

ACTIVITY RECORD FOR BILLING

Name : _____

BAH-00644052 IP5-00174464

Master KRISHIV SINGH

UHID No. : _____ Consultant: _____ Dept : _____

03-02-2024 2 Y 3 M 26 D (M)

Dr. SIRISHA RANI

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



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	6:30pm	ER	146	

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/5	GN placement	(1)	31762	Rachel

ANY OTHER INFORMATION

.....
.....
.....
.....
.....
.....

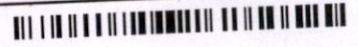
Date : 29/5/26

Time : 1:30pm

Prepared By : Aparanjitha

Staff Nurse Aparanjitha	Shift / Ward 146	Billing Assistant	Billing Supervisor
----------------------------	---------------------	-------------------	--------------------

ADMISSION SHEET



Registration Details :

Admission No : IP5-00174464 Admit Date : 28-May-2026 Admit Time : 05:48 PM UHID : BAH-00644052

Patient Details :

Patient Name : Master KRISHIV SINGH Age : 2 Y 3 M 25 D
Guardian : Mr DURGESH SINGH DOB : 03-02-2024
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H NO 14-10-483 NEAR BY JALI HANUMAN Phone No : 9705761805/ 7729822173
ROAD Mangal Hat Hyderabad Telangana E-mail : DURGESH SINGH44@GMAIL.COM
INDIA 500006

Admission Details :

Bed Type : SHARED WARD Bed No : SW 146 Ward Name : 1F-VIBGYOR
Room No : SW 146 Admission Type : First Visit

Contact Details :

Name : Mr DURGESH SINGH Relationship : Father
Contact Address : H NO 14-10-483 NEAR BY JALI HANUMAN Phone No : 9705761805 / 7729822173
ROAD Mangal Hat Hyderabad Telangana INDIA 500006

Durgesh Singh
Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY



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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name:

Krishiv

UHID ID:

BAH-00644052 IP5-00174464

Master KRISHIV SINGH

03-02-2024 2 Y 3 M 25 D (M)

Dr. SIRISHA RANI

Department:



Consultant:



Pediatric Multiorgan History & Physical Examination

Name : Krishiv Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

K/c/o Wilms tumour,
planned for chemotherapy.

History of present illness :

K/c/o Stage III Wilms tumour on
adjuvant chemotherapy.
post op - 4th cycle D21.

STOP on UMBRELLA protocol / post
radical nephrectomy.

No fever / vomiting / loose stool / cough

accepting orally
clinically well.

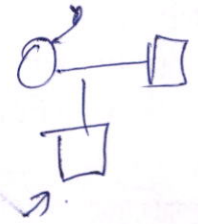


Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

FT / (1) perinatal transition



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Developed as per age.

Immunization History :

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs)) 8.4 kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 118/min B.P. 95/45 SPO2 100%
Resp. rate and type of breathing : 24/min

Rash _____
Lymphadenopathy ⊖
Oedema : _____
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : BAC ⊕
Any addes sounds : ⊖
Relevant data from outside (Chest X-Ray, ABG, etc.,) /

Cardiovascular System :

Inspection of procordium : _____
Heart Sounds : S1 S2 ⊕
Any murmur : ⊖
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) ; _____

Per Abdomen :

Inspection _____
Palpation : Soft, non tender.
Ausculation : Bowel sounds ⊕
Spine : _____ External Genitalia : _____
Relevant data from outside (CT, USG etc.,) /



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves : (N)

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : NAD

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Plantars _____

Superficials:

Sensory System :

Intact

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Wilms Tumour stage - III
for chemotherapy.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: to prevent complications

Desired goals of the treatment : hemodynamic stability

Planned Labs:

⊕

Planned Management

Si ONDANSETRON
Si Esomeprazole.
Sip ZINCOVIT
Si CALCIMAX
Sip LUPIDZYME

Plan to start
Chemotherapy

Signature of the Doctor:

Name of the Doctor: Sirisha Rani

Date & Time: 28/5/26 5:30pm

Signature of the Consultant:

Name of the Consultant: Sandhya Rani

Date & Time: 29/5/26 @ 11:am

DR. SANDHYA VADDADI
Registration No: 71664



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5 10 AM	<p>4/8/23 Resident Dr. Ajushman</p> <p>Wilm's tumor stage - III Plan</p> <p>Child is alert Hemodynamically stable</p>	<p>Give IV - GCSF 70 mcg stat</p> <p>Send CBP, Creatinine T/As</p> <p>Cont. other medrocat</p> <p>Hold chemo for today</p> <p>Ajushman</p>
29/5 11 AM	<p>Slb Dr. Simha</p> <p>Wilm's Tumor stage - II</p> <p>No acute renal</p> <p>No fever vitals stable</p>	<p>(P)</p> <p>→ Rpt CBP, MW creat</p> <p>Cont rest same</p> <p>send urine culture</p> <p>1kg ceftriaxone IV OD</p> <p>DR. SANDHYA VADDADI Registration No: 71664</p> <p>Hold further chemotherapy in view of low counts</p> <p>Shari</p>

BAH-00644052 IP5-00174464
 Master KRISHIV SINGH
 03-02-2024 2 Y 3 M 25 D (M)
 Dr. SIRISHA RANI



RESULT SHEET

Date	29/5/26				
Time					
Hb	11.3				
PCV					
RBC	4.00				
WBC	2068				
N/L	16/70				
Platelets	1.76L				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

BAH-00644052 IP5-00174464
 Master KRISHIV SINGH
 03-02-2024 2 Y 3 M 25 D (M)
 Dr. SIRISHA RANI

Patient S



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

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

Shifting From: ER Shifted to: Oncology ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Syp SEPTRAN	2.5ml	PO	BD	28/5/26 9 AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	Syp MOKTEL	2.5ml	PO	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	Syp CALCIMAX PLUS	5ml	PO	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	Syp ZINCOVIT	5ml	PO	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Sandini S

Date & Time: 28/5/26 5:30 PM

Nurse Name & Signature: Kethu H

Date & Time: 28/5 @ 6 PM

BAH-00644052 IP5-00174464
 Master KRISHIV SINGH
 03-12-2024 2 Y 3 M 25 D (M)
 Dr. SIRISHA RANI



Sheet No:

REGULAR PRESCRIPTIONS

Weight 8-4 kg Ward SP-5

DRUG : <u>SyPLUR</u>				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 : <u>Sy LUPIZYME</u>				Date Time <u>28/12/20/15</u>
Dose	Route	Frequency	Start Dt.	
<u>5 ml</u>	<u>PO</u>	<u>12 H.</u>	<u>20/15</u>	
Name & Signature of the Doctor Starting the Drugs:				
<u>Sahitri</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>Sy SEPTRAN</u>				Date Time <u>28/12/20/15</u>
Dose	Route	Frequency	Start Dt.	
<u>2.5 ml</u>	<u>PO</u>	<u>12 hly</u>	<u>28/15</u>	
Name & Signature of the Doctor Starting the Drugs:				
<u>Sahitri</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>Sy ESOMEPRAZOLE</u>				Date Time <u>28/12/20/15</u>
Dose	Route	Frequency	Start Dt.	
<u>8 mg</u>	<u>W</u>	<u>24 H</u>	<u>28/15</u>	
Name & Signature of the Doctor Starting the Drugs:				
<u>Sahitri</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED BY : Name : Signature

VERIFIED

VERIFIED

VERIFIED



DRUG CHART

Date of Admission: 28/5/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG : SympARACETAMOL				Date Time															
Dose	Route	Frequency	Start Date																
2.5ml	PO	SOS	28/5																
Doctor's Signature		Valid Period	Pharm.																
Sahithi		48 hrs																	
Additional Instructions: (5ml/240mg) for fever / pain max 6th hourly.																			

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

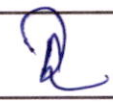
DRUG :				Date Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

VERIFIED BY : Name Signatur

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/5	10pm	1mg QESP	70 mcg	IV (s/c)		Sushma Sravanthi
29/5		1mg CEFTRAXONE	800mg	IV	d	

Signature
VERIFIED BY: Name

VERIFIED

BAH-00644052
 Master KRISHIV SINGH IPS-00174464
 03-02-2024 2 Y 3 M 26 D (M)
 Dr. SIRISHA RAM

No. : RCH/ FRM / CLINICAL / 125

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

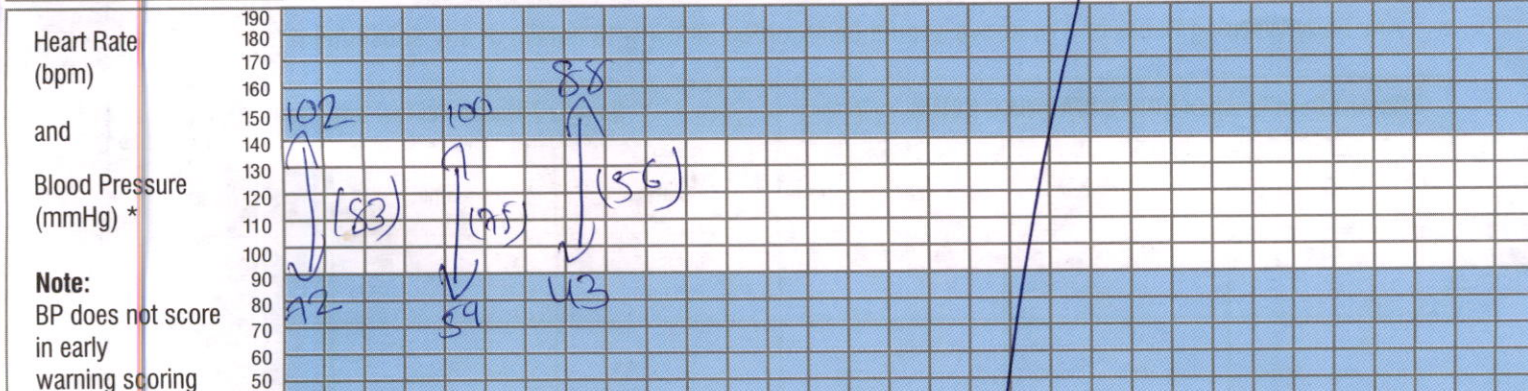
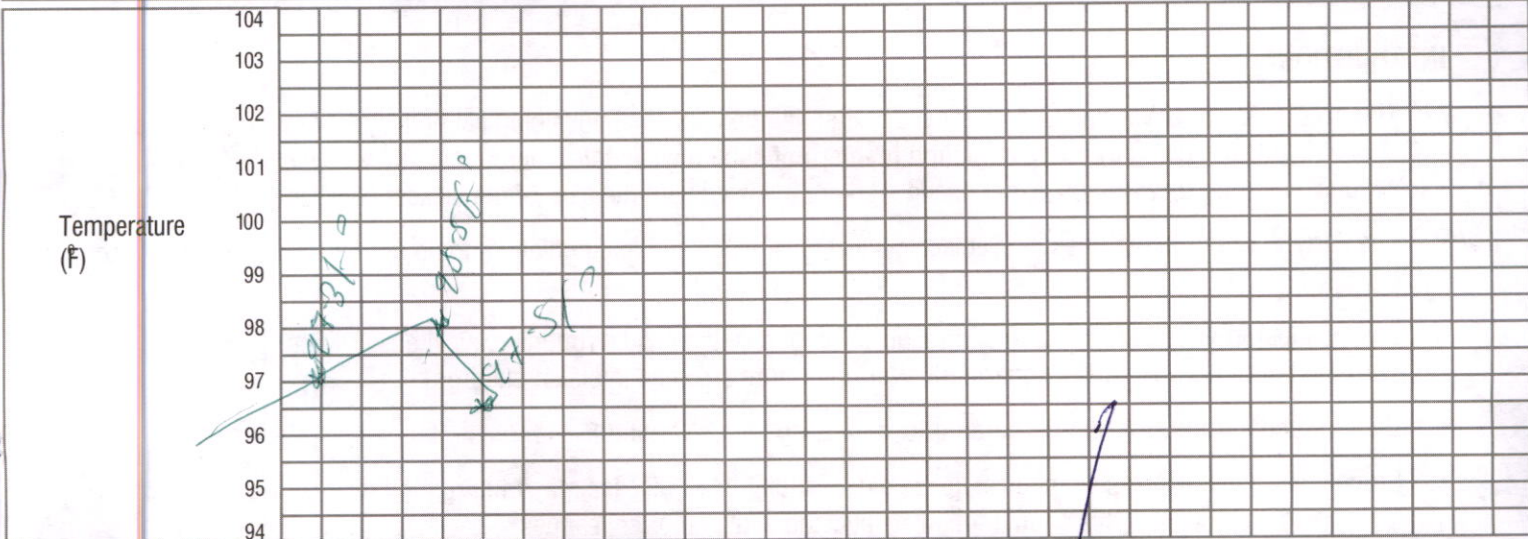
Rainbow Children's Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

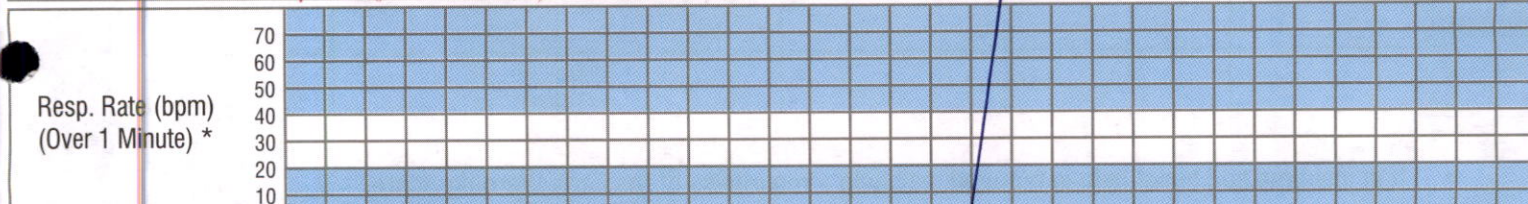
Date : 28/5 Time: 14: 30 AM 6 AM

Doctor / Nurse / Family Concern?



Note:
 BP does not score in early warning scoring

Heart Rate (Number) 120b/m 106b/m 109b/m



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

Resp Distress Mod/ Severe None / Mild

Receiving O₂(l/min) O₂Saturations (%) 100% 99% 100%

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

GCS *

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

- 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)

Patient

BAH-00644052 IP5-00174464
 Master KRISHIV SINGH (M)
 03-02-2024 2 Y 3 M 25 D
 Dr. SIRISHA RAM



FLUID CHART

Sheet No. :

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

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												
	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											PP	
	09:00 pm											Di	Sowankh
	10:00 pm											EE	
	11:00 pm											EE	Sowankh
	12:00 am											EE	Sowankh
	01:00 am											EE	Sowankh
Total Intake :						Total Output :							
	02:00 am											EE	Sowankh
	03:00 am											EE	Sowankh
	04:00 am											EE	Sowankh
	05:00 am											EE	Sowankh
	06:00 am											EE	Sowankh
	07:00 am											EE	Sowankh
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

Patient Sticker

FLUID CHART



Sheet No. :

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



146

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 29/5/26 Time: 9am

Weight: 8.4 kgs Centile: 25th

Height: 82 cm Centile: 25th

Inference: underweight child

RDA: - Calories: 1250 kcal/d Protein: 21 g/d

Diet Recommendations: soft high protein diet

Re-Assessment: Avoid spicy, chilled & outside foods

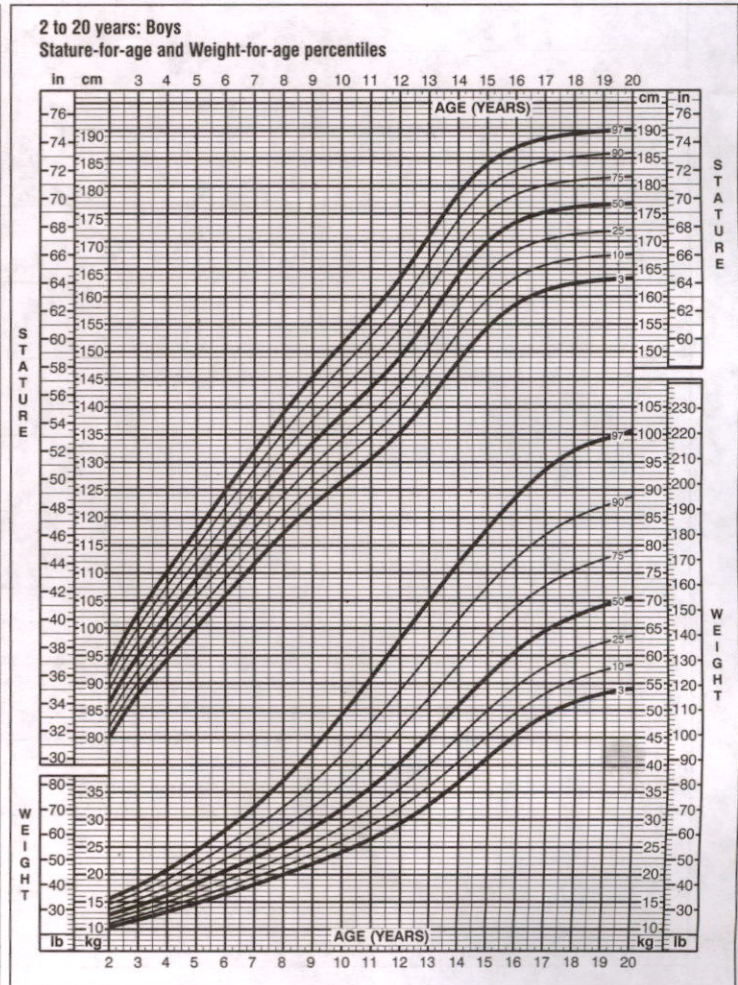
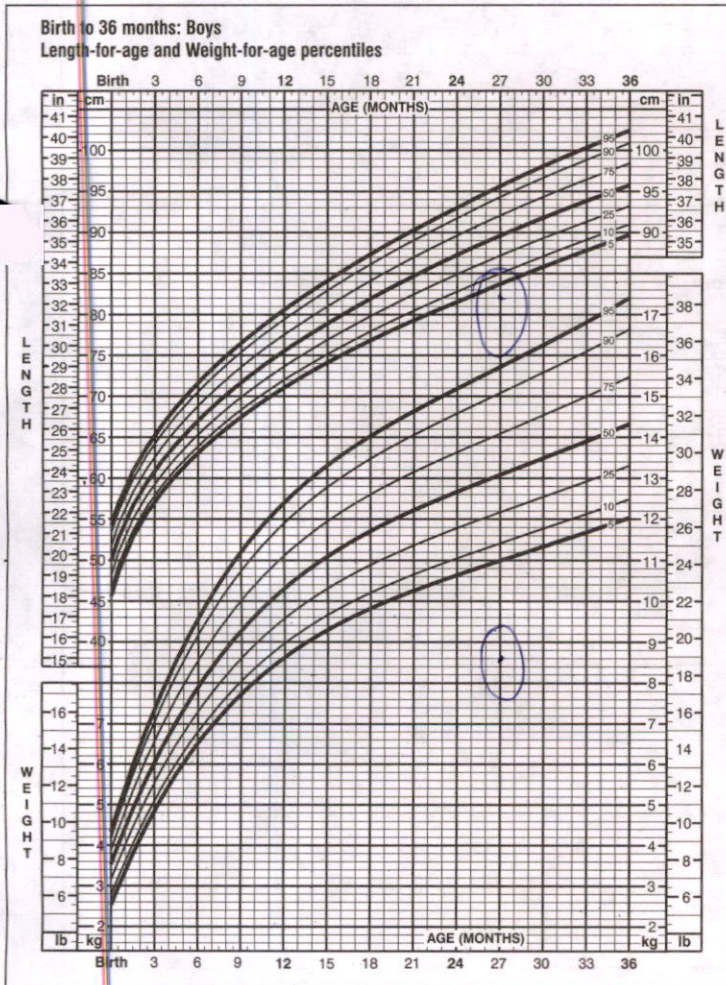
Food Allergies: No Veg/Non-veg: Non-veg

Diagnosis: Wilms Tumour stage III

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: Babita Bai

GROWTH CHART (BOYS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

