

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

VIH-00162503 IP5-00175819
Master RUDHIK PANDUGA
05-05-2023 3 Y 1 M 26 D (M)
Dr. SANDHYA VADDADI

sultant: _____ Dept : _____

Date of Admission: _____



e of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
01/07/23	1:00pm	E12	once (115)	[Signature]

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
4/7	chemotherapy	(1)	9509615	Shay
4/7	2p (Lumbas puncture)	(1)	987015	Shay

ANY OTHER INFORMATION

...don't charge for NHA... - Nivites

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Date : 4/7/26 Time : 9:10 am Prepared By : Shay

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Shay	Q1B40R		

ADMISSION SHEET

Registration Details :

Admission No : IP5-00175819

Admit Date : 01-Jul-2026

Admit Time : 12:27 PM **UHID** : VIH-00162503

Patient Details :
Patient Name : Master RUDHVIK PANDUGA

Age : 3 Y 1 M 26 D

Guardian : Mr PANDUGA GOUTHAM KUMAR

DOB : 05-05-2023

Gender : Male

Religion :

Occupation :

Martial Status : Single

Address (H) : H NO 11-2-473/2, UPPER BASTI Namala
 Gundu Secunderabad Telangana INDIA
 500061

Phone No : 8885827267/ 8019627267

E-mail : NOMAIL@GMAIL.COM

Admission Details :
Bed Type : SEMI PRIVATE

Bed No : SPVT 115

Ward Name : 1F-VIBGYOR

Room No : SPVT 115

Admission Type : First Visit

Contact Details :
Name : Mr PANDUGA GOUTHAM KUMAR

Relationship : Father

Contact Address : H NO 11-2-473/2, UPPER BASTI Namala
 Gundu Secunderabad Telangana INDIA 500061

Phone No : 8885827267

M. P. Goutham
 Signature

Doctor Details :
Doctor Name : Dr. SANDHYA VADDADI

Specialisation : HEMATO ONCOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant : Dr. SIRISHA RANI

Payment Details :
Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD



It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

VH-00162503 IP5-00175819
Master RUDHIK PANDUGA
05-05-2023 3 Y 1 M 26 D (M)
Dr. SANDHYA VADDADI



Patient Name:

Rudhik

UHID ID:

Department:

Consultant:



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

CBP

Creatinine

SGPT.

Planned Management

LP

Intrathecal chemotherapy

Ij ondans

Sym-Domstet

N/B

Remark

1/2/16.

Signature of the Doctor: Ramya

Name of the Doctor: Dr. RAMYA

Date & Time: 1/2/26 : 12pm

Signature of the Consultant: _____

Name of the Consultant: _____

Date & Time: _____

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/27/23 8:50 AM	<u>Morning rounds</u> Tell Dr. on Protocol-M for LP + chemotherapy Aphile, Alert Vitals (2) S/E → PNF, CPT L/Ser WS MS/ (2) PIO/ (2)	<u>Ado</u> 1) plan folinic acid t/m 2) cont chemo 3) cont supp care 4) monitor vitals 5) plan dx t/m 6) CUF today <u>Shankaran</u> 2) folinic acid t/m to start.
2/27/23 5 PM	<u>Evening rounds</u> Tell Dr. on Protocol-M for LP + chemotherapy Aphile, Alert Vitals (2) S/E → PNF, CPT L/Ser WS MS/ (2) PIO/ (2)	<u>Ado</u> Add oral Azee 1) DW/t fever → if (2) Add Azee. 2) pt has CUF 3) to give chert in folinic acid t/m 4) Inform S/S <u>Shankaran</u>

Date & Time	Progress Notes	Doctor's Order
3/7/26 9 AM	Tell All Proboscis M for LP & W-4. Chemotherapy	Ado 1) Start folinic acid after 3pm 2) CRP / Hb by prick. Mtx level 3) monitor vitals. 4) if sup call.
	Afebrile, Alert No fresh issues Vitals (10). S/E → PWF, C-FL 322 C/S P/S P/A (10). V/O Adequate	<i>[Signature]</i> @ 10:30 AM.
3/7/26 5 PM	Evening rounds No fever vital stable.	Plan 1. CRP methotrexate levels } Hb by PRICK (plain) 2. Continue supportive care
		<i>[Signature]</i> NIB pruned

[illegible]

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 Master RUDHVIK PANDUGA
 05-05-2023 3 Y 1 M 26 D (M)
 Dr. SANDHYA VADDADI



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

 **BirthRight™**
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

RESULT SHEET

Date	1/7/26	4/2/26			
Time					
Hb	10.5	11.3			
PCV	30.6	33			
RBC	3.4	3.66			
WBC	7940	4330			
N/L	67/19	46/39			
Platelets	2.22	2.71			
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine	0.2				
ALP					
SGPT	23				
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					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :

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: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Syp. GMP	1ml	PO	OD	30/1/26	☒ C ☐ DC
2	Syp ZinBavit	5ml	PO	OD		☒ C ☐ DC
3	Syp. Celcimen	5ml	PO	OD		☒ C ☐ DC
4	Saphen	.				☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ramya

Date & Time : 1/7/26; 12pm

Nurse Name & Signature: Penura

Date & Time : 1/7/26 & 12:05 PM



REGULAR PRESCRIPTIONS

Weight. 14.85 kg Ward.

DRUG : <u>3mg ONDANSETRON</u>				Date Time	<u>11/7</u>	<u>2/7</u>	<u>3/7</u>	<u>4/7</u>											
Dose <u>3mg</u>	Route <u>IV</u>	Frequency <u>TID</u>	Start Date <u>1/7/26</u>																
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Remya</u>				<u>6am</u>	<u>X</u>	<u>pran</u>	<u>Pul</u>	<u>Pul</u>	<u>Pul</u>										
Additional Instructions:				<u>2pm</u>	<u>4pm</u>	<u>8pm</u>	<u>10pm</u>	<u>12pm</u>											
Daily Doctor's Endorsement by a Sign				<u>10pm</u>	<u>12pm</u>	<u>2pm</u>	<u>4pm</u>	<u>6pm</u>	<u>8pm</u>	<u>10pm</u>	<u>12pm</u>	<u>2pm</u>	<u>4pm</u>	<u>6pm</u>	<u>8pm</u>	<u>10pm</u>	<u>12pm</u>	<u>2pm</u>	<u>4pm</u>
DRUG : <u>Syp. DOMPERIDONE</u>				Date Time	<u>1/7</u>	<u>2/7</u>	<u>3/7</u>	<u>4/7</u>											
Dose <u>3ml</u>	Route <u>PO</u>	Frequency <u>TID</u>	Start Date <u>1/7/26</u>																
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Remya</u>				<u>6am</u>	<u>X</u>	<u>pran</u>	<u>Pul</u>	<u>Pul</u>	<u>Pul</u>										
Additional Instructions:				<u>2pm</u>	<u>4pm</u>	<u>8pm</u>	<u>10pm</u>	<u>12pm</u>											
Daily Doctor's Endorsement by a Sign				<u>10pm</u>	<u>12pm</u>	<u>2pm</u>	<u>4pm</u>	<u>6pm</u>	<u>8pm</u>	<u>10pm</u>	<u>12pm</u>	<u>2pm</u>	<u>4pm</u>	<u>6pm</u>	<u>8pm</u>	<u>10pm</u>	<u>12pm</u>	<u>2pm</u>	<u>4pm</u>
DRUG : <u>Syp. GMP</u>				Date Time	<u>1/7</u>	<u>2/7</u>	<u>3/7</u>	<u>4/7</u>											
Dose <u>4ml</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Date <u>1/7/26</u>																
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Remya</u>				<u>6am</u>	<u>X</u>	<u>pran</u>	<u>Pul</u>	<u>Pul</u>	<u>Pul</u>										
Additional Instructions:				<u>2pm</u>	<u>4pm</u>	<u>8pm</u>	<u>10pm</u>	<u>12pm</u>											
Daily Doctor's Endorsement by a Sign				<u>10pm</u>	<u>12pm</u>	<u>2pm</u>	<u>4pm</u>	<u>6pm</u>	<u>8pm</u>	<u>10pm</u>	<u>12pm</u>	<u>2pm</u>	<u>4pm</u>	<u>6pm</u>	<u>8pm</u>	<u>10pm</u>	<u>12pm</u>	<u>2pm</u>	<u>4pm</u>
DRUG : <u>Syp. CALCIMAX PLUS</u>				Date Time	<u>1/7</u>	<u>2/7</u>	<u>3/7</u>	<u>4/7</u>											
Dose <u>5ml</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Date <u>1/7/26</u>																
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Remya</u>				<u>10pm</u>	<u>pran</u>	<u>Pul</u>	<u>Pul</u>	<u>Pul</u>											
Additional Instructions:				<u>2pm</u>	<u>4pm</u>	<u>8pm</u>	<u>10pm</u>	<u>12pm</u>											
Daily Doctor's Endorsement by a Sign				<u>10pm</u>	<u>12pm</u>	<u>2pm</u>	<u>4pm</u>	<u>6pm</u>	<u>8pm</u>	<u>10pm</u>	<u>12pm</u>	<u>2pm</u>	<u>4pm</u>	<u>6pm</u>	<u>8pm</u>	<u>10pm</u>	<u>12pm</u>	<u>2pm</u>	<u>4pm</u>

VIH-00162503 IP5-00175819
Master RUDHIK PANDUGA
05-05-2023 3 Y 1 M 26 D (M)
Dr. SANDHYA VADDADI



Sheet No.

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : Symp. ZINCOVIT				Date/Time	1/7	2/7														
Dose	Route	Frequency	Start Dt.																	
5ml	PO	OD	1/7/26																	
Name & Signature of the Doctor Starting the Drugs: Dr. Ramya				10PM pain Ravi Ravi																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign				A A																
DRUG : Symp. RECENT PLUS				Date/Time	1/7	2/7	3/7													
Dose	Route	Frequency	Start Dt.																	
2.5ml	PO	BD	1/7/26																	
Name & Signature of the Doctor Starting the Drugs: Dr. Ramya				10AM X 10AM																
Additional Instructions:				10PM pain Ravi Ravi																
Daily Doctor's Endorsement by a Sign				A A																
DRUG : My POLINIC AED				Date/Time																
Dose	Route	Frequency	Start Dt.																	
15r	IV		3/7																	
Name & Signature of the Doctor Starting the Drugs: Dhanushan																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : My POLINIC AED				Date/Time	3/7	4/7														
Dose	Route	Frequency	Start Dt.																	
13mg	IV	TID	3/7																	
Name & Signature of the Doctor Starting the Drugs: Dhanushan				6AM X 2PM 3PM 10PM																
Additional Instructions: start @ 3pm				10PM pain																
Daily Doctor's Endorsement by a Sign				A A																

Signature
VERIFIED BY : Name

VIH-00182503
Master RUDHVIK PANDUGA
05-06-2023 3 Y 1 M 26 D (M)
Dr. SANDHYA VADDADI



Sheet No

REGULAR PRESCRIPTIONS

Weight

Ward

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

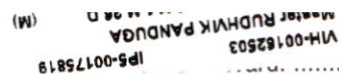
DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

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

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

VERIFIED BY : Name

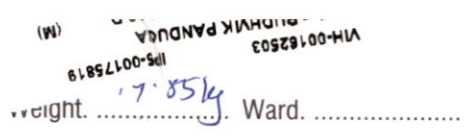
Signature



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

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

STAT / ONCE ONLY DRUGS[illegible]



Weight. 17.85 kg Ward.



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: Telugu Patient / Learner Literacy: ☐ Read ☐ Write ☒ Speak Willingness to Learn: ☒ Yes ☐ No Healthcare Literacy: ☐ Yes ☐ No

Identified Education Needs:

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. Informed Consent | 8. Diagnostic Test/ Procedures | 12. Patient's / Family Rights | 16. Special Discharge / Follow-up Education / Coping Skills |
| | | | 17. Others |

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
01/07/26	12:20 PM	5	medication	M	1	0	1	1	nic	Chk
11/7/26	1 PM	9	child is on NPO	M	1	0	1	1	—	Nightingale

Part - III: CODES

Who was taught:	PT: Patient	F: Father	M: Mother	S: Spouse	Sn: Son	D: Daughter	C: Caregiver	O: Other (Specify)															
Learning Barriers:	<table border="0"> <tr> <td>1. No Learning Barriers</td> <td>4. Language Barrier</td> <td>7. Impaired Thought Process/Cognitive limitations</td> <td>10. Financial Difficulties</td> <td>13. Cultural/Religion Practice</td> </tr> <tr> <td>2. Physical Impairment</td> <td>5. Educational Level</td> <td>8. Responsibilities at Home</td> <td>11. Beliefs and Values</td> <td>14. Others (Specify)</td> </tr> <tr> <td>3. Emotional Barriers</td> <td>6. Desire / Motivate to Learn</td> <td>9. Cultural Differences</td> <td>12. Impaired Vision/ or Hearing</td> <td></td> </tr> </table>								1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice	2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)	3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	
1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice																			
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)																			
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing																				
Teaching Tools Used:	A: Audio	D: Demonstration	V: Video	O: Oral	P: Printed																		
Mechanism/s to overcome barrier/s:	<table border="0"> <tr> <td>1. None</td> <td>3. Reassurance & Support</td> <td>5. Respect values & beliefs</td> <td>7. Other, Specify</td> </tr> <tr> <td>2. Obtain translator</td> <td>4. Teach Family / Others</td> <td>6. Respect Cultural / Religion Preference</td> <td></td> </tr> </table>								1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify	2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference								
1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify																				
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference																					
Understanding:	1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review																				



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
01/07/21 @ 12pm	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	T-cell ALL	H. stability	Chemo & Lp	[Signature]	☐ Nursing ☒ Others:
01/07/21 12pm	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	T-cell ALL	H. stability	- vomits - chemo	[Signature]	☒ Medical ☐ Others:
11/2/26 1pm	☐ Medical ☐ Nursing ☒ Others: dietitian	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	T-cell ALL on protocol-m	child is on NPO	NPO till further advise	Niritha	☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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Master RUDHVIK PANDUGA
05-05-2023 3 Y 1 M 28 D (M)
Dr. SANDHYA VADDADI



: RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/5/26 Time:

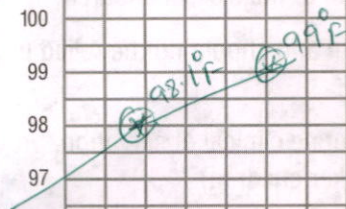
Doctor / Nurse / Family Concern?

2AM

6AM

Temperature
(°F)

104
103
102
101
100
99
98
97
96
95
94



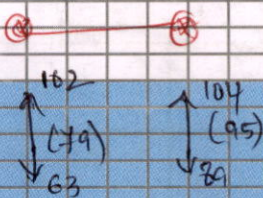
Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:
BP does not score
in early
warning scoring

190
180
170
160
150
140
130
120
110
100
90
80
70
60
50

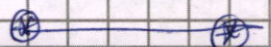


Heart Rate (Number)

120b/min 135b/min

Resp. Rate (bpm)
(Over 1 Minute) *

70
60
50
40
30
20
10



Resp Rate (Number)

29b/min 25b/min

Resp Mod/ Severe
Distress None / Mild

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

100% 100%

Conscious Normal
Level Altered

GCS *

15/15 15/15

TOTAL SCORE

Number of shaded boxes

1 1

Pain Score

6 6

Observer's Initials

4 10

ACTIONS

NB: Scores 3 should be
recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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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)



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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/7 Time: 6am		10am		1pm		6pm		10PM		
Doctor / Nurse / Family Concern?										
Temperature (°F)	104									
	103									
	102									
	101									
	100									
	99	98.1°F		97.5°F		97.0°F		97.0°F		
	98									
	97									
	96									
	95									
94										
Heart Rate (bpm)	190									
	180									
	170									
	160									
	150									
	140									
	130									
	120									
	110									
	100									
Blood Pressure (mmHg) *	90									
	80									
	70									
	60									
	50									
	40									
	30									
	20									
	10									
	0									
Note: BP does not score in early warning scoring										
Heart Rate (Number)		110b/m		100b/m		110b/m		113b/m		
Resp. Rate (bpm) (Over 1 Minute) *	70									
	60									
	50									
	40									
	30									
	20									
	10									
	0									
	Resp Rate (Number)		26b/m		28b/m		28b/m		29b/m	
	Resp Mod/ Severe Distress None / Mild									
Receiving O ₂ (l/min)										
O ₂ Saturations (%)		100%		99%		100%		100%		
Conscious Level Normal / Altered										
GCS *		15/15		15/15		15/15		15/15		
TOTAL SCORE		1		1		1		1		
Number of shaded boxes		1		1		1		1		
Pain Score		0		0		0		0		
Observer's Initials		S		S		S		S		

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

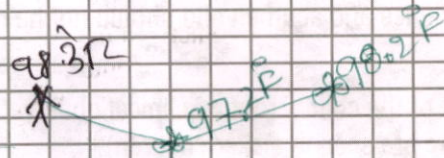
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/5/23 Time: 10pm 2am

Doctor / Nurse / Family Concern?

Temperature
(F)

104
103
102
101
100
99
98
97
96
95
94



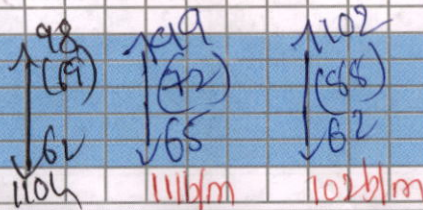
Heart Rate
(bpm)

190
180
170
160
150
140
130
120
110
100
90
80
70
60
50

and

Blood Pressure
(mmHg) *

Note:
BP does not score
in early
warning scoring

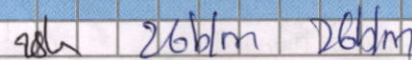


Heart Rate (Number)

Resp. Rate (bpm)
(Over 1 Minute) *

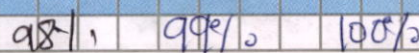
70
60
50
40
30
20
10

Resp Rate (Number)



Resp Mod/ Severe
Distress None / Mild

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



Conscious Level
Normal
Altered

GCS *

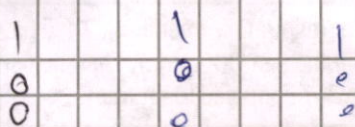


TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials



ACTIONS

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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EARLY WARNING SCORE: CHILDREN'S UNIT

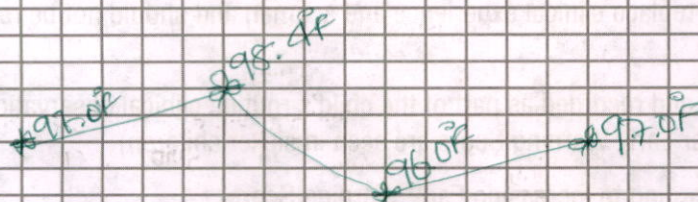
Date : 11/7 Time:

Doctor / Nurse / Family Concern?

6pm 10pm 2am 6am

Temperature
(F)

104
103
102
101
100
99
98
97
96
95
94



Heart Rate
(bpm)

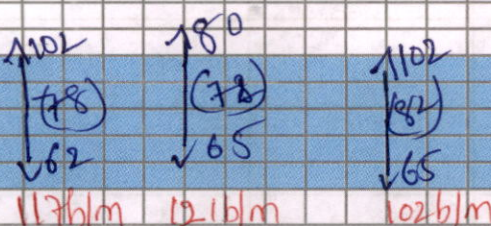
and

Blood Pressure
(mmHg) *

Note:

BP does not score
in early
warning scoring

190
180
170
160
150
140
130
120
110
100
90
80
70
60
50



Heart Rate (Number)

117b/m 121b/m 102b/m

Resp. Rate (bpm)
(Over 1 Minute) *

70
60
50
40
30
20
10

26b/m 28b/m 26b/m

Resp Rate (Number)

Resp Mod/ Severe
Distress None / Mild

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

99% 100% 99% 100%

Conscious Level
Normal Altered

GCS *

15/15 15/15 15/15 15/15

TOTAL SCORE

Number of shaded boxes

1 1 1 1

Pain Score

0 0 0 0

Observer's Initials

0 0 0 0

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VIH-00162503 IP5-00175819
Master RUDHVIK PANDUGA
05-05-2023 3 Y 1 M 26 D (M)
Dr. SANDHYA VADDADI

Patient



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. :

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

		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						
	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	Chemo H ₂ O									
	07:00 pm										
Total Intake :					Total Output :						
	08:00 pm										
	09:00 pm										
	10:00 pm										
	11:00 pm	Chemo meals water									
	12:00 am										
	01:00 am										
Total Intake :					Total Output :						
	02:00 am										
	03:00 am										
	04:00 am										
	05:00 am	Chemo									
	06:00 am										
	07:00 am										
Total Intake :					Total Output :						
Total 24 hrs. Intake					Total 24 hrs. Output						



FLUID CHART

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sigr. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
2/5	08:00 am	chemo										
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
2/5	02:00 pm	chemo										
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
2/6	08:00 pm	che										
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
3/6	02:00 am	che										
	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									

VIH-00162503 IP5-00175819
 Master RUDHVIK PANDUGA
 05-05-2023 3 Y 1 M 27 D (M)
 Dr. SANDHYA VADDADI

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FLUID CHART

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		Intake			Output					IV Site	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score	
			Mouth	I.V	N.G						
2/7	08:00 am								✓	L	} Sat
	09:00 am	Chemo								I	
	10:00 am								✓	N	
	11:00 am						✓		✓		
	12:00 pm								✓	E	
	01:00 pm								✓		
Total Intake :					Total Output :						
3/7	02:00 pm									L	} Prone
	03:00 pm									I	
	04:00 pm	Chemo							✓	N	
	05:00 pm						NP			E	
	06:00 pm								✓		
	07:00 pm								✓		
Total Intake :					Total Output :						
3/7	08:00 pm			50ml					✓	L	} Prone
	09:00 pm			50ml						I	
	10:00 pm	Chemo		50ml					✓	N	
	11:00 pm			50ml			NP			E	
	12:00 am			50ml					✓		
	01:00 am			50ml					✓		
Total Intake :					Total Output :						
9/7	02:00 am			50ml					✓	L	} Prone
	03:00 am			50ml						I	
	04:00 am	Chemo		50ml			NP		✓	N	
	05:00 am			50ml						E	
	06:00 am			50ml					✓		
	07:00 am			50ml					✓		
Total Intake :					Total Output :						
Total 24 hrs. Intake					Total 24 hrs. Output						

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			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

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05-05-2023 3 Y 1 M 27 D (M)
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NURSING CARE RECORD

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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 11/7/26

Assessment: Baby having acute pain related to CP.

Goals

- | | | | | | |
|---|--|--|---|--|--|
| ☒ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☒ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☒ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☒ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
2pm	Assess the general condition of the baby.	2.30pm	Assessed the general condition of the baby.	Implemented all the procedure.
3pm	Baby is on NPO.	3.20pm	Baby is on NPO.	
4pm	DO CP	4.30pm	Done CP.	
5pm	Start chemotherapy.	5.10pm	Started chemotherapy	
5.30pm	Watch for any vomiting.	5.40pm	Watched for any vomiting	
6pm	Monitor vital signs.		Monitored vital signs	

Re-Assessment:

Special Notes: Started chemotherapy.

Nurse Signature: Merlin

Nurse Name: Merlin

Date & Time: 11/7/26 PM



Patient Sticker

NURSING CARE RECORDShift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

- | | | | | | |
|---|--|---|---|---|---|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☐ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☐ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | | | | | |
| ☐ Any Others. Specify | | | | | |

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature: Nurse Name: Date & Time:

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 1/7/26

Assessment: pt having own activity

- Goals
- ☒ Maintain Airway and Oxygenation
 - ☒ Maintain Personal Hygiene
 - ☒ Identify Potential Complications
 - ☐ Relieve Pain & Discomfort
 - ☒ Prevent Infection
 - ☐ Any Others. Specify
 - ☒ Maintain Fluid Balance
 - ☐ Meet Elimination Needs
 - ☐ Improve Activity Tolerance
 - ☒ Ensure Safety
 - ☒ Maintain Good Nutritional Status
 - ☐ Early Ambulation Reduce Anxiety
 - ☒ Maintain Skin Integrity
 - ☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the baby general condition & monitor the vital sign.	9pm	→ Assessed the baby general condition & monitored the vital sign.	pt is basic
10 PM	→ Monitor the vital & → Maintain the I/O chart	11pm	→ maintained the I/O chart	
12am	→ Administer the medication as per doctor order	1am	→ Administered the medication as per doctor order	
2am	→ provide the comfortable position	6am	→ provided the comfortable position.	
7am	→ Maintain the personal hygiene	8am	→ maintain the personal hygiene	

Re-Assessment:

Special Notes:

Nurse Signature: V. Ravina

Nurse Name: V. Ravina

Date & Time: 01/07/26 8am

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 2/7/26

Assessment: chemotherapy

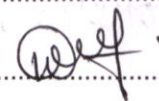
Goals

- | | | | | | |
|---|--|---|---|---|---|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☐ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☐ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8p	* Assess the general condition of the patient.	2p	* Assessed the general condition of the patient.	By doing all the procedures the patient can be stable.
10p	* maintain personal hygiene.	4p	* maintained personal hygiene.	
5p	* continue chemo	5p	* continued chemo	
6p	* monitor vitals. * maintain good sublingual	6p	* monitored vitals. * maintained good nutrition	

Re-Assessment: continue chemo medication.

Special Notes:

Nurse Signature:  Nurse Name: Dina [018165] Date & Time: 2/7/26 @ 8p

VIH-00182503 IP5-00175819
 Master RUDHVIK PANDUGA
 05-05-2023 3 Y 1 M 27 D (M)
 Dr. SANDHYA VADDADI

NURSING CARE RECORD

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BirthRight
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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 02/07/20

Assessment: pt having some activity

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☒ Prevent Infection
- ☐ Meet Elimination Needs
- ☒ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☒ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify

Time	Plan of Care	Time	Implementation	Evaluation
8pm	* Assess the pt General condition	9pm	* Assessed the pt General condition	pt is stable
10pm	* checked the pt all vitals	11pm	* checked the pt all vitals	
12am	* maintain Jco chart	1am	* maintained Jco chart	
1am	* provide comfortable position	5am	* provided comfortable position	
6am	* administer all medication given as per doctor order	8am	* administered all medication given as per doctor order	

Re-Assessment: N/A

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Ravi

Date & Time: 03/07/20 8am



NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 3/7/23

Assessment:

Baby having dull Activity.

Goals

- ☐ Maintain Airway and Oxygenation
☒ Maintain Personal Hygiene
☐ Identify Potential Complications
☐ Relieve Pain & Discomfort
☒ Prevent Infection
☐ Any Others. Specify _____
☒ Maintain Fluid Balance
☐ Meet Elimination Needs
☐ Improve Activity Tolerance
☒ Ensure Safety
☐ Maintain Good Nutritional Status
☐ Early Ambulation Reduce Anxiety
☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
2pm	* Assess the general condition of the patient.	2pm	* Assessed the general condition of the patient.	By done all the procedure the patient can be stable.
4pm	* maintain personal hygiene.	4pm	* maintained personal hygiene.	
5pm	* maintain personal hygiene.	5pm	* maintained personal hygiene.	
6pm	* monitor vitals.	6pm	* monitored vitals.	

Re-Assessment:

monitored vitals.

Special Notes:

Nurse Signature:

Nurse Name: Winga [018165]

Date & Time: 3/7/23

VIH-00162503
Master RUDHIK PANDUGA
05-05-2023 3 Y 1 M 27 D
Dr. SANDHYA VADDADI (M)

NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 3/7/26

Assessment: On going on Chemomedicine.

Goals

- ☒ Maintain Airway and Oxygenation
☒ Maintain Personal Hygiene
☐ Identify Potential Complications
☐ Relieve Pain & Discomfort
☐ Prevent Infection
☐ Any Others. Specify.....
☒ Maintain Fluid Balance
☐ Meet Elimination Needs
☒ Improve Activity Tolerance
☐ Ensure Safety
☒ Maintain Good Nutritional Status
☒ Early Ambulation Reduce Anxiety
☐ Maintain Skin Integrity
☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	⇒ Assess the pt general condition.	8:05pm	⇒ Assessed the pt general condition.	By done all the procedures the baby condition is Improving.
10pm	⇒ provide the comfortable position.	10:05pm	⇒ provided the comfortable position.	
12AM	⇒ Check the vitals. sign.	12:05AM	⇒ Checked the vital signs.	
2AM	⇒ continue Chemomedicine.	2:05AM	⇒ Continued Chemo.	
4AM	⇒ provide side rails.	4:05AM	⇒ provided side rails.	
6AM	⇒ Administer the medicine as per doctors order.	6:05AM	⇒ Administered the medicine as per doctors order.	

Re-Assessment: Re-assessment is done by checking vitals.

Special Notes: CBp. Methotexate level. (plain) pending.

Nurse Signature: 

Nurse Name: praneela (015802)

Date & Time: 4/7/26 @ 8AM



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

- | | | | | | |
|---|--|---|---|---|---|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☐ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☐ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | | | | | |
| ☐ Any Others. Specify..... | | | | | |

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

VIM-00162503
Master RUDHIK PANDUGA
05-08-2023 3 Y 1 M 26 D
Dr. SANDHYA VADDADI (M)

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HIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Sandhya Department: OB/GYN Date of Admission: 01/07/23

SITUATION		Diagnosis: <u>T-cell All</u>						Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:						
BACKGROUND	Area	<u>ER</u> <u>12:55pm</u> <u>2nd floor</u>						<u>1st floor</u>						
	Shift Time	<u>12:55pm</u>						<u>1st floor</u>						
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>NA</u>						<u>NA</u>						
	Allergy:	☐ Yes ☒ No						☐ Yes ☒ No						
ASSESSMENT	Tubes/Drains/Catheter:	☐ Yes ☒ No						☐ Yes ☒ No						
	Vital Signs:	Temp:	<u>98.1°F</u>						<u>98.1°F</u>					
		Res:	<u>26b/m</u>						<u>26b/m</u>					
		SpO ₂ :	<u>100% RA</u>						<u>100%</u>					
		Pulse:	<u>112b/m</u>						<u>102b/m</u>					
		BP:	<u>99/56</u>						<u>102/62</u>					
	Fall Risk Score:	<u>11</u>						<u>11</u>						
	Pain Score:	<u>0/10</u>						<u>0/10</u>						
	Recommendations	Safety Needs:	<u>Yes</u>						<u>Yes</u>					
		Physiotherapy	☐ Yes ☒ No						☐ Yes ☒ No					
Others Specify:		<u>NA</u>						<u>NA</u>						
Special Diet:		☐ Yes ☒ No						☐ Yes ☒ No						
Other Special Orders / Medications:		<u>NA</u>						<u>NA</u>						
Post Operative Procedure Special Orders:		<u>NA</u>						<u>NA</u>						
Handed Over By Name :		<u>Mr. Renuk</u>						<u>Mr. Renuk</u>						
Signature :		<u>[Signature]</u>						<u>[Signature]</u>						
Date:		<u>01/07/23</u>						<u>01/07/23</u>						
Time:		<u>12:00pm</u>						<u>12:00pm</u>						
Taken Over By Name :		<u>Mr. Renuk</u>						<u>Mr. Renuk</u>						
Signature :		<u>[Signature]</u>						<u>[Signature]</u>						
Date:		<u>01/07/23</u>						<u>01/07/23</u>						



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: DR. S.V. Department: Oncology Date of Admission: 11/12/20

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☒ Not Known		
	<u>T-cell all.</u>		If Yes Specify:		
BACKGROUND	Area	Shift Time			
	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>NA</u>		
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>98.2°F</u>	<u>98.3°F</u>	
		Res:	<u>28h</u>	<u>29h</u>	
		SpO ₂ :	<u>98%</u>	<u>100%</u>	
		Pulse:	<u>128h</u>	<u>131b/m</u>	
		BP:	<u>101/62</u>	<u>90/69</u>	
		Fall Risk Score:	<u>10</u>	<u>10</u>	
	Pain Score:	<u>0/10</u>	<u>0/10</u>		
	Recommendations	Safety Needs:	<u>Yes</u>	<u>Side rails</u>	
Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Others Specify:		<u>NA</u>	<u>NA</u>		
Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>		
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>		
Handed Over By Name :		<u>Ding</u>	<u>pran</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>31/7/26</u>	<u>4/8/26</u>		
Time:		<u>8h</u>	<u>8AM</u>		
Taken Over By Name :		<u>pran</u>	<u>Shailaj</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>31/7/26</u>	<u>4/8/26</u>		



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
01/07/26	12:45 PM	0/10	neck	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil nil	[Signature]
01/7/26	6pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	[Signature]
02/7	1am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[Signature]
2/7	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[Signature]
3/7	2am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[Signature]
3/7	10am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	[Signature]
3/7	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[Signature]
3/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	[Signature]
4/7/26	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	nil	[Signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

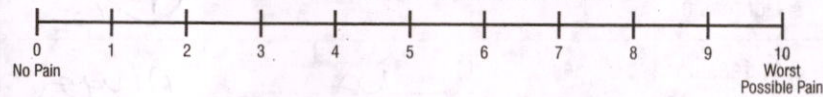
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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 drawn 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

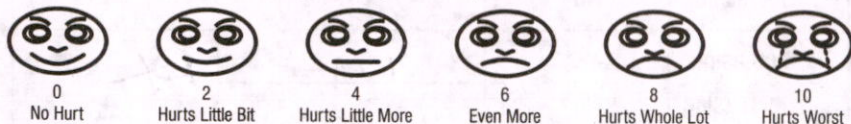
Numerical Pain Scale (Obstetric and Gynecology)



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



Patient St

VIM-00162503 IP5-00175819
 Master RUDHVIK PANDUGA
 05-05-2023 3 Y 1 M 26 D (M)
 Dr. SANDHYA VADDADI

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THE HUMPTY DUMPTY SCALE

01/07 2/2 2/2 2/2

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1	1	1	
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1	1	
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	
TOTAL			11	11	11	11	

Intervention :

-Fall Risk : Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	Yes	Yes	Yes	Yes
Call device within reach	Yes	Yes	Yes	Yes
Wheels Locked	Yes	Yes	Yes	Yes
Room free of clutter	Yes	Yes	Yes	Yes
Adequate Lighting	Yes	Yes	Yes	Yes
Wheel Chair Support	No	No	No	No
Other Intervention(s) Specify	No	No	No	No
Nurse's Name :	Ram	Ram	Ram	Ram
Signature :	Ram	Ram	Ram	Ram
Date :	01/07	2/6	2/6	4/7
Time :	12:15	2:00	2:00	6AM

VIH-00162503 IP5-00175819
Master RUDHVIK PANDUGA
05-05-2023 3 Y 1 M 26 D (M)
Dr. SANDHYA VADDADI



BRADEN 'Q' SCALE

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					Date :	01/07	2/7	3/7	4/7
					Time :	12 pm	1 pm	2 pm	6 AM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e:remity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4	
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	28	28	28	28
Docu. No. : RCHBH /FRM / CLINICAL / 119					Evaluator's Name	Punit	Punit	Punit	Punit

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

CONSENT FOR CHEMOTHERAPY

Patient Name : Rudhvik Pandya Age : 5yrs Gender : Male ☒ Female ☐
UHID No : VIK-00162503 Department : Oncology Date : 1/7/26
Type of Chemotherapy : Intravenous

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
explained

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 : M. Gautham
Name : M. Gautham
Relationship with Patient : mother
Date & Time : 1/7/26 @ 3pm

Witness :

Signature : M. Gautham
Name : P. Gautham
Date & Time : 1/7/2026 @ 3pm

Doctor (who is taking the consent):

Signature : Dr. Sandhya V
Name : Dr. Sandhya V
Date & Time : 1/7/26 @ 3pm

VIH-00162503 IP5-00175819
Master RUDHVIK PANDUGA
05-05-2023 3 Y 1 M 26 D (M)
Dr. SANDHYA VADDADI



BirthRight
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Your Right to a Safe Delivery

CONSENT FOR SPECIAL PROCEDURES

Patient Name : Rudhvik Panduga Gender: ☒ Male ☐ Female
UHID No : VIH-00162503 Department : oncology Date : 1/7/26

I S/D/W/O

Here by give consent for procedure of : Lumbar puncture with intrathecal chemotherapy
For my patient, Named : Rudhvik Panduga

The doctors have clearly explained to me that the procedure has following possible complications:
headache, nausea, pain, flushing, seizure

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

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. Sravan

Patient Attendant :

Signature : M. Gautham
Name : M. Gautham
Relationship with Patient: mother
Date & Time : 1/7/2026 @ 3pm

Witness :

Signature : P. Gautham
Name : P. Gautham
Date & Time : 1/7/2026 @ 3pm

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Sandhya
Date & Time : 1/7/26 @ 3pm

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

short sedation for 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. Sirisha Rani 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.

Patient / Patient Attendant:

Signature: M. Gautham
Name: M. Gautham
Relationship with patient: mother
Date & Time: 11/2/2026 2:30

Witness:

Signature: P. Gautham
Name: P. Gautham
Date & Time: 11/2/2026 2:30

Doctor (who is taking consent):

Signature: Ashwika Name: Ashwika Date: 11/2/26 Time: 3:00

ప్రాసీజర్ సెడేషన్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, క్రింది విషయాలను అంగీకరిస్తున్నాను:

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

- సెడేషన్ వల్ల సంభవించగల సాధ్యమైన క్రింది సమస్యలు/ప్రమాదాలు గురించి నాకు తెలిపారు: గుండె వేగం మారడం, రక్తపోటు మారడం, ఆక్సిజన్ అవసరం, అలర్జిక్ 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:

VIH-00162503 IP5-00175819
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PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

Procedure Name: umbilic puncture Date: 1/2/26 In-Time: Out-Time:

Doctor Performing Procedure: Doctor Giving Sedation: Assisting Nurse:

SIGN IN		Time:
Patient is verified using two identifiers (Name & UHID)	Yes ☒ No ☐ NA ☐	
All required documents, images, studies are available	Yes ☒ No ☐ NA ☐	
NPO Status Checked from Patient / Patient Attendant	Yes ☒ No ☐ NA ☐	
Consent is Signed	Yes ☒ No ☐ NA ☐	
Any need for blood products	Yes ☐ No ☒ NA ☐	
If Yes Comment:		
Any Risk of Hemodynamic Compromise	Yes ☐ No ☒ NA ☐	
If Yes Comment:		
Any drug or food allergy	Yes ☐ No ☒ NA ☐	
If Yes Comment:		
Correct Site of Procedure Marked	Yes ☒ No ☐ NA ☐	
All resources required are correct, available and functioning	Yes ☒ No ☐ NA ☐	
Signature of the Doctor: <u>Ashwini</u>		
Name of the Doctor: <u>Ashwini</u>		

TIME OUT		Time:
Correct Patient	Yes ☒ No ☐ NA ☐	
Correct Site	Yes ☒ No ☐ NA ☐	
Correct Procedure	Yes ☒ No ☐ NA ☐	
All the team members introduced	Yes ☒ No ☐ NA ☐	
Signature of the Nurse:		
Name of the Nurse:		

SIGN OUT		Time:
Name of the Surgical / Invasive Procedure is recorded	Yes ☐ No ☐ NA ☐	
Instrument, Sponge and Needle Count Completed	Yes ☐ No ☐ NA ☐	
Specimens are labeled	Yes ☐ No ☐ NA ☐	
Any equipment problems are addressed	Yes ☐ No ☐ NA ☐	
Signature of the Nurse:		
Name of the Nurse:		

Any Adverse / Unexpected Events



Moderate Sedation Flow-Sheet

Immediate Pre-Sedation Assessment

B.P	P.R	R.R	Temp	SPO ₂	Pain Score	Weight

Diagnosis:

Procedure: Ureteral pyeloplasty

Comorbidities:

- ☒ Risk, benefits & alternatives discussed;
- ☒ Patient understand & elects to proceed
- ☒ Consents for procedure and sedation signed and dated

ASA Physical Status

- ☐ ASA PS 1: Healthy Patient
- ☒ ASA PS 2: Mild Systemic Disease, no functional limitations
- ☐ ASA PS 3: Severe Systemic Disease, functional limitations
- ☐ ASA PS 4: Severe Systemic Disease, constant threat to life
- ☐ ASA PS 5: Moribund Patient unlikely to survive 24 hrs.
- ☐ ASA PS 6: A declared braindead patient whose organs are being removed for donor purposes

☐ E: Emergency procedure

GCS: E M V

☒ IV Site: Gauge:

Sedation Plan: short

Allergies:

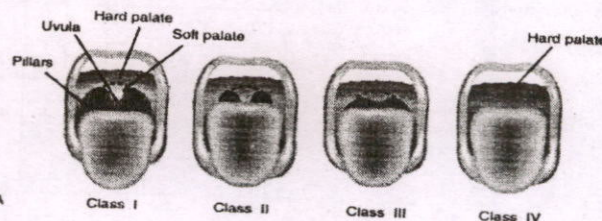
AIRWAY EVALUATION

Mouth:

- ☒ Normal
- ☐ Loose Teeth
- ☐ Small Mouth
- ☐ Protruding Incisors
- ☐ Receding Lower Jaw
- ☐ Dentures

Neck:

- ☒ Normal
- ☐ Decreased ROM
- ☐ Thyromental Distance Less Than 6 cm
- ☐ Short Neck



Mallampati Class: ☐ I ☐ II ☐ III ☐ IV

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

Observation to be documented every 15 mins						
TIME	BP	PR	RR	O ₂ Sat%	O ₂ Supplementation	Comments / Initials
Baseline						

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME

Doctor Notes:

Time of transportation to post sedation care room: LOC:

Doctor Name: Signature:

Post Sedation Care Room

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:

Nurse Name:

Signature:

Date: Time:

Consultant Name:

Signature:

Stamp

VIH-00162503

IP5-00175819

Master RUDHVIK PANDUGA

05-05-2023 3 Y 1 M 26 D (M)

Dr. SANDHYA VADDADI



upa

CHEMOTHERAPY PRESCRIPTION

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

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

BirthRight
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Sheet No. : ①		Weight (kg) : 14 kg	Body Surface Area:	Diagnosis: E T ALL	Protocol:					
DATE	TIME	Composition of Chemotherapy (if infusion, mention ml / hr = Mcg / kg / min. etc.)	DOSE	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
1/7/26	3 PM	INT METHOTREXATE INT CYTARABINE INT HYDROCORTISONE	12mg 30mg 15mg	INTRATHECAL	Stat	[Signature]	Sarav Sourav	1/7	[Signature]	Meslin Sourav
1/7/26	6 PM	INT NAHCO ₃ with 100 ml NS	10ml	IV	@ 100ml/hr	[Signature]	Sourav Swarne	1/7	[Signature]	Meslin Swarne
1/7/26	8:05 PM	INT METHOTREXATE with 100 ml NS	200mg	IV	@ 100ml/hr	[Signature]	Debnath Deviya	1/7	A	prami Ravina
1/7/26	10:50 PM	INT METHOTREXATE with 500ml DNS	2.5gm	IV	@ 25ml/hr	[Signature]	prami Ravina	1/7	A	Prami Ravi
	Next day	INT NAHCO ₃ with 500ml 1/2 DNS	20ml	IV	@ 25ml/hr	[Signature]	prami Ravina	1/7	A	mitley Divya
2/7/26	4:40 PM	INT NAHCO ₃ with 500ml 1/2 DNS	20ml	IV	@ 50ml/hr	[Signature]	mitley Divya	2/7	A	mitley Divya

Patient Sticker
Rudhika Pundige

CHEMOTHERAPY PRESCRIPTION

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

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

BirthRight
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Sheet No: (2)	Weight (kg):	Body Surface Area:	Diagnosis:	Protocol:						
DATE	TIME	Composition of Chemotherapy (If infusion, mention ml / hr = Mcg / kg / min. etc.)	DOSE	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
3/7/26	3AM	MT NaHCO ₃ with 500ml 1/2 DNS	15ml	IV	50ml/hr	Q	Pulav Ran	3/7/26	d	praveen pulakeh
3/7/26	12pm	ly NaHCO ₃ + 500ml 1/2 DNS	15ml	IV	50ml/hr	d	Qal Suretha	3/7/26		praveen pulakeh

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00162503 IP5-00175819 Master RUDHIK PANDUGA 05-05-2023 3 Y 1 M 26 D (M) Dr. SANDHYA VADDADI 		Date & Time of Admission 01/07/26 @ 12:27 PM	Date & Time of Transfer Order 01/07/26 @ 12:40 PM
		Transfer Ordered by Dr. Ranga.	Reason for Transfer Admission.
From Unit ER.	To Unit Med. (115)		Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 19	Number of Imaging Films NIL.		Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what? of file
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name		Quantity
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Dr. Ranga		Name of Person Ordered Transfer Dr. Ranga	
Patient & Clinical Records Received by : Aruna			
Date & Time of Patient Received : 1/7/26 1 PM			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

DISCHARGE PLANNING FORM

Nationality: Indian

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: As per Doctor order

2. Destination Post Discharge: ☒ Home

Family Members Notified (Person Contacted)

☒ Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☒ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☐ Medication	☒ Yes	☐ No
☐ Bathing	☒ Yes	☐ No
☐ Eating	☒ Yes	☐ No
☐ Walking	☒ Yes	☐ No
☐ Dressing	☒ Yes	☐ No
☐ Toileting	☒ Yes	☐ No

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

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s: Personal Hygiene

☐ Patient's Educational Topic/s discussed with the:

☐ Patient ☒ Family Member

☐ Others:

Nurse Signature: Aruna

Nurse Name: Aruna

Date and Time: 1/7/26 @ 1pm



115

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 11/7/26 Time: 1 PM

Weight: 14.85 kg Centile: 50th

Height: 96 cm Centile: 50th

Inference: well child

RDA: — Calories: 1300 kcal/d Protein: 22 g/d

Diet Recommendations: child is on NPO

Re-Assessment:

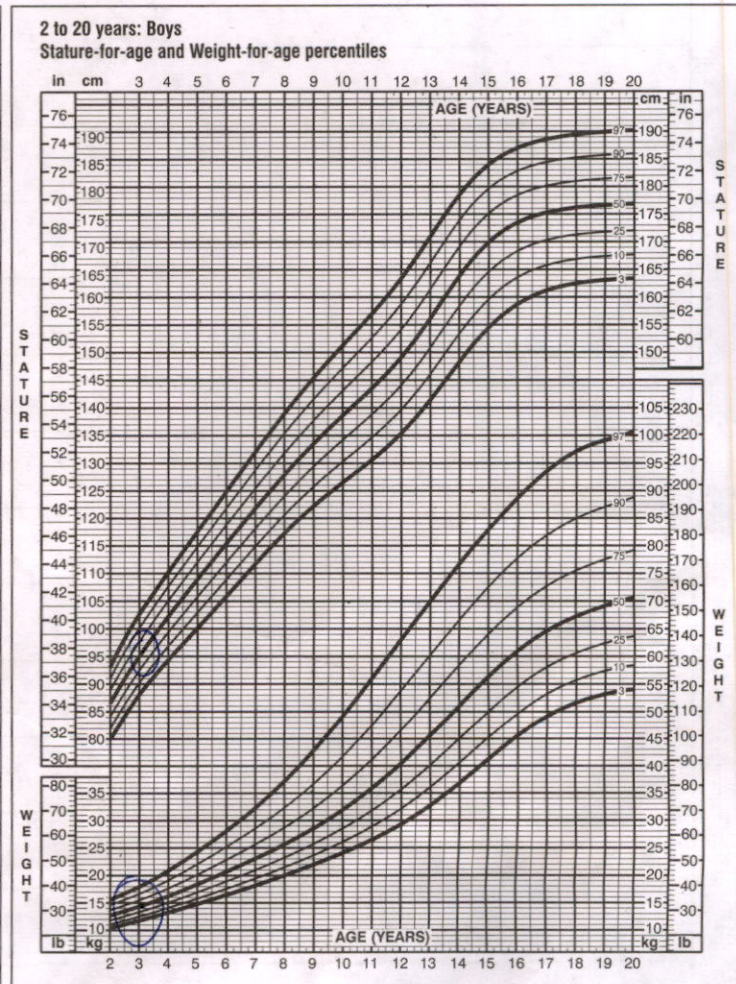
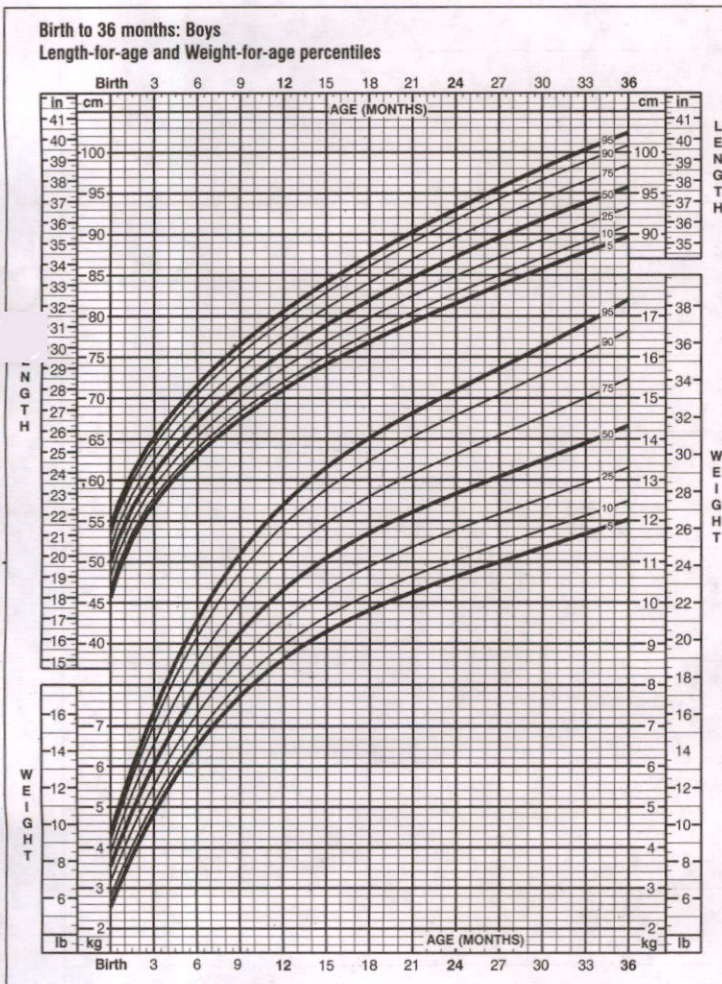
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: T cell acc / on protocol - m

Nutritional Intervention - ☐ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Parent's don't need dietitian. don't charge for NHA

GROWTH CHART (BOYS)



Dietician's Name: Nivitha

Dietician's Signature: Nivitha

Daily Notes:

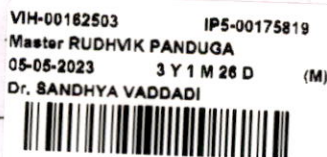
ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ Consultant: _____ Dept : _____

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

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



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
01/07/23	1:00pm	E12	once (115)	[Signature]

Cross Consultation Visit

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

INVESTIGATIONS

[illegible]

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
4/7	chemotherapy	(1)	9509615	Shay
4/7	2p (Lumbar puncture)	(1)	987015	Shay

ANY OTHER INFORMATION

Don't charge for NHA - Nicita

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Date : 4/7/26 Time : 9:10 am Prepared By : Shay

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Shay	Q1B40R		