

ACTIVITY RECORD FOR BILLING

Name : _____

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

Date of Admission: _____ Discharge : _____ Time: _____

Room / Bed No : _____ Billable bed type : _____

BAH-00854396 IP5-00176213
Master MOHAMMED AHMED
25-04-2026 1 Y 2 M 15 D (M)
Dr. SIRISHA RANI



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/7/26	1:40pm	ER	ICU ward	

Cross Consultation Visit

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

[illegible]

Investigations

Order No.

Signature

10/7/26

CBP

9034

Dent

270

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

[illegible]

Do not charge for notes while

D/S

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Nikita	1st floor		

ADMISSION SHEET
Registration Details :


Admission No : IP5-00176213 Admit Date : 10-Jul-2026 Admit Time : 01:07 PM UHID : BAH-00654396

Patient Details :

Patient Name	: Master MOHAMMED AHMED	Age	: 1 Y 2 M 15 D
Guardian	: Mr MD YOUSUF	DOB	: 25-04-2025 02:50 PM
Gender	: Male	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: H NO 1-10-90/M-45 P&T COLONY, Ashok Nagar Hyderabad Telangana INDIA 500020	Phone No	: 9032337353/ 6303967204
		E-mail	: KOMAL.RAJ9032@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD Bed No : GW 140 Ward Name : 1F-GENERAL WARD II
 Room No : GW 140 Admission Type : First Visit

Contact Details :

Name : Mr MD YOUSUF Relationship : Father
 Contact Address : H NO 1-10-90/M-45 P&T COLONY, Ashok
 Nagar Hyderabad Telangana INDIA 500020 Phone No : 9032337353 / 6303967204

Mr MD Yousuf
 Signature

Doctor Details :

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

Payment Details :

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

00654396 IP5-00176213
Master MOHAMMED AHMED
25-04-2025 1 Y 2 M 15 D (M)
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.

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Sheet No. : ①		Weight (kg) : 11.4	Body Surface Area: 0.5	Diagnosis: Neuroblastoma		Protocol: cccy - carbo/ etop				
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.
② 10/7/26	10-30pm	iv CARBOPLATIN. in 100ml 5% D	120mg	IV	50ml/hr	d	Bhuvaneswari	10/7	KS	mishra
							Nithya			Seetha
① 10/7/26	7pm	iv ETOPOSIDE in 150ml NS	50mg	IV	40ml/hr	d	Das	10/7	VS	Das
							Sravanthi			Sravanthi
11/7/26	8pm	iv CARBOPLATIN. in 100ml 5% D	120mg	IV	50ml/hr	d	Amr	11/7	VS	mishra
							Sabitha			Chandee
11/7/26	4pm	iv ETOPOSIDE in 150ml NS	50mg	IV	40ml/hr	d	Soma	11/7	VS	Soma
							Ankita			Amr
12/7/26	11am	iv ETOPOSIDE in 150ml NS	50mg	IV	40ml/hr	d	Pinto	12/7	VS	Pinto
							Nikita			Nikita

BAH-00654396 IPS-00176213
Master MOHAMMED AHMED
25-04-2025 1 Y 2 M 16 D (M)
Dr. SIRISHA RANI



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CONSENT FOR CHEMOTHERAPY

Patient Name : Ahmed Age : 1 yr Gender : Male ☒ Female ☐

UHID No : Department : PNO Date : 10/2/16

Type of Chemotherapy : Lutatheran

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 : MD YOUSUF

Name : MD YOUSUF

Relationship with Patient : Father

Date & Time : 10/2/16 @ 4:30pm

Witness :

Signature : Nikitha

Name : Nikitha

Date & Time : 10/2/16 @ 4:30pm

Doctor (who is taking the consent):

Signature : S

Name : SIRISHA RANI

Date & Time : 10/2/16 4pm



It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00654396 IP5-00176213
Master MOHAMMED AHMED
25-04-2025 1 Y 2 M 15 D (M)
Dr. SIRISHA RANI



Patient Name: Mohammed Ahmed.

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

R/C/O Left suprarenal Neuroblastoma / poorly differentiated /
NMYC neg / ? Lymphnode positive.



History of present illness :

Now came for Chemotherapy.

NO H/o fever, cold, cough, vomiting, loose stools.
no fresh complaints.

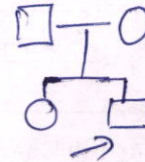


Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

2500g / No NICU stay.



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

} upper middle class.

Developmental History :

(N) development

Immunization History :

Vaccinations till date. (last vaccine at 9m 1 day)



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 11 kg . (Centile _____)

On Examination :

Temperature : 97.7°F Pulse Rate : 136/min B.P. _____ SPO2 98% on RA

Resp. rate and type of breathing : RR = 25/min

Rash _____

Lymphadenopathy _____

Oedema : nil

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/LAE ⊕

Any addles sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S1S2 ⊕

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft RNT

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 : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Left Suprarenal Neuroblastoma - NMYC negative

Now for chemotherapy.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

CBP

Planned Management

- Chemotherapy
- Trj Ondem
- Syp. Domstal

Noted by
Randeem
10/2/26 at
1:50 pm

Signature of the Doctor: Ramy

Name of the Doctor: Dr. RAMYA

Date & Time: 10/2/26 @ 1pm

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. Sirisha Rani

Date & Time: 10/2/26 @ 4pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 4pm	Neuroblastoma myc(-) cell low risk No fever No vomiting	carbop/etop cycle 2 Plan 1. Start chemotherapy (2) & supportive care (3) Plan etop add ITM
		 DR. SANDHYA VADDADI Registration No: 71664
11/7/26	Δ Neuroblastoma myc(-) / occ low risk	(F) Start chemotherapy Spt Dose 1st TD DIC TM & supportive care Rv on 17/7/26 C&P in OP
		 DR. SANDHYA VADDADI Registration No: 71664



Date & Time	Progress Notes	Doctor's Order
11/2/26 am	S/B Dr. Lumsden	
	<u>Neuroblastoma</u>	
	No fever No vomiting VOP = good	<u>Plan</u> 1. continue chemotherapy 2. ct supportive care
		<u>done</u>



[illegible]

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RESULT SHEET

Date	10/7/26				
Time					
Hb	9.5				
PCV	31.5				
RBC	5.57				
WBC	5.100				
N/L	35 / 52				
Platelets	5.75 lakh				
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					

D/C



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: Ward

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. Bactrim	2.5ml	PO	BD	9/7/26	☒ C ☐ DC
2	Syp. Celamox	2.5ml	PO	OD		☒ C ☐ DC
3	Syp. Zincovit	2.5ml	PO	OD		☒ C ☐ DC
4	Syp. C-Pink	1ml	PO	OD		☒ 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 : Dr. Ramya

Date & Time : 10/7/26; 1pm

Nurse Name & Signature: Ramadevi

Date & Time : 10/7/26 at 1:40pm

Date of Admission: 10/7/26 Drug Allergies: ☐ Not known any Drug Allergies

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)

[illegible]

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

[illegible]

Weight. 11 kg. Ward. Ward

2mg
Karat



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

VARIABLE DOSE		Date Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		DRUG :			Dose		Dose		Dose	
	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[illegible]

Weight. 11. kg Ward. 0050/00

[illegible]

BAH-00654396 IP5-00176213
Master MOHAMMED AHMED
25-04-2025 1 Y 2 M 16 D (M)
Dr. SIRISHA RANI



Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation &
Early Warning Scoring Chart

Pratiksha
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/2/25	Time: 12/2
Doctor / Nurse / Family Concern?	10pm 2am 6am
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) *	110 100 90 80 70 60 50
Note: BP does not score in early warning scoring	
Heart Rate (Number)	111b/h 115b/h 115b/h
Resp. Rate (bpm) (Over 1 Minute) *	70 60 50 40 30 20 10
Resp Rate (Number)	26b/h 26b/h
Resp Mod/ Severe Distress None / Mild	
Receiving O ₂ (l/min) O ₂ Saturations (%)	100% 100%
Conscious Level Normal Altered	15/15 15/15
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:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

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

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PRESCHOOL (1-5 years)

Children's Observation &
Early Warning Scoring Chart

Pratiksha
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/2/25	Time:	2 am	4 am	6 am	10 am	1 pm	6 pm
Doctor / Nurse / Family Concern?							
Temperature (°F)	104						
	103						
	102						
	101						
	100						
	99						
	98						
	97						
	96						
	94						
Heart Rate (bpm)	190						
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
Note: BP does not score in early warning scoring							
Heart Rate (Number)							
Resp. Rate (bpm) (Over 1 Minute) *	70						
60							
50							
40							
30							
20							
10							
Resp Rate (Number)							
Resp Distress	Mod/ Severe						
	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							

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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)



PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

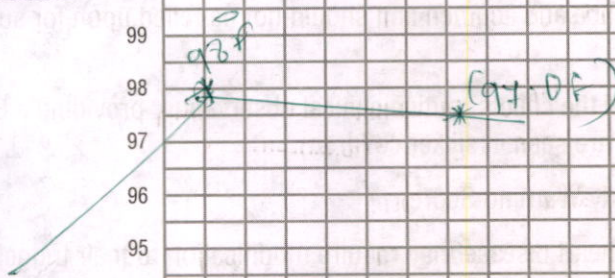
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/4 Time: 6pm 10pm

Doctor / Nurse / Family Concern?

Temperature
(F)

104
103
102
101
100
99
98
97
96
95
94



Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:

BP does not score
in early
warning scoring

190
180
170
160
150
140
130
120
110
100
90
80
70
60
50



Heart Rate (Number)

103bpm 105bpm

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

70
60
50
40
30
20
10

Resp Rate (Number)

22bpm 26bpm

Resp Mod/ Severe
Distress None / Mild

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

95% 100%

Conscious Level
Normal Altered

GCS *

15/15 15/15

TOTAL SCORE

Number of shaded boxes

1 1

Pain Score

0 0

Observer's Initials

JS JS

ACTIONS

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

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



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										
	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-00654396
Master MOHAMMED AHMED
25-04-2025 1 Y 2 M 15 D (M)
Dr. SIRISHA RANI

FLUID CHART

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the Right
HOSPITALS
You deserve a Safe Delivery

Sheet No. :

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

		Intake				Output					IV Site	Sign Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score	
			Mouth	I.V	N.G							
11/7	08:00 am	↑	hly	↑		↑	↓		↑	✓	0	0 0 0 0 0 0
	09:00 am	↑		↑		↑	↓		↑	✓	0	
	10:00 am	NO			NA		NP				0	
	11:00 am	IVF		NA	NA						0	
	12:00 pm	↓		↓	✓		↓		↓	✓	0	
	01:00 pm	↓		↓	✓		↓		↓	✓	0	
Total Intake :						Total Output :						
11/7	02:00 pm	↓		—			↓			✓	0	0 0 0 0 0 0
	03:00 pm	↓		—			↓			✓	0	
	04:00 pm	chemo		40ml			↓			✓	0	
	05:00 pm			40ml			↓			✓	0	
	06:00 pm	↓		40ml			↓			✓	0	
	07:00 pm						↓			✓	0	
Total Intake :						Total Output :						
11/7	08:00 pm	↓		40ml			↓			✓	0	0 0 0 0 0 0
	09:00 pm	↓		40ml			↓			✓	0	
	10:00 pm	chemo		40ml			↓			✓	0	
	11:00 pm	↓		40ml			↓			✓	0	
	12:00 am	↓		40ml			↓			✓	0	
	01:00 am	↓		—			↓			✓	0	
Total Intake :						Total Output :						
12/7	02:00 am	↓					↓			✓	0	0 0 0 0 0 0
	03:00 am	↓					↓			✓	0	
	04:00 am	NO					↓			✓	0	
	05:00 am	IVF					↓			✓	0	
	06:00 am	↓					↓			✓	0	
	07:00 am	↓					↓			✓	0	
Total Intake :						Total Output :						
Total 24 hrs. Intake												
Total 24 hrs. Output												

BAH-00654396 IP5-00176213
Master MOHAMMED AHMED
25-04-2025 1 Y 2 M 15 D (M)
Dr. SIRISHA RANI



NURSING CARE RECORD

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Your Right to a Safe Delivery

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 9/10/26

Assessment: Baby having

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 general condition of the patient	2:30 m	Assessed the general condition of the patient	Baby condition is good
3m	monitor the vitals signs	3:30 m	monitored the vitals signs	
4pm	maintain I/O chart	4:30 m	maintained I/O chart	
5pm	administer medication as per as chart	5:30 m	Administered medication as per as chart	
6m	Ensured the patient safety	6:30 m	Ensured the patient safety	

Re-Assessment: CR - Assessment

Special Notes:

Nurse Signature: Nurse Name: Nibis Date & Time: 10/10/26 @ 8pm

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Master MOHAMMED AHMED
25-04-2025 1 Y 2 M 15 D (M)
Dr. SIRISHA RANI



NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 10/7/26

Assessment: Baby 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 baby general condition	8pm	=> Assessed the baby general condition	By doing the all procedures's the baby condition is improved slowly
10pm	=> provide comfort position	10pm	=> provided comfort position	
12am	=> monitor the vitals	12am	=> monitored the vitals	
2am	=> administer the all drugs as per doctor orders	2am	=> administered the all drugs as per doctor orders	
4am	=> Ensured the safety.	4am	=> Ensured the safety.	
6am		6am		
8am		8am		

Re-Assessment:

Done by giving chemotherapy.

Special Notes:

Nurse Signature: Shariya

Nurse Name: Shariya (605567)

Date & Time: 11/07/26 (8am)

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Master MOHAMMED AHMED
25-04-2025 1 Y 2 M 15 D (M)
Dr. SIRISHA RANI



NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 11/7/26

Assessment:

Baby 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
8am	Assess the general condition of the baby.	8.30am	Assessed the general condition of the baby.	Implemented all the procedure.
9am	Administer medication as per doctor order.	9.30am	Administered medication as per doctor order.	
10am	Monitor vital signs.	10.30am	Monitored vital signs	
11am	Provide comfortable position	11.30am	Provided comfortable position	
12pm	Ensure safety	12.30pm	Ensured safety	
1pm	Encourage to Take orally	1.30pm	Encouraged.	

Re-Assessment:

Special Notes:

Chemotherapy D1C Tim

Nurse Signature:

Meslin

Nurse Name:

Meslin.

Date & Time:

11/7/26 @ 2pm

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 Master MOHAMMED AHMED
 25-04-2025 1 Y 2 M 15 D (M)
 Dr. SIRISHA RANI



NURSING CARE RECORD

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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date:11/7/25.....

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
2M	Assess the pt general condition.	2:10p	Assessed pt general condition	
	provide comfortable position.		provided comfortable position	
	monitor vitals.		monitored vitals recorded	by line check
4M	maintain 1/6 chd	4:10p	monitored 1/6 chd	are the ac
		6:10p	Ensure safety.	pt condition
6M	Administer medications		Administered medications	may
8M	as per chd	8:10p	as per chd	

Re-Assessment:

Special Notes:

Nurse Signature: LA

Nurse Name: Ankita

Date & Time: 11/7/25

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Master MOHAMMED AHMED
25-04-2025 1 Y 2 M 16 D (M)
Dr. SIRISHA RANI

NURSING CARE RECORD

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BirthRight
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Date: 11/7/26

Assessment: ☒ Night ☐ Afternoon

pt having dull activity

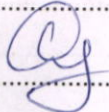
Goals

- ☒ 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
8pm	→ Assess the pt General Condition	8:10pm	→ Assessed the pt General Condition	pt is stable
10pm	→ monitor the vital signs	10:10pm	→ Checked the vital signs	
12am	→ plan for Administration Medication	12:10am	→ Providing medication as per doctor Order	
2am	→ plan for I/O Chart	2:10am	→ Strictly I/O Chart	
5am	→ Plan for Ensure Safety	8:10am	→ Providing Ensuring Safety	

Re-Assessment: Re-Assessment Every 4th hrly

Special Notes:

Nurse Signature: 

Nurse Name: Chandana

Date & Time: 12/7/26 2.5am

BAH-00554396 IP5-00176213
 Master MOHAMMED AHMED
 25-04-2025 1 Y 2 M 16 D (M)
 Dr. SIRISHA RANI



NURSING CARE RECORD

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BirthRight[™]
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 Your Right to a Safe Delivery

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
			2/10	

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Srisha Rani Department: ER Date of Admission: 10/7/26

SITUATION	Diagnosis:	left suprarenal blastoma						
	Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:							
BACKGROUND	Area	ER	1st floor 2nd floor	1st floor 8-10 am	1st floor 2am-8pm	1st floor 2pm-8pm	1st floor 8pm-8am	
	Shift Time							
BACKGROUND	Medical Condition (Any special condition to be noted):	Nil	NA	NA	NA	NA	NA	
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:	98°F	98°F	98.0	97°F	98.5	98.3°F
		Res:	24 blm	22	26 blm	27 blm	26	26 blm
		SpO ₂ :	100%	99%	99%	97%	98%	99%
		Pulse:	93 blm	103	113 blm	107 blm	112	116 blm
		BP:	92/51	103/42	100/60	Crying	112/64/6	101/63
		Fall Risk Score:	11	11	11	11	11	11
	Pain Score:	0	0/10	0/10	0/10	0/10	0/10	
	Recommendations	Safety Needs:	Yes	Yes	Yes	Yes	Yes	Yes
Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Others Specify:		Nil	NA	NA	NA	NA	NA	
Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Other Special Orders / Medications:		Nil	NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:		Nil	NA	NA	NA	NA	NA	
Handed Over By Name :		Sagar	Nikish	Shailaja	Merlin	Ankita	Chandana	
Signature :								
Date:		10/7/26	10/7	11/7/26	11/7	11/7	12/7/26	
Time:		1:40 pm	2pm	8am	8pm	2pm	2pm	
Taken Over By Name :		Nikish	Shailaja	Merlin	Ankita	Chandana	Nikish	
Signature :								
Date:		10/7	10/7	11/7/26	11/7	11/7	12/7	
Time:		2pm	8pm	8am	2pm	2pm	3pm	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
	Area						
BACKGROUND	Shift Time						
	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:						
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:							



THE HUMPTY DUMPTY SCALE

10/7 11/7 12/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4	4		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	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		
Cognitive Impairments	Not Aware of Limitations	3		1			
	Forget Limitations	2					
	Oriented to own Ability	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		
	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		
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		
TOTAL			11	11	11		

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	YES	YES	YES		
Call device within reach	YES	YES	YES		
Wheels Locked	YES	YES	YES		
Room free of clutter	YES	YES	YES		
Adequate Lighting	YES	YES	YES		
Wheel Chair Support	NO	NO	NO		
Other Intervention(s) Specify	NO	NO	NO		
Nurse's Name :	Soger	Soger	Chand		
Signature :	[Signature]	[Signature]	[Signature]		
Date :	10/7	11/7	12/7		
Time :	1:10 pm	6am	6am		



BRADEN 'Q' SCALE

					Date :	10/7/26	11/7	12/7	
					Time :	1:30 pm	6 am	6 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 e.tremity 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		
FRICION-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		
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	28	28	28	
Docu. No. : RCHBH /FRM / CLINICAL / 119					Evaluator's Name	S	Sheela	Cy	

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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/7/26	1:10 pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil Nil	
10/7	9pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shariy
11/7	7am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shariy
11/7	11pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Chandana
12/7	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Chandana
				☐ 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:

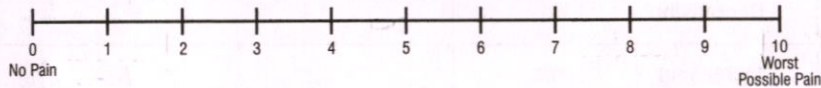
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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



BAH-00654396 IP5-00176213
Master MOHAMMED AHMED
25-04-2025 1 Y 2 M 16 D (M)
Dr. SIRISHA RANI

CHECKLIST FOR THROMBOPHLEBITIS

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	10/2 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		6	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	-	-	-	-	-				
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	ER	-	-	-	-	-				
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	-	-	-	-	-				
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				Nurse Signature			Signature			Signature			

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 : Shelhi Name : Krishendu

Signature of Ward In Charge :

Signature : Neel Name : Neelajenderi



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: Hindi 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		
10/7/26	1:10 pm	7	Infection control measures	M	4	0	1	1	-	
10/7/26	3pm	9	Soft high protein diet	M	2	0	2	2	-	

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: chemotherapy

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
<u>10/7/26</u>	☐ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Costs associated neuroblastoma	Hemodynamic stability	chemotherapy	<i>[Signature]</i>	☐ Nursing ☐ Others:
<u>10/7/26</u>	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Came for chemotherapy	H-Stability	Vitals monitoring	<i>[Signature]</i>	☒ Medical ☐ Others:
<u>10/7/26</u> 3pm	☐ Medical ☐ Nursing ☒ Others: dietitian	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Neuroblastoma	Soft high protein diet	RDA C - 1200 kcal/d P - 20g/d	<i>[Signature]</i>	☐ 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:

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25-04-2025 1 Y 2 M 16 D (M)
Dr. SIRISHA RANI



DISCHARGE PLANNING FORM

Nationality: Indian

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: as per doctor Order

2. Destination Post Discharge: ☐ Home
Family Members Notified (Person Contacted)
☒ Transfer
Hospital Facility Notified (Person Contacted)

Discharge Status: ☐ Self Care ☒ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☐ Medication	☒ Yes	☒ No
☐ Bathing	☐ Yes	☒ No
☐ Eating	☐ Yes	☒ No
☐ Walking	☐ Yes	☒ No
☐ Dressing	☐ Yes	☒ No
☐ Toileting	☐ Yes	☒ No

} Explain to Parents

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:
☐ Patient ☒ Family Member ☐ Others:

5. Discharge Planning Discussed with the:

☐ Patient ☒ Family Member ☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s: Hand Hygiene

☐ Patient's Educational Topic/s discussed with the:
☐ Patient ☒ Family Member ☐ Others:

Nurse Signature: [Signature]

Nurse Name: Nisha

Date and Time: 2.1.7/26 @ 2pm

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00654396 IP5-00176213 Master MOHAMMED AHMED 25-04-2025 1 Y 2 M 15 D (M) Dr. SIRISHA RANI 		Date & Time of Admission 10/7/26 @ 1:07 pm	Date & Time of Transfer Order 10/7/26 @
		Transfer Ordered by Dr. Ramya	Reason for Transfer Admission
From Unit ER	To Unit 140 (ward)	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 20	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what? op file	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	pain sample	(2)	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring NR. Sagar		Name of Person Ordered Transfer Dr. Ramya	
Patient & Clinical Records Received by : Nikita 2pm 10/7/26			
Date & Time of Patient Received : 10/7/26 ,			

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



NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 10/9/26 Time: 3pm

Weight: 11-16kg Centile: >50th
Height: 79cm Centile: >50th
Inference: well child

RDA: - Calories: 1200 kcal/d Protein: 20g/d

Diet Recommendations: soft high protein diet

Re-Assessment: Avoid spicy, Chilled, Outside foods

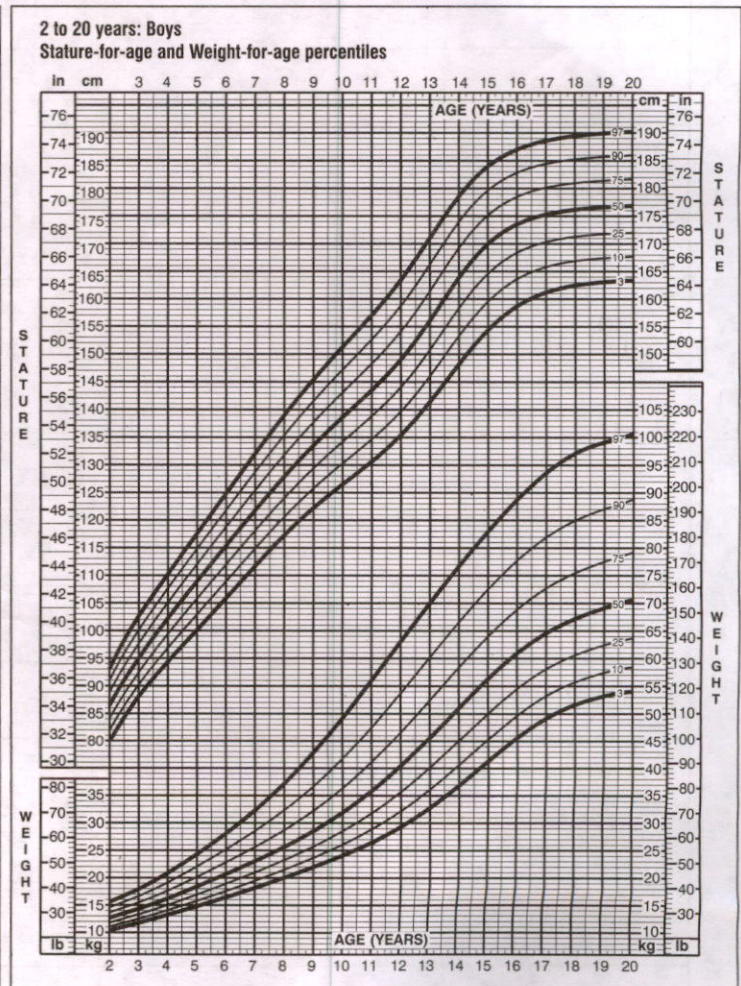
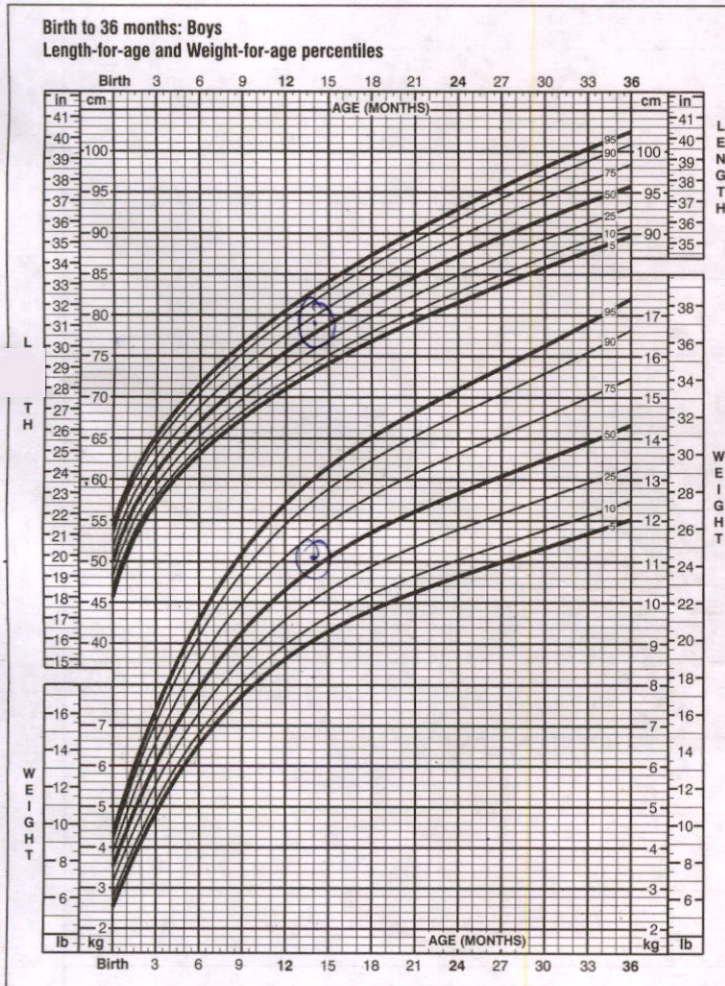
Food Allergies: NO Veg/Non-veg non-veg

Diagnosis: Neuroblastoma

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Parents don't want dietitian - Do not charge for NHA

GROWTH CHART (BOYS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

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