

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

BAH-00550770 IP5-00175728
Baby THOTA SAASHRIKA SAI
04-07-2018 7 Y 11 M 26 D (F)
Dr. SIRISHA RANI

Consultant: _____ Dept : _____

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



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/6/26	10:35 am	ER	ONEC	Veena

Cross Consultation Visit

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

INVESTIGATIONS

[illegible]

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25/06	IV Placement	①	79492	Sammy
2/7	RDP transfusion	①	9683601	Namur
2/7	up to conscious sedation	①	9683997	almer
8/7	Grasping line	①	9683997	
	conscious sedation	①	9683997	
4/7	chemotherapy	①	9687469	

ANY OTHER INFORMATION

Don't charge for NHA.

- Namur

Date :

2/7

Time :

4/7

Prepared By :

Staff Nurse

Riyk

Shift / Ward

Eung
onw

Billing Assistant

Billing Supervisor

HEMATO-
COLOG
T 131

ADMISSION SHEET

Registration Details :



Admission No : IP5-00175728

Admit Date : 29-Jun-2026

Admit Time : 10:05 AM UHID : BAH-00550770

Patient Details :

Patient Name : Baby THOTA SAASHRIKA SAI Age : 7 Y 11 M 25 D
Guardian : Mr THOTA SIVA KRISHNA DOB : 04-07-2018
Gender : Female Religion : Hindu
Occupation : Martial Status : Single
Address (H) : H.NO-6-9-3-4/5A,,GAIGALUPADU, OPP. ANJU EYE CARE HOSPITAL Apsp Camp East Phone No : 6305350450/ 9989619978
Godavari Andhra Pradesh INDIA 533005 E-mail : rohilasharmila@gmail.com

Admission Details :

Bed Type : DAY CARE

Bed No : HO DC 1

Ward Name : 1F-HEMATO-ONCOLOGY

Room No : HO DC 1

Admission Type : First Visit

Contact Details :

Name : Mr THOTA SIVA KRISHNA Relationship : Father
Contact Address : H.NO-6-9-3-4/5A,,GAIGALUPADU, OPP. ANJU EYE CARE HOSPITAL Apsp Camp East Phone No : 6305350450 /
Godavari Andhra Pradesh INDIA 533005

Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI Specialisation : HEMATO ONCOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELF PAY

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Baby THOTA SAAASHRIKA SAI
04-07-2018 7 Y 11 M 25 D (F)
Dr. SIRISHA RANI



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ADMISSION CRITERIA – ONCOLOGY

Admission / Transfer from:

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

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

- ☒ For Chemotherapy-Day Care or IP Admission as per the Type of Chemotherapy
- ☐ Febrile Neutropenias (ANC <500 cells / mm³)
- ☐ Netropenic Enterocolitis
- ☐ Mucositis Induced Significant Diarrhoea 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: [Signature]

Name of the Doctor: hanani

Date & Time: 29/6/26 @ 10:30 AM

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Baby THOTA SAASHRIKA SAI
04-07-2018 7 Y 11 M 26 D (F)
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: Dr. Sirisha Rani

Date & Time: 29/6/20 @ 6:00PM

IP5-00175728
KA SAI
(F)



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PEDIATRIC IN-PATIENT MEDICAL RECORD



Patient Name:

BAH-00550770 IP5-00175728
Baby THOTA SAASHRIKA SAI
04-07-2018 7 Y 11 M 25 D (F)
Dr. SIRISHA RANI

UHID ID:



Department:

Consultant:



Pediatric Multiorgan History & Physical Examination

Name : Saashrika Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

clt fever x 1 week
cough x 1 week.

History of present illness :

* Treated for B-ALL.

diagnosed with B-ALL in June 2023.

CD22 (+) std. count / CNS (-)

D33MRP (+)

received Inotuzumab in Oct 2023

completed maintenance in ~~May~~ June 2025.

Oct 2025 → BMA

CF malignant cells / -ve

PET scan -

Intra ocular relapse in Oct 2025. → received 6 Intra
MTX ocular

March 2026 : Morphological ~~relapse~~

CF : -ve

clt fever x 1 week



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Unremarkable

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

appropriate for age

Immunization History :



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) _____ (Centile _____)

On Examination :

Temperature : _____ Pulse Rate : _____ B.P. _____ SPO2 _____

Resp.rate and type of breathing : _____

Rash _____

Lymphadenopathy BL cervical lymphadenopathy (+)

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BLUE (+)

Any addes sounds : conducted sounds

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 (+)

Any murmur : Nb

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

Per Abdomen :

Inspection _____

Palpation : soft

Ausculation : _____

Spine : _____ External Genitalia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : No FND. _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : (A) _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars ↓ _____

Sensory System :

(A) _____

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Relapsed B-AIC _____

Early relapse. _____



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

sepsis / TIS.

Desired goals of the treatment : _____

prevention of TIS

Planned Labs:

TLS-1.

PO

Planned Management

- IV fluids

- strict v-op monitoring

- tranexa PO BD

- Tab ALLOPURINOL PO TID

Signature of the Doctor: _____

Name of the Doctor: Sirani

Date & Time: 29/6/26 2pm

Signature of the Consultant: _____

Name of the Consultant: Dr. Sunita Raw

Date & Time: _____

Date & Time	Progress Notes	Doctor's Order
29/6/26 5:50pm	CSB Dr. Sandhya Well All/patient relapse. with Relapse. No fever / no cough (+) No fresh issues Vitals (2) S/t → PHW FTLSen veg nts / (2) Pls / (2)	Adv. 1) send to flow cytometry HOLD 2) full (M) fluids 3) start ceftriaxone 4) cont rest 5) Inform SOB. Shankhar Add LAX IV BD add 1g ceftriaxone Tab TRAWEXA. strict v'op monitoring. Shari
	Shankhar gavage after	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/06/26 9:10am	misc notes	
	DSIC: Relapsed Bcell ALL (Early relapse)	
	No fever	plans:
	O/E: Chest clear P/A: soft vitals stable	- U. hydration → Trace Flow - cytometry → monitor vitals
	vo: 1.9cc/kg/hr.	- TLS2 + morphine T/m 10Am Nishitha
	NB H Debrath 015796 30/6 10am A Admission 43473 @ 9:10am	Dena 1.5mg IV BD today 2.5mg IV BD T/m
		ly LASBUCICASE today 0.8mg.
30/6/26 10:45Am	Parents cancelled about the relapse.	Dr. SIRISHA RANI
	CO ₂ ⊕	Comp:
	↓	• Injection • hair loss
	Plan to give	• GVHD • mucositis
	Inovo humab.	• VOD • vomit
	→ After achieving remission → Transplant	• NCT
	75-80% survival rate	



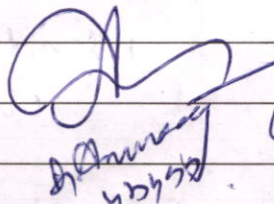
②

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 8pm	<u>Evng notes</u>	
	Relapsed Bcell ALL clearly relapse?	
	No fever	<u>Plan:</u>
	O/E:	→ Hydration
	Chest clear	→ Flow cytometry
	RA: soft	→ TLS 2
	Vitals stable	+ phosphorous } t/m loam
		→ dexa to ct
		→ strict I/O charting
		→ Review with opthal consult
		t/m
		<u>Mishra</u>
		→ ct scan start
		→ Septran
		→ mouthwash & candid
		cece
		→ send surveillance cultures
		Noted by Mounita
		30/6/26 @ 3:30pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/20 9 AM	<u>Morning rounds</u> Relapsed Bell's Palsy Early release. Afebrile, Alert No fresh issues. Vitals (R) S/E → P/W F/U F/L S/L CNS / MS / (R) P/B	<u>ASV</u> 1) TLS 2 phosphate / @ 12 PM extra EDTA 2) send serum albumin clt 3) have flow up study 4) Ophthal review today (Dr. Sushama) 5) have flow up study report. Shankar Rashmi case today evening.. N.B. Bhav 11/7/20 @ 12 PM
	 @ 10 AM	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 9 AM	Relapsed B-AII / CAHA ⊕	Early relapse Rem 12 2. Nephren 5 tend
	No fever	Plan
	vital Mch	1. Trace surveillance altim
		2. Elv dexta dose. Long 15 BD
		3. LP today 4 me BP for 10
		4. 2D Echo today
		5. send viral markers today
		6. ophthalmic exam
		at center for night
		CBP / dump sedation
		SE, RBS
		extra plain
		Sub monotype V
		Noted By Nurse 2/7/26 11:30 PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 12:30 PM	Procedure notes After informed consent, child sedated. Under aseptic precautions, lumbar puncture done and CSF collected. Intra-thecal chemotherapy given. Post procedure vitals stable	
	line placement on 4/7/26	→ send CSF/c → at next same → inform reports <i>[Signature]</i> <i>[Signature]</i> NO. B. Shree 2/7/26 @ 2 PM
3/7/26 10:30 AM	C/S/B: Dr. Santosh Honanur @ CFS, Baijura Hills K/O Ocular relapse = Iris Infiltration S/P 60 mg. MTX - last on 15.6.26.	
	O/E: Vision & pupils < stable	20 (not put drops yesterday) 10P < 14
	A/S: Iris thickening consolidated.	
	Intense new development of ~1mm hypopyon (was previously resolved)	
	Imp: Ocular relapse of B-ALL. (recurrent hypopyon)	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Adv</u> - Systemic Rx as appropriate. - observe RE resolution = systemic Rx. - if unresolved or worsening, may consider EBRT/Plaque Brachytherapy ↓ GA. - Continue topical Rx as advised	
	for Dr. Santosh Honavar	2 Review after 1 week (10/7/26) W.B. Shy 3/2/26 11M
1622pm	Procedure Notes - Grochay drive Under strict aseptic precautions Rt side. 4 fr Grochay line placed. Position confirmed E CXR. fixed @ 20cm. <u>Medication</u> Dry Hydrocortisone 2mg Dry Ketamine 3mg. <u>Vitals</u> HR 120/min Spo2 100	<u>Pain</u> - X Ray - observe for 1-2hr in room noted by Shesh



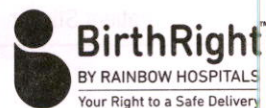
IP5-00175728

Baby THOTA SAASHRIKA SAI

04-07-2018

7 Y 11 M 28 D

(F)



Date & Time	Progress Notes	Doctor's Order
3/7/26 4:45pm (4:45pm)	<u>Energy needs</u> B-ALL Early relapse min Hyper CVAD Deplete steroids No fever No complaints	<u>Plan</u> 1. TLSI Tlm 2. lvy TRANEXA IV STAT 3. continue dexam. 4. Trace CEF malignant cells. noted by [signature] [Signature]



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 9 AM	Relapsed B-A II	mini hyper CAD.
	No fever No vomiting	
		<u>Plan</u>
		1. ct chemotherapy
		2. ct supportive care
		3. CBP T/m.
		LFT
		<u>RBS</u>
		T-Amblydipum sos <u>draw</u>
		<u>meds</u>
		5/7
		@ 10 AM
		N/B Savitree @ 1 PM



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/18 8:30 AM	Morning rounds Relapsed Small Cell Lung / mini Hyper CVD Afebrile, No stomach pain @ No vomiting. V, RLS @ S/E → P/W, C/T, U/S WS / MS / @ PIR / @ BP - 100/61.	Adv 1) stop chemotherapy 2) stop sup. care 3) take labs 4) SOS Amphotericin if SI 95th centile. for 2 readings. 5) have manual count 6) stop Rera after 6 days 7) give PIR 8) <u>Amphotericin</u>
6/7/18 4:30 PM	Relapsed Small Cell Lung / mini Hyper CVD Stomach pain → subcostal now doing well V, RLS @ S/E → WS / MS / @ PIR / @	Adv 1) stop drugs as per chart 2) stop sup. care 3) monitor vials 4) Inform SOS. <u>Amphotericin</u> noted by Neeva 6/7/18 th



Date & Time	Progress Notes	Doctor's Order
Feb 4 4:40 PM	CBS fr. Sandhya Relapsed Still on mini hyper WAD do join pain ⊕ Vitals ⊖ 30-50% Me/PR ⊖	(P) INOTIZOMAB SOS today 4 supportive care Stop Dexa → DIC today R/V ON 10/4 ⊖ CBS → Bonadan DI → SOS Phuprofen <i>[Signature]</i> Noted by Nurse Helle

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 Dr. SIRISHA RANI



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RESULT SHEET

Date	29/6/26	1/7/26	2/7/26	4/7/26	6/7/26	3/8
Time		1pm	1pm			
Hb	11.9	11.2	11.1	10.5	10.4	10.8
PCV	36.4	35.2	34.1		30.9	
RBC	4.47	4.25	4.17		3.9	
WBC	12210	6.49	6.00	4750	2660	2340
N/L	1/45	11/73	9.7/81	22/60	35/60	27/58
Platelets	31,000	40,000	51,000	46,000	24,000	31,000
CRP						
ESR						
PCT						
RBS		119			127	
Na	138	137	140	135		
K	4.3	4.2	4.4	4.5		
Cl	102	102	103	101		
Ca/Mg	10/-			9.8		
Phosphate	4.9	4.3		5.1		
Urea						
Creatinine	0.5			0.4		
ALP					95	
SGPT					35	
SGOT					34	
T.Bill/Conj					0.5/0.1	
T.Protein					6.4	
S.Albumin					3.9	
S.Globulin					2.5	
A/G Ratio					1.5	
Uric Acid	4.8	0.5		1.9		
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	14/1			14/1		
APTT	48			34		
CSF Protein / Sugar						
Cells						
N/L	A	A	109	12		

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
2/7 :-	CSF analysis					
	Colour :- Colourless					
	Appearance :- Clear					
	PH :- 8.0					
	Clot formation :- NO clot					
	CSF protein :- 22					
	CSF Glucose :- 60					
	CELL COUNT :- NO CELLS					

Culture and Sensitivities :

HIV
HbsAg / ⊖
HIV

Specs - sterile @ 48 hrs

Radiology :

USG :

X-Ray :

ECHO :

CT :

MRI :

Others (ECG, Contrast Studies etc.,) :

Weight .. 20 kg Ward 01/0

[illegible]

F

0550770 IP5-00175728
THOTA SAASHRIKA SAI
2018 7 Y 11 M 25 D (F)
SIRISHA RANI



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG: syp. SEP TRAN				Date Time	20/6	21/6	22/6	23/6	24/6	25/6	26/6	27/6	28/6	29/6	30/6	1/7	2/7	3/7	4/7	5/7	6/7	7/7	8/7	9/7	10/7	11/7	12/7	13/7	14/7	15/7	16/7	17/7	18/7	19/7	20/7	21/7	22/7	23/7	24/7	25/7	26/7	27/7	28/7	29/7	30/7	31/7	1/8	2/8	3/8	4/8	5/8	6/8	7/8	8/8	9/8	10/8	11/8	12/8	13/8	14/8	15/8	16/8	17/8	18/8	19/8	20/8	21/8	22/8	23/8	24/8	25/8	26/8	27/8	28/8	29/8	30/8	31/8	1/9	2/9	3/9	4/9	5/9	6/9	7/9	8/9	9/9	10/9	11/9	12/9	13/9	14/9	15/9	16/9	17/9	18/9	19/9	20/9	21/9	22/9	23/9	24/9	25/9	26/9	27/9	28/9	29/9	30/9	1/10	2/10	3/10	4/10	5/10	6/10	7/10	8/10	9/10	10/10	11/10	12/10	13/10	14/10	15/10	16/10	17/10	18/10	19/10	20/10	21/10	22/10	23/10	24/10	25/10	26/10	27/10	28/10	29/10	30/10	31/10	1/11	2/11	3/11	4/11	5/11	6/11	7/11	8/11	9/11	10/11	11/11	12/11	13/11	14/11	15/11	16/11	17/11	18/11	19/11	20/11	21/11	22/11	23/11	24/11	25/11	26/11	27/11	28/11	29/11	30/11	1/12	2/12	3/12	4/12	5/12	6/12	7/12	8/12	9/12	10/12	11/12	12/12	13/12	14/12	15/12	16/12	17/12	18/12	19/12	20/12	21/12	22/12	23/12	24/12	25/12	26/12	27/12	28/12	29/12	30/12	31/12
Dose	Route	Frequency	Start Dt.																																																																																																																																																																																																				
5ml	PO	BD	30/6																																																																																																																																																																																																				
Name & Signature of the Doctor Starting the Drugs: <i>Mr. Smitha</i>																																																																																																																																																																																																							
Additional Instructions: <i>mon - Wed - Friday</i>																																																																																																																																																																																																							
Daily Doctor's Endorsement by a Sign																																																																																																																																																																																																							

DRUG: candid mouth paint				Date Time	20/6	21/6	22/6	23/6	24/6	25/6	26/6	27/6	28/6	29/6	30/6	1/7	2/7	3/7	4/7	5/7	6/7	7/7	8/7	9/7	10/7	11/7	12/7	13/7	14/7	15/7	16/7	17/7	18/7	19/7	20/7	21/7	22/7	23/7	24/7	25/7	26/7	27/7	28/7	29/7	30/7	31/7	1/8	2/8	3/8	4/8	5/8	6/8	7/8	8/8	9/8	10/8	11/8	12/8	13/8	14/8	15/8	16/8	17/8	18/8	19/8	20/8	21/8	22/8	23/8	24/8	25/8	26/8	27/8	28/8	29/8	30/8	31/8	1/9	2/9	3/9	4/9	5/9	6/9	7/9	8/9	9/9	10/9	11/9	12/9	13/9	14/9	15/9	16/9	17/9	18/9	19/9	20/9	21/9	22/9	23/9	24/9	25/9	26/9	27/9	28/9	29/9	30/9	1/10	2/10	3/10	4/10	5/10	6/10	7/10	8/10	9/10	10/10	11/10	12/10	13/10	14/10	15/10	16/10	17/10	18/10	19/10	20/10	21/10	22/10	23/10	24/10	25/10	26/10	27/10	28/10	29/10	30/10	31/10	1/11	2/11	3/11	4/11	5/11	6/11	7/11	8/11	9/11	10/11	11/11	12/11	13/11	14/11	15/11	16/11	17/11	18/11	19/11	20/11	21/11	22/11	23/11	24/11	25/11	26/11	27/11	28/11	29/11	30/11	1/12	2/12	3/12	4/12	5/12	6/12	7/12	8/12	9/12	10/12	11/12	12/12	13/12	14/12	15/12	16/12	17/12	18/12	19/12	20/12	21/12	22/12	23/12	24/12	25/12	26/12	27/12	28/12	29/12	30/12	31/12
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Additional Instructions:																																																																																																																																																																																																							
Daily Doctor's Endorsement by a Sign																																																																																																																																																																																																							

DRUG: syp CALCEMAX PWS				Date Time	1/7	2/7	3/7	4/7	5/7	6/7	7/7	8/7	9/7	10/7	11/7	12/7	13/7	14/7	15/7	16/7	17/7	18/7	19/7	20/7	21/7	22/7	23/7	24/7	25/7	26/7	27/7	28/7	29/7	30/7	31/7	1/8	2/8	3/8	4/8	5/8	6/8	7/8	8/8	9/8	10/8	11/8	12/8	13/8	14/8	15/8	16/8	17/8	18/8	19/8	20/8	21/8	22/8	23/8	24/8	25/8	26/8	27/8	28/8	29/8	30/8	31/8	1/9	2/9	3/9	4/9	5/9	6/9	7/9	8/9	9/9	10/9	11/9	12/9	13/9	14/9	15/9	16/9	17/9	18/9	19/9	20/9	21/9	22/9	23/9	24/9	25/9	26/9	27/9	28/9	29/9	30/9	1/10	2/10	3/10	4/10	5/10	6/10	7/10	8/10	9/10	10/10	11/10	12/10	13/10	14/10	15/10	16/10	17/10	18/10	19/10	20/10	21/10	22/10	23/10	24/10	25/10	26/10	27/10	28/10	29/10	30/10	31/10	1/11	2/11	3/11	4/11	5/11	6/11	7/11	8/11	9/11	10/11	11/11	12/11	13/11	14/11	15/11	16/11	17/11	18/11	19/11	20/11	21/11	22/11	23/11	24/11	25/11	26/11	27/11	28/11	29/11	30/11	1/12	2/12	3/12	4/12	5/12	6/12	7/12	8/12	9/12	10/12	11/12	12/12	13/12	14/12	15/12	16/12	17/12	18/12	19/12	20/12	21/12	22/12	23/12	24/12	25/12	26/12	27/12	28/12	29/12	30/12	31/12
Dose	Route	Frequency	Start Dt.																																																																																																																																																																																									
5ml	PO	OD	1/7																																																																																																																																																																																									
Name & Signature of the Doctor Starting the Drugs: <i>Sanvi</i>																																																																																																																																																																																												
Additional Instructions:																																																																																																																																																																																												
Daily Doctor's Endorsement by a Sign																																																																																																																																																																																												

DRUG: syp vitamin-D				Date Time	1/7	2/7	3/7	4/7	5/7	6/7	7/7	8/7	9/7	10/7	11/7	12/7	13/7	14/7	15/7	16/7	17/7	18/7	19/7	20/7	21/7	22/7	23/7	24/7	25/7	26/7	27/7	28/7	29/7	30/7	31/7	1/8	2/8	3/8	4/8	5/8	6/8	7/8	8/8	9/8	10/8	11/8	12/8	13/8	14/8	15/8	16/8	17/8	18/8	19/8	20/8	21/8	22/8	23/8	24/8	25/8	26/8	27/8	28/8	29/8	30/8	31/8	1/9	2/9	3/9	4/9	5/9	6/9	7/9	8/9	9/9	10/9	11/9	12/9	13/9	14/9	15/9	16/9	17/9	18/9	19/9	20/9	21/9	22/9	23/9	24/9	25/9	26/9	27/9	28/9	29/9	30/9	1/10	2/10	3/10	4/10	5/10	6/10	7/10	8/10	9/10	10/10	11/10	12/10	13/10	14/10	15/10	16/10	17/10	18/10	19/10	20/10	21/10	22/10	23/10	24/10	25/10	26/10	27/10	28/10	29/10	30/10	31/10	1/11	2/11	3/11	4/11	5/11	6/11	7/11	8/11	9/11	10/11	11/11	12/11	13/11	14/11	15/11	16/11	17/11	18/11	19/11	20/11	21/11	22/11	23/11	24/11	25/11	26/11	27/11	28/11	29/11	30/11	1/12	2/12	3/12	4/12	5/12	6/12	7/12	8/12	9/12	10/12	11/12	12/12	13/12	14/12	15/12	16/12	17/12	18/12	19/12	20/12	21/12	22/12	23/12	24/12	25/12	26/12	27/12	28/12	29/12	30/12	31/12
Dose	Route	Frequency	Start Dt.																																																																																																																																																																																									
5ml	PO	OD	1/7																																																																																																																																																																																									
Name & Signature of the Doctor Starting the Drugs: <i>Sanvi</i>																																																																																																																																																																																												
Additional Instructions: <i>(5ml-60,000 IU) x 8 days</i>																																																																																																																																																																																												
Daily Doctor's Endorsement by a Sign																																																																																																																																																																																												

VERIFIED BY : Name Signature

BAH-10550770 IP5-00175728
 Baby THOTA SAASHRIKA SAI
 04-07-2018 7 Y 11 M 28 D (F)
 Dr. SIRISHA RANI

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : Tab DEXAMETHASONE				Date Time	3/7 4/2 5/2 6/2
Dose	Route	Frequency	Start Dt.		
4mg	P/O	BD	3/7/20		
Name & Signature of the Doctor Starting the Drugs:				[Signature]	
Additional Instructions:				1 tab = 4 mg	
Daily Doctor's Endorsement by a Sign				A d A A	

DRUG : Tab LANOLE				Date Time	4/7 5/2 6/2 7/2
Dose	Route	Frequency	Start Dt.		
1 tab	PO	OD	4/7		
Name & Signature of the Doctor Starting the Drugs:				[Signature]	
Additional Instructions:				(1 tab = 30 mg)	
Daily Doctor's Endorsement by a Sign				d A k	

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

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

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

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

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

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

VERIFIED BY : Name Signature



STAT / ONCE ONLY DRUGS

Name:

Weight: kgs

Sheet No:

[illegible]



DRUG CHART

Date of Admission: 29/6/20 Drug Allergies: ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG : <u>SYP-CROYN DS</u>				Date Time															
Dose <u>7.5ml</u>	Route <u>PO</u>	Frequency <u>SOS</u>	Start Date <u>29/6</u>																
Doctor's Signature <u>N. Prathy</u>		Valid Period	Pharm.																
Additional Instructions: <u>(5ml/240mg) max 6 times daily</u> <u>& Temp 299.9°F</u>																			

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

29 kg
Weight. Ward.

BA-1.

DRUG : <u>ly. ONDANSETRON</u>				Date	29/6	30/6	1/7	2/7												
Dose	Route	Frequency	Start Date	Time	29/6	30/6	1/7	2/7												
4mg	IV	8H	29/6	6am	X	X	X	X												
Name & Signature of the Doctor Starting the Drugs: <u>N. Prakash</u>				2pm Subh 4pm Subh 6pm Subh 8pm Subh 10pm Subh																
Additional Instructions:				10pm Subh 12pm Subh 2pm Subh 4pm Subh 6pm Subh 8pm Subh 10pm Subh 12pm Subh 2pm Subh 4pm Subh 6pm Subh 8pm Subh 10pm Subh 12pm Subh 2pm Subh 4pm Subh 6pm Subh 8pm Subh 10pm Subh 12pm Subh																
Daily Doctor's Endorsement by a Sign				✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓																

DRUG : <u>Syr. RELIENT PWS</u>				Date	29/6	30/6	1/7	2/7	3/7											
Dose	Route	Frequency	Start Date	Time	29/6	30/6	1/7	2/7	3/7											
5ml	PO	12H	29/6	6am	X	X	X	X	X											
Name & Signature of the Doctor Starting the Drugs: <u>N. Prakash</u>				2pm Subh 4pm Subh 6pm Subh 8pm Subh 10pm Subh																
Additional Instructions:				10pm Subh 12pm Subh 2pm Subh 4pm Subh 6pm Subh 8pm Subh 10pm Subh 12pm Subh 2pm Subh 4pm Subh 6pm Subh 8pm Subh 10pm Subh 12pm Subh 2pm Subh 4pm Subh 6pm Subh 8pm Subh 10pm Subh 12pm Subh																
Daily Doctor's Endorsement by a Sign				✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓																

DRUG : <u>Tab. AUOPURINOL</u>				Date	29/6	30/6	1/7	2/7	3/7	4/7	5/7									
Dose	Route	Frequency	Start Date	Time	29/6	30/6	1/7	2/7	3/7	4/7	5/7									
1 tab	PO	TID	29/6	6am	X	X	X	X	X	X	X									
Name & Signature of the Doctor Starting the Drugs: <u>Ashwath</u>				2pm Subh 4pm Subh 6pm Subh 8pm Subh 10pm Subh																
Additional Instructions: (1 tab = 100mg)				10pm Subh 12pm Subh 2pm Subh 4pm Subh 6pm Subh 8pm Subh 10pm Subh 12pm Subh 2pm Subh 4pm Subh 6pm Subh 8pm Subh 10pm Subh 12pm Subh 2pm Subh 4pm Subh 6pm Subh 8pm Subh 10pm Subh 12pm Subh																
Daily Doctor's Endorsement by a Sign				✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓																

DRUG : <u>ly. CEFTRIAXONE</u>				Date	29/6	3/6	1/7	2/7	3/7	4/7	5/7										
Dose	Route	Frequency	Start Date	Time	29/6	3/6	1/7	2/7	3/7	4/7	5/7										
1 gram	IV	BD	29/6	6am	X	X	X	X	X	X	X										
Name & Signature of the Doctor Starting the Drugs: <u>Sherani</u>				2pm Subh 4pm Subh 6pm Subh 8pm Subh 10pm Subh																	
Additional Instructions:				10pm Subh 12pm Subh 2pm Subh 4pm Subh 6pm Subh 8pm Subh 10pm Subh 12pm Subh 2pm Subh 4pm Subh 6pm Subh 8pm Subh 10pm Subh 12pm Subh 2pm Subh 4pm Subh 6pm Subh 8pm Subh 10pm Subh 12pm Subh																	
Daily Doctor's Endorsement by a Sign				✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓																	



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
30/6/26	12pm	ly DEXAMETHASONE	1.5mg in 100ml NS	IV once 3hr	A	Dehth poora
30/6/26	10pm	ly DEXAMETHASONE	1.5mg in 100ml NS	IV once 3hr	A	Sigam Subhankar
1/7/26	8am	ly DEXAMETHASONE	2.5mg in 100ml NS	IV once 3hr	A	Shravan Anil
1/7/26						
30/6/26	5pm	ly RABBURICASE	0.8mg	IV	A	Moumita Divya
30/6/26 1/7/26	5pm	ly RABBURICASE	0.7mg	IV	A	Shravan poora
2/7/26	7pm	ly DEXAMETHASONE	2.5mg in 100ml NS	IV once 3hr	A	Ad A
2/7/26	6am	ly DEXAMETHASONE	3mg in 100ml NS	IV once 3hr	A	Sigam Anil
2/7/26	9am	Rdp	2 nits	IV	A	Shravan Anil

Weight. 29 kg. Ward.

[illegible]

Signature _____

VERIFIED BY: Name:



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) : ④	Body Surface Area: 1	Diagnosis: B - ALL	Protocol: unit type was						
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.
3/7	11AM	ly VINCRISTINE in 10ml NS	1.5mg	IV	once 10 min	d	Shan poosa	4/7/26	d	Shan poosa
4/7	3pm	ly CYCLOPHOSPHAMIDE in 100ml NS	150mg	IV	100ml/h	d	Savitte Divya	4/7	d	Savitte Divya
4/7 4/7/26	10AM	ly MESNA ly MESNA in 100ml NS	200mg 100mg	IV H	100ml/h	d	Blue poosa	4/7/26	d	Blue poosa
4/7	11pm	ly CYCLOPHOSPHAMIDE in 100ml NS	150mg	IV	100ml/h	d	Anuradha Anur	5/7	d	Anuradha Anur
4/7		ly MESNA in	200mg	IV						
5/7/26	11AM	ly CYCLOPHOSPHAMIDE in 100ml NS	150mg	IV	100ml/h	d	Blue Savithi	5/7	(S)	Blue Savithi

BAH-00550770 IP5-00175728
Baby THOTA SAASHRIKA SAI
04-07-2018 8Y0M2D (F)
Dr. 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.

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. ②		Weight (kg) : 29.5		Body Surface Area: 1		Diagnosis: B-ALL		Protocol: mini hyper vno.		
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.
5/7/26	11pm	ly cycloPHOSPHAMIDE in 100ml NS	150mg	IV	100ml/h	d	Sonam Anu.	6/7	Ⓢ	Sonam Anu
8/7/26	9am	ly cycloPHOSPHAMIDE in 100ml NS	150mg	IV	100ml/h	d	Savitri Dinja.	6/7	Ⓢ	Savitri Dinja.
6/7/26	9pm	ly cycloPHOSPHAMIDE in 100ml NS	150mg	IV	100ml/h	d	Sonam Anu	6/7	Ⓢ	Sonam Anu
6/7/26		ly IFOSFAMIDE <u>IFOSFAMIDE</u>								



CONSENT FOR CHEMOTHERAPY

Patient Name : Saashrika Sai Age : 8y Gender : Male ☐ Female ☒
UHID No : Bm-00550770 Department : Puo Date : 4/7/26
Type of Chemotherapy : Lithium

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

The doctor have explained to me about the benefits and alternative for this procedure that N/A.

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

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

Patient Attendant :

Signature : R.L. Rohila
Name : R.L. Rohila
Relationship with Patient : Mother
Date & Time : 4/7/26 @ 2pm

Witness :

Signature : R.L. Rohila
Name : R.L. Rohila
Date & Time : 4/7/26 @ 2pm

Doctor (who is taking the consent):

Signature : S
Name : Sirisha
Date & Time : 4/7/26 9am



MEDICATION RECONCILIATION FORM

Drug Allergies: NO

☒ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ICU

Shifted to: ICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	SYP. RELENT PLUS	5ml	PO	12H		☐ C ☐ DC
	SYP. AZEE (200mg) ^{5ml}	5ml	PO	24H		☐ C ☐ DC
3	SYP. CROUN DS					☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: N. Prakash, N.P.2

Date & Time: 29/6/2020, 10 am

Nurse Name & Signature: Rani

Date & Time: 29/6/2020, 10:30



3

PAIN ASSESSMENT FORM

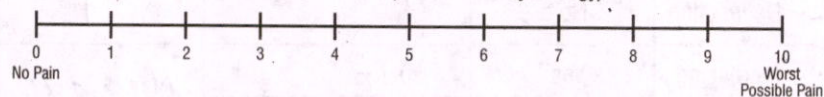
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7	2am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Arm
6/7	10am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Veeng
6/7	1pm	02	Jaw Site	☐ Continuous ☒ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Fig: Premade	Sung
6/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Neulic
6/7	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Arm
7/7	6Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Arm
7/7	9Am	02	Jaw NA	☐ Continuous ☒ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☒ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Fig: Premade NA	Neulic
7/7	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Neulic
7/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Neulic
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

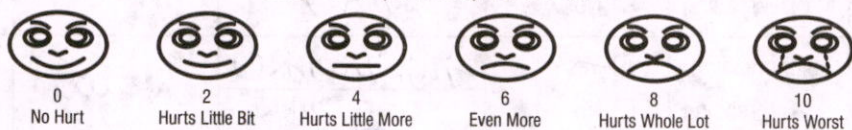
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator



PAIN ASSESSMENT FORM

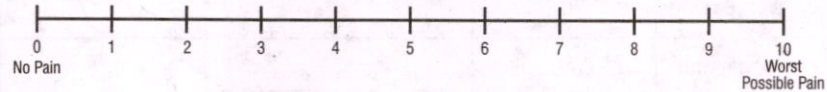
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
2/7	6pm	0	NA	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☒ No	NA	Key
3/7	2am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Q
3/7	10am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Key
3/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Arm
4/7	2am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Arm
4/7	10am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Sany
4/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Sany
5/7	2am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sonam
5/7	10am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sany
5/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Bluey

Re-assessment Frequency:

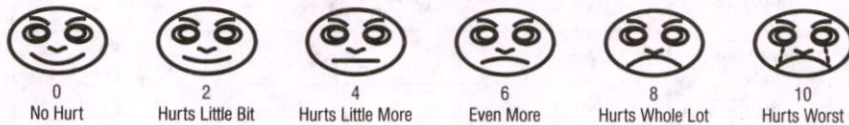
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
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Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
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Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
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Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

①

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/06/20	10am	0/10	nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil nil	Sumitha
29/6/20	4pm	0/10	red	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil nil	Sumitha
30/6	12am	0	N.A	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N.A	Sumitha
30/6	8am	0	N.A	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N.A	Sumitha
30/6	4pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sumitha
1/7	12am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sumitha
1/7	8am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N.A	Sumitha
1/7	4pm	0	N.A	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N.A	Sumitha
2/7	12am	0	N.A	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N.A	Sumitha
2/7	8am	0	N.A	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N.A	Sumitha

Re-assessment Frequency:

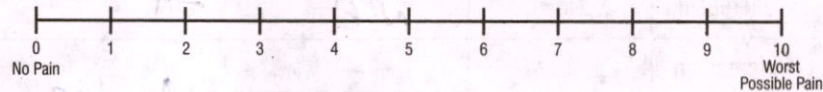
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

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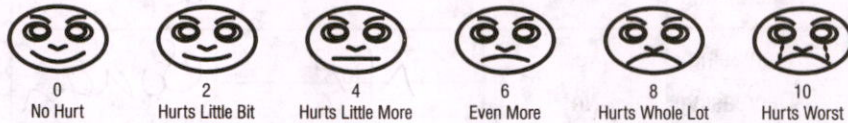
Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
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Wong - Baker (Pediatrics) Above 7 Years





9

SCHOOL AGE (5-12 years)

Children's Observation &
Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17 Time: 9 AM 1 PM

Doctor / Nurse / Family Concern?

Temperature
(F)

104
103
102
101
100
99
98
97
96
95
94

98.3 F

98.6 F

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

108

108

104

108/10

100
69
58

110/10

Heart Rate (Number)

Resp. Rate (bpm)
(Over 1 Minute) *

70
60
50
40
30
20
10

Resp Rate (Number)

23/10

28/10

Resp Mod/ Severe
Distress None / Mild

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

09/1

100/1

Conscious Normal
Level Altered

GCS *

15/14

15/16

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be
recorded overleaf

Score 1 : Continue normal observation by staff nurse

Score 2 : Shift in charge nurse to be informed and continue hourly observations

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

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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

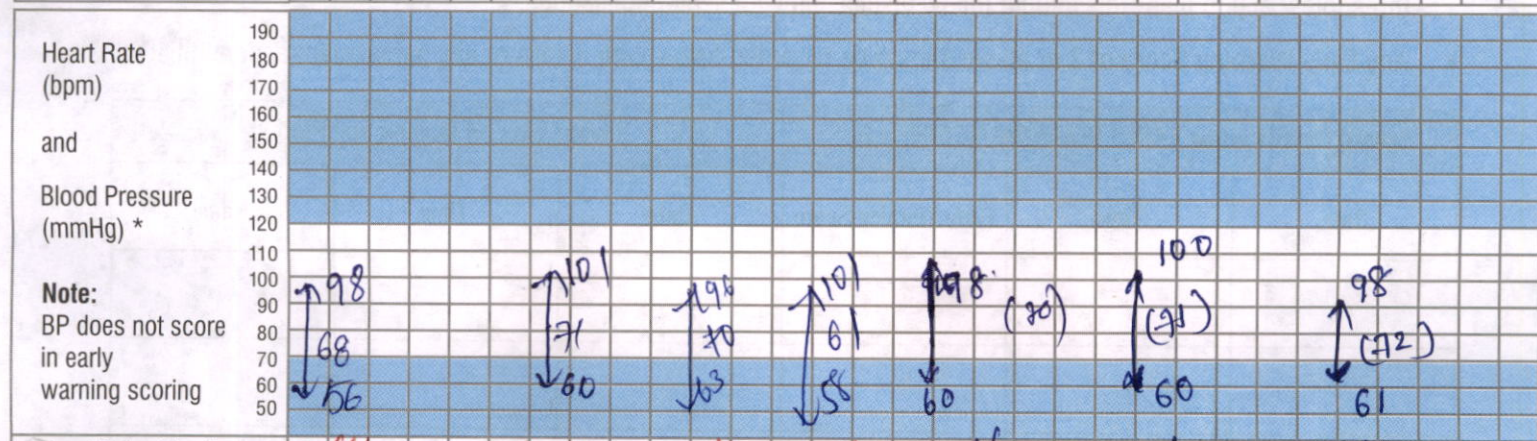
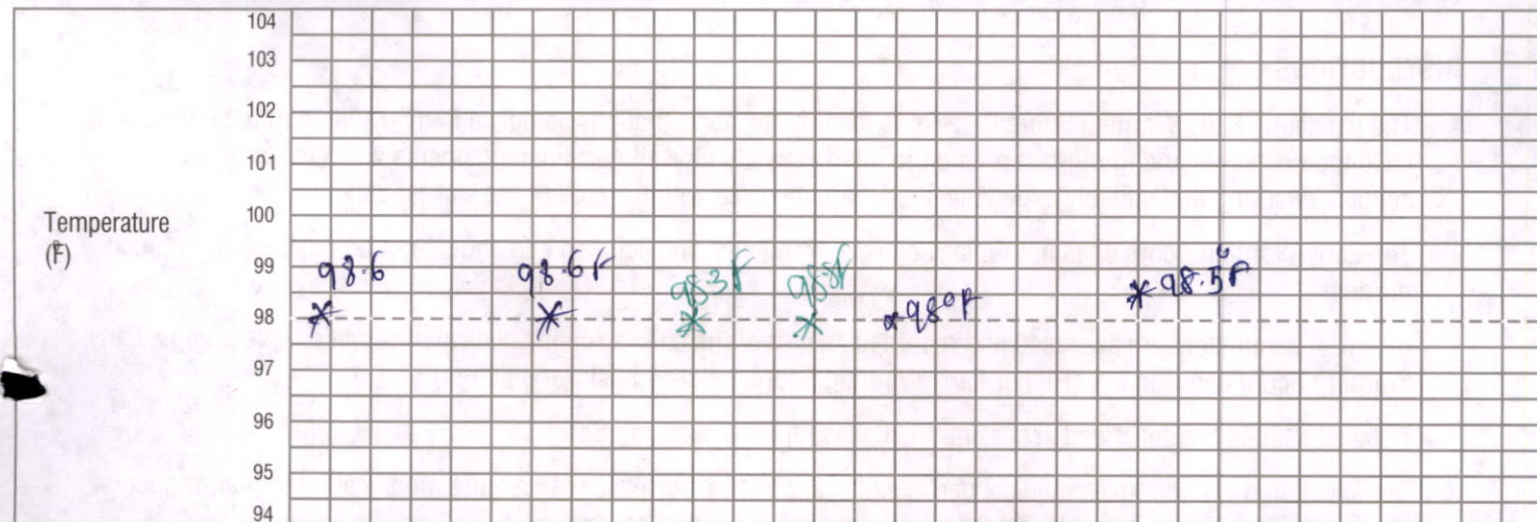


SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/7/20 Time: 9AM 4pm 4pm 4pm 10PM 8AM
 Doctor / Nurse / Family Concern?



Heart Rate (Number) 106b/m 113b/m 108b/m 119b/m 110b/m 116b/m 117b/m

Resp. Rate (bpm) (Over 1 Minute) *

70 60 50 40 30 20 10

23b/m 25b/m 23b/m 24b/m 22b/m 22b/m 22b/m

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

Resp Mod/ Severe Distress None / Mild

0 0 0 0 0 0 0

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

100% 100% 99% 100% 100% 98% 99%

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

SR SR SR SR SR SR SR

ACTIONS

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Score 1 : Continue normal observation by staff nurse

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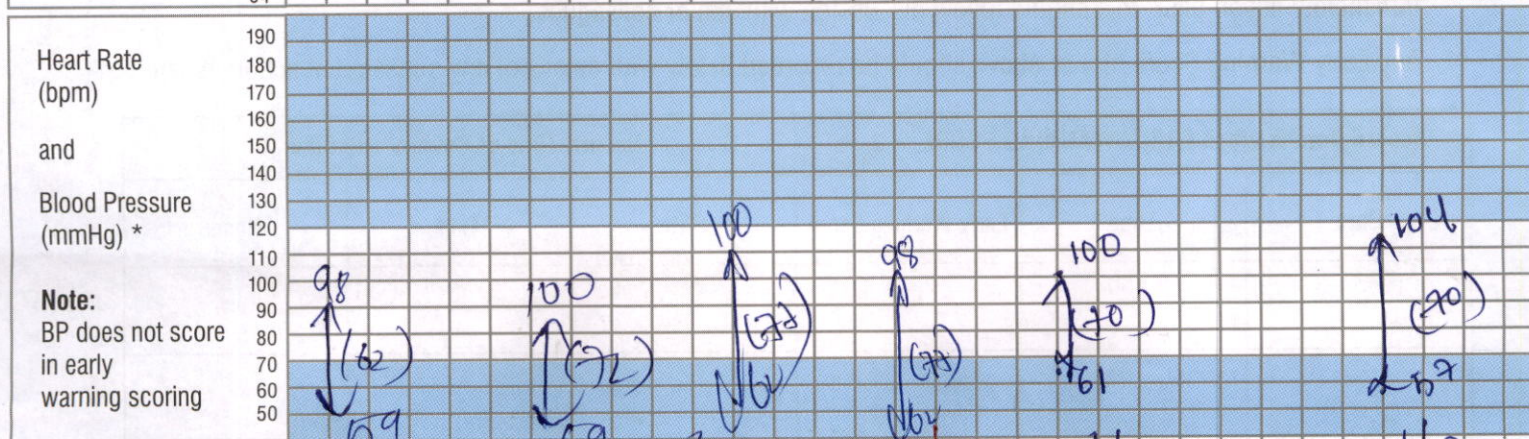
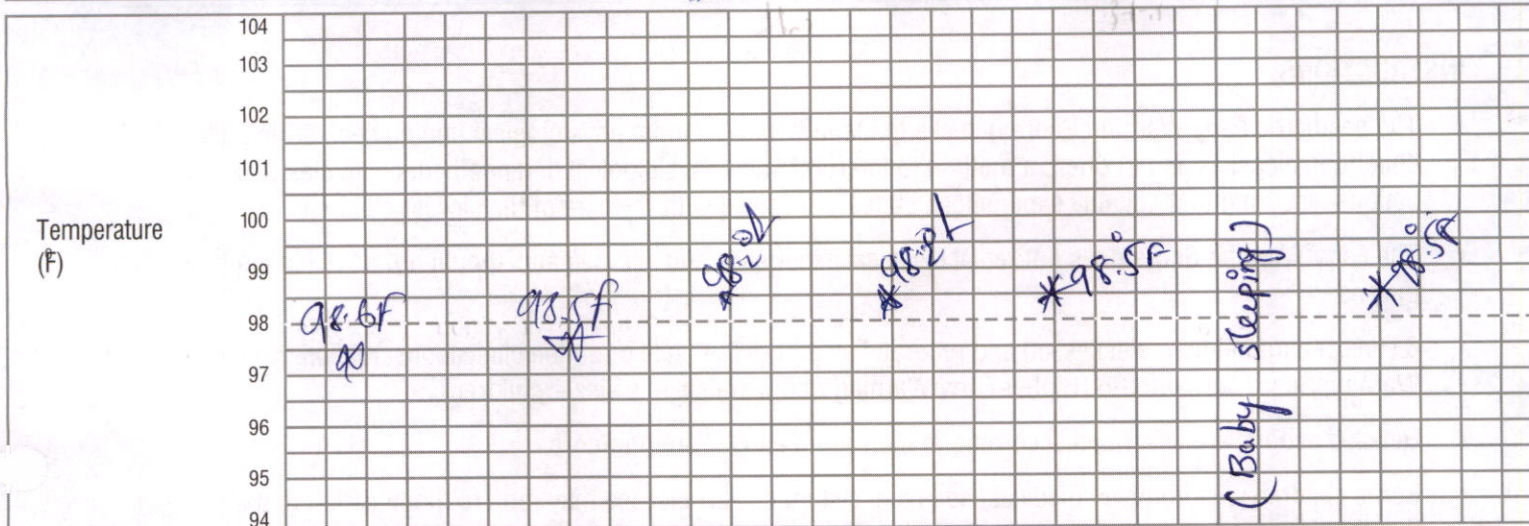
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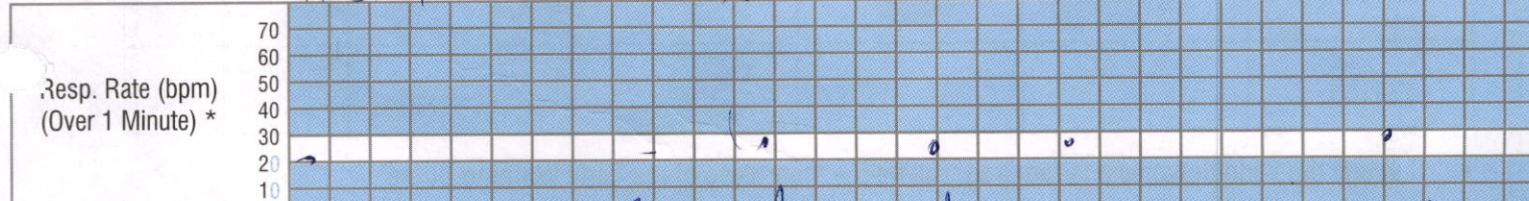
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 5/7/20 Time: 9am 1pm 3pm 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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BAH-0550770 IP5-00175728
Baby THOTA SAASHRIKA SAI
04-07-2018 7 Y 11 M 29 D (F)
Dr. SIRISHA RANI



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

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

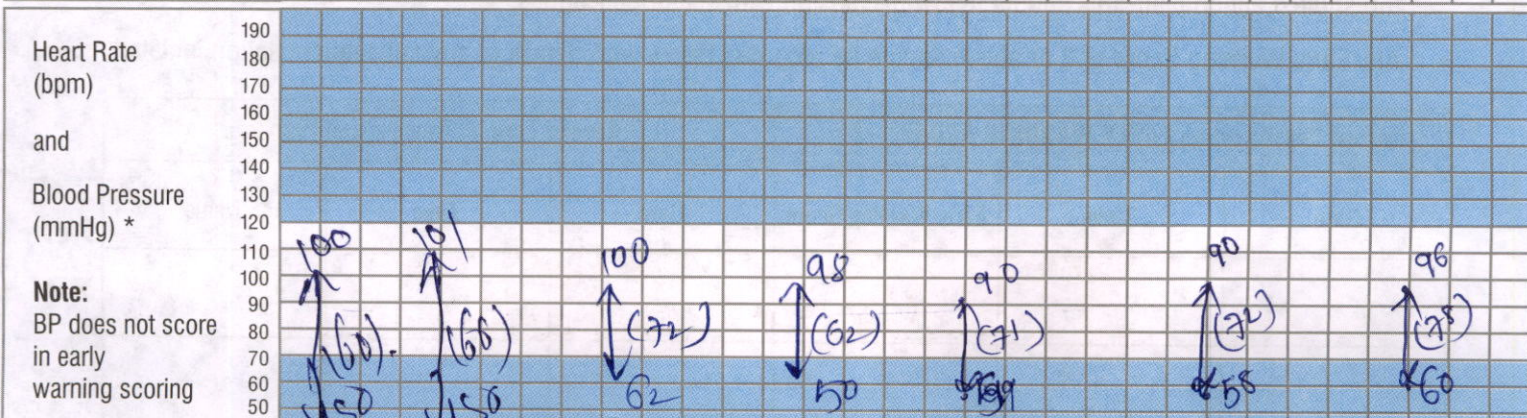
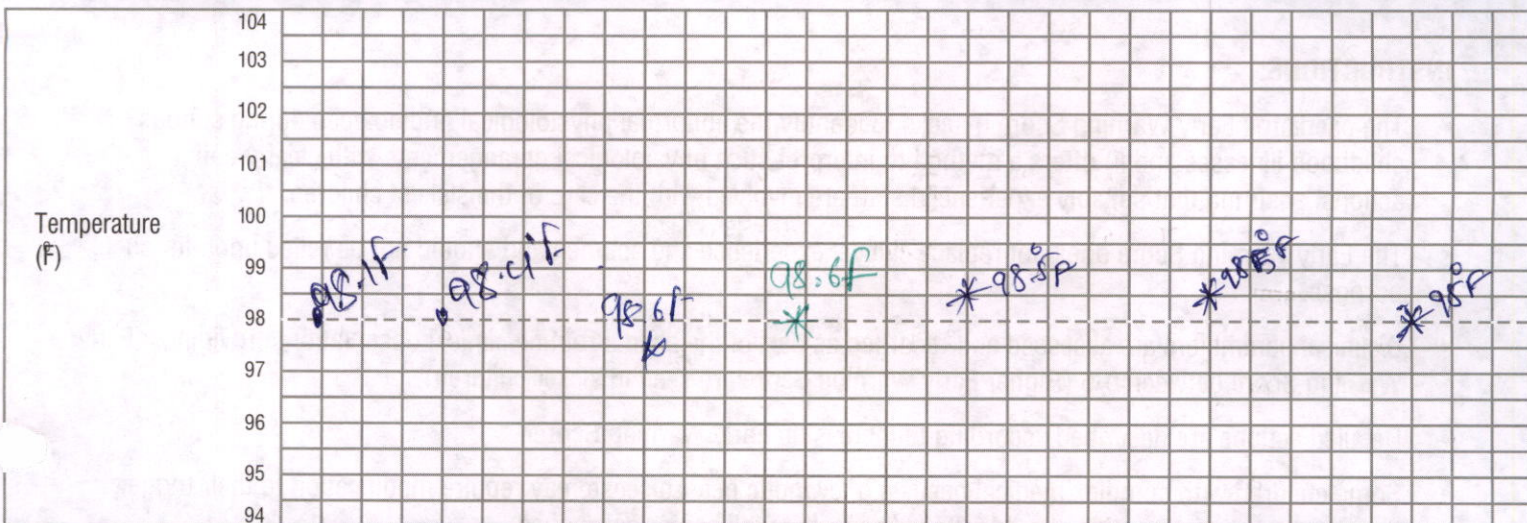
**Rainbow®
Children's
Hospital**
It takes a lot to treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

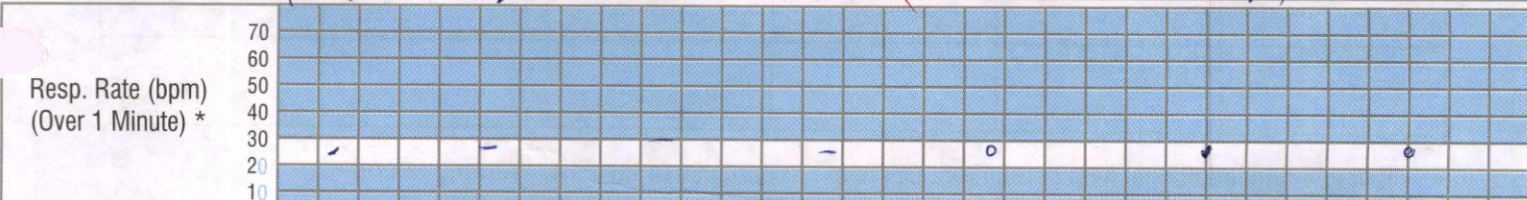
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/7/26 Time: 9AM 1PM 4PM 7PM 10PM 3AM 6AM

Doctor / Nurse / Family Concern?



Heart Rate (Number)



Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal / Altered

GCS *

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

ACTIONS
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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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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)
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R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/7	Time:	9 AM	1 PM	4 PM	7 PM	10 PM	3 AM	6 AM	
Doctor / Nurse / Family Concern?									
Temperature (°F)	104								
	103								
	102								
	101								
	100								
	99	98.8	98.2	98.1	98.5	98.5	98.8	98.2	
	98								
	97								
	96								
	95								
94									
Heart Rate (bpm) and Blood Pressure (mmHg) *	190								
	180								
	170								
	160								
	150								
	140								
	130								
	120								
	110								
	100	92	100	101	100	100	97	97	
90									
80									
70									
60									
50									
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)		116	118	118	118	118	118	118	
Resp. Rate (bpm) (Over 1 Minute) *	70								
	60								
	50								
	40								
	30								
	20								
	10								
	Resp Rate (Number)		20	20	20	20	20	20	
	Resp Mod/ Severe Distress None / Mild								
Receiving O ₂ (l/min) O ₂ Saturations (%)									
Conscious Level Normal Altered									
GCS *									
TOTAL SCORE									
Number of shaded boxes									
Pain Score									
Observer's Initials									

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
- Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
- 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:

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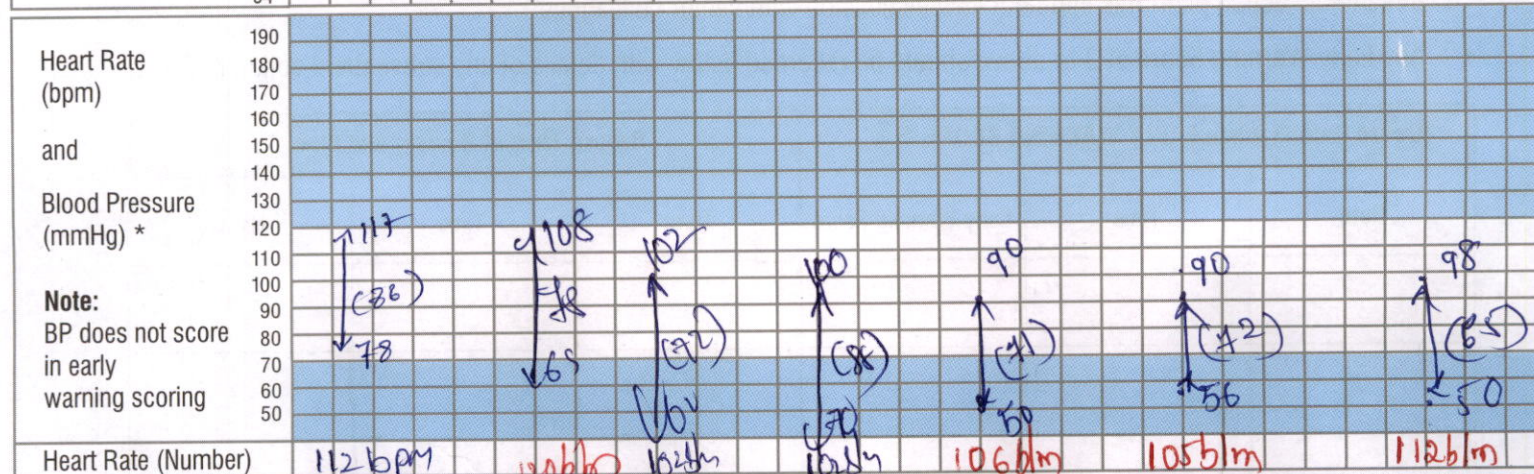
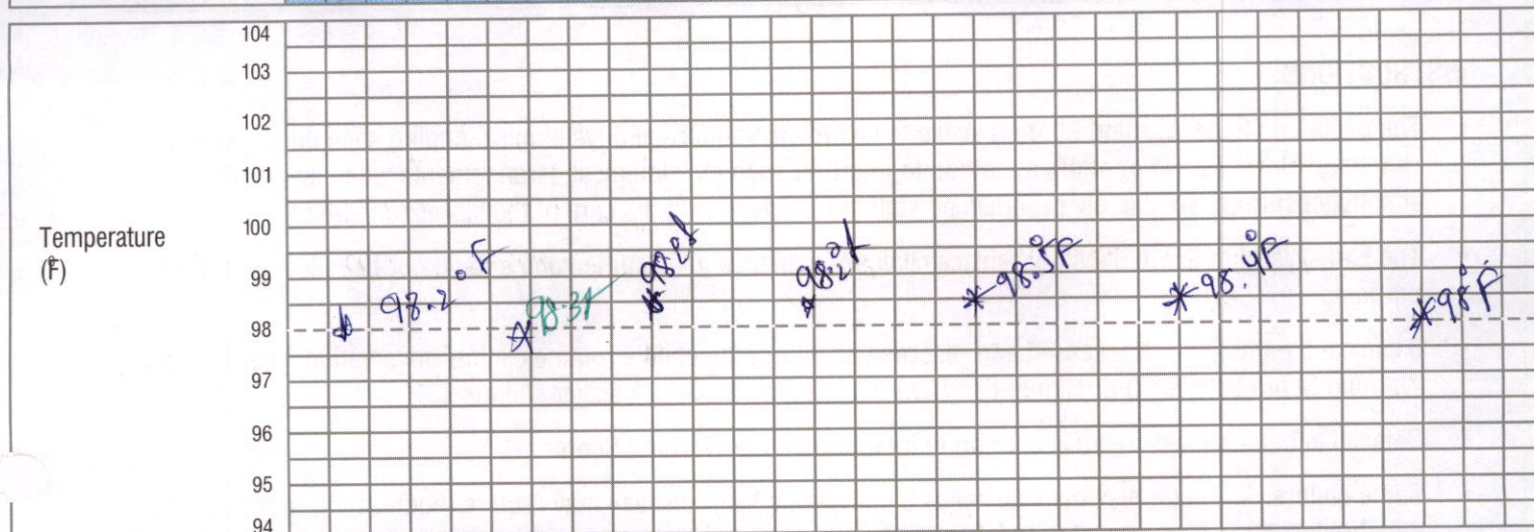
4

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/7/20 Time: 01AM 11m 40m 70m 10pm 3Am 6Am
Doctor / Nurse / Family Concern?



Resp. Rate (bpm) (Over 1 Minute) *

Resp Rate (Number)

Time	Resp Rate (Number)
01AM	24
11m	23
40m	24
70m	20
10pm	24
3Am	24
6AM	25

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

Receiving O ₂ (l/min)	O ₂ Saturations (%)
0	99
0	100
0	100
0	99
0	99
0	98
0	99

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

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

TOTAL SCORE
0
0
0
0
0
0
0

Number of shaded boxes
0
0
0
0
0
0
0

Pain Score
0
0
0
0
0
0
0

Observer's Initials
AT
AT
AT
AT
AT
AT
AT

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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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)



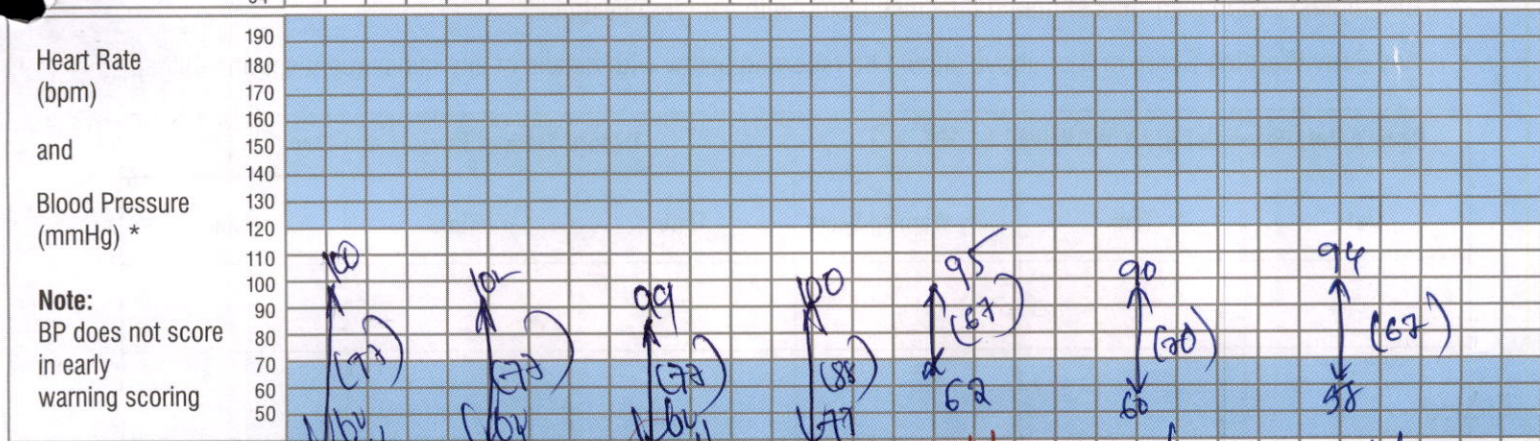
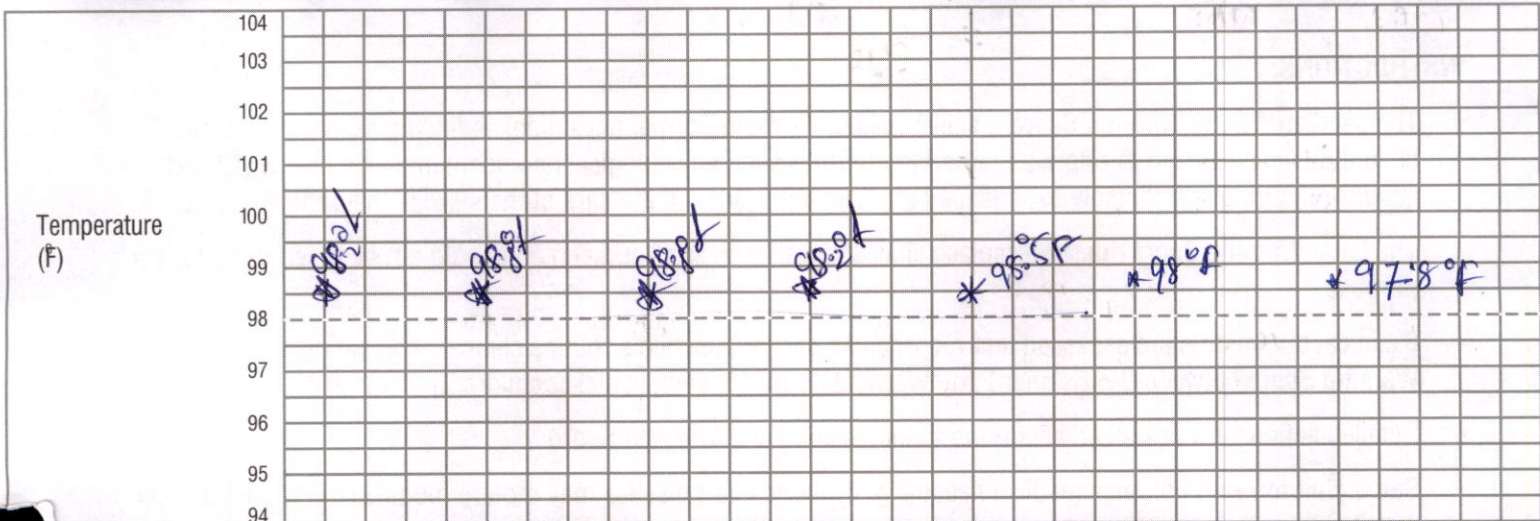
3

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

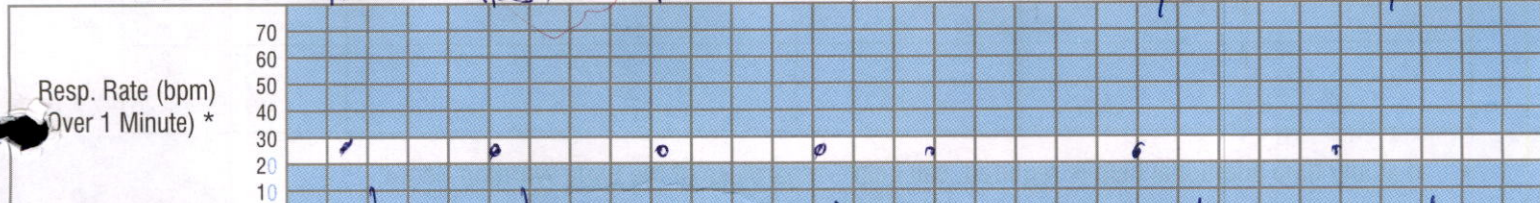
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 7/26/2018 Time: 9:00am 10:00am 11:00am 12:00pm 1:00pm 2:00pm 3:00pm
Doctor / Nurse / Family Concern? [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature]



Heart Rate (Number)

128, 125, 117, 102, 80, 92, 94



Resp Rate (Number)

20, 20, 20, 20, 20, 22, 22

Resp Distress Mod/ Severe None / Mild

None, None, None, None, None, None, None

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

100%, 99%, 100%, 99%, 98%, 98%, 99%

Conscious Level Normal Altered

Normal, Normal, Normal, Normal, Normal, Normal, Normal

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: [Signature], [Signature], [Signature], [Signature], [Signature], [Signature], [Signature]

ACTIONS

Score 1 : Continue normal observation by staff nurse

Score 2 : Shift in charge nurse to be informed and continue hourly observations

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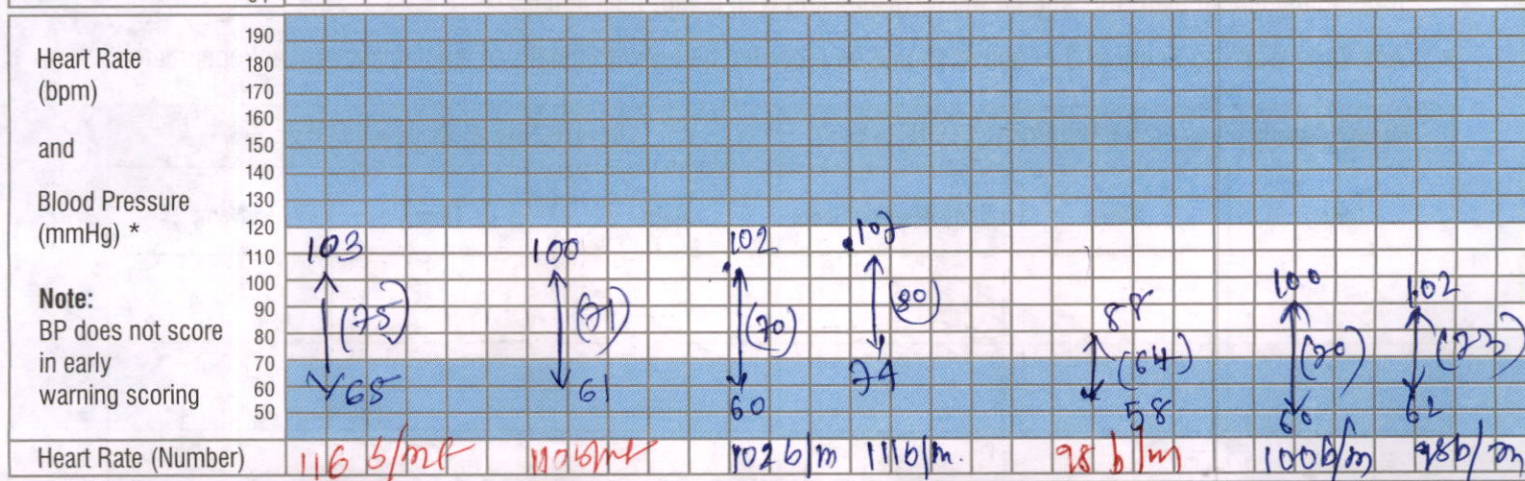
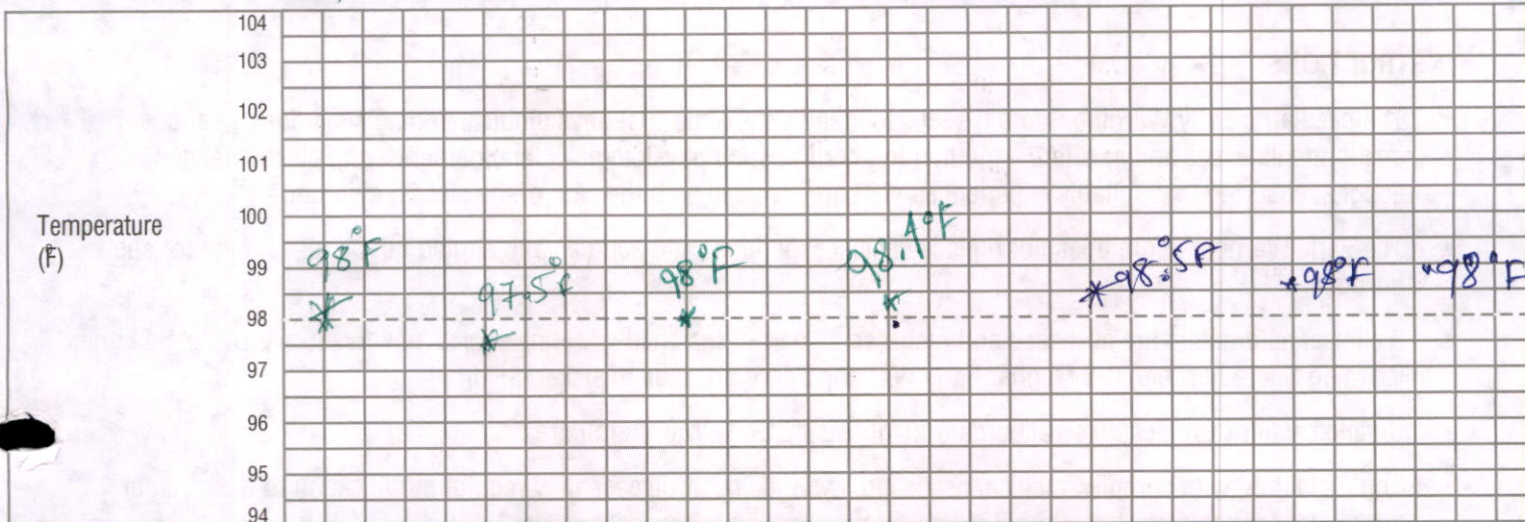
2

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/6/26 Time: 9 AM 1 PM 4 PM 7 PM 10 PM 3 AM 6 AM
 Doctor / Nurse / Family Concern? AM PM



Resp. Rate (bpm) (Over 1 Minute) *

Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal / Altered

GCS *

Time	Resp Rate (Number)	Resp Mod/ Severe Distress	Receiving O ₂ (l/min)	O ₂ Saturations (%)	Conscious Level	GCS *
9 AM	24 bpm	None	100%	100%	Normal	15/15
1 PM	26 bpm	None	100%	100%	Normal	15/15
4 PM	22 bpm	None	100%	100%	Normal	15/15
7 PM	26 bpm	None	100%	100%	Normal	15/15
10 PM	26 bpm	None	98%	98%	Normal	15/15
3 AM	22 bpm	None	99%	99%	Normal	15/15
6 AM	24 bpm	None	99%	99%	Normal	15/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

Time	Number of shaded boxes	Pain Score	Observer's Initials
9 AM	0	0	P
1 PM	0	0	P
4 PM	0	0	P
7 PM	0	0	P
10 PM	0	0	P
3 AM	0	0	P
6 AM	0	0	P

ACTIONS

NB: Scores 3 should be recorded overleaf

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 04/07 Time: 11 AM 3 PM 7 PM 10 PM 2 PM 6 PM
Doctor / Nurse / Family Concern? pm pm pm pm pm pm

Temperature (°F)	104					
	103					
	102					
	101					
	100					
	99					
	98					
97						
96						
95						
94						
Heart Rate (bpm)	190					
	180					
	170					
	160					
	150					
	140					
	130					
120						
110						
100						
90						
80						
70						
60						
50						
Blood Pressure (mmHg) *	130					
	120					
	110					
	100					
	90					
	80					
	70					
60						
50						
Heart Rate (Number)	112 bpm	102 bpm	112 bpm	101 bpm	97 bpm	90 bpm
Resp Rate (Number)	24 bpm	24 bpm	24 bpm	24 bpm	22 bpm	22 bpm
Receiving O ₂ (l/min)	99%	100%	98%	99%	99%	99%
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	0	0	0	0	0	0
ACTIONS	Score 1 : Continue normal observation by staff nurse					
	Score 2 : Shift in charge nurse to be informed and continue hourly observations					
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.					
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BAH-00550770 IP5-00175728
 Baby THOTA SAASHRIKA SAI
 04-07-2018 8 Y 0 M 2 D (F)
 Dr. SIRISHA RANI



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 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.

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



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. : 9

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
1/7			Mouth	I.V	N.G							1	J. Sankar
	08:00 am	100ml	SBW										
	09:00 am	100ml	SBW							200ml			
	10:00 am		SBW										
	11:00 am		SBW										
	12:00 pm		SBW										
	01:00 pm		SBW										
Total Intake :		1000ml				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

BAH-00550770
 Baby THOTA SAASHRIKA SAI
 04-07-2018 8 Y O M O D
 Dr. SIRISHA RANI (F)

FLUID CHART



Sheet No. : 8

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

		Intake				Output					IV Site	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score	
			Mouth	I.V	N.G							
6/7	08:00 am	H2O + milk	200ml	50ml						250ml		Seal
	09:00 am	ldly		50ml								
	10:00 am			50ml			✓					
	11:00 am			50ml								
	12:00 pm	H2O	100ml	50ml								
	01:00 pm			50ml						250ml		
Total Intake : 600ml					Total Output : 500ml m=1							
6/7	02:00 pm		100ml	50ml								Nurse
	03:00 pm			50ml						300ml		
	04:00 pm			50ml								
	05:00 pm			50ml								
	06:00 pm	Seal		50ml						250ml		
	07:00 pm	H2O 50		50ml								
Total Intake : 450ml					Total Output : 550ml							
	08:00 pm			50ml								A2m
	09:00 pm	Rice		50ml								
	10:00 pm	H2O	150ml	50ml								
	11:00 pm			50ml								
	12:00 am			50ml								
	01:00 am			50ml								
Total Intake : 450ml					Total Output :							
	02:00 am			50ml								A2m
	03:00 am			50ml								
	04:00 am			50ml								
	05:00 am			50ml								
	06:00 am			50ml								
	07:00 am			50ml						850ml		
Total Intake : 300ml					Total Output : 850ml							
Total 24 hrs. Intake		1,800 & 62cc/kg.										
Total 24 hrs. Output		1900 : 2.72cc/kg										

FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
5/7/26	08:00 am			50ml						200ml		Sant
	09:00 am	Uttapam		50ml								
	10:00 am	Hot 200ml		50ml								
	11:00 am			50ml								
	12:00 pm			50ml						200ml		
	01:00 pm			50ml								
	Total Intake : 500ml						Total Output : 400ml					
5/7/26	02:00 pm		200ml	50ml								Sant
	03:00 pm			50ml								
	04:00 pm	Hot 100ml		50ml						300ml		
	05:00 pm			50ml								
	06:00 pm			50ml								
	07:00 pm			50ml						200ml		
	Total Intake : 450ml						Total Output : 500ml					
	08:00 pm			50ml								poorja
	09:00 pm	Rice		50ml								
	10:00 pm	Hot 100ml		50ml								
	11:00 pm			100ml								
	12:00 am			10ml								
	01:00 am			50ml						400ml		
	Total Intake : 500ml						Total Output : 400ml					
	02:00 am			50ml								poorja
	03:00 am			50ml								
	04:00 am			50ml								
	05:00 am			50ml								
	06:00 am			50ml								
	07:00 am			50ml						480ml		
	Total Intake : 300ml						Total Output : 480ml					
Total 24 hrs. Intake		1750 ÷ 60 = 29.17 cckg/day										
Total 24 hrs. Output		1830 ÷ 60 = 30.5 cckg/day										



FLUID CHART

Sheet No. : 6

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

			Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
4/7/20			Mouth	I.V	N.G							ganga	
	08:00 am			50ml						350ml			
	09:00 am	milk		50ml									
	10:00 am	ally bowl		50ml						50ml			
	11:00 am			50ml									
	12:00 pm	H ₂ O	50ml	50ml						250ml			
	01:00 pm			50ml									
Total Intake : 450ml.						Total Output : 650ml.							
	02:00 pm			50ml						200ml	Sang		
	03:00 pm			50ml									
	04:00 pm	chapati		50ml									
	05:00 pm	H ₂ O 100ml		50ml									
	06:00 pm	Cake		50ml									
	07:00 pm			50ml						250ml			
Total Intake : 400ml						Total Output : 450ml							
	08:00 pm			50ml							pooja		
	09:00 pm	chapati		50ml									
	10:00 pm	H ₂ O 100ml		50ml									
	11:00 pm			100ml									
	12:00 am			100ml						250ml			
	01:00 am			50ml									
Total Intake : 500ml						Total Output : 250ml							
	02:00 am			50ml							pooja		
	03:00 am			50ml									
	04:00 am			50ml									
	05:00 am			50ml									
	06:00 am			50ml						130 ml			
	07:00 am			50ml									
Total Intake : 300ml.						Total Output : 130ml							

Total 24 hrs. Intake

1,650 ÷ 56.8 cc/kg/day

Total 24 hrs. Output

1,480 ÷ 2.1 cc/kg/hr



FLUID CHART

Sheet No. : 5

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
3/7			Mouth	I.V	N.G						0	}
	08:00 am		Subling	50ml							0	
	09:00 am	H2O	100ml	-						200ml	0	
	10:00 am			-			ul				0	
	11:00 am			50ml							0	
	12:00 pm			50ml							0	
	01:00 pm			50ml						300ml	0	
Total Intake : 300ml						Total Output : 500ml						
	02:00 pm										0	}
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm										0	
	06:00 pm										0	
	07:00 pm		100ml	50ml						100ml	0	
Total Intake : 50ml						Total Output : 100ml						
	08:00 pm			70ml							0	}
	09:00 pm	Rice		70ml							0	
	10:00 pm	H2O	100ml	70ml							0	
	11:00 pm			70ml							0	
	12:00 am			70ml							0	
	01:00 am			70ml						360ml	0	
Total Intake : 520ml						Total Output : 360ml						
	02:00 am			70ml							0	}
	03:00 am			70ml							0	
	04:00 am			70ml							0	
	05:00 am			70ml							0	
	06:00 am			70ml							0	
	07:00 am			70ml						200ml	0	
Total Intake : 400ml						Total Output : 200ml						

Total 24 hrs. Intake	1,390 ÷ 47.9 cckg/day	Total 24 hrs. Output	1160 ÷ 1.66 cckg
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FLUID CHART

Sheet No. : 41

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
2/7/20	08:00 am	DMS	N	33.3ml						200ml	0	Naveen
	09:00 am		P	33.3ml						0		
	10:00 am		O	33.3ml						0		
	11:00 am		40ml						0			
	12:00 pm		40ml					150ml	0			
	01:00 pm		40ml						0			
	Total Intake :			219.9 ml			Total Output :					
2/7/20	02:00 pm			40ml							0	pooja
	03:00 pm	H2O	20ml	40ml					150ml	0		
	04:00 pm	Breast	40ml							0		
	05:00 pm	Breast	40ml							0		
	06:00 pm	H2O	100ml	40ml					200ml	0		
	07:00 pm		100ml							0		
	Total Intake :			490ml			Total Output :					
	08:00 pm	Rice		40ml							0	pooja
	09:00 pm	H2O	100ml	40ml					100ml	0		
	10:00 pm		40ml							0		
	11:00 pm		40ml							0		
	12:00 am		40ml					50ml	0			
	01:00 am		40ml						0			
	Total Intake :			520ml			Total Output :					
	02:00 am			40ml							0	
	03:00 am			40ml					50ml	0		
	04:00 am			40ml						0		
	05:00 am			40ml					10ml	0		
	06:00 am			40ml						0		
	07:00 am			40ml						0		
	Total Intake :			420ml			Total Output :					

Total 24 hrs. Intake

1649.9 ÷ 56.8cc/kg/day.

Total 24 hrs. Output

1110 ÷ 1.5cc/kg/hr.

BAH-00550770 IP5-00175728
 Baby THOTA SAASHRIKA SAI
 04-07-2018 7 Y 11 M 26 D (F)
 Dr. SIRISHA RANI



FLUID CHART

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 3

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
11/4/20	08:00 am	2 baby	70ml							300ml		[Signature]	
	09:00 am	100ml	70ml										
	10:00 am		70ml										
	11:00 am		70ml										
	12:00 pm	milk 250ml	70ml						400ml				
	01:00 pm		70ml										
Total Intake : 770ml						Total Output : 700ml							
11/7/20	02:00 pm	chick	70ml								0	[Signature]	
	03:00 pm	100ml	70ml								0		
	04:00 pm		70ml								0		
	05:00 pm		70ml								0		
	06:00 pm	milk 50ml	70ml								0		
	07:00 pm		70ml						670ml		0		
Total Intake : 570ml						Total Output : 670ml							
11/10/20	08:00 pm	Rice	70ml								0	[Signature]	
	09:00 pm	roti	70ml								0		
	10:00 pm	H2O 100ml	70ml								0		
	11:00 pm		70ml								0		
	12:00 am		70ml								0		
	01:00 am		70ml								0		
Total Intake : 570ml						Total Output : 670ml							
11/11/20	02:00 am		70ml								0	[Signature]	
	03:00 am		70ml								0		
	04:00 am		70ml								0		
	05:00 am		70ml								0		
	06:00 am		70ml								0		
	07:00 am		70ml						1200		0		
Total Intake : 420 ml						Total Output : 1200ml							
Total 24 hrs. Intake		2,280 ; 78 cc/kg				Total 24 hrs. Output		1440 : 2.14 cc/kg					



FLUID CHART

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BirthRight
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Sheet No. : 2

29/11/18

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

		Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	
			Mouth	I.V	N.G						
30/6/20	08:00 am	Jelli	70ml								
	09:00 am	100ml H2O	70ml							200ml	
	10:00 am		70ml								
	11:00 am		70ml								
	12:00 pm		33.3ml							350ml	
	01:00 pm		33.3ml								
Total Intake :			446.6 ml			Total Output :			350ml		
	02:00 pm		70ml								
	03:00 pm	Chapati	70ml								
	04:00 pm	Milk 100ml	70ml								
	05:00 pm	orange 50	50ml								
	06:00 pm	juice 50	50ml							250ml	
	07:00 pm	H2O	70ml								
Total Intake :			530ml			Total Output :			250ml		
	08:00 pm	Chapati	70ml							300ml	
	09:00 pm	Egg	70ml								
	10:00 pm	milk 100ml	33ml								
	11:00 pm	H2O 100ml	33ml								
	12:00 am		33ml							180ml	
	01:00 am		70ml								
Total Intake :			509ml			Total Output :			480ml		
	02:00 am		70ml								
	03:00 am		70ml								
	04:00 am		70ml								
	05:00 am		70ml							250ml	
	06:00 am		70ml								
	07:00 am		70ml							300ml	
Total Intake :			420ml			Total Output :			550ml		

Total 24 hrs. Intake 1905.6 : 65.7 cl/kg

Total 24 hrs. Output 1630 : 2.34 cl/kg



FLUID CHART

Sheet No. : ①

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

		Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G						
	08:00 am										
	09:00 am				CR						
	10:00 am										
	11:00 am		N								
	12:00 pm		P								
	01:00 pm	DNS	O	70ml.							I ganyu.
Total Intake : 70ml.					Total Output :						
	02:00 pm			70ml							
	03:00 pm	H ₂ O	50ml.	70ml							
	04:00 pm			70ml							
	05:00 pm			-					200ml.		I ganyu.
	06:00 pm			70ml.							
	07:00 pm			70ml.							
Total Intake : 330ml.					Total Output : 290ml.						
	08:00 pm	H ₂ O	100ml	70ml							
	09:00 pm			70ml							
	10:00 pm			70ml					150ml		I ganyu.
	11:00 pm			70ml							
	12:00 am			70ml							
	01:00 am			70ml					200ml		
Total Intake : 520ml					Total Output : 350ml						
	02:00 am			70ml							
	03:00 am			70ml							
	04:00 am			70ml					950ml		I ganyu.
	05:00 am			70ml							
	06:00 am			70ml							
	07:00 am			70ml					150ml		
Total Intake : 420ml					Total Output : 400ml.						
Total 24 hrs. Intake		1,340 ; 46 cc/kg									
Total 24 hrs. Output		1,040 ; 1.9 cc/kg/hr									

Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 10:15 AM Mode of Arrival: with parent Admitting From: ☒ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: No Reaction. Body Weight: 29 kg Kg
 Height: 125 cm cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
not significant	not significant	previously hospitalized.

Family History: no family history.

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

If yes please list, No

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

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

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

Observations: Weight: 29 kg Length: 125 cm Head Circumference (< 2 years): No

Temp.: HR: 112 bpm RR: 24 bpm BP:

Pain Score: 0 Specify Site: No (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☒ Yes ☐ No Score: 4 (Document in the Humpty Dumpty Sheet)

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

Pain Screening: ☒ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☐ FLACC ☒ Wong Baker

Character of Pain Location Frequency Duration

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

Inform consultant for positive criteria

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

Inform consultant for positive criteria

Psychological Screening:☒ No Significant FindingsUnusual concerns about patient's Psychological Status: ☐ Yes ☒ NoIf Yes Consultant Notified: NA (Date/Time): 29/6/20 1:30pmCultural & Spiritual Needs: ☐ Yes ☒ No if Yes specify NA Inform consultant for positive criteria.**Social History:** Lives With parentsSiblings in household ☐ Yes ☐ No (if yes How Many?)All Information Obtained From ☐ Patient ☒ Mother ☐ Father ☐ Other Family Member**Orientation has been given regarding the following aspects:**Call Bell in Reach : ☒ Yes ☐ NoWaste Disposal Explained: ☒ Yes ☐ NoInfusion Pump : ☒ Yes ☐ NoHand hygiene Explained: ☒ Yes ☐ No☐ OthersPatient Rights & Responsibilities: ☒ Yes ☐ NoInformation given to motherNurse Signature: [Signature]Nurse Name: VeenaDate: 29/6/20Time: 1:30pm

BAH-00550770 IP5-00175728
Baby THOTA SAASHRIKA SAI
04-07-2018 8 Y O M 2 D (F)
Dr. SIRISHA RANI



NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 7/7/20

Assessment: patient having pain mild

Goals

- | | | | | | |
|---|--|---|---|---|---|
| ☒ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation to Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
9:15 AM	Assess the patient's condition	10 AM	Assessed the patient's condition	pt was stable
10:25 AM	Monitor the vital and record	11 AM	monitored the vital and record	
11:25 AM	Maintained fluid balance	12:30 PM	provided medication as per doctor order	
12 PM	provide medication	1:20 PM	provided side rail	
1 PM	provide sun safety	2 PM	provided personal hygiene	
1:40 PM	provide personal hygiene	2:10 PM	provided patient & family education	
2:55 PM	provide patient & family education			

Re-Assessment: patient was stable

Special Notes: Plan PIC Today

Nurse Signature: Neeleini

Nurse Name: Neeleini

Date & Time: 7/7/20 2 PM



22

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 6/7/26

Assessment: patient is having weakness.

Goals

- | | | | | | |
|---|---|--|---|--|---|
| ☒ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☒ Maintain Good Nutritional Status | ☒ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☒ Prevent Infection | ☒ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8pm	* Assess the general condition	8:30pm	* Assessed the general condition	Patient is comfortable.
10pm	* monitor and note vitals	10:30pm	* monitored and noted vitals.	
12Am	* Provide comfortable position	12:30Am	* Provided comfortable position	
2Am	* Provide supportive care.	2:30Am	* Provided supportive care.	
4Am	* Ensure safety	4:30Am	* Provided side rails & pillows.	
6Am	* Administer medications as per order.	6:30Am	* Administered medications as per order.	
7Am	* Monitor output	7:30Am	* Monitoring output by diaper weight.	

Re-Assessment: patient is comfortable.

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Anu m

Date & Time: 7/7/26 @ 8Am

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NURSING CARE RECORD

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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 6/1/20

Assessment:

patient having Jaw pain

Goals

- ☐ Maintain Airway and Oxygenation
- ☒ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☒ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☒ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

Time	Plan of Care	Time	Implementation	Evaluation
2 pm	Assess the patient general condition	2:30 pm	Assessed the patient scalp condition	pt was stable
3 pm	monitor the vital and neuro	3:40 pm	monitored the vital and neuro	
5 pm	provide inj. Tramadol to relieve pain and discomfort	5:30 pm	provided inj. Tramadol now pain was relieved	
6 pm	provide fluid balance	6:40 pm	provided oral sorbitol	
7 pm	provide personal hygiene	7:50 pm	provided personal hygiene	

Re-Assessment:

no patient was stable

Special Notes:

continue chemotherapy

Nurse Signature:

Nurse Name:

Date & Time: 6/1/20 @ 8 pm

BAH-00550770 IP5-00175728
 Baby THOTA SAASHRIKA SAI
 04-07-2018 8 Y 0 M 1 D (F)
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NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 6/7/20

Assessment: Patient having weakness

Goals

- ☒ Maintain Airway and Oxygenation
- ☒ Maintain Personal Hygiene
- ☒ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify
- ☒ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☒ Improve Activity Tolerance
- ☒ Ensure Safety
- ☒ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8am	→ Assess the patient General condition.	8:30am	→ Assessed patient condition	Patient feel Better
9am	→ Maintain fluid Balance.	9:30am	→ Maintained fluid Balance.	
11am	→ Ensure Safety.	11:30am	→ Provided Side rails.	
12pm	→ Administer medication as order	12:30pm	→ Given medications as order	

Re-Assessment: Patient is active

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Savitri

Date & Time: 6/7/20

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 5/7/26

Assessment: patient B Having chemotherapy

- | | | | | | | |
|--------------|---|---|--|---|--|---|
| Goals | ☒ Maintain Airway and Oxygenation | ☒ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☒ Maintain Good Nutritional Status | ☒ Maintain Skin Integrity |
| | ☒ Maintain Personal Hygiene | ☐ Prevent Infection | ☒ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| | ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8pm	*Assess the general condition	8:30pm	*Assessed the general condition	patient is comfortable.
10pm	*Monitor and note vitals	10:30pm	*Monitored and noted vitals	
12Am	*Provide comfortable position	12:30Am	*Provided comfortable position	
2Am	*Provide supportive care	2:30Am	*Provided supportive care.	
4Am	*Administer anti-emetics.	4:30Am	*Administered anti-emetics.	
6Am	*Ensure safety.	6:30Am	*Provided pillows & side rails	
7Am	*Administer medication as per chart	7:30Am	*Administered medication as per chart	

Re-Assessment: patient B comfortable

Special Notes:

Nurse Signature: Ann m Nurse Name: Ann m Date & Time: 6/7/26 @ 8Am



NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 5/7/26

Assessment: Baby having ct hydration looking good

Goals

- ☒ Maintain Airway and Oxygenation
- ☒ Maintain Personal Hygiene
- ☒ Identify Potential Complications
- ☒ Relieve Pain & Discomfort
- ☒ Prevent Infection
- ☒ Any Others. Specify
- ☒ Maintain Fluid Balance
- ☒ Meet Elimination Needs
- ☒ Improve Activity Tolerance
- ☒ Ensure Safety
- ☒ Maintain Good Nutritional Status
- ☒ Early Ambulation Reduce Anxiety
- ☒ Maintain Skin Integrity
- ☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
2pm	* Assess the child General condition	2:30pm	* Assessed the child General condition	
3pm	* monitor vitals signs	4pm	* monitor vitals signs	
4pm	* maintain I/O chart	5pm	* maintain I/O chart	* Baby is
5:10pm	* Administer medication as per doctor order	6pm	* Administer medication as per doctor order	Good
7pm	* monitor cont m	7:30pm	* monitor cont m	

Re-Assessment: with hourly vitals monitoring

Special Notes: watch for J & S and chills

Nurse Signature: [Signature]

Nurse Name: Bhuvana

Date & Time: 5/7/26 @ 8pm



NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 5/7/26

Assessment: Patient having weakness

Goals

- ☒ Maintain Airway and Oxygenation
- ☒ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☒ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☒ Improve Activity Tolerance
- ☐ Ensure Safety
- ☒ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8am	→ Assess the patient General condition.	8:30am	→ Assessed the patient General condition.	Patient feel Better.
9am	→ Maintain personal hygiene.	9:30am	→ Maintained personal hygiene.	
10am	→ Maintain fluid Balance.	10:30am	→ Maintained fluid Balance.	
11am	→ Ensure Safety.		→ Provided side rail.	
12pm	→ Monitor SpO2 chart	12:30pm	→ Monitored SpO2 chart	

Re-Assessment: Patient

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Savithri

Date & Time: 5/7/26 2pm



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 4/7/26

Assessment: patient is having weakness

Goals

- ☒ Maintain Airway and Oxygenation
- ☒ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☒ Maintain Good Nutritional Status
- ☒ Maintain Skin Integrity
- ☒ Maintain Personal Hygiene
- ☒ Prevent Infection
- ☒ Meet Elimination Needs
- ☒ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify

Time	Plan of Care	Time	Implementation	Evaluation
8pm	* Assess the general condition	8:30pm	* Assessed the general condition	
10pm	* Monitor and note vitals	10:30pm	* Monitored and noted vitals	patient is
12AM	* Provide comfortable position	12:30AM	* Provided comfortable position	comfortable
2AM	* Provide supportive care.	2:30AM	* Provided supportive care.	
4AM	* Ensure safety.	4:30AM	* Provided pillows & side rails.	
6AM	* Administer medications as per order.	6:30AM	* Administered medications as per order.	
7AM	* Monitor output	7:30AM	* Monitored output by diaper weight.	

Re-Assessment:

Special Notes:

Nurse Signature: Amm

Nurse Name: Amm m

Date & Time: 5/7/26 @ 8AM

Patient Sticker

NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 4/7/26

Assessment: patient having weakness

Goals

- ☒ Maintain Airway and Oxygenation
- ☒ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☒ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☒ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the general condition of the patient.	9pm	→ Assessed the general condition of the patient.	Patient felt better
10pm	→ Monitor vital signs.	10pm	→ Monitored vital signs.	
12am	→ Provide side rails.	11pm	→ Provided side rails.	
2am	→ Maintain hygiene	3am	→ Maintained hand hygiene	
5am	→ Administer medication.	6am	→ Administered medication	
6am	→ Maintain I/O chart.	7am	→ Maintained I/O chart.	

Re-Assessment: patient felt better

Special Notes: -

Nurse Signature: \$

Nurse Name: Sonam

Date & Time: 5/7 @ 8am



(61) **NURSING CARE RECORD**

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 4/7/26

Assessment: Patient having weakness

Goals

- | | | | | | |
|---|--|--|---|--|---|
| ☒ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☒ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☒ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
2pm	→ Assess the patient	2:30pm	→ Assessed the patient	Feel Better
4pm	General condition.		condition	
	→ Maintain personal	4:30pm	→ Maintained personal	
6pm	hygiene		hygiene	
	→ maintain fluid	6:30pm	→ maintained fluid	
8pm	Balance		Balance	
	→ monitor SpO2 chart.	7:30pm	→ monitored SpO2 chart	

Re-Assessment:

Patient is active

Special Notes:

Nurse Signature:

[Signature]

Nurse Name:

Savitree

Date & Time:

4/7/26 8pm

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 4/7/26

Assessment: patient having measles.

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8 AM	Assess the patient general condition	8 AM	Assessed the patient general condition	patient feels better
10 AM	check vitals	10:30	checked vitals	
11 AM	provide sickle scrub	11:30	provided sickle scrub	
12 PM	Maintain S/O chart	12:30	Maintained S/O chart	
1 PM	Administer medication	2 PM	Administered medication	

Re-Assessment: NA

Special Notes: NA

Nurse Signature: [Signature]

Nurse Name: Gayathri

Date & Time: 4/7/26 @ 2 PM



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 2/7/26

Assessment: patient is having weakness

Goals

- ☒ Maintain Airway and Oxygenation
☒ Maintain Personal Hygiene
☐ Identify Potential Complications
☐ Relieve Pain & Discomfort
☒ Prevent Infection
☐ Any Others. Specify.....
☐ Maintain Fluid Balance
☒ Meet Elimination Needs
☐ Improve Activity Tolerance
☒ Ensure Safety
☒ Maintain Good Nutritional Status
☐ Early Ambulation Reduce Anxiety
☐ Maintain Skin Integrity
☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	* Assess the general condition	8:30pm	* Assessed the general condition	Patient is comfortable
10pm	* Monitor and note vitals	10:30pm	* Monitored and noted vitals	
12pm	* Provide comfortable position	12:30pm	* Provided comfortable position	
2pm	* Provide supportive care	2:30pm	* Provided supportive care	
4pm	* Ensure safety	4:30pm	* Provided side rails & pillows	
6pm	* Monitor output	6:30pm	* Monitoring output by diaper weight	
7pm	* Administer medications as per order	7:30pm	* Administered medications	

Re-Assessment: patient is comfortable

Special Notes:

Nurse Signature: Anu m

Nurse Name: Anu m

Date & Time: 4/7/26 @ 8Am

①

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 3/7/26

Assessment: patient having markers.

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify

Time	Plan of Care	Time	Implementation	Evaluation
2m	assess the patient	3m	assessed the patient	patient feels better
	general condition		general condition	
4m	check vital	4:30	checked vitals	
5m	provide silt seal	5:30	provided silt seal	
6m	maintain block	6:30	maintained block	
7m	Administer medication	8m	Administered medication	

Re-Assessment: Re-assessment very good

Special Notes: NA

Nurse Signature: [Signature] Nurse Name: Gayathri Date & Time: 3/7/26 @ 8m

BAH-00550770 IP5-00175728
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(P)

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NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 3/7/20

Assessment: Baby having ct hydration

Goals

- | | | | | | |
|---|--|---|---|---|--|
| ☒ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☐ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☒ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8am	* Assess the child Gen condition	8am	* Assess the child Gen condition	
10am	* monitor vitals sign	11am	* monitor vitals sign	
11am	* maintain I/O chart	11:30am	* maintain I/O chart	* monitoring sign
12pm	* Administer rehydrate as per doctor order	12:30pm	* Administer rehydrate as per doctor order	
1pm	* Baby fine soon	1:30pm	* Baby fine soon	

Re-Assessment: with hourly vitals monitor

Special Notes: watch for vit & any change

Nurse Signature: [Signature]

Nurse Name: Shrey

Date & Time: 3/7/20 @ 2pm

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 Baby THOTA SAASHRIKA SAI
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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 2/7

Assessment: patient Heaving weakness

Goals

- ☐ Maintain Airway and Oxygenation
- ☒ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☒ Prevent Infection
- ☐ Any Others. Specify
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☒ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the patient general condition	9pm	Assessed the patient general condition	patient is now improved.
10pm	monitor vitals	10:15pm	monitored vitals	
12am	maintains personal hygiene.	1am	TO Explained personal hygiene.	
2am	ensure Safety	3am	provided side rails.	
4am	Administer medications	5am	administered medications.	
6am	maintains B/v chart	8am	Maintained B/v chart.	

Re-Assessment: patient is stable

Special Notes:

Nurse Signature: pooja Nurse Name: pooja Date & Time: 3/7/26 @ 8am

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NURSING CARE RECORD

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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 21/7/26

Assessment: Baby having ct hydration

Goals

- | | | | | | |
|---|--|---|---|---|---|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☐ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
2pm	* Assess the child Gen	3pm	* Assess the child Gen	* Baby for good
4pm	* monitor vital sign	5pm	* monitor vital sign	
5:10pm	* maintain I/O chart	5:30pm	* maintained I/O chart	
6pm	* Administer medication given by	7pm	* Administer medication as per doctor order	
7:30pm	* provide comforted room	8pm	* provided comforted on	

Re-Assessment: with hourly vital monitoring

Special Notes: watch for late signs chills

Nurse Signature: [Signature]

Nurse Name: Shree

Date & Time: 21/7/26 8pm



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 21/7/26

Assessment:

patient having dull activity

Goals

- ☐ Maintain Airway and Oxygenation
☒ Maintain Personal Hygiene
☐ Identify Potential Complications
☐ Relieve Pain & Discomfort
☐ Prevent Infection
☐ Any Others. Specify.....
☐ Maintain Fluid Balance
☐ Meet Elimination Needs
☐ Improve Activity Tolerance
☒ Ensure Safety
☐ Maintain Good Nutritional Status
☐ Early Ambulation Reduce Anxiety
☐ Maintain Skin Integrity
☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
9:30 AM	Assess the patient general condition	10 AM	Assessed the patient general condition	pt was stable
10:20 AM	Monitor the vital and read	10:35 AM	monitored the vital and read	
11:00 AM	Maintain fluid Balance	11:55 AM	maintained the fluid	
12 PM	child is on NPO	12:20 PM	Baby is on NPO	
12:40 PM	TO do LP	1:45 PM	LP done sent sample CBP, SLE, RBS	
1 PM	provide sun sun safety	2:20 PM	provided patient & family education	
2 PM	provide patient & family education			

Re-Assessment:

patient was stable

Special Notes:

LP Done

Nurse Signature: _____

Nurse Name: _____

Date & Time: 21/7/26 @ 2 PM

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 1/7/20

Assessment: patient is having weakness

Goals

- | | | | | | |
|---|---|--|---|--|---|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☒ Maintain Good Nutritional Status | ☒ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☒ Prevent Infection | ☒ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8pm	* Assess the general condition	9pm	* Assessed the general condition	patient is comfortable
10pm	* Monitor and note vitals	10:15pm	* Monitored and noted vitals.	
12am	* Provide supportive care.	12:30am	* Provided supportive care.	
2am	* Provide comfortable position	2:30am	* Provided comfortable position	
4am	* Ensure safety.	4:20am	* Provided side rails & pillows.	
6am	* Administer medications.	6:30am	* Administered medications as per chart.	
7am	* Monitor output.	8pm	* Monitored output	

Re-Assessment: patient is comfortable

Special Notes:

Nurse Signature: Am

Nurse Name: Am m

Date & Time: 2/7/20 @ 8pm

NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 11/7/20

Assessment: Baby hungry Cb Ref encourage cry

- Goals
- ☒ Maintain Airway and Oxygenation
 - ☒ Relieve Pain & Discomfort
 - ☒ Maintain Fluid Balance
 - ☒ Improve Activity Tolerance
 - ☒ Maintain Good Nutritional Status
 - ☒ Maintain Skin Integrity
 - ☒ Maintain Personal Hygiene
 - ☒ Prevent Infection
 - ☒ Meet Elimination Needs
 - ☒ Ensure Safety
 - ☒ Early Ambulation Reduce Anxiety
 - ☒ Patient & Family Education
 - ☒ Identify Potential Complications
 - ☒ Any Others. Specify

Time	Plan of Care	Time	Implementation	Evaluation
8am	* Assess the child General condition	9am	* Assessed the child Gen condition	
10am	* monitor vital sign	11Am	* monitor vital sign	
12pm	* maintain S/O care	1pm	* maintain S/O care	
2pm	* provide comfort position	4pm	* provided comfort position	
6pm	* provide Psychological support	7:30pm	* provided psychological support	

Re-Assessment: with hourly vital monitoring

Special Notes: watch for dist & any abnormalities

Nurse Signature: [Signature] Nurse Name: Shweta Date & Time: 11/7/20 @ 8pm

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 30/6/28

Assessment:

Goals

- | | | | | | |
|---|---|--|---|---|---|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☒ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☒ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the patient general condition	8:15pm	Assessed the patient general condition	patient is now improved.
10pm	monitor vitals	10:20pm	monitored vitals	
12Am	maintain personal hygiene	1Am	maintained personal hygiene	
2Am	maintain fluid balance	3Am	maintained fluid balance	
4Am	ensure safety	5Am	provided side rails	
6Am	Administer medications	7Am	Administered medications	
8Am	maintain O/v chart	8Am	maintained O/v chart	

Re-Assessment:

patient feels better.

Special Notes:

Nurse Signature: pooja

Nurse Name: pooja

Date & Time: 1/7/28 @ 8am



NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 30/06/26

Assessment: Patient's having weakness.

Goals

- ☐ Maintain Airway and Oxygenation
☐ Maintain Personal Hygiene
☐ Identify Potential Complications
☐ Relieve Pain & Discomfort
☒ Prevent Infection
☐ Any Others. Specify.....
☐ Maintain Fluid Balance
☐ Meet Elimination Needs
☐ Improve Activity Tolerance
☒ Ensure Safety
☐ Maintain Good Nutritional Status
☐ Early Ambulation Reduce Anxiety
☐ Maintain Skin Integrity
☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
2pm	Assess the patient condition.	2:30pm	Assessed the patient condition.	Patient condition is now improved
3pm	To check the vital signs	3:30pm	checked vital signs and recorded.	
4pm	To maintain fluid balance.	4:30pm	Maintained fluid balance.	
5pm	To ensure safety.	5:30pm	Provided side rails.	
6pm	To prevent infection.	6:30pm	Provided side rails.	
7pm	To maintain I/O chart.	7:30pm	Maintained I/O chart.	

Re-Assessment: Patient is now stable

Special Notes: Nil

Nurse Signature: [Signature]

Nurse Name: Susmita

Date & Time: 30/6/26 8pm

BAH-00550770 IP5-00175728
Baby THOTA SAASHRIKA SAI
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NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 30/6/26

Assessment: Patient having ceanness

Goals

- | | | | | | |
|---|---|--|--|---|---|
| ☒ Maintain Airway and Oxygenation | ☒ Relieve Pain & Discomfort | ☒ Maintain Fluid Balance | ☒ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8am	Assess the patient condition.	8am	Assessed the patient condition.	patient is comfortable.
10am	Ensure safety	10am	provide side rail.	
11am	Relieve pain.	12pm	Given medication	
12pm	Monitor vitals.	2pm	Checked vitals.	
2pm	Maintain I/O chart	2pm	passed urine.	

Re-Assessment:

Re - Assessment 4th Hourly.
NA.

Special Notes:

Nurse Signature: Dehth

Nurse Name: priyanka

Date & Time: 30/6/26 at 2pm



2

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 29/6/26

Assessment: patient is having weakness.

Goals

- ☐ Maintain Airway and Oxygenation ☐ Relieve Pain & Discomfort ☐ Maintain Fluid Balance ☐ Improve Activity Tolerance ☒ Maintain Good Nutritional Status ☒ Maintain Skin Integrity
☒ Maintain Personal Hygiene ☒ Prevent Infection ☒ Meet Elimination Needs ☒ Ensure Safety ☐ Early Ambulation Reduce Anxiety ☐ Patient & Family Education
☐ Identify Potential Complications ☐ Any Others. Specify.....

Time	Plan of Care	Time	Implementation	Evaluation
8pm	* Assess the general condition.	8:30pm	* Assessed the general condition.	Patient is comfortable.
10pm	* Monitor and note vitals.	10:30pm	* Monitored and noted vitals.	
12pm	* Provide comfortable position.	12:30pm	* Provided comfortable position.	
2pm	* Provide supportive care.	2:30pm	* Provided supportive care.	
4pm	* Ensure safety.	4:30pm	* Provided pillows & side rails.	
6pm	* Administer medications.	6:30pm	* Administered medications as per order.	
7pm	* Monitor output.	7:30pm	* Monitoring diaper weight for output.	

Re-Assessment: patient is comfortable.

Special Notes:

Nurse Signature: Anu M

Nurse Name: Anu M

Date & Time: 30/6/26 @ 8pm

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 Baby THOTA SAAASHRIKA SAI
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NURSING CARE RECORD

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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 29/6/26

Assessment: patient came for BMA procedure

Goals

- | | | | | | |
|---|--|--|---|--|--|
| ☒ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☒ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☒ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☒ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
11am	Assess general condition of the patient	11:30am	Assessed general condition of the patient	Patient is stable
12pm	monitor vital signs	12:30pm	monitored vital signs.	
2pm	maintain hygiene	2:30pm	maintained hygiene	
3pm	Administer medication as per order	3:30pm	Administered medication as per order	
5pm	ensure safety	5:30pm	provided side rails	
7pm	maintain I/O chart	7:30pm	maintained I/O chart	

Re-Assessment: patient is stable

Special Notes:

Nurse Signature:

Nurse Name: veena

Date & Time: 29/6/26 @ 8pm



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. S.R. Department: med Date of Admission: 29/6/20

SITUATION		Diagnosis:					Any Infection: ☐ Yes ☐ No ☒ Not	
BACKGROUND		Area					If Yes Specify:	
		Shift Time	10:35 AM	10-2PM	8pm-8pm	once/2pm	once/2pm	
Medical Condition (Any special condition to be noted):			nil	nil	N/A	NA	NA	
Allergy:			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Tubes/Drains/Catheter:			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Vital Signs:		Temp:	98.2°F	98.6°F	98°F	98°F	98.2°F	
		Res:	26 bpm	23 bpm	24 bpm	24 bpm	22 bpm	
		SpO ₂ :	99%	98%	98%	98%	98%	
		Pulse:	128 bpm	112 bpm	118 bpm	110 bpm	110 bpm	
		BP:	101/56	98/46	93/60	93/60	98/57	
		Fall Risk Score:	10	10	10	10	10	
		Pain Score:	0/10	0/10	0	0	0	
Safety Needs:			yes	side rails	side rails	side rails	side rails	
Physiotherapy			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Others Specify:			nil	nil	N/A	NA	NA	
Special Diet:			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Other Special Orders / Medications:			nil	nil	N/A	NA	NA	
Post Operative Procedure Special Orders:			nil	nil	N/A	NA	NA	
Handed Over By Name :			Nr. (Signature)	Sainya	Arum	Arum	Sumita	
Signature :			(Signature)	(Signature)	(Signature)	(Signature)	(Signature)	
Date:			29/6/20	29/6/20	30/6	30/6	30/6	
Time:			10:35 AM	@ 8pm	8 AM	2pm	8 pm	
Taken Over By Name :			Arum	Sainya	Arum	Sumita	Sainya	
Signature :			(Signature)	(Signature)	(Signature)	(Signature)	(Signature)	
Date:			29/6	29/6	30/6	30/6	30/6	
Time:			10:35 AM	8pm	8 AM	2pm	8pm	

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Sirisha Rani Department: Oncology Date of Admission: 29

SITUATION		Diagnosis: <u>Bcell-ALL</u>					Any Infection: ☐ Yes ☒ No ☐ No	
		If Yes Specify: <u>NA</u>						
BACKGROUND	Area	ONCO 8AM	ONCO 8PM	ONCO 8PM-5PM	ONCO 5PM-8PM	ONCO 8PM		
	Shift Time							
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
ASSESSMENT	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>98.5F</u>	<u>98.3F</u>	<u>98.4F</u>	<u>98.3F</u>	<u>98.3F</u>	
		Res:	<u>24b/m</u>	<u>24b/m</u>	<u>24b/m</u>	<u>24b/m</u>	<u>24b/m</u>	
		SpO ₂ :	<u>98%</u>	<u>98%</u>	<u>99%</u>	<u>98%</u>	<u>98%</u>	
		Pulse:	<u>110b/m</u>	<u>110b/m</u>	<u>110b/m</u>	<u>108b/m</u>	<u>112b/m</u>	
		BP:	<u>90/40</u>	<u>90/60</u>	<u>90/60</u>	<u>96/60</u>	<u>90/60</u>	
	Fall Risk Score:	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>		
	Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Recommendations	Safety Needs	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>		
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No		
	Others Specify:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No		
	Other Special Orders / Medications:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
Handed Over By Name :		<u>Pooja</u>	<u>Shruti</u>	<u>Anurag</u>	<u>Anurag</u>	<u>Shruti</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>11/7/26</u>	<u>11/7/26</u>	<u>21/7/26</u>	<u>21/7/26</u>	<u>21/7/26</u>		
Time:		<u>8AM</u>	<u>8PM</u>	<u>8PM</u>	<u>8PM</u>	<u>8PM</u>		
Taken Over By Name :		<u>Shruti</u>	<u>Anurag</u>	<u>Anurag</u>	<u>Shruti</u>	<u>Pooja</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>11/7/26</u>	<u>11/7/26</u>	<u>21/7/26</u>	<u>21/7/26</u>	<u>21/7/26</u>		
Time:		<u>8AM</u>	<u>8PM</u>	<u>8PM</u>	<u>8PM</u>	<u>8PM</u>		

---RSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. SIRISHA RANI Department: Oncology Date of Admission: 29/6

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: <u>NA</u>					
	<u>Bcell - ALL</u>							
BACKGROUND	Area	Shift Time	<u>0800-8AM</u>	<u>2PM</u>	<u>0800-8PM</u>	<u>0800-8AM</u>	<u>0800-2PM</u>	<u>0800-8PM</u>
	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:		Temp: <u>98.4°F</u>	<u>98.2°F</u>	<u>98.1°F</u>	<u>98.8°F</u>	<u>98.1°F</u>	<u>98.6°F</u>
	Res:		<u>20b/m</u>	<u>20b/m</u>	<u>24b/m</u>	<u>24b/m</u>	<u>24b/m</u>	<u>20b/m</u>
	SpO ₂ :		<u>99%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
	Pulse:		<u>101b/m</u>	<u>102b/m</u>	<u>112b/m</u>	<u>112b/m</u>	<u>112b/m</u>	<u>102b/m</u>
	BP:		<u>98/61</u>	<u>100/60</u>	<u>100/60</u>	<u>98/62 (20)</u>	<u>98/67</u>	<u>100/62 (20)</u>
	Fall Risk Score:		<u>10</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
Recommendations	Pain Score:		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Safety Needs:		<u>Side rails</u>	<u>Side rails</u>	<u>Side rails</u>	<u>Side rails</u>	<u>Side rails</u>	<u>Side rails</u>
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Others Specify:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>poorja</u>	<u>dhruv</u>	<u>Gowtham</u>	<u>Arman</u>	<u>Gowtham</u>	<u>Swathi</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>3/7</u>	<u>3/7/26</u>	<u>3/7/26</u>	<u>4/7/26</u>	<u>4/7</u>	<u>4/7</u>	
Time:		<u>8AM</u>	<u>2PM</u>	<u>2PM</u>	<u>8AM</u>	<u>2PM</u>	<u>8PM</u>	
Taken Over By Name :		<u>dhruv</u>	<u>Swathi</u>	<u>Arman</u>	<u>Arman</u>	<u>Swathi</u>	<u>Sarvam</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>3/7/26</u>	<u>3/2</u>	<u>3/7</u>	<u>4/7</u>	<u>4/7</u>	<u>4/7</u>	
Time:		<u>1M</u>	<u>2PM</u>	<u>8PM</u>	<u>8AM</u>	<u>2PM</u>	<u>8PM</u>	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Sirisha Ram Department: Oncology Date of Admission: 29/6

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:						
	<u>Relapsed ALL</u>								
BACKGROUND	Area	Shift Time	<u>ONCO</u> <u>8hr</u>	<u>ONCO</u> <u>8hr</u>	<u>ONCO</u> <u>8hr</u>	<u>ONCO</u> <u>8hr</u>	<u>ONCO</u> <u>8hr</u>	<u>ONCO</u> <u>8hr</u>	
	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:		Temp:	<u>98.6 f</u>	<u>98.6 f</u>	<u>98.6 f</u>	<u>98.6 f</u>	<u>98.6 f</u>	<u>98.6 f</u>
			Res:	<u>24 bpm</u>	<u>24 bpm</u>	<u>24 bpm</u>	<u>24 bpm</u>	<u>24 bpm</u>	<u>24 bpm</u>
			SpO ₂ :	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
			Pulse:	<u>106 bpm</u>	<u>112 bpm</u>	<u>112 bpm</u>	<u>102 bpm</u>	<u>103 bpm</u>	<u>104 bpm</u>
			BP:	<u>100/60</u>	<u>100/60</u>	<u>100/60</u>	<u>98/59</u>	<u>93/65</u>	<u>93/60</u>
			Fall Risk Score:	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
Recommendations	Safety Needs:		<u>Side rail</u>	<u>Side rail</u>	<u>Side rail</u>	<u>Side rail</u>	<u>Side rail</u>	<u>Side rail</u>	
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>Somam</u>	<u>Shub</u>	<u>Amam</u>	<u>Savide</u>	<u>Amam</u>	<u>Naveen</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>4/7</u>	<u>5/7/16</u>	<u>6/7/16</u>	<u>6/7</u>	<u>7/7/16</u>	<u>7/7/16</u>		
Time:		<u>8AM</u>	<u>8AM</u>	<u>8AM</u>	<u>8AM</u>	<u>8AM</u>	<u>8AM</u>		
Taken Over By Name :		<u>Swithe</u>	<u>Shub</u>	<u>Swithe</u>	<u>Amam</u>	<u>Naveen</u>	<u>D/C</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>5/7</u>	<u>5/7</u>	<u>6/7</u>	<u>7/7</u>	<u>7/7</u>	<u>7/7</u>		
Time:		<u>8AM</u>	<u>8AM</u>	<u>8AM</u>	<u>8AM</u>	<u>8AM</u>	<u>8AM</u>		



GENERAL CONSENT FOR TREATMENT

Patient Name: Baby THOTA SAASHRIKA SAI

Age : 7 Y 11 M 25 D

IP No: IP5-00175728

Sex: Female

Consultant: Dr. SIRISHA RANI

Ward/Bed No: 1F-HEMATO-ONCOLOGY/HO DC 1

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name:

Relationship:

Date:

Witness Name:

Witness Signature:

Patient Address:

H.NO-6-9-3-4/5A,,GAIGALUPADU, OPP.
ANJU EYE CARE HOSPITAL Apsp Camp
East Godavari Andhra Pradesh INDIA
533005

Time:

BAH-00550770 IP5-00175728
Baby THOTA SAASHRIKA SAI
04-07-2018 7 Y 11 M 29 D (F)
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
short sedation for line placement
- 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 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: P. Rohila
Name: P. Rohila
Relationship with patient: Mother
Date & Time: 2/7/26 @ 3PM

Witness:

Signature: P. Rohila
Name: P. Rohila
Date & Time: 2/7/26 @ 3PM

Doctor (who is taking consent):

Signature: Shankha Name: Shankha Date: 2/7/26 Time: 3PM

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, అలర్జిక్ ప్రతిచర్యలు, ఎగువ శ్వాసనాళ అడ్డంకి, లాలింజోస్పాసమ్, 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:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

BAH-00550770 IP5-00175728
Baby THOTA SAASHRIKA SAI
04-07-2018 7 Y 11 M 29 D (F)
Dr. SIRISHA RANI



CONSENT FOR SPECIAL PROCEDURES

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Saashrika Gender: ☐ Male ☐ Female

UHID No : 550280 Department : Oncology Date : 3/7/16

I, parent of Saashrika S/D/W/O

Here by give consent for procedure of : anastomosis

For my patient, Named : Saashrika

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

pain, bleeding, pneumothorax, cracks

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

None

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. Anupama

Patient Attendant :

Signature : R.L. Rohila

Name : R.L. Rohila

Relationship with Patient : Mother

Date & Time : 3/7/16, 3:20 pm

Witness :

Signature : R.L. Rohila

Name : R.L. Rohila

Date & Time : 3/7/16 @ 2 PM

Doctor (who is taking the consent) :

Signature : Anupama

Name : Anupama

Date & Time : 3/7/16, 3:20 pm

Moderate Sedation Flow-Sheet

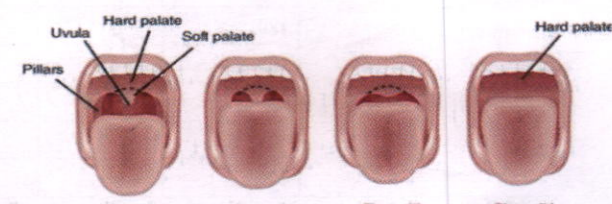
Immediate Pre-Sedation Assessment

B.P	PR	R.R	Temp	SPO ₂	Pain Score	Weight
90/63	120	22	98.4 F	99%	2/10	29 kg

Diagnosis: Relapsed Bullous Autoimmune relapse.

Procedure: Line placement.

Comorbidities: _____

☒ 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 M V ☒ IV Site: Gauge: Sedation Plan: <u>Short sedation</u> Allergies:	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 4:00 PM	100/63 mmHg	112/min	22/min	99.1		
5:00 PM	90/63 mmHg	84/min	22/min	96.1		

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME
Inj KETAMINE	IV	30mg	4 PM	

Doctor Notes:

.....

.....

Time of transportation to post sedation care room: 134 LOC: Sweet

Doctor Name: Jayashri Signature: Ju

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: 5 PM

Nurse Name: Savithra

Date: 3/2/20 Time: 5 PM

Consultant Name: Dr Sandhya

Stamp

Signature: [Signature]

Signature: [Signature]

PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

Procedure Name: Groshong line placement Date: 2/7/26 In-Time: 4:00pm Out-Time: 4:30pm
 Doctor Performing Procedure: D. Arun Kumar Doctor Giving Sedation: D. Arun Kumar Assisting Nurse: Sirisha

SIGN IN		TIME OUT		SIGN OUT	
Time: <u>4:00pm</u>		Time: <u>4:00pm</u>		Time: <u>4:30pm</u>	
Patient is verified using two identifiers (Name & UHID)	Yes ☒ No ☐ NA ☐	Correct Patient	Yes ☒ No ☐ NA ☐	Name of the Surgical / Invasive Procedure is recorded	Yes ☒ No ☐ NA ☐
All required documents, images, studies are available	Yes ☒ No ☐ NA ☐	Correct Site	Yes ☒ No ☐ NA ☐	Instrument, Sponge and Needle Count Completed	Yes ☒ No ☐ NA ☐
NPO Status Checked from Patient / Patient Attendant	Yes ☒ No ☐ NA ☐	Correct Procedure	Yes ☒ No ☐ NA ☐	Specimens are labeled	Yes ☒ No ☐ NA ☐
Consent is Signed	Yes ☒ No ☐ NA ☐	All the team members introduced	Yes ☒ No ☐ NA ☐	Any equipment problems are addressed	Yes ☐ No ☒ NA ☐
Any need for blood products	Yes ☐ No ☒ NA ☐				
If Yes Comment:					
Any Risk of Hemodynamic Compromise	Yes ☐ No ☒ NA ☐				
If Yes Comment:					
Any drug or food allergy	Yes ☐ No ☒ NA ☐				
If Yes Comment:					
Correct Site of Procedure Marked	Yes ☒ No ☐ NA ☐				
All resources required are correct, available and functioning	Yes ☒ No ☐ NA ☐				
Signature of the Doctor: <u>Arunkumar</u>		Signature of the Nurse: <u>Arunkumar</u>		Signature of the Nurse: <u>Arunkumar</u>	
Name of the Doctor: <u>Arunkumar</u>		Name of the Nurse: <u>Arunkumar</u>		Name of the Nurse: <u>Arunkumar</u>	

Any Adverse / Unexpected Events

no adverse events while procedure



CONSENT FOR BLOOD TRANSFUSION

Name: Saashrika Sai. T Age: 7y 11m Gender: Male ☐ Female ☒
UHID.No : 550770 Date: 2/7/26

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

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

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

Patient (Or Patient Relative / Guardian):

Signature: R.L. Rohila
Name: R.L. Rohila
Date & Time: 2/7/26 @ 7Am

Doctor (Who is talking the consent)

Signature: [Signature]
Name: [Signature]
Date & Time: 2/7/26 @ 7Am

Witness

Signature: R.L. Rohila
Name: R.L. Rohila
Date & Time: 2/7/26 @ 7Am



(RDP)

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 2/7/26 Time: 7:30 Am
Blood Group of the Patient: O+ve Blood Group on the Blood Bag: O+ve
Blood Bank Issue No: B04-00 01592 Date of Collection: 25th Jun 2026 Date of Expiry: 3rd Jul 2026
Date & Time of Starting Transfusion: 2/7/26 @ 7:30 Am Planned duration of Transfusion: 30 mdd
Check for Correct Unit: ☒ Correct Patient: ☒
Blood products cross checked by: Nurse 1: Nr. Anuradha Nurse 2: Nr. Anuram
Before starting transfusion vitals: Temp: 98°F HR 118 bpm RR: 24 L/min BP: 93/68 (w) SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>2/7/26</u>	<u>15 Min</u>	<u>108 bpm</u>	<u>98°F</u>	<u>93/68 (w)</u>	<u>100%</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
	<u>15 Min</u>	<u>102 bpm</u>	<u>98.3°F</u>	<u>100/73 (w)</u>	<u>100%</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: no any reaction

Name of the Incharge-Nurse: Anuradha Name of the Nurse: Nr. Anuram
Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]
Date & Time: 2/7/26 @ 8:10 Am Date & Time: 2/7/26 @ 8:10 Am

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

PLATELET CONCENTRATE I.P.

Qty. 60 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D./
SAGM Solution.

O

HIV I & II/ HBsAG/ HCV - Non
reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non
reactive

Unit No.: BAH26-01542
Blood Group: O Rh Positive
Collection Date: 28/Jun/2026
Expiry Date: 03/Jul/2026

1. Do Not
Label &
Gently
After Is
There I
Clottin
Gentle
9. Adn

Without Prescription. 2. Check Blood Group On

Issue Label / CrossMatching Report

Patient : Baby Thota Saashrika Sai -
Patient's Blood Group : O Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, dr varshini
UHID No.: BAH-00550770 Wd-Bed No.:
Product : RDP
Blood Group : O Rh Positive Issue Dt : 02/Jul/2026
Unit No.: BAH26-01542 Colln. Dt : 28/Jun/2026
XMatching Report: Group Specific Exp. Dt : 03/Jul/2026
X-matched by: B.Abbhishek Issued By : B.Abbhishek

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

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

PLATELET CONCENTRATE I.P.

Qty. 60 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./
SAGM Solution.

O

HIV I & II/ HBsAG/ HCV - Non
reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non
reactive

Unit No.: BAH26-01546
Blood Group: O Rh Positive
Collection Date: 28/Jun/2026
Expiry Date: 03/Jul/2026

1. Do Not Dispence Without Prescription. 2. Check Blood Group On
Label & Recipient's Group And Name Before Administration. 3. Shake
Gently Before Use. 4. Do Not Add Any Medication. 5. Use Immediately
After Issue. 6. Use Sterile Transfusion Set With Filter. 7. Do Not Use If
There Is Any Visible Evidence Of Deterioration Like Haemolysis
Clotting Or Discoloration. 8. Store At 20-25°C With

Ger
9. A

Issue Label / CrossMatching Report

Patient : Baby Thota Saashrika Sai -
Patient's Blood Group : O Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, dr varshini
UHID No.: BAH-00550770 Wd-Bed No.:
Product : RDP
Blood Group : O Rh Positive Issue Dt : 02/Jul/2026
Unit No.: BAH26-01546 Colln. Dt : 28/Jun/2026
XMatching Report: Group Specific Exp. Dt : 03/Jul/2026
X-matched by: B.Abbhishek Issued By : B.Abbhishek

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

BAH-00550770 IP5-00175728
Baby THOTA SAASHRIKA SAI
04-07-2018 7 Y 11 M 28 D (F)
Dr. SIRISHA RANI

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Your Right to a Safe Delivery

CONSENT FOR SPECIAL PROCEDURES

Patient Name : Saashrika Gender: ☐ Male ☒ Female

UHID No : _____ Department : _____ Date : 2/7/26

I Lakshmi Rohila R parent of Saashrika
S/D/W/O

Here by give consent for procedure of : pusha pushta, 1 T chemo

For my patient, Named : Thota Saashrika Sai

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

pain, bleeding, headache

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

None

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: Akash

Patient Attendant :

Signature : R.L. Rohila

Name : R.L. Rohila

Relationship with Patient: mother

Date & Time : 2/7/26 @ 12:30pm

Witness :

Signature : Darsh

Name : Darsh

Date & Time : 2/7/26 @ 12:30pm

Doctor (who is taking the consent) :

Signature : Akash

Name : Akash

Date & Time : 2/7/26 12:30pm

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

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

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

BAH-00550770 IP5-00175728
Baby THOTA SAASHRIKA SAI
04-07-2018 7 Y 11 M 28 D (F)
Dr. SIRISHA RANI



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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
short sedation for
- 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: P.L. Rohila
Name: P.L. Rohila
Relationship with patient: Mother
Date & Time: 21/7/16 @ 12:30pm

Witness:

Signature: Nandini
Name: Nandini
Date & Time: 21/7/16 @ 12:30pm

Doctor (who is taking consent):

Signature: Ashwini Name: Ashwini Date: 21/7/16 Time: 12:30pm

ప్రాసీజరల్ సెడేషన్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, క్రింది విషయాలను అంగీకరిస్తున్నాను:

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

- సెడేషన్ వల్ల సంభవించగల సాధ్యమైన క్రింది సమస్యలు/ప్రమాదాలు గురించి నాకు తెలిపారు: గుండె వేగం మారడం, రక్తపోటు మారడం, ఆక్సిజన్ అవసరం, అలర్జిక్ ప్రతిచర్యలు, ఎగువ శ్వాసనాళ అడ్డంకి, లారింజోస్పాస్మ్, జనరల్ అనస్థీసియాగా మారాల్సిన అవకాశం.
- ప్రాసీజర్ సమయంలో నొప్పి, భయం, ఆందోళన తగ్గించేందుకు సెడేషన్ ఇవ్వడం అవసరం అని నాకు వివరించారు. ఇది ప్రాసీజర్ సజావుగా, సురక్షితంగా జరగడానికి సహాయపడుతుంది.
- సెడేషన్ గురించి సంబంధించిన ప్రయోజనాలు, ప్రమాదాలు, ప్రత్యామ్నాయం (జనరల్ అనస్థీసియా) 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:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

Moderate Sedation Flow-Sheet

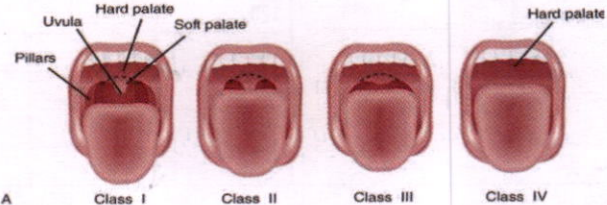
Immediate Pre-Sedation Assessment

B.P	PR	R.R	Temp	SPO ₂	Pain Score	Weight
101/60	112b/m	24	98.8	99%	-	29kg

Diagnosis: Relapsed B cell ALL

Procedure: CPX IT chemo therapy

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 M V ☐ IV Site: Gauge: Sedation Plan: short Allergies:	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	100/60	100	20	98%	NO	

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME
ketamine	iv	15mg	12pm	-
Midazolam	iv	1mg	12pm	-

Doctor Notes: Neurological

Time of transportation to post sedation care room: 1:34 LOC: Alert

Doctor Name: Shankar Signature: Shankar

Post Sedation Care Room

[illegible]

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: 12:50 PM

Nurse Name: Neelini

Date: 2/7/16 Time: 12:30pm

Consultant Name: Dr. Srishta Rani

Stamp

Signature: Pauline

Signature: _____

BAH-00550770 IP5-00175728
 Baby THOTA SAASHRIKA SAI
 04-07-2018 7 Y 11 M 28 D (F)
 Dr. SIRISHA RANI

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 Children's
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PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

Procedure Name: Umbilical Hernia Repair Date: 21/7/20 In-Time: 12:30pm Out-Time: 12:50pm
 Doctor Performing Procedure: Dr. Ashish Doctor Giving Sedation: Dr. Sandhya Assisting Nurse: Nandini

SIGN IN	Time: <u>12:30pm</u>
Patient is verified using two identifiers (Name & UHID)	Yes ☒ No ☐ NA ☐
All required documents, images, studies are available	Yes ☒ No ☐ NA ☐
NPO Status Checked from Patient / Patient Attendant	Yes ☒ No ☐ NA ☐
Consent is Signed	Yes ☒ No ☐ NA ☐
Any need for blood products	Yes ☐ No ☒ NA ☐
If Yes Comment:	
Any Risk of Hemodynamic Compromise	Yes ☐ No ☒ NA ☐
If Yes Comment:	
Any drug or food allergy	Yes ☐ No ☒ NA ☐
If Yes Comment:	
Correct Site of Procedure Marked	Yes ☒ No ☐ NA ☐
All resources required are correct, available and functioning	Yes ☒ No ☐ NA ☐
Signature of the Doctor: <u>Ashish</u>	
Name of the Doctor: <u>Ashish</u>	

TIME OUT	Time: <u>12:40pm</u>
Correct Patient	Yes ☒ No ☐ NA ☐
Correct Site	Yes ☒ No ☐ NA ☐
Correct Procedure	Yes ☒ No ☐ NA ☐
All the team members introduced	Yes ☒ No ☐ NA ☐
Signature of the Nurse: <u>Nandini</u>	
Name of the Nurse: <u>Nandini</u>	

SIGN OUT	Time: <u>12:50pm</u>
Name of the Surgical / Invasive Procedure is recorded	Yes ☐ No ☐ NA ☐
Instrument, Sponge and Needle Count Completed	Yes ☐ No ☐ NA ☐
Specimens are labeled	Yes ☐ No ☐ NA ☐
Any equipment problems are addressed	Yes ☐ No ☐ NA ☐
Signature of the Nurse: <u>Nandini</u>	
Name of the Nurse: <u>Nandini</u>	

Any Adverse / Unexpected Events

Nil



2

THE HUMPTY DUMPTY SCALE

4/7 5/7 6/7 7/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	
Cognitive Impairments	Not Aware of Limitations	3		1			
	Forget Limitations	2					
	Oriented to own Ability	1	1	1	1	1	
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1	1	
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	
TOTAL			9	9	9	9	

Intervention :

-Fall Risk : Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	Yes	Yes	Yes	Yes
Call device within reach	Yes	Yes	Yes	Yes
Wheels Locked	Yes	Yes	Yes	Yes
Room free of clutter	Yes	Yes	Yes	Yes
Adequate Lighting	Yes	Yes	Yes	Yes
Wheel Chair Support	No	No	No	No
Other Intervention(s) Specify	No	No	No	No
Nurse's Name :	Ammi Suman			
Signature :	Ammi Suman			
Date :	4/7	5/7	6/7	7/7
Time :	8PM	8PM	8PM	8PM



THE HUMPTY DUMPTY SCALE

29/6 30/6 1/7 2/7 3/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	8			
	7 to less than 13 years old	2		2	2	2	2
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1	1	1	1
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
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Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3			1		
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
TOTAL			10	9	9	9	9

Intervention :

-Fall Risk : Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		yes	yes	yes	yes	yes
Call device within reach		yes	yes	yes	yes	yes
Wheels Locked		yes	yes	yes	yes	yes
Room free of clutter		yes	yes	yes	yes	yes
Adequate Lighting		yes	yes	yes	yes	yes
Wheel Chair Support		no	no	no	no	no
Other Intervention(s) Specify		no	no	no	no	no
Nurse's Name :		Arum	Arum	Arum	Arum	Arum
Signature :		Arum	Arum	Arum	Arum	Arum
Date :		29/6	30/6	1/7	2/7	3/7
Time :		10am	8am	8am	8am	8am



BRADEN 'Q' SCALE

					Date : 7/7			
					Time : 8AM			
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4			
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4			
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4			
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4			
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4			
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4			
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4			
TOTAL SCORE					20			
Evaluator's Name					Dr			

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

BAH-00550770
Baby THOTA SAASHRIKA SAI
04-07-2018 7 Y 11 M 27 D (F)
Dr. SIRISHA RANI



BRADEN 'Q' SCALE

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					Date :	2/7	4/7	5/7	6/7
					Time :	8AM	8AM	8AM	8AM
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Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4	
TOTAL SCORE					28	28	28	28	
Evaluator's Name					Dr. Sirisha Rani	Dr. Sirisha Rani	Dr. Sirisha Rani	Dr. Sirisha Rani	

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

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13-14	Moderate Risk	• Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

BAH-00550770 IP5-00175728
Baby THOTA SAASHRIKA SAI
04-07-2018 7 Y 11 M 26 D (F)
Dr. SIRISHA RANI



BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

		Date :	29/6	30/6	1/7	2/7	
		Time :	10 am	8 am	8 am	8 am	
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4
		TOTAL SCORE	28	28	28	28	
		Evaluator's Name	Plasma	Arm	El	Arm	

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCHBH / FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
Signature of the Nurse													

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	1	1	1	1	1	1	1	1		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	1	1	1	1	1	1	1	1		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	1	1	1	1	1	1	1	1		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	1	1	1	1	1	1	1	1		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	1	1	1	1	1	1	1	1		
Signature of the Nurse													

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Name :

Signature of Ward In Charge :

Signature : Name : M. Srinath



CHECKLIST FOR THROMBOPHLEBITIS

20/6 30/4 11/7

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		NA	NA	NA	NA	NA	NA	NA		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		NA	NA	NA	NA	NA	NA	NA		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		NA	NA	NA	NA	NA	NA	NA		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		NA	NA	NA	NA	NA	NA	NA		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		NA	NA	NA	NA	NA	NA	NA		
Signature of the Nurse													

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Name : Subhakar

Signature of Ward In Charge :

Signature : Sanitha Name : Sanitha



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
Signature of the Nurse													

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personnel ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: Telugu Patient / Learner Literacy: ☐ Read ☐ Write ☒ Speak Willingness to Learn: ☐ Yes ☐ No Healthcare Literacy: ☐ Yes ☐ No

Identified Education Needs:

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights | 16. Special Discharge / Follow-up Education / Coping Skills |
| | | | 17. Others |

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
6/8	9am	7	Hand hygiene	M	1	0	1	1	-	Staff nurse
7/8	9am	7	Hand hygiene	M	1	0	1	1	-	Staff nurse

Part - III: CODES

Who was taught:	PT: Patient	F: Father	M: Mother	S: Spouse	Sn: Son	D: Daughter	C: Caregiver	O: Other (Specify)
Learning Barriers:								
1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations		10. Financial Difficulties		13. Cultural/Religion Practice		
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home		11. Beliefs and Values		14. Others (Specify)		
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences		12. Impaired Vision/ or Hearing				
Teaching Tools Used:								
A: Audio	D: Demonstration	V: Video	O: Oral	P: Printed				
Mechanism/s to overcome barrier/s:								
1. None	3. Reassurance & Support	5. Respect values & beliefs		7. Other, Specify				
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference						
Understanding:								
1. Verbalizes Understanding		2. Demonstrates Understanding		3. Needs Review				

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION



Part - I.

Patient's / Learner Language: Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: ☐ Yes ☐ No Healthcare Literacy: ☐ Yes ☐ No

Identified Education Needs:

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights | 16. Special Discharge / Follow-up Education / Coping Skills |
| | | | 17. Others |

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
2/7	10 AM	5	medication explain	M	1	0	1	1	-	see
3/7	10 AM	5	medication explain	M	1	0	1	1	-	see
4/7	1 PM	7	Infection control measure	M	1	0	1	1	-	see
5/7	1 PM	7	Infection control measure	M	1	0	1	1	-	see

Part - III: CODES

Who was taught:	PT: Patient	F: Father	M: Mother	S: Spouse	Sn: Son	D: Daughter	C: Caregiver	O: Other (Specify)
Learning Barriers:								
1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice				
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)				
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing					
Teaching Tools Used:								
A: Audio	D: Demonstration	V: Video	O: Oral	P: Printed				
Mechanism/s to overcome barrier/s:								
1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify					
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference						
Understanding:								
1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review						

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Patient's / Learner Language: Telugu Patient / Learner Literacy: ☐ Read ☐ Write ☒ Speak Willingness to Learn: ☒ Yes ☐ No Healthcare Literacy: ☒ Yes ☐ No

Identified Education Needs:

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights | 16. Special Discharge / Follow-up Education / Coping Skills |
| | | | 17. Others |

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
29/06	10:10 a	8	Diagnostic Test/ procedures.	M	1	0	1	1	nk	Chaitanya
29/6/20	10am	9	Normal High protein diet	M	1	0	1	1	—	Chaitanya
30/6	9am	3	Pain Management	M	1	0	1	1	Nii	Devi
1/7/20	6pm	3	Pain management	M	1	0	1	1	Nii	Devi

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify)									
Learning Barriers: 1. No Learning Barriers 2. Physical Impairment 3. Emotional Barriers 4. Language Barrier 5. Educational Level 6. Desire / Motivate to Learn 7. Impaired Thought Process/Cognitive limitations 8. Responsibilities at Home 9. Cultural Differences 10. Financial Difficulties 11. Beliefs and Values 12. Impaired Vision/ or Hearing 13. Cultural/Religion Practice 14. Others (Specify)									
Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed									
Mechanism/s to overcome barrier/s: 1. None 2. Obtain translator 3. Reassurance & Support 4. Teach Family / Others 5. Respect values & beliefs 6. Respect Cultural / Religion Preference 7. Other, Specify									
Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review									

MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
25/11/25 10am	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	B-ALL	know about symptoms	BMA	N. P. 2	☐ Nursing ☐ Others:
29/06/26 10am	☐ Medical ☒ Nursing ☐ Others:	☐ Initial ☒ Modified ☐ Per-Op ☐ Post Op	Treated for Bcell ALL	Diagnostic test	- BMA - IV planant	Chand	☐ Medical ☐ Others:
29/6/26 10am	☐ Medical ☐ Nursing ☒ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Bcell ALL	Normal High Protein diet	RDA E: 1500kcal/d P: 26g/d	manu	☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : THOTA SAASHRIKA SAI

Date : 29/06/26

Type of Admission: ☐ OPD ☒ ER ☐ Referral (if referral, Doctor's Name: _____)

Start Time of Assessment: _____

Weight: 29.1 kg

Allergic History: _____

Chief Complaints: _____

case of ALL
↓
fever, cough, cold : 3 days

Pediatric Assessment Triangle

A Appearance TICLS 2



B Breathing ☐ Normal ☒ Abnormal

C Circulation ☐ Normal ☒ Abnormal
 Pallor ☐
 Cyanosis ☐
 Mottling ☐
 Bleeding ☐

Breathing
☐ ↑ WOB
☐ ↓ WOB
☒ Normal
☐ Gasping / Apnea

Initial Physiological Status: ☒ Stable ☐ Unstable

Life Threatening ☐
 Non Life Threatening ☐

Any urgent interventions needed: ☐ Yes ☐ No

If Yes _____

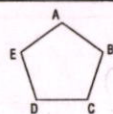
Significant Past History: seizure relapse in Jan/2026

Medication History: (200mg) Azeo 5ml once in a day, ryp. Reuplus 5ml on

Relevant Investigations: 25/6/26 - 10.9 56060 (pc)

12/10 11/86 ERR-05
(TICLS) I.H.W.

Primary Assessment



Airway

☒ Open
☐ Maintainable
☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☒ No

If Yes _____

Breathing

Rate: 26/min SpO₂ on FiO₂ 99.1% R/A

Rhythm: _____

Retractions: ☐ Suprasternal ☐ ICR ☐ SCR
☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: R/L

Palpation Findings (if necessary) _____

Any urgent interventions needed: ☐ Yes ☒ No

If Yes _____

Circulation  HR: 120/min CFT ☐ Central large ☐ Peripheral large Any urgent interventions needed: ☐ Yes ☒ No
 BP: 110/59 (71) mmHg
 Pulse Volume: ☐ Central good ☐ Peripheral good
 If in Shock: ☐ Compensated ☐ Hypotensive
 Muffled Heart Sound: ☐ Yes ☐ No
 Engorged Neck Veins: ☐ Yes ☐ No
 Murmurs: ☐ Yes ☐ No
 Liver Span:
 ECG:
 Any Signs of Heart Failure: ☐ Yes ☐ No

Disability  GCS: AVPU: Any urgent interventions needed: ☐ Yes ☒ No
 Pupils: ☐ Responsive ☐ Non-Responsive ☐
 Size: ☐ Right
 ☐ Left
 Active Seizures: ☐ Yes ☒ No Sugars:
 Signs of Neurological compromise

Exposure  Temp.: 98.1°F Any urgent interventions needed: ☐ Yes ☒ No
 Any Rash: ☐ Yes ☐ No, If yes describe the rash
 Active bleed
 Lacerations ☐ Abrasions ☐ bruises ☐
 Describe:

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest
☐ Shock - Compensated ☐ Hypotensive ☐
☐ Cardiopulmonary Arrest ☒ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings:

Labs Planned: amule. TS-2
blood cl

Treatment Planned: BMA

Need for Oxygen: ☐ Yes ☒ No if yes Low Flow ☐ High Flow ☐ PPV ☐
 Final Diagnosis with possible Differential Diagnosis (If necessary): ALL / Admitted for BMA
 Assessment done by
 Name of the Doctor: N. Peatwala Sr. Doctor on Duty (If necessary)
 Signature: N. Peatwala Name of the Sr. Doctor:
 Date & Time: 29/06/2011 10am Date & Time:

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00550770 IP5-00175728 Baby THOTA SAASHRIKA SAI (F) 04-07-2018 7 Y 11 M 26 D Dr. SIRISHA RANI 		Date & Time of Admission 29/6/26 @ 10:05 am	Date & Time of Transfer Order 29/6/26 @ 10:35 am
		Transfer Ordered by Dr. prathiba	Reason for Transfer Admission.
From Unit ER.	To Unit ICU	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 19	Number of Imaging Films nil	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what? pp tik	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Mr. Anand		Name of Person Ordered Transfer Dr. prathiba.	
Patient & Clinical Records Received by : Veena.			
Date & Time of Patient Received : 29/6/26 @ 10:35 am			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date: 29/6/26 Time of arrival: 9:36 AM

Chief Complaints: fever x yesterday, cough cold x today, now came for BMA RBS: NA

Height: 125.5 cm Weight: 29 kg BMI: NA Head Circumference (<2 years) NA

Allergies: ☐ Yes ☒ No Medications ☐ Blood Transfusion ☐ Food ☐ Other: NA

If yes, identify NA

Pain Screening: ☐ Yes ☒ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☐ FLACC ☒ Wong Baker

☐ Character Nil ☐ Location nil ☐ Frequency nil ☐ Duration nil

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☒ If Patient is > 6 years

Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☒ No

Ambulatory Aids:

• Wheelchair ☐ Yes ☒ No
• Uses furniture for support ☐ Yes ☒ No

Gait/Transferring:

• Bedrest / immobile ☐ Yes ☒ No
• Weak ☐ Yes ☒ No
• Impaired ☐ Yes ☒ No

Mental Status: Forgets limitations ☐ Yes ☒ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☐ Educate patient and family on fall precautions/prevention

Functional Screening: ☒ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening: ☒ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☒ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☒ No

If Yes Consultant Notified: NA (Date/Time): NA

Social History: Lives With parents

Siblings in household ☐ Yes ☒ No (if yes How Many?) NA

Cultural & Spiritual Needs: ☐ Yes ☒ No if Yes specify NA Inform consultant for positive criteria.

Time of Initial assessment completed by ER Nurse: 9:38 AM

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
9:40 am	- Assess the child condition
	- monitored vitals & recorded
	- seen Dr. prathiba
	- 24 placement done
	- shifted to ward

Samples collected by: ne. charan
 Samples sent by :

Time: 9:47 am
 Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	Details of Shift - out
HR: <u>98 bpm</u> BP: <u>110/59</u> CFT: <u>12 sec</u> RR: <u>24 bpm</u> SPO ₂ : <u>100%</u> GCS: <u>4/6</u> Temperature: <u>98.1°F</u> Pain Score: <u>0</u> Repeat RBS (if applicable): <u>NA</u>	Shift - out from ER to: <u>ward</u> Time of Shift - out: <u>9:47 am</u> Handover given to: <u>ne. charan</u> (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any):

24 placement done

Name of the Nurse : poorja Signature of the Nurse : [Signature]

Date & Time : 29/6/26 at 9:40 am



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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 29/6/26 Time: 10 AM

Weight: 29 kgs Centile: 77th

Height: 128 cms Centile: 75th

Inference: Overweight child

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

Diet Recommendations: Normal High Protein diet

Re-Assessment: Avoid spicy, chilled and outside foods

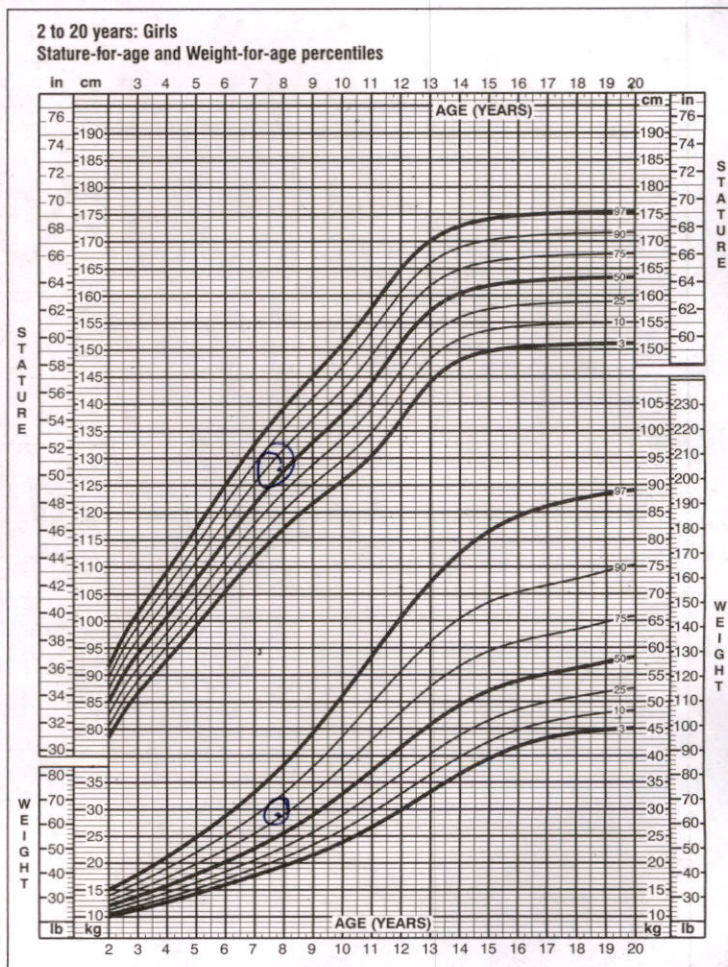
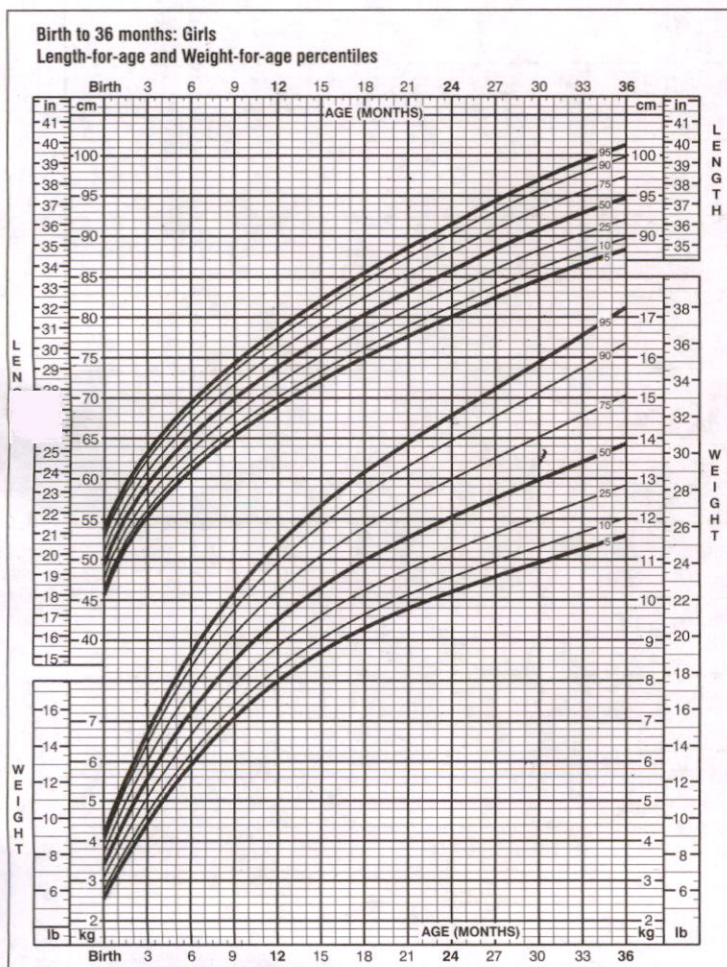
Food Allergies: NO Veg/Non-veg: veg

Diagnosis: Bcell All

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Parent's Don't need dietician. Don't change for NHA.

GROWTH CHART (GIRLS)



Dietician's Name: Mounica

Dietician's Signature: Mounica

Daily Notes: