

ACTIVITY RECORD FOR BILLING

①

Name : _____

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

LBH-00132654 IP5-00173471
Master RUSHIKESH BOMMU (M)
07-08-2023 2 Y 9 M 0 D
Dr. SANDHYA VADDADI

Date of Admission: _____ Time _____ e: 22/5/26 Time: 11:10 AM



Room / Bed No : 128 Ward : 0222 off Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
08/05/26	2:00 AM	128	147	[Signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. NAM RATHA K	9/5/26	9600264	[Signature]
2				
3				
4				
5				
6				
7				
8				
9				
10				



INVESTIGATIONS

Date	Investigations	Order No.	Signature
7/05/23	Tumor Lysis - I, Blood grouping CXR Coelomic op basis	213502	Israr
	PT/APTT	46242	Shuf
8/5	PT, APTT, CBP, S/E, PT	256893	Sh
8/5	2D Echo	23401	Melina
8/5	CBP, electrolytes, uric acid	26421	Mello.
9/5	CBP SE	26041362	Aras
10/5	CBP, SE, Uric Acid	26047582	Amella
13/5	X-ray (chest)	265024142	Amella
14/5	FLT3	26078086	Sh
15/5	CBP, SE	26049169	Sh
16/5	wine culture	26049673	Sh
16/5	CBP	26049773	Ar
16/5	Blood cfs	26049811	Ding
18/5	CBP, SE	26050180	Sh
20/5	CBP	26051170	Sh
22/5	CBP	26051990	Ding
22/5	Blood cfs		Sh
23/5	CBP	26052371	Ar
23/5	ferritin	26052499	Sh
25/5	CBP	26053061	Sh
25/5	Chest x-ray	26369	Sh
26/5	CBP	26053443	Nandu

PROCEDURE



Date	Procedure	Quantity	Order No.	Signature
7/5/26	TV phrenit	1	95358	[Signature]
7/5/26	Blood transfusion	(1)	953216	A
7/8/2	Blood transfusion	(1)	96780	Melhi
2/8/26	Blood transfusion	(1)	98028	Melhi
8/8/26	NHA	(1)	96787	Melhi
12/5	Blood Transfusion (PRBC)	(1)	9604657	[Signature]
13/5	Lumbar Puncture consent sedation	(1)	9606766	[Signature]
	Picc line			
13/5	Blood Transfusion (SPP)	(1)	9606854	Melhi
18/5	PRBC	(1)	9614507	Somya
8/5	Chemotherapy	(1)	9615233	Kayima
20/5	Blood Transfusion (SPP)	(1)	9618560	[Signature]
28/5	Blood Transfusion (SPP)	(1)	9623615	Rajamani

ANY OTHER INFORMATION

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Date: 24/5/26 Time: 11:02 AM Prepared By: Rajamani

Staff Nurse Rajamani	Shift / Ward oncology	Billing Assistant	Billing Supervisor
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LBH-00132554 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 16 D (M)
 Dr. SANDHYA VADDADI



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	7			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1-2			
5	In-patient Medical record	1			
6	Doctors progress sheets	4			
7	Nursing plan of care and handover sheets	27			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion	898			
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	5			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia 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	18			
30	Intake and Out take chart (fluid chart)	8			
31	Drug chart (Regular Prescription)	178			
32	Investigation Values (result sheet)	2			
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	4			
38	Braden Q Scale	5			
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	13			
	Total No. of Pages	1157			

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

ACTIVITY RECORD FOR BILLING

(2)

Name: _____

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

LBH-00132654 IP5-00173471
Master RUSHIKESH BOMMU
07-08-2023 2 Y 9 M 20 D (M)
Dr. SANDHYA VADDADI

Date of Admission: _____ Till _____

Charge: 28/5/23 Time: 2:38PM

Room / Bed No: 128 Ward: Oncology Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

Patient Sticker

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	7			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1+1			
5	In-patient Medical record	1			
6	Doctors progress sheets	15			
7	Nursing plan of care and handover sheets	36			
8	Consultation sheet	1			
9	General consent for treatment				
10	Consent for Surgery				
11	Consent for blood transfusion	8+9+2			
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	Anaesthesia 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	27			
30	Intake and Out take chart (fluid chart)	12			
31	Drug chart (Regular Prescription)	1+11			
32	Investigation Values (result sheet)	3			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
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38	Braden Q Scale	6			
39	Bed side check list				
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41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Extra	26			
	Total No. of Pages	167			

ERROR LOG

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

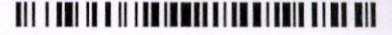
OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173471

Admit Date : 07-May-2026

Admit Time : 12:57 AM UHID : LBH-00132654

Patient Details :

Patient Name : Master RUSHIKESH BOMMU

Age : 2 Y 9 M 14 D

Guardian : Mr BOMMU ABHISHEK

DOB : 07-08-2023

Gender : Male

Religion :

Occupation :

Marital Status : Single

Address (H) : H NO - 12-182/3/A/1, VIKAS EXLIENT SCHOOL
, VIDYA NAGAR , Kalwa Kurthy Nagar Kurnool
Telangana INDIA 509324

Phone No : 7718312345

E-mail : an@gmail.com

Admission Details :

Bed Type : FOUR SHARING

Bed No : FSW 128

Ward Name : 1F-HEMATO-ONCOLOGY

Room No : FSW 128

Admission Type : First Visit

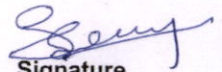
Contact Details :

Name : Mr BOMMU ABHISHEK

Relationship : Father

Contact Address : H NO - 12-182/3/A/1, VIKAS EXLIENT
SCHOOL , VIDYA NAGAR , Kalwa Kurthy Nagar
Kurnool Telangana INDIA 509324

Phone No :


Signature

Doctor Details :

Doctor Name : Dr. SANDHYA VADDADI

Specialisation : HEMATO ONCOLOGY

Referral Doctor : DR. PRASHANTH

Phone No :

Co-Consultant : Dr. SIRISHA RANI

Payment Details :

Deposit Amount : 15000.00

Payment Mode : DC/CC Card

Payor Name : SELFPAY



Pediatric Multiorgan History & Physical Examination

Past History : (Including details of any previous investigations)



①

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**



Patient Name:

Rishikesh

UHID ID:

Department:

PHO

Consultant:

Dr. Sandhya V.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 13kg (Centile _____)

On Examination :

Temperature : 99°F Pulse Rate : 142/min B.P. 97/60 SPO2 96/R

Resp. rate and type of breathing : 34/min

Rash _____ | bili control LAP.

Lymphadenopathy (N)

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : bili AEP, Equal

Any addes sounds : unducted rando

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1 S2

Any murmur : EM

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

Per Abdomen :

Inspection (N)

Palpation : soft; Mild HPM

Ausculation : Bx

Spine : (N) External Genitalia : _____

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



Pediatric neurologian history & physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves : All were intact

Motor System:

Nutrition : _____

Tone : _____ Power 5/5 both UL,LL

Co-ordinator : (2)

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR _____ Superficials: ++

Plantars bil flexor

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Biptyopenia + Leucocytosis
? Acute Leukemia



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

TO treat complications

Desired goals of the treatment: _____

TO stabilize the child

Planned Labs:

→ Tumor Lysis - ①
Blood grouping
CXR
(2 EDTA, 2 sodium Heparin)

N/B
V. Ravina
(607729)
8/5/26
@ 9:30 pm

Signature of the Doctor: _____

Name of the Doctor: _____

Date & Time: _____

Planned Management

① According to management chart

INJ RABBITOX (100%)

Signature of the Consultant: _____

Name of the Consultant: _____

Date & Time: _____

N/B
V. Ravina
(607729)
9:30 pm
8/5/26

Dr. SIRISHA RANI
Reg. No. 40525



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5/26 9 AM	<p>acute leukaemia / probable APLM.</p> <p>no new bruises no bleeding manifestations No headache no fever</p> <p>U.op = 350ml in 6 hours 4.4cc/kg/hr</p>	
	<p>o/e child alert palle ⊕ cervical lymphadenopathy B₂-BLUE ⊕ clear Pk- soft CFT cnsic</p>	<p>Plan</p> <ol style="list-style-type: none"> 1. IV fluids - 60ml/hr. 2. continue Tranexa, Allopurinol 3. PRBC transfusion today 4. strict I/O charting 5. do Hemone panel from peripheral blood. 6. CBP serum electrolyte uric acid } Today 4 pm. 7. Rpp - unit today <p><i>[Signature]</i> 7/5/26 @ 9.45am DR. SIRISHA RANI Reg. No: 405251</p> <p>lanani</p>

N/B
 V. Ravina
 (607729)
 8/5/26 (P.T.O)
 @ 9:30pm

LBH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 0 D (M)
 Dr. SANDHYA VADDADI

2



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5/26	<u>Evening Rounds</u>	
5pm	No fever / vomiting PRBC on flow	
	vitals - (1)	<u>Plan</u>
	irritability ↓	①. PRBC
		② (7pm) → CBP, Hg, uric acid
		PT/PT-INR
		③ Do NOT DISCONNECT
		INF
		④ Shift to Hematology
		ward today
		<u>nbshu</u>

N/B
 V. Ravina
 (607729)
 8/5/26
 @9:30pm

(Signature)
 Dr. SIRISHA RANI
 Reg. No: 40525

LBH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 1 D (M)
 Dr. SANDHYA VADDADI



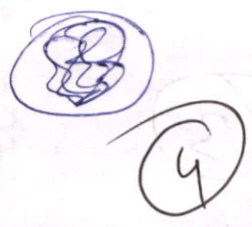
Patient

②



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26 9 AM	<p>acute leukaemia / high count.</p> <p>No fever No leg pain U.op = 520ml. 1.6 ccl/1hr</p> <p>not passed stools o/f</p> <p>mild alert pallor ⊕ R1-BIAE ⊕ HR-140/min T- PA- mild norm</p>	<p>Plan</p> <ol style="list-style-type: none"> 1. continue IV fluids 2. No choling 3. Add syp CROCIN-DS 4ml PO BD 4. Add syp DOPURAC 7.5ml PO QAT 5. CBP S.E w/ Centraplan T/m. 6. continue Allopurinol 7. Trace hemonc panel. 8. Coclly Dexa evening.
	<p><i>(Signature)</i> Dr. SIRISHA RANI Reg. No: 40525</p>	<p><i>(Signature)</i> Dr. SANDHYA VADDADI Reg. No: 71664 V. Ravina (60772150) 8/5/26 @ 10 AM</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/23	Acute leukemia	Floury to maturity
Risk factors Age	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px;">ALL</div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px;">AML</div> </div>	MS
Type		Acute monoblastic leukemia
WBC count		CHEMOTHERAPY
CNS status		AML-15
cytogenetics & karyotype	FLT3 mut	
Response to treatment		<div style="border: 1px solid black; border-radius: 15px; padding: 5px; display: inline-block;">Side effects</div>
		nausea, vomiting, m/land abt
		abd pain
		diarrhea
		↓ Hb
		+ PLT
		Infection
		Cardotoxicity Nephrotoxicity Neurotoxicity (25%)

8/5/23
 Dr. SANDHYA VADDADI
 Reg. No: 71664

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26 3pm	<p><u>Evening rounds.</u></p> <p>A: Acute myeloid leukaemia -</p> <p>No fever excessive cry. - consolable No headache</p>	
vital - stable	<p>Plan</p> <ol style="list-style-type: none"> 1. IV fluids to continue 2. CBP serum electrolytes uric acid, uric acid plain 3. Start I/O charting <p>⑤ 26 ECHO today.</p> <p>Dr. Sandhya Vaddadi Dr. Anurag</p> <p>→ plan cytarabine today if parents consent to begin.</p> <p>⑥ To start NAC infusion</p>	<p>now with canula.</p> <p>harai</p>
<p>8/5/26 Dr. SIRISHA RANI Reg. No: 40525</p>		<p>N/B ✓. Ravina (607729) 8/5/26 @ 9:30pm</p>

BH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 7-08-2023 2 Y 9 M 1 D (M)
 Dr. SANDHYA VADDADI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 9 AM	Δ: Acute Myeloid Leukaemia - M5 on AML-15.	
	No fever	
	NO headache.	
	Uop = adequate	
	Vitals - stable	<p><u>Plan</u></p> <ol style="list-style-type: none"> 1. Cytarabine today 9 AM 2. Continue NAC infusion 3. Trace 2D Echo report. 4. CBP S.E
		<p>✓ intra plain } 3PM 11 AM</p>
		<p>5. * Continue Hydration.</p>

Ⓞ Doctor 7/10 today
 Ⓞ Send for various vitals

referred by
 Dr. [Signature]
 213735
 at 11 AM

[Signature]
 Dr. SIRISHA RAO
 Reg. No: 40525
 9/5/26 @ 11 AM

LBH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 2 D (M)
 Dr. SANDHYA VADDADI



7

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5 8AM	<p><u>Acute Myeloid Leukemia (M5)</u> (CBF) (AML-ETO) (E)</p>	
	<p>No complaints</p>	
	<p>Activity (N)</p>	<p>1) Wnt IV fluids + supportive care</p>
	<p>Vitals stable</p>	
	<p>C/S, K2</p>	
	<p>PIA (N)</p>	<p>2) I/O charting obk</p>
	<p>Thc (N)</p>	
		<p>3) CBp, wick void plain @ 2pm</p>
		<p>4) R/w sound dose</p>
		<p>5) Monitor vitals</p>
		<p>Noted by Ann m 10/5/23 @ 1pm</p>
		<p>(SIRISHA)</p>
	<p><i>[Signature]</i></p>	
	<p>1:30pm @ 4545</p>	
		<p><i>[Signature]</i></p>
		<p>10/5 @ 8am</p>
		<p>Dr. SIRISHA RANI Reg. No: 40525</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26	Morning rounds	
8am	Newly diagnosed Amc (M) / (CBFB ⊕) / Amc-500 ⊕ Ch Amc 15 protocol - D ₃ of DA	
	No fever/vomiting oral intake ⊕ vitals - stable Cough ⊕	
	Ceftriaxone (D ₅)	plan
		1) Cont. Supportive care
		↓
		- Start defron, Calcein +, Eryviva, mouth care, mouth wash.
		2) Cytarabine today
		3) H ₂ CBP, SE, extra plain for viral serology
		4) Send surveillance ds.
		5) Ery stopping Ceftriaxone
		6) LP - to H ₂

Noted by
 Anur M
 11/5/26 @
 11:00am

Dr. SIRISHA RANI
 Reg. No. 40525
 11/5/26 @ 11 am

LBH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 4 D (M)
 Dr. SANDHYA VADDADI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 am	<p>Morning Rounds clo Newly diagnosed AML/M2 / (BFβ ⊕) / AML-ETO ⊕ On AML-15 protocol - (D₁) of PA</p>	
	<p>No fever/vomiting. Oral intake (N) vitals - stable</p>	
	<p>Ceftriaxone (D₆)</p>	<p>plan</p>
	<p>Bl-BLAE ⊕ wheezes ⊕ creps ⊕</p>	<p>1) Cont. Supportive Care</p>
		<p>2) Dexam today</p>
		<p>3) Cont. chemo as per chart</p>
		<p>4) trace manual platelet Count + send platelet transfusion</p>
		<p>5) LP Tm</p>
		<p>6) PRBC today mid f midway line.</p>
		<p>7) LP, PICC line Tm.</p>
		<p>8) add nebs Lendin BD. Budesal BD.</p>
		<p>9) Dexam today</p>
		<p>10)</p>
<p>12/5/26 @ 11:30 am Dr. SIRISHA RANI Reg. No: 40525</p>		<p>stated by Nurse 12/5/26 @ 12:00 pm</p>

LBH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 4 D (M)
 Dr. SANDHYA VADDADI



LB



PROGRESS NOTES AND DOCTOR'S ORDER

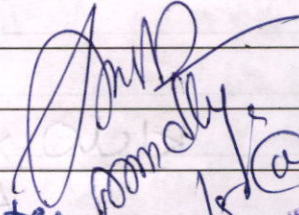
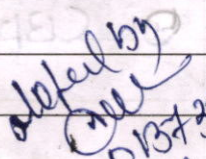
Date & Time	Progress Notes	Doctor's Order
12/5/26		
4pm	Energy sounds	
	No fever	
	vitals - stable	
		Plan
		1. LP
		gastroscopy done Tlw
		2. SPP Tlw
		3. continue w antibiotics
		NPO from 6am.
		dressed
		stop feeds
		Call
		013435
		at 5pm
		Dr. SIRISHA RANI
		Reg. No: 40525

BH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 17-08-2023 2 Y 9 M 5 D (M)
 Dr. SANDHYA VADDADI



(u)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/23 8am	<u>Morning Rounds</u>	
	do Newly diagnosed AML / M5 / (BFβ+) / Aml-ETO ⊕ <u>On Aml-15 protocol / D5 of DA</u>	
	No fever / vomity oral intake ⊕ vitals - stable	
	Ceftriaxone ⊕ foley	⊕ LP, Cerebrospinal fluid today ⊕ SPO 1/2 unit now. ⊕ monitor vitals ⊕ strict I/O chart
		 13/5/23 @ 9:30am Dr. SANDHYA VADDADI Reg. No: 71664
13/25 2pm	<u>Procedure notes</u>	
	under strict aseptic conditions oncology urology; growing line secured w/ <u>arm</u> ⊕ arm; free flow ⊕ Fixed at 24cm. Back flow ⊕ Lumbar puncture done & intrathecal chemotherapy given. Child tolerated well.	
	 13/5/23 at 3pm	- TO do chest xray - Line care ⊕ (MVA)



(12)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>13/5/26</u>	<u>Evening Rounds</u>	
3pm	No Complaints	
	Vitals - (N)	plan
		① TT _m line dressing
		② Collect C&F (R)
		stated by Call 013738
<u>5:30pm</u>	Abdominal distension ⊕	plan
		① Cont. Supportive Care
		stated by Call 013738
		alter
<u>14/5</u>	<u>KICLO AML (MS)</u>	<u>AML-ETU ⊕</u>
<u>8AM</u>	AML (S)	① ⊕ of DA
	NO temperature spikes	① cont supportive care
	activity ⊕	② I/O charting O/U
	Hemodynamically stable	③ R/w memo to day
	on EtO - alert	④ CBP, JIE
	Cv, RS	plan (TTM)
	PIA ⊕	⑤ monitor vitals
	Tux ⊕	N/S Karin
	<u>UB = 4.3 ml/kg/hr</u>	(P.T.O)

(pro)

(P.T.O)

LBH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 7 D
 Dr. SANDHYA VADDADI



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/12/23 10 AM	<p>Continue chemo today Daunomycin / Cytarabine</p>	<p>Continue chemo today - Daunomycin / Cytarabine</p>
	<p>cbc / SG T/m plan</p>	<p>cbc / SG T/m plan</p>
	<p>10:11 AM 43755C</p>	<p>FCR-3 ITO today to be raised.</p> <p>Dr. SIRISHA RANI Reg. No: 40525</p> <p>N/B Kavina 015876 145 @ 1 PM</p>
15/12/23 9 AM	<p>AML- M5 / AML-ETO (+) on AML-15 protocol / D8 of DA</p>	
	<p>No fever No vomiting vitals stable</p>	<p>Plan</p> <ol style="list-style-type: none"> 1. Continue supportive care 2. Review stopping ceftriaxone 3. Trace labs. 4. R/O cytarabine today
	<p>200 mg 1/2 OD If chest signs → Amphotericin to be added.</p>	<p>200 mg 1/2 OD If chest signs → Amphotericin to be added.</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/05 8AM	KICLO AML	(MS) AML (S) <u>CBP FB ⊕</u> (Sg)
	NO complaints vitals stable CRP/ESR PLR (N) TLC (N)	R ① wnt supportive care ② I/O monitoring Q4H
	Intj wnt (Bio) voice raspy	③ CBP, proin (H)M (4PM) ④ Monitor vitals
		(Signature) Dr. Sandhya Vaddadi Reg. No: 71664 ⑤ send urine c/s ⑥ upgrade piptaz/Amik Linezolid Noted by Susmita 16/5/26 @ 11AM.
16/5/26 4:15PM	Evening rounds No fever vitals stable	Plan 1. Trace CBP; urine c/s 2. continue IV PIPTAZ, AMIKACIN (Signature)

LEH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 9 D (M)
 Dr. SANDHYA VADDADI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/21		
6pm	<p>clo abdomen pain</p>	
	<p>No fever</p>	
	<p>1 episode of vomiting</p>	
	<p>o/e</p>	<p>Plan</p>
	<p>child alert</p>	<p>1. Upgrade Antibiotic to Meropenem</p>
	<p>ph-soft</p>	<p>2. STOP chemotherapy further doses.</p>
	<p>BS-sluggish</p>	<p>3. Trace urine cl's.</p>
	<p>CFT < 2sec</p>	<p>4. send bloods.</p>
	<p>vital - stable</p>	
		<p>Search</p>
		<p>Noted by</p>
		<p>Gargi</p>
		<p>021365</p>
		<p>16/5</p>
		<p>7PM</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/05 8AM	<u>KICD XML (M5) CBF B ⊕ (D9)</u>	
	NO temperature spikes icl intermittent Abdomen pain	R ① Cont supportive care
	Mild dull activity ⊕ <u>in Fh: XLOT</u>	② I/O charting ⊕
	C/S, K/S Ture (M)	③ CBF, p/b in S/E (FM)
	PA ⊕; BS ⊕	④ IA activity to wt
	<u>on: J/T now (D2)</u>	⑤ Monitor vitals
	<u>I/O = 1328/1450</u> <u>UO = 4.6ml/kg/hr</u>	⑥ I/O cultures P 17/5/2026
		N/B D cont 17/5/2026 9 AM



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/23 9 AM	AML-M4 / CBFB ⊕ Sea febrile neutropenia	completed PA 8+3 Day+2.
	1 fever spike -100.9F. No vomiting / passed stool.	
o/e child alert PA-soft bc ⊕	Meropenem - D3 Linezolid - D3 Vollcorazole.	Plan 1. Continue IV antibiotics 2. Trace urine & blood culture 3. Trace CBP. 4. RLV colistin - if fever > 101F. & loose stools / abdomen pain 5. PRBC today.
		N/B D/L 015/26 18/5/23 9 AM
		Sauri



18

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 8am	Morning Rounds	
19/5/26	Clo AML - M5 / CBF B ⊕ Post DA D ⊕ 12 ⊖ febrile neutropenia	
	No fever spikes No vomiting / loose stools vitals - ⊖	
Blood clots / platelets Urine clots	Memofren ⊕ Voriconazole Ampicil ⊕	<u>Plans</u> ① T/M CBP ② Cont IV Antibiotics ③ Cont Supportive Care N.B A. Soumya @ 11am 02124 alkil
	 A. Soumya 94999 @ 9:40 AM	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 9 AM	AML-M5 / CBF P (+) post DA - Day (+13) with febrile neutropenia	Plan 1. Trace CBP 2. Continue IV antibiotics 3. Sdp - 1/2 unit today 4. Continue Traexa.
	No fever stools - '2' episodes NO vomitip RI - BLUE (+) clear PA soft bowel sounds (+)	
16/5	Meropenem - 04 → Line cold - 05 → Blood clt } urine } no growth void	2. Ceftriaxone oral line zofid hari CBP review on Saturday ROP 2 units + DIC plan. (irradiate).
20/5/26 4:15 PM	Evening No vomitip stools - passed N.B vitals stable	Plan 1. continue IV antibiotics 2. Sdp 1/2 unit today 3. CBP on 22/5/26 hari

[Signature]
 Dr. Anurag

Noted by Soumya
 20/5/26 @ 11:30 AM

Soumya
 01554
 @ 5 PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/8/23 9:30 AM	<p><u>Morning Rounds</u></p> <p>ClO AML-M5/CBF R ⊕ / post DA - D ⊕ e female neutropenia</p> <hr/> <p>No fever, vomiting oral intake ⊕ vital - ⊕</p> <p>Blood cl ⊕ Urine cl ⊕</p>	
	<p>plan</p> <p>① RW SDP 1/2 unit st_m ② st_m CBP. ③ Collect FCR3 ⊕ dk st_m ④ downscale dk to eptisaxone</p> <p>Admit</p> <p><i>Dr. Anurag 9:40 AM</i></p>	
21/08 6 PM	<p><u>Afternoon Rounds</u></p> <p>NO complaints activity ⊕ CNS, RS HA ⊕ TMC ⊕</p>	<p>① supportive care ② CBP, plan ⊕ ③ monitor vitals ④ plan for Discharge (18/09)</p>

*Dr. Anurag
 21/8/23*

LBH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 13 D (M)
 Dr. SANDHYA VADDADI

(21)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 9am	<p style="text-align: center;">INV (6)</p> <p>AML - M4 CBFP (+) FLT3 - ITD (-) DA - D (+)</p> <p>febrile neutropenia</p>	
	<p>No fever</p> <p>apexile x 4 days.</p> <p>No vomiting</p> <p>Evening rounds</p>	<p>Plan</p> <ol style="list-style-type: none"> elv cop. continue IV antibiotics <p>discharge today</p> <p>flu - 24/5/26 = CBP in ward</p> <p>IV ceftriaxone - (OTOT)</p> <p>oral ketoconazole</p> <p>oral voriconazole ✓</p> <p>R/B Rajkumar? 22/5/26 11 AM Manai</p>
22/5/26 4pm	<p>T-101.5F.</p> <p>child alert</p> <p>CFT = 2sec</p> <p>pulse volune. good.</p> <p>vitals. stable</p>	<p>Plan</p> <ol style="list-style-type: none"> hold discharge start by Amikacin send blood culture EBP Th. <p>R/B Sawittha 24/5 2pm 606620</p> <p style="text-align: right;">Manai</p>

LBH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 15 D (M)
 Dr. SANDHYA VADDADI

23

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 9 AM	Aml-M4 CBF-B ⊕ febrile neutropenia	FCT ₃ ITD ⊖ PA (P416)
	3 fever spikes ⊕ no vomiting No loose stools	
	0/8 child febrile ES-BLUE ⊕ clear PA-soft BCF ⊕ CFT = rec 14/5 - Blood clt - Lukes no growth 17/5 - urine clt " " 15/5 - stool clt - " "	Plan: 1. upgrade to lily PIP-TA2. 2. Trace blood clt. 3. continue Amikacin. SOS add fecalibus enzymes sample Dena IV started X 2 days SDP remaining today N/B Rajamani 23/5/26 @ 11 AM
3/1 PM	Evening Exam No Complaints vitals ⊕	Plan ① N/TM discharge ② CBP - Monday N/B Susmita 23/05 @ 4 PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p><u>Subst</u> <u>Pan</u></p>	<p><u>Morning rounds</u></p>	
	<p>clo Amu - m/ (BFA) RLT₃ 100 Ave <u>Post DA+17 febrile neutropenia</u></p>	
	<p>I fever spikes yday no vomiting no loose stools</p>	
	<p>oral intake (N)</p>	<p><u>Plan</u></p>
	<p>Vitals (N)</p>	<p>1. Dexta IV today</p>
		<p>2. Cont. Supportive Care</p>
		<p>3. This CBP & RW</p>
		<p>discharge</p>
	<p>Pipracil (D₁) Amikacin (D₁) Levofloxacin oral (D₁)</p>	<p><u>Metabolic</u></p>
		<p>2 2/8 Sayilase 606420 2/5 @ 1pm</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26	<u>Morning Rounds</u>	
8am	Clo Amc - Mul CBFS (FIRS ⊖) / post DA D (18) FN	
	No fever / vomiting oral intake - better Vitals - (R)	
Piptaz (D3)		Plan ① Trace BP (R) → not ok
Amikam (Dr)		② Continue Supportive Care
Mergolid - (Dr)		③ S/S upgrade abox
		④ Repeat CBP Tomorrow
		by priv. siddhika
		25/5/26
		@ 9:40am
		⑤ Inj DEXA methame tag
		n.B
		savithri
		25/5
		08:30am



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/23	Afternoon rounds	
12:30 PM	Had 1 temp spike	R
	? blood stained sputum	① Add Inj Meropenem /
	activity (N)	Amphoteric
	Vitals stable	
	CVP, CRP	② ILs starting 500
	PLA (N)	
(H) AEF (N)	TUE (N)	③ CR today
		④ Monitor vitals
		(M/S/O)
25/5/23	Evening rounds	
4 PM	Chest X Ray -	
	Right middle lobe	
	consolidation	
	No distress	Plan
	Vitals - Stable	1- Add Inj Vancomycin
		2- Continue Amphotericin -
		3- STOP Linezolid.
		Dr. S. Savitri
		25/5
		@ 12:30 PM

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 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 19 D (M)
 Dr. SANDHYA VADDADI



24

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Morning Rounds</u>	
26/5/26 8am	<p>clo AML-M4/CBFB/FLT3 ITD @ <u>post DA #18</u> febrile neutropenia <u>RT middle lobe pneumonia</u></p> <p>Going fever spikes ⊕ no cough/vomiting Orally taking well activity ⊕ vitals - stable</p> <p>Amphotericin (D) Vancocin (D) Meropenem (D) voriconazole</p> <p>feritin → 371 (22/5) <u>Bloods</u> → Sterile CR</p>	<p>Plan</p> <ol style="list-style-type: none"> Continue supportive care stop Amikacin Monitor vitals RT antibiotic plan <p>⑤ Add Inj wlistin</p> <p>⑥ IVIG 10gm today n/b Rajamani 26/5/26 @ 11AM</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/05/26 8am	<p><u>Morning rounds</u></p>	
	<p>No AMU - Mu / CBF β / FET₃ 170 @ ue post DA D₁₉ / female neutropenia (R) middle lobe pneumonia</p>	
	<p>Ongoing fever spikes ⊕ no cough</p>	
	<p>Oral intake ⊕ Vitals - ⊕</p>	<p><u>Plan</u></p>
	<p>Meropenem D₇</p>	<p>1) Continue Supportive Care</p>
	<p>Amphis D₃</p>	<p>2) Mm CBP, Se Electrolyte</p>
	<p>Vanco D₂</p>	<p>3) R/w further plan</p>
	<p>Colistin D₂</p>	<p>4) Continue IV antibiotics.</p>
		<p>w/B Rajamani 27/5/26 0 11am</p>
		<p><u>Ashith</u></p>
	<p><i>[Signature]</i> 4:31 PM @ 5:35 AM</p>	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/24 8 Am	<p><u>Morning Rounds</u></p>	
	<p>AML - M₄ / CBF-β / FLT₃-ITD negative Post DA D(+20) febrile neutropenia Right Middle lobe pneumonia</p>	
	<p>3 fever spikes - Probable recovery fever. cough.</p>	
	<p>o/i No respiratory distress ✓ Meropenem - D₈ ✓ Amphotericin - D₄ ✓ vanco D₄ Colistin - D₃ - STOP (SMP) - Atithomycin - D₁ Voriconazole Add Levofloxacin</p>	<p><u>Plan</u> 1. PRBC transfusion today 200ml over 4 hours. 2. discharge today Flu - with CBP. 3. continue IV antibiotics.</p>
		<p>④ Repeat chest xray today leava ⑤ plan for discharge today waring</p>
		<p>M/B Rajamani 28/5/24 @ 11am</p>

LBH/00132654 IP5-00173471
Master RUSHIKESH BOMMU
07-08-2023 2 Y 9 M 2 D (M)
Dr. SANDHYA VADDADI



CROSS CONSULTATION FORM

Doctor Name: DR NAMRATA KOTHAPALLI Date: 09/05/26 Time: 5:12 PM

Diagnosis: AML

Hospital: RCHBH

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for: Opinion Co-Management Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

for dental review

Signature: [Signature]

Findings and Recommendations :

Thank you for the Referral .

Patient undergoing Chemotherapy [AML]

O/E :- Healthy Teeth (No cavities)

PLAN :- No Intervention Needed .

Consultant :

Name: DR NAMRATA K. Signature: [Signature]

Date & Time: 9/5/26

(MDS, Pediatric Dentist)

5:12 PM



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RESULT SHEET



Date	23/5	25/5	26/5	28/5		
Time	8 AM	8 AM	8 AM	8 AM		
Hb	8.3	8.0	8.3	6.2		
PCV	24.7	24.1	25.2	18.4		
RBC	2.96	2.88	3.02	2.02		
WBC	1.57	650	1.19	4.36		
N/L	1.3/98	3/95	8/78	23/51		
Platelets	18000	59,000	24,000	61,000		
CRP		65,000				
ESR						
PCT						
RBS						
Na				133		
K				4.5		
Cl				103		
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						



2

RESULT SHEET



Date	12/5/23	15/5	16/5	18/5/26	20/5/26	22/5/26
Time	8 AM	8 AM	LPM			7:30 AM
Hb	7.3	8.5	8.3	7.2	10.7	9.5
PCV	22.9	26.1	24.8	21.8	32	28.3
RBC	2.75	3.11	2.99	2.62		3.36
WBC	20.08	0.76	0.35	630	1530	1.79
N/L	208/19			4/93	2/97	1.7/96.6
Platelets	15,000	27,000	7000	24,000	7000	47,000
CRP	Mend → 27,000					
ESR						
PCT						
RBS						
Na	135	134		137		
K	5.24	4.2		4.9		
Cl	106	105		105		
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						

Patient

LBH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 0 D (M)
 Dr. SANDHYA VADDADI



RESULT SHEET

Date	6/5	7/5	8/5	8/5/26	9/5	10/5
Time	3pm	1AM	8AM 11pm	6pm	5PM	10AM
Hb	7.6	5.0	8.4	8.4	8.5	8
PCV	2.25	1.93			26.6	25.1
RBC	17.6	16.2 ^{mw 83}			8.24	3.04
WBC	241.27	179.60	180.46	183.07	139.64	105.79
N/L	-	28/22	2/19	25/20	22/23	22.5/21.9
Platelets	31,000	24,000	73,000	60,000	48000	36,000
CRP						
ESR	Mono	47%	class-76	M-52		
PCT						
RBS						
Na		139	139	143	139	137
K		4.1	3.5	3.4	3.6	4.1
Cl		105	104	104	105	101
Ca/Mg		8.9/				
Phosphate		4.3				
Urea						
Creatinine		0.4				
ALP						
SGPT						
SGOT						
r.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid		6.1	4.8	3.4		3.7
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR		19/1.4	16/1.2			
APTT		52	46			
CSF Protein / Sugar						
Cells		FFP				
		Vitk				



DRUG CHART

Date of Admission: 6/05/26 Drug Allergies: NO 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 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	Route	Frequency	Start Date	Date Time																
Additional Instructions:																				

DRUG	Route	Frequency	Start Date	Date Time																	
Additional Instructions:																					

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 13kg Ward. Oncology

(0.59)

VERIFIED

VERIFIED

VERIFIED

VERIFIED

DRUG: <u>INT. CEFTRIAXONE</u>				Date
Dose	Route	Frequency	Start Date	Time
<u>650mg</u>	<u>IV</u>	<u>BD</u>	<u>6/5</u>	<u>7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5 16/5</u>
Name & Signature of the Doctor Starting the Drugs: <u>BVKJOI</u>				<u>7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5 16/5</u>
Additional Instructions: <u>100mg/kg/day</u>				<u>7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5 16/5</u>
Daily Doctor's Endorsement by a Sign				<u>d d d d d d d d d d</u>
DRUG: <u>LANSOPIRAZOLE</u>				Date
Dose	Route	Frequency	Start Date	Time
<u>1tab</u>	<u>PO</u>	<u>OD</u>	<u>6/5</u>	<u>7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5 16/5 17/5 18/5 19/5 20/5</u>
Name & Signature of the Doctor Starting the Drugs: <u>BVKJOI</u>				<u>7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5 16/5 17/5 18/5 19/5 20/5</u>
Additional Instructions:				<u>7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5 16/5 17/5 18/5 19/5 20/5</u>
Daily Doctor's Endorsement by a Sign				<u>d d d d d d d d d d d d d d d d</u>
DRUG: <u>ALLOPURINOL</u>				Date
Dose	Route	Frequency	Start Date	Time
<u>1/2 tab</u>	<u>PO</u>	<u>TID</u>	<u>6/5</u>	<u>7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5</u>
Name & Signature of the Doctor Starting the Drugs: <u>BVKJOI</u>				<u>7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5</u>
Additional Instructions: <u>(100mg)</u>				<u>7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5</u>
Daily Doctor's Endorsement by a Sign				<u>d d d d d d d d d d</u>
DRUG: <u>INT. LANK</u>				Date
Dose	Route	Frequency	Start Date	Time
<u>5mg</u>	<u>IV</u>	<u>BD</u>	<u>6/5</u>	<u>7/5 8/5 9/5 10/5 11/5</u>
Name & Signature of the Doctor Starting the Drugs: <u>BVKJOI</u>				<u>7/5 8/5 9/5 10/5 11/5</u>
Additional Instructions:				<u>7/5 8/5 9/5 10/5 11/5</u>
Daily Doctor's Endorsement by a Sign				<u>d d d d d</u>



Sheet No: U

REGULAR PRESCRIPTIONS

Weight 13kg Ward Oncology

VERIFIED

VERIFIED

VERIFIED

VERIFIED

DRUG: ITRANEXAMIC ~~ITRANEXAMIC~~ Date/Time 7/5/23 8/5/23 9/5/23

Dose 150mg Route IV Frequency BO Start Dt. 6/5

Name & Signature of the Doctor Starting the Drugs: BVKSOI

Additional Instructions: (10mg/kg/dose Bid)
ITRANEXAMIC

Daily Doctor's Endorsement by a Sign: A A A

DRUG: ONDANSETRON ~~ONDANSETRON~~ Date/Time 7/5/23 8/5/23 9/5/23

Dose 2mg Route IV Frequency BO Start Dt. 6/5

Name & Signature of the Doctor Starting the Drugs: BVKSOI

Additional Instructions:

Daily Doctor's Endorsement by a Sign: A A A

DRUG: OTRIVIN ~~OTRIVIN~~ Date/Time

Dose Route Frequency Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign:

DRUG: NASIVON-P ~~NASIVON-P~~ Date/Time 7/5/23 8/5/23 9/5/23 10/5/23 11/5/23

Dose 1 drop Route EW Frequency BO Start Dt. 7/5

Name & Signature of the Doctor Starting the Drugs: BVKSOI

Additional Instructions:

Daily Doctor's Endorsement by a Sign: A A A A N

Sheet No:

REGULAR PRESCRIPTIONS

Weight 13 kg

Ward Oncology

DRUG: Sup CROCIN -05 (5/240) **Date/Time:** 8/5 9/5 10/5

Dose: 4ml **Route:** PO **Frequency:** BD **Start Dt.:** 8/5

Name & Signature of the Doctor Starting the Drugs: *Harani*

Additional Instructions: 10 PM Raxo, Nubutol

Daily Doctor's Endorsement by a Sign: d d d

DRUG: Sup. COMPERIDONE **Date/Time:** 9/5 10/5 11/5 12/5 13/5 14/5 15/5 16/5 17/5 18/5 19/5 20/5 21/5 22/5 23/5

Dose: 2.5ml **Route:** PO **Frequency:** TID **Start Dt.:** 9/5

Name & Signature of the Doctor Starting the Drugs: *B.V. Saji*

Additional Instructions: (1ml/ing)

Daily Doctor's Endorsement by a Sign: d d d d d d d d d d d d d d d

DRUG: TAB ONDANSETRON **Date/Time:** 9/5 10/5 11/5 12/5 13/5 14/5 15/5 16/5 17/5 18/5 19/5 20/5 21/5 22/5 23/5

Dose: 2mg **Route:** IV **Frequency:** TID **Start Dt.:** 9/5

Name & Signature of the Doctor Starting the Drugs: *B.V. Saji*

Additional Instructions:

Daily Doctor's Endorsement by a Sign: d d d d d d d d d d d d d d d

DRUG: Sup. SEPTRAN **Date/Time:** 11/5 12/5 13/5 14/5 15/5 16/5 17/5 18/5 19/5 20/5 21/5 22/5 23/5

Dose: 2.5ml **Route:** PO **Frequency:** Q12H **Start Dt.:** 11/5

Name & Signature of the Doctor Starting the Drugs: *Dr. N. K. S. S. S.*

Additional Instructions: M/W/E

Daily Doctor's Endorsement by a Sign: d d d d d d d d d d

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Sheet No:

REGULAR PRESCRIPTIONS

Weight 12 kg Ward Oncology

DRUG:	Dose	Route	Frequency	Start Dt.	Date/Time	11/5	12/5	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5	
Sy. Calcimax Plus	2.5w	PO	Q4H	11/5																
Name & Signature of the Doctor Starting the Drugs:					Aravindhan															
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign					A A A A A A A A A A A A A A A A A															

DRUG:	Dose	Route	Frequency	Start Dt.	Date/Time	12/5	13/5	14/5	15/5	16/5
PREDMET Eye drops	2 drops	OU	Q2H	12/5						
Name & Signature of the Doctor Starting the Drugs:					Aravindhan					
Additional Instructions:					STOP					
Daily Doctor's Endorsement by a Sign					A A A A A A A					

DRUG:	Dose	Route	Frequency	Start Dt.	Date/Time	12/5	13/5	14/5
Neb BUDESAL	1mL	Neb	BD	12/5				
Name & Signature of the Doctor Starting the Drugs:					Aravani			
Additional Instructions:					6am - 6pm			
Daily Doctor's Endorsement by a Sign					A A A			

DRUG:	Dose	Route	Frequency	Start Dt.	Date/Time	12/5	13/5	14/5
Neb LEVOLIN	0.63m	Neb	BD	12/5				
Name & Signature of the Doctor Starting the Drugs:					Aravani			
Additional Instructions:					11am - 10pm			
Daily Doctor's Endorsement by a Sign					A A A			

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Sheet No:

REGULAR PRESCRIPTIONS

Weight 13.4kg

Ward Oncology

DRUG: Tab TRANEXAMIC				Date
				Time
Dose	Route	Frequency	Start Dt.	
1/2 tab	PO	Q 12h	12/5	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG: T-VORICONAZOLE				Date
				Time
Dose	Route	Frequency	Start Dt.	
1/2 tab	PO	QD	15/5	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG: PIPERACILLIN TAZOBACTAM				Date
				Time
Dose	Route	Frequency	Start Dt.	
2gm	IV	Q 6H	16/5	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG: AMIKACIN				Date
				Time
Dose	Route	Frequency	Start Dt.	
150mg	IV	QD	16/5	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED

VERIFIED

VERIFIED

Signature
 Name

LBH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 9 D (M)
 Dr. SANDHYA VADDADI



Sheet No:

REGULAR PRESCRIPTIONS

Weight 13.1 kg Ward ICU

DRUG: <u>2g CEFTRIAXONE</u>				Date Time	<u>21/5</u>	<u>22/5</u>	<u>23/5</u>														
Dose	Route	Frequency	Start Dt.																		
<u>650mg</u>	<u>IV</u>	<u>Q12H</u>	<u>21/5</u>	<u>6am</u>	<u>Subcut</u>	<u>8am</u>	<u>10am</u>	<u>2pm</u>													
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Siddhant</u>																					
Additional Instructions: <u>Stop</u>																					
Daily Doctor's Endorsement by a Sign																					

DRUG: <u>2g Amikacin</u>				Date Time	<u>22/5</u>	<u>23/5</u>	<u>24/5</u>	<u>25/5</u>	<u>26/5</u>												
Dose	Route	Frequency	Start Dt.																		
<u>100mg</u>	<u>IV</u>	<u>Q12H</u>	<u>22/5</u>	<u>6am</u>	<u>8am</u>	<u>10am</u>	<u>12pm</u>	<u>2pm</u>	<u>4pm</u>	<u>6pm</u>	<u>8pm</u>	<u>10pm</u>	<u>12am</u>								
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Siddhant</u>																					
Additional Instructions: <u>Stop</u>																					
Daily Doctor's Endorsement by a Sign																					

DRUG: <u>2g PIPERACILLIN TAZOBACTAM</u>				Date Time	<u>23/5</u>	<u>24/5</u>	<u>25/5</u>														
Dose	Route	Frequency	Start Dt.																		
<u>2gm</u>	<u>IV</u>	<u>BD</u>	<u>23/5</u>	<u>6am</u>	<u>Subcut</u>	<u>8am</u>	<u>10am</u>	<u>12pm</u>	<u>2pm</u>	<u>4pm</u>	<u>6pm</u>	<u>8pm</u>	<u>10pm</u>	<u>12am</u>							
Name & Signature of the Doctor Starting the Drugs: <u>Harani</u>																					
Additional Instructions: <u>Stop</u>																					
Daily Doctor's Endorsement by a Sign																					

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

VERIFIED

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VERIFIED

VERIFIED BY : Name Signature



Sheet No:

REGULAR PRESCRIPTIONS

Weight 13.1g

Ward Oncology

DRUG	Dose	Route	Frequency	Start Dt.	Date Time															
Syp. Domnam	2.5ml	PO	Q8H	24/5	24/5	6am	8am	10am	12pm	2pm	4pm	6pm	8pm	10pm	12am					
Name & Signature of the Doctor Starting the Drugs: Dr. Sandhya Vaddadi					Additional Instructions: (1ml/ing)					Daily Doctor's Endorsement by a Sign D D D D D										
T. LANZOL JR	1 tab	PO	Q24H	24/5	24/5	6am	8am	10am	12pm	2pm	4pm	6pm	8pm	10pm	12am					
Name & Signature of the Doctor Starting the Drugs: A. L. L.					Additional Instructions: 1 tab = 15mg					Daily Doctor's Endorsement by a Sign D D - D D										
INT. MEROPENEM	750mg	IV	Q12H	25/5	25/5	6am	8am	10am	12pm	2pm	4pm	6pm	8pm	10pm	12am					
Name & Signature of the Doctor Starting the Drugs: B. V. S.					Additional Instructions:					Daily Doctor's Endorsement by a Sign D D D D										
INT. AMPHOTRILE	20mg	IV	Q24H	25/5	25/5	6am	8am	10am	12pm	2pm	4pm	6pm	8pm	10pm	12am					
Name & Signature of the Doctor Starting the Drugs: B. V. S.					Additional Instructions:					Daily Doctor's Endorsement by a Sign										

VERIFIED
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 VERIFIED

Signature
 VERIFIED BY NAME



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG: FALDATON E				Date/Time																
Dose	Route	Frequency	Start Dt.	25/5	8AM															
1/2 tab	PO	BD	25/5																	
Name & Signature of the Doctor Starting the Drugs:				B. V. S. D. I.																
Additional Instructions:				(25mg)																
Daily Doctor's Endorsement by a Sign				[Signature]																
DRUG: INT AMPHOMULE				Date/Time																
Dose	Route	Frequency	Start Dt.	25/5																
25 mg	IV	Q4H	25/5																	
Name & Signature of the Doctor Starting the Drugs:				M. Mandhya																
Additional Instructions:				2 50ml 5% DEXTROSE over 1 hour																
Daily Doctor's Endorsement by a Sign				[Signature]																
DRUG: VY VANCOMYCIN				Date/Time																
Dose	Route	Frequency	Start Dt.	25/5																
150mg	IV	Q8h	25/5																	
Name & Signature of the Doctor Starting the Drugs:				M. M. M.																
Additional Instructions:				[Handwritten notes]																
Daily Doctor's Endorsement by a Sign				[Signature]																
DRUG: Syg CAELUMAX PWS				Date/Time																
Dose	Route	Frequency	Start Dt.	25/5																
2-5ml	PO	Q24h	25/5																	
Name & Signature of the Doctor Starting the Drugs:				M. M. M.																
Additional Instructions:				[Handwritten notes]																
Daily Doctor's Endorsement by a Sign				[Signature]																

VERIFIED

VERIFIED
Signature

VERIFIED BY

VERIFIED

LBH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 19 D (M)
 Dr. SANDHYA VADDADI



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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Signature

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DRUG :				Date
Dose	Route	Frequency	Start Dt.	Time
lyg COLISTIN				28/5
5 tabs with milk	IV	Q12h	28/5	
Name & Signature of the Doctor Starting the Drugs: Sarani				BANU Ravi Ravi 21.30 Sarani
Additional Instructions:				Ravi Narasimha Sarani
Daily Doctor's Endorsement by a Sign				M R A
Syp AZITHROMYCIN				
3 ml	PO	Q24h	28/5	
Name & Signature of the Doctor Starting the Drugs: Sarani				
Additional Instructions: (5ml/200mg)				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date
Dose	Route	Frequency	Start Dt.	Time
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date
Dose	Route	Frequency	Start Dt.	Time
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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 07-08-2023 2 Y 9 M 19 D (M)
 Dr. SANDHYA VADDADI



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

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

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

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

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

VERIFIED BY : Name Signature



1

STAT / ONCE ONLY DRUGS

Name: Dr. Sandhya

Weight: 13 kg

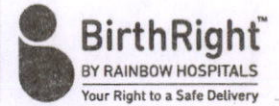
Sheet No:

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
12/1/26	12:20 PM	2ij. Avil	0.3ml	IV	ndhs	kar	Subhalekha
12/1	12:20 PM	2ij. HYDROCOLOREDONE	25mg	IV	ndhs	ad	Subhalekha
12/1	12:25 PM	PRBC	200ml	IV	ndhs	B	Subhalekha
12/1		over 4 hours.					
12/1	6 PM	2ij. LORAZEPAM	5mg	IV	ndhs	car	Subhalekha
13/1/26	9:00 AM	2ij AVIL	0.3ml	IV	ndhs	Am	Subhalekha
13/1/26	9:00 AM	2ij HYDROCOLOREDONE	25mg	IV	ndhs	Am	Subhalekha
14/1/26	9:00 AM	SDP	1/2 nit	IV	ndhs	Am	Subhalekha
13/15	10 PM	2ij MIDAZOLAM	1mg	IV	(R)	Am	Subhalekha
13/15	1:5 PM	2ij KETAMINE	20mg	IV	(R)	Am	Subhalekha
16/15	7:30 PM	SDP	1/2 nit	IV	d	Nee	Nee
16/15	7:25 PM	1ij AVIL	0.3ml	IV	d	Dint	Dint
16/15	6:10 PM	PRBC	200ml	IV	d	Soumya	Narshenge
18/15	10 PM	1ij CASIX	5mg	IV	d	Subhalekha	Am
18/15	6:10 PM	1ij AVIL	0.3ml	IV	d	Soumya	Narshenge
20/15	7 PM	SDP	1/2 nit	IV	d	Subhalekha	Am
20/15	7: PM	1ij AVIL	0.3ml	IV	d	Subhalekha	Am
23/15	8:45 AM	1ij PARACETAMOL	190mg	IV	d		
23/15	11 AM	2ij DEXAMETHASONE	2mg	IV	(R)	Rajanya	Soumya
23/15	10:30 AM	SDP	1/2 nit	IV	d	Rajanya	Soumya
23/15	10:30 AM	1ij AVIL	0.3ml	IV	d	Rajanya	Soumya



CHEMOTHERAPY PRESCRIPTION

All the chemotherapy medications are high risk / high alert drugs.
 While administering chemotherapy drugs watch for nausea, vomiting, rashes,
 urine output and any local extravasation of the drug.



Sheet No. : (3)	Weight (kg) : 13kg	Body Surface Area: 0.59	Diagnosis: AML	Protocol: AML-15.
-----------------	--------------------	-------------------------	----------------	-------------------

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.
(D5) 13/5/26	9pm	2g. CYTARABINE in 100ml NS	50 mg	IV	@ 50 ml/hr	nlshu	Pooja Bhuva	13/5	R	Pooja Bhuva
D4 14/5/26	12pm	2g. CYTARABINE in 100ml NS	50 mg	IV	@ 50 ml/hr	nlshu	Karima Subhantika	14/5	A	Shelli nlshu
14/5/26	5:30pm	2g DAUNORUBIN in 300ml 1/2 NS	25 mg	IV	@ 60 ml/hr	nlshu	Shelli nlshu	14/5	d	Pooja Bhuva
15/5/26	12am	2g. CYTARABINE in 100ml NS	50 mg	IV	@ 50 ml/hr	nlshu	Pooja Bhuva	14/5	d	Pooja Bhuva
D7 15/5	11am	1g CYTARABINE in 100ml NS	50mg	IV	50ml/hr	d	Karima Divya	15/5	d	Karima Divya
15/5	4pm	1g CYTARABINE in 100ml NS	50mg	IV	50ml/hr	d	Sounya Pooja	15/5	R	Pooja Sounya

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 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 9 D (M)
 Dr. SANDHYA VADDADI



CHEMOTHERAPY PRESCRIPTION

All the chemotherapy medications are high risk / high alert drugs.
 While administering chemotherapy drugs watch for nausea, vomiting, rashes,
 urine output and any local extravasation of the drug.



Sheet No. : ④ Weight (kg): 13kg ④ Body Surface Area: 0.59 Diagnosis: AML-M5 Protocol: AML-15

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.
16/5	10 AM (11mg)	1kg CYTARABINE in 100ml NS	50mg	IV	50ml/hr	ⓧ	Sumita Dirya	16/5	ⓧ	Sumita Dirya
16/5	10 pm	1kg CYTARABINE in 100ml NS	50mg	IV	50ml/hr	ⓧ	STOP Suman		ⓧ	

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LBH-00132654 IP5-00173471

Master RUSHIKESH BOMMU

07-08-2023 2 Y 9 M 1 D (M)

Dr. SANDHYA VADDADI



CHEMOTHERAPY PRESCR

All the chemotherapy medications are high risk / high
While administering chemotherapy drugs watch for nausea, vomiting, rashes,
urine output and any local extravasation of the drug.



Sheet No.: ① Weight (kg): 13kg Body Surface Area: 0.59 Diagnosis: AML Protocol: AML 17

①

②

DATE	TIME	Composition of Chemotherapy (if infusion, mention ml / hr = Mcg / kg / min. etc.)	DOSE	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
8/5/26	10pm	ly CYTARABINE in 100 ml NS	30mg 40mg	IV	50ml/hr		Dehith Narshera	8/5/26		Dehith Narshera
9/5/26	10 AM 9 AM	ly CYTARABINE in 100ml NS	40mg	IV	50ml/hr		Anusadha Divya	9/5		Shel Divya
9/5	9 PM	INJ CYTARABINE (in 100ml NS)	50mg	IV	50ml/hr		Dehith Narshera	9/5		Preranjana Narshera
10/5	9 AM	INJ CYTARABINE (in 100ml NS)	50mg	IV	50ml/hr		Anusadha Divya	10/5		Anusadha Divya
10/5	4 pm	INJ DAUNORUBICIN in 300ml 1/2 NS	25mg	IV	60ml/hr		Sonam Anusadha	10/5		Shel Poosha
10/5	10 pm	INJ CYTARABINE in 100 ml NS	50mg	IV	50ml/hr		Shel Narshera	10/5		Pooja Narshera

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THERAPY PRESCRIP

All the chemotherapy medications are high risk / high alert drugs.
 While administering chemotherapy drugs watch for nausea, vomiting, rashes,
 urine output and any local extravasation of the drug.



Sheet No.: ② Weight (kg): 13kgs Body Surface Area: 0.59 Diagnosis: AML Protocol: AML-15 protocol

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.
11/5/26	9AM	2j. CYTARABINE in 100ml NS	50 mg	IV	@ 50 ml/hr	alok	Arum Subhakar	11/5	alu	Arum Subhakar
11/5/26	9PM	2j. CYTARABINE in 100ml NS	50 mg	IV	@ 50 ml/hr	alok	Pooja Bhuvane	12/5	alu	Pooja Bhuvane
12/5/26	8:30AM	2j CYTARABINE in 100ml NS	50mg	IV	@ 50 ml/hr	alok	Naveen Subhakar	12/5	A	Naveen Subhakar
12/5	7PM	2j. DAUNORUBICIN in 300ml 1/2 NS	25 mg	IV	@ 60 ml/hr	alok	Subhakar alu	12/5	A	Pooja alu
13/5	2 Am.	2j. CYTARABINE in 100ml NS	50 mg	IV	@ 50 ml/hr	alok	Pooja Bhuvane	12/5	A	Pooja Bhuvane
13/5/26	10AM 9AM	2j CYTARABINE IN 100ml NS	50 mg	IV	@ 50 ml/hr	alok	Arum M Subhakar	13/5	A	Arum M Subhakar

D3

D4

D5



I.V. FLUIDS CHART

Weight. 13kg Ward. 010608

SIGNATURE VERIFIED

VERIFIED BY : Name

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
6/5	11:30pm	DNS	IV	60ml/hr			11/5	A	Karima Divya
7/5		NAC 7ml + 16ml NS	IV	1ml/hr					
8/5	11pm	NAC infusion 7ml + 17ml NS	IV	1ml/hr			21/5	X	
10/5	10pm	DNS + 5ml MVET 5ml KCl	IV	40ml/hr			21/5	X	
22/5	6am	DNS + 5ml MVET	IV	40			22/5	A	

BH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 17-08-2023 2 Y 9 M 20 D (M)
 Dr. SANDHYA VADDADI

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

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

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/8/23	Time: 9 AM	1 PM	
Doctor / Nurse / Family Concern?			
Temperature (F)	104		
	103		
	102		
	101		
	100		
	99	98.8	98.8
	98		
	97		
	96		
	95		
	94		
Heart Rate (bpm)	190		
	180		
and Blood Pressure (mmHg) *	170		
	160		
Note: BP does not score in early warning scoring	150		
	140		
	130		
	120	122/64	120/60
	110		
	100		
	90		
	80		
	70		
	60		
50			
Heart Rate (Number)	122/64	120/60	
Resp. Rate (bpm) (Over 1 Minute) *	70		
	60		
	50		
	40		
	30		
Resp Rate (Number)	26/10	26/10	
Resp Distress	Mod/ Severe		
	None / Mild		
Receiving O ₂ (l/min)			
O ₂ Saturations (%)	100%	100%	
Conscious Level	Normal		
	Altered		
GCS *	15/15	15/15	
TOTAL SCORE			
Number of shaded boxes	0	0	
Pain Score	0	0	
Observer's Initials	R	R	

ACTIONS

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

* 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

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- 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)



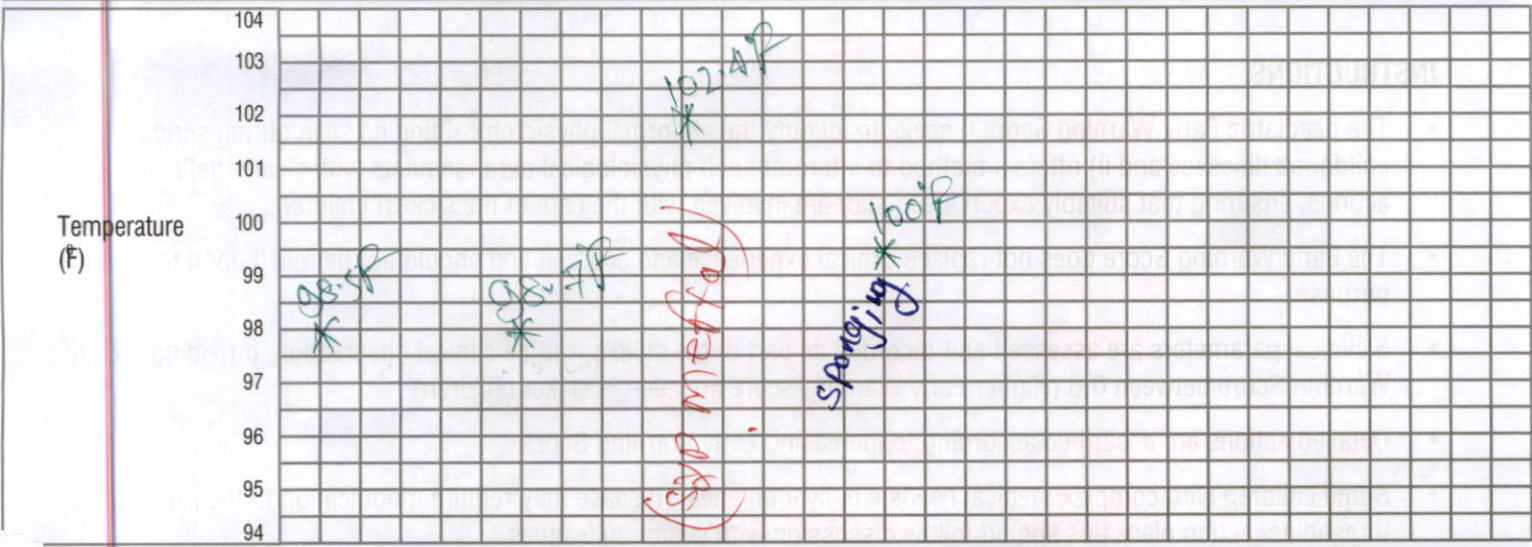
20

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/5 Time: 10pm, 3AM, 5:30AM-6AM

Doctor / Nurse / Family Concern?



Heart Rate (bpm)	113bpm	112bpm	118bpm
Blood Pressure (mmHg) *	100 / 71 (81)	97 / 67 (73)	106 / 70 (81)
Note: BP does not score in early warning scoring			

Heart Rate (Number) 113bpm 112bpm 118bpm

Resp. Rate (bpm) (Over 1 Minute) *	27bpm	25bpm	28bpm
Resp Rate (Number)	27bpm	25bpm	28bpm

Resp Mod/ Severe Distress None / Mild 0 0 0

Receiving O₂(l/min) O₂Saturations (%) 100% 100% 100%

Conscious Level Normal / Altered C C C

GCS * 15/15 15/15 15/15

TOTAL SCORE	0	0	0
Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	<u>Z</u>	<u>Z</u>	<u>Z</u>

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

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
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- 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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Date	Time	Early Warning Score	Date	Time	Name

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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)

LH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 19 D (M)
 Dr. SANDHYA VADDADI



24

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

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

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 27/8 Time: 9AM 10:30AM 11:45AM 1PM 4:28PM 6PM 8:27PM
 Doctor / Nurse / Family Concern?

Temperature (F)	104						
	103						
	102						
	101						
	100	98.8F	100.2 SIP (100.0F)	98.8F	98.8F	100.5 SIP (100.0F)	98.8F
	99						101.7F
	98						101.7F
	97						
	96						
	95						
	94						

Today wt 11.6 kgs

Heart Rate (bpm)	190						
and	180						
Blood Pressure (mmHg) *	170						
	160						
	150						
	140	141		141		140	142
	130						
	120						
	110						
	100						
	90						
	80						
	70						
	60						
	50						
Heart Rate (Number)		120b/w (109)		110b/w		136b/w	130b/w

Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30						
	20						
	10						
Resp Rate (Number)		25b/w		26b/w		30b/w	36b/w

Resp Distress	Mod/ Severe	None / Mild					
Receiving O ₂ (l/min)							
O ₂ Saturations (%)			100%	100%	100%	100%	
Conscious Level	Normal	Altered					
GCS *			15/15	15/15	15/15	15/15	
TOTAL SCORE							
Number of shaded boxes			0	0	0	0	
Pain Score			2	2	2	2	
Observer's Initials			R	R	R	R	

ACTIONS
 NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
- Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
- Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
- Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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

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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)

23

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/5 Time: 6PM 7PM 10PM 11PM 3AM 6AM
 Doctor / Nurse / Family Concern?

Temperature (F)	104					
	103					
	102					
	101					
	100	99.7	100.9	99.8		
	99					
	98					
	97					
	96					
	94					

Heart Rate (bpm) and Blood Pressure (mmHg) *	190				
	180				
	170				
	160				
	150				
	140				
	130				
	120				
	110				
	100				

Note: BP does not score in early warning scoring

Heart Rate (Number)	115b/m	112b/m	110b/m	110b/m
---------------------	--------	--------	--------	--------

Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
	30				
	20				
	10				
	Resp Rate (Number)	25b/m	25b/m	25b/m	25b/m

Resp Distress	Mod/ Severe None / Mild				
Receiving O ₂ (l/min)					
O ₂ Saturations (%)		100%	98%	99%	100%
Conscious Level	Normal Altered		c	c	c
GCS *		15/15	15/15	15/15	15/15

TOTAL SCORE				
Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	R	R	R	R

ACTIONS NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
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22

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

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 26/5 Time: 7:30 AM 8:25 AM 9 AM 12:15 PM 1:15 PM 4 PM 5:30 PM

Doctor / Nurse / Family Concern?						
Temperature (F)	104 *104.4 Syp. Meftal CATH Sparging	103 *103.4 100.1 100.4	102 *103.4 103.0 103.0 Sponging	101 *103.4 102.6 102.6 Sponging	100 *103.4 101.6 101.6 Sponging	99 *103.4 101.8 101.8 Sponging

Heart Rate (bpm)	130 bpm	136 bpm	116 bpm	115 bpm	130 bpm
Blood Pressure (mmHg) *	106 / 60	103 / 64	107 / 62	105 / 60	111 / 63
Note: BP does not score in early warning scoring					

Resp. Rate (bpm) (Over 1 Minute) *	28 bpm	30 bpm	26 bpm	25 bpm	26 bpm
Resp Rate (Number)	28 bpm	30 bpm	26 bpm	25 bpm	26 bpm

Resp Mod/ Severe Distress None / Mild					
Receiving O ₂ (l/min)	0	0	0	0	0
O ₂ Saturations (%)	99%	100%	100%	100%	100%
Conscious Level Normal / Altered					
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	2	0	0	0	0
Number of shaded boxes	2	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	R	R	R	R	R

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.
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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21

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

PRE-SCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 25/5 Time: 9am 11:30am 2pm 4:30pm 7:30pm 8:30pm 10pm 3AM 6AM

Doctor / Nurse / Family Concern?															
Temperature (F)	104														
	103														
	102		102.2F *												
	101														
	100														
	99														
	98	98.6F	98.6F *	98.6F *											
	97														
	96														
	94														
Heart Rate (bpm)	190														
	180														
	170														
	160														
	150														
	140														
	130														
	120														
	110														
	100														
Blood Pressure (mmHg) *	90														
	80														
	70														
	60														
	50														
	100	100	100	100	100	99	96	98							
	90	(72)	(62)	(70)	(72)	(71)	(67)	(61)							
	80														
	70														
	60														
50	60	59	62	60	50	50	48								
Heart Rate (Number)	112b/m	102b/m	109b/m	112b/m	110b/m	109b/m	107b/m								
	resp. Rate (bpm) (Over 1 Minute) *	70													
		60													
		50													
		40													
		30													
		20													
		10													
		Resp Rate (Number)	28b/m	29b/m	28b/m	29b/m	29b/m	29b/m	28b/m						
			Resp Mod/ Severe Distress None / Mild	-	-	-	-	.	.	.					
Receiving O ₂ (/min) O ₂ Saturations (%)				100%	100%	98%	100%	100%	98%	99%					
	Conscious Normal Level Altered			c	c	c	c	c	c	c					
				GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15				
					TOTAL SCORE	0	0	0	0	0	0	0			
						Number of shaded boxes									
							Pain Score								
								Observer's Initials							

ACTIONS

Score 1 : Continue normal observation by staff nurse

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

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

Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see

Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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)

20

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 08/08/23 Time: 6Am 1pm 4pm 7pm 10pm 3Am 6Am
 Doctor / Nurse / Family Concern? _____

Temperature (F)	104							
	103							
	102							
	101							
	100							
	99	*98.5°F	98.6°F	98.6°F		*98.5°F	*98.5°F	
	98							*97.5°F
97								
96								
95								
94								

Heart Rate (bpm)	190							
	180							
and Blood Pressure (mmHg) *	170							
	160							
Note: BP does not score in early warning scoring	150							
	140							
	130							
	120							
	110							
	100							
	90							
	80							
	70							
	60							
	50							
	40							

Heart Rate (Number)	110 b/m	106 b/m	106 b/m	110 b/m	106 b/m	110 b/m
---------------------	---------	---------	---------	---------	---------	---------

resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30	*	-	-	.	.	.
	20						
	10						
	0						

Resp Rate (Number)	sub/m	28 b/m	29 b/m	29 b/m	29 b/m	28 b/m
--------------------	-------	--------	--------	--------	--------	--------

Resp Distress	Mod/ Severe						
	None / Mild	.	-	-	.	.	.

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

Conscious Level	Normal	c	c	c	c	c
	Altered					

GCS *		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	RL	RL	RL	RL	RL	RL

ACTIONS	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

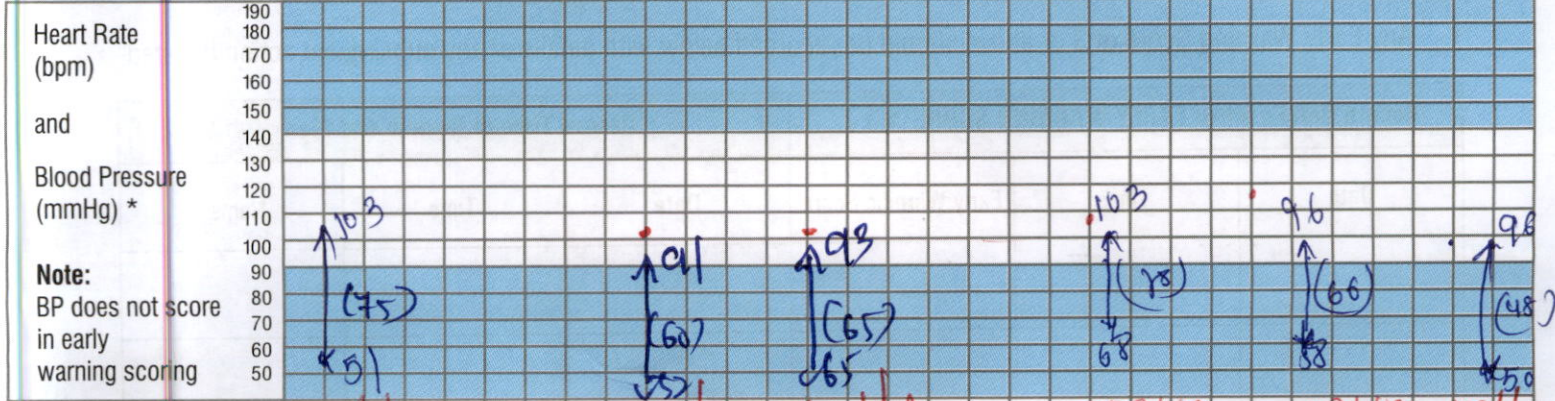
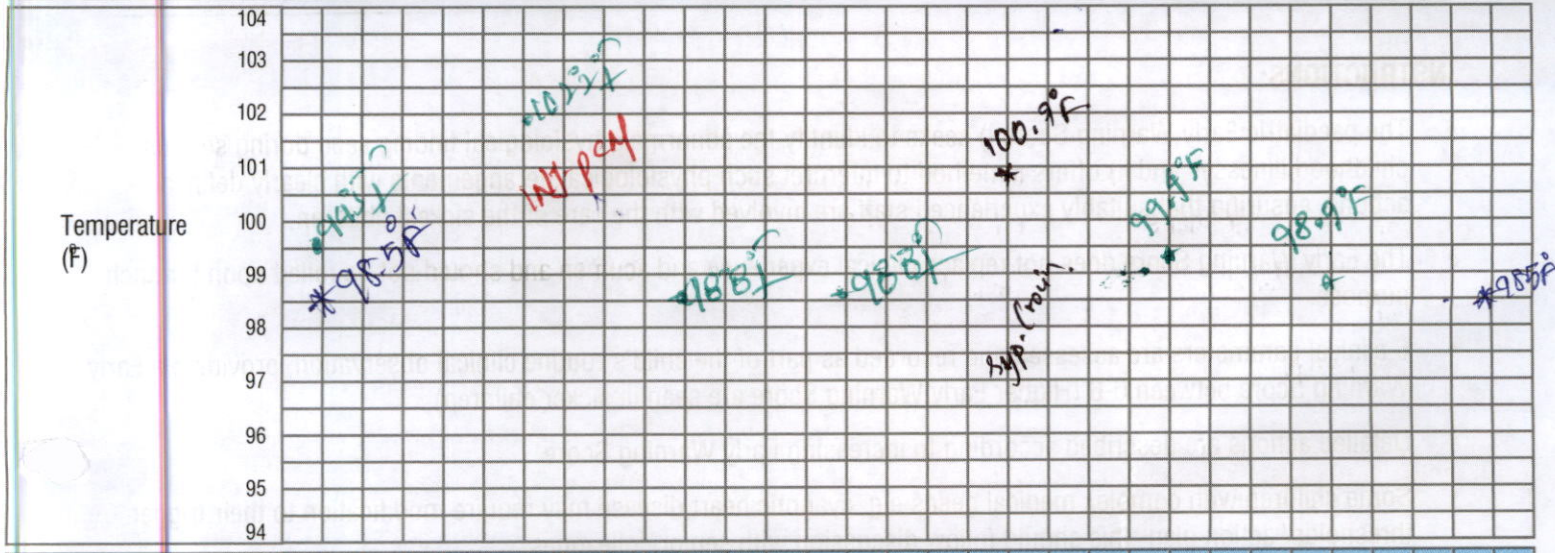
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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.

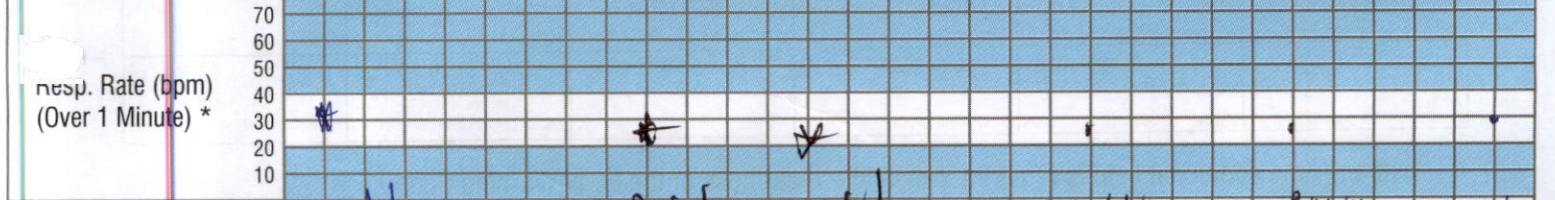
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S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ 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)
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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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/5 Time: 2:30 (6 AM) 3:45 AM 10 AM 1 PM 3:10 PM 4:30 PM 7 PM 10 PM
 Doctor / Nurse / Family Concern?



Heart Rate (Number) 121b/m 101b/m 101b/m 108b/m 112b/m 118b/m



Resp Rate (Number) 31b/m 24b/m 24b/m 24b/m 24b/m 24b/m

Resp Distress Mod/ Severe None / Mild *

Receiving O₂ (l/min) O₂ Saturations (%) 98% 99% 100% 99% 98% 99%

Conscious Level Normal / Altered c c c e e c

GCS * 15/15 15/5 15/5 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 (S) (S) (S) (S) (S) (S)

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
 - Score 2 : Shift in charge nurse to be informed and continue hourly observations
 - Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
 - Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
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* 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

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- 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

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 24/5 Time : 10 AM 1:15 pm 3 pm 4 pm 6 pm 6:50 pm 7:40 pm 10:30 AM
 Doctor / Nurse / Family Concern?

Temperature (F)	104										
	103										
	102									102.2f	
	101									*	
	100										
	99	98.6f	100.6f								
	98					98.6f	98.6f				98.6f
	97										
	96										
	94										

Handwritten notes: (Sup: c-2000), (Vital), (Spont), (Di: Pervasive), (Di: Pervasive)

Heart Rate (bpm) and Blood Pressure (mmHg) *	190									
	180									
	170									
	160									
	150									
	140									
	130									
	120									
	110									
	100									

Note: BP does not score in early warning scoring

Handwritten notes: 110 (70) 65, 100 (20) 60, 98 (70) 60, 100 (79) 60, 98 (69) 60, 93 (41) 50

Heart Rate (Number) 90b/m 112b/m 108b/m 100b/m 98b/m 128b/m

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

Resp Rate (Number) 26b/m 28b/m 29b/m 29b/m 28b/m 28b/m

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

Receiving O₂ (l/min) O₂ Saturations (%) 100% 100% 100% 100% 100% 100%

Conscious Level Normal / Altered C C C C C C

GCS * 15/5 15/5 15/5 15/5 15/5 15/5

TOTAL SCORE Number of shaded boxes 0 0 0 0 0 0

Pain Score 0 0 0 0 0 0

Observer's Initials R R R R R R

ACTIONS	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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B	BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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)

LBH-00132654
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 13 D (M)
 Dr. SANDHYA VADDADI

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

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

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/5 Time: 10:10 AM 10:30 AM 10:50 AM 11:10 AM 11:30 AM 11:50 AM

Doctor / Nurse / Family Concern? dw pr

Temperature (F)	104	103	102	101	100	99	98	97	96	95	94
	98.8	97.9	98.6	98.1	98.2	98.0	98.2				98.2

Heart Rate (bpm)	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50
Blood Pressure (mmHg) *	89/55	91/58	95/50	99/55	90/54	98/62	101/60								
Heart Rate (Number)	103b/m	102b/m	102b/m	105b/m	106b/m	100b/m	98b/m								

Resp. Rate (bpm) (Over 1 Minute) *	70	60	50	40	30	20	10								
Resp Rate (Number)	24b/m	24b/m	24b/m	25b/m	28b/m	24b/m	26b/m								

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 98% 99% 99% 99% 99% 99%

Conscious Level Normal / Altered

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

TOTAL SCORE											
Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	dw	pr	dw	pr	dw	pr	dw	pr	dw	pr	dw

ACTIONS
 NB: Scores 3 should be recorded over leaf

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
- Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
- Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
- Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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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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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20.5..... Time: 10 am	1 pm	4 pm	7 pm	10 pm	3 am	6 am
Doctor / Nurse / Family Concern?	am	pm				
Temperature (F)	98.5°F	98.1°F	98.6°F	98.6°F	98.6°F	98.8°F
Heart Rate (bpm)	118	112	109	101	100	102
Blood Pressure (mmHg) *	87/57	86/55	82/62	75/56	62/62	70/64
Heart Rate (Number)	114b/m	108b/m	99b/m	101b/m	96b/m	94b/m
Resp. Rate (bpm) (Over 1 Minute) *	24	24	25	25	28	26
Resp Rate (Number)	24b/m	24b/m	25b/m	25b/m	28b/m	26b/m
Resp Mod/ Severe Distress	None	None	None	None	None	None
Receiving O ₂ (l/min)	0	0	0	0	0	0
O ₂ Saturations (%)	99%	98%	99%	100%	100%	99%
Conscious Level	Normal	Normal	Normal	Normal	Normal	Normal
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	S	S	S	S	S	S
ACTIONS	Score 1 : Continue normal observation by staff/nurse Score 2 : Shift in charge nurse to be informed and continue hourly observations Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue. 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: Scores 3 should be recorded overleaf						

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No. : RCH/ FRM / CLINICAL / 125

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

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/5 Time: 9:30 1 4 7 10pm 9am 6am

Doctor / Nurse / Family Concern? am. pm pm pm 10pm 9am 6am

Temperature (F)	104							
	103							
	102							
	101							
	100							
	99	98.8°F	97.9°F	98.1°F	97.8°F	98.0°F	98.4°F	98.0°F
	98	*	*	*	*			
	97							

Heart Rate (bpm)	190							
	180							
Blood Pressure (mmHg) *	170							
	160							
Note: BP does not score in early warning scoring	150							
	140							
Heart Rate (Number)	130	114 (78)	112 (79)	118 (81)	119 (80)	118 (66)	112 (85)	100 (65)
	120	67	68	70	69	53	70	62
	110	116b/ut	110b/ut	108b/ut	112b/ut	98 b/m	92b/m	101b/m

Resp. Rate (bpm) (Over 1 Minute) *	70							
	60							
Resp Rate (Number)	50							
	40							
	30	24b/ut	24b/ut	26b/ut	24b/ut	26b/m	28b/m	24b/m

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal / Altered

GCS *

TOTAL SCORE								
Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	R	R	R	R	R	R	R	R

ACTIONS

Score 1 : Continue normal observation by staff nurse

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14

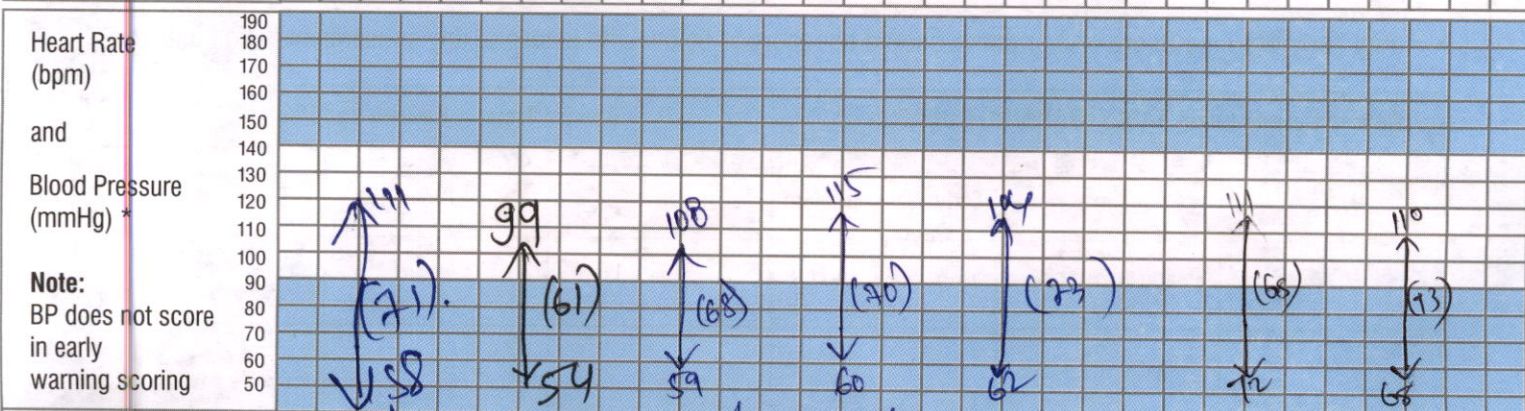
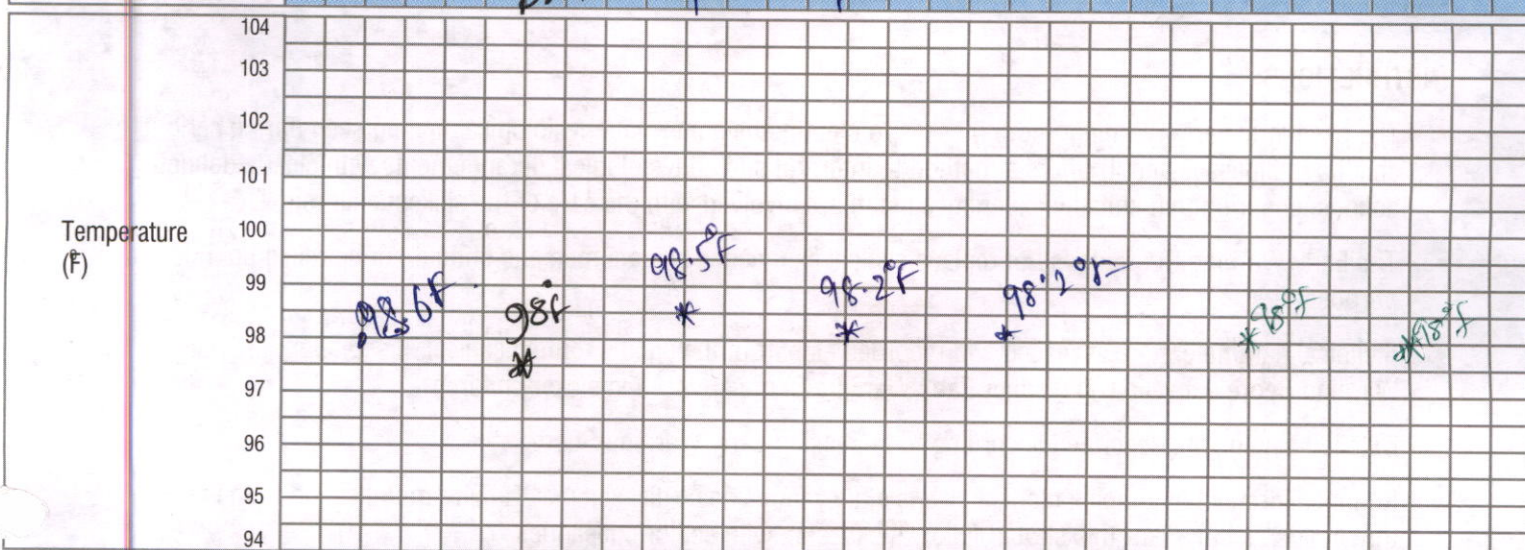
Doc. No. : RCH/ FRM / CLINICAL / 125

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 18/5 Time: 10 AM, 2 PM, 4 PM, 7 PM, 10 PM, 3 AM, 6 AM
 Doctor / Nurse / Family Concern?



Heart Rate (Number): 127b/m, 120b/m, 118b/m, 120b/m, 120b/m, 102b/m, 105b/m



Resp Rate (Number): 28b/m, 24b/m, 24b/m, 26b/m, 24b/m, 24b/m, 24b/m

Resp Mod/ Severe Distress None / Mild: 0, 0, 0, 0, 0, *

Receiving O₂ (l/min) O₂ Saturations (%): 100%, 100%, 98%, 99%, 99%, 100%, 100%

Conscious Level Normal / Altered: C, C, C, C, C, C, C

GCS *: 15/15, 15/15, 15/15, 15/15, 15/15, 15/15, 15/15

TOTAL SCORE: 0, 0, 0, 0, 0, 0, 0
 Number of shaded boxes: 0, 0, 0, 0, 0, 0, 0
 Pain Score: 0, 0, 0, 0, 0, 0, 0
 Observer's Initials: S, S, R, S, S, An, An

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
 - Score 2 : Shift in charge nurse to be informed and continue hourly observations
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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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 13/5	Time: 9 AM	7 PM	4 PM	7:35 PM	7:45 PM	10 PM	3 am	6 am
Doctor / Nurse / Family Concern?	AM	PM	PM	PM	PM			
Temperature (°F)	98.2*	97.5*	97.8*	99.7*	100.2*	98.5*	98.5*	96.5*
Heart Rate (bpm)	110	90	110	120	100	100	100	109
Blood Pressure (mmHg) *	103/79 (86)	99/57 (60)	106/82 (82)	111/58 (71)	104/52 (65)	100/60 (69)	101/65 (65)	
Heart Rate (Number)	110 b/m	90 b/m	110 b/m	120 b/m	100 b/m	100 b/m	100 b/m	109 b/m
Resp. Rate (bpm)	26	26	26	26	28	29	28	
Resp Rate (Number)	26 b/m	26 b/m	26 b/m	26 b/m	28 b/m	29 b/m	28 b/m	
Resp Mod/ Severe Distress	None	None	None	None	None	None	None	None
Receiving O ₂ (l/min)	100%	100%	99%	100%	100%	100%	100%	100%
O ₂ Saturations (%)	100%	100%	99%	100%	100%	100%	100%	100%
Conscious Level	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	0	0	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	0	0	0	0	0	0	0	0

ACTIONS	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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

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12

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

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/8 Time: 10pm 3am 6am

Doctor / Nurse / Family Concern?

Temperature (°F)	104			
	103			
	102			
	101			
	100			
	99	98.6 F	98.6 F	98.6 F
	98			
	97			
	96			
	95			

Heart Rate (bpm) and Blood Pressure (mmHg) *	190			
	180			
	170			
	160			
	150			
	140			
	130			
	120			
	110			
	100			

Note: BP does not score in early warning scoring

Heart Rate (Number)	126bpm	102bpm	116bpm
---------------------	--------	--------	--------

Resp. Rate (bpm) (Over 1 Minute) *	70			
	60			
	50			
	40			
	30			
	20			
	10			
	Resp Rate (Number)	28bpm	29bpm	28bpm

Resp Distress	Mod/ Severe	None / Mild			
			-	-	-

Receiving O ₂ (l/min)			
O ₂ Saturations (%)	100%	100%	100%

Conscious Level	Normal	Altered			
			C	C	C

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

TOTAL SCORE			
Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	RS	RS	RS

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
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

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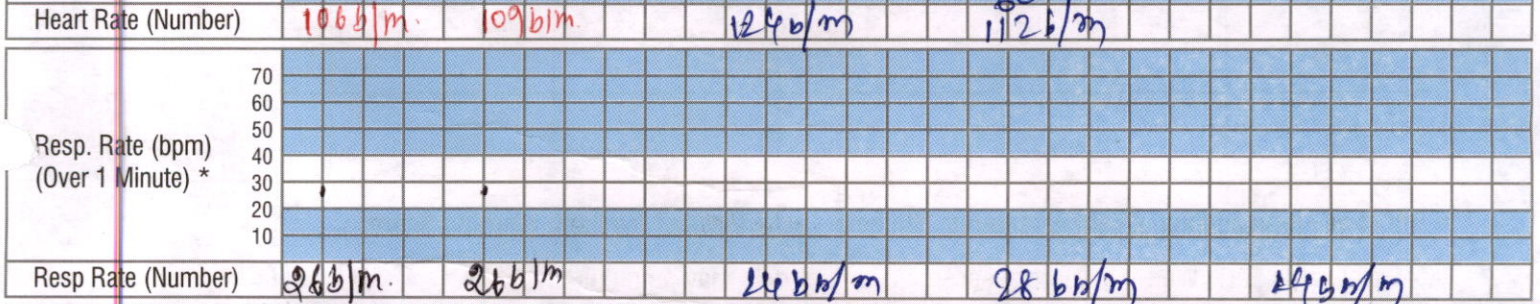
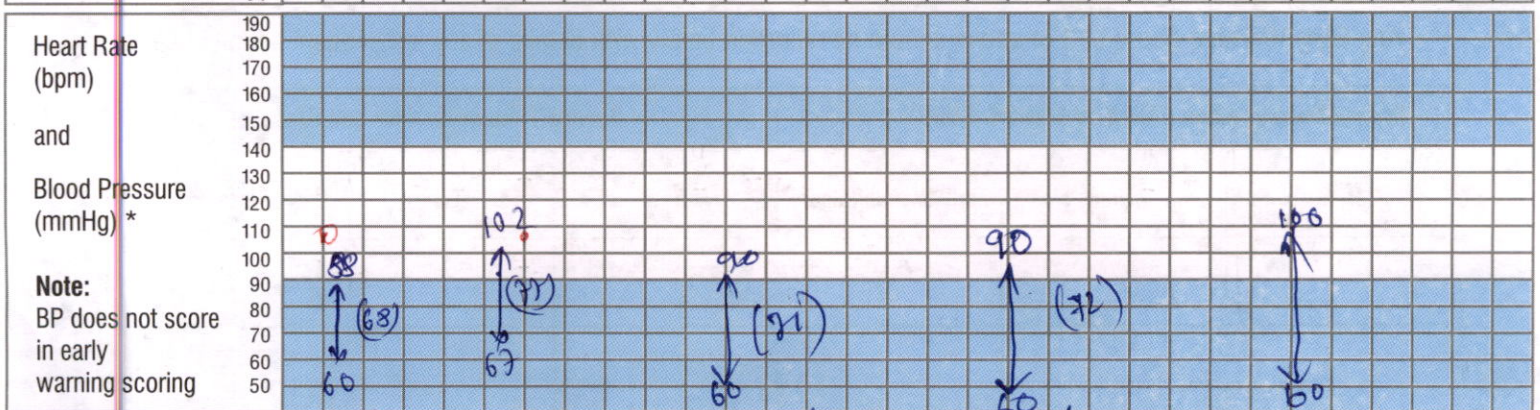
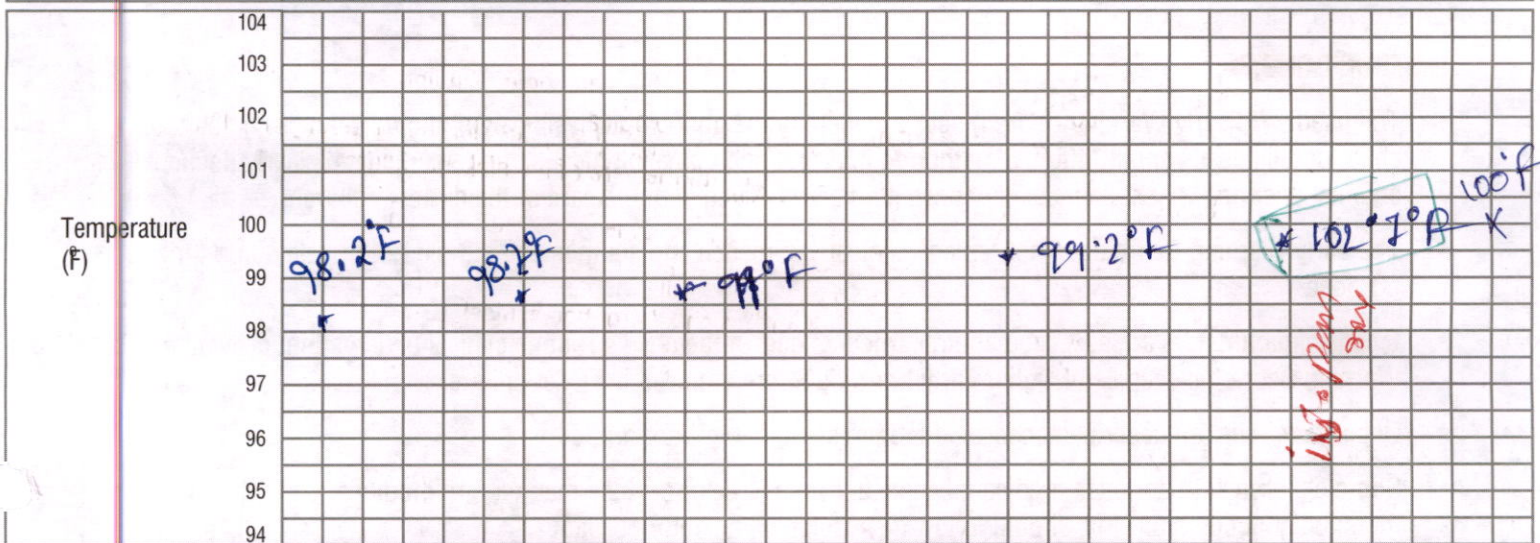
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/5 Time: 9 AM 1 PM 4 PM 6 PM 8 PM 9 PM

Doctor / Nurse / Family Concern?



Resp Mod/ Severe Distress None / Mild					
Receiving O ₂ (l/min) O ₂ Saturations (%)	99%	98%	99%	99%	99%
Conscious Level Normal / Altered	c	e	e	e	e
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	B	P	V	g	S

ACTIONS

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

* 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.

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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)



10

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/5/23	Time:	9am	1pm	4pm	6:30 pm	10pm	3am	6am
Doctor / Nurse / Family Concern?								
Temperature (F)	104							
	103							
	102							
	101							
	100							
	99			98.5°F	98.7°F	98.6°F	98.6°F	98.6°F
	98	*98.4°F	*97.8°F	*	*	*	*	*
	97							
	96							
	95							
	94							
Heart Rate (bpm) and Blood Pressure (mmHg) *	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)		113b/m	110b/m	108b/m	115b/m	126b/m	122b/m	112b/m
Blood Pressure (mmHg)		108/56 (68)	98/58 (66)	96/59 (66)	92/57 (67)	89/67 (70)	100/70 (82)	102/69 (70)
Resp. Rate (bpm) (Over 1 Minute) *	70							
	60							
	50							
	40							
	30							
	20							
	10							
Resp Rate (Number)		26b/m	28b/m	26b/m	26b/m	28b/m	29b/m	28b/m
Resp Mod/ Severe Distress None / Mild		0	0	0	0	0	0	0
Receiving O ₂ (l/min) O ₂ Saturations (%)		100%	100%	99%	98%	100%	100%	100%
Conscious Level Normal / Altered		C	C	C	C	C	C	C
GCS *		15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE		0	0	0	0	0	0	0
Number of shaded boxes		0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0
Observer's Initials		CD	CD	B	B	A	E	BE

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
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- Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 14/5 Time: 9AM 1PM 4PM 7PM 10PM 3am 6am
 Doctor / Nurse / Family Concern?

Temperature (F)	104						
	103						
	102						
	101						
	100						
	99						
	98	98.8°F	99.6°F	99.6°F	98.6°F	98.6°F	98.6°F
	97						
	96						
	95						

Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
	170						
	160						
	150						
	140						
	130						
	120						
	110						
	100						
90							
80							
70							
60							
50							
Heart Rate (Number)	100b/m	108b/m	104m	103b	108b/m	112b/m	109sl

Resp. Rate (bpm) (Over 1 Minute) *	70							
	60							
	50							
	40							
	30							
	20							
	10							
	Resp Rate (Number)	24b/m	26b/m	28	26m	28b/m	28b/m	28b/m

Resp Distress	Mod/ Severe None / Mild						
Receiving O ₂ (l/min)							
O ₂ Saturations (%)		99%	100%	100%	100%	100%	100%
Conscious Level	Normal / Altered		e	c	c	c	c
GCS *		15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE		0	0	0	0	0	0
Number of shaded boxes		0	0	0	0	0	0
Pain Score		6	8	8	8	8	8
Observer's Initials		V	DB	V	V	V	V

ACTIONS NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ...	Time:	10AM	2PM	4PM	7PM	10pm	3 Am	6AM	
Doctor / Nurse / Family Concern?									
Temperature (F)	104								
	103								
	102								
	101								
	100								
	99								
	98	98.0F	97.5F	98.4F*	98.4F*	98.6F	98.6F	98.6F	
	97								
	96								
	95								
94									
Heart Rate (bpm) and Blood Pressure (mmHg) *	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)		103b/m	106b/m	104b/m	104b/m	102b/m	103b/m	99b/m	
Resp. Rate (bpm) (Over 1 Minute) *	70								
	60								
	50								
	40								
	30								
	20								
	10								
	Note: BP does not score in early warning scoring								
	Resp Rate (Number)		28b/m	25b/m	24	24	25b/m	24b/m	24b/m
	Resp Distress	Mod/ Severe None / Mild							
Receiving O ₂ (l/min)									
O ₂ Saturations (%)		99%	100%	100%	100%	100%	100%	100%	
Conscious Level	Normal Altered								
GCS *		15/5	15/5	15/5	15/5	15/5	15/5	15/5	
TOTAL SCORE									
Number of shaded boxes		1	1	1	1	0	0	0	
Pain Score		1	1	1	1	0	0	0	
Observer's Initials		f	f	f	f	f	f	f	

ACTIONS	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	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: Scores 3 should be recorded overleaf
 If SpO₂ 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.
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- 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!
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B	BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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)



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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/5/26 Time: 9 AM 1 PM 4 PM 7 PM 10 PM 3 AM 6 AM

Doctor / Nurse / Family Concern?

Temperature (F)	104						
	103						
	102						
	101						
	100						
	99	98.8°F	98.8°F	98.8°F	98.8°F	98.6°F	98.6°F
	98						
97							
96							
95							
94							

Heart Rate (bpm)	190					
	180					
and Blood Pressure (mmHg) *	170					
	160					
Note: BP does not score in early warning scoring	150					
	140					
Heart Rate (Number)	130					
	120					
	110					
	100					
	90					
	80					
	70					
	60					
	50					
	90	99	99	99	99	99
	80	(61)	(63)	(65)	(60)	(63)
	70					
	60					
	50					
	120	120 b/m	121 b/m	120 b/m	102 b/m	109 b/m
	110					
	100					
	90					
	80					
	70					
	60					
	50					

Resp. Rate (bpm) (Over 1 Minute) *	70					
	60					
Resp Rate (Number)	50					
	40					
	30					
	20					
	10					
	22	22 b/m	22 b/m	23 b/m	22 b/m	22 b/m

Resp Distress	Mod/ Severe					
	None / Mild					
Receiving O ₂ (l/min)						
O ₂ Saturations (%)		99%	99%	99%	100%	100%
Conscious Level	Normal / Altered	C	C	C	C	C
GCS *		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	V	R	R	S	S	S

ACTIONS NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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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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

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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)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/5/26	Time: 9am	1pm	4pm	7pm	10 pm	2 am	6 am
Doctor / Nurse / Family Concern?							

Temperature (F)	104						
	103						
	102						
	101						
	100	98.6	98.7	98.7	98.7	98.5	98.7
	99	*	*	*	98.7	*	*
	98						
	94						

Heart Rate (bpm)	190						
	180						
and Blood Pressure (mmHg) *	170						
	160						
Note: BP does not score in early warning scoring	150						
	140						
Heart Rate (Number)	130						
	120						
Heart Rate (Number)	110	100 (19)	98 (17)	101 (21)	98 (21)	104 (28)	95 (25)
	100	68	59	59	56	65	68
Heart Rate (Number)	90	110 bpm	100 bpm	115 bpm	116 bpm	120 bpm	110 bpm
	80						
Heart Rate (Number)	70						
	60						
Heart Rate (Number)	50						
	50						

Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
Resp Rate (Number)	50	*	*				
	40						
Resp Rate (Number)	30	26 bpm	26 bpm	25 bpm	23 bpm	24 bpm	24 bpm
	20						
Resp Rate (Number)	10						
	10						

Resp Mod/ Severe Distress None / Mild							
Receiving O ₂ (l/min) O ₂ Saturations (%)	100%	100%	99%	99%	98%	100%	99%
Conscious Level Normal / Altered	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15

TOTAL SCORE							
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	APM	APM	APM	APM	APM	APM	APM

ACTIONS	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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

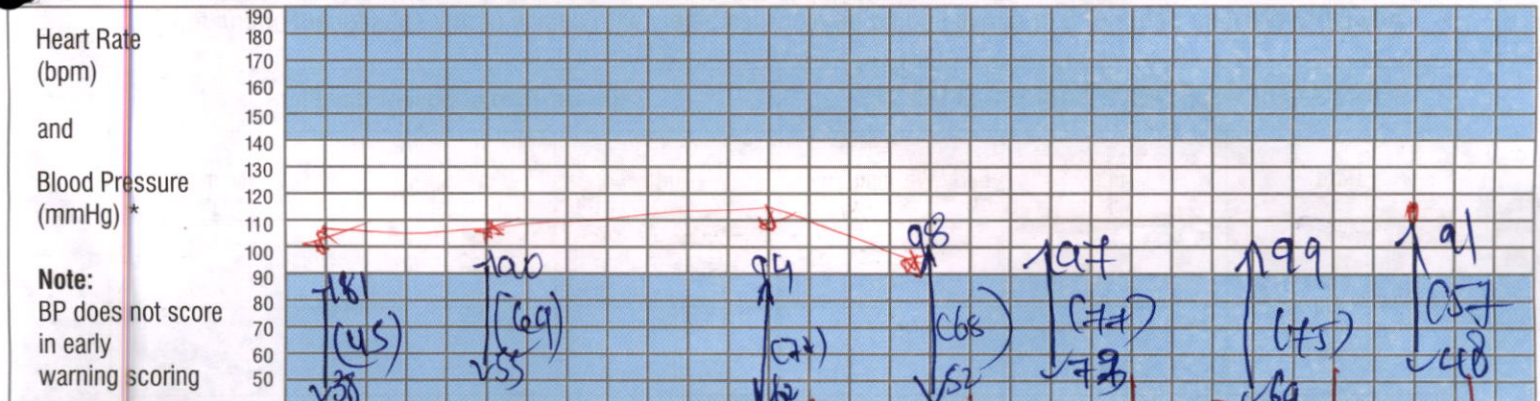
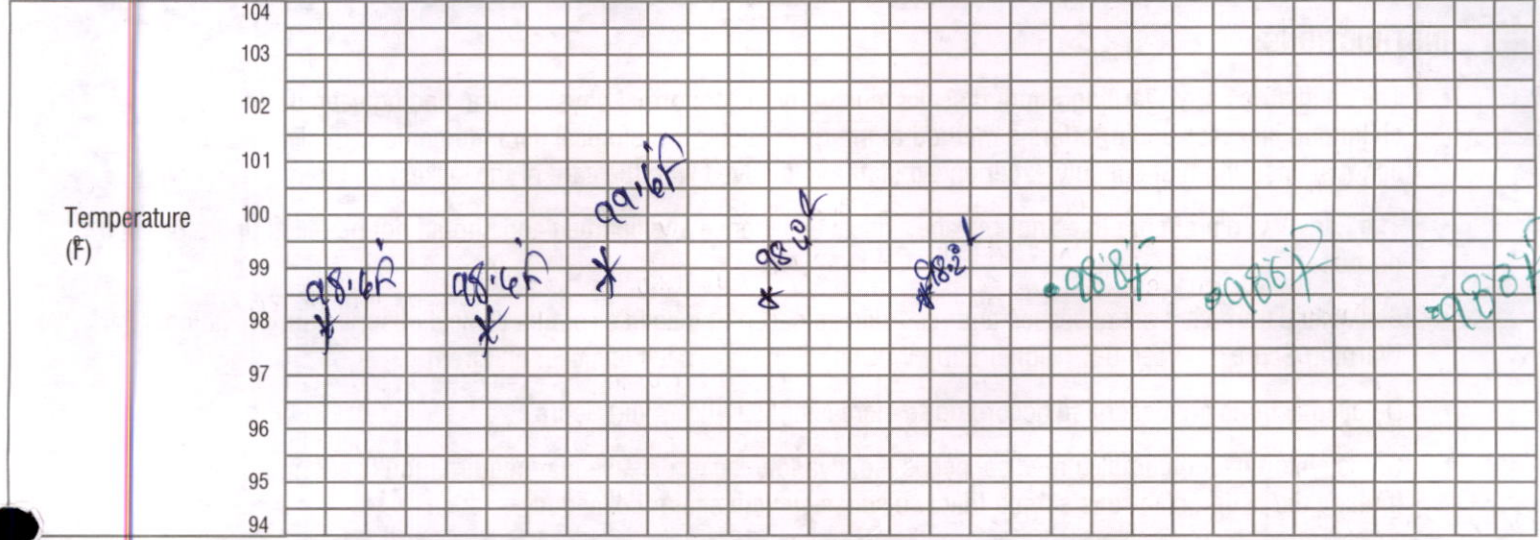
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S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ 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.
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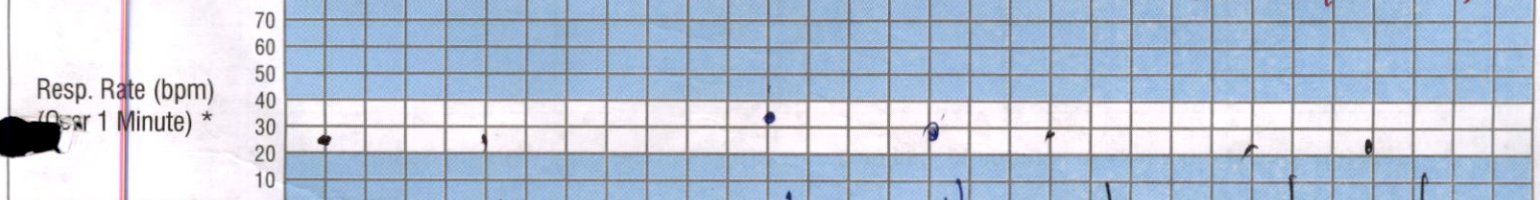
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9/5 Time: 9:15 10pm 11:30pm 3am 7am 9pm 3AM 7am

Doctor / Nurse / Family Concern?



Heart Rate (Number) 117bpm 104bpm 112bpm 98bpm 150bpm 116bpm 114bpm



Resp Rate (Number) 26bpm 28bpm 20bpm 20bpm 22bpm 23bpm 24bpm

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 100% 100% 99% 100% 100% 100% 100%

Conscious Level Normal Altered C C C C C C C

GCS * 15/6 15/6 15/15 15/15 15/15 15/15 15/15

TOTAL SCORE
 Number of shaded boxes 0 0 0 0 0 0 0
 Pain Score 0 0 0 0 0 0 0
 Observer's Initials A A R R R R R

ACTIONS
 NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
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LBH-00132654
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 1 D
 Dr. SANDHYA VADDADI (M)

3
 V FRM / CLINICAL / 125

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/5/26	Time: 9 AM	9 AM	10 AM	11 AM	12 PM
Doctor / Nurse / Family Concern?					
Temperature (F)	104				
	103				
	102				
	101				
	100				
	99	98.1°F			
	98	97.2°F	98.1°F	98.5°F	
	97				
	96				
	95				
94					
Heart Rate (bpm)	190				
	180				
	170				
	160				
	150				
Blood Pressure (mmHg) *	130				
	120	118	110	110	105
	110	89	(82)	(75)	(65)
	100	87	69	61	50
	90				
Note: BP does not score in early warning scoring					
Heart Rate (Number)	132w	117b/m	107b/m	91b/m	
Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
	30				
Resp Rate (Number)	21w	26b/m	25b/m	21b/m	
Resp Distress					
Receiving O ₂ (l/min)					
O ₂ Saturations (%)	99%	100%	100%	100%	
Conscious Level					
GCS *	15/15	15/15	15/15		
TOTAL SCORE					
Number of shaded boxes	1	1	0	0	
Pain Score	0	0	0	0	
Observer's Initials	AV	AV	R	A	

ACTIONS

Score 1 : Continue normal observation by staff nurse

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

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

Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see

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LBH-00132654
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 0 D
 Dr. SANDHYA VADDADI (M)

: RCH/ FRM / CLINICAL / 125



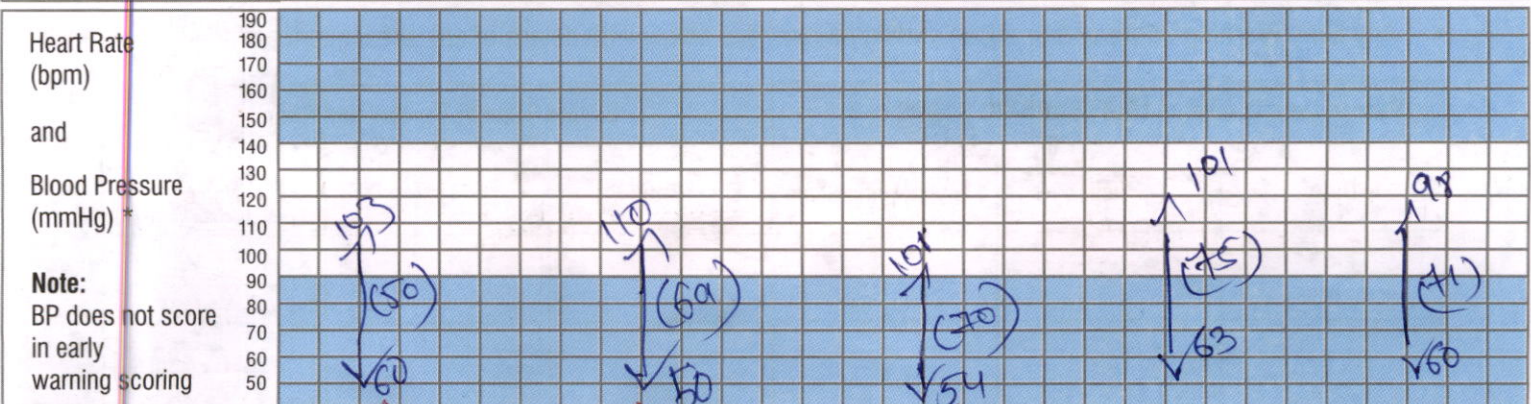
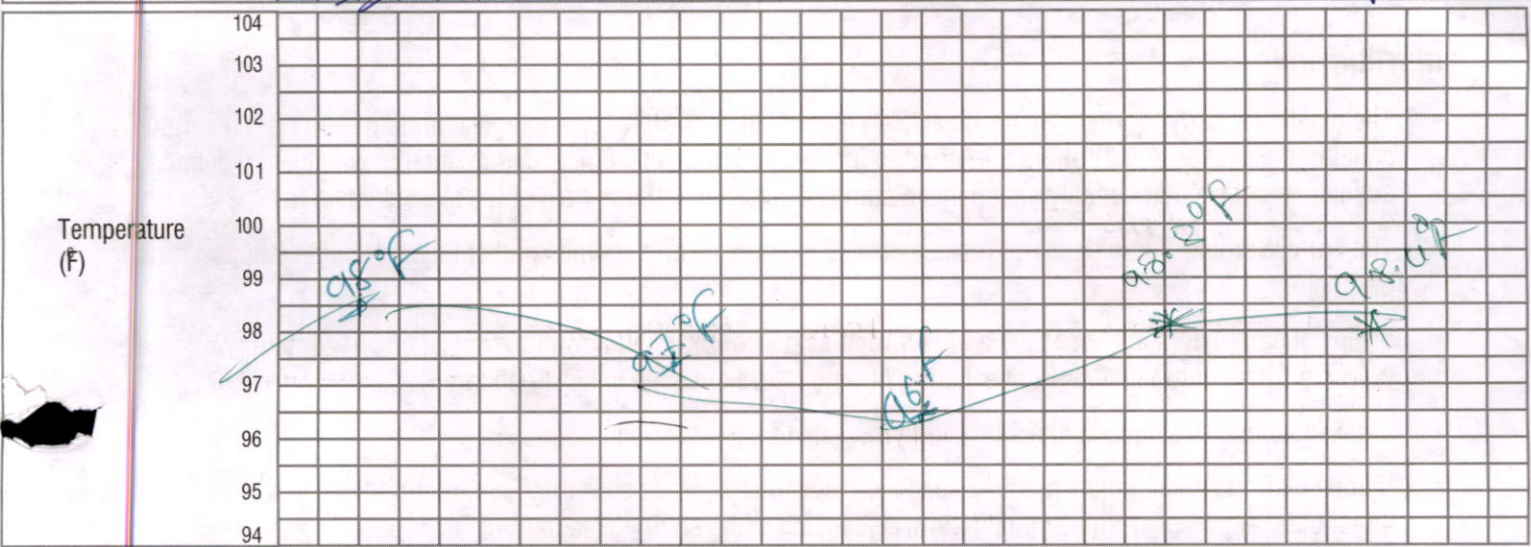
PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart



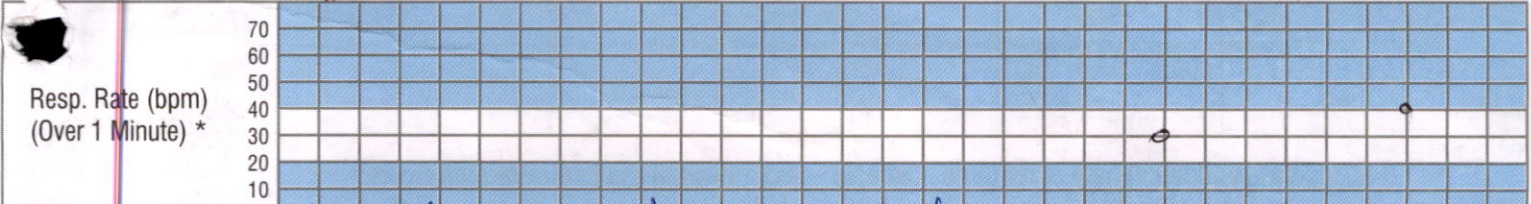
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/8/23 Time: 10:00 AM 10:30 AM 11:00 AM 11:30 AM 12:00 PM

Doctor / Nurse / Family Concern? [Blank]



Heart Rate (Number) 101 bpm 120 bpm 110 bpm 130 bpm 130 bpm



Resp Rate (Number) 29 bpm 25 bpm 27 bpm 26 bpm 29 bpm

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 99% 100% 99% 100%

Conscious Level Normal / Altered

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

TOTAL SCORE Number of shaded boxes 1 1 1 1 1

Pain Score 0 0 0 0 0

Observer's Initials [Handwritten initials]

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
 - Score 2 : Shift in charge nurse to be informed and continue hourly observations
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LBH-00132654
 Master RUBHIKESH BOMMU
 07-08-2023 2 Y 9 M 0 D
 Dr. SANDHYA VADDADI (M)

No. : RCH/FRM/CLINICAL/125

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 7/5/23 Time: 3pm 7am 10AM 11am 6pm
 Doctor / Nurse / Family Concern?

Temperature (F)	104				
	103				
	102				
	101				
	100				
	99				
	98				
	97	97.1 F	97.8	97.9 F	97.9 F
	96				
	94				

Heart Rate (bpm) and Blood Pressure (mmHg) *	190				
	180				
	170				
	160				
	150				
	140				
	130				
	120				
	110	110/73	116/74	90/72	95/70
	100				

Heart Rate (Number) 120b/m 112b/m 100b/m 110b/m 128b/m

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

Resp Rate (Number) 26b/m 26b/m 26b/m 26b/m 28b/m

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 98% 100% 97% 98% 100%

Conscious Level Normal Altered 15/15 15/15 15/15 15/15 15/15

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

TOTAL SCORE					
Number of shaded boxes	1	1	1	1	1
Pain Score	0	0	0	0	0
Observer's Initials	e	e	e	e	m

ACTIONS
 NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
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- 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)



FLUID CHART



Sheet No. : 24

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
29/5	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

LBH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 20 D (M)
 Dr. SANDHYA VADDADI



FLUID CHART

Sheet No. : 23

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
28/5	08:00 am	1dy		40ml								
	09:00 am	H2O	100ml	40ml					250ml			
	10:00 am			40ml								
	11:00 am			50ml								
	12:00 pm			50ml						100ml		
	01:00 pm			70ml								
Total Intake :				370ml		Total Output :					250ml	
	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

BH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 17-08-2023 2 Y 9 M 19 D (M)
 Dr. SANDHYA VADDADI

FLUID CHART



Sheet No. : 22

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage			Urine
	08:00 am	Idly									}	Rajamani
	09:00 am	H ₂ O	40ml									
	10:00 am								100ml			
	11:00 am											
	12:00 pm								150ml			
	01:00 pm											
Total Intake :		140ml			Total Output : 250ml							
	02:00 pm	Rib							200ml		}	Rajamani
	03:00 pm	H ₂ O	150ml									
	04:00 pm											
	05:00 pm											
	06:00 pm			40ml								
	07:00 pm			40ml					200ml			
Total Intake :		230ml			Total Output : 400ml							
	08:00 pm			40ml					120ml		}	Rajamani
	09:00 pm		100ml	40ml								
	10:00 pm	H ₂ O		40ml								
	11:00 pm			40ml								
	12:00 am			40ml								
	01:00 am			40ml					150ml			
Total Intake :		346ml			Total Output : 270ml							
	02:00 am			40ml					200ml		}	Rajamani
	03:00 am			40ml								
	04:00 am			40ml								
	05:00 am			40ml								
	06:00 am			40ml								
	07:00 am			40ml					50ml			
Total Intake :		246ml			Total Output : 250ml							

Total 24 hrs. Intake 962ml \approx 74cl/kg

Total 24 hrs. Output 1,170 \approx 3,75cl/kg



FLUID CHART

Sheet No. : (21)

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			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
26/5	08:00 am										I }	S }
	09:00 am	Idly				✓			200ml			
	10:00 am	H ₂ O	100ml									
	11:00 am											
	12:00 pm		100ml						100ml			
	01:00 pm											
Total Intake : 200ml					Total Output : 300ml							
	02:00 pm	Rice	50ml								I }	S }
	03:00 pm	H ₂ O	140ml	50ml								
	04:00 pm		50ml					150ml				
	05:00 pm		50ml									
	06:00 pm		50ml									
	07:00 pm		10ml					100ml				
Total Intake : 240ml					Total Output : 250ml							
	08:00 pm		10ml								I }	S }
	09:00 pm	H ₂ O	100ml	10ml				150ml				
	10:00 pm		10ml									
	11:00 pm		10ml									
	12:00 am		10ml					200ml				
	01:00 am		10ml									
Total Intake : 160ml					Total Output : 350ml							
	02:00 am		10ml								I }	S }
	03:00 am		10ml					150ml				
	04:00 am		10ml									
	05:00 am	H ₂ O	60ml	50ml				100ml				
	06:00 am		50ml									
	07:00 am		50ml					50ml				
Total Intake : 240ml					Total Output : 300ml							

Total 24 hrs. Intake $1000 \div 76.9 \text{ cckg/day}$

Total 24 hrs. Output $1,200 \div 3.8 \text{ cckg/hr}$

4-1

LBH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 17 D (M)
 Dr. SANDHYA VADDADI



FLUID CHART

Sheet No. : 20

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
25/8	08:00 am			40ml						200ml	}	}
	09:00 am			40ml								
	10:00 am	Biscuits		40ml								
	11:00 am	the rest		40ml								
	12:00 pm			40ml								
	01:00 pm			40ml						50ml		
Total Intake :			290ml			Total Output :					250ml	
25/8	02:00 pm			40ml						100ml	}	}
	03:00 pm			40ml								
	04:00 pm			40ml								
	05:00 pm			40ml								
	06:00 pm			40ml								
	07:00 pm			40ml						150ml		
Total Intake :			240ml			Total Output :					300ml	
25/8	08:00 pm			40ml						200ml	}	}
	09:00 pm	H ₂ O	100ml	40ml								
	10:00 pm	Rice		40ml								
	11:00 pm			40ml								
	12:00 am			40ml								
	01:00 am			40ml						20ml		
Total Intake :			340ml			Total Output :					40ml	
26/8	02:00 am			40ml							}	}
	03:00 am			40ml								
	04:00 am			40ml								
	05:00 am			40ml						280ml		
	06:00 am		50ml	40ml								
	07:00 am			40ml						300ml		
Total Intake :						Total Output :					580ml	
Total 24 hrs. Intake		1160 ÷ 48.33cc/kg										
Total 24 hrs. Output		1580 ÷ 5.06cc/kg										



FLUID CHART



Sheet No. : 19

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
24/5	08:00 am			40ml						200ml	I	S
	09:00 am	Tdy		40ml								
	10:00 am	H2o 100ml		40ml								
	11:00 am	Biscuits		40ml								
	12:00 pm			40ml						200ml		
	01:00 pm			40ml								
	Total Intake : 340ml			Total Output : 400ml								
25/5	02:00 pm			40ml							I	S
	03:00 pm			40ml						150ml		
	04:00 pm	Biscuits		40ml								
	05:00 pm	H2o 100ml		40ml								
	06:00 pm			40ml						120ml		
	07:00 pm			40ml								
	Total Intake : 340ml			Total Output : 270ml								
26/5	08:00 pm	rice		40ml						150ml	I	poorja
	09:00 pm	H2o 100ml		40ml								
	10:00 pm			40ml								
	11:00 pm			40ml						40ml		
	12:00 am			40ml								
	01:00 am			40ml						100ml		
	Total Intake : 340ml			Total Output : 320ml								
27/5	02:00 am			40ml							I	poorja
	03:00 am			40ml						150ml		
	04:00 am			40ml								
	05:00 am			40ml								
	06:00 am			40ml								
	07:00 am			40ml						100ml		
	Total Intake : 240ml			Total Output : 250ml								
Total 24 hrs. Intake		1260 ÷ 96 = 92cc/kg/day			Total 24 hrs. Output		1240 ÷ 3.97cc/kg/hr					



FLUID CHART

Sheet No. : 18

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
23/5/26	08:00 am	H ₂ O	100ml	40ml							↓	Dijana
	09:00 am	10ly		40ml		✓						
	10:00 am		40ml	40ml					95ml			
	11:00 am			40ml								
	12:00 pm			40ml								
					40ml							
	01:00 pm				40ml					100ml		
Total Intake :			380ml			Total Output :					350ml - 11-11	
	02:00 pm	panner		40ml							↓	Dijana
	03:00 pm	curry		40ml					200ml			
	04:00 pm	water	250ml	40ml								
	05:00 pm			40ml								
	06:00 pm			40ml					160ml			
	07:00 pm			40ml								
Total Intake :			390ml			Total Output :						
	08:00 pm	Rice		40ml							↓	Dijana
	09:00 pm	H ₂ O	100ml	40ml					200ml			
	10:00 pm			40ml								
	11:00 pm			40ml								
	12:00 am			40ml					150ml			
	01:00 am			40ml								
Total Intake :			340ml			Total Output :						
	02:00 am			40ml							↓	Dijana
	03:00 am			40ml					200ml			
	04:00 am			40ml								
	05:00 am			40ml								
	06:00 am			40ml					100ml			
	07:00 am			40ml								
Total Intake :			200ml			Total Output :						

Total 24 hrs. Intake 1350 ÷ 103.8cc/kg/day

Total 24 hrs. Output 1360 ÷ 4.35cc/kg/hr



FLUID CHART

Sheet No. : 13

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
22/5	08:00 am									200ml	I S	S
	09:00 am											
	10:00 am											
	11:00 am	Rice										
	12:00 pm	H2O	200ml							200ml		
	01:00 pm											
Total Intake :			200ml			Total Output :					900ml	
	02:00 pm										I S	S
	03:00 pm											
	04:00 pm	Rice										
	05:00 pm	H2O	200ml	40ml								
	06:00 pm			40ml					250ml			
	07:00 pm			40ml								
Total Intake :			320ml			Total Output :					210ml	
	08:00 pm			40ml							I S	S
	09:00 pm	Apple		40ml					150ml			
	10:00 pm	H2O	150ml	40ml								
	11:00 pm	Milk	100ml	40ml								
	12:00 am			40ml					160ml			
	01:00 am			40ml								
Total Intake :			490ml			Total Output :					310ml	
	02:00 am			40ml							I S	S
	03:00 am			40ml					150ml			
	04:00 am			40ml								
	05:00 am			40ml								
	06:00 am			40ml								
	07:00 am			40ml					150ml			
Total Intake :			240ml			Total Output :					300ml	

Total 24 hrs. Intake 1250 : 96.15 cc/kg

Total 24 hrs. Output 1260 : 4 cc/kg/hr



FLUID CHART

Sheet No. : 16

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output			IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine			
2/5	08:00 am	Idly	100ml	40+1							}	Saanya	
	09:00 am	H ₂ O		40+1					180				
	10:00 am			40+1									
	11:00 am			40+1									
	12:00 pm			40+1						150			
	01:00 pm			40+1									
Total Intake :			346ml			Total Output :			330ml				
	02:00 pm	Rice		40+1			✓				}	Gowtham	
	03:00 pm	curd - 50ml		40+1					150ml				
	04:00 pm			40+1									
	05:00 pm	H ₂ O - 100ml		40+1			✓			100ml			
	06:00 pm			40+1									
	07:00 pm			40+1									
Total Intake :			396ml			Total Output :			250ml				
	08:00 pm			40+1			✓				}	g	
	09:00 pm	H ₂ O 100ml		40+1						140ml			
	10:00 pm	Idly		40+1									
	11:00 pm	Apple 100		40+1						100ml			
	12:00 am			40+1									
	01:00 am			40+1									
Total Intake :			446ml			Total Output :			240ml				
	02:00 am			40+1ml							}	S	
	03:00 am			40+1ml						150ml			
	04:00 am			40+1ml									
	05:00 am			40+1ml									
	06:00 am			40+1ml									
	07:00 am			40+1ml						150ml			
Total Intake :			246ml			Total Output :			300ml				

Total 24 hrs. Intake 1434 = 59.cek

Total 24 hrs. Output 1370 = 4.3cek

M → (3)



FLUID CHART

Sheet No. : 116

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
20/5/26	08:00 am	Bk fast		40+1ml							I	Somya
	09:00 am	H ₂ O	100ml	40+1ml					220ml			
	10:00 am			40+1ml								
	11:00 am			40+1ml								
	12:00 pm			40+1ml					130ml			
	01:00 pm			40+1ml								
	Total Intake :			346ml			Total Output : 350ml					
20/5/26	02:00 pm	Acid		40+1ml						I	Somya	
	03:00 pm	sweet		40+1ml					150ml			
	04:00 pm	H ₂ O	150ml	40+1ml								
	05:00 pm	Bk fast		40+1ml								
	06:00 pm	Jam		40+1ml								
	07:00 pm			40+1ml					150ml			
	Total Intake :			396 ml			Total Output : 300 ml					
20/5/26	08:00 pm			40+1ml						I	Nandini	
	09:00 pm	H ₂ O	150ml	40+1ml					250ml			
	10:00 pm			40+1ml								
	11:00 pm			40+1ml								
	12:00 am			40+1ml								
	01:00 am			40+1ml					100ml			
	Total Intake :			346 ml			Total Output : 350ml					
20/5/26	02:00 am			NO+1ml						I	Nandini	
	03:00 am			NO+1					200ml			
	04:00 am			NO+1								
	05:00 am			NO+1								
	06:00 am			NO+1					100ml			
	07:00 am			NO+1								
	Total Intake :			246 ml			Total Output : 400ml					

Total 24 hrs. Intake : 1484 $\frac{0}{0}$ 61. cely

Total 24 hrs. Output : 1490 $\frac{0}{0}$ 4.7 cely



FLUID CHART

Sheet No. : 14

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
19/5	08:00 am	Samia 3 plya		40ml+1							I	Sanyas
	09:00 am	H ₂ O	100ml.	40+1ml					200ml			
	10:00 am			40+1ml								
	11:00 am			40+1ml								
	12:00 pm			40+1ml					150ml.			
	01:00 pm			40+1ml.								
Total Intake :			346ml.			Total Output :					350ml.	
	02:00 pm	curd rice		40+1ml			✓				I	Sanyas
	03:00 pm	H ₂ O	100ml.	40+1ml								
	04:00 pm			40+1ml			✓			250ml.		
	05:00 pm			40+1ml								
	06:00 pm			100ml+1ml.								
	07:00 pm			40+1ml.					160ml.			
Total Intake :			406ml.			Total Output :					410ml, + 2(M)	
	08:00 pm			40+1ml							I	Sanyas
	09:00 pm	H ₂ O	100ml	40+1ml						200ml		
	10:00 pm	Dali 2 pia		40+1ml								
	11:00 pm			40+1ml								
	12:00 am			40+1ml						150ml		
	01:00 am			40+1ml								
Total Intake :			346 ml			Total Output :					350ml.	
	02:00 am			40+1ml							I	Sanyas
	03:00 am			40+1ml						200ml		
	04:00 am			40+1ml								
	05:00 am			40+1ml								
	06:00 am			40+1ml						200ml		
	07:00 am			40+1ml								
Total Intake :			246.			Total Output :					400 ml.	

Total 24 hrs. Intake	1348 ÷ 103.3cc/kg/day	Total 24 hrs. Output	1510 ÷ 4.83cc/kg/hr.
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M-2



FLUID CHART

Sheet No. : 13

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
12/5	08:00 am	Dosa		40+1					150ml	Dialysis		
	09:00 am	H ₂ O (100ml)		40+1								
	10:00 am			40+1								
	11:00 am	H ₂ O (100ml)		40+1								
	12:00 pm	perugun		40+1		✓ (N)			120ml			
	01:00 pm	annam		40+1								
Total Intake :			446 ml.			Total Output :					270 ml. + m ①	
	02:00 pm			40+1						Dialysis		
	03:00 pm	H ₂ O 50ml.		40+1					180			
	04:00 pm			40+1								
	05:00 pm			40+1								
	06:00 pm			50ml					120			
	07:00 pm			50ml.								
Total Intake :			314 ml.			Total Output :					300 ml.	
	08:00 pm	H ₂ O 50ml.		50ml						Dialysis		
	09:00 pm			50ml					120ml.			
	10:00 pm			40+1								
	11:00 pm			40+1								
	12:00 am			40+1					150ml			
	01:00 am			40+1								
Total Intake :			314 ml			Total Output :					270 ml	
	02:00 am			40+1						Dialysis		
	03:00 am			40+1					100ml			
	04:00 am			40+1								
	05:00 am			40+1								
	06:00 am			40+1					250ml			
	07:00 am			40+1								
Total Intake :			246 ml.			Total Output :					350 ml	

Total 24 hrs. Intake 1320 ; 101 cc/kg.

Total 24 hrs. Output 1190 ; 3.8 cc/kg/hr.



FLUID CHART

Sheet No. : 12

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am			40+1								
	09:00 am			40+1		✓ (S)			150 ml			
	10:00 am	Banana.		40+1								
	11:00 am	H ₂ O 100ml		40+1								
	12:00 pm			40+1					120 ml			
	01:00 pm			40+1								
Total Intake :				246 ml.		Total Output :				270 ml + m (1)		
	02:00 pm			40+1								
	03:00 pm	H ₂ O. 50ml		40+1					200ml			
	04:00 pm			40+1								
	05:00 pm			40+1								
	06:00 pm			40+1					150			
	07:00 pm			40+1								
Total Intake :				296.		Total Output :				350ml,		
	08:00 pm			40+1					200ml			
	09:00 pm			40+1								
	10:00 pm	Idly 2pc		40+1								
	11:00 pm	H ₂ O 200ml		40+1								
	12:00 am			40+1					200ml			
	01:00 am			40+1								
Total Intake :				446ml		Total Output :				400ml		
	02:00 am			40+1								
	03:00 am			40+1					200ml			
	04:00 am			40+1								
	05:00 am			40+1								
	06:00 am			40+1								
	07:00 am	H ₂ O 100ml		40+1					180ml			
Total Intake :				346ml		Total Output :				380ml		

Total 24 hrs. Intake	1334 ÷ 102 eekg.	Total 24 hrs. Output	1400 ÷ 4.48 eekg/hrs.
-----------------------------	------------------	-----------------------------	-----------------------



FLUID CHART

Sheet No. : (11)

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
16/8	08:00 am	apple		30ml						180ml	I Susmita	}
	09:00 am	banana		30ml								
	10:00 am	water	100ml	30ml								
	11:00 am			50ml								
	12:00 pm	water	50ml	50ml					160ml			
	01:00 pm			30ml								
Total Intake :			376ml			Total Output :					340 ml	
16/8	02:00 pm			60ml							I Ganji	}
	03:00 pm			60ml					180ml			
	04:00 pm		150	100ml	60ml							
	05:00 pm			60ml								
	06:00 pm			60ml					200ml			
	07:00 pm			60ml								
Total Intake :			460ml			Total Output :					380ml	
	08:00 pm			40ml							I Kavina	}
	09:00 pm	N		40ml					200ml			
	10:00 pm			40ml								
	11:00 pm	D		40ml								
	12:00 am	O		40ml								
	01:00 am			40ml					180ml			
Total Intake :			246ml			Total Output :					350ml	
	02:00 am			40ml							I Kavina	}
	03:00 am	N		40ml					200ml			
	04:00 am			40ml								
	05:00 am	P		40ml								
	06:00 am	O		40ml								
	07:00 am			40ml					180ml			
Total Intake :			246ml			Total Output :					380ml	

Total 24 hrs. Intake 1329 ÷ 102 c/kg

Total 24 hrs. Output 1450 ÷ 4.64 c/kg/hr.

m-2



FLUID CHART

Sheet No. : 10

15/5 hb

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	H ₂ O	150ml	30+1						150ml		Kavina
	09:00 am	Banana 1 p.c		30+1		✓(M)						
	10:00 am			30+1		✓(M)						
	11:00 am	H ₂ O	100ml	30+1		✓(M)						
	12:00 pm			30+1		✓(M)				150ml		
	01:00 pm			30+1								
Total Intake :			436ml			Total Output : 300 ml + 4 (M)						
	02:00 pm	Banana		30+1								Sushmita
	03:00 pm	water	100ml	30+1						160ml		
	04:00 pm			30+1								
	05:00 pm			30+1								
	06:00 pm	water	100ml	30+1								
	07:00 pm			30+1						150ml		
Total Intake :			386 ml			Total Output : 210 ml						
	08:00 pm			30+1						200ml		S
	09:00 pm	Curd		30+1								
	10:00 pm	rice		30+1								
	11:00 pm	H ₂ O	200ml	50ml								
	12:00 am			50ml						200ml		
	01:00 am			30+1								
Total Intake :			424ml			Total Output : 900 ml						
	02:00 am			30+1						150ml		S
	03:00 am			30+1								
	04:00 am			30+1								
	05:00 am			30+1								
	06:00 am			30+1								
	07:00 am			30+1						150ml		
Total Intake :			186ml			Total Output : 300 ml						

Total 24 hrs Intake : 1,432° - 11,05cc/kg

Total 24 hrs. Output : 1,210° - 3,87cc/kg

m - 4



FLUID CHART

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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
14/8	08:00 am	H2O	100ml	60+1								} Kavya
	09:00 am	Jelly	1/2pc	60+1					150ml			
	10:00 am			60+1								
	11:00 am	H2O	150ml	60+1								
	12:00 pm			50ml								
	01:00 pm			50ml						200ml		
Total Intake :			544 ml			Total Output :					350 ml + 1 (M)	
14/8	02:00 pm	curry soup	50cp	50cp								} Kavya
	03:00 pm	H2O	100cp	50cp					120cp			
	04:00 pm	Rice	cup	60cp								
	05:00 pm			60+1								
	06:00 pm			60+1								
	07:00 pm			60cp						150cp		
Total Intake :			443			Total Output :					270cp + 1 (M)	
14/8	08:00 pm			60ml								} Kavya
	09:00 pm	Rice		60ml								
	10:00 pm	H2O	100cp	60ml								
	11:00 pm			60ml								
	12:00 am			60ml								
	01:00 am			60ml						60ml		
Total Intake :			450ml			Total Output :					250ml	
14/8	02:00 am			30ml								} Kavya
	03:00 am			30ml								
	04:00 am			30ml								
	05:00 am			30ml								
	06:00 am		200ml	30ml								
	07:00 am			30ml						350ml		
Total Intake :			386ml			Total Output :					550ml	

Total 24 hrs. Intake 1.823 1/2 JS-accl kg

Total 24 hrs. Output 1420 1/2 4.55cc/kg



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
13/8	08:00 am			60 ml					250 ml	}	}	
	09:00 am			60 ml								
	10:00 am			50 ml								
	11:00 am			60 ml					150 ml			
	12:00 pm			60 ml								
	01:00 pm			60 ml								
Total Intake :			350 ml			Total Output :			400 ml			
13/8	02:00 pm			60 ml						}	}	
	03:00 pm			60 ml								
	04:00 pm			60 ml								
	05:00 pm			60 ml								
	06:00 pm			60 ml								
	07:00 pm			60 ml					300 ml			
Total Intake :			466 ml			Total Output :			300 ml + 100 ml			
13/8	08:00 pm			60 ml						}	}	
	09:00 pm			60 ml								
	10:00 pm			60 ml								
	11:00 pm			60 ml								
	12:00 am			60 ml								
	01:00 am			60 ml								
Total Intake :			466 ml			Total Output :			360 ml			
14/8	02:00 am			60 ml						}	}	
	03:00 am			60 ml								
	04:00 am			60 ml					200 ml			
	05:00 am			60 ml								
	06:00 am			60 ml								
	07:00 am			60 ml					100 ml			
Total Intake :			366 ml			Total Output :			300 ml			

Total 24 hrs. Intake : 1648 ÷ 68.6 cc/kg

Total 24 hrs. Output : 1360 ÷ 4.35 cc/kg



FLUID CHART

Sheet No. : 7

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

12/5/26

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
12/5	08:00 am		60ml	60ml						150ml	0	[Signature]
	09:00 am		60ml	60ml							0	
	10:00 am		60ml	60ml							0	
	11:00 am		60ml	50ml						180ml	0	
	12:00 pm		60ml	50ml							0	
	01:00 pm		50ml	50ml							0	
Total Intake : 310ml						Total Output :			330ml	4(1)ml		
12/5	02:00 pm			52ml							0	[Signature]
	03:00 pm	Mixer		52ml							0	
	04:00 pm	1/2 BOOY		52ml						150ml	0	
	05:00 pm	Real		52ml							0	
	06:00 pm	Fily		52ml							0	
	07:00 pm			52ml						130ml	0	
Total Intake : 412ml						Total Output :			280ml			
12/5	08:00 pm	Daly		60ml							0	[Signature]
	09:00 pm		100ml	60ml						150ml	0	
	10:00 pm			60ml							0	
	11:00 pm	H ₂ O		60ml							0	
	12:00 am			60ml						300ml	0	
	01:00 am			60ml							0	
Total Intake : 460ml						Total Output :			450ml			
12/5	02:00 am			60ml							0	[Signature]
	03:00 am			60ml						300ml	0	
	04:00 am			60ml							0	
	05:00 am			60ml							0	
	06:00 am	H ₂ O	100ml	60ml						150ml	0	
	07:00 am			60ml							0	
Total Intake : 460ml						Total Output :			450ml			

Total 24 hrs. Intake $1672 \div 69.66 \text{cc/kg}$

Total 24 hrs. Output $1510 \div 4.83 \text{cc/kg}$

LBH-00132654
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 2 D
 Dr. SANDHYA VADDADI (M)



FLUID CHART

Sheet No. : 6

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

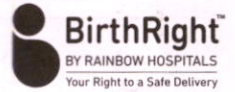
Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Output			IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G			Vomit	Drainage	Urine		
										0		
	08:00 am			60ml						250ml	0	} Ann
	09:00 am	milke 100ml		60ml							0	
	10:00 am			60ml							0	
	11:00 am			60ml						150ml	0	
	12:00 pm			60ml							0	
	01:00 pm			60ml							0	
Total Intake :			516ml			Total Output :			400ml			
	02:00 pm	Rice		60ml							0	} Raji
	03:00 pm	400ml		60ml							0	
	04:00 pm			60ml						250ml	0	
	05:00 pm			60ml							0	
	06:00 pm			60ml							0	
	07:00 pm			60ml						150ml	0	
Total Intake :			296ml			Total Output :			400ml			
	08:00 pm			60ml							0	} Jd
	09:00 pm	Daly 100ml		60ml						200ml	0	
	10:00 pm	H2O		60ml							0	
	11:00 pm			60ml							0	
	12:00 am			60ml						320ml	0	
	01:00 am			60ml							0	
Total Intake :			440ml			Total Output :			520ml			
	02:00 am			60ml							0	} Jd
	03:00 am			60ml							0	
	04:00 am			60ml						320ml	0	
	05:00 am			60ml							0	
	06:00 am			60ml							0	
	07:00 am			60ml						100ml	0	
Total Intake :			360ml			Total Output :			420ml			

Total 24 hrs. Intake 1,776 ÷ 74 cckg

Total 24 hrs. Output 1,740 ÷ 57 cckg



FLUID CHART



Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am			60+1ml									
	09:00 am			60+1ml					250ml				
	10:00 am	milk 150ml		60+1ml									
	11:00 am			60+1ml					100ml				
	12:00 pm			60+1ml									
	01:00 pm			60+1ml					150ml				
Total Intake :			516ml			Total Output :					500ml		
	02:00 pm			60+1ml									
	03:00 pm	chapt 1/2		60+1ml					200ml				
	04:00 pm	egg		60+1ml									
	05:00 pm	milk 100ml		60+1ml									
	06:00 pm			60+1ml									
	07:00 pm	H2O 150ml		60+1ml					200ml				
Total Intake :			616ml			Total Output :					400ml		
	08:00 pm	chapatia		60+1									
	09:00 pm	egg 100ml		60+1					200ml				
	10:00 pm	H2O		60+1									
	11:00 pm			50+1									
	12:00 am			50+1									
	01:00 am			60+1					200ml				
Total Intake :			446ml			Total Output :					400ml		
	02:00 am			60+1									
	03:00 am			60+1					200ml				
	04:00 am			60+1									
	05:00 am			60+1									
	06:00 am			60+1									
	07:00 am			60+1					200ml				
Total Intake :			366ml			Total Output :					400ml		

Total 24 hrs. Intake 1944 $\frac{2}{5}$ 149cc/kg
ml

Total 24 hrs. Output 1700 $\frac{2}{5}$ 500cc/kg
ml

LBH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU (M)
 07-08-2023 2 Y 9 M 1 D
 Dr. SANDHYA VADDADI

FLUID CHART

Sheet No. : 9

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am			60ml							0	[Signature]
	09:00 am	Jelly	50ml	50ml					100ml	0		
	10:00 am	H2O	100ml	50ml						0		
	11:00 am			60ml						0		
	12:00 pm			60ml						0		
	01:00 pm			60ml					120ml	0		
Total Intake : 437ml						Total Output :			220ml			
	02:00 pm	Apple		60ml						0	[Signature]	
	03:00 pm	H2O	100ml	60ml					200ml	0		
	04:00 pm			60ml						0		
	05:00 pm			60ml						0		
	06:00 pm			60ml					150ml	0		
	07:00 pm			60ml						0		
Total Intake : 467ml						Total Output :			390ml			
	08:00 pm	Poti		60ml						0	[Signature]	
	09:00 pm	H2O	150ml	50ml					250ml	0		
	10:00 pm			50ml						0		
	11:00 pm			60ml						0		
	12:00 am			60ml						0		
	01:00 am			60ml					190ml	0		
Total Intake : 446ml						Total Output :			440ml			
	02:00 am			60ml						0	[Signature]	
	03:00 am			60ml					200ml	0		
	04:00 am			60ml						0		
	05:00 am			60ml						0		
	06:00 am			60ml						0		
	07:00 am			60ml					250ml	0		
Total Intake : 366ml						Total Output :			450ml			

Total 24 hrs. Intake : 1.716 ÷ 132cc/kg/day

Total 24 hrs. Output : 1.500 ÷ 4.8cc/kg/day

LBH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 1 D (M)
 Dr. SANDHYA VADDADI



FLUID CHART



Sheet no. 2

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Output			IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G			Vomit	Drainage	Urine		
	08:00 am			60ml						0		
	09:00 am	DRLS		60ml					40ml	0	Happy	
	10:00 am			60ml						0		
	11:00 am			60ml	NA					0	4 hr	
	12:00 pm			60ml						not measure		0
	01:00 pm			60ml						100ml		0
Total Intake :			360ml			Total Output :			140ml			
	02:00 pm	DRLS	Rice	-						0	Melina	
	03:00 pm				60ml					50ml		0
	04:00 pm			60ml						0	Melina	
	05:00 pm			60ml						0		
	06:00 pm			60ml					50ml	0		
	07:00 pm									0		
Total Intake :			240ml			Total Output :			100ml			
	08:00 pm	DRLS	lady	60ml						0	Rajr	
	09:00 pm			chopathi 100ml	60ml							0
	10:00 pm			60ml					0ml	0	Rajr	
	11:00 pm			60ml						0		
	12:00 am			60ml						0		
	01:00 am			60ml					150ml	0		
Total Intake :			466ml			Total Output :			250ml			
	02:00 am			60ml						0	Daji	
	03:00 am			60ml						0		
	04:00 am			60ml					250ml	0		
	05:00 am			60ml						0		
	06:00 am			60ml						0		
	07:00 am			60ml					100ml	0		
Total Intake :			366ml			Total Output :			350ml			

Total 24 hrs. Intake 1432ml \div 110 kcal/kg

Total 24 hrs. Output 840ml \div 2.6cc/kg/d

M 2

LBH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU (M)
 07-08-2023 2 Y 9 M 0 D
 Dr. SANDHYA VADDADI

FLUID CHART

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

BirthRight
 BY RAINBOW HOSPITAL
 Your Right to a Safe Delivery

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am			60ml	/		/		/	150ml	0	Arora
	09:00 am			60ml	/		/		/		0	
	10:00 am	DNS		60ml	NA		NA		NA	60ml	0	Arora
	11:00 am			-	/		/		/		0	
	12:00 pm			-	/		/		/		0	Arora
	01:00 pm			-	/		/		/		0	
Total Intake :						Total Output :						
	02:00 pm				/		/		/		0	
	03:00 pm				/		/		/		0	meeli
	04:00 pm	DNS			NA		NA		NA	50ml	0	
	05:00 pm				/		/		/		0	
	06:00 pm				/		/		/		0	meeli
	07:00 pm				/		/		/		0	
Total Intake :						Total Output :						
	08:00 pm				/		/		/		0	
	09:00 pm				/		/		/		0	
	10:00 pm	DNS			NA		NA		NA	80ml	0	
	11:00 pm				/		/		/	30ml	0	
	12:00 am				/		/		/		0	Arora
	01:00 am				/		/		/	100ml	0	
Total Intake :						Total Output :						
	02:00 am			60ml	/		/		/		0	
	03:00 am			60ml	/		/		/		0	
	04:00 am	DNS		60ml	/		/		/	100ml	0	
	05:00 am			60ml	/		/		/		0	
	06:00 am			60ml	/		/		/		0	
	07:00 am			60ml	/		/		/		0	
Total Intake :			480ml			Total Output :					420ml	

Total 24 hrs. Intake

Total 24 hrs. Output

Patient



FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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									100ml			
	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					-			-	100ml	0		@t
	03:00 am					-			-		0		@t
	04:00 am	DNS	water			-	NP	NA	-		0		@t
	05:00 am					-			-		0		@t
	06:00 am					-			-		0		@t
	07:00 am					-			-	100ml	0		@t
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

CONSENT FOR BLOOD TRANSFUSION



BH-00132654 IP5-00173471
 Name: Master RUSHIKESH BOMMU
 17-08-2023 2 Y 9 M 20 D (M)
 Dr. SANDHYA VADDADI
 UHID.No:

Age: Gender: Male Female

Date: 28/5/2026 @ 11:20 AM

- Type of Blood Product:**
- | | | |
|--|--|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input checked="" type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

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

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

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

Patient (Or Patient Relative / Guardian):

Signature: [Signature]

Name: B. Adhishu

Date & Time: 28/5/2026 : 11:00 AM

Doctor (Who is talking the consent)

Signature: [Signature]

Name: SKAVANI

Date & Time: 28/5/2026 : 11 AM

Witness

Signature: [Signature]

Name: B. Rani

Date & Time: 28/5/2026 11am

రోగి పేరు: వయస్సు: లింగము పురుషుడు స్త్రీ
UHID. సంఖ్య: తేదీ:

- రక్త ఉత్పత్తి రకాలు:**
- | | | |
|---|---|---|
| <input type="checkbox"/> తాజా ఘనీభవించిన ప్లాస్మా | <input type="checkbox"/> ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> క్రయో ప్రెసిపిటేట్ | <input type="checkbox"/> ఒకే ధాత ప్లేటిలెట్స్ | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> మొత్తం రక్తం | <input type="checkbox"/> ఎర్ర రక్త కణం | <input type="checkbox"/> ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. ధాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటిస్ బి సర్వైస్ యాంటిజెన్, హైపటైటిస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెప్ ప్రోజెన్ ప్లాస్మా, క్రయో ప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)	సాక్షి
సంతకము	సంతకం
పేరు	పేరు
తేదీ మరియు సమయము	తేదీ మరియు సమయము
వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)	
సంతకము	
పేరు	

BH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 17-08-2023 2 Y 9 M 20 D (M)
 Dr. SANDHYA VADDADI



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 28/5/26 Time: 11:20AM

Blood Group of the Patient: ATve Blood Group on the Blood Bag: ATve

Blood Bank Issue No: BAN-26-01159 Date of Collection: 14/5/26 Date of Expiry: 25/6/26

Date & Time of Starting Transfusion: 28/5/26 Planned duration of Transfusion: 4 hours

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Anuradha Nurse 2: Dayamani

Before starting transfusion vitals: Temp: 98.8°F HR: 116 bpm RR: 25 bpm BP: 105/61 SpO₂: 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>28/5</u>	<u>15 Min</u>	<u>115</u>	<u>98.8°F</u>	<u>101/61</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>15 Min</u>	<u>110</u>	<u>98.8°F</u>	<u>103/65</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>30 Min</u>	<u>111</u>	<u>98.8°F</u>	<u>105/65</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>30 Min</u>	<u>103</u>	<u>98.8°F</u>	<u>101/65</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: No reactions

Name of the Incharge-Nurse: [Signature]

Name of the Nurse: [Signature]

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 28/5 @ 12h

Date & Time: 28/5 @ 12h

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LEUCO REDUCED BLOOD CELLS I.P

Qty. 215 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D.A.
Solution.



Rh Positive

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

Unit No.: BAH26-01159
Blood Group: A Rh Positive
Collection Date: 14/May/2026
Expiry Date: 25/Jun/2026

1) Do Not Warm Without Warming. 2) Shake Gently Before Use. 3) Do Not
Shake. 4) Check Blood Group on Label & Recipient's
Label Before Administration. 5) Use Sterile Transfusion Set

Issue Label / CrossMatching Report

Patient : Master RUSHIKESH BOMMU .

Patient's Blood Group : A Rh Positive

Hosp/Dr : Rainbow Childrens Hospital, dr sandhya

UHD No.: LBH-00132654 Wd-Bed No.:

Product : LR-PRBC

Blood Group : A Rh Positive

Unit No.: BAH26-01159

Cross Matching Report: Compatible

Cross-matched by: Nachiket

Issue Dt : 28/May/2026

Colln. Dt : 14/May/2026

Exp. Dt : 25/Jun/2026

Issued By : Nachiket


Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital

D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P. Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

9/

CONSENT FOR BLOOD TRANSFUSION

LBH-00132654 IP5-00173471
Master RUSHIKESH BOMMU
07-08-2023 2 Y 9 M 0 D (M)
Dr. SANDHYA VADDADI



Name: Age: 2y Gender: Male Female
UHID.No : Date: 7/5/26

- Type of Blood Product:**
- Fresh Frozen Plasma
 - Packed Red Blood Cells
 - Random Donor Platelets
 - Cryoprecipitate
 - Single Donor Platelet
 - Whole Blood
 - Albumin
 - Red Blood Cell
 - Others

I, BAH26-01000 Devi hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

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

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

Patient (Or Patient Relative / Guardian):
Signature: [Signature]
Name: Bommu Adishu
Date & Time: @ 7/5/26 @ 2:30 pm

Doctor (Who is talking the consent)
Signature: [Signature]
Name: Sanan
Date & Time: 7/5/26 2:30 pm

Witness
Signature: Meetha
Name: Meetha
Date & Time: 7/5/26 @ 2:30 pm

LBH-00132654 IP5-00173471
Master RUSHIKESH BOMMU
07-08-2023 2 Y 9 M 1 D (M)
Dr. SANDHYA VADDADI

2



CONSENT FOR BLOOD TRANSFUSION

Name: Master RUSHIKESH BOMMU Age: 24 Gender: Male Female
UHID.No: LBH-00132654 Date: 7/5/26 @ 1pm

- Type of Blood Product:
- | | | |
|--|---|--|
| <input type="checkbox"/> Fresh Frozen Plasma | <input type="checkbox"/> Packed Red Blood Cells | <input checked="" type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

BAH26-01073

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

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

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

Patient (Or Patient Relative / Guardian):

Signature: [Signature]
Name: BOMMU Rushikesh
Date & Time: 7/5/26 @ 1pm

Doctor (Who is talking the consent)

Signature: [Signature]
Name: harani
Date & Time: 7/5/26 1pm

Witness

Signature: [Signature]
Name: Aruna
Date & Time: 7/5/26 @ 1pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము పురుషుడు స్త్రీ
UHID సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- తాజా ఘనీభవించిన ప్లాస్మా ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు Random Donor Platelets
 క్రయాప్రెసిపిటేట్ ఒకే దాత ప్లేటిలెట్స్ Whole Blood
 మొత్తం రక్తం ఎర్ర రక్త కణం ఇతరులు.....

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి

ఉన్నప్పుడు పూర్తి బికిత్తలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికి/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ బి యాంటీ బడిస్, హైపటెటీస్ బి సర్దేస్ యాంటిజన్, హైపటెటీస్ యాంటిబడిస్, మలేరియా మరియు సిస్టిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్ల సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిపర్కాలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనవి పర్కవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి బికిత్త చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. బికిత్త చేస్తున్న సమయంలో అన్ని రక్తముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లాస్మా, క్రయాప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్) సాక్షి

సంతకము సంతకం

పేరు పేరు

తేదీ మరియు సమయము తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

147 → 128

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 7/5/26 Time: 8AM

Weight: 13kg Centile: 25th

Height: 90cm Centile: 25th

Inference: well child

RDA: - Calories: 1200kcal/d Protein: 2g/d

Diet Recommendations: Soft high protein diet

Re-Assessment: Avoid spicy, chilled & starchy foods

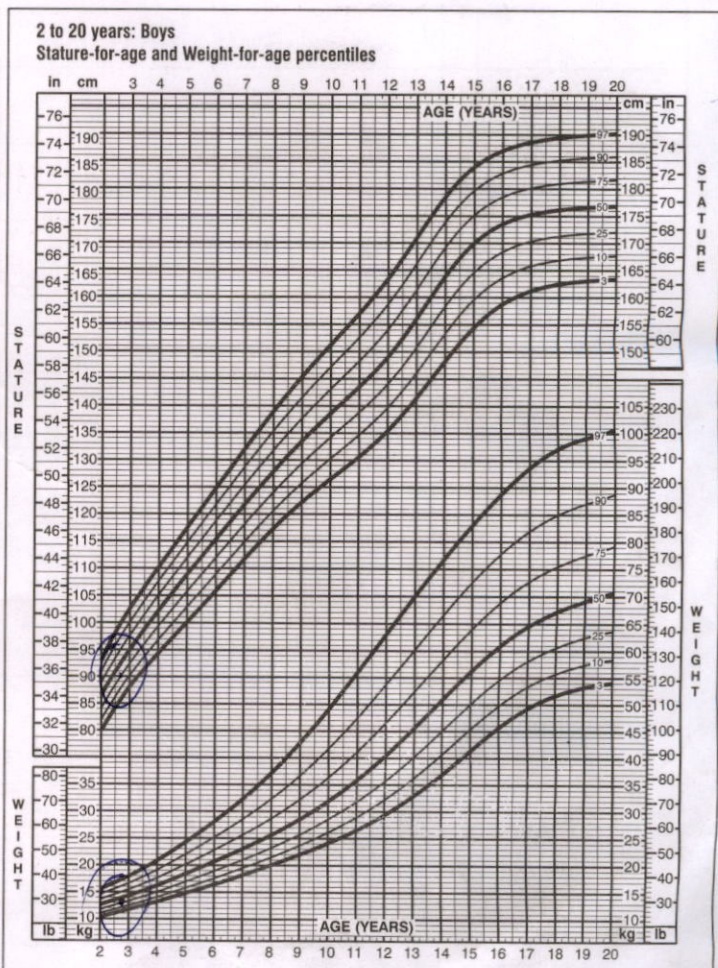
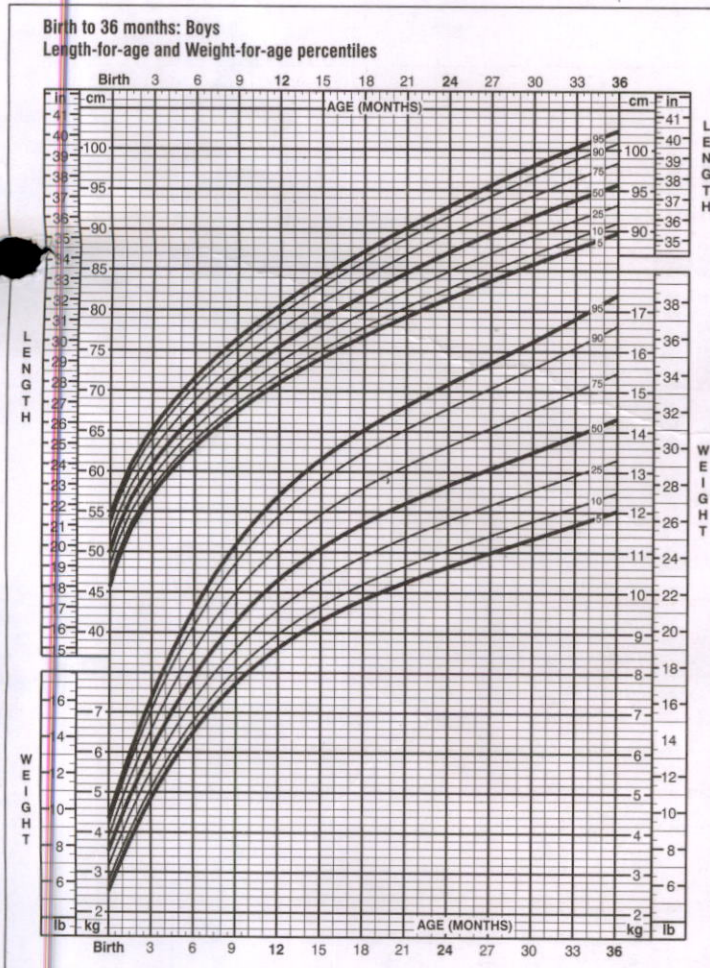
Food Allergies: No Veg/Non-veg: Non-veg

Diagnosis: Acute Leukaemia

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: [Signature]

GROWTH CHART (BOYS)



Dietician's Name: Mounica

Dietician's Signature: Mounica

Daily Notes:

08/5/26
10AM

Child is stable Oral Intake is optimal

Continue to soft High Protein diet. Saima



SPP

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 20/5/26 Time: 10:30 PM

Blood Group of the Patient: A (trc) Blood Group on the Blood Bag: A (trc)

Blood Bank Issue No: BAH26-PO106 Date of Collection: 20/5/26 Date of Expiry: 25/5/26

Date & Time of Starting Transfusion: 20/5, 10:30 PM Planned duration of Transfusion: 30 min

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Gargi Nurse 2: Subhankar

Before starting transfusion vitals: Temp: 98°F HR 101 b/m RR: 28 b/m BP: 94/61 SpO₂ 99%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
20/5	15 Min	101 b/m	98°F	90/60	99%	NO	NO	NO	NO
20/5	15 Min	94 b/m	98.2°F	92/61	99%	NO	NO	NO	NO
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: Nil

Name of the Incharge-Nurse: Subhankar

Name of the Nurse: Gargi

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 20/5, 11 PM

Date & Time: 20/5, 11 PM

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
 D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
 Banjara Hills, Hyderabad, Telangana State
 Lic.No. 46/HD/TS/2018/BB/G

PLATELETAPHERESIS SDP-1

Qty. 125 ml. Prepared from Human Whole Blood by Apheresis using Cell Separator (Qty. 250 ml + 20 ml.)

A

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

Donor Type: Voluntary

Unit No.: BAH26-P0106
Blood Group: A Rh Positive
Collection Date: 20/May/2026
Expiry Date: 25/May/2026

BAH26-P0106

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Evidence. 8) Store Between 2° C to 6° C 9)

Appr
Antit

Issue Label / CrossMatching Report

Patient : **Master RUSHIKESH BOMMU .**
 Patient's Blood Group : **A Rh Positive**
 Hosp/Dr : **Rainbow Childrens Hospital, dr sandhya**
 UHID No. : **LBH-00132654** Wd-Bed No. :
 Product : **SDP-1**
 Blood Group : **A Rh Positive** Issue Dt : **20/May/2026**
 Unit No. : **BAH26-P0106** Colln. Dt : **20/May/2026**
 XMatching Report: **ABO Compatible** Exp. Dt : **25/May/2026**
 X-matched by: **PILLEM** Issued By : **PILLEM**

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 18/5/26 Time: 6:10 pm

Blood Group of the Patient: A+ Blood Group on the Blood Bag: A+

Blood Bank Issue No: 01114 Date of Collection: 10/5/24 Date of Expiry: 21/1/26

Date & Time of Starting Transfusion: 18/5/26 @ 6:10 pm Planned duration of Transfusion: 4 hours

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Soomya Nurse 2: Rajamani

Before starting transfusion vitals: Temp: 98.2°F HR: 110b/s RR: 26b/s BP: 115/60(70) SpO₂: 99%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
18/5	15 Min	112b/s	98°F	110/62(70)	98%	NA	NA	NA	NA
18/5	15 Min	110b/s	99°F	112/60(70)	99%	NA	NA	NA	NA
18/5	30 Min	108b/s	98°F	110/60(70)	98%	NA	NA	NA	NA
	30 Min	96b/s	98.5°F	96/66(70)	98%	NA	NA	NA	NA
	30 Min	98b/s	98.6°F	96/71(80)	100%	NA	NA	NA	NA
	1 Hr	98b/s	98.5°F	100/62(70)	100%	NA	NA	NA	NA
	1 Hr								

Comments: NO REACTION.

Name of the Incharge-Nurse: Subhannan Name of the Nurse: Karima

Signature of the Incharge-Nurse: Subhannan Signature of the Nurse: Karima

& Time: 18/5/26 @ 10 pm Date & Time: 18/5/26 @ 10 pm

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Lic.No. 46/HD/TS/2018/BB/G

LEUCO REDUCED BLOOD CELLS LP

Qty. 197 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D.A. Solution.



Rh Positive

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

No.: BAH26-01114

Group: A Rh Positive

Collection Date: 10/May/2026

Expiry Date: 21/Jun/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. There is no Anticoagulant.

Issue Label / CrossMatching Report

Patient : **Master RUSHIKESH BOMMU .**

Patient's Blood Group : A Rh Positive

Hosp/Dr : Rainbow Childrens Hospital, dr sandhya

UHID No.: LBH-00132654 Wd-Bed No.:

Product : LR-PRBC

Blood Group : A Rh Positive

Unit No.: **BAH26-01114**

XMatching Report: Compatible

X-matched by: Nachiket

Issue Dt : 18/May/2026

Colln. Dt : 10/May/2026

Exp. Dt : 21/Jun/2026

Issued By : K. Alok

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital

D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LBH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 7 D
 Dr. SANDHYA VADDADI

(SD)



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 13/5/26 Time: 9:30 Am

Blood Group of the Patient: A⁺ Blood Group on the Blood Bag: A⁺

Blood Bank Issue No: BA126-80091 Date of Collection: 13/5/26 Date of Expiry: 12/5/26

Date & Time of Starting Transfusion: 13/5/26 @ 9:30 Am Planned duration of Transfusion: 30 mins

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Sublan Kar Nurse 2: Arun M

Before starting transfusion vitals: Temp: 98°F HR: 113b/m RR: 24b/m BP: 92/65(20) SpO₂: 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
13/5	9:45 Am 15 Min	118b/m	98°F	93/68 (70)	100%	NO	NO	NO	NO
	10:00 Am 15 Min	120b/m	98.3°F	90/70 (60)	100%	NO	NO	NO	NO
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No any reaction.

Name of the Incharge-Nurse: Sublan Kar Name of the Nurse: Arun M

Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]

Date & Time: 13/5/26 @ 10:15 Am Date & Time: 13/5/26 @ 10:15 Am

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Lic.No. 46/HD/TS/2018/BB/G

PLATELETAPHERESIS SDP-1

Qty. 125 ml. Prepared from 1 human Whole Blood by Apheresis using Cell Separator (Qty. 250 ml ± 20 ml.)

A

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

Donor Type: Replacement

Unit No.: **BAH26-P0091**
Blood Group: **A Rh Positive**
Collection Date: 13/May/2026
Expiry Date: 18/May/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Evidence. 8) Store Between 2° C to 6° C 9) Appropriate Compatible Cross Matched Blood Without Atypical Antibodies in Recipient Should Be Used.

Issue Label / CrossMatching Report

Patient : **Master RUSHIKESH BOMMU .**

Patient's Blood Group : **A Rh Positive**

Hosp/Dr : **Rainbow Childrens Hospital, dr sandhya**

UHID No.: **LBH-00132654** Wd-Bed No.:

Product : **SDP-1**

Blood Group : **A Rh Positive**

Issue Dt : **13/May/2026**

Unit No.: **BAH26-P0091**

Colln. Dt : **13/May/2026**

XMatching Report: **ABO Compatible**

Exp. Dt : **18/May/2026**

X-matched by: **B.Abhishek**

Issued By : **B.Abhishek**

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital

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No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LBH-00132654
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 1 D (M)
 Dr. SANDHYA VADDADI

(Handwritten initials)

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 7/5/26 Time: 7pm

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve

Blood Bank Issue No: BAH26-01073 Date of Collection: 7/5/26 @ Date of Expiry: 10/5/2026

Date & Time of Starting Transfusion: 5:05 pm Planned duration of Transfusion: 1pm

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: pentu Nurse 2: Anura

Before starting transfusion vitals: Temp: 97.0°F HR 102b/m RR: 26b/m BP: 100/60 SpO₂ 98%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>7/5/26</u>	<u>15 Min</u>	<u>110b/m</u>	<u>97.0°F</u>	<u>92/60</u>	<u>98%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>15 Min</u>	<u>100b/m</u>	<u>97.5°F</u>	<u>99/61</u>	<u>98%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>	<u>108b/m</u>	<u>97.1°F</u>	<u>95/60</u>	<u>97%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>	<u>112b/m</u>	<u>98.0°F</u>	<u>100/61</u>	<u>98%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>	<u>112b/m</u>	<u>98.0°F</u>	<u>101/63</u>	<u>98%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>1 Hr</u>	<u>107</u>	<u>97.0°F</u>	<u>98/63</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>1 Hr</u>								

Comments: —

Name of the Incharge-Nurse: Sourav

Name of the Nurse: Anura

Signature of the Incharge-Nurse: Sourav

Signature of the Nurse: Anura

Date & Time: 7/5/26 @ 1p

Date & Time: 7/5/26 @ 1p

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PLATELET CONCENTRATE I.P.

Qty: 55 ml. Prepared from Whole human blood collected in 63 ml C.P.D
SAGM Solution.

A

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

Unit No.: **BAH26-01073**
Blood Group: **A Rh Positive**
Collection Date: **05/May/2026**
Expiry Date: **10/May/2026**

1. Do Not Dispense Without Prescription. 2. Check Blood Group On Label & Recipient's Group And Name Before Administration. 3. Shake Gently Before Use. 4. Do Not Add Any Medication. 5. Use Immediately After Issue. 6. Use Sterile Transfusion Set With Filter. 7. Do Not Use If There Is Any Visible Evidence Of Deterioration Like Haemolysis Clotting Or Discoloration. 8. Store Continuously At 22° C - 24° C With Gentle Agitation.
9. Admini

Issue Label / CrossMatching Report

Patient : **Master RUSHIKESH BOMMU .**
Patient's Blood Group : **A Rh Positive**
Hosp/Dr : **Rainbow Childrens Hospital, dr sandhya**
UHID No.: **LBH-00132654** Wd-Bed No.:
Product : **RDP**
Blood Group : **A Rh Positive** Issue Dt : **07/May/2026**
Unit No.: **BAH26-01073** Colln. Dt : **05/May/2026**
XMatching Report: **Group Specific** Exp. Dt : **10/May/2026**
X-matched by: **Nachiket** Issued By : **Nachiket**

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No.2, Banjara Hills, Hyderabad, Telangana State
Lic No. 46/H/TS/2018/BB/G

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CONSENT FOR BLOOD TRANSFUSION

Name: **Master RUSHIKESH BOMMU** (M) Age: 24 Gender: Male Female
 UHID.No: **Dr. SANDHYA VADDADI** Date: 7/5/26

LBH-00132654 IP5-00173471
 07-08-2023 2 Y 9 M 0 D

- Type of Blood Product:**
- Fresh Frozen Plasma
 - Packed Red Blood Cells
 - Random Donor Platelets
 - Cryoprecipitate
 - Single Donor Platelet
 - Whole Blood
 - Albumin
 - Red Blood Cell
 - Others

I, BAH26-00440 Di hereby give my consent for whole blood transfusion the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

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

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

Patient (Or Patient Relative / Guardian):	Doctor (Who is talking the consent)
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Name: <u>BOMMU. Abhishek</u>	Name: <u>[Name]</u>
Date & Time: <u>7/5/26 @ 3:20 am</u>	Date & Time: <u>7/5/26 3:30 am</u>


Witness

Signature: [Signature]

Name: [Name]

Date & Time: 7/5/26 @ 3:25 am

LBH-00132654
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 0 D (M)
 Dr. SANDHYA VADDADI



Rainbo Childre Hospita
 It takes a lot to treat the

RAINBOW HOSPITALS
 Your Right to a Safe Delivery

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము పురుషుడు స్త్రీ
 UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- తాజా ఘనీభవించిన ప్లాస్మా ప్లాస్మా చేయబడిన ప్లాస్మా Random Donor Platelets
- క్రయా Whole Blood
- ఇతరులు..... ఇతరులు.....

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FRESH FROZEN PLASMA B.P

Qty. 170 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D./ SAGM Solution.

A	HIV I & II/ HBsAG/ HCV - Non reactive VDRI. - Non reactive MP - Negative NAT(HIV I & II/ HBsAG/ HCV)- Non reactive
	Unit No.: BAH26-00440 Blood Group: A Rh Positive Collection Date: 26/Feb/2026 Expiry Date: 26/Feb/2027

1)administer Without Warming. 2)shake Gently Before Use.3)do Not Add Any Group at With Fil There is 9)rcsusp Plasma. Between

Issue Label / CrossMatching Report

Patient : Master RUSHIKESH BOMMU .
 Patient's Blood Group :A Rh Positive
 Hosp/Dr :Rainbow Childrens Hospital,dr sandhya
 UHID No.: LBH-00132654 Wd-Bed No.:

Product : FFP
 Blood Group : A Rh Positive
 Unit No.: BAH26-00440
 XMatchir g Report:ABO Compatible
 X-matched by: B.Abhishek
 Issue Dt : 07/May/2026
 Colln. Dt :26/Feb/2026
 Exp. Dt :26/Feb/2027
 Issued By : B.Abhishek

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
 D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
 Lic No. 46/HD/TS/2018/BB/G

నేను
 ఉన్నప్పుడు పూర్తి చికిత్సలో భాగ
 దాత రక్తాన్ని హెచ్ ఐ వి యాండ్
 లక్షణాలు లేవని పరీక్షించి బడిన
 ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుద
 ప్రతిచర్యలు సోకే ప్రమాదం వుండ
 చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రం
 వివరించబడ్డాయి. చికిత్స చేస్తున్న స
 ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లె
 నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

ఉపత్తిలో అడ్మిట్ అయి
 అంగీకారం తెలుపుతున్నాను.
 లేరియా మరియు సిఫ్లిస్
 పరీక్షలో కనబడని అనేక
 క్షుల్ల మార్పిడికి సంబంధించిన
 తెలివితప్ప అని నేను అర్థం

స్తున్న డాక్టర్ ద్వారా నాకు
 రక్త ఉత్పత్తులు ప్లాస్మా చేయబడిన
 అంగీకారము తెలుపుతున్నాను.

సాక్షి

సంతకం

పేరు

తేదీ మరియు సమయము

LBH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU (M)
 07-08-2023 2 Y 9 M 1 D
 Dr. SANDHYA VADDADI

(FRP)



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 7/8/2026 Time: 3:20 Am

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve

Blood Bank Issue No: 440 Date of Collection: 07/mj Date of Expiry: 28/15

Date & Time of Starting Transfusion: 7/8 Planned duration of Transfusion: 3hrs

Check for Correct Unit Correct Patient:

Blood products cross checked by: Nurse 1: Krishendu Nurse 2: Ravi

Before starting transfusion vitals: Temp: 98.1f HR: 120b/m RR: 26b/m BP: 98/61 SpO₂: 98%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
7/8	15 Min	120	98.1f	101/42	99%	No	No	No	No
7/8	15 Min	132	97.4f	105/62	99%	No	No	No	No
7/8	30 Min	122	98.1f	97/61	99%	No	No	No	No
7/8	30 Min	125	97.1f	108/62	99%	No	No	No	No
	30 Min	120	98.1f	98/60	99%	No	No	No	No
	1 Hr	125	97.1f	100/62	98%	No	No	No	No
	1 Hr								

Comments: nil

Name of the Incharge-Nurse: Neesha Name of the Nurse: Krishendu

Signature of the Incharge-Nurse: Neesha Signature of the Nurse: Krishendu

Date & Time: 7/8 Date & Time: 7/8

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Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-2

Qty. 210 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./
SAGM Solution.

A
Rh Positive

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

Unit No.: BAH26-01061
Blood Group: A Rh Positive
Collection Date: 02/May/2026
Expiry Date: 13/Jun/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not
Add Any Medication. 4) Check Blood Group on Label & Recipient's
Group and Name Before Administration. 5) Use Sterile Transfusion Set
With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if
There is A
Appropri
Antibodie

Issue Label / CrossMatching Report

Patient : **Master RUSHIKESH BOMMU**
Patient's Blood Group : A Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, dr s
UHID No. : LBH-00132654 Wd-Be
Product : LR-PRBC Pedia-2
Blood Group : A Rh Positive
Unit No. : **BAH26-01061**
XMatchig Report: Compatible
X-matched by: **K.SAIKUMAR**

Rainbow Hospital Blood Cen
Hospi
D.No.8-2-120/103/1,2,3,4 & 5, 1st f
No.2, Banjara Hills, Hydr
Lic No. 46/HD/

CONSENT FOR BLOOD TRANSFUSION



LBH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 11 D (M)
 Dr. SANDHYA VADDADI

Name: Age: 2 Gender: Male Female
 UHID No : Date: 18/5/26

- Type of Blood Product:**
- Fresh Frozen Plasma
 - Packed Red Blood Cells
 - Random Donor Platelets
 - Cryoprecipitate
 - Single Donor Platelet
 - Whole Blood
 - Albumin
 - Red Blood Cell
 - Others

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

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

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

Patient (Or Patient Relative / Guardian):	Doctor (Who is talking the consent)
Signature: <u>B. Rani</u>	Signature: <u>Dr Sai</u>
Name: <u>B. Rani</u>	Name: <u>Dr. Sai</u>
Date & Time: <u>18/5/26 @ 6:10pm</u>	Date & Time: <u>18/5/26 @ 6pm</u>

Witness

Signature: [Signature]

Name: Subhanwar

Date & Time: 18/5/26 @ 6pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము పురుషుడు స్త్రీ
UHID. సంఖ్య: తేదీ:

- రక్త ఉత్పత్తి రకాలు:**
- తాజా ఘనీభవించిన ప్లాస్మా ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు Random Donor Platelets
 - క్రయోప్రెసిపిటేట్ ఒకే ధాత ప్లేటిలెట్స్ Whole Blood
 - మొత్తం రక్తం ఎర్ర రక్త కణం ఇతరులు.....

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ బి వి యాంటీ బడిస్, హైపటైటిస్ బి సర్పెస్ యాంటీజన్, హైపటైటిస్ యాంటీబడిస్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెప్స్ ప్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్) సాక్షి
సంతకము సంతకం
పేరు పేరు
తేదీ మరియు సమయము తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)
సంతకము
పేరు

LEH-00132654 IP5-00173471
 Master RUSHIKESH BOMMU
 07-08-2023 2 Y 9 M 12 D (M)
 Dr. SANDHYA VADDADI

SDP



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 16/5 Time: 7:30 PM

Blood Group of the Patient: A +ve Blood Group on the Blood Bag: A +ve

Blood Bank Issue No: P.O.O.9.1 Date of Collection: 13/5/26 Date of Expiry: 18/5/26

Date & Time of Starting Transfusion: 16/5 @ 7:30 PM Planned duration of Transfusion: 30 min

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Gargi Nurse 2: Dinyar

Before starting transfusion vitals: Temp: 99.2°F HR: 124 bpm RR: 26 bpm BP: 90/60 SpO₂: 99%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>16/5</u>	<u>15 Min</u>	<u>124</u>	<u>99.2</u>	<u>90/60</u>	<u>99%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>16/5</u>	<u>15 Min</u>	<u>120</u>	<u>99.2</u>	<u>90/60</u>	<u>99%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: No complaints.

Name of the Incharge-Nurse: Dinyar Name of the Nurse: Gargi

Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]

Date & Time: 16/5 Date & Time: 16/5 7 PM

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

PLATELETAPHERESIS SDP-II

Qty. 125 ml. Prepared from Human Whole Blood by Apheresis using Cell Separator (Qty. 250 ml ± 20 ml.)

A

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

Donor Type: Replacement

Unit No.: BAH26-P0091
Blood Group: A Rh Positive
Collection Date: 13/May/2026
Expiry Date: 18/May/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Evidence. 8) Store Between 2° C to 6° C 9) Appropriate Compatible Cross Matched Blood Without Atypical Antibodies in Recipient Should Be Used.

Issue Label / CrossMatching Report

Patient : **Master RUSHIKESH BOMMU .**

Patient's Blood Group : **A Rh Positive**

Hosp/Dr : **Rainbow Childrens Hospital, dr sandhya**

UHID No : **LBH-00132654** Wd-Bed No.:

Product : **SDP-II**

Blood Group : **A Rh Positive**

Unit No. : **BAH26-P0091**

XMatching Report: **ABO Compatible**

X-matched by: **R.RAMESH**

Issue Dt : **16/May/2026**

Colln. Dt : **13/May/2026**

Exp. Dt : **18/May/2026**

Issued By : **R.RAMESH**

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital

D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

CONSENT FOR BLOOD TRANSFUSION



LBH-00132654 IP5-00173471

Master RUSHIKESH BOMMU

Name: 07-08-2023 2 Y 9 M 16 D (M)
Dr. SANDHYA VADDADI

Age: 24 Gender: Male Female



UHID.No

Date: 23/5/26

- Type of Blood Product:**
- Fresh Frozen Plasma
 - Packed Red Blood Cells
 - Random Donor Platelets
 - Cryoprecipitate
 - Single Donor Platelet
 - Whole Blood
 - Albumin
 - Red Blood Cell
 - Others

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

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

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

Patient (Or Patient Relative / Guardian):	Doctor (Who is talking the consent)
Signature: <u>B. Rani</u>	Signature: <u>A</u>
Name: <u>B. Rani</u>	Name: <u>Shavani</u>
Date & Time: <u>23/5/26 @ 10:30AM</u>	Date & Time: <u>23/5/26 @ 10:30AM</u>

Witness

Signature: B. Rani

Name: B. Rani

Date & Time: 23/5/26 @ 10:30AM

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము పురుషుడు స్త్రీ
UHID. సంఖ్య: తేదీ:

- రక్త ఉత్పత్తి రకాలు:**
- | | | |
|---|---|---|
| <input type="checkbox"/> తాజా ఘనీభవించిన ప్లాస్మా | <input type="checkbox"/> ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> క్రయో ప్రెసిపిటేట్ | <input type="checkbox"/> ఒకే ధాత ఫ్లేటిలెట్స్ | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> మొత్తం రక్తం | <input type="checkbox"/> ఎర్ర రక్త కణం | <input type="checkbox"/> ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిన్, హైపటైటిస్ బి సర్వైస్ యాంటిజన్, హైపటైటిస్ యాంటిబడిన్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెష్ ఫ్రాజెన్ ప్లాస్మా, క్రయో ప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)	సాక్షి
సంతకము	సంతకం
పేరు	పేరు
తేదీ మరియు సమయము	తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)
సంతకము
పేరు

SDP

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 23/5/26 Time: 10:30 AM

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve

Blood Bank Issue No: BAH-26-P0106 Date of Collection: 20/5/26 Date of Expiry: 25/5/26

Date & Time of Starting Transfusion: 23/5/26 10:10 AM Planned duration of Transfusion: 30 min

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Rajamani Nurse 2: Soumya

Before starting transfusion vitals: Temp: 98.8°F HR: 130b/m RR: 24b/m BP: 91/62 SpO₂: 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>23/5</u>	<u>15 Min</u>	<u>130</u>	<u>98.8°F</u>	<u>91/52/60</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>15 Min</u>	<u>120</u>	<u>98.8°F</u>	<u>100/61</u>	<u>102%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: No reactions

Name of the Incharge-Nurse: Subanidha Name of the Nurse: Rajamani

Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]

Date & Time: 23/5/26 01:11 AM Date & Time: 23/5/26 01:11 AM

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

PLATELETAPHERESIS SDP-II

Qty. 125 ml. Prepared from Human Whole Blood by Apheresis using Cell Separator(Qty. 250 ml ± 20 ml.)

A

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

Donor Type: Voluntary

Unit No.: **BAH26-P0106**
Blood Group: **A Rh Positive**
Collection Date: **20/May/2026**
Expiry Date: **25/May/2026**

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) check Blood Group on Label & Recipien's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Evidence. 8) Store Between 2° C to 6° C 9) Appropriate Compatible Cross Matched Blood Without Atypical Antibodies in Recipient Should Be Used.

Issue Label / Cross Matching Report

Patient : **Master RUSHIKESH BOMMU .**

Patient's Blood Group : **A Rh Positive**

Hosp/Dr : **Rainbow Childrens Hospital, dr sandhya**

UHID No.: **LBH-00132654**

Wd-Bed No.:

Product : **SDP-II**

Blood Group : **A Rh Positive**

Issue Dt : **23/May/2026**

Unit No.: **BAH26-P0106**

Colln. Dt : **20/May/2026**

XMatching Report: **ABO Compatible**

Exp. Dt : **25/May/2026**

X-matched by: **B.Abhishek**

Issued By : **B.Abhishek**

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital

D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic No. 46/HD/TS/2018/BB/G

CONSENT FOR BLOOD TRANSFUSION

LBH-00132654 IP5-00173471
Name: Master RUSHIKESH BOMMU
07-08-2023 2 Y 9 M 14 D (M) Age: Gender: Male Female
UHID.No : Dr. SANDHYA VADDADI Date: 20/5/26

- Type of Blood Product:
- | | | |
|--|---|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input checked="" type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

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

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

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

Patient (Or Patient Relative / Guardian):	Doctor (Who is talking the consent)
Signature: <u>B. Ravi</u>	Signature: <u>[Signature]</u>
Name: <u>B. Ravi</u>	Name: <u>[Name]</u>
Date & Time: <u>20/5, 10 PM</u>	Date & Time: <u>20/5, 10 PM</u>

Witness

Signature: B. Ravi

Name: B. Ravi

Date & Time: 20/5, 10 PM