

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174460 Admit Date : 28-May-2026 Admit Time : 04:32 PM UHID : BAH-00327565

Patient Details :

Patient Name : Ms HUDA ABDUL RAHMAN BAKOBAN Age : 21 Y 4 M 30 D
Guardian : Mr ABDUL RAHMAN DOB : 01-01-2005
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : H NO 18-11-79, BANDLAGUDA, Barkas Phone No : 9849251570/ 7259175835
Hyderabad Telangana INDIA 500005 E-mail :
KHALEDABDULRAHMAN07@GMAIL.COM

Admission Details :

Bed Type : PICU Bed No : PICU 220 Ward Name : 2F-PICU II
Room No : PICU 220 Admission Type : First Visit

Contact Details :

Name : Mr ABDUL RAHMAN Relationship : Father
Contact Address : H NO 18-11-79, BANDLAGUDA, Barkas Phone No : 9849251570 / 7259175835
Hyderabad Telangana INDIA 500005

Signature

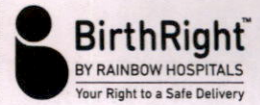
Doctor Details :

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

Payment Details :

Payment Mode : Cash Deposit Amount : 25000.00
Payor Name : SELFPAY

BAH-00327565 IP5-00174460
 Ms HUDA ABDUL RAHMAN BAKOBAN
 01-01-2005 21 Y 5 M 1 D (F)
 Dr. SIRISHA RANI



TRANSTHORACIC ECHOCARDIOGRAM FOR CONSULTANT

Date:

Clinical Diagnosis:

Situs & Looping	Solitus
Systemic Veins	Descending
Pulmonary Veins	LA
Atria	RA
Atrial Septum	Intact
AV Valves	no significant a/c
Ventricles	B
Ventricular Septum	Intact
Outflow Tracts	B
Semilunar Valves	B
Branch PA	B
Aorta and Aortic Arch	Left arch, no coar
PDA	no PDA
Coronaries	B
Pericardium	no effusion
Others	no B scoliosis

Measurements:

Parameter	Absolute (mm)	'Z' Value	Parameter	Absolute (mm)	'Z' Value
AO			Tricuspid Annulus		
LA			Mitral Annulus		
RVid			Aortic Annulus		
IVSd			PA Annulus		
LVIDd			MPA		
LVIPWd			RPA		
IVSs			LPA		
LVIDs			Aortic Isthmus		
LVIPWs			LV Mass		
FS			Others		
EF					

Aortic Flow	Velocity m/sec			Gradient (mm Hg)		AR
Pulmonary Flow				Peak:	Mean:	PR
Mitral Flow				Peak:	Mean:	MR
Tricuspid Flow	E:	A:	Edit:	Peak:	Mean:	TR
IV Gradient				RVSP:-		
Others						

Colour Doppler Assessment:

Tissue Doppler:

Mitral	E'	A'	S'
Media LV	E'	A'	S'
Tricuspid	E'	A'	S'
Time Intervals	IVRT	IVCT	DT
Others			

Descriptive Findings:

[Faint handwritten notes in the box]

Impression:

structurally normal heart
 normal sized cardiac chambers
 good biventricular function

Septal, no coa

Echo Perform:

Signature of the Doctor: Dr. Bhawya Sri

Name of the Doctor:

Date & Time:

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Is HIJDA ABDUL RAHMAN BAKOBAN
1-01-2005 21 Y 4 M 27 D (F)
Dr. SIRISHA RANI



ADMISSION CRITERIA – ONCOLOGY

Admission / Transfer from:

- Emergency Outpatient (OPD) Ward Operation Theater Others:

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

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

Signature of the Doctor: *Nikhil*
Name of the Doctor: *Dr. Nikhil*
Date & Time: *28/05/26 @ 6pm*

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Dr. SIRISHA RANI

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DISCHARGE CRITERIA – ONCOLOGY

Discharge to:

HDU / Step down ICU Ward Outside Facility Others:

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

- Completion of chemotherapy, with no debilitating side effects.
- Resolution of febrile episode, with no fever >24hrs and Absolute Neutrophil count (ANC) > 500cells/mm3.
- Admitted patients - Once the admitting problem gets resolved or made a plan to manage further on out-patient basis.

Signature of the Doctor:

Name of the Doctor :

Date & Time:



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD



Patient Name:

Baby Aluda Abdel Rahman

UHID ID:

Bah-00327565

Department:

Consultant:

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Pediatric Multiorgan History & Physical Examination

Name : Baby Huda Abdul Rahman Age/Sex _____

Information given by: Mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o Body pain :- 2 days
cough :- 10 days.

History of present illness :

As per informant, child apparently well then had

1) c/o Body pains :- 2 days
initially over the left leg
progressed to both upper & lower limbs
not having chest pain ⊕
neck pain ⊕
headache.

no c/o fever/cold
no vomiting/loose stool

2) c/o Cough :- 10 days
moderate
not afw sleep disturbances
and salbutamol nebulizations

was farting since 2 days

afw sickle cell anemia on tab folvite
Cap Hydroxyurea
(? missed tablets to take).

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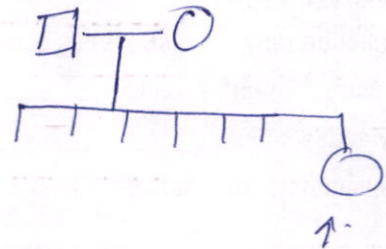


Pediatric multorgan / & Physical Examination

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

Birth & Neonatal History:

Normal perinatal transition



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : *middle*

Developmental History :

Attained appropriate for age

Immunization History :

Immunized till date

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Pediatric Multiorgan System & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 4.8 kg (Centile _____)

On Examination :

Temperature : 98.6° F Pulse Rate : 82/min B.P. 123/65 (Ru) SPO2 99% @ RA
Resp. rate and type of breathing : 22/min
regular

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

Respiratory System :

Inspection (any s/o distress) : (N)
Air entry & breath sounds : B.A.F (+), clear
Any added sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of precordium : (N)
Heart Sounds : S1 S2 Heard
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection (N)
Palpation : Soft, non tender
Auscultation : B.S (+)
Spine : (N) External Genitalia : (N)
Relevant data from outside (CT, USG etc.,) _____



PELVIC Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert/Active

Cranial Nerves : Intact

Motor System:

Nutrition : Good

Tone: (2) Power 4/5

Co-ordinator : _____

Posture : _____

Involuntary Movements : Nil

Reflexes :

DTR (2) Superficials: _____

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Kfco Sickle cell anemia
Now with Acute Pain crisis



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment: For Hemodynamic stability

Planned Labs:

- CBP
- CRP, 8 electrolyte,
- LFT, Creatinine, CUE
- Chest Xray
- Usa Abdomen -

Planned Management

- 1) IV ceftriaxone
- 2) IV 1/2 DNS + 10ml HCO₃
- 3) Tab FOLVITE 5mg OD
- 4) Cap Hydroxyurea BD 500mg
- 5) Tab COMBIFLAM BD
- 6) Inj tramadol sos.
- 7) Tab Pantop 40mg.
- 8) IV Paracetamol
- 9) sos partial exchange

MB
Agn
28/5/26
5:20

Dr. SIRISHA RANI
Reg. No: 40525

Signature of the Doctor: JR

Signature of the Consultant: [Signature]

Name of the Doctor: Jayashri

Name of the Consultant: Sirisha

Date & Time: 28/05/26

Date & Time: 28/5/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 4pm	S/B Dr. Sirisha Rani H/O Pichle Cell Anemia in pain crisis	
No fever No rashes Body pain x 1 day faint (+) Vitals - (N)		<p>plan</p> <p>①. Send CBP, CRP, CUE SE, Creatinine</p> <p>②. IV Glicoxane IV Palof IV PCM IV Tramadol stat</p>
		<p>③. NB Bolus Soral now ↓ flb 20ml Alatto₃ in 1/2 DNS @ 70 ml/hr</p> <p>④. Buprenorphine lozenges to done to apply now</p> <p>⑤. Continue Hydroxyurea, folic</p> <p>⑥. CXR and USG abdomen now.</p> <p>⑦. For partial exchange now. ↓ 250ml volume to be exchanged with saline later PRBC transfusion today</p> <p>MR Aug 28/5/26 @ 5:20 pm</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

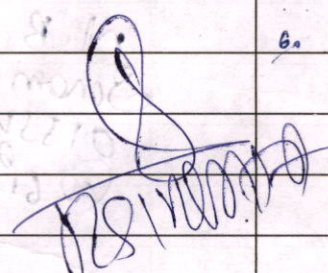
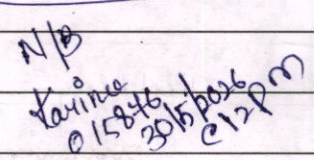
Date & Time	Progress Notes	Doctor's Order
29/5/26 10 AM	<p>ICU Hematology Team</p> <p>Kid tickle cell anemia with Pain crisis</p> <p>poor compliance to hydroxyurea do pain in both lower limbs on Tramadol / Paracetamol / Buprenorphine patch. No fever</p> <p>vital stable</p>	<p>Plan</p> <ol style="list-style-type: none"> continue IV Paracetamol Add Oral Combiflam Partial exchange transfusion today <p>Secure arterial line ↓ remove 250 ml PRB ^{volume} in small aliquots</p> <p>Give 250ml NS Bolus</p> <p>PRBC transfusion today evening.</p> <p>Noted by Susmita (015800) 29/05/26 @ 11 AM. Manan</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26		
9 AM	k/c/o sickle cell anaemia	
	with pain crisis	
	No fever	
	pain - better	
		Plan
	vitals - stable	1. Continue Hydration
		2. Continue hydration
		Bicarb IV fluids
		3. Add Cap. VITAMIN-D. x 8 days
		4. Partial exchange transfusion
		250ml today
		5. Repeat CBP Hm.
		6. PRBC transfusion
		today evening.
		Sarani
		
		



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26	Evening rounds	
4pm		
	No fever	
	pain crisis - better	
	Ct - low saturation	
	o/e	
	child alert	
	RR - BLUE ⊕	
	basal crep ⊕	
	SpO ₂ - 90% at room air	
	No tachypnoea.	
	perfusion - normal	
		<p>Plan</p> <ol style="list-style-type: none"> PRBC transfusion now. start low flow oxygen @ 1L/min Upgrade antibiotic to PIPTAZ. Bedside chest X ray.
		<p>M.B Sonam 015347 20/6/26</p>
		deans
30/5/26		
6pm	Chest X ray - Rll lower lobe	
	evolving infiltrates	
	low lung volumes.	<p>Plw Dr. Sandhya</p>
	HR - 105/min	<ol style="list-style-type: none"> Upgrade antibiotic to Meropenem, linezolid
	RR - 22/min	<p>Tab. Althonyin</p>
	SpO ₂ - 100% on low flow oxygen	<ol style="list-style-type: none"> PRBC sent today.
	NP 1L/min.	
		<p>M.B Sonam 015347 20/6/26</p>
		deans



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 7:40pm	<p>clo palpitations excess sweating</p>	
	<p>o/c excess sweating over face HR- 116/min RR- 18/min SpO₂ - 100% on low flow oxygen 12/min Peripheris warm</p>	<p>Plan 1. Continue low flow oxygen 2. 1mg HYDROCORTISONE 100mg IV STAT. 3. PRBC transfusion now. 4. PICW doctor to assess. ↓ SOS shift to PICW. <u>Sarani</u></p> <p>N.B Sarani @ 5:50 PM</p>
30/5/26 8:20pm	<p>1/B Hemat oncology resident 1/10 palpitation, with shortness of breath HR- 118/min RR- 31/min SpO₂ - 99% on low flow oxygen R5- 814E⊕ RL lower lobe crepitation⊕</p>	<p>Plan 1. Continue low flow oxygen 2. Shift to PICW. 3. 1mg LASIX IV STAT. 4. PRBC transfusion today. <u>Sarani</u></p> <p>N.B Sarani @ 8:50</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 8:30 am	D/w Dr. SIRISHA RANI Malaw	<p><u>Plan</u></p> <ol style="list-style-type: none"> 1. ly LASIX IV. STAT 2. PRBC transfusion IV once 6 hours with LASIX 3. ly Methyl prednisolone 100mg IV once then. 4. ly A/C ly HYDROCORTISONE to give during PRBC Tx.
30/5/26 8:30 pm	d/s/B PICU team in Hematology ward	<p><u>Plan</u></p> <ol style="list-style-type: none"> 1) shift to PICU 2) O₂ with facemask @ 2l/min <p>vitals :- stable HR - 100/min RA - 110/70 mmHg SpO₂ - 100% on O₂ @ 2l/min</p>

N/S
 Longm
 01/5/26
 @ 8:40 pm

Shari

[Signature]



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 9:30 PM	cls/B PICU team	Plan
	As:- k/c/o sickle cell anemia vaso-occlusive crisis ? acute chest syndrome	1) O ₂ c NP @ 2L/min 2) PRBC transfusion as per hematologist instructions
	seenes:- 1) chest pain palpitations excessive perspiration 2) dull activity drowsiness } improved	3) Pocus 2D-Echo 4) Dr. Nishanth to be added as co-consultant ↓ consultation tomorrow morning.
	o/e, child conscious, alert	5) CBP tomorrow morning
	Vitals:- HR - 100/min SpO ₂ - 100% RR - 18/min BP - 120/60 mmHg RS - RAE (+) RL occasional crepts (+) CVS - S ₁ S ₂ (+) No murmur P/A - soft CNS - EYU/M6 pupils - B/L 3mm, reactive to light	N.B 2
	Pocus 2D-Echo:- IVC-collapsing normal biventricular function	Dr. Pratyusha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/24 10:00a	C/S/B Dr. Nishanth	
	- History Noted	
	→ K/C/O SA - on Follow-up	
	No NO - cough - 10 days	
	L Imp ⊕	
	- No H/O Fever	
	- Body Exam E	
	Nostrils clear - 3 days	
	- Pan And ⊕	
	- No H/O Bk/Cx Labors	
	Urea / Decreased urine output	
	- Shifted to ICU for ?	Acute chest syndrome
	L Berry nose	
	Pt - c/c/c	
	Hb - 11.0	
	Tc - 8340	
	Rt - 1300	
	Rt - 130/76 mmHg	
	SpO ₂ - 99% on 1L of O ₂ at	
	Lac - 2.0	
	Cr - 5.1 ⊕	
	Rt - RNF ⊕	
	Plan	
	- CBR / Chest Plan	
	- Lym	
	- Continue IV fluids	
	- to Discharge	
	- ? NSAIDs - in 10 Transferrin	
	L SW	

Dr. Nishanth

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 Dr. SIRISHA RANI



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ADMISSION AND HANDOVER SHEET OF PICU

Date of Admission : 30/1/26 Day of Admission : day 2 Today's Date & Time : 31/1/26, 8

PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : Sickle cell anaemia / Vaso-occlusive crisis / Acute chest syndrome.	Current Issues : Chest pain, full 2/3/4/5 palpitation } improved.	
	VITAL SIGNS Today's Wt. (kg) : 51 kg Temp.: Blood sugar issues :		
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : B/L clear.		
	CXR :		
	SPO ₂ : 99.1 O ₂ by NC / FM / NRB mask / Oxyhood, at 1 L / min		
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details :		
	Ventilatory Settings : Leak around ETT : Delivered Vt :		
	ABG : EtCO ₂ : P/F ratio : O.I. :		
	Chest Physiotherapy Plan : Suctioning Needs :		
	Any Nebs : Budesid ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details :		
	Plan of care : Duobiv.		
	CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam . (Heart sounds, murmur etc.) : Sinus HR: 70/min	
Quality of Pulses : Good cap refill Time : < 2 sec Liver Edge : cm below Rt costal margin			
Blood Pressures : NIBP : IBP : 120/69 (92) CVP :			
Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min			
<input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min			
<input type="checkbox"/> Milrinone mcg / kg / min			
Any Other Infusions :			
Last 2D Echo Findings :			
Size of the heart and lung fields in latest CXR :			
Arterial line in situ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : left radial.			
Central line in situ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition :			
Day of arterial line : 02 Day of Central line :			
Plan of Care :			
CNS	Neuro Exam : GU 15/15 Tom G.		
	Pupils : 2x 2+		
	Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Types of Sedation : Types of Paralysis :		
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : Ramsay Sedation Score :		

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FLUIDS STATUS NUTRITION AND G.I.	<input checked="" type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : <u>+1075</u> / (+/-) Input : ml/k/d UO : <u>0.8</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF: <u>1/2 DNS + 3% NACL + HCO3 5D</u> , ml / hr (<u>60%</u> times maintenance) TPN : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>Soft NT</u> Any organomegaly ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>Meropenem D2</u> Describe c/s Reports : <u>Linezolid D2</u> Other Labs (Latex, Serology, etc) : <u>Azithromycin D2</u> Ongoing Antibiotics :	
	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	Relevant Labs (CBP etc) : <u>11 } 8340 < 1.06 l/hr</u> Any Coagulopathy : <u>92/6</u> Relevant Transfusion History : <u>PRBC</u> Plan of Care :	
	VAP Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA If yes, then details :	Pending Lab Results : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details :
	FINAL COMMENTS	

Doctor's Name (Handover given) : Subanyu
 Signature : [Signature]
 Date & Time : 20/11/2022 12

Doctor's Name (Handover taken) :
 Signature :
 Date & Time :

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/15/24 12P	C/S/B Dr. Sameep	
	A: Sickle cell anemia/Vaso-occlusive crisis/Acute chest syndrome	Plan:
	Child on 2 L/min oxygen	① Discuss about Buprenorphine patch if pain persists
	SpO ₂ : 99% PR: 62/w	② Cont antibiotics.
	RR: 28/w	③ Cont low flow oxygen
	Chest: R/L clear	Cont in fluid.
	CVS: S1S2@.	Subj: =
		N.B Nishith

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(12)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/24	S/B Dr. Sandhya	(P)
	K/c/o sickle cell anemia	1. Partial exchange transfusion
	with pain crisis	200ml blood
	B/L lower zone pneumonia	with NS
	on oxygen - 2L in nasal prongs.	↓
	No fever	then shift to ward
	Tachycardia - settled	2. CBP, LFT TIm.
	palpitations - better.	<i>[Signature]</i>
	HR - 71/min	3. continue IV antibiotics
	BP - 120/75 (a.i.) mmHg	4. plan to downscale
	CPT < 2sec.	antibiotics TIm.
	U - BUA (+)	5. continue bicarbonate
	Clear	IV fluids.
		<i>[Signature]</i>

Pa

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01-01-2005 21 Y 4 M 30 D (F)
Dr. SIRISHA RAMI



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PROGRESS NOTES AND DOCTOR'S ORDER

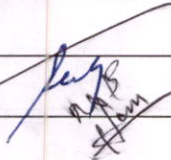
Date & Time	Progress Notes	Doctor's Order
31/5/26 12:40PM		<p>pastoral <u>procedure notes.</u> (Exclude transfusion)</p>
	<p>under aseptic precautions 200ml blood removed and 200ml NS given. procedure was done over period of one hour. procedure uneventful.</p>	
	<p>Vitals</p>	
	<p>HR - 70</p>	
	<p>Bp 110/60 (80) mmHg.</p>	<p>plan.</p>
	<p>RR - 16.</p>	<p>1. Monitor vitals. 2. shift to ward.</p>
		<p>31/5/26 12:40PM Dr. Madhu</p>

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 M^s HUDA ABDUL RAHMAN BAKOBAN
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 Dr. SIRISHA RANI



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Shifting Note.</u>	
21/5/26 12:40pm	<p>Δ: Sick cell anaemia Pain crisis / toxic zone pneumonia / Acute chest syndrome.</p> <p>Child on low flow 24% SpO₂: 99% PR: 80/min RR: 24/min BP: 110/60.</p> <p>Chest: B/L clear CNS: S/S₂ ⊕ CNS: GU 18/15 Temp: 2^o 2^o PA: soft, NT.</p> <p>Perficial exchange done at 12:40pm.</p>	<p>Plan:</p> <ul style="list-style-type: none"> ⓐ Cont Hydroxyzine ⓑ Cont low flow oxygen ⓒ Cont IV fluid. ⓓ CBP, CFT Mon. ⓔ Watch for acute crisis. ⓕ Monitor vitals.
		

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 Ms HUDA ABDUL RAHMAN BAKOBAN
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 Dr. SIRISHA RANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 8am	<p><u>Morning Rounds</u></p> <p>o/o Sickle Cell anemia ± Vasoocclusive Crisis ± Acute chest syndrome</p>	
	<p>No fevers pain oral intake (N) u/o - (N) vitals - (N)</p>	<p><u>Plan</u></p> <p>1) D/L today evening. 2) PLV PRBC transfusion</p>
	<p>Morphine (D3) dicyclid (D3) Aze (D3)</p>	<p>3) 1mg METHYL PREDNISOLONE 100mg IV. once 1 hour</p>
<p><i>[Signature]</i> 4/3/5 @ 9:00 AM</p>		<p>add oral omnacortil 4) IV meropenem BD. ^{white} oral hincolid → (STOP) oral Aze. PLV yellday CBP.</p>
		<p>5) Incentive spirometry Repeat chest Xray now 6) Add CASILACTONE. 7) Pulmo review today 8) 1mg ENOXAPARIN SC. today & TIm.</p>
		<p>N/B 20mg 0152+6 11/26 @ 12pm</p>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26		
2pm	S/B Dr. SIRISHA RANI	
	Sickle cell anemia	
	Vasocclusive crisis	BIL pulmonary edema
	HR - 126/min	
	RR - 32/min	
	SpO ₂ - 100% on oxygen support.	
	Rt - BIAE (+)	
	Ble lower lobe - crep (+)	Plan
		1. Continue low flow oxygen
		2. Add lty casy
		20mg IV BD
		Tab. LASIXONE 1tab BD
		3. Continue IV antibiotics.
		4. Add oral levetid
	A.I.R	
	Sonam	Manan
	015547	
	(0) 5/m	



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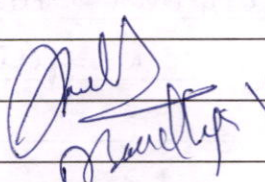
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26	S/B Dr. Candhya	
APM		
	bickle cell anemia	
	vasoocclusive crisis / acute chest syndrome	
	B/L lower lobe infiltrates	
	HR - 120/min	
	RR - 26/min	
	SpO ₂ - 100% on low flow oxygen	
	Rx - BLUE (+)	Plan
	B/L fine creps -	1. Continue low flow oxygen
		2. Add voriconazole / FWVIR.
		3. Continue IV antibiotics.
	BP - 110/66 (-7d) mlHg.	4. Monitor vitals
		5. 2D Echo Tm. <u>Harari</u>
	USG chest - clear.	
	No effusion	N.B
		Sonam
		015597
		@ gfm



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26	S/B Dr SIRISHA RANI	
9 AM	Sickle cell anemia	
	Vasocclusive crisis	
	Acute chest syndrome	
	BIL lower zone infiltrates	
	No fever	
cli-	on low flow oxygen	
	Tachycardia - settled -	
		Plan
	HR - 99/min	1. Continue IV antibiotics
	Bp - 101/54 (55) mmHg	2. Continue low flow oxygen
	E1-B1AEE (+)	TIAM - 1ij CASIX 40mg
	fine creps (+) posterior	4pm - Lactone - not
	Menoprenam - D3	3. 2D Echo today
	lincolid -	4. Start
	vori	
	fluin	
		

S/B
 Vaens
 606384
 2/6/26 @ 2pm

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Ms HIJDA ABDUL RAHMAN BAKOBAN
01-01-2005 21 Y 5 M 0 D (F)
Dr. SIRISHA RANI



CROSS CONSULTATION FORM

Doctor Name : Dr. Naveen Saradhi Date : 1/6/25 Time :

Diagnosis :

Hospital : RCH Banjara

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:

Signature: _____

Findings and Recommendations :

2ly 1f.

Kleido : Sickle cell anemia.

Now admitted w acute vaso-occlusive crisis /
acute chest syndrome

Received PRBC transfusion

Dry cough for last 2 weeks.

CXR (today) - Increased B/L opacities.

CVE - (N).

1/6/25 Hb - 8.5 (L) | TLC - 6130 | N75 L20 | PLT - 1.18 L

2D Echo - (N).
(verbal report)

Current drugs -> Hydroxyurea | Meropenem 32 | Azithro 33 | Linzolid 32

Neb - Budisal

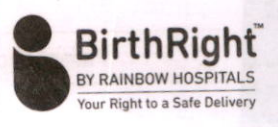
Tramadol | Lasix | Enoxaparin

DuoLin

Consultant :

Name : Dr. Naveen Saradhi Signature : _____ Date & Time : 1/6/26

BAH-00327565 IP5-00174460
 M^{rs} HUDA ABDUL RAHMAN BAKOBAN
 01-01-2006 21 Y 4 M 27 D (F)
 Dr. SIRISHA RANI



Sheet No:

REGULAR PRESCRIPTIONS

Weight 4.2kg Ward pu

VERIFIED

Signature

VERIFIED BY: N

DRUG :				Date						
				Time						
Cap HYDROXY UREA				28/5	29/5	30/5	31/5	01/6	02/6	
Dose	Route	Frequency	Start Dt.							
1 Cap	PO	12hrly	28/5	8am X						
Name & Signature of the Doctor Starting the Drugs:				<p>Sirisha Rani</p> <p>Subashini</p> <p>Dr. Sirisha Rani</p> <p>Dr. Subashini</p> <p>Dr. Sirisha Rani</p> <p>Dr. Subashini</p>						
Additional Instructions:				1 tab = 500mg						
Daily Doctor's Endorsement by a Sign				A A A A A						
Tab COMBI AM				29/5	30/5	31/5				
Dose	Route	Frequency	Start Dt.							
1 tab	PO	q8h	29/5	6am X	X					
Name & Signature of the Doctor Starting the Drugs:				<p>Dr. Sirisha Rani</p> <p>Dr. Subashini</p> <p>Dr. Sirisha Rani</p> <p>Dr. Subashini</p> <p>Dr. Sirisha Rani</p> <p>Dr. Subashini</p>						
Additional Instructions:				<p>IRUPROFEN + PARACETAMOL</p> <p>10pm</p> <p>11am</p>						
Daily Doctor's Endorsement by a Sign				d						
ly PIPERACILLIN + TAZOBACTAM				30/5						
Dose	Route	Frequency	Start Dt.							
4.5gm	IV	q8h	30/5	6am X						
Name & Signature of the Doctor Starting the Drugs:				<p>Dr. Sirisha Rani</p> <p>Dr. Subashini</p> <p>Dr. Sirisha Rani</p> <p>Dr. Subashini</p> <p>Dr. Sirisha Rani</p> <p>Dr. Subashini</p>						
Additional Instructions:				<p>10pm</p> <p>Dr. Sirisha Rani</p> <p>Dr. Subashini</p> <p>20/5th</p>						
Daily Doctor's Endorsement by a Sign										
ly MEROPENEM				30/5	31/5	01/6	02/6			
Dose	Route	Frequency	Start Dt.							
2gm	IV	q8h	30/5	6am X						
Name & Signature of the Doctor Starting the Drugs:				<p>Dr. Sirisha Rani</p> <p>Dr. Subashini</p> <p>Dr. Sirisha Rani</p> <p>Dr. Subashini</p> <p>Dr. Sirisha Rani</p> <p>Dr. Subashini</p>						
Additional Instructions:				<p>10pm</p> <p>Dr. Sirisha Rani</p> <p>Dr. Subashini</p> <p>Dr. Sirisha Rani</p> <p>Dr. Subashini</p>						
Daily Doctor's Endorsement by a Sign				d d d						

BAH-00327565 IPS-00174460
 M. HUDA ABDUL RAHMAN BAKOBAN
 01-01-2005 21 Y 4 M 27 D (F)
 Dr. SIRISHA RANI



Sheet No: **REGULAR PRESCRIPTIONS** Weight 48kg Ward PW

DRUG: INS. TRAMADOL Date/Time 3/5/16

Dose	Route	Frequency	Start Dt.
<u>50mg</u>	<u>IV</u>	<u>q8hrly</u>	<u>3/5/16</u>

Name & Signature of the Doctor Starting the Drugs:
Dr. Nandan 12pm 8pm

Additional Instructions:
stop at 8pm stop at 12pm stop at 8pm stop at 12pm

Daily Doctor's Endorsement by a Sign

DRUG: Tab. LASILACTONE 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: INS LASIX Date/Time 11/6/16

Dose	Route	Frequency	Start Dt.
<u>40mg</u>	<u>IV</u>	<u>Q12H</u>	<u>11/6/16</u>

Name & Signature of the Doctor Starting the Drugs:
A. Anurag 6pm 11:30am 11:30am 11:30am 11:30am Nashik Nashik

Additional Instructions:
dose reduced 11/6/16

Daily Doctor's Endorsement by a Sign

DRUG: ly ENOXAPARIN Date/Time 1/6/16

Dose	Route	Frequency	Start Dt.
<u>40mg</u>	<u>SC</u>	<u>OD</u>	<u>1/6</u>

Name & Signature of the Doctor Starting the Drugs:
Naran 3pm 3pm 3pm 3pm 3pm 3pm 3pm

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name Signature

BAH-00327565 IP5-00174460
 Ms HIJDA ABDUL RAHMAN BAKOBAN
 01-01-2005 21 Y 5 M 1 D (F)
 Dr. SIRISHA RANI



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : <i>iv LEVOFLOXACIN</i>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
<i>500mg</i>	<i>iv</i>	<i>BD</i>	<i>2/6</i>																		
Name & Signature of the Doctor Starting the Drugs: <i>Sarani</i>																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : <i>neb NUCOMIX</i>				Date Time	<i>1/6</i>	<i>2/6</i>															
Dose	Route	Frequency	Start Dt.																		
<i>3ml</i>	<i>neb</i>	<i>@ 12h</i>	<i>1/6</i>																		
Name & Signature of the Doctor Starting the Drugs: <i>Sarani</i>																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : <i>Tab LINEZOLID</i>				Date Time	<i>1/6</i>	<i>2/5</i>															
Dose	Route	Frequency	Start Dt.																		
<i>1tab</i>	<i>PO</i>	<i>TBD</i>	<i>1/6</i>																		
Name & Signature of the Doctor Starting the Drugs: <i>Sarani</i>																					
Additional Instructions: <i>(1tab = 600mg)</i>																					
Daily Doctor's Endorsement by a Sign																					
DRUG : <i>iv LASIX</i>				Date Time	<i>1/6</i>	<i>2/6</i>															
Dose	Route	Frequency	Start Dt.																		
<i>20mg</i>	<i>iv</i>	<i>BD</i>	<i>1/6</i>																		
Name & Signature of the Doctor Starting the Drugs: <i>Sarani</i>																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

VERIFIED BY : Name

BAH-00327565 IP5-00174460
 Ms HIJDA ABDUL RAHMAN BAKOBAN (F)
 01-01-2005 21 Y 5 M 0 D
 Dr. SIRISHA RANI

Sheet No:

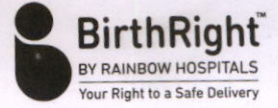
REGULAR PRESCRIPTIONS

Weight Ward

DRUG : Tab VORICONAZOLE				Date Time	1/6	2/6															
Dose	Route	Frequency	Start Dt.																		
1 tab	PO	BD	1/6																		
Name & Signature of the Doctor Starting the Drugs: Sarani																					
Additional Instructions: (1 tab = 200 mg)																					
Daily Doctor's Endorsement by a Sign																					
DRUG : Cap FUVR				Date Time	1/6	2/6															
Dose	Route	Frequency	Start Dt.																		
1 cap	PO	BD	1/6																		
Name & Signature of the Doctor Starting the Drugs: Sarani																					
Additional Instructions: (1 cap = 75 mg)																					
Daily Doctor's Endorsement by a Sign																					
DRUG : Tab CASIAXONE				Date Time	1/6	2/6															
Dose	Route	Frequency	Start Dt.																		
1 tab	PO	BD	1/6																		
Name & Signature of the Doctor Starting the Drugs: Sarani																					
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																					

Signature
Verified by: Name

BAH-00327565 IP5-00174460
 Ms HUDA ABDUL RAHMAN BAKOBAN
 01-01-2005 21 Y 4 M 27 D (F)
 Dr. SIRISHA RAN



STAT / ONCE ONLY DRUGS

Name:

Weight: 48 kgs

Sheet No:

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
30/05	9:45 PM	INS. AVIL	1 ml	IV	<u>Neel</u>	Palash Roy	9:50 PM
30/05	10 PM	PRBC	1 unit over 6 hrs	IV	<u>Neel</u>	Palash Roy	9:50 PM
30/05	1 AM	INS. LASIX	20 mg (mid way)	IV	<u>Neel</u>	Palash Roy	1:00 AM
31/05	4 AM	INS. LASIX	20 mg (End way)	IV	<u>Neel</u>	Palash Roy	4:10 AM
31/05	3 PM	INS. ENOXAPARIN	40 mg	SC	<u>Neel</u>	Sanam Nasheen	@ 5 PM
1/6	1 PM	ly METHYL PREDNISOLONE	100 mg in 100 ml NS	IV over 1 hour	<u>Neel</u>	Karima Nasheen	@ 1 PM
1/6	11 AM	ly LASIX	40 mg	IV	<u>Neel</u>	Karima Nasheen	

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 Ms HUDA ABDUL RAHMAN BAKOBAN
 01-01-2005 21 Y 5 M 1 D (F)



REGULAR PRESCRIPTIONS

Weight. 48kg Ward. *puw*

VERIFIED

DRUG: <i>Inj CEFTRIAXONE</i>				Date Time	<i>28/5</i>	<i>29/5</i>	<i>30/5</i>			
Dose <i>2g</i>	Route <i>IV</i>	Frequency <i>12th Hrs</i>	Start Date <i>28/5</i>	<i>6AM</i>	<i>X</i>	<i>9AM</i>	<i>3PM</i>	<i>6PM</i>	<i>9PM</i>	<i>12AM</i>
Name & Signature of the Doctor Starting the Drugs: <i>Jaya Sn</i>				<i>Sumita Dirmu</i>						
Additional Instructions:				<i>6PM Sumita Dirmu</i>						
Daily Doctor's Endorsement by a Sign				<i>A A A</i>						

DRUG: <i>Inj PARACETAMOL</i>				Date Time	<i>28/5</i>	<i>29/5</i>	<i>30/5</i>	<i>31/5</i>	<i>1/6</i>	
Dose <i>500mg</i>	Route <i>IV</i>	Frequency <i>8th Hrs</i>	Start Date <i>28/5</i>	<i>6AM</i>	<i>X</i>	<i>9AM</i>	<i>12PM</i>	<i>3PM</i>	<i>6PM</i>	<i>9PM</i>
Name & Signature of the Doctor Starting the Drugs: <i>Jaya Sn</i>				<i>Sumita Dirmu</i>						
Additional Instructions:				<i>10PM Subrata</i>						
Daily Doctor's Endorsement by a Sign				<i>A A A A A</i>						

DRUG: <i>Inj PANTOPRAZOLE</i>				Date Time	<i>28/5</i>	<i>29/5</i>	<i>30/5</i>	<i>31/5</i>	<i>1/6</i>	<i>2/6</i>
Dose <i>40mg</i>	Route <i>IV</i>	Frequency <i>OD</i>	Start Date <i>28/5</i>	<i>6AM</i>	<i>X</i>	<i>9AM</i>	<i>12PM</i>	<i>3PM</i>	<i>6PM</i>	<i>9PM</i>
Name & Signature of the Doctor Starting the Drugs: <i>Jaya Sn</i>				<i>Sumita Dirmu</i>						
Additional Instructions:				<i>10PM Subrata</i>						
Daily Doctor's Endorsement by a Sign				<i>A A A A A A</i>						

DRUG: <i>Tab FOLVITE 5mg</i>				Date Time	<i>28/5</i>	<i>29/5</i>	<i>30/5</i>	<i>31/5</i>	<i>1/6</i>	
Dose <i>1 tab</i>	Route <i>PO</i>	Frequency <i>OD</i>	Start Date <i>28/5</i>	<i>6AM</i>	<i>X</i>	<i>9AM</i>	<i>12PM</i>	<i>3PM</i>	<i>6PM</i>	<i>9PM</i>
Name & Signature of the Doctor Starting the Drugs: <i>Jaya Sn</i>				<i>Sumita Dirmu</i>						
Additional Instructions:				<i>10PM Subrata</i>						
Daily Doctor's Endorsement by a Sign				<i>A A A A A</i>						



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

VARIABLE DOSE		Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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.	

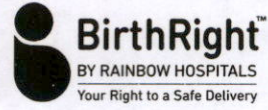
STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
29/5/26		PRBC	1 unit	IV 4 hours	d	
29/5/26		ly AVIL	1ml	IV	d	Hold
29/5/26		ly LASIX	10mg	IV	d	
29/5/26		ly HYDROCORTISONE	50mg	IV	d	
30/5/26	7:40am	ly HYDROCORTISONE	100mg	IV	d	Sonam Anuradh
30/5/26	8pm	ly ESMOPRAZOLE	40mg	IV	d	Sonam Anuradh
30/5/26	7:30pm	ly LASIX	20mg	IV	d	Sonam Anuradh
30/5/26	8:45 PM	INJ. METHYL PREDNISOLONE	100 mg over 1 hour	IV	Neel	Palash Roy
30/5/26	9:45 PM	INJ. HYDROCORTISONE	100 mg	IV	Neel	Palash Roy

Signature

VERIFIED BY

BAH-00327565
 Me HUDA ABDUL RAHMAN BAKOBAN
 01-01-2006 21 Y 4 M 27 D (F)
 Dr. SIRISHA RANI



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: ICU Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ PARACETAMOL.	500mg	iv	TID	31/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ PANTOPRAZOLE	40mg	iv	OD	31/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB FOLVITE	5mg	PO	OD	21/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	CAP HYDROXYUREA	500mg	PO	BD	31/5	<input type="checkbox"/> C <input type="checkbox"/> DC
5	INJ METROPENEM	2g	iv	TID	31/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	INJ LINEZOLID	500mg	iv	TID	31/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	TAB AZITHROMYCIN	500mg	PO	OD	31/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
8	NEB BUDESAL	1 nebul	Neb	BD	31/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
9	NEB DUOLIN	1 nebul	Neb	TID	31/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
10	INJ TRAMADOL	50mg	iv	TID	31/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC

MEDICATION HISTORY RECORDED / VERIFIED BY

* C - Continue, DC - Discontinue

Doctor Name & Signature: Suby

Date & Time: 31/5/20 2:30pm

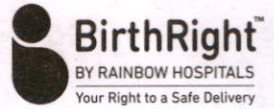
Nurse Name & Signature: Bhawan

Date & Time: 31/5/20 @ 2:30pm

BAH-00327565 IP5-00174460
 Mr. HUDA ABDUL RAHMAN BAKOBAN
 01-01-2005 21 Y 4 M 27 D (F)
 Dr. SIRISHA RANI



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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: Onco

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	Tablet FOLVITE	5mg	PO	OD	27/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	Cap. HYDROXY UREA 500mg	1cap	PO	BD	27/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	Tablet - COMBIFLAM	1tab	PO	BD	27/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4						<input 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: Jayabari (J+)

Date & Time: 28/5/26 @ 4:30pm

Nurse Name & Signature: [Signature]

Date & Time: 28/5/26 @ 5:20pm

6

Docu.No.: RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/6 Time: 9am 1pm

Doctor / Nurse / Family Concern?

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

Heart Rate (bpm) and Blood Pressure (mmHg) *	190		
	180		
	170		
	160		
	150		
	140		
	130		
	120		
	110		
	100	95	100
	90	63	71

Note:
 BP does not score in early warning scoring

Heart Rate (Number) 92 b/m 90 b/m

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

Resp Rate (Number) 20 b/m 19 b/m

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) 2 l/min 2 l/min
 O₂ Saturations (%) 98% 100%

Conscious Level Normal Altered C C

GCS * 14/15 16/15

TOTAL SCORE Number of shaded boxes 0 0

Pain Score 0 0

Observer's Initials W W

- 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

- 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)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/26 Time: 9am 1pm 4pm 7pm 9pm 3am 6am
 Doctor / Nurse / Family Concern?

Temperature (F)	104							
	103							
	102							
	101							
	100							
	99							
	98							
	97							

*98.4 F *98.4 F 98.6 F 98.6 F 98.6 F 98.5 F 96.7 F

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						
	50						

119 (69) 115 (78) 114 (84) 112 (62) 110 (39) 101 (35)
 55 60 60 66 59 70 54
 98b/m 122b/m 118b/m 105b/m 98b/m 100b/m 99b/m

Resp. Rate (bpm) (Over 1 Minute)	70						
	60						
Resp Rate (Number)	50						
	40						
Resp Distress	30						
	20						
Mod/ Severe None / Mild	10						
	10						
Receiving O ₂ (l/min) O ₂ Saturations (%)							
Conscious Level							
Normal Altered							
GCS *							

20b/m 22b/m 19b/m 20b/m 20b/m 19b/m 20b/m
 2lit 2lit 2lit 2lit 2lit 2lit
 98b/m 99b/m 99% 100% 100% 98% 100%
 C C C C C C
 15/15 15/15 14/15 14/15 14/15 14/15 14/15

TOTAL SCORE							
Number of shaded boxes	0	0	1	1	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's initials	SR	SR	SR	SR	SR	SR	SR

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.
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- Detailed actions are described according to increasing Early Warning Score.
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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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21.5 Time: 4pm 7pm 10pm 3am 6am

Doctor / Nurse / Family Concern?

Temperature (F)	104				
	103				
	102				
	101				
	100	98.6	98.6	98.6	98.6
	99				

Heart Rate (bpm)	190				
	180				
and Blood Pressure (mmHg) *	130				
	120	108	109	96	98
Note: BP does not score in early warning scoring	110				
	100	(69)	(78)	(60)	(69)
Heart Rate (Number)	90	126	96	96	89
	80				
	70				
	60				
	50				
	40				
	30				
	20				
	10				

Resp. Rate (bpm) (Over 1 Minute)	70				
	60				
	50				
	40				
	30				
	20				
	10				
Resp Rate (Number)		18bpm	19bpm	20bpm	20bpm

Resp Distress	Mod/ Severe None / Mild	1 lit	1 lit	1.5 lit	1.5 lit
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Receiving O ₂ (l/min) O ₂ Saturations (%)		100%	100%	100%	98%
---	--	------	------	------	-----

Conscious Level	Normal / Altered	C	C	C	C
-----------------	------------------	---	---	---	---

GCS *		14/15	15/15	15/15	15/15
-------	--	-------	-------	-------	-------

TOTAL SCORE		01	01	0	0
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Number of shaded boxes		01	01	0	0
------------------------	--	----	----	---	---

Pain Score		0	0	0	0
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Observer's Initials		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: 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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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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

3

Locu.No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + 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 : 30/5 Time: 9am 1pm 4pm

Doctor / Nurse / Family Concern?

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

Handwritten notes: 98.4°F, 97.4°F, 98.6°F

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

Handwritten notes: 118/70, 104/72, 105/55

Heart Rate (Number) 98b/m 88b/m 101b/m

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

Resp Rate (Number) 22b/m 20b/m 19b/m

Resp Mod/ Severe Distress None / Mild 0 0 1/2

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

Conscious Level Normal Altered C C C

GCS * 15/15 15/15 14/15

TOTAL SCORE 0 0 1

Number of shaded boxes 0 0 1

Pain Score 0 0 0

Observer's Initials (P) (P) (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.
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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

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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)

IP5-00174460
 1s. HIJDA ABDUL RAHMAN BAKOBAN
 21 Y 4 M 27 D (F)
 SIRISHA RANI

Docu.No. : RCHSH/FRM / CLINICAL / 127

TEENAGE (12 + 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: 20/5/26 Time: 10 AM 2 PM 4 PM 7 PM 10 PM 3 AM 6 AM

Doctor / Nurse / Family Concern?

Temperature (F)	104							
	103							
	102							
	101							
	100	98.4F	98.3F	98.4F	98.2F	98.6F	98.1F	98.5F
	99	*	*	*	*		*	*
	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						
	110						
	100						
	90						
	80						
	70						
	60						
	50						

Heart Rate (Number) 96b/m 102b/m 91b/m 112b/m 88b/m 90b/m 113b/m

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

Resp Rate (Number) 20b/m 20b/m 19b/m 21b/m 21b/m 24b/m 22b/m

Resp Distress Mod/ Severe None / Mild

Receiving O₂(l/min) O₂Saturations (%) 98% 98% 99% 100% 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 Number of shaded boxes 0 0 0 0 0 0 0

Pain Score 0 0 0 0 0 0 0

Observer's Initials BR BR BR BR BR BR BR

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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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:

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

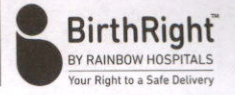
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A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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①

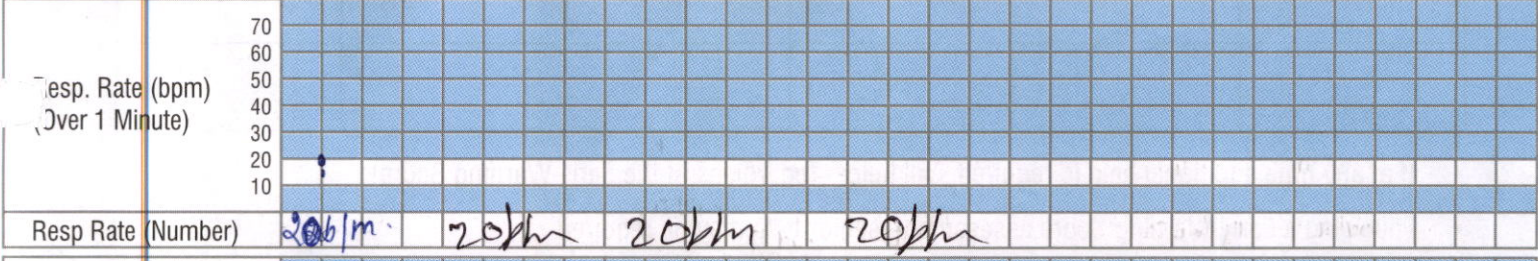
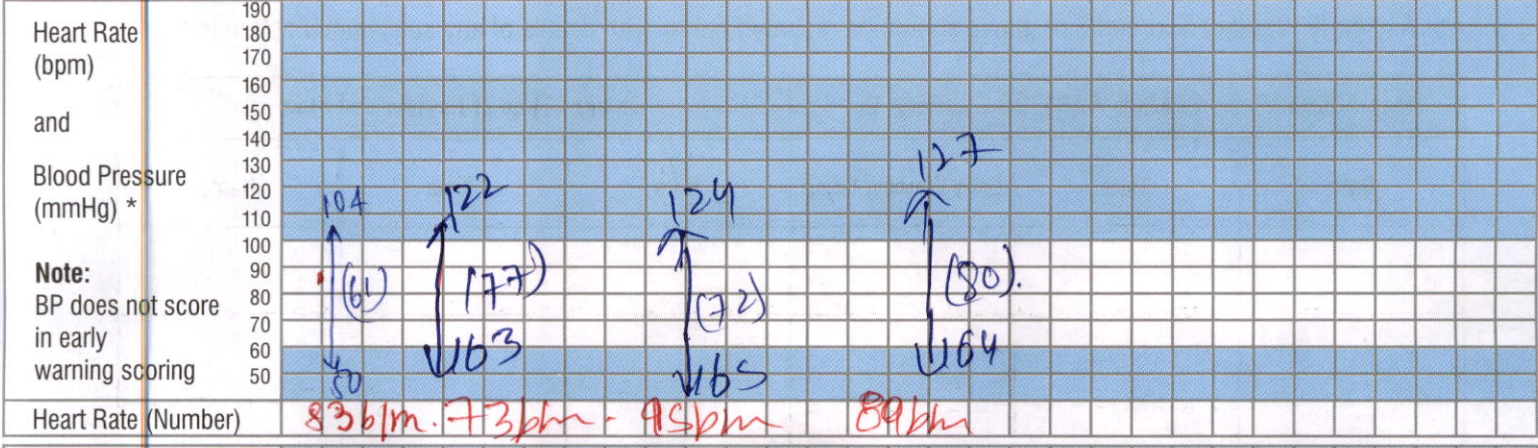
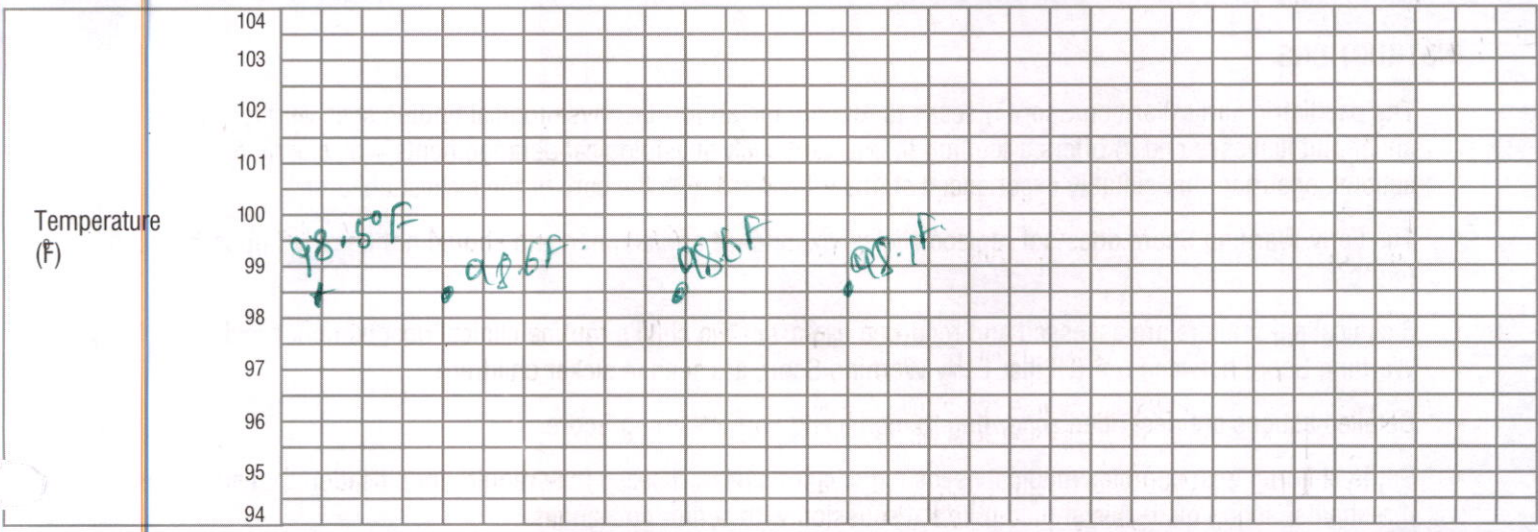
TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart



Docu.No. : RCHBH/ FRM / CLINICAL / 127

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/05 Time: 7pm 10pm 3Am 6Am
 Doctor / Nurse / Family Concern?



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

TOTAL SCORE				
Number of shaded boxes	0	0	6	6
Pain Score	0	0	0	0
Observer's Initials	S	S	S	S

- ACTIONS**
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00327565 IP5-00174460
 Ms HUDA ABDUL RAHMAN BAKOBAN
 01-01-2005 21 Y 4 M 30 D (F)
 Dr. SIRISHA RANI



FLUID CHART

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

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.
- 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		
		08:00 am	Edly	1	50ml						300ml	0	} <i>Deery</i>
		09:00 am	Hro	200ml	50ml							0	
		10:00 am	Edly	100ml	50ml							0	
		11:00 am	water		50ml							0	
		12:00 pm			50ml							0	
		01:00 pm	Hro	200ml	50ml						400ml	0	
Total Intake :				800ml			Total Output :					700ml	
		02:00 pm											
		03:00 pm											
		04:00 pm											
		05:00 pm											
		06:00 pm											
		07:00 pm											
Total Intake :							Total Output :						
		08:00 pm											
		09:00 pm											
		10:00 pm											
		11:00 pm											
		12:00 am											
		01:00 am											
Total Intake :							Total Output :						
		02:00 am											
		03:00 am											
		04:00 am											
		05:00 am											
		06:00 am											
		07:00 am											
Total Intake :							Total Output :						
Total 24 hrs. Intake							Total 24 hrs. Output						

BAH-0327565 IP5-00174460
 Ms HIJDA ABDUL RAHMAN BAKOBAN
 01-01-2005 21 Y 4 M 30 D (F)
 Dr. SIRISHA RANI



FLUID CHART

Sheet No. : 5

- 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		
1/6	08:00 am	H2O	150ml	50ml						300ml	0	Kasim
	09:00 am	Idly	1 p.e	50ml							0	
	10:00 am			50ml							0	
	11:00 am	H2O	200ml	50ml						100ml	0	
	12:00 pm				50ml						0	
	01:00 pm	H2O	100ml	50ml						250ml	0	
Total Intake : 750ml						Total Output : 650ml						
	02:00 pm	Apple		50ml							0	Kasim
	03:00 pm	Apple		50ml					300ml	0		
	04:00 pm	H2O	200ml	50ml						0		
	05:00 pm	ORS	200ml	50ml						0		
	06:00 pm	ORS	200ml	50ml						0		
	07:00 pm	ORS	200ml	50ml					250ml	0		
Total Intake : 900ml						Total Output : 650ml						
	08:00 pm	Ziva		50ml						200	0	Kasim
	09:00 pm	Rice		10ml							0	
	10:00 pm	H2O	200ml	50ml							0	
	11:00 pm			50ml							0	
	12:00 am			50ml							0	
	01:00 am			50ml					200ml		0	
Total Intake : 500ml						Total Output : 500ml						
	02:00 am			50ml							0	Kasim
	03:00 am			50ml					300ml		0	
	04:00 am			50ml							0	
	05:00 am			50ml							0	
	06:00 am			50ml							0	
	07:00 am			50ml					200ml		0	
Total Intake : 300ml						Total Output : 500ml						

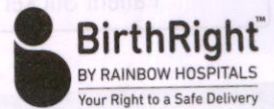
Total 24 hrs. Intake 2450 ml = 51cc/kg

Total 24 hrs. Output 2300 ml = 51.9cc/kg

BAH-00327565
 Ms HIJDA ABDUL RAHMAN BAKOBAN
 01-01-2005 21 Y 4 M 28 D (F)
 Dr. SIRISHA RANI



IP5-00174460



FLUID CHART

Sheet No. : 4

- 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												
	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	HBO	200ml	50ml	50ml					250ml	0		} 50ml
	05:00 pm			50ml							0		
	06:00 pm	ORS	200ml	50ml							0		
	07:00 pm			50ml						300ml	0		
Total Intake : 750ml						Total Output : 550ml							
	08:00 pm			50ml						200ml	0		} 50ml
	09:00 pm	Dice		50ml							0		
	10:00 pm	Egg		50ml							0		
	11:00 pm	HBO	200ml	50ml							0		
	12:00 am			50ml							0		
	01:00 am			50ml						200ml	0		
Total Intake : 500ml						Total Output : 400ml							
	02:00 am			50ml							0		} 200ml
	03:00 am			50ml						150ml	0		
	04:00 am			50ml							0		
	05:00 am			50ml							0		
	06:00 am			50ml						120ml	0		
	07:00 am			50ml							0		
Total Intake : 300ml						Total Output : 270ml							

Total 24 hrs. Intake	1500 ÷ 33.25 cc/kg/day.	Total 24 hrs. Output	1220 ÷ 1.4 cc/kg/day
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FLUID CHART



Sheet No. : 3

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		
30/5	08:00 am	H ₂ O	200ml	70ml						300ml	0	Kavina
	09:00 am	Jelly	100ml	70ml							0	
	10:00 am	Juce	100ml	70ml						200ml	0	
	11:00 am			70ml							0	
	12:00 pm	H ₂ O	300ml	70ml						300ml	0	
	01:00 pm				70ml						0	
Total Intake :			1026 ml			Total Output :					800ml	
	02:00 pm			70ml							0	Kavina
	03:00 pm	H ₂ O	200ml	70ml						300ml	0	
	04:00 pm			70ml							0	
	05:00 pm			70ml							0	
	06:00 pm	H ₂ O	200ml	70ml							0	
	07:00 pm			150ml						500ml	0	
Total Intake :			855ml			Total Output :					800ml	
	08:00 pm											Kavina
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											Kavina
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00327565 IP5-00174460
 Ms. HUDA ABDUL RAHMAN BAKOBAN
 01-01-2006 21 Y 4 M 27 D (F)
 Dr. SIRISHA RANI



FLUID CHART

Sheet No. : ②

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 Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
29/5	08:00 am	1/2 idly		70ml							0	Susmita.
	09:00 am	water 100ml		100ml					350ml		0	Susmita.
	10:00 am			70ml							0	Susmita.
	11:00 am			70ml							0	Susmita.
	12:00 pm			70ml							0	Susmita.
	01:00 pm			200ml					300ml		0	Susmita.
	Total Intake :			680ml			Total Output :					650ml
	02:00 pm	rice 1/2 plate		70ml							0	Shubh
	03:00 pm	H2O 200ml		70ml							0	Shubh
	04:00 pm	egg 1		70ml					250ml		0	Shubh
	05:00 pm			70ml							0	Shubh
	06:00 pm			70ml							0	Shubh
	07:00 pm			70ml					200ml		0	Shubh
Total Intake :			620ml			Total Output :					450ml	
	08:00 pm			70ml + 1ml							0	} Ann m
	09:00 pm			70ml + 1ml					300ml		0	
	10:00 pm			70ml + 1ml							0	
	11:00 pm			70ml + 1ml							0	
	12:00 am			70ml + 1ml					250ml		0	
	01:00 am			70ml + 1ml					100ml		0	
Total Intake :			426 ml			Total Output :					650 ml	
	02:00 am			70ml + 1ml							0	} Ann m
	03:00 am			70ml + 1ml					300ml		0	
	04:00 am			70ml + 1ml							0	
	05:00 am			70ml + 1ml					250ml		0	
	06:00 am			70ml + 1ml							0	
	07:00 am			70ml + 1ml					200ml		0	
Total Intake :			426 ml			Total Output :					750 ml	

Total 24 hrs. Intake 2152 ; 44.5cc/kg.

Total 24 hrs. Output 2500 ; 2.12cc/kg/hr



FLUID CHART

Sheet No. : 01

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 :						
9/8/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm				50+50						0	0
	07:00 pm				50ml					400ml	0	0
Total Intake : 150ml						Total Output : 400ml						
	08:00 pm			70ml					250ml	0		
	09:00 pm		100ml	70ml						0		
	10:00 pm	rice		70ml						0		
	11:00 pm	dal		70ml						0		
	12:00 am	H ₂ O		70ml						0		
	01:00 am			70ml					200ml	0		
Total Intake : 320ml						Total Output : 450ml						
	02:00 am			20ml					20ml	0		
	03:00 am			20ml						0		
	04:00 am			20ml						0		
	05:00 am			20ml						0		
	06:00 am			20ml						0		
	07:00 am			20ml					20ml	0		
Total Intake : 920ml						Total Output : 400ml						

NEW ADMISSION

Total 24 hrs. Intake 890 :- 18.54kg

Total 24 hrs. Output 1,250 :- 2,003cc/hr

BAH-00327565 IP5-00174460
Ms HUDA ABDUL RAHMAN BAKOBAN
01-01-2006 21 Y 4 M 27 D (F)
Dr. SIRISHA RANI



CONSENT FOR BLOOD TRANSFUSION

Name: HUDA ABDUL RAHMAN BAKOBAN Age: 21y Gender: Male Female

UHID.No: BAH-00327565 Date: 30/05/2026

- 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 |

Khaleel

..... 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

no

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: Khaleel

Date & Time: 30/5/26, 9:45 PM

Doctor (Who is talking the consent)

Signature: [Signature]

Name: Dr. Nandan

Date & Time: 30/05/2026, 9:45 PM

Witness

Signature: [Signature]

Name: Nishu Roy

Date & Time: 30/05/2026 @ 9:45 PM



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 30/05/26 Time: @ 9:00 pm

Blood Group of the Patient: DF Blood Group on the Blood Bag: _____

Blood Bank Issue No: 10876 Date of Collection: 29/05/26 Date of Expiry: 10/7/26

Date & Time of Starting Transfusion: 9:30 pm Planned duration of Transfusion: low

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Rahul Nurse 2: Nishu Roy

Before starting transfusion vitals: Temp: 98.6°f HR 119 RR: 28 BP: 109/64 SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>30/05</u>	15 Min	<u>119</u>	<u>98.6°f</u>	<u>111/84</u>	<u>100%</u>	-	-	-	-
	15 Min	<u>126</u>	<u>98.3°f</u>	<u>110/64</u>	<u>100%</u>	-	-	-	-
	30 Min	<u>79</u>	<u>99.0°f</u>	<u>119/72</u>	<u>100%</u>	-	-	-	-
	30 Min	<u>126</u>	<u>97.8°f</u>	<u>120/67</u>	<u>99%</u>	-	-	-	-
	30 Min	<u>111</u>	<u>98.8°f</u>	<u>121/69</u>	<u>94%</u>	-	-	-	-
	1 Hr								
	1 Hr								

Comments: Nil

Name of the Incharge-Nurse: Rahul

Name of the Nurse: Nishu

Signature of the Incharge-Nurse: _____

Signature of the Nurse: _____

Date & Time: 30/5/26 10 pm

Date & Time: 30/5/26 10 pm

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174460 Admit Date : 28-May-2026 Admit Time : 04:32 PM UHID : BAH-00327565

Patient Details :

Patient Name	: Ms HUDA ABDUL RAHMAN BAKOBAN	Age	: 21 Y 4 M 30 D
Guardian	: Mr ABDUL RAHMAN	DOB	: 01-01-2005
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: H NO 18-11-79, BANDLAGUDA, Barkas Hyderabad Telangana INDIA 500005	Phone No	: 9849251570/ 7259175835
		E-mail	: KHALEDABDULRAHMAN07@GMAIL.COM

Admission Details :

Bed Type : PICU Bed No : PICU 220 Ward Name : 2F-PICU II
 Room No : PICU 220 Admission Type : First Visit

Contact Details :

Name : Mr ABDUL RAHMAN Relationship : Father
 Contact Address : H NO 18-11-79, BANDLAGUDA, Barkas
 Hyderabad Telangana INDIA 500005 Phone No : 9849251570 / 7259175835

Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash Deposit Amount : 25000.00
 Payor Name : SELFPAY

~~Exercises~~

Submerged Reservoirs

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174460 Admit Date : 28-May-2026 Admit Time : 04:32 PM UHID : BAH-00327565

Patient Details :

Patient Name : Ms HUDA ABDUL RAHMAN BAKOBAN Age : 21 Y 4 M 27 D
Guardian : Mr ABDUL RAHMAN DOB : 01-01-2005
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : H NO 18-11-79, BANDLAGUDA, Barkas Phone No : 9849251570/ 7259175835
Hyderabad Telangana INDIA 500005 E-mail :
KHALEDABDULRAHMAN07@GMAIL.COM

Admission Details :

Bed Type : PRIVATE ROOM Bed No : PVT 123 Ward Name : 1F-HEMATO-ONCOLOGY
Room No : PVT 123 Admission Type : First Visit

Contact Details :

Name : Mr ABDUL RAHMAN Relationship : Father
Contact Address : H NO 18-11-79, BANDLAGUDA, Barkas Phone No : 9849251570 / 7259175835
Hyderabad Telangana INDIA 500005


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

9



ACTIVITY RECORD FOR BILLING

Name : _____

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

Date of Admission: _____ Charge : _____ Time: _____

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

BAH-00327565 IP5-00174460
 Ms HUDA ABDUL RAHMAN BAKOBAN
 01-01-2005 21 Y 4 M 27 D (F)
 Dr. SIRISHA RANI




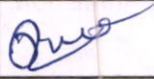
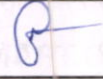


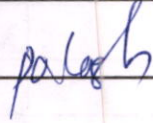




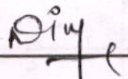
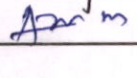
WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	5:20 pm	ED	123	[Signature]
30/5/26	8:30 pm	ONEU	PICU	[Signature]
31/5/26	3/20	PICU	ONEU	[Signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. PILLARISETTI	1/6/26	9638085	[Signature]
2	NAREEN SARAATHI			
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
28/5/16	CBP, ERP, Sr. E, LFT, } Sr. creatinine	54336	
28/5/16	x-ray chest } ultr abdomen	26989	
		027000	
29/05/26	CUE	26054549	
30/5/26	DCT	26054848	Kavima
30/5	chest x-ray	027379	
31/5	CBP	26055200	
31/5	RBS	26055299	
31/5	TBC	26055281	
31/5	ECG	027435	
1/6	CBP, LFT	26055484	
1/6/26	chest x-ray	027513	Kavima
1/6	ultra sound chest	027655	
2/6	2D - Echo	027723	

MEDICAL EQUIPMENT (WARD & ICU)

8:30 pm

PROCEDURE

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/05/20	Infusion pump	6:10 pm		9631840	Sumita
29/5	Springe pump	4 pm	5 pm	9631839	[Signature]
31/5	TNR monitor	2:27 pm	2:27 pm	9635779	
	INF pump	2:27 pm	2:27 pm	9631839	[Signature]
	S. pump				
	Oxygen			9635779	
2/6	Oxygen	11 pm		9638313	[Signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/5/26	Iv placement	1	31660	[Signature]
29/5/26	Atrol time		9633209	[Signature]
30/5	Blood Transfusion (PRBC)	①	9635780	[Signature]

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

.....

Date : 2/6/26 Time : 1pm Prepared By : [Signature]

<p>Staff Nurse</p> <p>[Signature]</p>	<p>Shift / Ward</p> <p>Morning Onside gy</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
---------------------------------------	--	--------------------------	---------------------------