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ACTIVITY RECORD FOR BILLING

Name :_____ BAH-00659108 IP5-00176708 _____
Master VASPULA ROHAN
18-12-2014 11 Y 7 M 3 D (M)
Dr. SIRISHA RANI

UHID No. : _____ ıltant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/07/18	12:25 PM	ER	137	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
21/7	CBP (OP)		
21/7	Bone marrow aspiration & MRD (Panel)	26073211	Sonam

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/7/26	infusion pump	4pm	22/7 6am	9715061	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7/26	Chemotherapy	1	9715054	Vij
	Lumbar puncture &			
	Consious Sedation	1	9719550	Sonam
	& Bone marrow			

ANY OTHER INFORMATION

Don't charge for NMA — Nikitha

Date : 22/7

Time : 11AM

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Dipti	Morng ONCO		

Valpula Rohan
Patient Sticker
BAH-0066-9108
Dr. Sirisha Rani

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	3			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy	1			
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	4			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Extra	7			
	Total No. of Pages	34			

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

Signature and Date :
22/2/26

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176708 **Admit Date** : 21-Jul-2026 **Admit Time** : 12:09 PM **UHID** : BAH-00659108

Patient Details :

Patient Name	: Master VASPULA ROHAN	**Age**	: 11 Y 7 M 3 D
Guardian	: Mr V KIRAN KUMAR	**DOB**	: 18-12-2014
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 17-1-382/V/2/3, VYSHALI NAGAR, BESIDE HMWS Champapet Hyderabad Telangana INDIA 500079	**Phone No**	: 8019444933/ 9290640480
		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 V KIRAN KUMAR **Relationship** : Father

Contact Address : H NO 17-1-382/V/2/3, VYSHALI NAGAR, BESIDE HMWS Champapet Hyderabad Telangana INDIA 500079 **Phone No** : 8019444933 / 9290640480

Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI **Specialisation** : HEMATO ONCOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant : Dr. NALLA ANURAAG REDDY

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD

BAH-00659108 IP5-00176708
Master VASPULA ROHAN
18-12-2014 11 Y 7 M 3 D (M)
Dr. SIRISHA RANI

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ADMISSION CRITERIA – ONCOLOGY

Admission / Transfer from:

☑ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: .....

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

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

Signature of the Doctor: .....

Name of the Doctor: Sirisha

Date & Time: 21/12/16 @ 1pm

BAH-00659108 IP5-00176708
Master VASPULA ROHAN
18-12-2014 11 Y 7 M 3 D (M)
Dr. SIRISHA RANI

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DISCHARGE CRITERIA – ONCOLOGY

Discharge to:

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

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

☑ Completion of chemotherapy, with no debilitating side effects.

☐ Resolution of febrile episode, with no fever>24hrs and Absolute Neutrophil count (ANC)> 500cells/mm3.

☐ Admitted patients - Once the admitting problem gets resolved or made a plan to manage further on out-patient basis.

Signature of the Doctor: .....

Name of the Doctor : Sirisha

Date & Time: 22/7/26 10pm

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Vaspula Rohan

UHID ID:

BAH-00659108 IP5-00176708
Master VASPULA ROHAN
18-12-2014 11 Y 7 M 3 D (M)
Dr. SIRISHA RANI

Department:

Consultant:

BAH-00659108 IP5-00176708
Master VASPULA ROHAN
18-12-2014 11 Y 7 M 3 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

K/C/O B-Cell ALL

History of present illness :

child was K/C/O B-CELL ALL

&

Admitted for LP & BMA [Morphology MRD

&

Consolidation

C/O mild cough

NO H/O fever, loose stools, vomitings

BAH-00659108 IP5-00176708
Master VASPULA ROHAN
18-12-2014 11 Y 7 M 3 D (M)
Dr. SIRISHA RANI

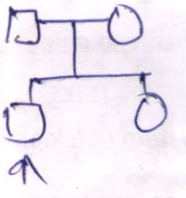
Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Term / LSCS / CHAB / BW - 2.7 kgs

No H/o NICU admission



Birth & Socio Economic History:

About Father :

About Mother : Upper middle class

Any additional Information :

Developmental History :

Attained as per age in all 4 domains

Immunization History :

Vaccinated till now

(P.T.O.)

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Master VASPULA ROHAN
18-12-2014 11 Y 7 M 3 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 53.5 kgs (Centile _____)

On Examination :

Temperature : 98.2°F Pulse Rate : 120 bpm B.P. 116/68(78) SPO2 100%

Resp.rate and type of breathing : 22/m

Rash

Lymphadenopathy (+)

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+) (No added sound

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S_1S_2 (+)

Any murmur : No murmur

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

Per Abdomen :

Inspection

Palpation : Soft, non Tender

Ausculation :

Spine : External Genitelia :

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

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Master VASPULA ROHAN
18-12-2014 11 Y 7 M 3 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 15/15

Cranial Nerves : N

Motor System:

Nutriton :

Tone: Power

Co-ordinator : N

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars N

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

ALL

(P.T.O.)

BAH-00659108 IP5-00176708
Master VASPULA ROHAN
18-12-2014 11 Y 7 M 3 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment : H-stability

Planned Labs:

Planned Management

- LP
- BMA
- Start consolidation

NB Neonatal

Signature of the Doctor: .....
Name of the Doctor: Dr. P. Balaji
Date & Time: 21/7/26 ; 12:15 pm

Signature of the Consultant: .....
Name of the Consultant: Dr. Sirisha
Date & Time: 21/7/26 12:15

Dr. Anuraga

BAH-00659108 IP5-00176708
Master VASPULA ROHAN
18-12-2014 11 Y 7 M 3 D
Dr. SIRISHA RANI (M)

1

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/07/26 2pm	Procedure notes	
	Under Strict Asephic Precautions	
	& minimal sedation LP done &	
	Bone marrow Aspiration done.	
	Procedure is uneventful	
		Pavan
		Plan
		1. Send BMA for flow cytometry
		2. Cytarabine T/m
		3. discharge T/m.
	N/B	
	Veena 606384 21/7/26 @ 3pm	Diana

BAH-00659108 IP5-00176708
Master VASPULA ROHAN
18-12-2014 11 Y 7 M 3 D (M)
Dr. SIRISHA RANI

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 9 AM	Morning rounds	Adv
	B/L AE / CALLA ⊕ / GPR /	1) Cyproheptadine today
	CNS ⊖ / on consolidation	2) D/C today
	Afebrile	3) f/u → c CBP on 28/7/2026
	No vomiting	
	Vitals (N)	
	S/E → WS	
	Ng / P/R ⊖	Dhanalakshmi
	22 Anurag 4:33 © 9:34 PM.	XDB
	Dr. Anurag Reddy	RIV 22/7 © 10 AM

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Master VASPULA ROHAN
18-12-2014 11 Y 7 M 3 D (M)
Dr. SIRISHA RANI

(1)

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RESULT SHEET

Date (OP)	21/7					
Time	7Pm					
Hb	8.6					
PCV	27.5					
RBC	3.09					
WBC	11.05					
N/L	70/23					
Platelets	419					
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.,) : .....

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DRUG CHART

Date of Admission: 21/2/26 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:				

Signa

VERIFIED BY : Name

18-12-2014 11 Y 7 M 3 D (M)
Dr. SIRISHA RANI

REGULAR PRESCRIPTIONS

Weight. 53.5 kg Ward. .....

DRUG : Inj-ONDANSETRON

Dose	Route	Frequency	Start Date
4mg	IV	BD	21/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Baby

Additional Instructions: 4mg

Date/Time: 21/7 22/7

6AM X Sushma

6pm Veena Sinha

Daily Doctor's Endorsement by a Sign

DRUG : Tab. DOMPERIDONE

Dose	Route	Frequency	Start Date
10 mg	PO	TID	21/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Baby

Additional Instructions:

Date/Time: 21/7 22/7

6AM X

2pm X

10pm Sushma

Daily Doctor's Endorsement by a Sign

DRUG : Tab. AMLODIPINE

Dose	Route	Frequency	Start Date
2.5mg	PO	OD	21/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Baby

Additional Instructions:

Date/Time: 21/7

8pm Sushma

Daily Doctor's Endorsement by a Sign

DRUG : Tab UDILIV

Dose	Route	Frequency	Start Date
300mg	PO	BD	21/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Baby

Additional Instructions:

Date/Time: 21/7 22/7

8AM X

2pm Sushma

Daily Doctor's Endorsement by a Sign

Patient Sticker

Weight. ..... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/7	3pm	Inj MIDAZOLAM	2mg	IV	d	Veena Divya
21/7	3pm	Inj KETAMINE	30 mg	IV	d	Veena Divya.

VERIFIED BY : Name ..... Signature .....

BAH-00659108 IP5-00176708
Master VASPULA ROHAN
18-12-2014 11 Y 7 M 3 D (M)
Dr. SIRISHA RANI

I.V. FLUIDS CHART

Weight. 53.5 kg Ward. .....

		ition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
21/7/26		2VF-DNS (3/4th maintainance)	2V	65 ml/hr					

VERIFIED BY : Name ..... Signature .....

BAH-00659108 IP5-00176708
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18-12-2014 11 Y 7 M 3 D (M)
Dr. SIRISHA RANI

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 5.350kg Ward .....

DRUG : Tab. ZINCOVIT

Dose	Route	Frequency	Start Dt.
1 tab	PO	OD	21/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Baby

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 21/7 — 8pm — gonoji Sushma

DRUG : Tab. SHELCAL

Dose	Route	Frequency	Start Dt.
1 tab	PO	OD	21/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Baby

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 21/7 — 8pm — gonoji Sushma

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time:

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time:

VERIFIED BY : Name ..... Signature .....

BAH-00659108 IP5-00176708
Master VASPULA ROHAN
18-12-2014 11 Y 7 M 3 D (M)
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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG : Syp. AUGMENTIN DDS

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
Amoxicillin +

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

VERIFIED BY : Name .... Signature ....

BAH-00659108 IP5-00176708
Master VASPULA ROHAN
18-12-2014 11 Y 7 M 3 D (M)
Dr. SIRISHA RANI

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MEDICATION RECONCILIATION FORM

Drug Allergies: NO ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: ward (OMFS)

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	Tab. AMLODIPINE	2.5 mg	PO	OD	20/1/26 2pm	☑ C ☐ DC
2	Tab. UDILIV	300 mg	PO	BD	20/1/26 8pm	☑ C ☐ DC
3	Tab. ZINCOVIT	1 tab	PO	OD	20/1/26 5pm	☑ C ☐ DC
4	Tab. SHELCAL	1 tab	PO	OD	20/1/26 7pm	☑ C ☐ DC
5	Tab SEPTRAN DS	1 tab	PO	BD (on Mon Wednesday Friday)	20/1/26 8pm	☐ C ☑ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Balaji

Date & Time : 21/1/26 ; 12:10 pm

Nurse Name & Signature:

Date & Time : 21/1/26 @ 12:20 pm

BAH-00659108 IP5-00176708
Master VASPULA ROHAN
18-12-2014 11 Y 7 M 3 D (M)
Dr. SIRISHA RANI

CHEMO THERAPY 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	Department: PUO	Weight (kg) : 53.5kg	Height :	Body Surface Area: 1.05

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.
21/7	3pm	Inj METHOTREXATE Inj CYTARABINE Inj HYDROCORTISONE	12mg 30mg 15mg	IT	STAT	d	Veena Sonam	21/7/26	Dhy	Veena Sonam
21/7	4pm	Inj MESNA in 100ml NS	200mg	IV	100ml/hr	d	Veena Sonam	21/7/26	Dhy	Veena Sonam
21/7	5pm	Inj CYCLOPHOSPHAMIDE in 200ml NS	~~1.3gm~~ 1350mg Dharani.	IV	100ml/hr	d	Veena Sonam	21/7/26	Dhy	Veena Sonam.
21/7	7pm	Inj MESNA in 500ml ½ NS	~~800mg~~ Dharani	IV	80ml/hr	d	Veena Sonam	22/7	Dhy	Susmita Subhankar
21/7	1Am. 22/7	Inj MESNA in 500ml ½ NS	600mg	IV	80ml/hr	d	Sumita Subhankar	22/7	d	Pooja Pooja

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Master VASPULA ROHAN
18-12-2014 11 Y 7 M 3 D (M)
Dr. SIRISHA RANI

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/07/26 Time: 9pm

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.6°F

Heart Rate (bpm) and Blood Pressure (mmHg) *

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

100
70
64

Note: BP does not score in early warning scoring

Heart Rate (Number) 110/80

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

70 60 50 40 30 20 10

Resp Rate (Number) 26/4

Resp Distress	Mod/ Severe / None / Mild	
Receiving O_2(l/min)		
O_2Saturations (%)		100%
Conscious Level	Normal / Altered	C
GCS *		15/15
TOTAL SCORE Number of shaded boxes		0
Pain Score		0
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.

Patient Sticker

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/1/17 Time:	1pm	4pm	7pm	10pm	3am	6am
Doctor / Nurse / Family Concern?						
Temperature (F)	98.6F	98.6F	98.6F	*98°F	*98°F	*98.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	100/71 (60)	96/61 (53)	99/71 (60)	99 (23) 62	100 (90) 60	104 (92) 62
Heart Rate (Number)	96 b/m	93 b/m	90 b/m	109 b/m	108 b/m	100 b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	21 b/m	23 b/m	22 b/m	22 b/m	22 b/m	24 b/m
Resp Distress: Mod/ Severe / None / Mild	0	0	0	0	0	0
Receiving O_2 (l/min) O_2 Saturations (%)	100%	100%	100%	99%	99%	99%
Conscious Level: Normal / Altered	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	1	1
Pain Score	0	0	0	0	1	1
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS NB: Scores 3 should be recorded overleaf	
	Score 1 : Continue normal observation by staff nurse
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Patient Sticker

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

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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**	

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FLUID CHART

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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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
21/12/26	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	Rice								200m		
	04:00 pm	Roti 4no	200m	100ml							Keen	
	05:00 pm			100ml								
	06:00 pm			100ml								
	07:00 pm	Roti 2no	100	80ml						250m		
Total Intake :		80ml				Total Output :				450ml		
	08:00 pm	rice		80ml								
	09:00 pm	Curd	200ml	80ml						330ml	Sunita	
	10:00 pm			80ml								
	11:00 pm			80ml								
	12:00 am	water	300ml	80ml								
	01:00 am			80ml						280ml		
Total Intake :		980 ml				Total Output :				610 ml		
	02:00 am			80ml								
	03:00 am			80ml						300ml		
	04:00 am			80ml							Sunita	
	05:00 am			80ml								
	06:00 am			80ml								
	07:00 am			80ml						350ml		
Total Intake :		480ml				Total Output :				650ml		

Total 24 hrs. Intake	2140 ÷ 39.93cc/kg/day.	Total 24 hrs. Output	1710 ÷ 1.77cc/kg/hr.

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 12:30pm Mode of Arrival: By Mother Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: ..... Kg

No allergy reaction Height: ..... cm

.....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NA	NA	NA

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: ..... Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.6F HR: 96 b/m RR: 21 b/m BP: 100/60 (71) mmHg

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 9 (Document in the Humpty Dumpty Sheet)

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

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

Character of Pain ..... Location ..... Frequency ..... Duration .....

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual 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 ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... parents .....

Nurse Signature: .....

Nurse Name: .....

Date: 21/7/26

Time: 12:30 pm

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(1)

NURSING CARE RECORD

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Shift: ☑ Morning ☑ Afternoon ☐ Night

Date: 21/7/26

Assessment: patient having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
12:30 pm	→ Assess the pt general condition	12:40pm	→ Assessed the pt general condition	pt feels better
1pm	→ Monitor the vital signs	1:30pm	→ To check & Recorded the vital signs	
2pm	→ Ensure the safety needs	3pm	→ provided the side rails	
4pm	→ maintaine the I/o chart	5pm	→ maintained the I/o chart	
6pm	→ maintaine the hygiene	6:30 pm	→ To Explained the personal hygiene	
7pm	→ Administer the medication	7pm	→ Administered the medication	

Re-Assessment: pt feels better

Special Notes:

Nurse Signature: Nurse Name: Vinay Date & Time: 21/7/26 @ 7pm

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(2)

NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 21/07/26

Assessment: Patient's having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm.	Asses the patient condition.	9pm	Assessed the patient condition.	Patient's condition is now improved
10pm	To check vital signs.	11pm	checked vital signs and recorded.	
12Am	To maintain fluid balance.	1Am	To maintained fluid balance.	
2Am	To ensure safety.	3Am	provided side rails.	
4am	To prevent infection.	5Am	Administered medications. as per doctors order.	
6Am	To maintain Ito chart	7Am	Maintained Ito chart.	

Re-Assessment: Patient is stable now.

Special Notes: —Nil—

Nurse Signature: ..... Nurse Name: Samita Date & Time: 22

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 21/7/26 Time: 12:40pm

Weight: 53.99 kgs Centile: >90th

Height: 154 cms Centile: >75th

Inference: Overweight child

RDA: – Calories: 1700 kcal/d Protein: 30 g/d

Diet Recommendations: child is on NPO

Re-Assesment:

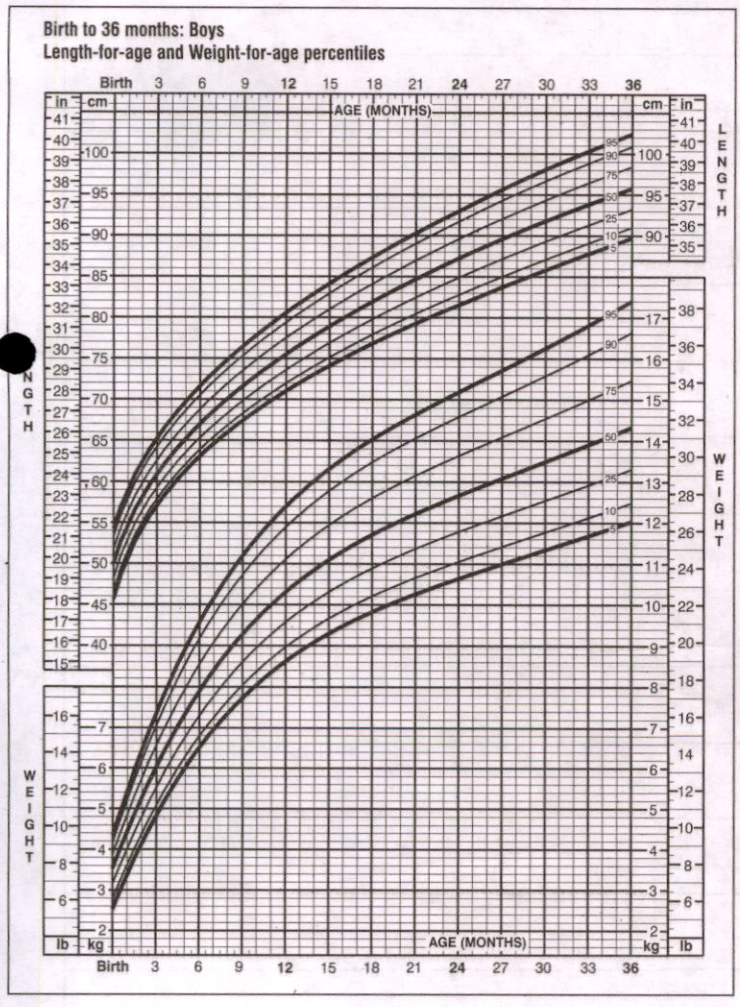
Food Allergies: NO Veg/Non-veg Non-veg

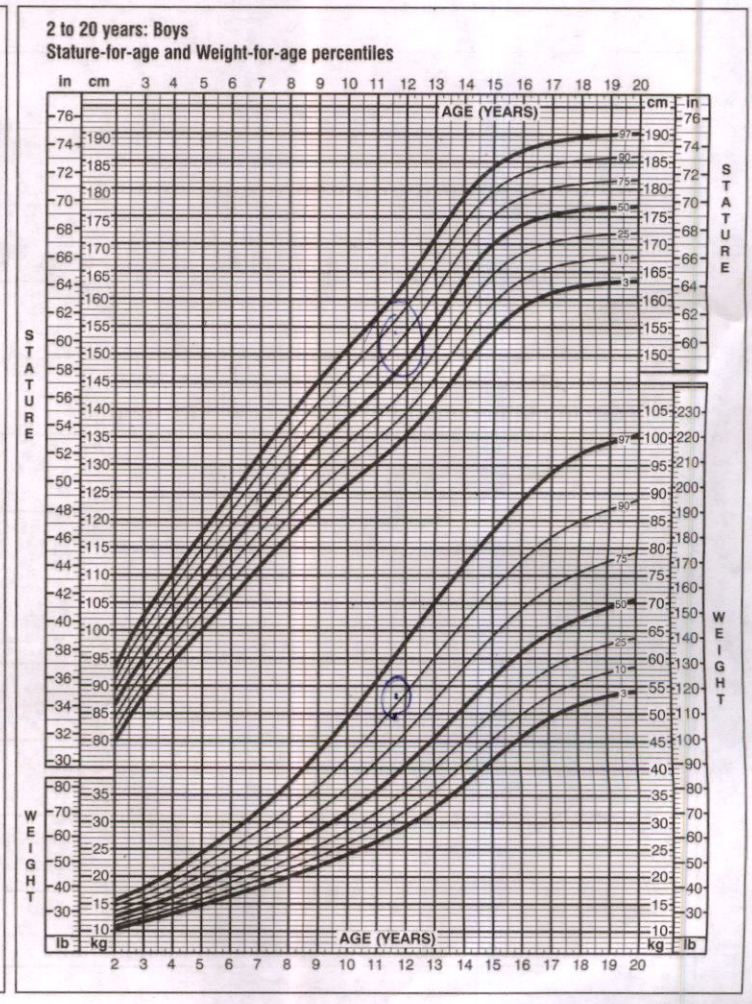
Diagnosis: Acute lymphoblastic leukemia

Nutritional Intervention - ☐ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: parent's don't need dietician. don't charge for NHA

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Daily Notes: