

1

ACTIVITY RECORD FOR BILLING

Name : _____

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

CUV-00172369 IP5-00174436
Baby PEMULA SAMAIRA GRETCHEN
30-01-2021 5 Y 3 M 28 D (F)
Dr. SIRISHA RANI

Date of Admission: _____ Time : _____ Time: _____



Room / Bed No : _____ Ward : _____ ed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/1/21	11:25 AM	ER	oncology (122)	Augi

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/5	Lumbar puncture	(3)	9631583	Gijl
	conscious sedation			
	Bone marrow	_____	[kindly Enter	this procedure]
	chemotherapy			

ANY OTHER INFORMATION

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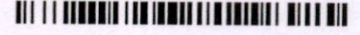
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Date : 29/5/26 Time : 10 AM Prepared By : *meekers*

Staff Nurse <i>Meekers</i>	Shift / Ward <i>Oncology</i>	Billing Assistant	Billing Supervisor
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**Rainbow Children's Hospital - Banjara Hills**

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad
,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : <https://rainbowhospitals.in>

ADMISSION SHEET**Registration Details :**

Admission No : IP5-00174436 Admit Date : 28-May-2026 Admit Time : 10:47 AM UHID : CUV-00172369

Patient Details :

Patient Name : Baby PEMULA SAMAIRA GRETCHEN Age : 5 Y 3 M 28 D
Guardian : Mr PEMULA PRUDHVI PORUS DOB : 30-01-2021
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : H NO 35-3-69(36) SANJAY GANDHI COLONY,
Ongole Prakasam Andhra Pradesh INDIA 523001 Phone No : 9849044877/ 7330730449
E-mail : PEMULA.PRUDHVI@GMAIL.COM

Admission Details :

Bed Type : PRIVATE ROOM Bed No : PVT 122 Ward Name : 1F-HEMATO-ONCOLOGY
Room No : PVT 122 Admission Type : First Visit

Contact Details :

Name : Mr PEMULA PRUDHVI PORUS Relationship : Father
Contact Address : H NO 35-3-69(36) SANJAY GANDHI COLONY, Phone No : 9849044877 /
Ongole Prakasam Andhra Pradesh INDIA 523001


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 : 0.49
Payor Name : HEALTH INSURANCE TPA OF INDIA LTD

CUV-00172369 IP5-00174436
Baby PEMULA SAMAIRA GRETCHEN
31-01-2021 5 Y 3 M 28 D (F)
D. SIRISHA RANI



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: [Signature]

Name of the Doctor: [Signature]

Date & Time: 28/05/26 @ 10:50 Am

CUV-00172369 IP5-00174436
Baby PEMULA SAMAIRA GRETCHEN
30-01-2021 5 Y 3 M 29 D (F)
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: d

Name of the Doctor : harani

Date & Time: 28/5/26 @ 10:50 AM



DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	3			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy	1			
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	4			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1+1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	<i>Extra</i>	7			
	Total No. of Pages	35			

[Signature]
 Signature and Date :
 29/5/26

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



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It takes a lot to treat the little.

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

Baby Pemula Samaira Gretchen

UHID ID:

CUV-00172369

Department:

Consultant:

CUV-00172369 IP5-00174436
Baby PEMULA SAMAIRA GRETCHEN
30-01-2021 5 Y 3 M 28 D (F)
Dr. SIRISHA RANI





Pediatric Multiorgan History & Physical Examination

Name : Baby Pemula Samaira Gretchen Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

child k/c/o B-cell Acute Lymphoblastic
Leukemia

CALLA +ve / CNS -ve

History of present illness : On Protocol - M

D⁺¹⁹ of 4th Dox of HD MTX

no c/o cold/cough

no Vomiting/ loose stool.

Now for chemotherapy.

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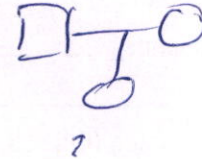


paediatric Multiorgan History & Physical Examination

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 :

Immunised till date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 16.22 kg (Centile _____)

On Examination :

Temperature : 98.4° F Pulse Rate : 110/min B.P. 94/64 SPO2 98% - @ 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 : BAE (+), 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 : BS (+)

Spine : (N) External Genitalia : (N)

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton : Good

Tone: (N) Power 4/5

Co-ordinator : _____

Posture : _____

Involuntary Movements : Nil

Reflexes :

DTR

(N)

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Kfcd B-cell ALL / CARA +ve / CNS -ve

On Protocol M - 4th Dose of HDMTx
D+19 .



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment : For Hemodynamic stability

Planned Labs:

CBP

Planned Management

- 1) Inj Ondansetron
- 2) Chemotherapy
- 3) Monitor Vitals.

NB
Anti
28/05/26 @ 10:48

Signature of the Doctor: J.V.

Name of the Doctor: Jaya Sri

Date & Time: 28/05/26 @ 10:40AM

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. Sandhya Vaddadi

Date & Time: 28/5 @ 10:40am

[Signature]
Dr. SANDHYA VADDADI
Reg. No: 71664



1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>28/5/26</u>	<u>Procedure notes</u>	
2:30pm	<p>child positioned. ports closed as directed Under aseptic precautions, lumbar puncture done, intrathecal chemotherapy given. Needle removed & hemostasis achieved Bone marrow aspiration done, needle removed & hemostasis achieved</p>	<p>- EP start chemotherapy was <u>abx</u> - Discharge Noted by <u>Susmita (015800)</u> 28/05/26 @ 3:30pm</p>
<u>5pm</u>	<p><u>Evening rounds</u> <u>B-Auf Reinduction</u> No Complaints vitals (N)</p>	<p><u>plan</u> (1) Cont. chemo as per chart (2) TM discharge Noted by <u>Susmita (015800)</u> 28/05/26 @ 5:30pm <u>abx</u></p> <p><i>[Signature]</i> <u>Dr. Sandhya Vaddadi</u> 28/5/26 @ 5pm DR. SANDHYA VADDADI Reg. No: 71664</p>

UV-00172369 IP5-00174436
 Baby PEMULA SAMAIRA GRETCHEN
 0-01-2021 5 Y 3 M 28 D (F)
 Dr. SIRISHA RANI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	B-ALL Resection	
9 AM	admitted for chemotherapy.	
	no fever	
	no vomiting	
	o/e-	Plan
	hemodynamically stable	1. discharge today
		follow up on 4/6/26
		with CBP. 1/1/26
		by PEG ASPARIN ME
		on 1/6/26
		Sirisha Rani
		9:40 AM

IP5-00174436
 CUV-00172369
 Baby PEMULA SAMAIRA GRETCHEN
 30-01-2021 5 Y 3 M 28 D (F)
 Dr. SIRISHA RANI



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 Hospital
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 Your Right to a Safe Delivery

RESULT SHEET

Date	28/5				
Time	4PM				
Hb	8.8				
PCV	27.2				
RBC	2.80				
WBC	3.21				
N/L	34/54				
Platelets	427				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L	d				

CUV-00172369 IP5-00174436
 Baby PEMULA SAMAIRA GRETCHEN
 30-01-2021 5 Y 3 M 28 D (F)
 Dr. SIRISHA RANI



DRUG CHART

Date of Admission: 28/05/26 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 : Syrup PARACETAMOL				Date Time																
Dose	Route	Frequency	Start Date																	
5ml	PO	6th Hly	28/5																	
Doctor's Signature		Valid Period	Pharm.																	
Jayasri		2 days																		
Additional Instructions:																				
(5ml 240mg) If T > 100°F																				

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

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

VERIFIED BY : Name Signature

CUV-00172369 IP5-00174436
 Baby PEMULA SAMAIRA GRETCHEN
 30-01-2021 5 Y 3 M 28 D (F)
 Dr. SIRISHA RANI

Weight. 16.22kg.. Ward. ED



Date Time	Nurse Sig.		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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
<u>28/5</u>	<u>2:010pm</u>	<u>2g MIDAZOLAM</u>	<u>0.5mg</u>	<u>IV</u>	<u>N. K.</u>	<u>Dink</u> <u>Sonam</u>
<u>28/5</u>		<u>2g KETANOL</u>	<u>10mg</u>	<u>IV</u>	<u>N. K.</u>	<u>HOLD</u>

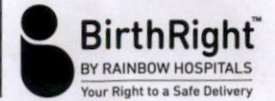
2:00 pm

VERIFIED BY : Name Signature



CHEMO THERAPY PRESCRIPTION

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

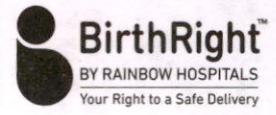


①

Sheet No. : ① Department: Paed (Onco) Weight (kg) : 15.8 Height : 112cm Body Surface Area: 0.71

DATE	TIME	Composition of Chemotherapy (if infusion, mention ml / hr = Mcg / kg / min. etc.)	DOSE	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.			
28/5/20	2pm	2j. METFOTREXATE 2j. CYTARABINE 2j. HYDROCORTISONE	12mg 30mg 15mg	IT	step	Adhikar	DZUN ROSE	28/5.	d	DZUN AR			
28/5/20	4:35pm	2j. Doxorubicin in 30ml 1/2NS	16 mg	IV	@ 60 ml/hr	Adhikar	Susmita Divya	29/5	d	Savitree Subhakar			
29/5/20	7am	2j - Vincristine in 15ml NS	0.9 mg	IV	over 15 mins	Adhikar	Savitree Subhakar	29/5	d	Savitree Subhakar			

CUV-00172369 IP5-00174436
 Baby PEMULA SAMAIRA GRETCHEN
 30-01-2021 5 Y 3 M 28 D (F)
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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 (122)

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	Syrup SEPTAN	5ml	PO	BD	27/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	Syrup ZINCOVIT	5ml	PO	OD	27/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	Syrup CALCIMAXPLUS	5ml	PO	OD	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 (Jn)

Date & Time: 28/05/26 @ 10:30 AM

Nurse Name & Signature:

Date & Time: 28/05/26 @ 10:42 AM



7

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/7/26	10:40 am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Angi
28/5	6pm	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sanika
29/5	2am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Sanika
29/5/26	10am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Dusmita
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

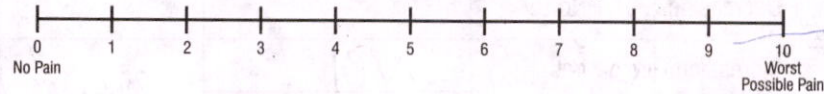
Re-assessment Frequency:
 1. Every eight hours for all hospitalized patients.
 2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 a) At least every 2 hours for the first 24 hours
 b) Then every 4 hours.
 c) Prior to pain relieving intervention.
 d) Within 30 - 60 minutes after pain intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years

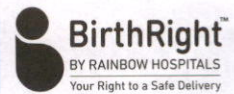


IPV-00172369 IP5-00174436
 Baby PEMULA SAMAIRA GRETCHEN
 10-01-2021 5 Y 3 M 28 D (F)
 Dr. SIRISHA RANI



No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/5 Time: 9 AM

Doctor / Nurse / Family Concern?

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

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	91
	90	(63)
80		
70		
60		
50	52	

Heart Rate (Number) 107b/m

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

Resp Rate (Number) 22b/m

Resp Distress Mod/ Severe None / Mild

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

Conscious Level Normal Altered .e

GCS * 15/15

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

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

1

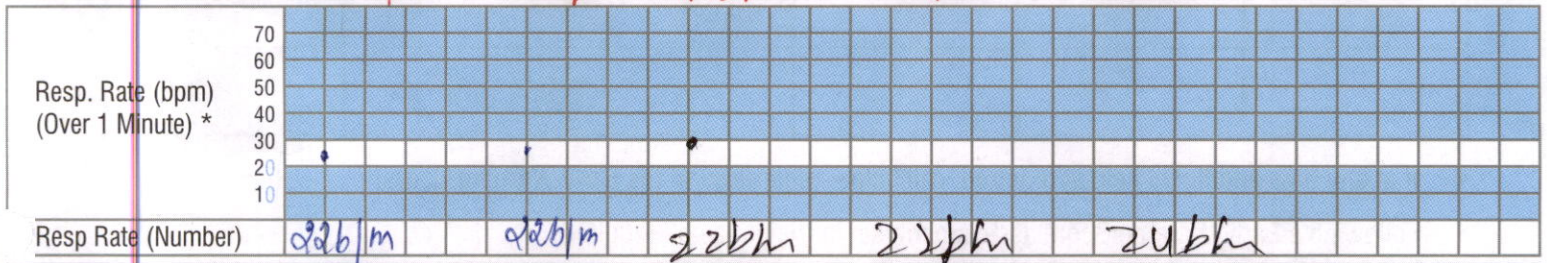
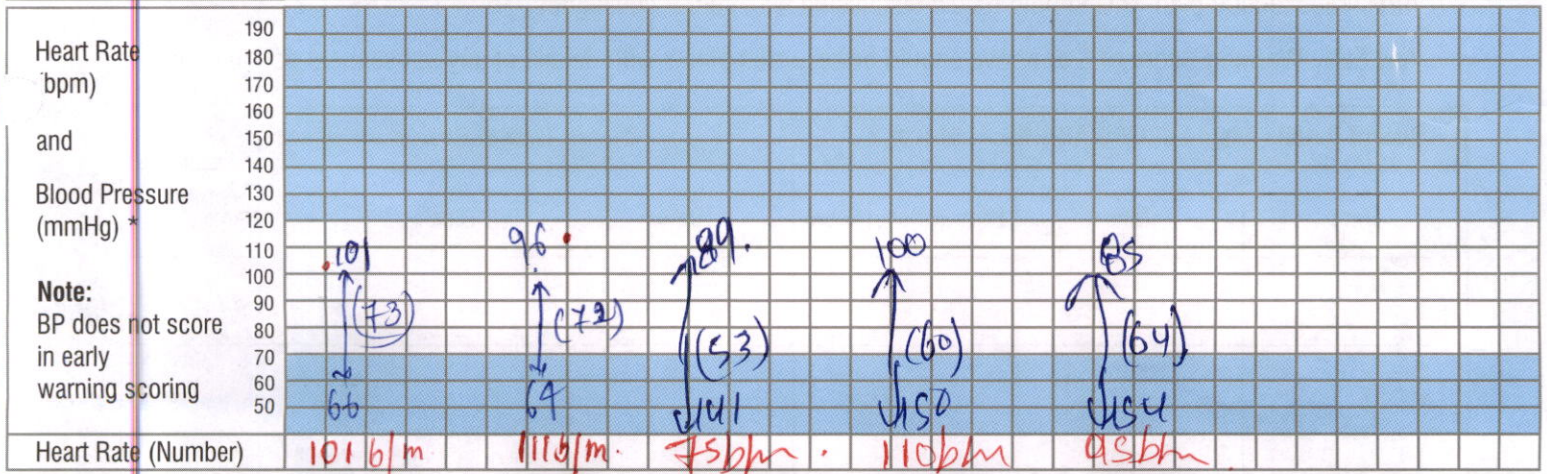
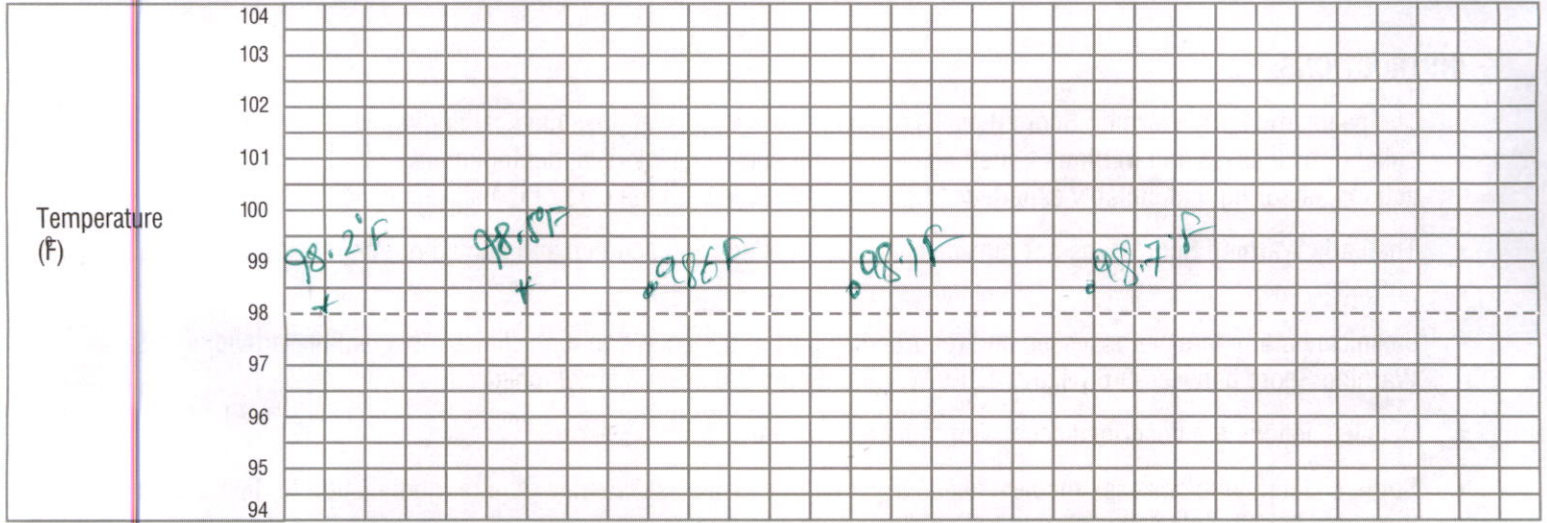
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



Doc. No. : RCHBH/ FRM / CLINICAL / 126

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/05/2026 Time: 5pm 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	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	P	P	S	A	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.

390 hyper neb given @ 6:30pm

Patient Sticker



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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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)

Pati

CUV-00172369 IP5-00174436
 Baby PEMULA SAMAIRA GRETCHEN
 30-01-2021 5 Y 3 M 28 D (F)
 Dr. SIRISHA RANI



2

FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	2dlm		30m							Sumita	
	09:00 am			30m								
	10:00 am	water	100m	30m				230m				
	11:00 am			30m								
	12:00 pm			30m								
	01:00 pm											

Total Intake : 250m

Total Output : 230m

	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 :

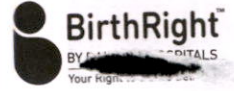
Total Output :

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART



Sheet No. : 1

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
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			
NEW ADMISSION													
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm									200ml			J. Swartha
	01:00 pm									200ml			
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm	Rice Luak		50ml						160ml			
	04:00 pm	H ₂ O	100ml	60ml									J. Swartha
	05:00 pm			60ml									
	06:00 pm			60ml									
	07:00 pm			60ml						180ml			
Total Intake : 390 ml.						Total Output : 340 ml							
	08:00 pm			40ml									
	09:00 pm		100ml	40ml									
	10:00 pm	Chaplin dal		40ml						150ml			
	11:00 pm			40ml									
	12:00 am			40ml									
	01:00 am	H ₂ O		40ml						120ml			
Total Intake : 340 ml.						Total Output : 270 ml							
	02:00 am			40ml									
	03:00 am			40ml									
	04:00 am			40ml									
	05:00 am			40ml									
	06:00 am			40ml									
	07:00 am			40ml						140ml			
Total Intake : 240 ml.						Total Output : 140 ml.							

Total 24 hrs. Intake	970 ÷ 59.80 cc / 24 hrs / day	Total 24 hrs. Output	950 ÷ 3.90 cc / 24 hrs / day
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