BAH-00657857 IP5-00176252
Master AALLA YAGNESH REDDY
07-08-2022 3 Y 11 M 4 D (M)
Dr. SIRISHA RANI

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ACTIVITY RECORD FOR BILLING

Name :_____Yagnesh_____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/7/26	10:45AM	ER	ONCO	B

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
11/7	CBP (OP Basis 9/7)		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/2	Infusion Pump	2pm		9698446	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
	Lumbar Puncture		9698392	
11/7	Conscious Sedation	1 (3)		
	Chemotherapy			

ANY OTHER INFORMATION

Date : 12/7/26 Time : 12pm Prepared By : Savitri

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Savitri	Oncology Morning		

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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 : T Pavani

Date & Time: 12/07/25 12pm

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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: Dr. Shaveri

Date & Time: 11/7/22 11 am

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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 : IP5-00176252 **Admit Date** : 11-Jul-2026 **Admit Time** : 10:15 AM **UHID** : BAH-00657857

Patient Details :

Patient Name	: Master AALLA YAGNESH REDDY	**Age**	: 3 Y 11 M 4 D
Guardian	: Mr AALLA KALYAN	**DOB**	: 07-08-2022
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: SAISAMRATH SADAN FLAT -NO 102 OPP CHEST HOSPITAL KALYAN NAGAR S R Nagar Hyderabad Telangana INDIA 500038	**Phone No**	: 6281143849/ 7386032178
		E-mail	: KALYANSAP401@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 132 **Ward Name** : 1F-HEMATO-ONCOLOGY

Room No : SPVT 132 **Admission Type** : First Visit

Contact Details :

Name : Mr AALLA KALYAN **Relationship** : Father

Contact Address : SAISAMRATH SADAN FLAT -NO 102 OPP CHEST HOSPITAL KALYAN NAGAR S R Nagar Hyderabad Telangana INDIA 500038 **Phone No** : 6281143849 / 7386032178

A.Kalyan

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 : SELFPAY

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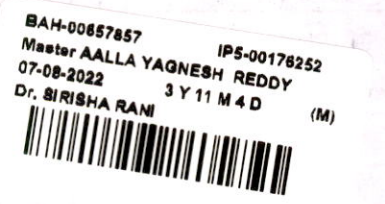
PEDIATRIC IN-PATIENT MEDICAL RECORD



Patient Name: AALLA YAGNESH REDDY

UHID ID: _____

Department: _____

Consultant: _____

BAH-00657857 IP5-00176252
Master AALLA YAGNESH REDDY
07-08-2022 3 Y 11 M 4 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Name : AALLA YAGNESH Age/Sex 3Y/M

Information given by: Relationship Father.

Chief Presenting Complaints & Duration (Chronologically)

K/C/O B-cell ALL

↓

Now came for LP & Chemotherapy.

History of present illness :

No fresh issues.

↓

K/C/O B-cell ALL / CALLA-Positive / CNS-Negative / Standard cytogenetics / Hyperploidy / Poor pre-dnisolone response

↓

Now admitted for LP & chemotherapy

IP5-00176252
Master AALLA YAGNESH REDDY
07-08-2022 3 Y 11 M 4 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

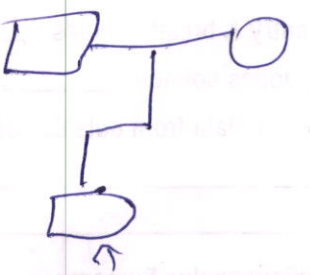
Past History : (Including details of any previous investigation or treatment)

K/C/O B-cell ALL

Birth & Neonatal History:

FT/LSCS/CIAB/2.Kg B.Wt

No H/O NICU admission.



Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information : Upper middle class

Developmental History :

Achieved as per age

Immunization History :

As per NIS completely immunized

(P.T.O.)

BAH-00657857 IP5-00176252
Master AALLA YAGNESH REDDY
07-08-2022 3 Y 11 M 4 D (M)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis
Chemotherapy induced complications
~~Vomiting~~

Desired goals of the treatment : Remission

Planned Labs:

- CBP
- Sr. Creatinine

Planned Management

- NPO as advised
- LP & chemotherapy
- INJ. ONDEM
- SYP. DOMSTAL
- voriconazole
- Amlodipine
- Septran
- Zincovit
- Calcimax plus

Signature of the Doctor: .....
Name of the Doctor: Dr. Nandan
Date & Time: 11/07/2026, 10AM

Signature of the Consultant: .....
DR. SAINIHYAVADDADI Registration No: 71664
Name of the Consultant: Dr. Sirisha R
Date & Time: 11/7/26 @ 12 pm

BAH-00657857 IP5-00176252
Master AALLA YAGNESH REDDY
07-08-2022 3 Y 11 M 4 D (M)
Dr. SIRISHA RANI

①

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/8/22 12:00 pm	Procedure Note.	
	Procedure done under strict Aseptic precautions.	
	L.P + I.T chemotherapy done. - short sedation given.	
	clear CSF obtained.	
	No immediate complications.	
	No Bleeding.	
	Child stable.	Dr. Prashanthi
	vitals stable	

BAH-00657857 IP5-00176252
Master AALLA YAGNESH REDDY (M)
07-08-2022 3 Y 11 M 4 D
Dr. SIRISHA RANI

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26 9:30 AM	B-ALL, AIL / CALLA ⊕ / CNS ⊖ / consolidation on chemotherapy	
	No fresh issues. Vitals (N)	Adv. 1) D/C today 2) CBP Evening on Saturday.
	S/E → CFT < 3 sec	
	CVS / RS / P/A / CNS (N)	
		NB. BSD 1852 12/7 @ 10 AM
	A. Anurag 4:35 PC @ 9:40 AM	
	Dr. Anurag Reddy	

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RESULT SHEET

Date	9/7					
Time						
Hb	9.6					
PCV	28.2					
RBC	3.33					
WBC	3.78					
N/L	55/40					
Platelets	267					
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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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 30kg. Ward .....

DRUG : Syp. SEPTRAN

Dose	Route	Frequency	Start Dt.
5ml	PO	BD	11/7/26

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

Additional Instructions: On monday, wednesday, Friday

Daily Doctor's Endorsement by a Sign

Date/Time 11/7 — 8pm

DRUG : Syp. ZINCOVIT

Dose	Route	Frequency	Start Dt.
5ml	PO	OD	11/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time 11/7

DRUG : Syp. CALCIMAX-PLUS

Dose	Route	Frequency	Start Dt.
5ml	PO	OD	11/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time 11/7

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 .....

Patient Sticker

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

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

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: (blank grid)

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: (blank grid)

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: (blank grid)

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: (blank grid)

Master AALLA YAGNESH REDDY
07-08-2022 3 Y 11 M 4 D (M)
Dr. SIRISHA RANI

REGULAR PRESCRIPTIONS

Weight. 3.0 Kg Ward. .....

DRUG : INJ. ONDANSETRON

Dose	Route	Frequency	Start Date
6mg	IV	BD	11/07

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time 11/7/26 6am 6pm

DRUG : DOMSTAL SUSPENSION

Dose	Route	Frequency	Start Date
6 ml	PO	TID	11/7/26

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

Additional Instructions: 1 ml = 1 mg

Daily Doctor's Endorsement by a Sign

Date/Time 11/7 8am X 2pm X 8pm

DRUG : TAB. VORICONAZOLE

Dose	Route	Frequency	Start Date
½ tab	PO	OD	11/7/26

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

Additional Instructions: at 8AM 1 tab = 200mg

Daily Doctor's Endorsement by a Sign

Date/Time 11/7 8pm X

DRUG : TAB. AMLODIPINE

Dose	Route	Frequency	Start Date
½ tablet	PO	OD	11/7/26

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

Additional Instructions: @9AM 1 tab = 2.5mg

Daily Doctor's Endorsement by a Sign

Date/Time 11/7 9pm X

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DRUG CHART

Date of Admission: 1/10/2024 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature

07-08-2022 3 Y 11 M 4 D (M)

Dr. SIRISHA RANI

Weight. 30 kg 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
11/07	12 pm	Inj Ketamine	10mg	IV		Rooja Divya
11/07	12 pm	Inj MIDAZOLAM	1mg	IV		Rooja Divya

Signature .....

VERIFIED BY : Name .....

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Master AALLA YAGNESH REDDY
07-08-2022 3 Y 11 M 4 D (M)
Dr. SIRISHA RANI

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

Yag

Patient

BAH-00657857 IP5-00176252
Master AALLA YAGNESH REDDY
07-08-2022 3 Y 11 M 4 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.

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Sheet No. : 1	Weight (kg) : 14	Body Surface Area: 0.6	Diagnosis: B-ALL	Protocol: consolidation

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.
11/7/26	2pm	Inj METHOTREXATE Inj CYTARABINE Inj HYDROCORTISONE	12mg 35mg 15mg.	IT	STAT	d	Pooja Divya	11/7	d	Pooja Divya
11/7/26	3:30 pm	Inj MESNA in 100 ml NS.	100mg	IV	100ml/hr	d	Pooja Divya	11/7	d	QS Anu
11/7/26	4:30 PM	Inj CYCLOPHOSPHAMIDE in 100ml NS	550mg	IV	100ml/hr	d	Anu Anu	11/7	A	Anu Anu
11/7/26	5:40PM	Inj MESNA in 500ml ½ NS	600mg	IV	60ml/hr	d	Anu Anu	12/7	A	Dave Sukhvir

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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: Hemat-oncology.

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. VORICONAZOLE	100mg	PO	OD	10/07/26 8AM	☐ C ☐ DC
2	TAB. AMLODIPINE	1.25mg	PO	OD	10/7/26 9AM	☐ C ☐ DC
3	SYP. SEPTRAN	5ml	PO	BD on mon, wed, Friday	10/7/26 9PM	☐ C ☐ DC
4	SYP. ZINCOVIT	5 ml	PO	OD	10/7/26 9AM	☐ C ☐ DC
5	SYP. CALCIMAX PLUS	5 ml	PO	OD	10/7/26 11AM	☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

(margin note, rows 1–5: cont[...] un[...] once oral[...] allow[...])

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : [signature], Dr. Nandan

Date & Time : 11/07/2026, 10:35AM

Nurse Name & Signature: Bhavani [signature]

Date & Time : 11/7/26 @ 10:40am

Docu. No. : RCHBH /FRM / GENERAL / 090

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Master AALLA YAGNESH REDDY
07-08-2022 3 Y 11 M 4 D (M)
Dr. SIRISHA RANI

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

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/7 Time: 9 am

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 (72) 60

Note: BP does not score in early warning scoring

Heart Rate (Number) 112 b/m

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

Resp Rate (Number) 28 b/m

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min) O_2 Saturations (%)	100%
Conscious Level	Normal / Altered: C
GCS *	15/15
TOTAL SCORE Number of shaded boxes	0
Pain Score	4
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:** ! 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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Dr. SIRISHA RANI

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

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/7 Time:	1pm	4pm	7pm	10pm	3Am	6Am
Doctor / Nurse / Family Concern?						
Temperature (F)	98.6F	98.6F *	98.6F *	98.4F	98.4F	98.2F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	96 (69) 54	91 61 50	98 71 60	97 (67) 60	99 (66) 54	97 (62) 62
Heart Rate (Number)	110b/m	106b/m	101b/m	113b/m	108b/m	105b/m
Resp. Rate (bpm) (over 1 Minute) *	26b/m	25b/m	26b/m	26b/m	26b/m	26b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	100%	100%	100%
Conscious Level: Normal / Altered	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

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.
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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

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Sheet No. : 9

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
12/8	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

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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
11/7	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm	H2o	100ml	20ml						100ml		
Total Intake : 120 ml						**Total Output :** 100ml						
11/7	02:00 pm	H2o	200 ml	50 ml								
	03:00 pm	Rice		100ml						200ml		
	04:00 pm			100ml								
	05:00 pm	H2o	100ml	60 ml								
	06:00 pm			60ml								
	07:00 pm			60ml						150ml		
Total Intake : 730 ml						**Total Output :** 350 ml						
11/8	08:00 pm	Rice		60ml								
	09:00 pm	chapthi		60ml								
	10:00 pm			60ml						150ml		
	11:00 pm			60ml								
	12:00 am			60ml								
	01:00 am			60ml								
Total Intake : 360ml						**Total Output :** 100ml						
12/8	02:00 am			60ml						100ml		
	03:00 am			60ml								
	04:00 am			60ml								
	05:00 am			60ml								
	06:00 am			60ml								
	07:00 am			60ml						200ml		
Total Intake : 360 ml						**Total Output :** 300ml						

Total 24 hrs. Intake	1450 ÷ 60 = 24 cc/kg	Total 24 hrs. Output	900 ÷ 1.25 = 72 cc/kg

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 11 Am Mode of Arrival: by parents Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction NA Body Weight: 14.1 Kg

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: Healthly family

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

If yes please list, —

as 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: 14.1kg Length: — Head Circumference (< 2 years): —

Temp.: 98F HR: 110b/m RR: 26b/m BP: 100/60

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

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

Risk of Pressure Sore (Braden Q Score 21) (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 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 .....

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 mother

Nurse Signature: .....

Nurse Name: Pooja

Date: 11/7/26

Time: 11:10 am

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(1)

NURSING CARE RECORD

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Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 11/7/26

Assessment: The Patient having Intolerance

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
11AM	Monitor Vitals	12pm	Monitored Vitals	
1pm	Administer medications as per doctor advice	2pm	Administered medications as per doctor advice	pt feels better
3pm		4pm		
5pm	Provide Hydration → Maintaine the hygiene	6pm	Provided Hydration → maintained the personal hygiene	
7pm	→ Ensure the safety needs	8pm	→ provided the side rails	

Re-Assessment: pt feels better

Special Notes:

Nurse Signature: Veena Nurse Name: Veena Date & Time: 11/7/26 @ 8pm

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 11/7/20

Assessment: Baby having ct hydration loose good

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	* Assess the child General condition	9pm	* Assessed the child Gen condition	Baby for good
10pm	* monitor vital sign	4pm	* monitor vital sign	
12Am	* maintain I/o chart	1Am	* maintain I/o chart	
2Am	* Administ medication as per doctor order	3Am	* Administ medication as per doctor orders	
4Am	* provide comfort measures	7Am	* provide comfort measures with	

Re-Assessment: hourly vital monitoring

Special Notes: watch for dht & any abnormalities

Nurse Signature: Nurse Name: Shiva Date & Time: 12/7/20 @ 8Am

Docu. No: RCHBH /FRM / CLINICAL / 148

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NURSING CARE RECORD

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Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 12/7/26

Assessment: Patient having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	→ Assess the patient General Condition	8:30am	→ Assessed the patient General Condition	Patient feel Betty
9am	→ Maintain fluid Balance	1:30am	→ Maintained fluid Balance	
10am	→ maintain personal hygiene	10:30am	→ Maintained personal hygiene	
11am	→ Ensure Safety	11:30am	→ provided Side rails	
12pm	→ Maintain nutritional Status -	12:30pm	→ Explained normal diet	

Re-Assessment: Patient is active

Special Notes:

Nurse Signature: Nurse Name: Sowjitha Date & Time: 12/7 02pm

(3)

NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: .....

Assessment: .....

.....

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

Re-Assessment: .....

.....

Special Notes: .....

.....

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

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Sirisha Rani Department: ER Date of Admission: 11/7/26

SITUATION

Diagnosis: B cell ALL

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: NA

BACKGROUND

Area / Shift Time	ER 10:45 AM	Ward 2 PM	Ward 8 PM	Ward 8 AM	Ward 12 PM	
Medical Condition (Any special condition to be noted):	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:	98.2°F	98°F	98.6°F	98°F	98.6°F	
Res:	24 b/m	26 b/m	25 b/m	20 b/m	28 b/m	
SpO_2:	100%	100%	100%	100%	100%	
Pulse:	142 b/m	110 b/m	106 b/m	128 b/m	112 b/m	
BP:	103/78	100/60	96/56	90/62	102 b/m	
Fall Risk Score:	11	11	11	11	11	
Pain Score:	0/10	0	0	0	0	

Recommendations

Safety Needs:	Yes	side rail	side rails	side rail	side rails	
Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Others Specify:	Yes	NA	NA	NA	NA	
Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:	NA	NA	NA	NA	NA	
Handed Over By Name :	Bhavani	Pooja	Veena	Abdul	Savitri	
Signature :						
Date:	11/7/26	11/7	11/7/26	12/7/26	12/7	
Time:	10:45 AM	2pm	8pm	8am	8am	
Taken Over By Name :	Pooja	Bhargi	Abdul	Savitha	DC	
Signature :						
Date:	11/7	11/7/26	11/7/26	12/7		
Time:	11am	2pm	8pm	8am		

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SING 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						
	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:							

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 11/7	DATE 12/7	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	2	2			
	Female	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			
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					
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					
	TOTAL		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			
	Call device within reach		Yes	Yes			
	Wheels Locked		Yes	Yes			
	Room free of clutter		Yes	Yes			
	Adequate Lighting		Yes	Yes			
	Wheel Chair Support		No	Yes			
	Other Intervention(s) Specify		No	Nil			
	Nurse's Name :		Bhavani	Abi			
	Signature :						
	Date :		11/7	12/7			
	Time :		10 AM	8 AM			

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BRADEN 'Q' SCALE

					Date :	19/7	20/7	
					Time :	10 AM	Day	
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 mean 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	Bhavani	Aly	

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

BAH-00657857 IP5-00176252
Master AALLA YAGNESH REDDY
07-08-2022 3 Y 11 M 4 D (M)
Dr. SIRISHA RANI

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

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CONSENT FOR CHEMOTHERAPY

Patient Name : Yagnesh Age : 3y Gender : Male ☑ Female ☐

UHID No : BAH-00657857 Department : PUO Date : 11/7/26

Type of Chemotherapy : Intravenous

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

No

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 : Triveni

Name : T. Triveni

Relationship with Patient: mother

Date & Time : 11/7 @ 3pm

Witness :

Signature : Kalyan

Name : Kalyan

Date & Time : 11/7 @ 3pm

Doctor (who is taking the consent):

Signature : d

Name : Sharan

Date & Time : 11/7/26 3pm