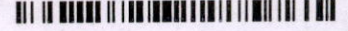


ADMISSION SHEET

Registration Details :



Admission No : IP5-00174677 Admit Date : 03-Jun-2026 Admit Time : 08:14 AM UHID : KUH-00211197

Patient Details :

Patient Name : Master YADLA DEVASHISH Age : 3 Y 0 M 18 D
Guardian : Mr YADLA RAMANAMURTY DOB : 16-05-2023
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : FLAT NO 202, H NO 78, SRI SAI NILAYAM Phone No : 9491876210/ 7288048218
Ramachandra puram Sangareddy Telangana E-mail : NOMAIL@GMAIL.COM
INDIA 502032

Admission Details :

Bed Type : SEMI PRIVATE Bed No : SPVT 132 Ward Name : 1F-HEMATO-ONCOLOGY
Room No : SPVT 132 Admission Type : First Visit

Contact Details :

Name : Mr YADLA RAMANAMURTY Relationship : Father
Contact Address : FLAT NO 202, H NO 78, SRI SAI NILAYAM Phone No : 9491876210
Ramachandra puram Sangareddy Telangana
INDIA 502032

Ky. Ramanamurthy
Signature

Doctor Details :

Doctor Name : Dr. NALLA ANURAAG REDDY Specialisation : HEMATO ONCOLOGY
Referral Doctor : Self Phone No :
Co-Consultant : Dr. SIRISHA RANI

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : STAR HEALTH AND ALLIED
INSURANCE CO LTD

ACTIVITY RECORD FOR BILLING

1

Name : _____

UHID No. : _____ Consultant: _____ Dept : _____

KUH-00211197 IP5-00174677
Master YADLA DEVASHISH
16-05-2023 3 Y 0 M 18 D (M)
Dr. NALLA ANURAAAG REDDY

Date of Admissior _____ Date of Discharge : _____ Time: _____



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
03/06/26	8:20 am	ER	onco - ward	Sagar

Cross Consultation Visit

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



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

①

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

KUH-00211197 IP5-00174677
Master YADLA DEVASHISH
16-05-2023 3 Y 0 M 18 D
Dr. NALLA ANURAG REDDY (M)



KUH-00211197 IP5-00174677
Master YADLA DEVASHISH
16-05-2023 3 Y 0 M 18 D (M)
Dr. NALLA ANURAG REDDY



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

B-ALL (Newly diagnosed)
CNS ? Atypical cells.
FISH negative (Additional RUNX1 copies)

History of present illness : Good prednisolone response
Karyotype awaited

Admission from 22/5/26.

LP - 27/5/26.

VCR - 29/5/26.

Dexamethasone 28/5/26

Hy. pegasparginase 28/5/26.

↓
Admitted for LP
chemotherapy



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

HSO / No New Stay

→

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Normal for age

Immunization History :

Immunized till date

KUH-00211197
Master YADLA DEVASHISH (M)
16-05-2023 3 Y 0 M 18 D
Dr. NALLA ANURAG REDDY

Perinatal Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs)) 14.09 (Centile _____)

On Examination :

Temperature : _____ Pulse Rate : 118/min B.P. 112/66 (78) SPO2 98.1% RA

Resp. rate and type of breathing : _____

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any added sounds : _____ Bulge

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : _____

Any murmur : _____

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____ 5/20

Per Abdomen :

Inspection _____

Palpation : _____

Auscultation : _____

Spine : _____ External Genitalia : _____ 8/07

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

KUH-00211197 IP5-00174677
Master YADLA DEVASHISH
16-05-2023 3 Y 0 M 18 D (M)
Dr. NALLA ANURAAG REDDY



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Plantars _____

Superficials:

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

B- ALL / CAUSE CNS - awaited.
Admitted for up
Chemotherapy.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Prevention

Desired goals of the treatment: Resolution of symptoms

Planned Labs:

CBP
RBS
E1 coagulases.
↑
Agglutination (25/26)
~~NB Screen 8/6/26~~

Planned Management

NPO continue
- LP
- chemotherapy
NB
Sagar
3/6/26

Signature of the Doctor: N. Prathish

Name of the Doctor: N. Prathish

Date & Time: 02/6/26, 8 am

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. N. Anurag Reddy

Date & Time: 3/6/26 8 am

KUH-0021197 IP5-00174677
 Master YADLA DEVASHISH
 16-05-2023 3 Y 0 M 18 D (M)
 Dr. NALLA ANURAG REDDY



1

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 1:30 pm	<p style="text-align: center;"><u>Procedure Note</u></p> <p>Child positioned. parts cleaned and draped. 22G needle inserted into L-6 space. CSF flow noted. Intrathecal chemotherapy after CSF collected. Needle removed and tourniquet released.</p>	
	<p>- send CSF analysis - CSF for malignant cells + flow cytometry</p>	<p>also send</p>
		<p>N/B xaring 3/6 @ 2pm</p>


KUH-00211197 IP5-00174677
 Master YADLA DEVASHISH
 16-05-2023 3 Y 0 M 18 D (M)
 Dr. NALLA ANURAAG REDDY



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/23	<p>Δ B cell ALL / ALLA free</p> <p>No acute cases</p>	<p>CNS - enclosed (P)</p> <p>removed lue today</p> <p>CSF tomorrow (P)</p> <p>→ LP - CSF for malignant cells</p> <p>Analysis today</p> <p>- Intrathecal chemotherapy</p> <p>→ trace CSF → Dexam today</p> <p>vinc 7/m</p> <p>Noted by Soumya 021211J 12 pm.</p> <p><i>[Signature]</i> 3/6/23 @ 10 am</p>
4/6 10 PM	<p>Δ B cell ALL / on Induction</p>	<p>(P)</p> <p>→ trace CSF</p> <p>→ VINCRESTINE today</p> <p>→ DIC today</p> <p>(R/R on 10/6 in OP)</p> <p>Noted by Soumya 021211 @ 11 am.</p> <p><i>[Signature]</i></p>

KUH-00211197 IPS-00174677
 Master YADLA DEVASHISH
 16-05-2023 3 Y 0 M 18 D (M)
 Dr. NALLA ANURAAG REDDY


①

RESULT SHEET

Date	3/6				
Time	1pm				
Hb	8.3				
PCV	24.5				
RBC	2.97				
WBC	4.32				
N/L	42/5.6				
Platelets	126				
CRP					
ESR					
PCT					
RBS	130				
Na	136				
K	3.4				
Cl	105				
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

YR

KUM-00211197
 Master YADLA DEVASHISH
 16-06-2023 3 Y 0 M 18 D (M)
 Dr. NALLA ANURAG REDDY



MEDICATION RECONCILIATION FORM

Drug Allergies: None 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: 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	T. AMLODIPINE 2.5mg	1/2	PO	OD		<input type="checkbox"/> C <input type="checkbox"/> DC
2	T. LANZOL DT 15mg	1 tab	PO	OD		<input type="checkbox"/> C <input type="checkbox"/> DC
3	Tub. DEXAMETHASONE	4 tablets morning 3 tab increasing	PO	12H		<input type="checkbox"/> C <input type="checkbox"/> DC
4	SYP. SEPTAN	5ml	PO	12H Monday Wednesday Friday		<input type="checkbox"/> C <input type="checkbox"/> DC
5	SYP. MOTEL	5ml	PO	24H		<input type="checkbox"/> C <input type="checkbox"/> DC
6	SYP. CALUMAXOLUS	2.5ml	PO	24H		<input type="checkbox"/> C <input type="checkbox"/> DC
7	DOMTAL SUSPENSION	25ml	PO	8H SOL.		<input type="checkbox"/> C <input type="checkbox"/> DC
8	SYP. ONDEM	5ml	PO	SOL.		<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: N. Praveen S. N.R.

Date & Time: 23/6/2023 8 AM

Nurse Name & Signature: Varsha

Date & Time: 23/6/2023



1

DRUG CHART

Date of Admission: 3/6/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Sig



REGULAR PRESCRIPTIONS

Weight. 19.99 kg Ward. Okidhy

DRUG : <u>Inj. DOMPER</u>				Date Time																
Dose	Route	Frequency	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : <u>1uj-ONDANSETRON</u>				Date Time	<u>3/6</u>	<u>4/0</u>														
Dose	Route	Frequency	Start Date																	
<u>3mg</u>	<u>IV</u>	<u>8H</u>	<u>03/6</u>	<u>6am</u>	<u>X</u>	<u>Saran</u>	<u>Am</u>													
Name & Signature of the Doctor Starting the Drugs: <u>N. Prathibha</u>				<u>2pm</u>	<u>2am</u>	<u>12hr</u>														
Additional Instructions:				<u>10pm</u>	<u>AM</u>	<u>5/1</u>														
Daily Doctor's Endorsement by a Sign																				

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

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

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: 2/6/26	Time: 10:30	11:30	4pm	7pm	10pm	3AM	6AM
Doctor / Nurse / Family Concern?	am.	pm					
Temperature (F)	98.8	98.1	98.6	98.2	98.2	98.2	98.2
Heart Rate (bpm)	102	110	108	110	109	104	100
Blood Pressure (mmHg) *	110/62	108/58	108/60	102/58	98/58	98/60	94/61
Resp Rate (bpm)	24	26	28	26	24	28	24
Receiving O ₂ (l/min)	0	0	0	0	0	0	0
O ₂ Saturations (%)	98%	99%	100%	100%	100%	99%	100%
GCS *	14/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	0	0	0	0	0	0	0
Observer's Initials	AS	AS	AS	AS	AS	AS	AS

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)

Patient Sticker

KUH-00211197
 Master YADLA DEVASHISH
 16-06-2023 3 Y 0 M 18 D (M)
 Dr. NALLA ANURAG REDDY

IP5-00174677

FLUID CHART

Sheet No. : ①

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
3/6	08:00 am											
	09:00 am			ER								
	10:00 am											
	11:00 am	M	N									
	12:00 pm	F	P									Souanya
	01:00 pm			O						100ml.		
Total Intake :					Total Output :					100ml.		
	02:00 pm	H2O	50ml									
	03:00 pm	Rice	1cup	60ml					120ml			
	04:00 pm			60ml								
	05:00 pm	H2O	100ml	60ml								
	06:00 pm			60ml					150ml			
	07:00 pm			60ml								
Total Intake : 430ml					Total Output :					240ml		
	08:00 pm	Egg		40ml					100ml			
	09:00 pm	Salli		40ml					100ml			
	10:00 pm	H2O	100ml	40ml								
	11:00 pm			40ml								
	12:00 am			40ml								
	01:00 am			40ml					50ml			
Total Intake : 340ml					Total Output :					250ml		
	02:00 am			40ml								
	03:00 am			40ml								
	04:00 am			40ml								
	05:00 am			40ml								
	06:00 am			40ml								
	07:00 am			40ml.					20ml			
Total Intake : 240ml					Total Output :					200ml.		
Total 24 hrs. Intake		1010 $\frac{0}{0}$ ml			72cc/kg.							
Total 24 hrs. Output		820 $\frac{0}{0}$ ml			27.9 cc/kg/24							



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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
4/6	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

KUH-00211197 IP5-00174677
Master YADLA DEVASHISH
16-06-2023 3 Y 0 M 18 D (M)
Dr. NALLA ANURAAG REDDY



CONSENT FOR PROCEDURAL SEDATION

Authorization By: Patient Patient Attendant

I, the undersigned do hereby acknowledge the following:

- I have been made aware by the doctors in language known to me the details of sedation planned for the procedure
lumbar puncture
- I have been made aware of the possible complications from the procedure of sedation as follows:
- Changes in heart rate, blood pressure, need for oxygen supplementation, allergic reactions, upper airway obstruction, laryngospasm, conversion to general anaesthesia
- I have been made aware that the sedation is being advised to relieve pain and anxiety during the procedure. It will help me remain calm, comfortable, and cooperative, allowing the procedure to be performed smoothly and safely.
- I have been clearly explained about the benefits, risk, and alternative of the sedation which is General Anaesthesia.
- I authorize Dr. Anurag Reddy and his / her team to perform the procedural sedation upon the patient / myself.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

4.
Patient / Patient Attendant:

Signature: Y. Ramaramud

Name: Y. Ramana Murthy

Relationship with patient: Father

Date & Time: 3/6 @ 1:30pm

Witness:

Signature: Y. Ramaramud

Name: Y. Ramana Murthy

Date & Time: 3/6 @ 1:30pm

Doctor (who is taking consent):

Signature: Nalla Name: Anurag Reddy Date 3/6/26 Time: 10:20am

ప్రాసీజర్ల సెడేషన్కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, క్రింది విషయాలను అంగీకరిస్తున్నాను:

నాకు తెలిసిన భాషలో, వైద్యులు ఈ క్రింది ప్రాసీజర్కు ఇచ్చే సెడేషన్ గురించి పూర్తి వివరాలు నాకు తెలిపారు:

- సెడేషన్ వల్ల సంభవించగల సాధ్యమైన క్రింది సమస్యలు/ప్రమాదాలు గురించి నాకు తెలిపారు: గుండె వేగం మారడం, రక్తపోటు మారడం, ఆక్సిజన్ అవసరం, అలర్జి ప్రతిచర్యలు, ఎగువ శ్వాసనాళ అడ్డంకి, లాలింజోస్పాసమ్, జనరల్ అనస్థీషియాగా మారాల్సిన అవకాశం.
- ప్రాసీజర్ సమయంలో నొప్పి, భయం, ఆందోళన తగ్గించేందుకు సెడేషన్ ఇవ్వడం అవసరం అని నాకు వివరించారు. ఇది ప్రాసీజర్ సజావుగా, సురక్షితంగా జరగడానికి సహాయపడుతుంది.
- సెడేషన్కు సంబంధించిన ప్రయోజనాలు, ప్రమాదాలు, ప్రత్యామ్నాయం (జనరల్ అనస్థీషియా) గురించి నాకు స్పష్టంగా వివరించారు.
- డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ ప్రాసీజర్ సెడేషన్ చేయడానికి నేను అనుమతిస్తున్నాను.
- పై సమాచారాన్ని నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ఉన్న ప్రశ్నలన్నీ, నాకు అర్థమయ్యే భాషలో సమాధానమిచ్చారు. ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

KUH-00211197 IP5-00174677
Master YADLA DEVASHISH
16-05-2023 3 Y 0 M 18 D (M)
Dr. NALLA ANURAAG REDDY



CONSENT FOR SPECIAL PROCEDURES

Patient Name : Devanbil Gender: Male Female

UHID No : 211197 Department : paed Date : 3/6/26

I Ramanamurthy S/D/W/O

Here by give consent for procedure of : umbilic puncture

For my patient, Named : Devanbil

The doctors have clearly explained to me that the procedure has following possible complications:

bleeding, infections, neurotoxicity

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

nil

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Nikhile

Patient Attendant :

Signature : Y. Ramanamurthy

Name : Y. Ramanamurthy

Relationship with Patient: father

Date & Time : 3/6/26 @ 1:30 pm

Witness :

Signature : Y. Ramanamurthy

Name : Y. Ramanamurthy

Date & Time : 3/6/26 @ 1:30 pm

Doctor (who is taking the consent) :

Signature : Nikhile

Name : Nikhile

Date & Time : 3/6/26, 10.30 AM

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

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

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము



moderate Sedation Flow-Sheet

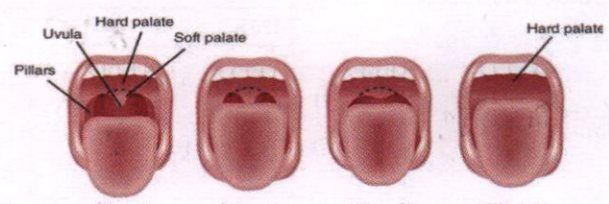
Immediate Pre-Sedation Assessment

B.P	PR	R.R	Temp	SPO ₂	Pain Score	Weight
110/60	102b/min	26b/min	98.2°F	98%	0	14.2

Diagnosis: B- An

Procedure: muscular procedure

Comorbidities: nil

<input checked="" type="checkbox"/> Risk, benefits & alternatives discussed; <input checked="" type="checkbox"/> Patient understand & elects to proceed <input checked="" type="checkbox"/> Consents for procedure and sedation signed and dated ASA Physical Status <input type="checkbox"/> ASA PS 1: Healthy Patient <input checked="" type="checkbox"/> ASA PS 2: Mild Systemic Disease, no functional limitations <input type="checkbox"/> ASA PS 3: Severe Systemic Disease, functional limitations <input type="checkbox"/> ASA PS 4: Severe Systemic Disease, constant threat to life <input type="checkbox"/> ASA PS 5: Moribund Patient unlikely to survive 24 hrs. <input type="checkbox"/> ASA PS 6: A declared braindead patient whose organs are being removed for donor purposes <input type="checkbox"/> E: Emergency procedure GCS: E ₄ M ₆ V ₅	AIRWAY EVALUATION Mouth: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loose Teeth <input type="checkbox"/> Small Mouth <input type="checkbox"/> Protruding Incisors <input type="checkbox"/> Receding Lower Jaw <input type="checkbox"/> Dentures Neck: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Decreased ROM <input type="checkbox"/> Thyromental Distance Less Than 6 cm <input type="checkbox"/> Short Neck  A Class I Class II Class III Class IV Mallampati Class: <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
<input checked="" type="checkbox"/> IV Site: <u>(2)</u> Gauge:	
Sedation Plan: <u>IV</u>	
Allergies: <u>nil</u>	

Monitoring of Patient Intra – Procedure

Procedure Monitoring

Heart Rate (HR), Respiratory Rate (RR), Oxygen Saturation (O₂ Sat) continuously monitored, and Level of Consciousness (LoC) to be monitored and recorded minimally every 15 minutes until 15 minutes after the last administration of any sedation, then every 30 minutes, then every 1 hour until stable. Respiratory status to be monitored continuously.

Level of Consciousness (LOC):

- A - Alert
- V - Verbally Responsive
- P - Painfully Responsive
- U - Unresponsive

Observation to be documented every 15 mins

TIME	BP	PR	RR	O ₂ Sat%	O ₂ Supplementation	Comments / Initials
Baseline	110/60	106b/t	26b/t	98%		
	108/58	102b/t	26b/t	99%		

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME
2g MIDA 20ml	IV	1mg	1:50pm	

Doctor Notes:
 child tolerated procedure well

Time of transportation to post sedation care room: 132 LOC: Alert

Doctor Name: Dr. [Signature] Signature: [Signature]

Post Sedation Care Room

Time																			
Monitoring	180																		
ECG NBP Oximeter	160																		
Pain Score (0-10)	140																		
Sedation Score (0-4).....	120																		
	100																		
	80																		
	60																		
	40																		

TOTAL ALDRETTE SCORE AT DISCHARGE =
 (If 9 and more patient can discharge from post Sedation care unit)

Activity :	Consciousness:	Respiration:	Oxygen Saturation:	Circulation:
Four extremities = 2	Fully awake = 2	Breathe Deep = 2	Sat O ₂ > 92 % on room air = 2	BP +/- 20 mm hg of pre-op = 2
Two extremities = 1	Arousal on calling = 1	Dyspnea, limited breathing = 1	Needs oxygen to maintain Sat O ₂ > 90% = 1	BP +/- 20-50 mm hg of pre-op = 1
No extremities = 0	Unresponsive = 0	Apnea = 0	Saturation < 90% with oxygen = 0	Bp +/- 50 mm hg of Pre-Op = 0

Patient Discharge Time: 2:05pm

Nurse Name: Soumya

Signature: [Signature]

Date: 2/6/26 Time: 2:05pm

Consultant Name: Dr. Parthiv

Signature: [Signature]

Stamp



CONSENT FOR CHEMOTHERAPY

Patient Name : Devashish Age : 3 year Gender : Male Female

UHID No : KUN-00211197 Department : P40 Date : 3/6/26

Type of Chemotherapy : Antineoplastic

The type of reactions, nature of the major risks and complications arising from the treatment despite precautions has been explained to me. These can include Bone Marrow depression with subsequent infections, bleeding, nausea, vomiting, diarrhea, mouth ulcers, alopecia, fever, phlebitis, ulceration at the site of injection organ injuries etc.

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

I understand that no promise of cure or freedom from risk can be given. During the course of treatment I will report any symptoms if they become bothersome.

I have read the above and have no further questions about the treatment to be given.

Patient Attendant :
Signature : A. Bharathi
Name : A. Bharathi
Relationship with Patient : Mother.
Date & Time : 3/6/2026 @ 3:20pm

Witness :
Signature : A. Bharathi
Name : A. Bharathi
Date & Time : 3/6/2026 @ 3:20pm

Doctor (who is taking the consent):
Signature : d
Name : Sarvani
Date & Time : 3/6/2026 @ 3:20pm

కీమా థెరపీ కొరకు అంగీకారం

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. రిజిస్ట్రేషన్ నెం.: విభాగము

తేదీ

కెమాథెరపీ రకాలు:

ఈ చికిత్స చేయు సమయములో తగు జాగ్రత్తలు తీసుకున్న సంభవించు వివిధ రకములైన ప్రమాదాలు తలెత్తే సమస్యల నాకు డాక్టర్ వివరించబడింది. వీటిలో ఎముక మజ్జ మాంద్యం, తదుపరి అంటువ్యాధులు, రక్తస్రావం, వికారం, వాంతులు, విరేచనాలు, నోటి పూతల, అలోపేసియా, జ్వరం, ఫ్లెజటిస్, అవయవ గాయాలు, ఇంజెక్షన్ ఉన్న ప్రదేశంలో పుండ్లు మొదలైనవి కలగవచ్చు ఈ విధానం యొక్క ప్రయోజనాలు మరియు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు.

డాక్టర్ నీకు ఈ ప్రక్రియ వల్ల కలుగు లాభాలు మరియు ప్రత్యామ్నాయాలు వివరించారు

చికిత్స వల్ల కలుగు ఫలితాలు గురించి ఏ విధమైన వాగ్దానం ఇవ్వలేరని నేను అర్థం చేసుకున్నాను. చికిత్స సమయంలో ఏవైనా లక్షణాలు ఇబ్బందికరంగా ఉంటే నేను డాక్టర్ కి తెలియపరుస్తాను.

నేను చికిత్స గురించి పూర్తిగా తెలుసుకున్నాను, చికిత్స గురించి తదుపరి ప్రశ్నలు లేవు.

సహాయకుడు (అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు