ Severe	None / Mild				
Receiving O ₂ (l/min)	O ₂ Saturations (%)		100%	99%	100%	100%
Conscious Level	Normal	Altered	C	C	C	C
GCS *			15/15	15/15	15/15	15/15

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

ACTIONS

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BAH 00652018 IP5-00173389
 Master AYMAN ABDIKARIM OMAR
 15-06-2018 7 Y 11 M 4 D (M)
 Dr. SIRISHA RANI



FLUID CHART

Sheet No. : 3

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis 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							



FLUID CHART



2.6
 1.4
 104.2

Sheet No. : 4

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			30+1+20									
	09:00 am	3cc cream		30+1+20						450ml			
	10:00 am	Banana		30+25+1									
	11:00 am	H ₂ O	150ml	30+1+1									
	12:00 pm	Banana		25+1						450ml			
	01:00 pm			25+1									
Total Intake :				306ml						Total Output :	300ml		3
	02:00 pm			30+25						200ml			
	03:00 pm	Pear		30+25									
	04:00 pm	H ₂ O	100ml	30+25									
	05:00 pm			30+25									
	06:00 pm			30+25									
	07:00 pm			30+25						200ml			
Total Intake :				430ml						Total Output :	400ml		
	08:00 pm	H ₂ O	100ml	100+30+4						200ml			
	09:00 pm	Ice cream		100+30+4									
	10:00 pm	Ice cream		30+30+1									
	11:00 pm			30+30+1									
	12:00 am			30+30+1						100ml			
	01:00 am			30+30+1									
Total Intake :				606 ml						Total Output :	300ml		
	02:00 am			30+30+1									
	03:00 am			30+30+1						200ml			
	04:00 am			30+30+1									
	05:00 am			30+30+1									
	06:00 am			30+30+1						150ml			
	07:00 am			30+30+1									
Total Intake :				366 ml						Total Output :	350 ml		

Total 24 hrs. Intake 1700 ÷ 71.1 cckg/day

Total 24 hrs. Output 1350 ÷ 2.34 cckg/h

m-④



FLUID CHART

Sheet No. : ③

- 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		
18/5/20	08:00 am			30+1+10								Moumita
	09:00 am			30+1+25								
	10:00 am			30+1+125								
	11:00 am	Ice cream		30+1+25					350ml			
	12:00 pm			30+1+25								
	01:00 pm			30+1+20								
Total Intake :			316ml			Total Output :					350ml	
	02:00 pm			30+1+20								Rajni
	03:00 pm			30+1+20								
	04:00 pm			30+1+20					350ml			
	05:00 pm			30+1+20								
	06:00 pm			30+1+20					100ml			
	07:00 pm			30+1+20					150ml			
Total Intake :			255ml			Total Output :						
	08:00 pm	H ₂ O	150ml	20+30+1								Rajni
	09:00 pm	Ice cream		20+30+1					250ml			
	10:00 pm			20+30+1								
	11:00 pm			20+30+1								
	12:00 am			20+30+1					200ml			
	01:00 am			20+30+1								
Total Intake :			456ml			Total Output :					450ml	
	02:00 am			20+30+1								Kasim
	03:00 am			20+30+1					150ml			
	04:00 am			20+30+1								
	05:00 am			20+30+1								
	06:00 am			20+30+1								
	07:00 am			20+30+1					200ml			
Total Intake :			306ml			Total Output :						

Total 24 hrs. Intake 1333 ÷ 55cc/kg

Total 24 hrs. Output 1600 ÷ 277cc/kg/ho.



FLUID CHART

Sheet No. : 13

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 Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am			30+30						100ml	}	}	
	09:00 am			30+30									
	10:00 am			30+30									
	11:00 am			30+30									
	12:00 pm			30+30					150ml				
	01:00 pm			30+30									
Total Intake : 360ml						Total Output : 250ml							
	02:00 pm			30+30							}	}	
	03:00 pm			30+30					250ml				
	04:00 pm	Ice cream		30+30									
	05:00 pm			20+40									
	06:00 pm			20+40					150ml				
	07:00 pm			20+40									
Total Intake : 360ml						Total Output : 400ml							
	08:00 pm			20+40							}	}	
	09:00 pm			20+40					150ml				
	10:00 pm			20+40									
	11:00 pm			20+40									
	12:00 am			20+40					200ml				
	01:00 am			20+40									
Total Intake : 360ml						Total Output : 350ml							
	02:00 am			20+40							}	}	
	03:00 am			20+40					150ml				
	04:00 am			20+40									
	05:00 am			20+40									
	06:00 am			20+40									
	07:00 am			20+40					150ml				
Total Intake : 360ml						Total Output : 300ml							

Total 24 hrs. Intake 1440 ÷ 60 cckg

Total 24 hrs. Output 1200 ÷ 2.25 cckg/hr.



FLUID CHART

Sheet No. : 12

- 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		
16/5	08:00 am			50+10+1						200ml	} a	
	09:00 am	H ₂ O 50ml		50+10+1								
	10:00 am			50+10+1								
	11:00 am			50+10+1					200ml			
	12:00 pm			50+10+1								
	01:00 pm			50+10+1								
	Total Intake :			420ml			Total Output : 400ml					
	02:00 pm			50+10+1							} a	
	03:00 pm			50+10+1					150ml			
	04:00 pm	H ₂ O 100ml		50+10+1								
	05:00 pm			50+10+1								
	06:00 pm			50+10+1					150ml			
	07:00 pm			50+10+1								
Total Intake :			460ml			Total Output : 330ml						
	08:00 pm			70ml						200ml	} b	
	09:00 pm	H ₂ O 200ml		70ml								
	10:00 pm			70ml								
	11:00 pm			70ml								
	12:00 am			50+20+1								
	01:00 am			50+20+1					200ml			
Total Intake :			622ml			Total Output : 900ml						
	02:00 am			50+20+1						150ml	} c	
	03:00 am			50+20+1								
	04:00 am			50+20+1								
	05:00 am			50+20+1								
	06:00 am			50+30+1								
	07:00 am			50+30+1					150ml			
Total Intake :			926ml			Total Output : 300ml						

Total 24 hrs. Intake 1,938° - 80.7cc/kg

Total 24 hrs. Output 1,510° - 2,62cc/kg

BAH-00652018 IP5-00173389
 Master AYMAN ABDIKARIM OMAR
 15-06-2018 7 Y 10 M 29 D (1)
 Dr. SIRISHA RANI



FLUID CHART

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Sheet No. : 71

- 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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
15/6/18	08:00 am			50+10+1						200ml		[Signature]
	09:00 am	spit 50ml		50+10+1								
	10:00 am			50+10+1								
	11:00 am			50+10+1					250ml			
	12:00 pm			50+10+1								
	01:00 pm			50+10+1								
Total Intake :				410ml		Total Output :					450ml	
	02:00 pm			50+10+1								[Signature]
	03:00 pm			50+10+1					150ml			
	04:00 pm	spit 100ml		50+10+1								
	05:00 pm			50+10+1					200ml			
	06:00 pm			50+10+1								
	07:00 pm			50+10+1								
Total Intake :				460ml		Total Output :					350ml	
	08:00 pm			50+10+1						200ml		[Signature]
	09:00 pm	H2o 100ml		50+10+1								
	10:00 pm			50+10+1								
	11:00 pm			50+10+1								
	12:00 am			50+10+1								
	01:00 am			50+10+1					200ml			
Total Intake :				466		Total Output :					400ml	
	02:00 am			50+10+1								[Signature]
	03:00 am			50+10+1								
	04:00 am			50+10+1					150ml			
	05:00 am			50+10+1								
	06:00 am			50+10+1								
	07:00 am			50+10+1					200ml			
Total Intake :				366		Total Output :					350ml	

Total 24 hrs. Intake $1702 \div 70.9 \text{ cc/kg/day}$

Total 24 hrs. Output $1550 \div 2.6 \text{ cc/kg/day}$



FLUID CHART

Sheet No. : 10

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 Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am			50+10+1ml								
	09:00 am	How	100ml	50+10+1ml					300ml			
	10:00 am			50+10+1ml								
	11:00 am	milk	100ml	50+10+1ml								
	12:00 pm			50+10+1ml					180ml			
	01:00 pm			50+10+1ml								
Total Intake :			566ml			Total Output :					480ml	
	02:00 pm			50+10+1								
	03:00 pm	water	100ml	50+10+1					260ml			
	04:00 pm			50+10+1								
	05:00 pm	water	100ml	50+10+1								
	06:00 pm			50+10+1								
	07:00 pm			100ml+10+1					30ml			
Total Intake :			616ml			Total Output :					560ml	
	08:00 pm			50+10+1					200ml			
	09:00 pm	water	100ml	50+10+1								
	10:00 pm			50+10+1ml								
	11:00 pm			50+10+1ml								
	12:00 am			50+10+1ml					200ml			
	01:00 am			50+10+1ml								
Total Intake :			2166ml			Total Output :					700ml	
	02:00 am			50+10+1ml					300ml			
	03:00 am			50+10+1ml								
	04:00 am			50+10+1ml								
	05:00 am			50+10+1ml								
	06:00 am			50+10+1ml								
	07:00 am			50+10+1ml					100ml			
Total Intake :			366ml			Total Output :					900ml	

Total 24 hrs. Intake : 2,014ml - 83.5 cal/kg

Total 24 hrs. Output : 1,840ml - 3,18 cal/kg

v-0



FLUID CHART

Sheet No. : (a)

13/5/26

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 Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
13/5/26	08:00 am			50+10+1						900ml		
	09:00 am	1/2a 50		50+10+1								
	10:00 am			50+10+1						150ml		
	11:00 am			50+10+1								
	12:00 pm			50+10+1						250ml		
	01:00 pm			50+10+1								
Total Intake :			410ml			Total Output :					600ml	
13/5	02:00 pm	bread		50+10+1								
	03:00 pm	butter Jam.		50+10+1						150ml		
	04:00 pm	water 100ml		50+10+1								
	05:00 pm			50+10+1						150ml		
	06:00 pm			50+10+1								
	07:00 pm	water 100ml		50+10+1						100ml		
Total Intake :			566ml			Total Output :					400ml	
13/5	08:00 pm			50+10+1								
	09:00 pm	Milk		50+10+1								
	10:00 pm		100ml	50+10+1						200ml		
	11:00 pm			50+10+1								
	12:00 am	1/2a		50+10+1								
	01:00 am		100ml	50+10+1						150ml		
Total Intake :			566ml			Total Output :					350ml	
14/5	02:00 am			50+10+1								
	03:00 am			50+10+1						150ml		
	04:00 am			50+10+1								
	05:00 am			50+10+1						250ml		
	06:00 am		200ml	50+10+1								
	07:00 am			50+10+1						50ml		
Total Intake :			566ml			Total Output :					450ml	

Total 24 hrs. Intake : 2108 ÷ 87.8cc/kg

Total 24 hrs. Output : 1800 ÷ 3.12cc/kg



FLUID CHART

Sheet No. : 9

12/5/26

weg = 2 ubg

- 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	Milk		50+10+1									
	09:00 am	H ₂ O	100ml	50+10+1					250ml				
	10:00 am			50+10+1									
	11:00 am			50+10+1									Ruj
	12:00 pm			50+10+1					150ml				
	01:00 pm			50+10+1									
Total Intake :				466ml			V-3	Total Output :		400ml			
	02:00 pm	rice		50+10+1									
	03:00 pm		100ml	50+10+1					150ml				
	04:00 pm	water		50+10+1									
	05:00 pm			50+10+1									
	06:00 pm	water	100ml	50+10+1					200ml				
	07:00 pm			50+10+1									
Total Intake :				566ml				Total Output :		380ml			V-1
	08:00 pm		100ml	50+10+1									
	09:00 pm			50+10+1					200ml				
	10:00 pm			50+10+1									
	11:00 pm	H ₂ O		50+10+1									Ruj
	12:00 am			50+10+1					180ml				
	01:00 am			50+10+1									
Total Intake :				466ml				Total Output :		380ml			
	02:00 am			50+10+1									
	03:00 am			50+10+1					120ml				
	04:00 am		50ml	50+10+1									
	05:00 am			50+10+1									
	06:00 am			50+10+1					180ml				
	07:00 am		50ml	50+10+1									
Total Intake :				466ml				Total Output :		300ml			

Total 24 hrs. Intake 1,966 ÷ 81.83cc/kg

Total 24 hrs. Output 1460 ÷ 2.5cc/kg/day

BAH-00652018 IP5-00173389
 Master AYMAN ABDIKARIM OMAR
 15-06-2018 7 Y 10 M 25 D (M)
 Dr. SIRISHA RANI



FLUID CHART

Sheet No. : 7

11/5/26

- 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	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
11/5	08:00 am			50+10+1						200ml		[Signature]
	09:00 am	Sprite	100ml	50+10+1								
	10:00 am	H ₂ O	100ml	50+10+1								
	11:00 am			50+10+1								
	12:00 pm			50+10+1						150ml		
	01:00 pm			50+10+1								
	Total Intake :			566ml			Total Output :					
11/5	02:00 pm			50+10+1								[Signature]
	03:00 pm	Ice cream		50+10+1						250ml		
	04:00 pm		100ml	50+10+1								
	05:00 pm	H ₂ O		50+10+1								
	06:00 pm			50+10+1								
	07:00 pm			50+10+1								
	Total Intake :			460ml			Total Output :					
11/5	08:00 pm			50+10+1								[Signature]
	09:00 pm		100ml	50+10+1						200ml		
	10:00 pm			50+10+1								
	11:00 pm	H ₂ O		50+10+1								
	12:00 am			50+10+1						350ml		
	01:00 am			50+10+1								
	Total Intake :			466ml			Total Output :					
11/5	02:00 am			50+10+1								[Signature]
	03:00 am			50+10+1						200ml		
	04:00 am			50+10+1								
	05:00 am			50+10+1								
	06:00 am		100ml	50+10+1						350ml		
	07:00 am			50+10+1								
	Total Intake :			466ml			Total Output :					

Total 24 hrs. Intake 1,958 ÷ 81.58 ccl/kg

Total 24 hrs. Output 1,950 ÷ 3.38 ccl/kg



FLUID CHART

Sheet No. : (6)

- 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 Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
10/5	08:00 am			60ml			✓			200ml	I	J
	09:00 am			60ml			✓					
	10:00 am			60ml			✓					
	11:00 am	H ₂ O	100ml	60ml			✓					
	12:00 pm			60ml					200ml			
	01:00 pm			60ml								
Total Intake :			460ml			Total Output :					400ml	
	02:00 pm			60ml + 10ml						150ml	I	J
	03:00 pm	H ₂ O	100ml	50ml + 10ml								
	04:00 pm			50ml + 10ml								
	05:00 pm			50ml + 10ml								
	06:00 pm			50ml + 10ml								
	07:00 pm			50ml + 10ml								
Total Intake :			460ml			Total Output :					480ml	
	08:00 pm	H ₂ O	100ml	50ml + 10ml + 1			✓			150ml	I	J
	09:00 pm			50ml + 10ml + 1								
	10:00 pm	syringe	80ml	50ml + 10ml + 1								
	11:00 pm			50ml + 10ml + 1								
	12:00 am			50ml + 10ml + 1								
	01:00 am			50ml + 10ml + 1								
Total Intake :			546ml			Total Output :					400ml	
	02:00 am			50ml + 10ml						100ml	I	J
	03:00 am		80ml	50ml + 10ml								
	04:00 am			50ml + 10ml								
	05:00 am			50ml + 10ml								
	06:00 am		50ml	50ml + 10ml								
	07:00 am			50ml + 10ml								
Total Intake :			496ml			Total Output :					300ml	

Total 24 hrs. Intake 1968 ÷ 82cc/kg

Total 24 hrs. Output 1580 ÷ 2.74cc/kg

⊕



FLUID CHART

Sheet No. : 3

- 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		
4/5/24	08:00 am	H ₂ O	100ml	60ml						200ml	I I I I I I	} a
	09:00 am	ROSA	①	60ml								
	10:00 am			60ml								
	11:00 am			60ml								
	12:00 pm	H ₂ O	100ml	60ml								
	01:00 pm			60ml					250ml			
Total Intake :			460ml			Total Output :					450ml	
	02:00 pm	Rice		60ml							I I I I I I	} a
	03:00 pm	H ₂ O	150ml	60ml					300ml			
	04:00 pm			60ml								
	05:00 pm	Shake		60ml								
	06:00 pm	H ₂ O	100ml	60ml								
	07:00 pm			60ml					150ml			
Total Intake :			510ml			Total Output :					450ml	
	08:00 pm			60ml							I I I I I I	} a
	09:00 pm	H ₂ O	100ml	60ml								
	10:00 pm			60ml					250ml			
	11:00 pm			60ml								
	12:00 am			60ml								
	01:00 am			60ml					200ml			
Total Intake :			460ml			Total Output :					450ml	
	02:00 am			60ml							I I I I I I	} a
	03:00 am			60ml					200ml			
	04:00 am			60ml								
	05:00 am			60ml								
	06:00 am			60ml								
	07:00 am			60ml					280ml			
Total Intake :			360ml			Total Output :					480ml	

Total 24 hrs. Intake 1.790 ÷ 74.5cc/kg/day

Total 24 hrs. Output 1.830 ÷ 3.1cc/kg/day



FLUID CHART

Sheet No. : 9

- 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		
8-5-26	08:00 am			100ml						200ml		} no
	09:00 am	H ₂ O	50ml	75ml								
	10:00 am			75ml								
	11:00 am			25ml								
	12:00 pm			75ml						310ml		
	01:00 pm	Mali		75ml								
	Total Intake :			525ml			Total Output :					
	02:00 pm			50ml							} 36	
	03:00 pm		50ml	50ml					200ml			
	04:00 pm			50ml								
	05:00 pm			50ml								
	06:00 pm	H ₂ O		50ml					150ml			
	07:00 pm			50ml								
Total Intake :			250ml			Total Output :						350ml
	08:00 pm	H ₂ O	100ml	50ml							} 36	
	09:00 pm	Exub		50ml					350ml			
	10:00 pm	Drain		50ml								
	11:00 pm			60ml								
	12:00 am			60ml					250ml			
	01:00 am			60ml								
Total Intake :			436ml			Total Output :						510ml
	02:00 am			60ml							} 36	
	03:00 am			60ml								
	04:00 am			60ml					100ml			
	05:00 am			60ml								
	06:00 am			60ml								
	07:00 am			60ml					350ml			
Total Intake :			366ml			Total Output :						400ml
Total 24 hrs. Intake		1677 $\frac{1}{2}$ 69.5cc/kg			Total 24 hrs. Output		1810ml $\frac{1}{2}$ 3.1cc/kg/day					



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 Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
7-5-26	08:00 am			70ml						200ml		}
	09:00 am	H ₂ O	50ml	70ml								
	10:00 am			75ml								
	11:00 am			75ml								
	12:00 pm			75ml						300ml		
	01:00 pm			25ml								
Total Intake :			500ml			Total Output :					500ml	
	02:00 pm			50ml								}
	03:00 pm		100ml	50ml						200ml		
	04:00 pm	fruit		50ml								
	05:00 pm			50ml								
	06:00 pm	H ₂ O		30ml								
	07:00 pm			100ml						100ml		
Total Intake :			430ml			Total Output :					300ml	
	08:00 pm	rice		75ml								}
	09:00 pm			75ml						200ml		
	10:00 pm	water	200ml	75ml								
	11:00 pm			50ml								
	12:00 am			50ml								
	01:00 am			50ml						180ml		
Total Intake :			575ml			Total Output :					380ml	
	02:00 am			50ml								}
	03:00 am			30ml						100ml		
	04:00 am			30ml								
	05:00 am			30ml								
	06:00 am			30ml								
	07:00 am			100ml						200ml		
Total Intake :			270ml			Total Output :					330ml	

Total 24 hrs. Intake	1975 ÷ 80.29 ccl/kg/day 73.65 ccl/kg/day	Total 24 hrs. Output	1510 ÷ 2.61 ccl/kg/day
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✓ - 8

AH-00652018 IP5-00173389
 laster AYMAN ABDIKARIM OMAR
 5-06-2018 7 Y 10 M 20 D (M)
 r. SIRIHA RANI



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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
5/5/26	08:00 am			70ml						200ml		ve
	09:00 am	milk	100ml	70ml								
	10:00 am			70ml								
	11:00 am	air	100ml	70ml						200ml		
	12:00 pm			70ml								
	01:00 pm			70ml								
Total Intake :			620ml			Total Output :					400ml	
	02:00 pm			70ml								ve
	03:00 pm	water	100ml	70ml						300ml		
	04:00 pm	milk	70ml	70ml								
	05:00 pm			70ml								
	06:00 pm	air	70ml	70ml						350ml		
	07:00 pm			70ml								
Total Intake :			520ml			Total Output :					650ml	m=1
	08:00 pm	rice		70ml								ve
	09:00 pm	Juice	100ml	70ml						300ml		
	10:00 pm	H2O		70ml								
	11:00 pm			70ml								
	12:00 am			70ml						200ml		
	01:00 am			70ml								
Total Intake :			620ml			Total Output :					500ml	
	02:00 am			70ml								ve
	03:00 am			70ml						200ml		
	04:00 am			70ml								
	05:00 am			70ml								
	06:00 am			100ml								
	07:00 am			100ml						300ml		
Total Intake :			480ml			Total Output :					500ml	

Total 24 hrs. Intake	2240 ÷ 92.94cc/kg/day	Total 24 hrs. Output	2060 ÷ 3.56cc/kg/hr
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M-① v-①



FLUID CHART

Sheet No. : 11


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 Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
5/5	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm	NPO								100 ml			G
	Total Intake :						Total Output : 100 ml.						
	02:00 pm												
	03:00 pm		100ml	50ml					100ml				
	04:00 pm	kechi		20ml									
	05:00 pm		50ml	25ml					150ml				
	06:00 pm	H ₂ O		25ml									
	07:00 pm			25ml									
Total Intake : 445 ml.						Total Output : 250 ml							
	08:00 pm	kechi		100 ml									
	09:00 pm	H ₂ O	140 ml	100 ml					200 ml				
	10:00 pm			100 ml									
	11:00 pm			50+50									
	12:00 am			50+50					150 ml				
	01:00 am			50+50									
Total Intake : 740 ml.						Total Output : 350 ml							
	02:00 am			50+50									
	03:00 am			50+50					200 ml				
	04:00 am			50+50									
	05:00 am			50+50									
	06:00 am			50 ml					150 ml				
	07:00 am			50 ml									
Total Intake : 540 ml.						Total Output : 350 ml.							

Total 24 hrs. Intake	1725 ÷ 71.5 cc/kg/day	Total 24 hrs. Output	1050 ÷ 22 cc/kg/day
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CONSENT FOR BLOOD TRANSFUSION

BAH-00652018
Master **AYMAN ABDIKARIM OMAR** IP5-00173389
15-06-2018 7 Y 11 M 1 D (M)
Dr. **SIRISHA RANI**



Name: Age: Gender: Male Female

UHID.No : Date: 16/5-

- Type of Blood Product:**
- | | | |
|--|--|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input checked="" type="checkbox"/> Packed Red Blood Cells | <input 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 Fowziah 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

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):
Signature: [Signature]
Name: Fowziah Gubatu
Date & Time: 16/5/26 @ 6pm

Doctor (Who is talking the consent)
Signature: [Signature]
Name: Sarwan
Date & Time: 16/5/26 6pm

Witness
Signature: [Signature]
Name: Nurliana
Date & Time: 16/5/26 @ 6pm



(PRBC)

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 16/5/26 Time: 6pm

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

Blood Bank Issue No: BPH-26-01116 Date of Collection: 10/5/26 Date of Expiry: 21/6/26

Date & Time of Starting Transfusion: 16/5/26 Planned duration of Transfusion: 16.1

Check for Correct Unit: Correct Patient:

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

Before starting transfusion vitals: Temp: 98°f HR: 112b/m RR: 24b/m BP: 98/62(70) SpO₂: 100% (2RA)

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
16/5	15 Min	118b/m	98°f	93/68(70)	100%	-	-	-	-
	15 Min	112b/m	98.3°f	98/70(62)	100%	-	-	-	-
	30 Min	102b/m	98°f	95/62(70)	100%	-	-	-	-
	30 Min	118b/m	98.4°f	98/62(63)	100%	-	-	-	-
	30 Min	120b/m	98.3°f	99/58(70)	100%	-	-	-	-
	1 Hr	125b/m	98°f	93/56(65)	100%	-	-	-	-
	1 Hr	128b/m	98°f	95/63(70)	100%	-	-	-	-

Comments: No any adverse effects

Name of the Incharge-Nurse: Divya

Name of the Nurse: Nandini

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 16/5/26 @

Date & Time: 16/5/26 @

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

LEUCO REDUCED BLOOD CELLS I.P

3 ml. Prepared from Whole human blood collected in 63 ml. o
on.

rad-sure™
Irradiation Indicator
25 GY INDICATOR
Lot: 038660GX25
DATE: 16.5.22
IRRADIATED
2027-09-11



HIV I & II/ HBsAG/ HCV - Non
reactive
VDRI - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG)
reactive
Unit No.: BAH2
Blood Group: O R
Collection Date: 10/
Expiry Date: 'un/

2) Shake Ge
500 G

Medication...
Name Before Admitt...
6) Do Not Dispense Without...
Visible Evidence. 8.) Store Between 2° C
Appropriate
Antibodies i
Compatible Cross Matched Blood w/ist

Issue Label / CrossMatching Re
Patient : **AYMAN ABDIKARIM OMAR**
Patient's Blood Group : O Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, dr sandh...
UHID No.: BAH-00652018 Wd-Bed No
Product : LR-PRBC
Blood Group : O Rh Positive Issue
Unit No.: **BAH26-01116** Coll
XMatching Report:Compatible Ex
X-matched by: PILLEM
Rainbow Hospital Blood Centre
Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor
No.2, Banjara Hills, Hyd
Lic No. 46/HD

1

CONSENT FOR BLOOD TRANSFUSION



BAH-00652018 IP5-00173389
Master AYMAN ABDIKARIM OMAR
15-06-2018 7 Y 10 M 22 D (M)
Dr. SIRISHA RANI

Name: Age: Gender: Male Female
UHID.No: Date: 8/5/26

- Type of Blood Product:**
- Fresh Frozen Plasma
 - Packed Red Blood Cells
 - Random Donor Platelets
 - Cryoprecipitate
 - Single Donor Platelet
 - Whole Blood
 - Albumin
 - Red Blood Cell
 - Others

I, Fowzia ✓ 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 Immuno-deficiency 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):
 Signature: [Signature] ✓
 Name: Fowziagubat
 Date & Time: 8/5/2026 at 12:30pm

Doctor (Who is talking the consent)
 Signature: [Signature]
 Name: Sevani
 Date & Time: 8/5/26 12:30 Am

Witness
 Signature: [Signature] ✓
 Name: Fowziagubat
 Date & Time: 8/5/2026 at 12:30 am

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము పురుషుడు స్త్రీ
UHID, సంఖ్య: తేదీ:

- రక్త ఉత్పత్తి రకాలు:**
- తాజా ఘనీభవించిన ప్లాస్మా ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు Random Donor Platelets
 - క్రయో ప్రెసిపిటేట్ ఒకే ధాత ప్లేటిలెట్స్ Whole Blood
 - మొత్తం రక్తం ఎర్ర రక్త కణం ఇతరులు.....

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ జి సర్వేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రాజెన్ ప్లాస్మా, క్రయో ప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్) సాక్షి
సంతకము సంతకం
పేరు పేరు
తేదీ మరియు సమయము తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)
సంతకము
పేరు



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 08-05-26 Time: 12:30 Am

Blood Group of the Patient: O (ave) Blood Group on the Blood Bag: O (ave)

Blood Bank Issue No: BATH26-01030 Date of Collection: 27-04-26 Date of Expiry: 08-06-26

Date & Time of Starting Transfusion: 08-5 @ 12:30 Am Planned duration of Transfusion: 4 hours.

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Prayanka Nurse 2: Susmita

Before starting transfusion vitals: Temp: 98.9 HR: 110 RR: 22 BP: 101/65 SpO₂: 100

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>8/5/26</u>	15 Min	<u>106</u>	<u>98.6 F</u>	<u>101/61</u>	<u>100+</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>ND</u>
	15 Min	<u>107</u>	<u>98.8 F</u>	<u>100/60</u>	<u>100+</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	30 Min	<u>105</u>	<u>98.8 F</u>	<u>101/61</u>	<u>100+</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	30 Min	<u>104</u>	<u>98.8 F</u>	<u>103/65</u>	<u>100+</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	30 Min	<u>102</u>	<u>98.8 F</u>	<u>100/61</u>	<u>100+</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	1 Hr	<u>113</u>	<u>98.8 F</u>	<u>100/70</u>	<u>100+</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	1 Hr	<u>110</u>	<u>98.8 F</u>	<u>99/59</u>	<u>100+</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

Comments:

NO reactions

Name of the Incharge-Nurse: Nayshena Name of the Nurse: Prayanka


Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]

Date & Time: 8/5/25 at 05:00 AM Date & Time: 8/5/25 at 05:00 AM

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

LEUCO REDUCED BLOOD CELLS I.P

Qty. 255 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D.A. Solution.

 <p>Rh Positive</p>	<p>HIV I & II/ HBsAG/ HCV - Non reactive VDRL - Non reactive MP - Negative NAT(HIV I & II/ HBsAG/ HCV)- Non reactive</p>
	<p>Unit No.: BAH26-01030 Blood Group: O Rh Positive Collection Date: 27/Apr/2026 Expiry Date: 08/Jun/2026</p>

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check **Blood Group on Label & Recipient's**

<p>Group : With Fi There i Approp Antibo</p>	<p>Issue Label / CrossMatching Report</p>	<p>Set sc if</p>
<p>Patient : AYMAN ABDIKARIM OMAR Patient's Blood Group : O Rh Positive Hosp/Dr : Rainbow Childrens Hospital, dr sandhya UHID No. : BAH-00652018 Wd-Bed No.:</p>		
<p>Product : LR-PRBC Blood Group : O Rh Positive Issue Dt : 08/May/2026 Unit No. : BAH26-01030 Colln. Dt : 27/Apr/2026 XMatching Report: Compatible Exp. Dt : 08/Jun/2026 X-matched by: MONOJ Issued By : B.Abbhishek</p>		
<p>Rainbow Hospital Blood Centre, Rainbow Childrens Hospital D.No.&-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/HID/TS/2018/BB/G</p>		



CONSENT FOR SPECIAL PROCEDURES

Patient Name : Ayman Gender: Male Female
UHID No : PAN-00652018 Department : PHO Date : 5/5/26

I, Fawziyahubhat S/D/W/O

Here by give consent for procedure of : Lumbar puncture

For my patient, Named : Ayman

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

pain, bleeding, injection

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

- NA

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 : Fawzia

Name : Fawziyahubhat

Relationship with Patient: Mother

Date & Time : 5/5/26 2pm

Witness :

Signature : Fawzia

Name : Fawziyahubhat

Date & Time : 5/5/26 2pm

Doctor (who is taking the consent) :

Signature : d

Name : Sarani

Date & Time : 5/5/26 2pm

Patient St

AH-00652018 IP5-00173389
Patient AYMAN ABDIKARIM OMAR
5-06-2018 7 Y 10 M 20 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:
Name: Fawzia guhat
Relationship with patient:
Date & Time: 5/5/26 @ 2pm

Witness:

Signature:
Name: Fawzia
Date & Time: 5/5/26 @ 2pm

Doctor (who is taking consent):

Signature: A Name: SRAVANI Date 5/5/26 Time: 2pm

ప్రాసీజర్ల సెడేషన్కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, క్రింది విషయాలను అంగీకరిస్తున్నాను:

నాకు తెలిసిన భాషలో, వైద్యులు ఈ క్రింది ప్రాసీజర్కు 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, లాలంజోస్పాసమ్, జనరల్ అనస్థీషియాగా మారాల్సిన అవకాశం.
- ప్రాసీజర్ సమయంలో నొప్పి, భయం, ఆందోళన తగ్గించేందుకు సెడేషన్ ఇవ్వడం అవసరం అని నాకు వివరించారు. ఇది ప్రాసీజర్ సజావుగా, సురక్షితంగా జరగడానికి సహాయపడుతుంది.
- సెడేషన్కు సంబంధించిన 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:

AH-00652018 IP5-00173389
 Master: AYMAN ABDIKARIM OMAR
 5-06-2018 7 Y 10 M 20 D (M)
 Dr. SIRISHA RANI



Rate Sedation Flow-Sheet

Immediate Pre-Sedation Assessment

B.P	PR	R.R	Temp	SPO ₂	Pain Score	Weight
100/69/32	110b/h	28b/h	98.6f	100%	0	24kgs

Diagnosis: Burkitt's leukaemia

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:

Sedation Plan: 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	100/69/37	110b _t	28k	100b _t		

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME
100 mg MIDAZOLAM	IV	1mg	2:10pm	
100 mg KETAMINE	IV	1.5mg	2:10p	

Doctor Notes: procedure uneventful

Time of transportation to post sedation care room: 136 LOC: Alert

Doctor Name: Dr. Shavani Signature: d

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 on calling = 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: 2:30p

Nurse Name: [Signature]

Date: 5/5 Time: 2p⁰⁰

Consultant Name: Dr. Sandhya

Stamp

Signature: [Signature]

Signature: d



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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 5/5/26 Time: 1 PM

Weight: 24.1kg Centile: >25th

Height: 129.3cm Centile: >50th

Inference: well child

RDA: - Calories: 1500kcal/d Protein: 26g/d

Diet Recommendations: child is on NPO

Re-Assesment: -

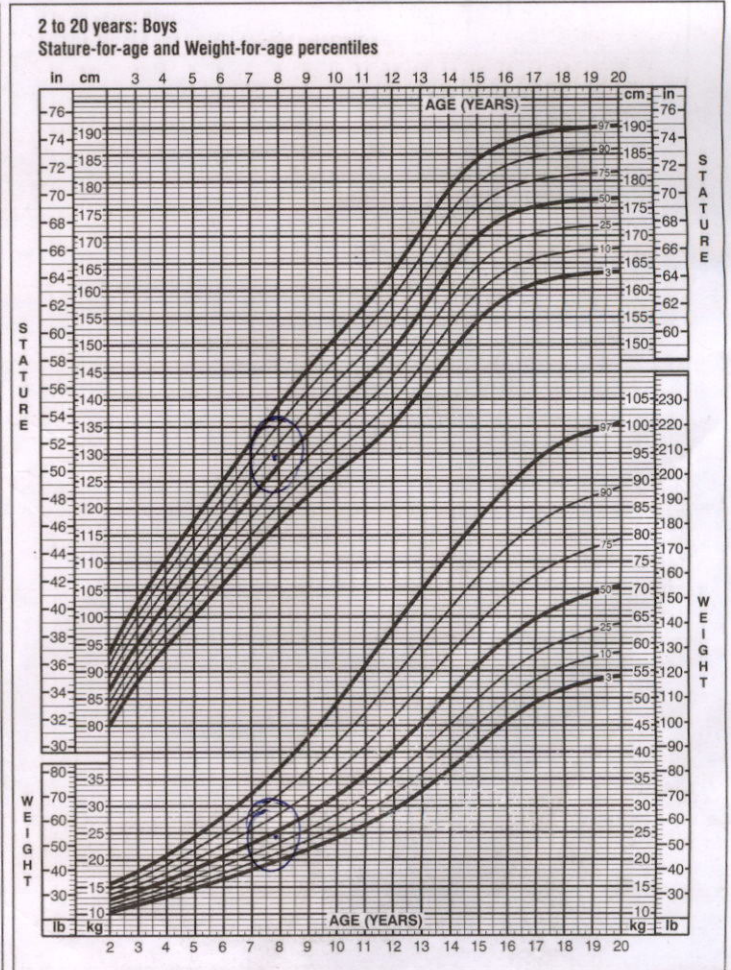
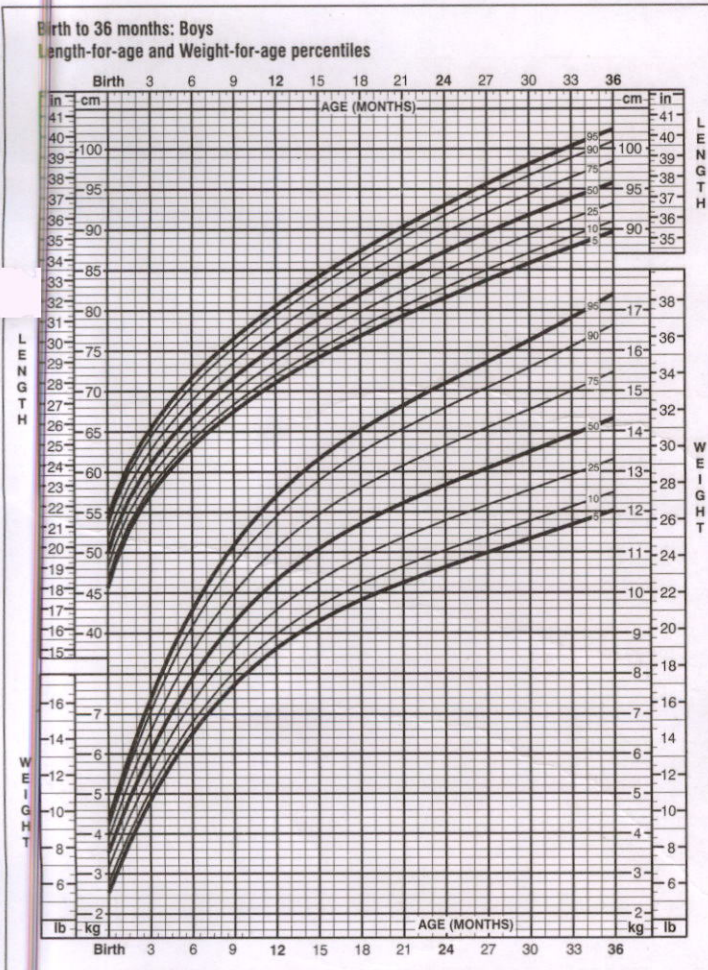
Food Allergies: No Veg/Non-veg: Non-veg

Diagnosis: K1c10 Burkitts leukemia now for chemotherapy

Nutritional Intervention - Oral Enteral Parenteral

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

GROWTH CHART (BOYS)



Dietician's Name: Saima

Dietician's Signature: Saima



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/05 8AM	KID BURKITT LULCENIA / Post ROPADM ② C: I = Mucovitis GI II	D+2
	No temperature spikes ↓ activity ch without pain ↓ stool intake on the alert VS, RR PA ① TNC ② (Wt = 2.7ml/kg/hr)	R ① Wt supportive ② I/O charting ob+ ③ IJ fluids + NAC (to wt) ④ Monitor vitals ⑤ Start Int. @ trioxone ① ⑥ CBP, PIE / RBS / TIM Sawitire @ 12pm
11/05/26 3pm	ch vomiting ↓ stool intake VS, RR PA ① TNC ②	R ① Wt IJ fluid + x minutes ② CBP, PIE / RBS / TIM ③ Monitor vitals ④

[Signature]
 43599 @ 11AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/20 8am	<p>Morning - Romb h/clo Burkette Leukemia / MRD Que post RloPtm 2nd cycle - D(7)</p>	
	<p>* Mucositis grad III / gastritis clo vomiting - (2) episodes oral cavity → ulcers @, difficulty in swallowing @ u/o - (N) s/bod - (N) vital - (N)</p>	<p>plan (1) Apply buprenorphine patch today (2) Rlv starting flucanazole (3) Cont. Supportive care</p>
	<p>Cefticame (1)</p>	<p>n/r Rajamani 02/06/2018 12:12 PM</p>
12/5/20 6pm	<p>Evening send clo vomiting - 6 episodes non bilious clo pain in throat Uo₂ adequate vital stable</p>	<p>plan 1. Iiy fosAAPREPITANT 75mg IV STAT 2. Continue IV antibiotics 3. Continue supportive care</p> <p>n/r Sushritha 02/06/2018 12:12 PM</p>

IAH-00682018 IP5-00173389
 Master AYMAN ABDIKARIM OMAR
 5-06-2018 7 Y 10 M 27 D (M)
 Dr. SIRISHA RANI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/20		
9 AM	Burkitt's leukaemia / mld ⊖	
	Post R-COPADM (2)	Day (+9)
	Mucositis grade II-III	
	cli - vomiting -	
	oral cavity - ulcer ⊕	
	U.op. = adequate	Plan
	Ceftriaxone (43)	1. Continue IV antibiotics
	fluconazole	2. Slew orally.
		Quadrigel ointment 4A QID.
		3. Fosaprepitant today 75mg
		4. Continue supportive care
		COP, CAT, creat ← T (M)
		Phs. Serum
		<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <p>13/5 @ 9:30 AM</p> </div>
		<p>noted by name 18/5/20 12/5</p>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5 8 AM	K/C/O Burkitt leukemia / MRD @ Post op ADM @ Day #10 C-I = MUW SITE, GI II-III Neutropenia NO temp spikes Activity @ Oral intake improved (slightly) on EHC alert CVS, RS PLA @ TNC @	Dext IV fluid + amivon @ I/O charting q4h @ Ttore Lab @ supportive care @ monitor vitals
	S/I = Intact @ / Intact @ T/O = 2108 / 1800 U/O = 3.1 ml/kg/h	@ (prn)
		→ GUF T/M → repeat CBP on 16/5/18 → continue rest