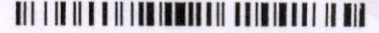


ADMISSION SHEET

Registration Details :



Admission No : IP5-00176076

Admit Date : 07-Jul-2026

Admit Time : 02:58 PM UHID : BAH-00641915

Patient Details :

Patient Name	: Baby CHILUKALA MANUJA	Age	: 5 Y 11 M 13 D
Guardian	: Mr CHILUKALA SATHISH	DOB	: 24-07-2020
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: H NO 2-38, KOTHAPALLY, REGONDA (M), SULTANPUR (PO) Regonda Warangal Telangana INDIA 506348	Phone No	: 9014072080/ 9502747501
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type	: FOUR SHARING	Bed No	: FSW 137	Ward Name	: 1F-HEMATO-ONCOLOGY
Room No	: FSW 137	Admission Type	: First Visit		

Contact Details :

Name	: Mr CHILUKALA SATHISH	Relationship	: Father
Contact Address	: H NO 2-38, KOTHAPALLY, REGONDA (M), SULTANPUR (PO) Regonda Warangal Telangana INDIA 506348	Phone No	: 9014072080 / 9502747501

Ch. Sathish.
Signature

Doctor Details :

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

Payment Details :

Payment Mode	: Cash	Deposit Amount	: 0.00
		Payor Name	: SELF PAY

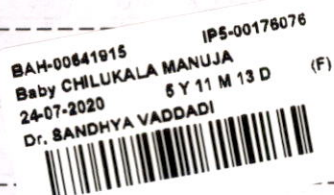
ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

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

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



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/26	4 PM	ER	BSF Onco	poorja

Cross Consultation Visit

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

[illegible]

2/2/26

CBP

26068054



[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
07/12	IV Placement	①	91916	Smita
7/12	Chemotherapy	①	9692263	re

ANY OTHER INFORMATION

Don't change for NHA. maurice

Date : 8/7/26

Time : 12pm

Prepared By : Sawitru

Staff Nurse Sawitru	Shift / Ward morning Oncology	Billing Assistant	Billing Supervisor
----------------------------	---	-------------------	--------------------

BAH-00641915 IP5-00176076
Baby CHILUKALA MANUJA
24-07-2020 5 Y 11 M 13 D (F)
Dr. SANDHYA VADDADI




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ADMISSION CRITERIA – ONCOLOGY

Admission / Transfer from:

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

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

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

Signature of the Doctor: 

Name of the Doctor: Dr. SEAWANA

Date & Time: 21/7/26 @ 4pm

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Baby CHILUKALA MANUJA
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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: Dr. S. Vaddadi

Name of the Doctor: Dr. S. Vaddadi

Date & Time: 8/8/20 @

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 Baby CHILUKALA MANUJA
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 Dr. SANDHYA VADDADI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/8/20 4:30pm	<u>C/I/B Resident</u> Klebs thalassa major on regular transfusion Admitted for Tx medication. <u>O/E</u> child alert & active Viable. CH RI P/A CH HEAD	<u>plan</u> - Tx. - ondansetron. - Rx. - Domperidone. - Tx. - Glutathione - T. Hydroxyurea. start - T. folic acid, T. Dexam - monitor vitals T. Detergent - Tx. (E011) T. Kelsen <u>note</u> N/B poor 2/8/20 spu.
	Last Tx - 30/6 pre Tx hb - 7.9 Last ferritin - 1823 (11/5) May 2020 - T2 & MRI. light hepatic No myocardial iron overload.	



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PEDIATRIC IN-PATIENT MEDICAL RECORD



Patient Name:

CH - MANUJA

UHID ID:

Department:

Consultant:

BAH-00641915 IP5-00176076
Baby CHILUKALA MANUJA
24-07-2020 5 Y 11 M 13 D (F)
Dr. SANDHYA VADDADI





Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

infection

Desired goals of the treatment: _____

← Hemodynamic stability

Planned Labs:

Cannula.

Planned Management

inj. analar

Syp - Dexamet

inj. fudaxoline

T. lanceol

T. Desq.

Continue Depenjet/Kerfer

hydroxyurea / fomite / calomel

N.B
Sus mita
H/RB

Signature of the Doctor: _____

N. Prashanth

Signature of the Consultant: _____

Sandhya Vaddadi

Name of the Doctor: _____

N. Prashanth

Name of the Consultant: _____

Date & Time: _____

27/7/20, 3pm

Date & Time: _____

27/7/20, 3pm

BAH-00641915 IP5-00176076
 Baby CHILUKALA MANUJA
 24-07-2020 6 Y 11 M 13 D (F)
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RESULT SHEET

Date	7/7/26				
Time	17:20pm				
Hb	11.1				
PCV	33.5				
RBC	4.15				
WBC	4210				
N/L	37.50				
Platelets	3.21				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

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

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :

DRUG CHART

Date of Admission: 7/7/20 Drug Allergies: ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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



REGULAR PRESCRIPTIONS

Weight. 18.72 kg Ward.

DRUG : <u>lyj- ONDANSERON</u>				Date Time	<u>07/2</u>															
Dose <u>4mg</u>	Route <u>W</u>	Frequency <u>12H</u>	Start Date <u>07/2</u>	<u>6am</u>	<u>PM</u>															
Name & Signature of the Doctor Starting the Drugs: <u>N. Prathishw.</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>SYP. DOMPERIDONE</u>				Date Time	<u>07/2</u>															
Dose <u>5ml</u>	Route <u>PO</u>	Frequency <u>12H</u>	Start Date <u>07/2</u>	<u>8am</u>	<u>PM</u>															
Name & Signature of the Doctor Starting the Drugs: <u>N. Prathishw.</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>lyj- FLUDARABINE</u>				Date Time																
Dose <u>25mg</u>	Route <u>IV</u>	Frequency <u>24H</u>	Start Date <u>07/2</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>N. Prathishw.</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>TAB- CAPAZOL</u>				Date Time																
Dose <u>15mg</u>	Route <u>PO</u>	Frequency <u>24H</u>	Start Date <u>07/2</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>N. Prathishw.</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

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 Baby CHILUKALA MANUJA
 24-07-2020 5 Y 11 M 13 D (F)
 Dr. SANDHYA VADDADI

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BAH-00641915

Weight 18.7kg Ward

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
7/7/20		1mg DESFERAL	500mg in 100ml NS	60ml/hr IV	d	<u>hold</u>

Signature
 VERIFIED BY : N...

Weight. 100.00 Ward. 100.00

[illegible]

7. SANDHYA VADDAI



Ward

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 Baby CHILUKALA MANUJA
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Sheet No:

REGULAR PRESCRIPTIONS

Weight 18.725 Ward

DRUG : <u>Tab. Amlodipine</u>				Date Time
Dose <u>1/2 tab</u>	Route <u>PO</u>	Frequency <u>once daily</u>	Start Dt. <u>8/12/20</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Prathibha</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>TAB. DEXAMETHASONE</u>				Date Time <u>8/12/20</u>
Dose <u>1/2 tab</u>	Route <u>PO</u>	Frequency <u>8H</u>	Start Dt. <u>07/12</u>	
Name & Signature of the Doctor Starting the Drugs: <u>N. Prathibha</u>				
Additional Instructions: <u>(1 tab = 4mg)</u>				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>T. DEFERJET</u>				Date Time <u>8/12</u>
Dose <u>750 mg</u>	Route <u>PO</u>	Frequency <u>24H</u>	Start Dt. <u>8/12/20</u>	
Name & Signature of the Doctor Starting the Drugs: <u>N. Prathibha</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>T. KELFER</u>				Date Time <u>8/12</u>
Dose <u>500 mg</u>	Route <u>PO</u>	Frequency <u>8H</u>	Start Dt. <u>8/12/20</u>	
Name & Signature of the Doctor Starting the Drugs: <u>N. Prathibha</u>				
Additional Instructions: <u>500 mg — 250 mg — 500 mg</u> <u>(morning) (afternoon) (night)</u>				
Daily Doctor's Endorsement by a Sign				

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Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : <i>T-KELFER</i>				Date Time	<i>2/2</i>														
Dose	Route	Frequency	Start Dt.																
<i>250mg</i>	<i>P/O</i>	<i>8th days/2/2.</i>																	
Name & Signature of the Doctor Starting the Drugs:																			
<i>Dr. Prabhakar</i>																			
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																			

Signature

VERIFIED BY : NAME

BAH-00641915 IP5-00176076
 Baby CHILUKALA MANUJA
 24-07-2020 5 Y 11 M 14 D (F)
 Dr. SANDHYA VADDADI



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

BAH-00641915 IP5-00176076
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MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

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

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

Shifting From: ER

Shifted to: Onco

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
	T. DEFRIGET	750mg	PO	24H	7/7/20 am	☒ C ☐ DC
2	T. KETTER	120mg 500 500	PO	8H	6/7/20	☐ C ☐ DC
3	T. Hydroxyzine	4mg	PO	24H HS	6/7/20	☒ C ☐ DC
4	T. FOMIT	4mg	PO	24H	6/7/20	☐ C ☐ DC
5	Syr. Calcein	5ml	PO	12H	6/7/20	☒ C ☐ DC
6	Syr. Zinnit	5ml	PO	24H	6/7/20	☒ C ☐ DC
						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: N. Perumal N. P.

Date & Time: 24/07/20, 3pm

Nurse Name & Signature: Ms. Susmita

Date & Time: 24/7/20 @ 3:30 pm

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 Baby CHILUKALA MANUJA
 24-07-2020 5 Y 11 M 13 D (F)
 Dr. SANDHYA VADDADI



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.

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Sheet No. : ①		Weight (kg) 18.2	Body Surface Area: 0.74	Diagnosis: Thalassemia major		Protocol: PHS-②				
DATE	TIME	Composition of Chemotherapy (if infusion, mention ml / hr = Mcg / kg / min. etc.)	DOSE	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
7/7/26	6pm	iv FUDARABINE in 100ml NS	25mg	IV	50ml/h	d	Pooja Diya	7/7		Chell Shes
8/7/26	10am	iv FUDARABINE in 100ml NS	25mg	IV	50ml/h	d	Savitri Savitri	8/7		Savitri Savitri



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
7/7/26	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	poofs
7/7/26	11pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shy
8/7/26	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shy
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

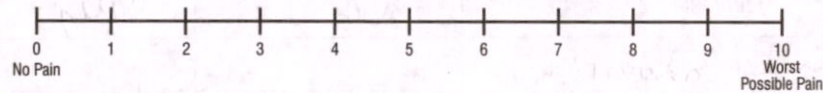
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

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

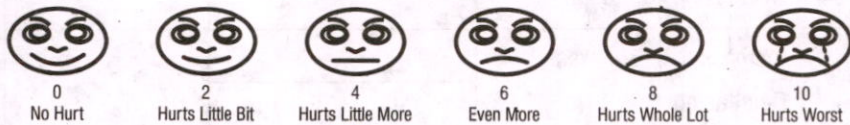
Numerical Pain Scale (Obstetric and Gynecology)



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

Wong - Baker (Pediatrics) Above 7 Years





SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart



**Rainbow[®]
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Hospital**
It takes a lot to treat the little.



Date :	Time:
Doctor / Nurse / Family Concern?	

Temperature
(°F)

98.10F

Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:

BP does not score in early warning scoring

↑ 101
↓ 078

Heart Rate (Number)

ИЗБРАН

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

Resp Rate (Number)

2c) Vorl'm

Resp	Mod/ Severe
Distress	None / Mild



Receiving O ₂ (l/min)	O ₂ Saturations (%)
0	95.0
1	95.0
2	95.0
3	95.0
4	95.0
5	95.0
6	95.0
7	95.0
8	95.0
9	95.0
10	95.0
11	95.0
12	95.0
13	95.0
14	95.0
15	95.0
16	95.0
17	95.0
18	95.0
19	95.0
20	95.0
21	95.0
22	95.0
23	95.0
24	95.0
25	95.0
26	95.0
27	95.0
28	95.0
29	95.0
30	95.0
31	95.0
32	95.0
33	95.0
34	95.0
35	95.0
36	95.0
37	95.0
38	95.0
39	95.0
40	95.0
41	95.0
42	95.0
43	95.0
44	95.0
45	95.0
46	95.0
47	95.0
48	95.0
49	95.0
50	95.0
51	95.0
52	95.0
53	95.0
54	95.0
55	95.0
56	95.0
57	95.0
58	95.0
59	95.0
60	95.0
61	95.0
62	95.0
63	95.0
64	95.0
65	95.0
66	95.0
67	95.0
68	95.0
69	95.0
70	95.0
71	95.0
72	95.0
73	95.0
74	95.0
75	95.0
76	95.0
77	95.0
78	95.0
79	95.0
80	95.0
81	95.0
82	95.0
83	95.0
84	95.0
85	95.0
86	95.0
87	95.0
88	95.0
89	95.0
90	95.0
91	95.0
92	95.0
93	95.0
94	95.0
95	95.0
96	95.0
97	95.0
98	95.0
99	95.0
100	95.0

२९ +

Conscious Level	Normal Altered
-----------------	-------------------

C

GCS *

 $28/28$ **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.

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

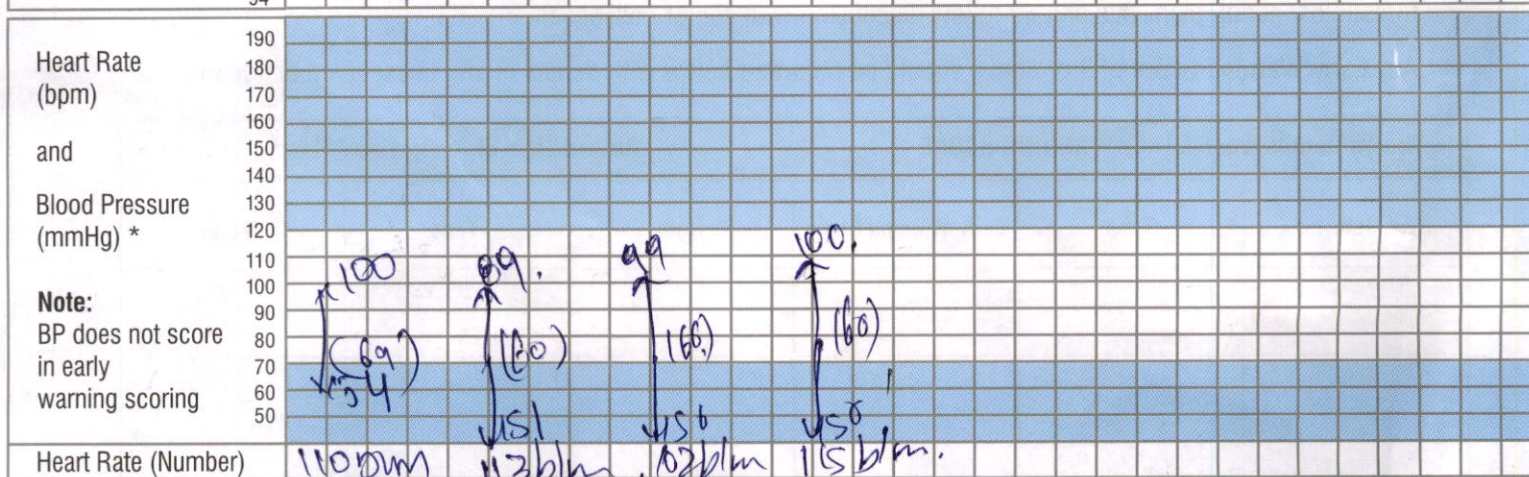
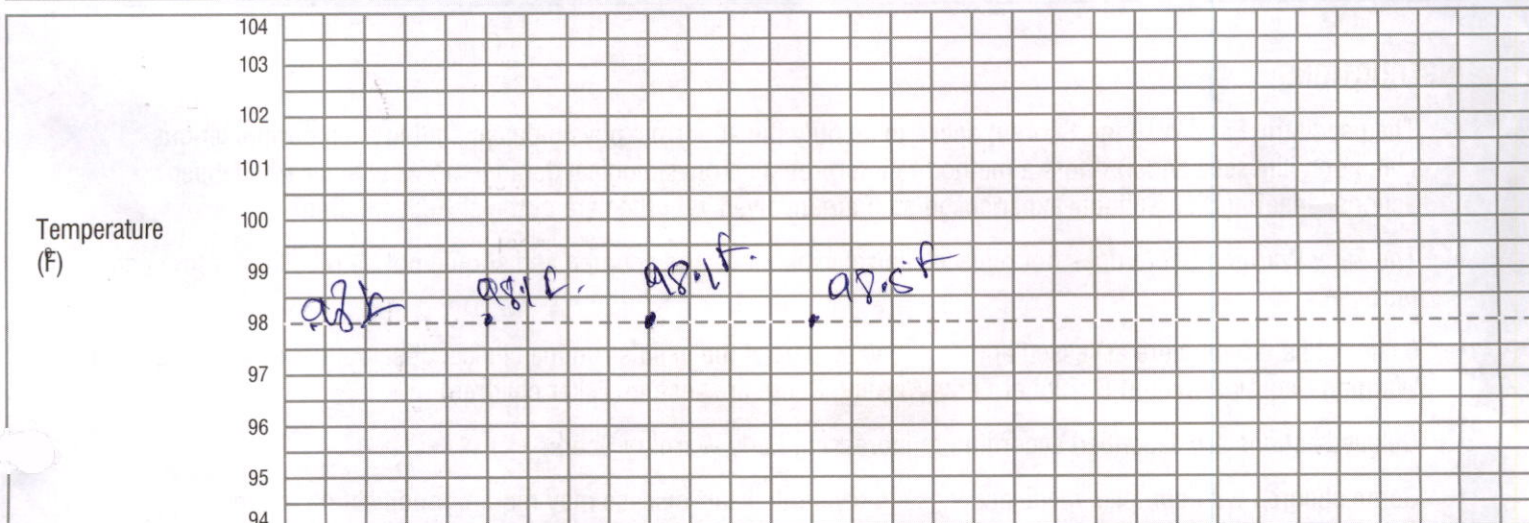
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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)

Date : 2/7 Time: 7pm 10p 3Am 6Am

Doctor / Nurse / Family Concern?

[illegible]

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. |

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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)

Patient Sticker

BAH-00641915 IP5-00176076
 Baby CHILUKALA MANUJA
 24-07-2020 5 Y 11 M 13 D (F)
 Dr. SANDHYA VADDADI



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BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

ID 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								
	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 : 200ml						Total Output : 100ml							
	08:00 pm	H ₂ O	150ml	50ml							0	} Arm	
	09:00 pm			50ml							0		
	10:00 pm			50ml					250ml	0			
	11:00 pm			50ml						0			
	12:00 am			50ml						0			
	01:00 am			50ml					150ml	0			
Total Intake : 450ml						Total Output : 400ml							
	02:00 am			50ml							0	} Arm	
	03:00 am			50ml					150ml	0			
	04:00 am			50ml						0			
	05:00 am			50ml						0			
	06:00 am			50ml					200ml	0			
	07:00 am	H ₂ O	100ml	50ml						0			
Total Intake : 400ml						Total Output : 350ml							

Total 24 hrs. Intake

1,050 ; 56cc/kg

Total 24 hrs. Output

850 ; 1.9cc/kg/hr

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FLUID CHART

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Sheet No. : 2

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			
8/7			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													

BAH-00641915 IP5-00176076
Baby CHILUKALA MANUJA
24-07-2020 5 Y 11 M 13 D (F)
Dr. SANDHYA VADDADI



4

NURSING CARE RECORD

Rainbow Children's Hospital
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BirthRight
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Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

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

Re-Assessment:

Special Notes:

Nurse Signature: Nurse Name: Date & Time:

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 Baby CHILUKALA MANUJA
 24-07-2020 5 Y 11 M 13 D (F)
 Dr. SANDHYA VADDADI



NURSING CARE RECORD

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

BirthRight
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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 8/7/26

Assessment: patient is anxious

- 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 general condition of the patient	8:30am	Assessed general condition of Pt	Patient is stable
9am	monitored vital signs maintain hygiene	9:30am	monitored vital signs maintain hygiene	
10am	Administer fluid	10:30am	Administered fluid	
11am	ensure safety	11:30am	provided siderails	

Re-Assessment: patient is stable

Special Notes:

Nurse Signature: *[Signature]*

Nurse Name: sandhini

Date & Time: 8/7/26 @ 11:30 PM

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 Baby CHILUKALA MANUJA
 24-07-2020 5 Y 11 M 13 D (F)
 Dr. SANDHYA VADDADI



NURSING CARE RECORD

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BirthRight
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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 7/7/26

Assessment: Baby having cough, wheezing, loose stools

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 child General condition	9pm	* Assessed the child General condition	
10pm	* monitor vital signs	11pm	* monitor vital signs	
11pm	* maintain S/O chart	12am	* maintain S/O chart	* Baby for good
1am	* Administer medication as per doctor order	3am	* Administer medication give as per doctor order	
4am	* provide comfort measures	6am	* provide comfort measures	

Re-Assessment: with hourly vital monitoring

Special Notes: watch for distress & any abnormalities

Nurse Signature: [Signature]

Nurse Name: Bhuvan

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



1

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 7/8/20

Assessment: The 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
4pm	Monitor Vital	5pm	Monitored Vital	
5pm	Administer medication as per doctor advice	6pm	Administered medication as per doctor advice	Pt felt better
6pm	Provide Hydration	7pm	Provided Hydration	
7pm	Provide Supportive Care	8pm	Provided Supportive Care	

Re-Assessment: Dr felt better

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Pooja

Date & Time: 7/8 8pm



Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 4pm Mode of Arrival: by parents Admitting From: ☒ ER ☐ OPD ☐ Direct
Allergy / Adverse Reaction: na Body Weight: 18.4 Kg
Height: na cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>na</u>	<u>na</u>	<u>yes</u>

Family History: Healthy Family

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

If yes please list,

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

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

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

Observations: Weight: 18.4kg Length: 110cm Head Circumference (< 2 years): 26.5cm
Temp: 98.5 HR: 110 BP: 100/60

Pain Score: 0 Specify Site: _____ (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☒ Yes ☐ No Score: 28 (Document in the Humpty Dumpty Sheet)

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

Pain Screening: ☒ Yes ☐ No If Yes, Pain Score: 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 ☒ No

If Yes Consultant Notified: (Date/Time):

Cultural & Spiritual Needs: ☒ Yes ☐ No if Yes specify Inform consultant for positive criteria.**Social History:** Lives With *parents*Siblings 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 *mother*Nurse Signature: *Pooja*

Nurse Name:

Date: *7/7/26*Time: *4:40pm*



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Sandhya Vaddadi Department: ONCO Date of Admission: 7/7/20

SITUATION	Diagnosis: <u>Thalassemia Major</u>	Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:				
BACKGROUND	Area	<u>ER</u> <u>4pm</u>	<u>ONCO</u> <u>8pm</u>	<u>ONCO</u> <u>8AM</u>	<u>ONCO</u> <u>8AM</u>	
	Shift Time					
BACKGROUND	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>98.9F</u>	<u>98.9F</u>	<u>98.9F</u>	<u>98.9F</u>
		Res:	<u>28bpm</u>	<u>28bpm</u>	<u>28bpm</u>	<u>28bpm</u>
		SpO ₂ :	<u>99%</u>	<u>100%</u>	<u>99%</u>	<u>99%</u>
		Pulse:	<u>108bpm</u>	<u>110bpm</u>	<u>112bpm</u>	<u>108bpm</u>
		BP:	<u>101/67</u>	<u>100/60</u>	<u>100/60</u>	<u>99/50</u>
	Fall Risk Score:	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	
	Pain Score:	<u>0/10</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	Recommendations	Safety Needs:	<u>yes</u>	<u>side rail</u>	<u>side rail</u>	<u>yes</u>
Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Others Specify:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Other Special Orders / Medications:		<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>	
Handed Over By Name :		<u>Sasmita</u>	<u>Pooja</u>	<u>Shweta</u>	<u>Manjula</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>7/7/20</u>	<u>7/7</u>	<u>8/7/20</u>	<u>7/7/20</u>	
Time:		<u>4pm</u>	<u>8pm</u>	<u>8AM</u>	<u>12:20</u>	
Taken Over By Name :		<u>Pooja</u>	<u>Chellu</u>	<u>Savitree</u>	<u>[Signature]</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>7/7</u>	<u>7/7</u>	<u>8/7</u>	<u>7/7</u>	
Time:		<u>4pm</u>	<u>8pm</u>	<u>8am</u>	<u>/</u>	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:				
BACKGROUND	Area						
	Shift Time						
BACKGROUND	Medical Condition (Any special condition to be noted):						
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:					
	Res:						
	SpO ₂ :						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

BAH-00641915 IP5-00176076
Baby CHILUKALA MANUJA
24-07-2020 5 Y 11 M 13 D (F)
Dr. SANDHYA VADDADI



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CONSENT FOR CHEMOTHERAPY

Patient Name : Chilukala Manuja Age : 5yrs Gender : Male ☐ Female ☒
UHID No : 641915 Department : Oncology Date : 7/7/26
Type of Chemotherapy : IV

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

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

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

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

Patient Attendant :

Signature : Ch. Sathish
Name : Ch. Sathish
Relationship with Patient : Father
Date & Time : 7/7/26 , 6pm

Witness :

Signature : Ch. Sathish
Name : Ch. Sathish
Date & Time : 7/7/26 6pm

Doctor (who is taking the consent):

Signature :
Name :
Date & Time : 7/7/26 6pm

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3			
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1			
Diagnosis	Neurological Diagnosis	4		1			
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1			
	History of Falls or Infant - Toddler Placed in Bed	4		1			
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	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			
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			
TOTAL			10	10			

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	Yes	Yes				
Call device within reach	Yes	Yes				
Wheels Locked	Yes	Yes				
Room free of clutter	Yes	Yes				
Adequate Lighting	Yes	Yes				
Wheel Chair Support	No	No				
Other Intervention(s) Specify	No	No				
Nurse's Name :	Pooja	Shw				
Signature :	[Signature]	[Signature]				
Date :	7/7/26	8/7/20				
Time :	2pm	8am				

BAH-00641915 IP5-00176076
 Baby CHILUKALA MANUJA
 24-07-2020 5 Y 11 M 13 D (F)
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BRADEN 'Q' SCALE

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				Date : 7/7/26	8/7		
				Time : 3 pm	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	
"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	
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	
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	
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	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	
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	
				TOTAL SCORE	28	24	
				Evaluator's Name	pooja	ne	

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

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 7/7/26 Time: 4 pm

Weight: 18.72 kg Centile: 25th

Height: 111 cms Centile: 72nd

Inference: well child

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

Diet Recommendations: Normal High protein diet

Re-Assessment: Avoid spicy, chilled and outside foods

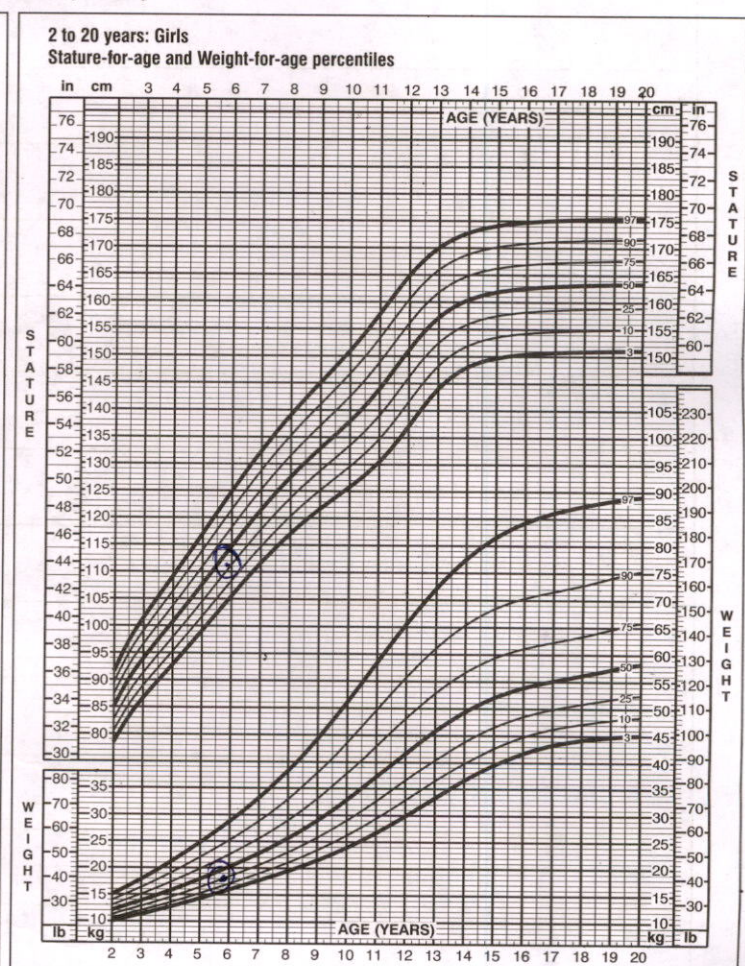
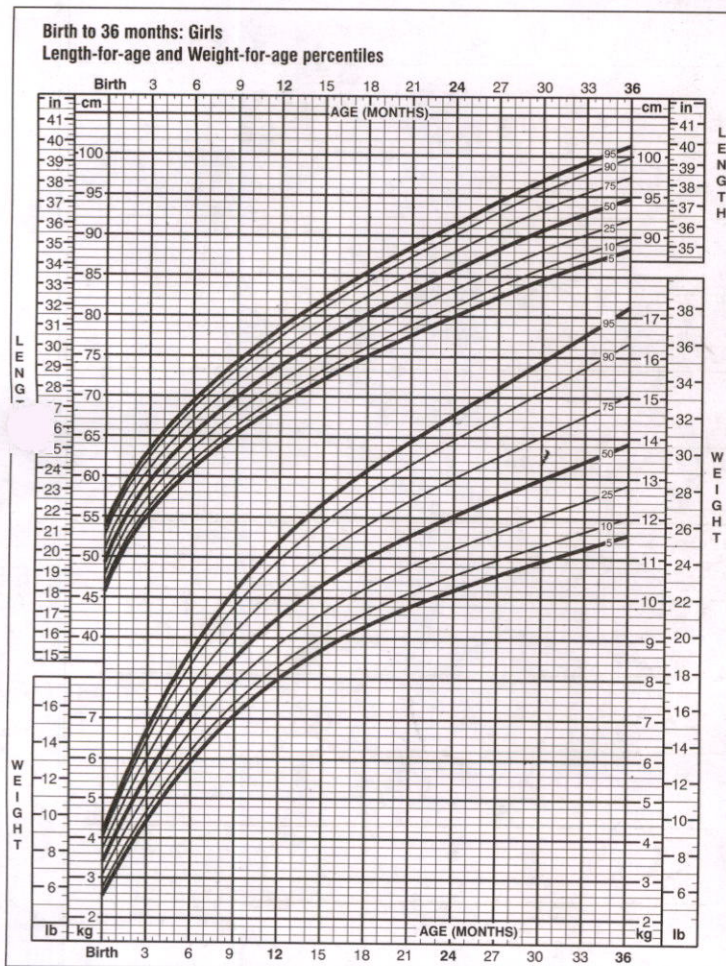
Food Allergies: No Veg/Non-veg: non-veg

Diagnosis: K/C/O Thalassemia major on regular transfusion for medication

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: parent's Don't need dietitian. Don't change for NHA.

GROWTH CHART (GIRLS)



Dietician's Name: Manuja

Dietician's Signature: Manuja

Daily Notes:

[illegible]



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		
7/7/20	3pm	7	Infection control measures	M	4	0	1	1	NA	poofa
7/7/20	3pm	9	normal Hg protein diet	M	1	0	1	1	-	manu

Part - III: CODES

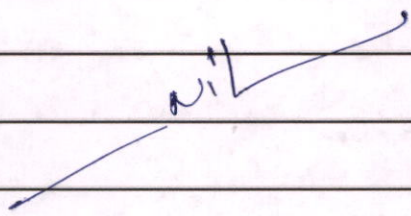
Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify)									
Learning Barriers: 1. No Learning Barriers 4. Language Barrier 7. Impaired Thought Process/Cognitive limitations 10. Financial Difficulties 13. Cultural/Religion Practice 2. Physical 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									

MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
7/7/26	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	B Thalassemia major	Hemodynamic stability	PTTS	N. P. Z	☒ Nursing ☐ Others:
7/7/26	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	B Thalassemia major	Cr - stability	PTTS	S	☒ Medical ☐ Others:
7/7/26 3pm	☐ Medical ☐ Nursing ☒ Others: Dietician	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Thalassemia major	normal Hgb protein dec	RPA E: 1400 kcal/d R: 24g/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:

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00641915 Baby CHILUKALA MANUJA 24-07-2020 5 Y 11 M 13 D (F) Dr. SANDHYA VADDADI IPS-00176076 		Date & Time of Admission 7/7/2020 2:58pm	Date & Time of Transfer Order 7/7/2020 9pm
		Transfer Ordered by Dr. prathiba	Reason for Transfer Admission
From Unit ER	To Unit ONC 137	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 19	Number of Imaging Films NA	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ Ch. Sathish. If yes, what? OP files	
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 NR. pooja		Name of Person Ordered Transfer DR. prathiba	
Patient & Clinical Records Received by : Pooja.			
Date & Time of Patient Received : 7/7/20 @ 4pm.			

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

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : CH. manuja Age : 5y 11m Gender: ☐ Male ☒ Female
Date : 7/7/26 Time of Arrival : 2:45pm Triage Completion Time : 2:47pm
Allergies: ☒ No ☐ Yes ☐ Food ☐ Medications ☐ Other (Specify): ☐ Not known any drug Allergies
Source of Information : ☒ Parents ☐ Others (Specify):
Mode of Arrival : ☒ Ambulatory ☐ Wheelchair ☐ Stretcher ☐ Ambulance

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS	
Appearance	Work of Breathing		
☒ Normal	☒ Normal	☒ Stable	
☐ Sick Looking	☐ Increased	☐ Unstable :	
☐ Normal	☐ Decreased	☐ Not - Life - Threatening	
☐ Abnormal	☐ Gasping / Apnea	☐ Life -Threatening	
☐ Bleeding			

Vital Signs: Temp: 98.2f PR: 116bpm BP: 101/55 RR: 24bpm SpO₂: 97% TRA
Chief Complaints: Kidney stone major, now came for

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☒ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☐ 60 min
☐ Level 5 : NON - URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Ch. Sathish.

Signature of Parent / Guardian

Communicable Disease Triage Screening

RT A. The following questions should be asked to all patients at the initial screening:

- Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☒ No
- Have you had cough or a rash in the past 2 weeks ☐ Yes ☒ No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☒ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☒ Not applicable

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☐ No
If yes, State Location:
- Are your parents / close contacts at home healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☐ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Ramadevi

Signature of Triage Nurse : Ramadevi

Date & Time : 7/7/26 2:47pm

Docu. No. : RCHBH / FRM / CLINICAL / 085

BAH-00641915
Baby CHILUKALA MANUJA
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date: 4/7/26 Time of arrival: 2:48 pm
Chief Complaints: Thalassemia major RBS: _____
Height: 111 cm Weight: 18.72 kg BMI: 15.4 kg/m² Head Circumference (<2 years) NA
Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: _____
If yes, identify LEP
Pain Screening: ☒ Yes ☐ No If Yes, Pain Score: 0/10 Pain Tool Used: ☐ N Pass ☒ FLACC ☐ Wong Baker
☐ Character NA ☐ Location NA ☐ Frequency NA ☐ Duration NA

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?) NO

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

Time of Initial assessment completed by ER Nurse: _____

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

Time	Nursing Notes
	Seen by dr Preethiba,
	Assess pt vital signs Checked as Record
	IV placement Done

Samples collected by: /

Time: /

Samples sent by: /

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: 112b/m BP: 101/45 CFT: 42Sec RR: 24b/m SPO ₂ : 97% GCS: 15/15 Temperature: 98.2F Pain Score: 0 Repeat RBS (if applicable): nil	Shift - out from ER to: 137020 Time of Shift - out: 4 pm Handover given to: pooja (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any):

IV placement done

Name of the Nurse: Mrs. Sneha Signature of the Nurse: [Signature]

Date & Time: 7/1/26 @ 3:30pm