Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP5-00174277 **Admit Date** : 25-May-2026 **Admit Time** : 09:24 AM **UHID** : BAH-00649506

Patient Details :

Patient Name	: Master MOHAMMED ESA	**Age**	: 7 Y 1 M 27 D
Guardian	: Mr MOHAMMED MUSTAFA	**DOB**	: 28-03-2019
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 6-2-235, NEAR ISLAMIA HOSPITAL Bhoiguda Hyderabad Telangana INDIA 500003	**Phone No**	: 7702628842/ 9390787093
		E-mail	: MOHAMMED.MUSTAFA16@GMAIL.CO

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 131 **Ward Name** : 1F-HEMATO-ONCOLOGY

Room No : SPVT 131 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHAMMED MUSTAFA **Relationship** : Father

Contact Address : H NO 6-2-235, NEAR ISLAMIA HOSPITAL Bhoiguda Hyderabad Telangana INDIA 500003 **Phone No** : 7702628842 / 9390787093

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** : 0.93

Payor Name : SELFPAY MA

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name : Mohammed ESA

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 27 D (M)
Dr. SIRISHA RANI

UHID No. : _____ Consultant: DR. SIRISHA RA MD Dept : Oncology

Date of Admis: _____ Date of Discharge : _____ Time: _____

Room / Bed No : SPVT 131 Ward : Oncology Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/5/26	10:30am	ER	Onco	Abhishek

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
25/5/26	CBP, LFT, creatinine	53129	
26/5	CBP.	26053412	
27/5/26	CUE	26053824	
29/5.	CBP, MTX Level.	26054482	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/5	INFUSSION PUMP.	11:30 AM.	7PM.	9626456.	
26/5	infusion pump	2:15PM	27/5/26 6pm	9622299	
26/5	infusion pump	5PM	29/5 3AM	9628212	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
~~22/5~~	~~Pr Placement~~	~~1~~	~~2050~~	~~[signature]~~
25/5.	Blood Transfussion (PRBC)	①	9626460.	[signature]
26/5	Lumbar puncture			[signature]
	Conscious Sedation	②	9627805	
26/5	chemotherapy	①	9628213	[signature]

ANY OTHER INFORMATION

Do not charge for NCA [signature]

Date : 29/5/26 Time : 10AM Prepared By : [signature]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature]	Oncology		

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

1

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 27 D (M)
Dr. SIRISHA RANI

Patient Name: Mohammed Esa

UHID ID: BAH-0064950 6

Department: Oncology

Consultant: Dr. Sirisha Rani

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 27 D (M)
Dr. SIRISHA RANI

...ory & Physical Examination

Preventive aspects of the treatment: Sepsis

Desired goals of the treatment : uneventful chemotherapy

Planned Labs:

~~CBP~~ CBP done on 23/5/26

CBP, LFT, Creatinine

AHP
Results
25/05/26
@ 10 Am

Planned Management

1) NPO since 7 Am
2) IVF: DNS @ 60ml/hr
3) ~~PRBC~~ transfusion 1 unit
4) Premedication to be given
5) Lumbar puncture today
6) chemotherapy as advised by Hemotonco team
7) continue supportive medicines

Signature of the Doctor: .....
Name of the Doctor: Sai
Date & Time: 25/5/26 @ 9:24 AM

Signature of the Consultant: .....
Name of the Consultant: Dr. Sunitha Rao
Date & Time: 25/5/26 @ 10:39 pm
Dr. Amarnag Reddy

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 27 D (M)
Dr. SIRISHA RANI

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 4pm	B-ALL | completed CONSOLIDATION admitted for PRBC transfusion (D+11)	
	No fever No vomiting	
	Vitals- stable	Plan 1. PRBC transfusion today 2. CBP tomorrow 3. Continue supportive care. Noted by soumya. on 25/5/26 @ 5pm. 021211
26/5/26 10AM	B-ALL | admitted for prbc (M)	
	1 unit PRBC given yesterday Activity normal vitals stable	Plan:- ① Trace Labs ② Review chemotherapy today. ③ supportive care ④ Monitor vitals

Dr. SANDHYA VADDADI
Reg. No: 71664

N/B Karima 015876 26/5/26 @ 11am
26/5 @ 10am
(Dr Sai)

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 27 D (M)
Dr. SIRISHA RANI

(2)

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 1pm	Procedure notes	
	Under sterile aseptic precautions, after taking informed consent, lumbar puncture done with 22gauge needle, clear CSF seen, intrathecal medications administered. procedure uneventful. vitals stable	
		Plan 1. start chemotherapy. Sirisha NB Karimeg 01584G 26/5/26 @4pm

Docu. No. : RCHBH /FRM / CLINICAL / 088

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 28 D (M)
Dr. SIRISHA RANI

(3)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 9AM	B-ALL / CALLA (+) / CNS- negative on Protocol -M 1st dose.	
	No fever No vomiting vitals - stable	Plan 1. continue chemotherapy 2. complete urine (CUE) examination today 3. Monitor vitals. N/B Karima 015876 27/5/26 @11am Sandhya ✓ 27/5 @ 9:30am Dr. SANDHYA VADDADI Reg. No: 71664
3.40pm	Evening Rounds No Complaints Vitals (N) CUE - (N) PH - 7.5	Plan 1. Tlm folinic rescue 2. Cont. chemo as per chart N/B Karima 015876 27/5/26 @4pm

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 28 D (M)
Dr. SIRISHA RANI

(U)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26		
9 Am	B-ALL / Protocol M -	First dose.
	admitted for chemotherapy	
	No fever	
	No vomiting	
		Plan
	vitals stable	1. continue chemotherapy.
		2- FOLINIC ACID today
		3- CBP
		methotrexate levels } tomorrow.
		[signature]
		N.B. Bhuvaneswari 28/5/26 @ 9am
5pm	Evening Rounds	
	No Complaints	Plan
	vitals (N)	1. CBP, MTx Tl
		2. Discharge Tl
		[signature]
		N/B Karimon 01587 28/5/26 @ 6pm

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 2 M 0 D (M)
Dr. SIRISHA RANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5 8AM	BALL / protocol ①	
		R
	No complaints	① TMG USP
	Activity normal	
	vitals stable	② Discharge today
		③ Follow up on 2/6/26 c CBP night dose
		Sandhya 29/5 @ 9:30am (DR 201)
		Dr. SANDHYA VADDADI Reg. No: 71664

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
8-03-2019 7 Y 2 M 0 D (M)
Dr. SIRISHA RANI

(6)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 27 D (M)
Dr. SIRISHA RANI

1

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ULT SHEET

Date	25/5/26	26/5/26	29/5			
Time	~~11PM~~	~~4PM~~	8am			
Hb	5.9.	9.3	9.5.			
PCV	17.7.	28.0	28.1.			
RBC	2.21	3.56	3.63.			
WBC	2190.	2.63	1.39.			
N/L	53/30.	44/38	47/33			
Platelets	2.37lakh	239.	243			
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.4					
ALP	110					
SGPT	19					
SGOT	17					
T.Bil/Conj	1.0 / 0.1 (0.9)					
T.Protein	6.3					
S.Albumin	3.9					
S.Globulin	2.4					
A/G Ratio	2.4					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L	AM	N	N			

Date	27/5/26					
Time	2pm					
CUE - Alb	nil					
CUE - Sugar	nil					
CUE - Ketones	Negative					
CUE - PUS Cells	2-3					
CUE - RBC Cells	nil					
CUE pH -	7.5					
Epithale	1-2					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 27 D (M)
Dr. SIRISHA RANI

1

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 25/05/26 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 :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

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

Signature .....

VERIFIED BY : Name .....

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 27 D (M)
Dr. SIRISHA RANI

BSA : 0.92

REGULAR PRESCRIPTIONS

Weight. 25.4 kg Ward. Oncology

DRUG : Inj. ONDENSETRON

Dose	Route	Frequency	Start Date
4mg	IV	Q12H	25/5

Date / Time	25/5	26/5	27/5	28/5	29/5
6am	X	Subin / Nana	Nas / Subin	Subhi / Sinh	SW / 2
6pm	X	Kanin	Karina / Divya	Karina / Divya	
Daily Doctor's Endorsement by a Sign	A	A	A	A	Ku

Name & Signature of the Doctor Starting the Drugs: Sai

Additional Instructions:

DRUG : Syp. MOKTEL

Dose	Route	Frequency	Start Date
5ml	P/o	Q24H	25/5

Date / Time	25/5	26/5	27/5	28/5
8pm	Saruf / pooja	pooja / Subhi	Karina / Divya	Gaya / Eytho
Daily Doctor's Endorsement by a Sign	A	A	A	V

Name & Signature of the Doctor Starting the Drugs: Sai

Additional Instructions:

DRUG : Syp. CALCIMAX PLUS

Dose	Route	Frequency	Start Date
5ml	P/o	Q24H	25/5

Date / Time	25/5	26/5	27/5	28/5
8pm	Saruf / pooja	pooja / Subhi	Karina / Divya	Gaya / Subhi
Daily Doctor's Endorsement by a Sign	A	A	A	V

Name & Signature of the Doctor Starting the Drugs: Sai

Additional Instructions:

DRUG : Inj DEXAMETHASONE

Dose	Route	Frequency	Start Date
2mg	IV	Q24h	26/5

Date / Time	26/5/26	27/5/26
2pm	Karina / Divya	Karina / Divya
Daily Doctor's Endorsement by a Sign		A

Name & Signature of the Doctor Starting the Drugs: Aarani

Additional Instructions:

Stop — Aarani 28/5/26 @ 11AM

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 29 D (M)
Dr. SIRISHA RANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ① **REGULAR PRESCRIPTIONS** Weight 25.4 Kg Ward Ouro

				Date ▸ / Time ▾	28/5	29/5.
DRUG : Inj FOLINIC ACID						
Dose	Route	Frequency	Start Dt.	11am	Nl	
20mg	IV	Q8h	28/5		Ni	3am.
Name & Signature of the Doctor Starting the Drugs:				7pm	Karima Divya	
Additional Instructions: start at 11 Am on 28/5/26.				3am.		
Daily Doctor's Endorsement by a Sign						

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

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

				Date ▸ / Time ▾
DRUG :				
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 ....

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name .... Signature ....

Dr. SIRISHA RANI

BAH-00649506 MOHAMMEDESA (M)
IPS-00174277

Ward: Oncology

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/5/26	11:30am	Inj. AVIL	0.5ml	IV	Sai	Sowmya / Gargi
25/5/26	11:30am	Inj. HYDROCORTISONE	50mg	IV	Sai	Sowmya / Gargi
25/5/26	11:30am	PRBC transfusion	1 unit over 4hours	IV	Sai	Sowmya / Gargi
25/5/26	3:40am	Inj. LASIX	15mg at End of transfusion	IV	Sai	Pooja / Sowmya
26/5/26	12:40PM	Inj MIDAZOLAM	1mg	IV	d	Karima / Divya
26/5/26	12:40pm	Inj KETAMINE	10mg	IV	d	Karima / Divya

11:40 Am

3:50 Am

12:40 pm

BAH-00649506 IP5-00174277

I.V. FLUIDS CHART

Weight. 25.4 kg. Ward. Oncology

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
25/5/24	HOLD	IVF. DNS	IV	60ml/hr	Sai	/ /	HOLD		

VERIFIED BY : Name .... Signature ....

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 28 D (M)
Dr. SIRISHA RANI

(1)

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™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Sheet No. : (1)	Weight (kg) : 26	Body Surface Area: 0.92	Diagnosis: B-ALL	Protocol: (M) protocal (M)

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.
26/5	12:40pm	INJ. METHOTREXATE INJ. CYTARABINE INJ. HYDROCORTISONE	12mg 30mg 15mg	IT	stat		Karima Divya	12:40pm	Anand	Karima Divya
26/5	2:15pm	INJ NAHCO3 (in 100ml NS)	10ml	IV	100ml/hr		Karima Divya	26/5/26		Karima Divya
26/5	3:30pm	INJ METHOTREXATE (in 100ml NS)	200mg	IV	100ml/hr		Karima Divya	26/5/26	d	Karima Divya
26/5	5pm	INJ. METHOTREXATE (in 500ml DNS)	1.8gm	IV	25ml/hr		Karima Divya	27/5/26	d	Karima Divya
26/5/26	5pm	INJ NAHCO3 (in 500ml ½ DNS)	20ml	IV	75ml/hr		Karima Divya	26/5.	d	Subhankar Nandini
26/5/26	11:38 pm	INJ NAHCO3 (in 500ml ½ DNS)	20ml	IV	75ml/hr		Bhuvana Subhankar	27/5	d	Nandini Subhankar

Docu. No. : RCHBH /FRM / CLINICAL / 082

VERIFIED

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 28 D (M)
Dr. SIRISHA RANI

(2)

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™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 2	Weight (kg) : 26	Body Surface Area: 0.92	Diagnosis: B-ALL	Protocol: M protocal (m)

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.
27/5	6Am	INJ NaHCO3 (in 500ml 1/2DNS)	20ml	IV	75ml/hr	[signature]	Nalu / Subhaka	27/5/26	[signature]	Karima / Divya
27/5/26	11am	INJ NaHCO3 (in 500ml 1/2DNS)	15ml	IV	75ml/hr	[signature]	Karima / Divya	27/5/26	[signature]	Karima / Divya
27/5/26	6pm	INJ NaHCO3 (in 500ml 1/2DNS)	15ml	IV	75ml/hr	[signature]	Karima / Divya	28/5	[signature]	Savitha / Subaukar
28/5/26	1am	INJ NaHCO3 (in 500ml 1/2DNS)	15ml	IV	75ml/hr	[signature]	Savitha / Subhakar	28/5	[signature]	Shravya / Subhakar

Docu. No. : RCHBH /FRM / CLINICAL / 082

VERIFIED 28/5/26

3AH-00649506 IP5-00174277
/laster MOHAMMED ESA
:8-03-2019 7 Y 2 M 0 D (M)
)r. SIRISHA RANI

(5)

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

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

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/5 ...... Time:	9am
Doctor / Nurse / Family Concern?	
Temperature (F) (104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94)	98.6F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) Note: BP does not score in early warning scoring	98 / 60 (c.7.1)
Heart Rate (Number)	108b/m
Resp. Rate (bpm) (Over 1 Minute) * (70, 60, 50, 40, 30, 20, 10)	•
Resp Rate (Number)	26b/m
Resp Distress — Mod/ Severe	
Resp Distress — None / Mild	0
Receiving O_2 (l/min)	
O_2 Saturations (%)	100%
Conscious Level — Normal	C
Conscious Level — Altered	
GCS *	15/15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	Karima

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.

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 29 D (M)
Dr. SIRISHA RANI

(S)

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/3/26 Time:	9am	1pm	4pm	7pm	10pm	3Am	6Am
Doctor / Nurse / Family Concern?							
Temperature (F)	98.4F	98.2F	98.6F	98.4F	98F	98.1F	98.6F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	98 (72) 152bm	100 (72) 104bm	90 (97) 64 108bm	100 (66) 58 110bm	97 (71) 62 126bm.	100 (66) 58 110bm	98 (86) 58 109bm.
Resp. Rate (bpm) (Over 1 Minute) *	24bm	24bm	26bm	24bm	24bm.	24bm	24bm
Resp Distress: Mod/ Severe / None / Mild			0	0	0		
Receiving O_2(l/min) O_2Saturations (%)	100%	99%	100%	100%	100%	100%	100%
Conscious Level: Normal / Altered			C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	6	0	6
Pain Score	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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.

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 29 D (M)
Dr. SIRISHA RANI

(4)

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/3..... Time: 9AM | 1PM | 4PM. | 7PM. | 10PM. | 3AM | 6AM

Doctor / Nurse / Family Concern?

Temperature (F)

	9AM	1PM	4PM.	7PM.	10PM.	3AM	6AM
Temperature (F)	98.6F	98F	98.1F	97.1F	98.6F	98.1F	98.7F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

	9AM	1PM	4PM.	7PM.	10PM.	3AM	6AM
BP	100/60 (21)	98/63 (73)	100/71 (84)	96/66 (76)	98/68 (78)	93/65 (75)	100/60 (80)
Heart Rate (Number)	98bpm	100bpm	98bpm	100bpm	111bpm	102bpm	100bpm

	9AM	1PM	4PM.	7PM.	10PM.	3AM	6AM
Resp. Rate (bpm) (Over 1 Minute) *	26bpm	26bpm	26bpm	24bpm	24bpm	26bpm	24bpm
Resp Distress (Mod/ Severe / None / Mild)							
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	100%	100%	100%	100%
Conscious Level (Normal / Altered)	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	SI	SI	SI	SI	SI	SI	SI

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.

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 28 D (M)
Dr. SIRISHA RANI

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

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

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 26/5/24 Time: 9am | 1pm | 4pm | 7pm | 10pm | 3AM | 6AM

Doctor / Nurse / Family Concern?

Temperature (F)

	9am	1pm	4pm	7pm	10pm	3AM	6AM
	98.6°F	98.4°F	98.6°F	98.4°F	98.3°F	97.5°F	98.3°F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

	9am	1pm	4pm	7pm	10pm	3AM	6AM
	98 (41) 60	96 (66) 58	98 (64) 56	94 (41) 60	99 (42) 60	100 (39) 61	103 70 60
Heart Rate (Number)	106 b/m	108 b/m	110 b/m	106 b/m	105 b/m	101 b/m	103 b/m

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

	9am	1pm	4pm	7pm	10pm	3AM	6AM
Resp Rate (Number)	26 b/m	24 b/m	26 b/m	24 b/m	24 b/m	25 b/m	24 b/m
Resp Distress: Mod/ Severe / None / Mild	0	0	0	0	0	0	0
Receiving O_2 (l/min) O_2 Saturations (%)	100%	100%	100%	100%	99%	98%	99%
Conscious Level: Normal / Altered	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	Kavitha	Kavitha	Kavitha	Kavitha	[illegible]	[illegible]	[illegible]

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.

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 27 D (M)
Dr. SIRISHA RANI

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

(1)

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

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 25/5/26 Time:	11Am	3 pm.	7 pm.	10 pm	3AM	6AM
Doctor / Nurse / Family Concern?						

Temperature (F)

	11Am	3 pm.	7 pm.	10 pm	3AM	6AM
Temperature (F)	98.1°F	97.8°F	98.5°F	98.5°F	98.5°F	97.5°F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

	11Am	3 pm.	7 pm.	10 pm	3AM	6AM
BP	102 (60) 55	100 (71) 60	101 (67) 56	100 (61) 48	102 (71) 60	100 (62) 50
Heart Rate (Number)	120b/m	118b/m	115b/m	117b/m	112b/m	109b/m

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

	11Am	3 pm.	7 pm.	10 pm	3AM	6AM
Resp Rate (Number)	24b/m	24b/m	24b/m	22b/m	24b/m	25b/m
Resp Distress (Mod/ Severe / None / Mild)						
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	100%	100%	99%	98%
Conscious Level (Normal / Altered)	C	C	C	C	C	C
GCS *	(15/15)	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

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.

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 28 D (M)
Dr. SIRISHA RANI

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. : 3

28/5/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
28/5												
	08:00 am		30ml/hr	30ml								
	09:00 am			30ml						20ml.		
	10:00 am	H2O	100ml.	30ml								Bhavya
	11:00 am			30ml								
	12:00 pm			30ml						200ml.		
	01:00 pm			30ml								
Total Intake : 280ml						**Total Output :** 400ml						
	02:00 pm	Rice	2cup									
	03:00 pm	H2O	200ml							200ml		
	04:00 pm			50ml								Kavima
	05:00 pm			50ml								
	06:00 pm	H2O	200ml	50ml								
	07:00 pm			50ml						300ml		
Total Intake : 600ml						**Total Output :** 500ml						
	08:00 pm			75ml.						200ml		
	09:00 pm	Chapathi	100ml	75ml								
	10:00 pm	curry.		75ml								S
	11:00 pm			30ml								
	12:00 am	H_2O		30ml						50ml		
	01:00 am			30ml								
Total Intake : 415ml						**Total Output :** 250ml						
	02:00 am			30ml						150ml		
	03:00 am			30ml								
	04:00 am			30ml								bs
	05:00 am			30ml								
	06:00 am			30ml								
	07:00 am			30ml						150ml		
Total Intake : 180ml						**Total Output :** 300ml						

Total 24 hrs. Intake	1,475 – 56,700 kg	Total 24 hrs. Output	1,450 – 2,320 kg

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 28 D (M)
Dr. SIRISHA RANI

FLUID CHART

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Sheet No. : 09

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
27/5/19	08:00 am			25+75								
	09:00 am	H20.	150ml	25+75						200ml		
	10:00 am	Dosa	2p.c	25+75								
	11:00 am	H20	200ml	25+75						180ml		Kavi
	12:00 pm			25+75			✓					
	01:00 pm			25+75						200ml		
Total Intake : 950ml						**Total Output :** 580ml + 1 (M)						
	02:00 pm	H20	200ml	25+75								
	03:00 pm	chicken Rice	2cup	75ml						200ml		
	04:00 pm			75ml								
	05:00 pm	H20	180ml	75ml								Varima
	06:00 pm			75ml						200ml		
	07:00 pm			75ml								
Total Intake : 855ml						**Total Output :** 400ml						
	08:00 pm			75ml						150ml		
	09:00 pm	chapt	100ml	75ml								
	10:00 pm			75ml								
	11:00 pm	1/2 b.		75ml								
	12:00 am			75ml								
	01:00 am			75ml						50ml		
Total Intake : 550ml						**Total Output :** 250ml						
	02:00 am			75ml						150ml		
	03:00 am			75ml								
	04:00 am			75ml								
	05:00 am			75ml								
	06:00 am			75ml								
	07:00 am			75ml						150ml		
Total Intake : 450ml						**Total Output :** 300ml						

Total 24 hrs. Intake	2,805 — 197.8cc/kg	Total 24 hrs. Output	1,530 — 2,45cc/kg

m - (1)

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 27 D (M)
Dr. SIRISHA RANI

FLUID CHART

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 2

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
26/5	08:00 am									150ml		
	09:00 am	N										
	10:00 am											Kavin
	11:00 am	P										
	12:00 pm	O								200ml		
	01:00 pm											
Total Intake :						**Total Output :** 350ml						
26/5	02:00 pm	H20	100ml	100ml								
	03:00 pm	Chapati	2p·c	100ml						180ml		
	04:00 pm			100ml								
	05:00 pm	H20	50ml	25+75								Kavinna
	06:00 pm			25+75								
	07:00 pm			25+75						200ml		
Total Intake : 850ml						**Total Output :** 380ml						
26/5	08:00 pm	Roti		25+75								
	09:00 pm	H2O	150ml	25+75						100ml		
	10:00 pm			25+75ml						50ml		pooja
	11:00 pm			25+75ml								
	12:00 am			25+75ml								
	01:00 am			25+75ml						100ml		
Total Intake :				750ml		**Total Output :** 250ml						
27/5	02:00 am			25+75								
	03:00 am			25+75						150ml		
	04:00 am			25+75								
	05:00 am			25+75								pooja
	06:00 am			25+75						200ml		
	07:00 am			25+75								
Total Intake :				600ml		**Total Output :** 350ml						

Total 24 hrs. Intake	2200 ÷ 91 cc/kg	Total 24 hrs. Output	1330 ÷ 2.1 cc/kg

Patient

BAH-00649506 IP5-00174277
Master MOHAMMED ESA (M)
28-03-2019 7 Y 1 M 27 D
Dr. SIRISHA RANI

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.

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.

25/5/26

Intake						Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am										0	
	12:00 pm			60ml						80ml.	0	Soumya
	01:00 pm	H_2O	50ml.	60ml.						10ml.	0	
Total Intake : 170ml.						**Total Output :** 180ml.						
	02:00 pm	Rice		60ml								
	03:00 pm	H_2O	100ml	60ml								
	04:00 pm									180ml.		
	05:00 pm											Soumya
	06:00 pm		100ml.									
	07:00 pm									120ml.		
Total Intake : 320ml.						**Total Output :** 310 ml.						
	08:00 pm			60ml						180ml		
	09:00 pm	H_2O	100ml	60ml								
	10:00 pm			60ml								pooja
	11:00 pm			60ml						120ml		
	12:00 am			60ml								
	01:00 am			60ml								
Total Intake : 460ml.						**Total Output :** 300 ml.						
	02:00 am			60ml								
	03:00 am			60ml						200ml		
	04:00 am			60ml								
	05:00 am			60ml								pooja
	06:00 am			60ml						150ml.		
	07:00 am			60ml.								
Total Intake : 360 ml.						**Total Output :** 350ml						

Total 24 hrs. Intake	1310 ÷ 53.9 cc/kg/day	Total 24 hrs. Output	1140 ÷ 11.2 cc/kg/hr.

ER - Admission

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 27 D (M)
Dr. SIRISHA RANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 25/5/26 Time: 11:30am

Blood Group of the Patient: "A+ve" Blood Group on the Blood Bag: "A+ve"

Blood Bank Issue No: BAH-26-01186 Date of Collection: 16/5/26 Date of Expiry: 27/6/26

Date & Time of Starting Transfusion: 25/5/26 @ 11:30am Planned duration of Transfusion: 4 hours

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Soumya Nurse 2: Goorgi

Before starting transfusion vitals: Temp: 98.1°F HR 926/mt RR: 24/mt BP: 101/58(67) SpO2 98%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
25/5/26	15 Min	98/mt	98°F	99/60(71)	99%	NA	NA	NA	NA
25/5	15 Min	926/mt	98.2°F	100/58(69)	98%	NA	NA	NA	NA
25/5	30 Min	1006/mt	97.9°F	101/60(71)	100%	NA	NA	NA	NA
25/5	30 Min	956/mt	97.2°F	98/58(67)	99	NA	NA	NA	NA
25/5	30 Min	1056/mt	98°F	100/60(71)	100%	NA	NA	NA	NA
25/5	1 Hr	986/mt	97.8°F	99/58(69)	98%	NA	NA	NA	NA
25/5	1 Hr	1026/mt	98.1°F	95/56(67)	100%	NA	NA	NA	NA

Comments: — NO Reaction. —

Name of the Incharge-Nurse: M. Savita. Name of the Nurse: Soumya

Signature of the Incharge-Nurse: Savita Signature of the Nurse: Soumya

Date & Time: 25/5/26 @ 5pm Date & Time: 25/5/26 @ 5pm

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-2

Qty. 240 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D. SAGM Solution.

A
Rh Positive

HIV I & II/ HBsAG/ HCV - Non reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non reactive

Unit No.: BAH26-01186
Blood Group: A Rh Positive
Collection Date: 16/May/2026
Expiry Date: 27/Jun/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set Wit ...t Use if The ...9) Apl ...l Ant

Issue Label / CrossMatching Report

Patient : **MASTER MOHAMMED ESA**
Patient's Blood Group :A Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,DR. SIRISHA RANI
UHID No.: BAH-00649506 Wd-Bed No.:

Product : LR-PRBC Pedia-2
Blood Group : A Rh Positive
Unit No.: **BAH26-01186**
XMatching Report:Compatible
X-matched by: PILLEM

Issue Dt : 25/May/2026
Colln. Dt :16/May/2026
Exp. Dt :27/Jun/2026
Issued By : Premalatha

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic No. 46/HD/TS/2018/BB/G

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 28 D (M)
Dr. SIRISHA RANI

CONSENT FOR BLOOD TRANSFUSION

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 27 D (M)
Dr. SIRISHA RANI

Name: ..... Age: 7Y/M Gender: Male ☑ Female ☐

UHID.No : ..... Date: 25/5/26

Type of Blood Product:

☐ Fresh Frozen Plasma	☑ Packed Red Blood Cells	☐ Random Donor Platelets
☐ Cryoprecipitate	☐ Single Donor Platelet	☐ Whole Blood
☐ Albumin	☐ Red Blood Cell	☐ Others .....

I ..... Ruhina Nazneen ..... hereby give my consent for whole blood transfusion or blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

..... N.A .....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: Ruhina

Date & Time 25/5/26 @ @11:30 am

Doctor (Who is talking the consent)

Signature: .....

Name: Dr. SOI

Date & Time 25/05/26; 9AM

Witness

Signature: .....

Name: Ruhina

Date & Time 11:30 am. 25/5/26

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాన నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

BAH-00649506 IP5-00174277
Master MOHAMMED ESA
28-03-2019 7 Y 1 M 28 D (M)
Dr. SIRISHA RANI

131

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 25/5/26 Time: 3pm

Weight: 25.4 kgs Centile: > 50th

Height: 125 cms Centile: > 50th

Inference: well child

RDA: - Calories: 1500 kcal/d Protein: 27g/d

Diet Recommendations: Normal high protein diet

Re-Assesment: Avoid spicy, chilled, outside foods

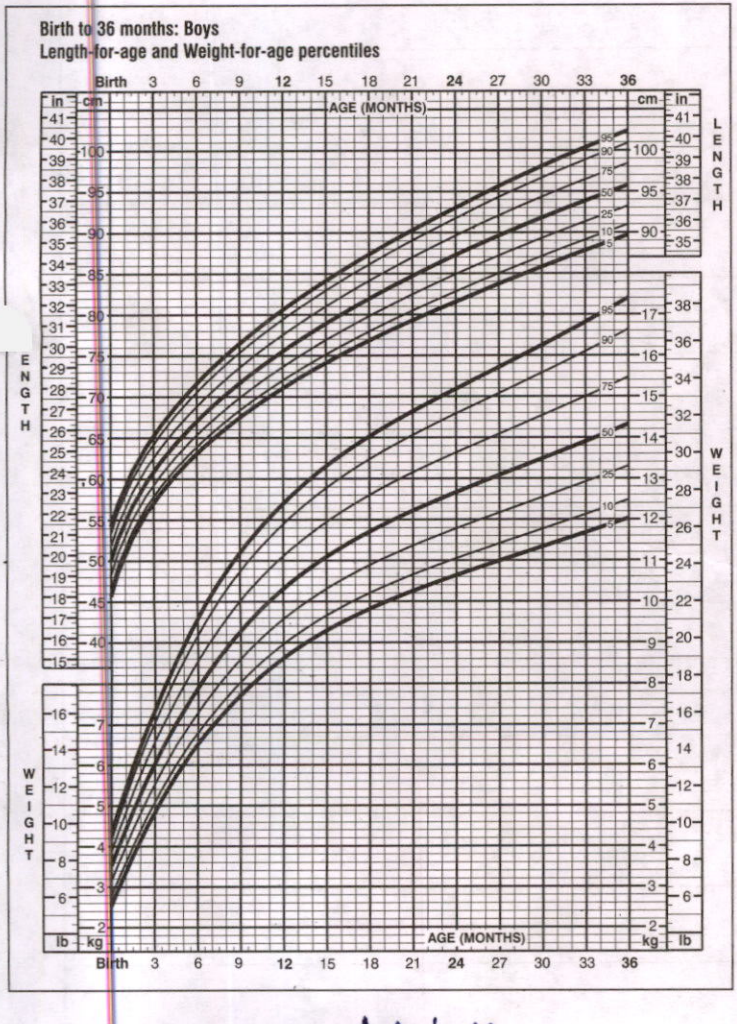
Food Allergies: No Veg/Non-veg Non-veg

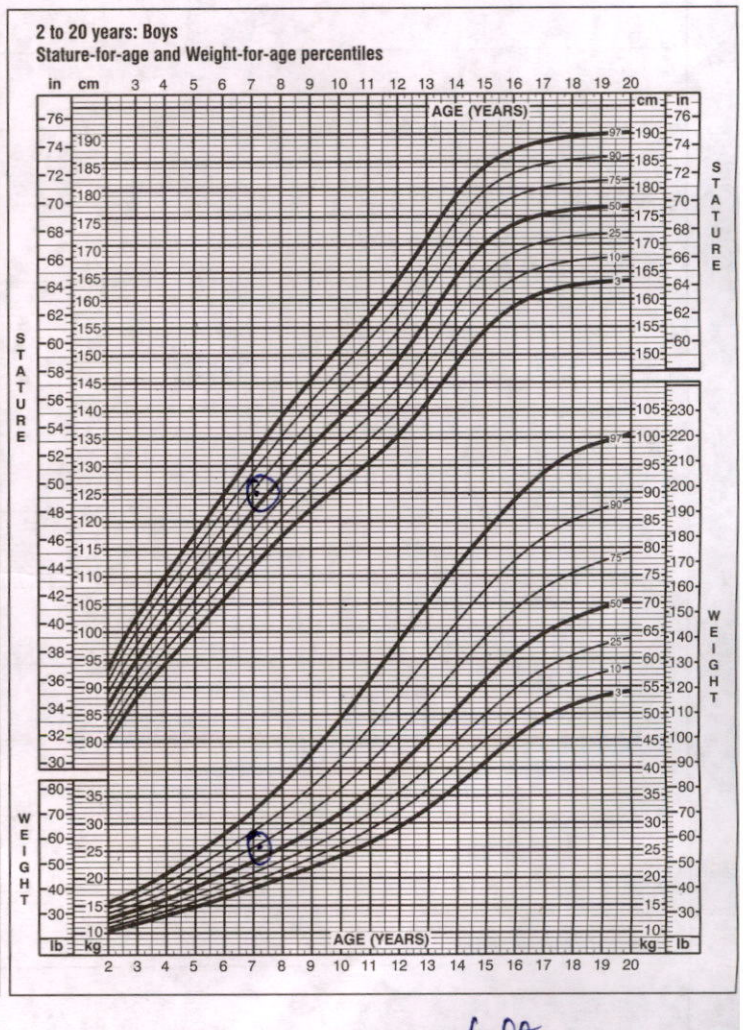
Diagnosis: R/c/o B cell ALL & severe anemia

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Parents dont want dietitian. Do not charge for NHA

GROWTH CHART (BOYS)





Dietician's Name Nikitha

Dietician's Signature Nikitha

Daily Notes: