

KUH-00211509 IP5-00174131  
Master PATLOLLA SHIVANSH  
10-01-2023 3 Y 4 M 16 D (M)  
Dr. NALLA ANURAAG REDDY



*2/2/23*

### SURGERY DETAILS

Date : *26-05-26*

Patient Name: *Master Patlolla Shivansh* Date of Birth: *10-01-2023* Age: *3y*

Gender: *Male* Ward: *OT* UHID No.: *KUH-00211509*

Date of Surgery: *26-05-26*  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : *Gross Home's Insertion*

Time in : *12 pm*

Time Out : *1:35 pm*

	NAME	AMOUNT
1. Surgeon	—	
2. Anaesthetist	<i>Dr. Shilpa</i>	
3. Assistant Surgeon	<i>Dr. Anuraag Reddy</i>	
4. OT Technician	<i>Venkat Sai</i>	
5. Circulating Nurse	<i>Sujata</i>	
6. Assistant Nurse	<i>Alam</i>	

Special Equipment:  Laparoscopy  Bronchoscope  Harmonic  Morcelator  
 C-ARM *9628003*  Cystoscopy  Versa Point  Liver Cusa  
 Neuro Cusa  Others .....

Signature of the Surgeon  
*Dr. Sai*

Signature of Circulating Nurse  
*Sujata*

Order No: *9628002*

Order by: *Sujata*

KUH-00211509  
 Master PATLOLLA SHIVANSH  
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 Dr. NALLA ANURAAG REDDY  
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**Grouping Line Placement**  
**Rainbow Children's Hospital**  
 It takes a lot to treat the little.



**CONSUMABLES OF OT**

Circulating staff : ..... Technician : ..... Date : 20/11/2023 Time : .....

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 4040515	11/11	—	Major Pack <u>Drape</u>	1	1	Inj Vit.K		
LMA 1/212	1/11	—	Sutures			Cord Clamp		
ECG leads : A/P/N	5	03	Major 3-0, 4-0	2/2	—	Suction Catheter		
HME filter : A/P/N	1	01	4912	2	—	Feeding Tube		
Syringes : 10 cc	10	4				Vaccum Suction Set		
05 cc	10	2	Gloves			Surgical Gloves		
02 cc	10	2	6 2 1/2 (2) 2 1/2	2/2	1/2	Gauze Pack		
01 cc	5	5	PF 6, 6 1/2, 7, 7 1/2	2/2	—	Syringe 1ml / 2ml		
Cautery plate : A/P/N	1	—	Surgical blade 16.15	1/1	—	Surgical Blade # 20		
IV set	1	01	NG tube			Koochies (S)		
RL	1	01	Cautery pencil	1	—	NS 500ml	1	—
NS : 10ml / 100ml / 500ml / 1000ml	1	01	Koochies			transderm	1	—
minispice	1	01	Ointments			100 (2) 20	2/2	2/1
odmark	1	—	Suction Catheter			camera cover	1	1
Fentanyl	1	01	Cap, Mask	5/5	5/5			
Morphine			Gauze Pack <u>N</u>	5/5	5			
Ketamine			Mop Pack	1	—			
Propofol	3	02	Steristrip					
Rocuronium	1	—	Underpad	1	1			
Glycopyrolate	1	01	Draw sheet	1	1			
Myopyrolate <u>Neo</u>	1	—	Abgel					
Ondansetron	1	—	Foleys catheter					
Pencan 25g/ Spinal Needle 22	1	01	Urobag			Gauze	3	01
Bupivacaine 0.25%	1	—	Chest Drainage Catheter			Gloves	4	01
Bupivacaine 0.25% (Heavy)			Romodrain bag 8542	1	1	med med (100)	1	01
Antibiotics			Bandage 1624	1	1	Dexa transderm	1/1	—
Souperin	1	—	Tegaderm			SOC + pm line	1/1	1/1
Suppositories			loban			mayal moult (100)	1	01
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	—			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet	1	01			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
Vaccum set	1	—	Microshield	1	1			
Oral airway 011	1/1	—	Cotton Balls	1	1			
Nasal airway 1011	1/1	—	Latex Gloves	5/5	5/5			
Sway 10cm 100cm	1/1	01	Ramdione Scrub					
Soucannule 82124	1/1	—	Saral					

Surgeon : 962772 Anaesthesiologist : ..... Nurse : .....  
 Order No. : ..... Ordered by : .....  
 Doc. No. : RCH / FRM / GENERAL / 125

VENKAT  
 OT Technician



# INVESTIGATIONS

Date	Investigations	Order No.	Signature
22/5	CBP, electrolytes, uric acid	26051980	[Signature]
	phosphorus		
24/05	2D echo	2405823	[Signature]
23/5	CBP, SE, Uric acid,	52323	Appy
	RBS		
25/5	CBP, SE, phosphorus	26053092	[Signature]
26/5/26	X-Ray chest	265-02659E	Dirya
26/5	CSF ANALYSIS	26053594	[Signature]
24/5	CBP, SE, phosphorus	26053738	[Signature]
20/5	CBP, RBS, SE	26054456	[Signature]



**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
22/5/26	NHA	9623298	9623298	RL
22/5/26	IV placement	1	9624704	RL
24/5/26	Blood transfusion	1	9624911	RL
26/5/26	Blood transfusion	1	9627378	RL
26/5/26	PAC (Pre Anesthesia Check out)	1	9627453	RL
		1		
26/5/26	chemotherapy	1		RL
28/5	chemotherapy	1	9631828	RL

**ANY OTHER INFORMATION**

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.....

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Date: 29/5/26      Time: 10:30 AM      Prepared By: Bhuvana

Staff Nurse <i>Madhur</i>	Shift / Ward <i>Oncology</i>	Billing Assistant	Billing Supervisor
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ADMISSION SHEET

Registration Details :



Admission No : IP5-00174131 Admit Date : 21-May-2026 Admit Time : 03:48 PM UHID : KUH-00211509

Patient Details :

Patient Name : Master PATLOLLA SHIVANSH REDDY Age : 3 Y 4 M 12 D  
Guardian : Mr PATLOLLA SUBHAN REDDY DOB : 10-01-2023  
Gender : Male Religion :  
Occupation : Martial Status : Single  
Address (H) : H.NO: 2-86, MUPPARAM(V), ALLADURG(M),  
MEDAK(D) Tekmal Medak Telangana INDIA 502302 Phone No : 8096830875/ 9959368684  
E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD Bed No : GW 144 B Ward Name : 1F-GENERAL WARD II  
Room No : GW 144 B Admission Type : First Visit

Contact Details :

Name : Mr PATLOLLA SUBHAN REDDY Relationship : Father  
Contact Address : H.NO: 2-86, MUPPARAM(V), ALLADURG(M),  
MEDAK(D) Tekmal Medak Telangana INDIA 502302 Phone No : 8096830875 / 9959368684

Signature

Doctor Details :

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

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 20000.00  
Payor Name : SELFPAY

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP5-00174131      Admit Date : 21-May-2026      Admit Time : 03:48 PM      UHID : KUH-00211509

**Patient Details :**

Patient Name : Master PATLOLLA SHIVANSH REDDY      Age : 3 Y 4 M 11 D  
Guardian : Mr PATLOLLA SUBHAN REDDY      DOB : 10-01-2023  
Gender : Male      Religion :  
Occupation :      Martial Status : Single  
Address (H) : H.NO: 2-86, MUPPARAM(V), ALLADURG(M), MEDAK(D) Tekmal Medak Telangana INDIA 502302      Phone No : 8096830875/ 9959368684  
E-mail : NA@GMAIL.COM

**Admission Details :**

Bed Type : GENERAL WARD      Bed No : GW 142      Ward Name : 1F-GENERAL WARD II  
Room No : GW 142      Admission Type : First Visit

**Contact Details :**

Name : Mr PATLOLLA SUBHAN REDDY      Relationship : Father  
Contact Address : H.NO: 2-86, MUPPARAM(V), ALLADURG(M), MEDAK(D) Tekmal Medak Telangana INDIA 502302      Phone No : 8096830875 / 9959368684

Signature

**Doctor Details :**

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

**Payment Details :**

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : SELFPAY



# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.



## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: \_\_\_\_\_

KUH-00211509      IP5-00174131  
Master PATLOLLA SHIVANSH  
10-01-2023      3 Y 4 M 11 D      (M)  
Dr. NALLA ANURAAG REDDY

*Reddy*

UHID ID: \_\_\_\_\_



Department: \_\_\_\_\_

Consultant: \_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile) \_\_\_\_\_

Weight (kgs) ) 13.5kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 98.1°F Pulse Rate : 124/min B.P. 94/66 SPO2 100% @RA

Resp. rate and type of breathing : 23/min  
regular

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_

Oedema : \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

#### Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BAFE @, clear

Any added sounds : \_\_\_\_\_

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

#### Cardiovascular System :

Inspection of precordium : (N)

Heart Sounds : S1S2 heard

Any murmur : \_\_\_\_\_

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : \_\_\_\_\_

#### Per Abdomen :

Inspection : (N)

Palpation : soft, Hepatomegaly @, splenomegaly.

Auscultation : BE @

Spine : (N) External Genitalia : (N)

Relevant data from outside (CT, USG etc.,) \_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

#### Central Nervous System :

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

Cranial Nerves : Intact

#### Motor System:

Nutriton : Good

Tone: (2) Power 5/5

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : nil

#### Reflexes :

DTR (2) Superficials: \_\_\_\_\_  
Plantars \_\_\_\_\_

#### Sensory System :

Bladder / Bowel : Regular

#### Clinical Summary & Diagnostic:

Acute B-cell lymphoblastic leukaemia

**Pediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment: To prevent Complications

Desired goals of the treatment : For Hemodynamic stability

**Planned Labs:**

CBP  
 electrolytes Done  
 Uric acid Today  
 monitoring.

**Planned Management**

- 1) IV ceftriaxone
- 2) IV Paracetamol (SOS)
- 3) IV Fluid - DNS
- 4) Tab Allopurinol
- 5) Syrup Duphalac - SOS

Signature of the Doctor: JM

Name of the Doctor: Jaya Sri

Date & Time: 21/05/26 @ 4:00 PM.

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. N. Anuraag

Date & Time: 21/5/26 @ 4:30 pm

[Signature]

Dr. SANDHYA VADDADI  
 Reg. No: 71664

[Signature]  
 Dr. SIRISHA RANI  
 Reg. No: 40525

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/12/23	<p><u>5/12/23 / Anurag</u></p>	
	<p>A: B-AU</p>	
	<p>O/t alert &amp; interactive</p>	
	<p>CVS / RR</p>	
	<p>MA: hi palpable +</p>	
	<p><u>dd</u></p>	
		<p>— Continue MF DRS &amp; allqzinc</p>
	<p><u>Anurag</u></p>	<p>— I/o charting Q/H</p>
	<p>4/23</p>	<p>— 2x Lanic 10mg BD</p>
	<p>phosphan, vit acid</p>	<p>CBP, electrolyte, Tm.</p>
		<p>extra plain</p>
		<p>Noted by</p>
		<p><u>Sirisha Rani</u>          Dr. SIRISHA RANI          Reg. No: 40525</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>AN - 2</p> <p><del>_____</del></p> <p><del>_____</del></p> <p>R ↓ 8.5/2.5</p> <p>W ↓ 7.5/5.0</p> <p>P ↓ [diagram]</p>	<p>- Stage ✓</p> <p>- Why ✓</p> <p>- B. ✓</p> <p><del>_____</del></p>
	<p>1 = 10 years</p> <p>WBC &lt; 50,000</p> <p>started high</p> <p>high rate</p> <p>leucos / fish / WGS</p> <p>week</p> <p>CSF</p> <p>ABN - high rate</p>	
	<p>3/4 year → 6 months</p> <p>INTONIC</p> <p>Hydrated</p> <p>INTONIC - 5 weeks</p>	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>7</p> <p>— steroids - daily</p> <p>{ — VCR } weeks on</p> <p>{ — Daunomycin }</p> <p>— Peg asp - 2</p> <p>— LP + 15 chem { <sup>mid</sup> } 3 doses</p> <p>— BMA &lt; 0.01/ (Nozelin)</p>	<p>swabs</p> <p>— head ache pain</p>
	<p>steroids - arge, hungen, unalike; TSP, + sruen</p> <p>VCR - jaw pain, constipation</p> <p>Dauno - loss motion, pain abdomen, nausea, vomiting, heart</p> <p>Peg asp - Allergic, <sup>pancreatic</sup> chills</p>	
	<p>— hair falls 100 — (90)</p> <p>— 7-10 days 5% — <u>carcin</u> ✓</p> <p>— life ext</p>	

Dr. SIRISHA RANI  
 Reg. No: 40525



(M)

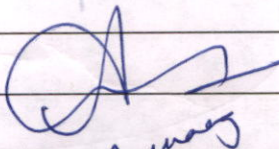
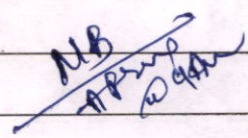
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/23 11 AM	<p>A Bcell Allergy            Dena - 01</p>	<p>Call A fee</p>
	<p>No fever            No vomiting            No signs of anical tic.            vitals stable</p> <p>(TLS-2)            T/m</p>	<p>(P)            → CT Allergun            IVF            → Inj Demanultham            2.5 mg IV            → CBLISEI unc and            RBS T/m            phosphorus.            → add Sevelamer TID.            ✓ Echo today</p>
22/5/23 5 PM	<p>Evening Rounds</p>	<p>leaves</p>
	<p>no specific complaints            vitals (M)</p>	<p>plan            ①. CBP, S/E, RBS,            uric acid T/m            ② Cont IVF.</p> <p>Dr. SIRISHA RANI            Reg. No: 40525</p> <p>NB APPM Nikita</p>

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 Master PATLOLLA SHIVANSH (M)  
 10-01-2023 3 Y 4 M 11 D  
 Dr. NALLA ANURAG REDDY

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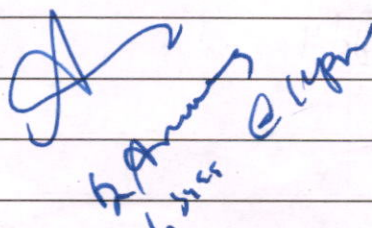
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26	<u>Morning Rounds</u>	
8am.	<u>Ben AUF CAHA @ue</u>	
	No fever/vomiting oral intake @ vital - stable	<ol style="list-style-type: none"> <li>1. Demerol today</li> <li>2. Add amoxicillin 2.5g 1/2 tab BD</li> <li>3. Cont. IVF.</li> <li>4. TUS-2 panel to be done on 25/5/26.</li> <li>5. PRBC today / 10th - Based on donor availability</li> <li>6. Start Supportive Care on 25/5/26. <u>Notit</u></li> </ol>
	- pedigold ✓	
	 Anurag Reddy 4:45 @ 10am Dr. Anurag Reddy	 NB Anurag Reddy

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 Master PATLOLLA SHIVANSH  
 10-01-2023 3 Y 4 M 11 D (M)  
 Dr. NALLA ANURAAG REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26	<u>Morning Round</u>	
9am	cto <u>Newly diagnosed B-AW</u>	
	CAWA ⊕ / FISH } await CNS }	
	No fever / vomiting oral intake (N) vitals (N)	①. <u>phosphorus</u> / <u>Sts</u> Tm CBP + uric plain (SOS viral swab)
	2D Echo - (N)	②. today PRBC
	Ceftriaxone - (Du)	③. Shift to Oncology today ④. Tm start Supportive care - month care / month work
	 Anuraag Reddy @ 9am	Noted by V. Ravina 24/5/26 @ 9am

KUH-00211509  
 Master PATLOLLA SHIVANSH  
 10-01-2023 3 Y 4 M 14 D (M)  
 Dr. NALLA ANURAAG REDDY

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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 7am	<p><u>Morning Rounds</u>            clo Newly Adm B-AU / CAUA @ / FISH - awake  <u>Dx of Dxa</u></p> <p>No fever / vomiting            oral intake @            vitals @</p>	<p><u>plan</u></p> <ol style="list-style-type: none"> <li>Trace reports</li> <li>Start sefloran</li> <li>plan LP on 28/5                CBI, SE, RBS, P</li> </ol> <p>@ 27/5            [Signature]            25/5 @ 9:30 AM</p> <p>④ Sdp 1/2 unit RDP [Signature]            (tomorrow)            N.B            gangji            25/5            8 AM</p>
25/5/26 4pm	<p><u>Evening rounds</u></p> <p>No fever            Not passed stools</p> <p>PA-soft            vitals - stable</p>	<p><u>plan</u></p> <ol style="list-style-type: none"> <li>gastro line                insertion tomorrow                with lumbar puncture                tomorrow</li> <li>esp 1/2 unit tomorrow</li> </ol> <p>N.B            gangji            25/5            4:30 PM</p> <p>surai</p>

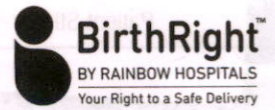
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 Master PATLOLLA SHIVANSH  
 10-01-2023 3 Y 4 M 14 D (M)  
 Dr. NALLA ANURAG REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/16 9 AM	<p>Newly diagnosed B-ALL            On Induction - Dexa (day 5)            Standard cytogenetics.</p>	<p>CAU4 ⊕</p>
	<p>No fever            passed stools after suppository            No vomiting</p>	<p>Plan</p>
	<p>vitals - stable</p>	<p>1. continue supportive care            2. lumbar puncture               ↳ glycerol line insertion               today</p>
		<p>3. csp 1/2 unit today            4. CBP               electrolytes } tomorrow               RBC, phosphorus }</p>
		<p>5. continue AMLODIPINE</p>
		<p>harari</p> <p>AMB            Markham            @ 12:25            @ 10:20 AM</p>

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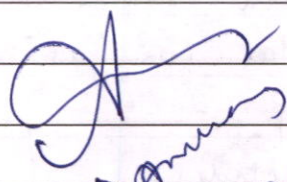
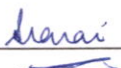
## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>21/05 1 PM</p>	<p><u>Procedure notes</u>            Under strict aseptic conditions the area cleared; lumbar puncture done using 22 G LP needle; presence of CSF ⊕. Intrathecal chemotherapy given. Child tolerated well.</p>	<p>- TO send for CSF analysis / malignant cells</p> <p>⊕ (M201)</p>
<p>26/5/26 4 PM</p>	<p><u>Evening rounds</u></p> <p>No fever            No vomiting            vitals - stable</p>	<p><u>Plan</u></p> <p>1. continue dexamethasone oral from tomorrow</p> <p>2. CBP            electrolytes            RBS            phosphorus } tomorrow</p> <p>3. line x ray now.</p> <p>AB            Nashed            012/25            @ 5 PM</p> <p><u>Scari</u></p>



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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26		
8 AM	B-ALL   CALLA(+)   CNS - awaited	standard cytogenetics
	on Induction - Pena (D6)	
	No fever	
	No vomiting	
	stools - passed	
	vitals - stable	Plan
	Sp - 101/82 (92) mmHg.	1. Trace CBP and labs
		2. continue oral dexamethasone
		3. Trace c/f malignant cells
		4. chemotherapy tomorrow.
		5. CBP
		electrolytes } 29/5/26.
		RBS -
	 4/3/26 @ 9:30 AM	 N/A 20/5/26 10 AM

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 Dr. NALLA ANURAAG REDDY



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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 9 AM	<p>B-AU   CAU4 ⊕   CNS-awarded   standard cylogenetic            on Induction - Dexa ⊕   GPR            wt: 11.96 kg</p> <p>No fever            stools - passed            no vomiting</p>	
vitals - stable		<p>Plan</p> <ol style="list-style-type: none"> <li>1. continue oral dexamethasone</li> <li>2. chemotherapy today</li> <li>3. CBP            electrolytes            RBS } tomorrow</li> </ol>
<p><i>[Signature]</i>            Dr. Anurag            4/3/26 @ 9:20 AM</p>		<p>N/B            Kavins            015846            28/5/26            @ 4 PM</p> <p>Sanari</p>

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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 9 AM	B. ALL   CAUA ⊕   CNS-	awaited / Induction Day 8 of dexa -
	<p>no fever</p> <p>no vomiting</p> <p>not passed stools yesterday</p>	
	<p>o/e</p> <p>child alert</p> <p>hemodynamically stable</p>	<p>Plan</p> <ol style="list-style-type: none"> <li>1. Trace CBP</li> <li>2. Add non conazole, ZIPRAx</li> <li>3. Add Tranexamic acid 1/2 BD toct</li> <li>4. discharge today.</li> </ol> <p>Flu - 1/6/26 with CBP.</p> <p>1/2 — BD toct saran</p>
	<p>NB Phurang @ 10:30 AM</p>	<p>Dr. SANDHYA VADDADI Reg. No: 71664</p>

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Master PATLOLLA SHIVANSH  
10-01-2023 3 Y 4 M 13 D (M)  
Dr. NALLA ANURAAG REDDY



# CROSS CONSULTATION FORM

Doctor Name : Patlolla Shivansh Date : 25/5/26 Time : 8 AM

Diagnosis : B-ALL

Hospital : RCH Banjara hills

Type of Referral :

Referred for :  Opinion  Co-Management  Transfer of care

Emergency

Urgent

Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

Findings and Recommendations :

Acute B-cell Lymphoblastic Leukemia

Echo + structurally normal heart

normal sized cardiac chambers

no RvOTO / no LvOTO

good biventricular functions

Left arch, no coa

k. bhavyasri

Consultant :

Name : Dr. Sree Phani Bhargava Signature : k. bhavyasri Date & Time : 25/5/26

KUH-0021509 IP5-00174131  
 Master PATLOLLA SHIVANSH  
 10-01-2023 3 Y 4 M 16 D (M)  
 Dr. NALLA ANURAAG REDDY



# RESULT SHEET



Date	27/5/24	29/5/24			
Time	8:30 AM	8:30 AM			
Hb	10.9	9.4			
PCV	33.6	28.5			
RBC	4.33	3.63			
WBC	1440	860			
N/L	9/87.5	5/93			
Platelets	70,000	38,000			
CRP					
ESR					
PCT					
RBS	120	89			
Na	136	134			
K	3.6	4.8			
Cl	98	102			
Ca/Mg					
Phosphate	5.6				
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein/Sugar					
Cells					
N/L	↓	102			



KUH-00211509 IP5-00174131  
 Master PATLOLLA SHIVANSH  
 10-01-2023 3 Y 4 M 11 D (M)  
 Dr. NALLA ANURAAG REDDY



①

Blood group: O+ve



Outside

Rainbow Hydromag

RESULT SHEET

Date	19/05/20	19/5/20	21/5/26	22/5/26	23/5/26	25/5/26
Time						8 AM
Hb	8.2	8.3	7.5	8.4	7.3	14.2
PCV	23.7	26.0	23.5			42.7
RBC	3.3	3.45	3.09			5.59
WBC	23,300	46,070	35,460	21,500	30,520	9.61
N/L	10/86	15/20	14/15	2/21	2/94	27/94
Platelets	20,000	26,000	76,000	78,000	54,000	39000
CRP	66.3	SDP	Blasts-59%	76%	72%	
ESR		110				
PCT		1.20				
RBS					77	
Na		136	138	131	141	139
K		4.8	4.2	4.9	6.3	4.7
Cl		103	110	102	103	96
Ca/Mg		9.6				
Phosphate		5.6	4.5	6.6		7.1
Urea		15				
Creatinine		0.3				
ALP		121				
SGPT		17				
SGOT		30				
T.Bill/Conj		0.8	0.2			
T.Protein		6.2				
S.Albumin		3.6				
S.Globulin		2.6				
A/G Ratio		1.3				
Uric Acid		3.3	1.2	1.2	1.2	
S.Amylase						
Sr.Lipase						
Blood Lactate						
Cholesterol						
PT/INR		14/1.0				
PT		37				
Protein / Sugar						

LDH-924  
 Blast: 56  
 Feon: 74.4

Handwritten signatures and initials

Date	<u>19/5/20</u>					
Time						
CUE - Alb						
CUE - Sugar	-					
CUE - Ketones	-					
CUE - PUS Cells	2-4					
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.,) : .....



# DRUG CHART

Date of Admission: 21/05/20 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)**

<b>DRUG :</b> <u>Inj PARACETAMOL</u>				<b>Date</b>																
				<b>Time</b>																
Dose	Route	Frequency	Start Date																	
<u>200mg</u>	<u>IV</u>	<u>6th hrs</u>	<u>21/5</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>Jayashri</u>		<u>2 days</u>	<u>✓</u>																	
Additional Instructions:																				
<u>If T &gt; 100°F</u>																				

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

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

Signature  
VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight: 13.5 kg, Ward: *10*

VERIFIED

VERIFIED

VERIFIED

VERIFIED

<b>DRUG: Inj- CEFTRIAXONE</b>				Date Time	21/5	22/5	23/5	24/5	25/5	
Dose	Route	Frequency	Start Date							
650mg	IV	BD	21/05	6AM	X	(MB)	(MB)	(MB)	(MB)	
Name & Signature of the Doctor Starting the Drugs: <i>Jayashri</i>				<i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> 						
Additional Instructions:				<i>6PM SORAW</i> <i>DIVYASOURAV</i> <i>SORAW</i> <i>SORAW</i> <i>SORAW</i> <i>SORAW</i> <i>SORAW</i> <i>SORAW</i> <i>SORAW</i> <i>SORAW</i> 						
Daily Doctor's Endorsement by a Sign				<i>M U 2 2 d</i>						
<b>DRUG: Tab ALLOPURINOL</b>				Date Time	21/5	22/5	23/5	24/5	25/5	26/5
Dose	Route	Frequency	Start Date							
1/2 tab	PO	TID	21/05	6AM	Home	(MB)	(MB)	(MB)	(MB)	
Name & Signature of the Doctor Starting the Drugs: <i>Jayashri</i>				<i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> 						
Additional Instructions: <i>1 tab = 100mg</i>				<i>2PM Home</i> <i>SORAW</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> 						
Daily Doctor's Endorsement by a Sign				<i>1 4 2 2 d d</i>						
<b>DRUG: INT LASIX</b>				Date Time	21/5	22/5	23/5	24/5	25/5	27/5
Dose	Route	Frequency	Start Date							
10mg	IV	Q12H	21/05	6AM	(MB)	(MB)	(MB)	(MB)	(MB)	
Name & Signature of the Doctor Starting the Drugs: <i>Arun</i>				<i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> 						
Additional Instructions:				<i>6PM SORAW</i> <i>DIVYASOURAV</i> <i>SORAW</i> <i>SORAW</i> <i>SORAW</i> <i>SORAW</i> <i>SORAW</i> <i>SORAW</i> <i>SORAW</i> 						
Daily Doctor's Endorsement by a Sign				<i>d 2 2 2 d d d</i>						
<b>DRUG: INT GOMMRAZOLE</b>				Date Time	21/5	22/5	23/5	24/5	25/5	
Dose	Route	Frequency	Start Date							
15mg	IV	Q24H	21/05	6AM	SORAW	(MB)	(MB)	(MB)		
Name & Signature of the Doctor Starting the Drugs: <i>Arun</i>				<i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> <i>AMP</i> 						
Additional Instructions:				<i>6PM SORAW</i> <i>DIVYASOURAV</i> <i>SORAW</i> <i>SORAW</i> <i>SORAW</i> <i>SORAW</i> <i>SORAW</i> <i>SORAW</i> <i>SORAW</i> 						
Daily Doctor's Endorsement by a Sign				<i>d d 2 2 d</i>						

*change to oral*  
*[Signature]*  
 25/5 @ 10AM



Sheet No: 2

REGULAR PRESCRIPTIONS

Dept. Card Ward.....

VERIFIED

VERIFIED

VERIFIED

VERIFIED

VERIFIED

VERIFIED BY: Name: Nature

**DRUG:** Cap SEVELAMER

Dose	Route	Frequency	Start Dt.	Date	Time
1/2 cap	PO	q8h	22/5	22/5	23/5
Name & Signature of the Doctor starting the Drugs:				6 AM	12 PM
Additional Instructions:				10 PM	6 PM
Daily Doctor's Endorsement by a Sign.				22/5	23/5

**DRUG:** Cyp DOPHACAC

Dose	Route	Frequency	Start Dt.	Date	Time
5ml	PO	Q24h	22/5	22/5	23/5
Name & Signature of the Doctor starting the Drugs:				12 PM	5 PM
Additional Instructions:				10 PM	6 PM
Daily Doctor's Endorsement by a Sign.				22/5	23/5

**DRUG:** 2 DEXAMETHASONE

Dose	Route	Frequency	Start Dt.	Date	Time
2mg - 0.15mg	IV	Q12H	22/5	23/5	24/5
Name & Signature of the Doctor starting the Drugs:				6 AM	12 PM
Additional Instructions:				10 PM	6 PM
Daily Doctor's Endorsement by a Sign.				23/5	24/5

**DRUG:** TAB AM LOGDINE

Dose	Route	Frequency	Start Dt.	Date	Time
2.5mg	TAB PO	Q12H	23/5	23/5	24/5
Name & Signature of the Doctor starting the Drugs:				6 AM	12 PM
Additional Instructions:				10 PM	6 PM
Daily Doctor's Endorsement by a Sign.				23/5	24/5



Sheet No: .....

REGULAR PRESCRIPTIONS

Dept. .... Ward .....

**DRUG :** Syb. SEPTRAN

Dose	Route	Frequency	Start Dt.	Date/Time																
2.5ml	PO	Q12H	25/5	24/5	25/5	26/5	27/5	28/5												
Name & Signature of the Doctor starting the Drugs:				Dr. Nalla Anurag Reddy																
Additional Instructions:				mon/wed/Friday BPM																
Daily Doctor's Endorsement by a Sign.				N d																

**DRUG :** Syb. Calcimax Plus

Dose	Route	Frequency	Start Dt.	Date/Time																	
2.5ml	PO	Q24H	26/5	24/5	25/5	26/5	27/5	28/5													
Name & Signature of the Doctor starting the Drugs:				Dr. Nalla Anurag Reddy																	
Additional Instructions:				BPM																	
Daily Doctor's Endorsement by a Sign.				N d d d d																	

**DRUG :** Syb. MOKTEL

Dose	Route	Frequency	Start Dt.	Date/Time																	
2.5ml	PO	Q24H	26/5	24/5	25/5	26/5	27/5	28/5	29												
Name & Signature of the Doctor starting the Drugs:				Dr. Nalla Anurag Reddy																	
Additional Instructions:				BPM																	
Daily Doctor's Endorsement by a Sign.				d d d d d																	

**DRUG :** Syb. RELENT PLUS

Dose	Route	Frequency	Start Dt.	Date/Time																	
2.5ml	PO	Q12H	26/5	24/5																	
Name & Signature of the Doctor starting the Drugs:				Dr. Nalla Anurag Reddy																	
Additional Instructions:				BPM																	
Daily Doctor's Endorsement by a Sign.				N																	

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



Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 13.5kg Ward Amr.....

DRUG : <u>Syp. Dexamet</u>				Date																
				Time	24/5	25/5														
Dose	Route	Frequency	Start Dt.																	
5ml	PO	Q4H	24/5																	
Name & Signature of the Doctor Starting the Drugs:				Signature: <u>Abhishek</u> Signature: <u>BAJ</u> Signature: <u>Swarna</u> Signature: <u>Keerthi</u>																
Additional Instructions:				Signature: <u>BAJ</u> Signature: <u>Swarna</u> Signature: <u>Keerthi</u>																
Daily Doctor's Endorsement by a Sign				Signature: <u>BAJ</u>																

DRUG : <u>Natocin Drops</u>				Date																
				Time	24/5	25/5	26/5	27/5	28/5	29/5										
Dose	Route	Frequency	Start Dt.																	
2°	cut water	Q4H	24/5																	
Name & Signature of the Doctor Starting the Drugs:				Signature: <u>Swarna</u> Signature: <u>Abhishek</u> Signature: <u>BAJ</u> Signature: <u>Swarna</u> Signature: <u>Keerthi</u>																
Additional Instructions:				Signature: <u>Swarna</u> Signature: <u>Abhishek</u> Signature: <u>BAJ</u> Signature: <u>Swarna</u> Signature: <u>Keerthi</u>																
Daily Doctor's Endorsement by a Sign				Signature: <u>Swarna</u> Signature: <u>Abhishek</u> Signature: <u>BAJ</u> Signature: <u>Swarna</u> Signature: <u>Keerthi</u>																

DRUG : <u>Syp. Sucralfate</u>				Date																
				Time	25/5	26/5	27/5	28/5												
Dose	Route	Frequency	Start Dt.																	
5ml	PO	Q4H	24/5																	
Name & Signature of the Doctor Starting the Drugs:				Signature: <u>Swarna</u> Signature: <u>Abhishek</u> Signature: <u>BAJ</u> Signature: <u>Swarna</u> Signature: <u>Keerthi</u>																
Additional Instructions:				Signature: <u>Swarna</u> Signature: <u>Abhishek</u> Signature: <u>BAJ</u> Signature: <u>Swarna</u> Signature: <u>Keerthi</u>																
Daily Doctor's Endorsement by a Sign				Signature: <u>Swarna</u> Signature: <u>Abhishek</u> Signature: <u>BAJ</u> Signature: <u>Swarna</u> Signature: <u>Keerthi</u>																

DRUG : <u>SYP SMUTH.</u>				Date																
				Time	25/5	26/5	27/5	28/5												
Dose	Route	Frequency	Start Dt.																	
7.5ml	PO	Q4H	25/5																	
Name & Signature of the Doctor Starting the Drugs:				Signature: <u>Swarna</u> Signature: <u>Abhishek</u> Signature: <u>BAJ</u> Signature: <u>Swarna</u> Signature: <u>Keerthi</u>																
Additional Instructions:				Signature: <u>Swarna</u> Signature: <u>Abhishek</u> Signature: <u>BAJ</u> Signature: <u>Swarna</u> Signature: <u>Keerthi</u>																
Daily Doctor's Endorsement by a Sign				Signature: <u>Swarna</u> Signature: <u>Abhishek</u> Signature: <u>BAJ</u> Signature: <u>Swarna</u> Signature: <u>Keerthi</u>																

VERIFIED BY : Name .....

VERIFIED

KUH-00211509 IP5-00174131  
 Master PATLOLLA SHIVANSH  
 10-01-2023 3 Y 4 M 14 D (M)  
 Dr. NALLA ANURAAG REDDY



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 13.5kg

Ward ...

VERIFIED  
 Signature  
 VERIFIED  
 Name  
 VERIFIED

<b>DRUG :</b> <u>Syr DOPRAMAC</u>				Date Time	<u>25/5</u>	<u>26/5</u>	<u>27/5</u>	<u>28/5</u>													
Dose	Route	Frequency	Start Dt.																		
<u>7.5ml</u>	<u>PO</u>	<u>Q12h</u>	<u>25/5</u>																		
Name & Signature of the Doctor Starting the Drugs: <u>harani</u>					<u>8am</u>	<u>X</u>	<u>NPO</u>	<u>AW</u>	<u>Sub</u>												
Additional Instructions:					<u>8PM</u>	<u>Sub</u>	<u>Blau</u>	<u>PO</u>	<u>sub</u>	<u>PO</u>	<u>sub</u>	<u>PO</u>	<u>sub</u>								
Daily Doctor's Endorsement by a Sign					<u>d</u>	<u>d</u>	<u>d</u>	<u>d</u>													
<b>DRUG :</b> <u>T-LANSO BRAZILE</u>				Date Time	<u>26/5</u>	<u>27/5</u>	<u>28/5</u>														
Dose	Route	Frequency	Start Dt.																		
<u>100</u>	<u>PO</u>	<u>Q12h</u>	<u>26/5</u>																		
Name & Signature of the Doctor Starting the Drugs: <u>BURJOI</u>					<u>8AM</u>	<u>NPO</u>	<u>AW</u>	<u>Sub</u>													
Additional Instructions: <u>(15mg)</u>																					
Daily Doctor's Endorsement by a Sign					<u>d</u>	<u>d</u>	<u>d</u>														
<b>DRUG :</b> <u>Tab DEXAMETHASONE</u>				Date Time	<u>27/5</u>	<u>28/5</u>															
Dose	Route	Frequency	Start Dt.																		
<u>4-3Tab</u>	<u>PO</u>	<u>Q12h</u>	<u>27/5</u>		<u>8am</u>	<u>AW</u>	<u>Sub</u>														
Name & Signature of the Doctor Starting the Drugs: <u>harani</u>																					
Additional Instructions: <u>(1tab = 0.5mg)</u>					<u>8am</u>	<u>AW</u>	<u>Sub</u>														
Daily Doctor's Endorsement by a Sign					<u>d</u>	<u>d</u>															
<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

...



Weight. 13.5 kg ... Ward. 2000

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

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/5	9pm	2- DEXAMETHASONE	1.5 mg IV	IV	[Signature]	Sourabh 8:15 Divya
			50ml NS over 2 hours			
22/5	12pm	1ly DEXAMETHASONE	20.5 mg in 100ml NS	IV	[Signature]	Kab Rohan 13:00
24/5	5pm	2ly AVIL	0.6ml	IV	[Signature]	Saanya Paaja 5:40
24/5	5pm	PRBC	2Kms over 4 hours	IV	[Signature]	Saanya Paaja 5:40
		2ly LAMIVUDINE	5mg	IV	[Signature]	Hold
25/5	9:30pm	DULCOLAX suppository	5mg	PR	[Signature]	Nishu Subh 9:40
25/5	9am	SDP	1/2. unit (25ml)	IV	[Signature]	Nashu Druya 9:40
25/5	9am	1ly AVIL	0.3 ml	IV	[Signature]	Nashu Druya 9:40

Sign. VC BY : Name



I.V. FLUIDS CHART

Master PATILLOLA SHIVANSH  
IP5-00174131  
KUM-00211508

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
21/5	4pm	IVF-DNS	IV	45	Jayasri	<i>[Signature]</i>	21/5	<i>d</i>	<i>[Signature]</i>
21/5	8pm	DNS	IV	60	<i>d</i>	<i>[Signature]</i>	26/5	<i>d</i>	<i>[Signature]</i>
26/5	9am	DNS	IV	45 mlh	<i>d</i>	Nasha Singh	27/5	<i>d</i>	Subramanyam Prasanna

Signature

VERIFIED BY : Name



# DRUG CHART

Date of Admission: ..... 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.
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- 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)

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

Signature  
VERIFIED BY: Name



REGULAR PRESCRIPTIONS

Weight: 1.3: 5kg... Ward: 0010

BSA: 0.5

DRUG: INS DINICRISTINE				Date Time				
Dose	Route	Frequency	Start Date					
0.7mg IV		STAT	28/5					
Name & Signature of the Doctor Starting the Drugs:				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Instructions: 0.7mg (in 15ml NS over 10min)				29/5	4/6	11/6	18/6	
Daily Doctor's Endorsement by a Sign				✓				

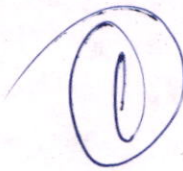
DRUG: INS DAVIDO RUCIN				Date Time				
Dose	Route	Frequency	Start Date					
12mg IV		STAT	28/5					
Name & Signature of the Doctor Starting the Drugs:				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Instructions: 2mg in 200ml/2 hrs over 6hrs				28/5	4/6	11/6	18/6	
Daily Doctor's Endorsement by a Sign				✓				

DRUG: INS PEG ASPARAGINASE				Date Time				
Dose	Route	Frequency	Start Date					
800 IV	IM	STAT	28/5					
Name & Signature of the Doctor Starting the Drugs:				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Instructions:				28/5		11/6		
Daily Doctor's Endorsement by a Sign				✓				

DRUG:				Date Time				
Dose	Route	Frequency	Start Date					
			12mg					
Name & Signature of the Doctor Starting the Drugs:				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Instructions:				28/5	2/6		9/6	
Daily Doctor's Endorsement by a Sign				✓				







## MEDICATION RECONCILIATION FORM

Drug Allergies: NO  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: OT

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	Tab ALLOPURINOL 100mg	1/2 tab	PO	TID	21/5/26 morning	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	Inj CEFTRIAXONE	650mg	IV	BD	21/5/26 morning	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Jayath (Jw)

Date & Time: 21/05/26 @ 4:00 PM

Nurse Name & Signature: Keerthi K.

Date & Time: 21/05/26 @ 4 PM



## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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- 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION:</b> 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>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> 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)

CUH-00211509  
 Master PATLOLLA SHIVANSH  
 10-01-2023 3 Y 4 M 18 D  
 Dr. NALLA ANJURAG REDDY (M)



Doc. No. : RCH/ FRM / CLINICAL / 125

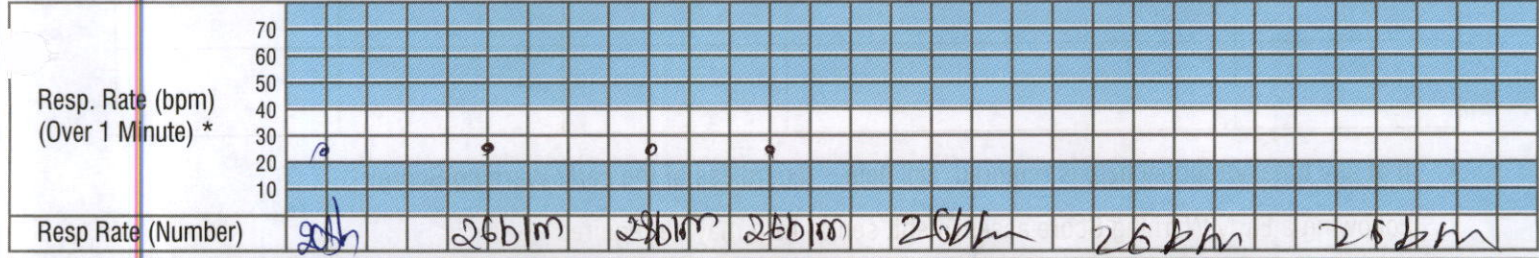
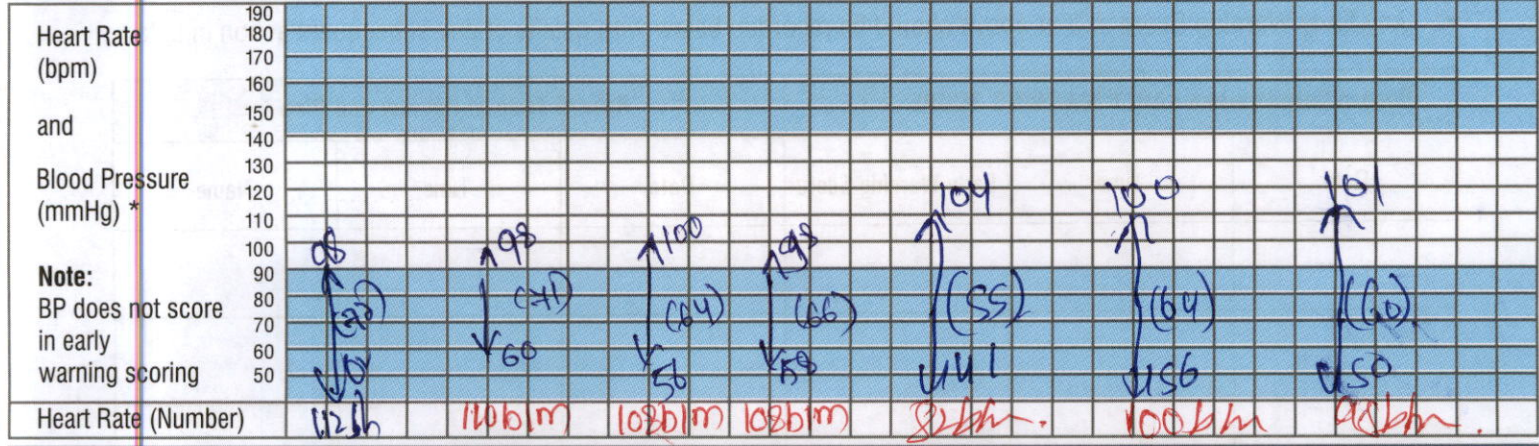
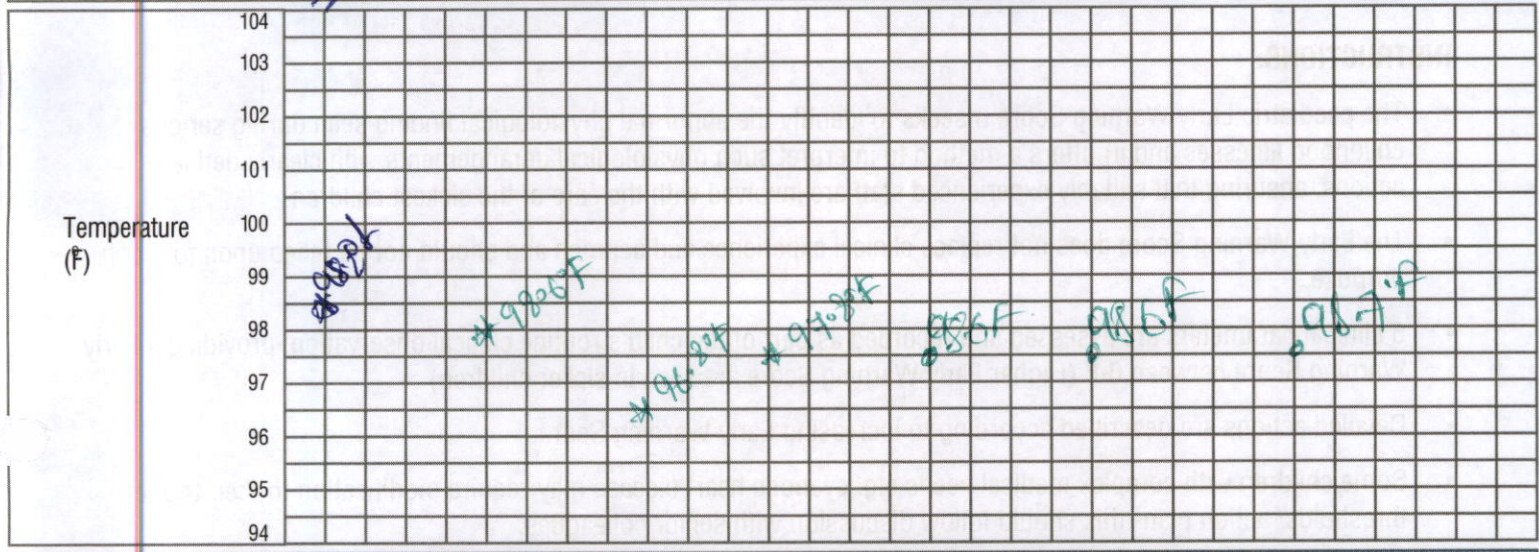
**PRESCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**

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: 20/5/20 Time: 9AM 1pm 4pm 7pm 10pm 3AM 6AM  
 Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe					
	None / Mild					
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	100%	106%	100%	100%	100%
Conscious Level	Normal / Altered	e	e	e	c	c
GCS *		15/15	15/15	15/15	15/15	15/15

<b>TOTAL SCORE</b>						
Number of shaded boxes	0	0	0	0	6	0
Pain Score	0	0	0	0	0	0
Observer's Initials	AS	AS	AS	AS	AS	AS

**ACTIONS**

Score 1 : Continue normal observation by staff nurse

Score 2 : Shift in charge nurse to be informed and continue hourly observations

Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.

Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see

Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

NB: Scores 3 should be recorded overleaf

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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- 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

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<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION:</b> 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>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> 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)

KUH-0211509 IP5-00174131  
 Master PATLOLLA SHIVANSH (M)  
 10-01-2023 3 Y 4 M 17 D  
 Dr. NALLA ANURAAG REDDY



Doc. No. : RCH/ FRM / CLINICAL / 125

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

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 It takes a lot to treat the little.

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 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 28/5 Time: 9Am 1pm 4pm 7pm 10Am 3Am 6Am

Doctor / Nurse / Family Concern? \_\_\_\_\_

Temperature (F)	104							
	103							
	102							
	101							
	100							
	99							
	98	98.1 F	98.6 F	98.6 F	98.1 F	98.1 F	98.1 F	98.6 F
	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)		120bpm	110bpm	108bpm	104bpm	102bpm	100bpm	100bpm

Resp. Rate (bpm) (Over 1 Minute) *	70								
	60								
	50								
	40								
	30								
	20								
	10								
	Resp Rate (Number)		24bpm	24bpm	24bpm	24bpm	24bpm	24bpm	24bpm

Resp Distress	Mod/ Severe None / Mild							
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Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	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
-------	--	-------	-------	-------	-------	-------	-------	-------

<b>TOTAL SCORE</b>		6	6	6	6	6	6	6
Number of shaded boxes		0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0
Observer's Initials		A	A	A	A	A	A	A

<b>ACTIONS</b> 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.
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	Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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<b>B</b>	<b>BACK GROUND :</b> 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)
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<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 26/5/26 Time: 9AM 1pm 4pm 7pm 10pm 2AM 6AM

Doctor / Nurse / Family Concern?

Temperature (F)	104						
	103						
	102						
	101						
	100						
	99						
	98	98.6f	98.6f	98.6f	98.6f	* 98.6f	* 98.6f
	97						

Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
Note: BP does not score in early warning scoring	170						
	160						
	150						
	140						
	130						
	120						
	110						
	100	101/68	93/69	96/67	101/69	102/69	98/61
	90	51	55	51	50	61	81
	80						
	70						
	60						
	50						
		101b/m	115b/m	109b/m	103b/m	80b/m	112b/m 108b/m

Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30						
	20						
	10						
		28b/m	27b/m	28b/m	28b/m	28b/m	26b/m 24b/m

Resp Distress	Mod/ Severe	None / Mild					
Receiving O <sub>2</sub> (l/min)							
O <sub>2</sub> Saturations (%)	100%	100%	98%	99%	98%	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

<b>TOTAL SCORE</b>							
Number of shaded boxes	0	0	0	0	0	0	1
Pain Score	0	0	0	0	0	2	2
Observer's Initials	AN	AN	AN	AN	AN	AN	AN

<b>ACTIONS</b> NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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<b>B</b>	<b>BACK GROUND :</b> 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)
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KUH-00211509  
 Master PATLOLLA SHIVANSH  
 10-01-2023 3 Y 4 M 14 D (M)  
 Dr. NALLA ANURAG REDDY

5

Doc. No. : RCH/FRM/CLINICAL/125

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

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**BirthRight**  
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 Your Right to a Safe Delivery

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 25/5 Time: 9 AM 2 PM 7 PM 10 PM 5 AM 6 PM

Doctor / Nurse / Family Concern?

Temperature (F)	104						
	103						
	102						
	101						
	100						
	99						
	98	* 98.0 F	* 98.0 F	* 98.2 F	* 98 F	* 98.5 F	* 97.5
	97						
	96						
	94						

Heart Rate (bpm)	190						
	180						
and Blood Pressure (mmHg) *	170						
	160						
Note: BP does not score in early warning scoring	150						
	140						
	130						
	120						
	110						
	100	111 (85)	100 (81)	98 (73)	115 (84)	90 (62)	90 (61)
	90	82	80	82	80	50	61
	80						
	70						
	50						
Heart Rate (Number)	84 b/m	91 b/m	94 b/m	97 b/m	98 b/m	90 b/m	

Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30						
	20						
	10						
	Resp Rate (Number)	26 b/m	24 b/m	28 b/m	28 b/m	28 b/m	28 b/m

Resp Distress	Mod/ Severe None / Mild						
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	100%	99%	99%	99%	99%	99%
Conscious Level	Normal / Altered	C	C	C	C	C	C
GCS *		15/15	15/15	15/15	15/15	15/15	15/15

<b>TOTAL SCORE</b>							
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	B	R	R	R	R	R	R

**ACTIONS**

Score 1 : Continue normal observation by staff nurse  
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KUH-00211509 IP5-00174131  
 Master PAT LOLLA SHIVANSH  
 10-01-2023 3 Y 4 M 14 D (M)  
 Dr. NALLA ANURAG REDDY

W

No. : RCH/ FRM / CLINICAL / 125

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

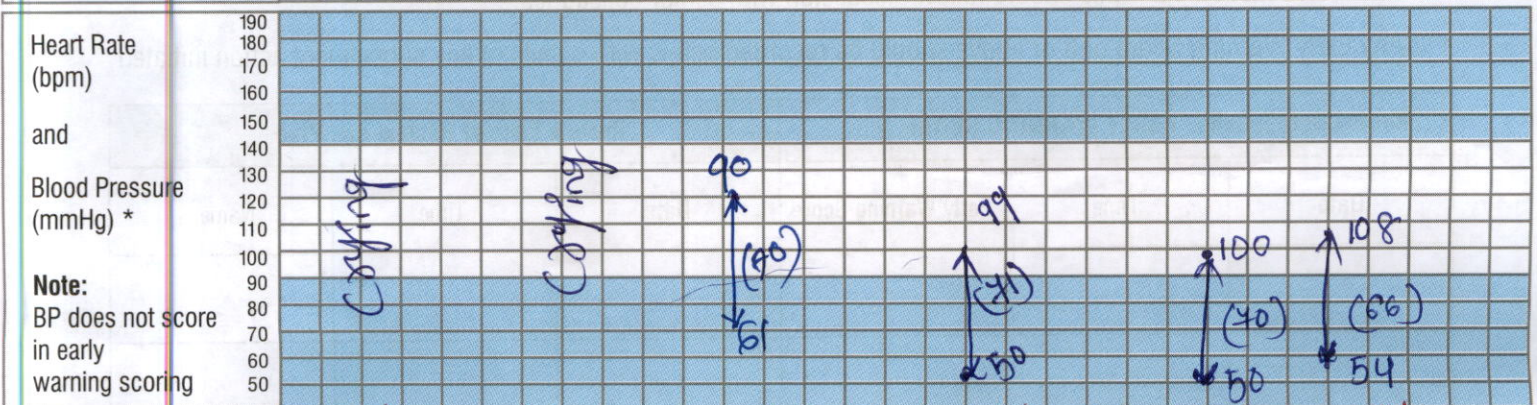
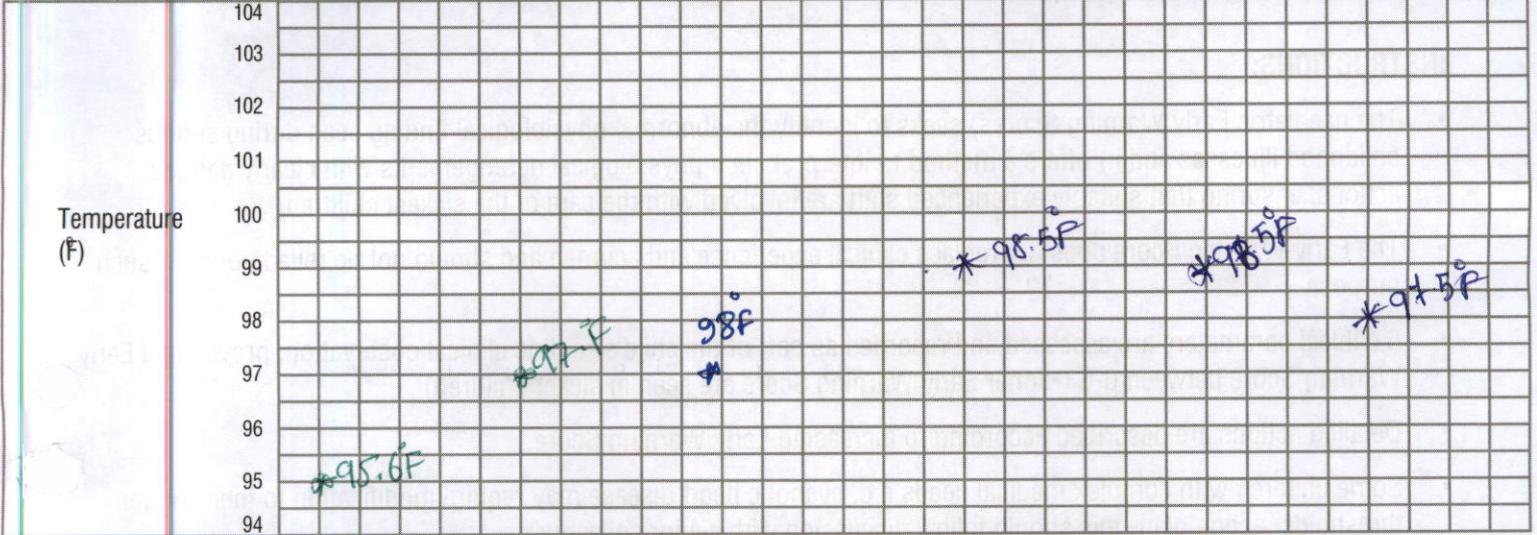
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 Your Right to a Safe Delivery

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 22/1/23 Time: 6 AM 10 AM 2 PM 6 PM 10 PM 3 AM 6 AM

Doctor / Nurse / Family Concern? 10 am 2 pm 6 pm 10 pm 3 am 6 am



Heart Rate (Number) 117 b/m 117 b/m 110 b/m 110 b/m 90 b/m 67 b/m



Resp Rate (Number) 26 b/m 26 b/m 26 b/m 26 b/m 26 b/m 25 b/m

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (/min) O<sub>2</sub> Saturations (%) 99% 100% 100% 100% 99% 98%

Conscious Level Normal / Altered e c c c e 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.

## 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION:</b> 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>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> 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)

KUH-00211509 IP5-00174131  
 Master PATLOLLA SHIVANSH  
 10-01-2023 3 Y 4 M 14 D (M)  
 Dr. NALLA ANJURAG REDDY

Doc. No. : RCH/ FRM / CLINICAL / 125

**PRE-SCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**

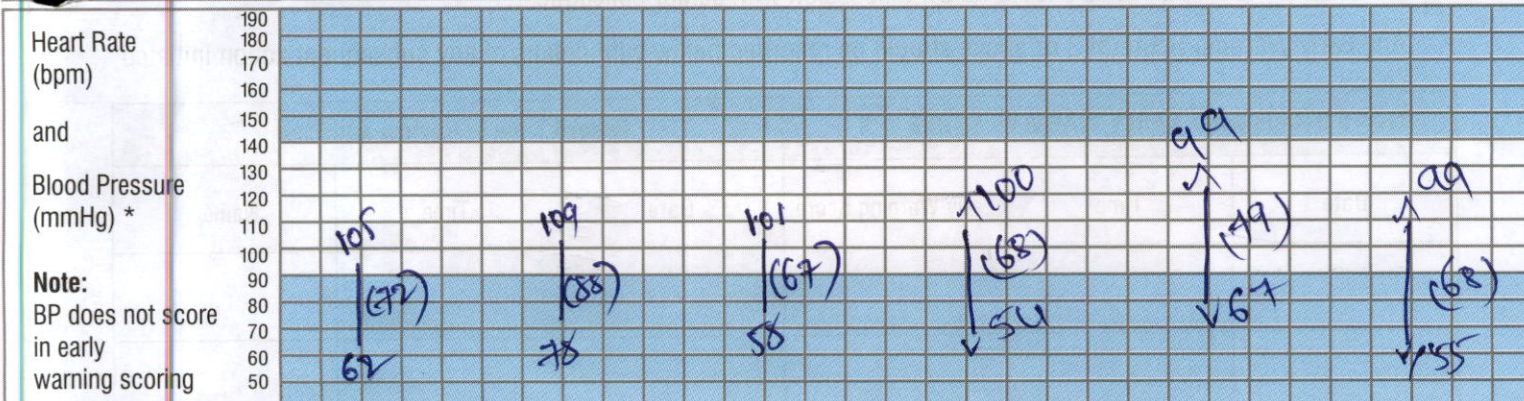
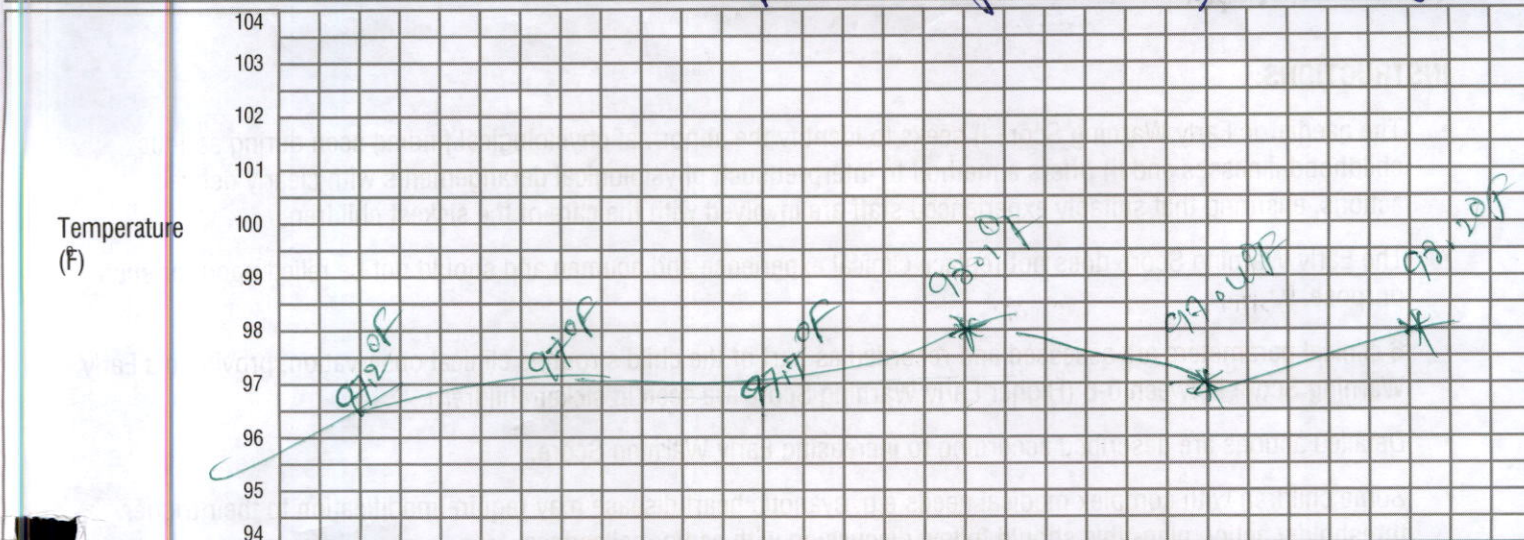
Pratiksha Rainbow Children's Hospital  
 It takes a lot to treat the little.

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

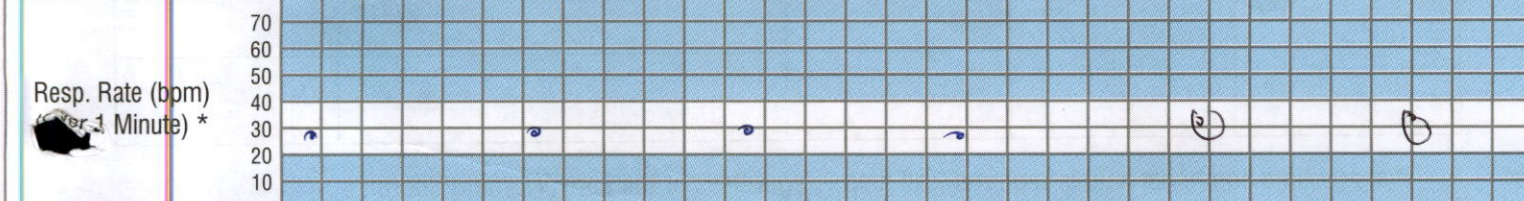
**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 25/1/26 Time:

Doctor / Nurse / Family Concern?



Heart Rate (Number) 108b1M 110b1M 109b1M 86b1M 111b1M 91b1M



Resp Rate (Number) 26b1M 26b1M 26b1M 27b1M 28 27b1M

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 99% 98% 99% 99% 100% 98%

Conscious Level Normal Altered C C C C C C

GCS \* 15/15 15/15 15/15 15/15 12/12 6/6

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

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

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

- 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)

KUH-00211509  
 Master PATLOLLA SHIVANSH  
 10-01-2023 3 Y 4 M 11 D (M)  
 Dr. NALLA ANURAAG REDDY

2

c. No. : RCH/ FRM / CLINICAL / 125

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

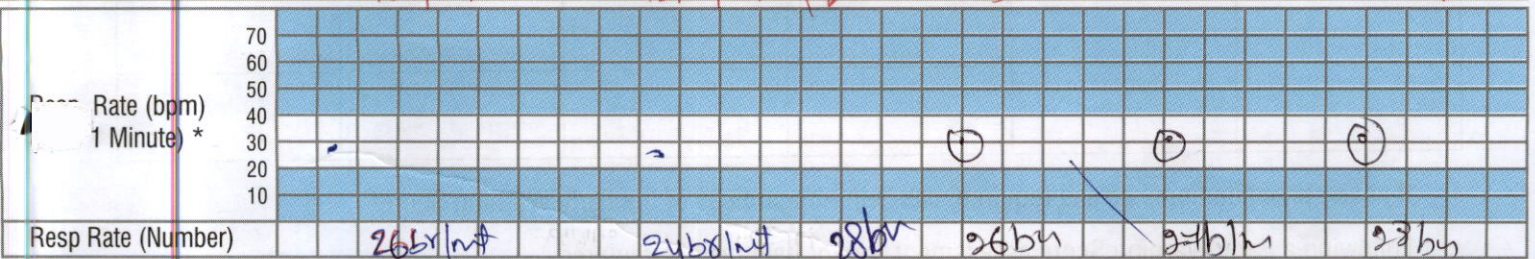
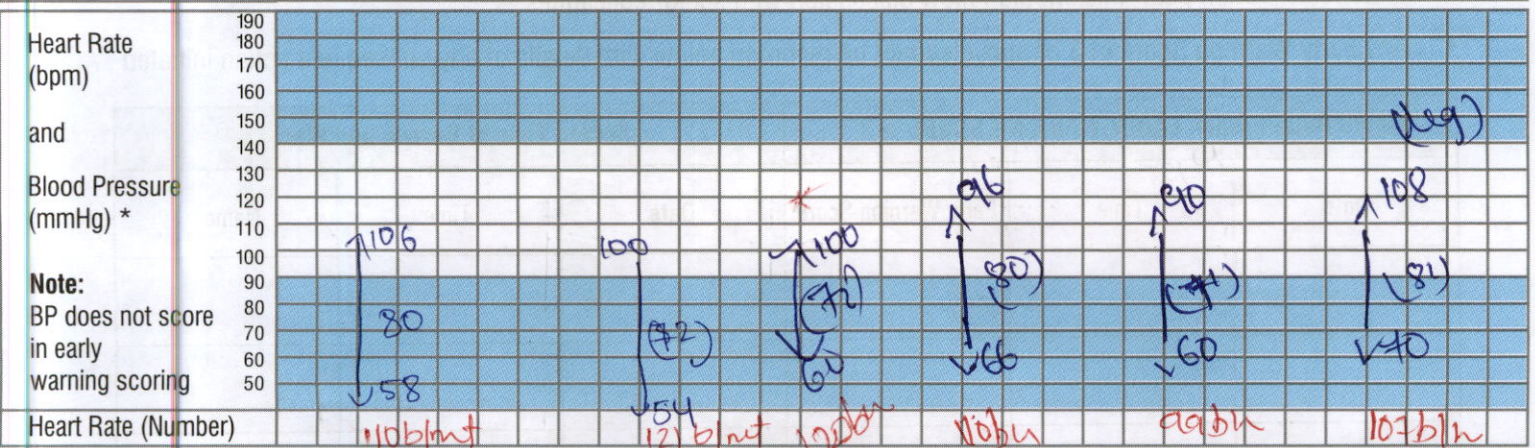
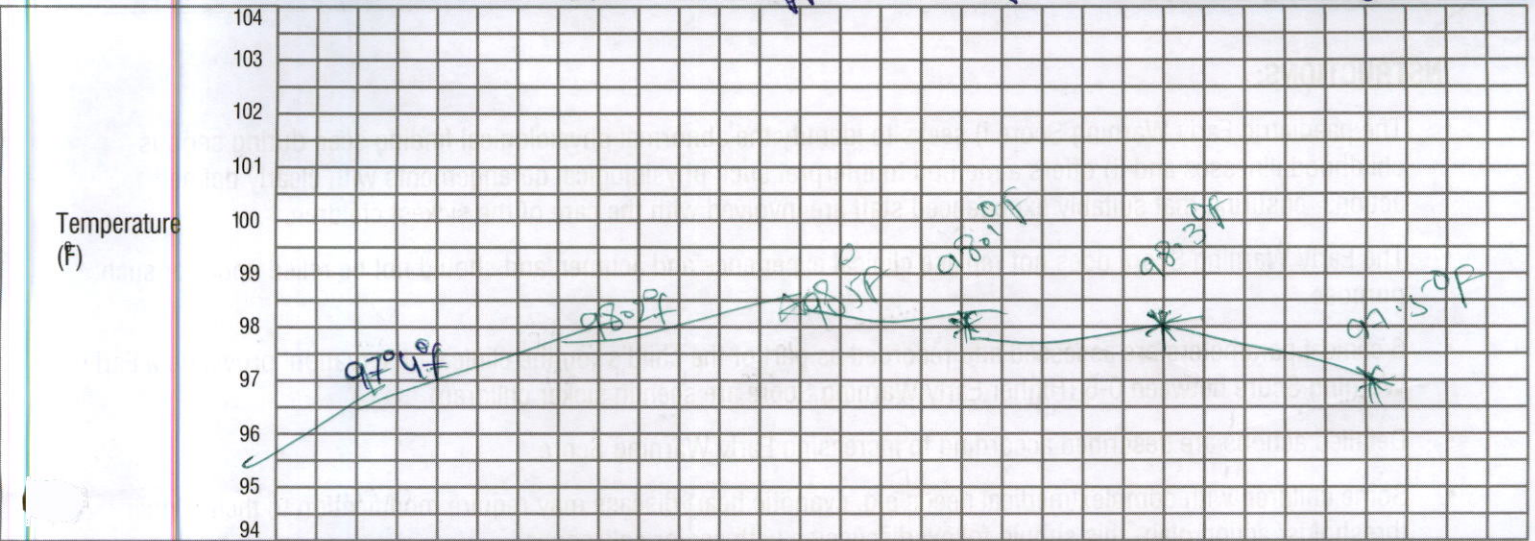
Pratiksha  
**Rainbow's Hospital**  
 It takes a lot to treat the little.

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

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 22/05/26 Time: 6 AM

Doctor / Nurse / Family Concern? 10AM 2PM 6 AM 10PM 2AM 6AM



Resp Distress	Mod/ Severe None / Mild	Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	Conscious Level	Normal / Altered	GCS *
None	None	0	99%	C	15/5	15/15
None	None	0	99%	C	15/5	15/15
None	None	0	100%	C	15/5	15/15
None	None	0	100%	C	15/5	15/15
None	None	0	99%	C	15/5	15/15
None	None	0	100%	C	15/5	15/15

TOTAL SCORE	Number of shaded boxes	Pain Score	Observer's Initials
1	0	0	[Signature]
2	0	0	[Signature]
3	0	0	[Signature]
4	0	0	[Signature]
5 & 6	0	0	[Signature]

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
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<b>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)

①

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 2/15 Time: 6pm 10pm 2am 6am 10am 2pm

Doctor / Nurse / Family Concern? 6pm 10pm 2am 6am 10am 2pm

Temperature (F)	104					
	103					
	102					
	101					
	100					
	99					
	98	97.5°F	98.5°F	98.2°F	98.4°F	98.4°F
	97					
	96					
	95					
	94					

Heart Rate (bpm) and Blood Pressure (mmHg) *	190					
	180					
	170					
	160					
	150					
	140					
	130					
	120					
	110	110/65	100/58	105/65	109/72	100/66
	100					
	90					

Heart Rate (Number) 111b/m 112b/m 101b/m 103b/m 110b/m 110m/m

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

Resp Rate (Number) 26b/m 23b/m 22b/m 22b/m 22b/m 24b/m

Resp Distress Mod/ Severe None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 100% 100% 99% 99% 99% 99%

Conscious Level Normal Altered c c c c c c

GCS \* 15/15 15/15 15/15 15/15 15/15 15/15

<b>TOTAL SCORE</b>						
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	e	e	e	e	e	e

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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KUH-00211509 IP5-00174131  
 Master PATLOLLA SHIVANSH  
 10-01-2023 3 Y 4 M 16 D (M)  
 Dr. NALLA ANURAAG REDDY

# FLUID CHART

Sheet No. : 8

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
28/5	08:00 am			45ml					100ml		I J K L M N	J K L M N
	09:00 am			45ml								
	10:00 am			45ml								
	11:00 am	H2O	100ml	45ml					200ml			
	12:00 pm			45ml								
	01:00 pm			45ml								
Total Intake : 370ml					Total Output : 300ml							
28/5	02:00 pm			45ml							I J K L M N	J K L M N
	03:00 pm	H2O	100ml	45ml								
	04:00 pm			45ml					400ml			
	05:00 pm			45ml								
	06:00 pm	H2O	100ml	45ml								
	07:00 pm			33ml					100ml			
Total Intake : 470					Total Output : 500ml							
29/5	08:00 pm			33ml					200ml		I J K L M N	J K L M N
	09:00 pm		100ml	33ml								
	10:00 pm	Breast		33ml								
	11:00 pm	egg		33ml								
	12:00 am	H2O		33ml					50ml			
	01:00 am			45ml								
Total Intake : 310ml					Total Output : 250ml							
29/5	02:00 am			45ml					200ml		I J K L M N	J K L M N
	03:00 am			45ml								
	04:00 am			45ml								
	05:00 am			45ml								
	06:00 am			45ml								
	07:00 am			45ml					200ml			
Total Intake : 270ml					Total Output : 400ml							

Total 24 hrs. Intake : 1,420° - 10.57cl/kg

Total 24 hrs. Output : 1,450° - 4.47cl/kg



# FLUID CHART



Sheet No. : X .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am			45ml						300ml	0	}
	09:00 am			45ml							0	
	10:00 am	Bdly		45ml							0	
	11:00 am	H2O	150ml	45ml							0	
	12:00 pm			45ml							0	
	01:00 pm			45ml						200ml	0	
<b>Total Intake :</b>			420ml			<b>Total Output :</b>					400ml	
	02:00 pm			45ml							0	}
	03:00 pm			45ml						210ml	0	
	04:00 pm	Rice.		45ml							0	
	05:00 pm			45ml							0	
	06:00 pm	H2O	200ml	45ml							0	
	07:00 pm			45ml						200ml	0	
<b>Total Intake :</b>			420ml			<b>Total Output :</b>					460ml	
	08:00 pm			45ml						200ml	0	}
	09:00 pm	Rice	100ml	45ml							0	
	10:00 pm			45ml							0	
	11:00 pm	H2O		45ml							0	
	12:00 am			45ml							0	
	01:00 am			45ml						50ml	0	
<b>Total Intake :</b>			370ml			<b>Total Output :</b>					250ml	
	02:00 am			45ml						150ml	0	}
	03:00 am			45ml							0	
	04:00 am			45ml							0	
	05:00 am			45ml							0	
	06:00 am			45ml							0	
	07:00 am			45ml						50ml	0	
<b>Total Intake :</b>			270ml			<b>Total Output :</b>					250ml	

**Total 24 hrs. Intake** 1,480 :- 1096cc/kg

**Total 24 hrs. Output** 1,360 :- 4,16cc/kg/Ag

KUH-00211509 IP5-00174131  
 Master PATLOLLA SHIVANSH  
 10-01-2023 3 Y 4 M 14 D (M)  
 Dr. NALLA ANURAAG REDDY



# FLUID CHART

Sheet No. : 15

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
<b>26/5/26</b>												
	08:00 am	N		45ml						210ml	0	}
	09:00 am	R		45ml							0	
	10:00 am	D		125ml							0	
	11:00 am										0	
	12:00 pm										0	
	01:00 pm			65ml						200ml	0	
<b>Total Intake :</b>			<b>280ml</b>			<b>Total Output :</b>			<b>410ml</b>			
<b>26/5</b>												
	02:00 pm			65ml							0	}
	03:00 pm	H <sub>2</sub> O	Water 100ml								0	
	04:00 pm	Sidely	1 piece							240ml	0	
	05:00 pm	snacks	1 cup								0	
	06:00 pm	H <sub>2</sub> O	100ml	50ml							0	
	07:00 pm			50ml						200ml	0	
<b>Total Intake :</b>			<b>385ml</b>			<b>Total Output :</b>			<b>440ml</b>			
<b>26/5</b>												
	08:00 pm	rice		50ml							0	}
	09:00 pm	H <sub>2</sub> O	100ml	50ml						290ml	0	
	10:00 pm			50ml							0	
	11:00 pm			50ml							0	
	12:00 am			50ml							0	
	01:00 am			50ml						150ml	0	
<b>Total Intake :</b>			<b>400ml</b>			<b>Total Output :</b>			<b>440ml</b>			
<b>26/5</b>												
	02:00 am			50 ml							0	}
	03:00 am			50 ml							0	
	04:00 am			50ml							0	
	05:00 am			50 ml							0	
	06:00 am			50 ml						450ml	0	
	07:00 am			50ml							0	
<b>Total Intake :</b>			<b>300ml</b>			<b>Total Output :</b>			<b>450ml</b>			

**Total 24 hrs. Intake**      1365 ÷ 101.1 ccl/kg/day

**Total 24 hrs. Output**      1,300 ÷ 4.01 ccl/kg



# FLUID CHART

Sheet No. : 6

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
25/5	08:00 am	H <sub>2</sub> O	100ml	60ml						150ml		}
	09:00 am			60ml								
	10:00 am			60ml								
	11:00 am			60ml								
	12:00 pm	Rice		60ml						200ml		
	01:00 pm			60ml								
<b>Total Intake :</b>			360ml			<b>Total Output :</b>					350ml	
25/5	02:00 pm	H <sub>2</sub> O	200ml	60ml								}
	03:00 pm			60ml						200ml		
	04:00 pm			60ml								
	05:00 pm			60ml								
	06:00 pm			50ml								
	07:00 pm	Idli		50ml								
<b>Total Intake :</b>			340ml			<b>Total Output :</b>					200ml	
25/5	08:00 pm	Rice		50ml						120ml		} pogie
	09:00 pm	H <sub>2</sub> O	200ml	50ml								
	10:00 pm			50ml						100ml		
	11:00 pm			50ml								
	12:00 am			50ml						50ml		
	01:00 am			50ml								
<b>Total Intake :</b>			500ml			<b>Total Output :</b>					250ml	
26/5	02:00 am			50ml								} Bhush
	03:00 am			50ml						100ml		
	04:00 am			50ml								
	05:00 am			50ml						50ml		
	06:00 am		200ml	50ml								
	07:00 am			50ml						150ml		
<b>Total Intake :</b>			800ml			<b>Total Output :</b>					320ml	

**Total 24 hrs. Intake** 1,700 ÷ 70.8cc/kg

**Total 24 hrs. Output** 1120 ÷ 3.4cc/kg

KUH-00211509 IP5-00174131  
 Master PATLOLLA SHIVANSH 3 Y 4 M 14 D (M)  
 10-01-2023  
 Dr. NALLA ANURAG REDDY

# FLUID CHART

Sheet No. : 4

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
A/S	08:00 am			60ml							0	Pl
	09:00 am			-							0	Pl
	10:00 am	DNS		60ml			NP				0	Pl
	11:00 am			-		NA					0	Pl
	12:00 pm									100ml	0	Pl
	01:00 pm										0	Pl
Total Intake : 60 ml						Total Output : 100ml						
2A/S	02:00 pm	DNS		60ml						100ml		} Soanya
	03:00 pm	H <sub>2</sub> O	50ml	60ml								
	04:00 pm			60ml						150ml		
	05:00 pm	PRBL		10ml								
	06:00 pm			20ml						90ml		
	07:00 pm			60ml								
Total Intake : 320						Total Output : 340ml						
A/S	08:00 pm			40ml						40ml		} pooja
	09:00 pm	H <sub>2</sub> O	100ml	40ml								
	10:00 pm			40ml								
	11:00 pm			60ml						100ml		
	12:00 am			60ml								
	01:00 am			60ml						50ml		
Total Intake : 490 ml						Total Output : 320 ml						
A/S	02:00 am			60ml								} pooja
	03:00 am			60ml						100ml		
	04:00 am			60ml						50ml		
	05:00 am			60ml						20ml		
	06:00 am			60ml								
	07:00 am			60ml						100ml		
Total Intake : 360 ml						Total Output : 270 ml						

Total 24 hrs. Intake : 1230 ÷ 91.1 ckg / day

Total 24 hrs. Output : 1030 ÷ 3.17 ckg / hr.



# FLUID CHART

Sheet No. : 23

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output			IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine			
	08:00 am			-		/		/		190ml	0	Aruna	
	09:00 am			60ml		/		/			0		
	10:00 am			-		/		/		100ml	0	Aruna	
	11:00 am	DNS		60ml		/	NA	/			0		
	12:00 pm			60ml		/		/			0	Aruna	
	01:00 pm	NSR		-		/		/		10	0		
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm			-		/		/		100ml	0	Aruna	
	03:00 pm			60ml		/		/			0		
	04:00 pm			60ml		/		/			0	Aruna	
	05:00 pm	DNS		60ml		/	NA	/			0	Aruna	
	06:00 pm			-		/		/		120ml	0	Aruna	
	07:00 pm			60ml		/		/			0		
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm		Rice	60ml		/		/		250ml	0	Aruna	
	09:00 pm			60ml		/		/			0	Aruna	
	10:00 pm	DNS		-		/		/			0	Aruna	
	11:00 pm			60ml		/	NA	/			0	Aruna	
	12:00 am			60ml		/		/		270ml	0	Aruna	
	01:00 am			60ml		/		/			0	Aruna	
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am			60ml		/		/			0	Aruna	
	03:00 am			60ml		/		/			0	Aruna	
	04:00 am	DNS		60ml		/	NA	/			0	Aruna	
	05:00 am			60ml		/		/			0	Aruna	
	06:00 am			-		/		/		217ml	0	Aruna	
	07:00 am			-		/		/		100ml	0	Aruna	
<b>Total Intake :</b>						<b>Total Output :</b>			1147 ml				

**Total 24 hrs. Intake**

**Total 24 hrs. Output** 1567 ml



# FLUID CHART

Sheet No. : ..... 2 .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
22/5/26	08:00 am			60ml/hr							0	JPR
	09:00 am		Rice	60ml/hr					105ml		0	
	10:00 am	IVF		60ml/hr							0	
	11:00 am			60ml/hr					25ml		0	
	12:00 pm			60ml/hr							0	
	01:00 pm		Rice	60ml/hr					25ml		0	
<b>Total Intake :</b>						<b>Total Output :</b>						
22/5/26	02:00 pm		Rice	60ml							0	JPR
	03:00 pm		Rice	60ml							0	
	04:00 pm	Diarrhoea		60ml		NA	NP	NP	200ml		0	
	05:00 pm			60ml							0	
	06:00 pm			60ml					110ml		0	
	07:00 pm										0	
<b>Total Intake :</b>						<b>Total Output :</b>						
22/5	08:00 pm		Rice	60ml					190ml		0	JAPPA
	09:00 pm			60ml					180ml		0	
	10:00 pm	Diarrhoea				NA	NP	NP	260ml		0	
	11:00 pm			60ml							0	
	12:00 am			60ml							0	
	01:00 am			60ml							0	
<b>Total Intake :</b>						<b>Total Output :</b>						
23/5	02:00 am			60ml							0	JAPPA
	03:00 am			60ml							0	
	04:00 am	Diarrhoea		60ml		NA	NP	NP			0	
	05:00 am			60ml							0	
	06:00 am								400ml		0	
	07:00 am								300ml		0	
<b>Total Intake :</b>						<b>Total Output :</b>						
<b>Total Intake :</b>						<b>Total Output :</b>						
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>						





# CONSENT FOR CHEMOTHERAPY

Patient Name : P. Shivansh Age : 3yr Gender : Male  Female

UHID No : KUH-00211509 Department : PHO Date : 26/05

Type of Chemotherapy : Intrathecal

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 : [Signature]  
Name : .....  
Relationship with Patient: Mother  
Date & Time : 26/5/26 @ 11:35 AM

**Witness :**  
Signature : [Signature]  
Name : P. Subhan Reddy  
Date & Time : 26/5/26 @ 11:38 AM

**Doctor (who is taking the consent):**  
Signature : [Signature]  
Name : Dr. Sri  
Date & Time : 26/5/26 @ 12 AM

## కీమో థెరపీ కొరకు అంగీకారం

రోగి పేరు : ..... వయస్సు ..... లింగం పు  స్త్రీ

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

తేదీ .....

**కెమోథెరపీ రకాలు:** .....

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

డాక్టర్ నీకు ఈ ప్రక్రియ వల్ల కలుగు లాభాలు మరియు ప్రత్యామ్నాయాలు వివరించారు .....

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

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

సహాయకుడు (అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....



# CONSENT FOR SPECIAL PROCEDURES

Patient Name : P. Shivansh Gender:  Male  Female

UHID No : KUH-00211509 Department : ICU Date : 26/5

I P. Anurag Reddy S/D/W/O P. Subhan Reddy

Here by give consent for procedure of : Lumbar puncture

For my patient, Named : .....

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

Bleeding, infection, traumatic tap

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. Sai

### Patient Attendant :

Signature : P. Anurag Reddy

Name : .....

Relationship with Patient: mother

Date & Time : 26/5/26 @ 11:38 AM

### Witness :

Signature : P. Subhan Reddy

Name : P. Subhan Reddy

Date & Time : 26/5/26 @ 11:38 AM

### Doctor (who is taking the consent) :

Signature : Dr. Sai

Name : Dr. Sai

Date & Time : 26/5/26, 10 AM

# ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు ..... లింగం  పురుషుడు  స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

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

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

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

**సహాయకుడు (అటెండెంట్)**

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

**సాక్షి**

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....



# CONSENT FOR BLOOD TRANSFUSION

Name: P. Shivansh, Age: 3y Gender: Male  Female   
UHID.No: KUH-0211509, Date: 24/5/26.

- Type of Blood Product:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input checked="" type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate     | <input type="checkbox"/> Single Donor Platelet             | <input type="checkbox"/> Whole Blood            |
| <input type="checkbox"/> Albumin             | <input type="checkbox"/> Red Blood Cell                    | <input type="checkbox"/> Others .....           |

I P. Subhan Reddy hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency 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 nil

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.

<b>Patient (Or Patient Relative / Guardian):</b>	<b>Doctor (Who is talking the consent)</b>
Signature: <u>P. Reddy</u>	Signature: <u>[Signature]</u>
Name: <u>P. Subhan Reddy</u>	Name: <u>[Name]</u>
Date & Time: <u>24/5/26 @ 5pm</u>	Date & Time: <u>24/5/26, 5pm</u>

**Witness**

Signature: [Signature]

Name: [Name]

Date & Time: 24/5/26 @ 5pm



## BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 24/5/26 Time: 5pm.

Blood Group of the Patient: O+ve Blood Group on the Blood Bag: O+ve

Blood Bank Issue No: BAH26-01123 Date of Collection: 11/5/26 Date of Expiry: 22/6/26

Date & Time of Starting Transfusion: 24/5/26 @ 5pm Planned duration of Transfusion: 4-5 hours.

Check for Correct Unit:  Correct Patient:

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

Before starting transfusion vitals: Temp: 97.8°F HR: 108b/m RR: 26b/m BP: 100/55(61) SpO<sub>2</sub>: 98%

**PLEASE MONITOR THE FOLLOWING:**

Date	Time	HR	Temperature	Blood Pressure	SpO <sub>2</sub>	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
24/5/26	15 Min	102b/m	98.2°F	94/64(71)	99%	NA	NA	NA	NA
24/5/26	15 Min	108b/m	98.4°F	98/58(69)	100%	NA	NA	NA	NA
24/5/26	30 Min	99b/m	98°F	99/60(71)	98%	NA	NA	NA	NA
24/5/26	30 Min	98b/m	97.8°F	98/60	99%	NA	NA	NA	NA
24/5/26	30 Min	99b/m	98.8°F	95/59	100%	NA	NA	NA	NA
24/5/26	1 Hr	98b/m	98.3°F	99/60	99%	NA	NA	NA	NA
	1 Hr								

Comments: .....

No reaction

Name of the Incharge-Nurse: Santha

Name of the Nurse: Soumya

Signature of the Incharge-Nurse: Santha

Signature of the Nurse: Soumya


Date & Time: 24/5/26 @ 10:30pm

Date & Time: 24/5/26 @ 10:30pm

**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

**LEUCO REDUCED BLOOD CELLS I.P**

Qty. 280 ml. Prepared from human blood collected in 63 ml. of C.P.D.A. Solution.

	<b>HIV I &amp; II/ HBsAG/ HCV - Non reactive</b> <b>VDRL - Non reactive</b> <b>MP - Negative</b> <b>NAT(HIV I &amp; II/ HBsAG/ HCV)- Non eactive</b>
	<b>Unit No.: BAH26-01123</b> <b>Blood Group: O Rh Positive</b> <b>Collection Date: 11/May/2026</b> <b>Expiry Date: 22/Jun/2026</b>

1) Administer Without Warming. 2) Shake Gently Before Use  
 Add Any Medication. 4) Check Blood Group on Label & R  
 Group and Name Before Administration. 5) Use Sterile Tr  
 With Filter. 6) Do Not Dispense Without Prescription. 7)  
 There is Any Visible Evidence

Approv Antibo	<b>Issue Label / CrossMatching Report</b> Patient : <b>MASTER PATLOLLA SHIVANSH .</b> Patient's Blood Group : O Rh Positive Hosp/Dr : Rainbow Childrens Hospital, Duty Doctor UHID No. : KUH-00211509 Wd-Bed No. :
UF Pre Bag Uni X-M	Product : I.R-PRBC Blood Group : O Rh Positive Unit No. : <b>BAH26-01123</b> XMatching Report: Compatible X-matched by: R.RAMESH <b>Rainbow Hospital Blood Centre, Rainbow Childrens Hospital</b> 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
	Issue Dt : 24/May/2026 Colln. Dt : 11/May/2026 Exp. Dt : 22/Jun/2026 Issued By : PILLEM





# INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By:  Patient  Patient Attendant

I, the undersigned do hereby agree to undergo the following surgery(s), Procedure(s) on patient / myself at Rainbow Children's Hospital. (Avoid technical terms and leave no blank space)

- 1 ..... Groshang line insertion .....
- 2 .....

**I acknowledge the following:**

- I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
- The benefits and risks of this surgery / procedure have been explained to me. I have also been told about the alternatives available for this surgery / procedure including the advantages and disadvantages of the alternatives.

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
<u>long term - IV access for chemotherapy</u>	<u>-</u>

- As with any procedure, I am aware that risks such as blood loss, infection, cardiac arrest, anesthetic allergic reactions, paralysis, Deep Vein thrombosis (DVT), Pulmonary thromboembolism (PTE) etc may arise necessitating attention. Therefore, in addition to consenting to the performance of the above-mentioned surgery/procedure(s), I also consent and authorize the rendering of such other care and treatment as patient/my surgeon or his / her designee reasonably believes necessary should one or more of these and/or other unforeseeable events occur.

Apart from the listed above, I have also been explained about the possible complications of the surgery / procedure are as follows:

- a. Bleeding
- b. hematoma

- I authorize Dr. Shilpa and his / her team to perform the procedural sedation upon the patient / myself.
- I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
- 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: P. Subhan Reddy

Name: P. Subhan Reddy

Relationship with patient: Mother

Date & Time: 26/5/26 @ 11:15 am

**Witness:**

Signature: P. Subhan Reddy

Name: P. Subhan Reddy

Date & Time: 26/5/26 @ 11:15 am

**Doctor (who is taking consent):**

Signature: [Signature] Name: Dr. Shilpa Sai Date: 26/5/26 Time: 11:15 AM

## శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు:  రోగి  రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్ఫో బిల్టైన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స (లు) / ప్రాసీజర్ (లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాలు వాడవద్దు మరియు ఖాళీ స్థలం వదిలివేయకండి)

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

- క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
- ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి. ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

- ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ లాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జిక్, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు. అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్ నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినప్పుడు, రోగి/నా కోసం అవసరమని వైద్యుడు భావించే ఇతర చికిత్సలను చేయడానికి కూడా నేను అనుమతిస్తున్నాను.

అదనంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

a.	
b.	

- డాక్టర్ \_\_\_\_\_ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్ ను చేయడానికి నేను అనుమతిస్తున్నాను.
- వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
- పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భాష సమాధానం ఇచ్చారు. 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: .....

# SURGICAL SAFETY CHECKLIST

Surgeon : Dr. S. Mohan  
 Asst. Surgeon : \_\_\_\_\_  
 Anaesthetist : Dr. Mohan  
 Scrub Nurse : Alam

Patient Name : Mastan Shivan, Age : 27, Gender : M  
 UHID No. : KUH-00211529 Surgery Name : Crochet line  
placement  
Lebanon Pt  
 Date : 26/12 In-time : 12:00pm Out-time : 1:35pm



## Before Induction of Anaesthesia >>

## Before Skin Incision >>

## Before Patient Leaves Operating Room

SIGN IN	Time: <u>11:50 AM</u>
<b>Patient Has Confirmed</b>	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Site Marked</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Anaesthesia Safety Check Completed</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pulse Oximeter on Patient &amp; Functioning</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does Patient have a:</b>	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Difficult Airway / Aspiration Risk?</b>	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Risk of &gt; 500ml Blood Loss (7ml/kg In Children)?</b>	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
<b>Has Antibiotic Prophylaxis been given within the last 60 minutes?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : _____	
Name : <u>Dr. S. Mohan</u>	

TIME OUT	Time: <u>12:12 PM</u>
<b>Confirm all team members have introduced themselves by Name and Role</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Surgeon, Anaesthesia Professional and Nurse Verbally Confirm</b>	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Anticipated Critical Events</b>	
<b>Surgeon Reviews:</b>	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>Bleeding, Hematoma</u> <u>spinal Hematoma</u> <u>1hr</u> <u>some</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Anaesthesia Team Reviews:</b>	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Nursing Team Reviews:</b>	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Is Essential Imaging Displayed?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : _____	
Name : <u>Sujata</u>	

SIGN OUT	Time: <u>12:20 pm</u>
<b>Nurse Verbally Confirms with the Team:</b>	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>To Surgeon, Anaesthetist and Nurse:</b>	
What are the key concerns for recovery and management of this patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : _____	
Name : <u>Dr. Jai</u>	

KUH-00211509 IP5-00174131  
 Master PATLOLLA SHIVANSH  
 10-01-2023 3 Y 4 M 16 D (M)  
 Dr. NALLA ANURAAG REDDY

Patient Sticker



## BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 26/5/26

Department : OT ..... Duration of Procedure : 4 hrs

Name of Surgeon : Dr. Shilpa ..... Date of Admission : 21/5/26

**Bundle Care Criteria : (Tick (✓) if done)**

	Staff Signature
1. Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : .....	
2. Hair Removal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if Yes : Surgical Clipper Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : ..... Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Patient's body temperature immediately post operation (Recovery Room) 31 °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	
4. Name of doctor or staff administering the antibiotic : ..... Date & Time of antibiotic administration : ..... Date & Time procedure started : 26/5/26 @ 12:15pm	

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

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Master PATLOLLA SHIVANSH  
10-01-2023 3 Y 4 M 16 D (M)  
Dr. NALLA ANURAAG REDDY

Pa



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

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## OPERATION THEATER NOTES

Patient's Name : Masten Patlolla Shivansh Age : 3y Gender :  Male  Female

UHID No. : KUH-00211509 Weight : 13.5 kgs Height : .....

Surgeon : Dr. Shilpa Asst. Surgeon : -

Anesthetist : Dr. Shilpa OT Nurse : Alam OT Technician : Venkat

Pre-Operative Diagnosis: BALL

Surgical Procedure : Grooving Line incision

Indications for Surgery :

Date : 26/5/26 Start Time : 12:15pm End Time : 1:15pm

Pre Operative Preparations: The area cleaned and draped  
NOT left arm

Post Operative Diagnosis: NOT applicable

Peri-Operative Complications: Nil

Operation Notes: under strict aseptic technique the  
area cleaned, grooving line sutured over  
left arm. free flow of position confirmed  
radiologically by CARM. child tolerated well



KUH-00211509 IP5-00174131  
Master PATLOLLA SHIVANSH  
10-01-2023 3 Y 4 M 16 D (M)  
Dr. NALLA ANURAAG REDDY



Patient Stic



## POST-SURGICAL CARE PLAN FORM

Procedure Done: ..... Grooving Line incision

Post-Surgical Diagnosis: ..... N/A

Post-Operative Monitoring Parameters /Frequency:

HR, BP Q2-4H.

Wound Care:

Line care

Drain /Special Lines/Catheters:

NO

Special Patient Positioning and Requirements:

NO

Nutritional Instructions:

Normal diet

When to Start Mobilization:

off sedation

Special Referrals:

NO

The new order for all required medications documented in the doctor order/medication sheet:

Yes  No

Any Other Post-Operative Care Needed including Required Follow Up

NO

Treating Surgeon  
(Signature & Stamp)

*(Signature)*

Date: 2/15/25 Time: 1/0M

Note: Plan of care will be readjusted if necessary.

CUH-00211509 IP5-00174131  
Master PATLOLLA SHIVANSH  
0-01-2023 3 Y 4 M 18 D (M)  
Dr. NALLA ANURAAG REDDY



# CONSENT FOR CHEMOTHERAPY

Patient Name : patlolla Shivansh. Age : 3yews. Gender : Male  Female

UHID No : KUH-211509 Department : oneology Date : 28/5/26

Type of Chemotherapy : .....

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 .....

-NA-

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 : [Signature]

Name : P. Sravan Reddy

Relationship with Patient: Mother.

Date & Time : 28/5/26 @ 7pm

**Witness :**

Signature : [Signature]

Name : P. Subhan Reddy

Date & Time : 28/5/26 @ 7pm

**Doctor (who is taking the consent):**

Signature : [Signature]

Name : Dr. Sravani

Date & Time : 29/5/26 @ 7pm

## కీమో థెరపీ కొరకు అంగీకారం

రోగి పేరు : ..... వయస్సు ..... లింగం పు  స్త్రీ

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

తేదీ .....

**కెమోథెరపీ రకాలు:** .....

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

డాక్టర్ నీకు ఈ ప్రక్రియ వల్ల కలుగు లాభాలు మరియు ప్రత్యామ్నాయాలు వివరించారు .....

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

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

సహాయకుడు (అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

KUH-0211509 IP5-00174131  
Master PATLOLLA SHIVANSH  
10-01-2023 3 Y 4 M 16 D (M)  
Dr. NALLA ANURAAG REDDY



# CONSENT FOR BLOOD TRANSFUSION

Name: Patlolla Shivansh Age: 3y Gender: Male  Female   
UHID.No: 211509 Date: 26/5/26

- Type of Blood Product:**
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input type="checkbox"/> Packed Red Blood Cells           | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate     | <input checked="" type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood            |
| <input type="checkbox"/> Albumin             | <input type="checkbox"/> Red Blood Cell                   | <input type="checkbox"/> Others .....           |

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

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

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 / Patient during he present hospital stay and treatment.

<b>Patient (Or Patient Relative / Guardian):</b>	<b>Doctor (Who is talking the consent)</b>
Signature: <u>P. Anurag Reddy</u>	Signature: <u>N. Anurag Reddy</u>
Name: <u>P. Anurag Reddy</u>	Name: <u>N. Anurag Reddy</u>
Date & Time: <u>26/5/26 @ 9:40AM</u>	Date & Time: <u>26/5/26 @ 9:40AM</u>

**Witness**

Signature: P. Anurag Reddy

Name: P. Anurag Reddy

Date & Time: 26/5/26 @ 9:40AM

రక్త మార్పిడి కొరకు అంగీకార పత్రము

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

UHID. సంఖ్య: ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> తాజా ఘనీభవించిన ప్లాస్మా | <input type="checkbox"/> ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> క్రయో ప్రెసిపిటేట్       | <input type="checkbox"/> ఒకే ధాత శ్లేటిలెట్స్           | <input type="checkbox"/> Whole Blood            |
| <input type="checkbox"/> మొత్తం రక్తం             | <input type="checkbox"/> ఎర్ర రక్త కణం                  | <input type="checkbox"/> ఇతరులు.....            |

నేను ..... ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి

ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికి/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. ధాత రక్తాన్ని హెచ్ ఐ బి యాంటీ బడిస్, హైపర్టెటీస్ ఐ సర్వేస్ యాంటిజెన్, హైపర్టెటీస్ యాంటిబడిస్, మలేరియా మరియు సిస్టిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ 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 రక్తముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్యాక్ చేయబడి ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెస్ ప్రోజెన్ ప్లాస్మా, క్రయో ప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్) సాక్షి

సంతకము ..... సంతకం .....

పేరు ..... పేరు .....

తేదీ మరియు సమయము ..... తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి చేసుకుంటున్నారో)

సంతకము .....

పేరు .....  
Doc. No. : RCHB/ FRM / CLINICAL / 014

KUH-00211509 IP5-00174131  
 Master PATLOLLA SHIVANSH  
 10-01-2023 3 Y 4 M 16 D (M)  
 Dr. NALLA ANURAAG REDDY



## BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 26/5/26 Time: 9:40 AM

Blood Group of the Patient: O+ve Blood Group on the Blood Bag: O+ve

Blood Bank Issue No: BAH-26-P0113 Date of Collection: 26/5/26 Date of Expiry: 31/5/26

Date & Time of Starting Transfusion: 26/5/26 @ 9:40 AM Planned duration of Transfusion: .....

Check for Correct Unit:  Correct Patient:

Blood products cross checked by: Nurse 1: Dinysa Nurse 2: Nasheep

Before starting transfusion vitals: Temp: 98.6 F HR: 106/h RR: 28/h BP: 95/51/68 SpO<sub>2</sub>: 100%

**PLEASE MONITOR THE FOLLOWING:**

Date	Time	HR	Temperature	Blood Pressure	SpO <sub>2</sub>	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>26/5/26</u>	<u>15 Min</u>	<u>106/h</u>	<u>98.6 F</u>	<u>91/51/65</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>15 Min</u>	<u>106/h</u>	<u>98.6 F</u>	<u>101/52/69</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: No Compliments

Name of the Incharge-Nurse: Dinysa

Name of the Nurse: Nasheep

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

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

Date & Time: 26/5/26 @ 10 PM

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

**PLATELETAPHERESIS SDP-I**

Qty. 125 ml. Prepared from Human Whole Blood by Apheresis using Cell Separator (Qty. 250 ml ± 20 ml.)

**O**

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

Donor Type: Replacement

Unit No.: BAH26-P0113  
Blood Group: O Rh Positive  
Collection Date: 26/May/2026  
Expiry Date: 31/May/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 With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Evidence. 8) Store Between 2° C to 6° C 9) Appropriate Compatible Cross Matched Blood Without Atypical Antibodies in Recipient Should Be Used.

**Issue Label / Cross Matching Report**

Patient : MASTER PATLOLLA SHIVANSH.

Patient's Blood Group : O Rh Positive

Hosp/Dr : Rainbow Childrens Hospital, Duty Doctor

UHID No.: KUH-00211509 Wd-Bed No.:

Product : SDP-I

Blood Group : O Rh Positive

Issue Dt : 26/May/2026

Unit No.: BAH26-P0113

Colln. Dt : 26/May/2026

X Matching Report: ABO Compatible

Exp. Dt : 31/May/2026

X-matched by: B.Abhishek

Issued By : B.Abhishek

**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

Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**



KUH-00211509 IP5-00174131  
 Master PATLOLLA SHIVANSH  
 10-01-2023 3 Y 4 M 16 D (M)  
 Dr. NALLA ANURAAG REDDY



Name: Master Patlolla Shivansh Age: 3y1 Sex: Male UHID.No: KUH-00211509

Date: 25/5/23 Time: 11 PM Proposed Operation: Anocholelithotomy + Lumbal puncture

Diagnosis: B-cell Acute Lymphoblastic Leukemia

B.P / CRT: 94/66 H.R: 124/m Weight: 13.5 kg ASA Physical Status:  1  2  3  4  5

25/5  
25/5

Laboratory Data:	
Hgb: <u>14.2</u>	Glucose: .....
PCV: .....	Urea: <u>15</u>
WBC: <u>9.61</u>	Creat: <u>0.3</u>
Plate: <u>39,000</u>	Na: <u>139</u>
PT: <u>14</u>	K: <u>4.7</u>
PTT: <u>37</u>	Ca++: .....
INR: <u>1.0</u>	Mg++: .....
	Cl: <u>96</u>
	SGOT/SGPT: .....
	Protein: .....
	Alb: .....
	Total Bill: .....
	Dir. Bill: .....
	LDH: .....
	Alk phos: .....
	Amylase: .....
	SGOT/SGPT: .....
	HIV: .....
	HBS Ag: .....
	HCV: .....
	Blood group: .....
	T3 .....
	T4 .....
	TSH .....
	X-Ray: .....
	ECG: .....
	2D Echo: <u>(N)</u>
	Stress/Angio: .....
	Other: .....

Allergies: AKDA

Medical History: CVS: c/o fever on 5 off IVF conception / Term / LSCC / 3kg /

RESP: 4 mild cold Diabetes: NO NEW STAY

CNS: (N)

Renal: (N)

Hepatic / GE: (N) Physical Activity: .....

Others: Recently diagnosed B-cell ALL -> PRAX-200mg on 24/5

Past Anaesthetic History: Nil unit SAP on 20/5

Physical Exam: Alert, active

Airway: MP 1 2 3 4 Mouth Opening: >3F Mentohyoid Distance: adequate Neck: (N) Teeth: (N)

Lungs: Bare

Heart: S2E

CNS: NRM

Pregnant:  Yes  No  N/A Venous Access Site: (N) Spine Exam for regional: -

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE
T. ALLOPURINOL	<u>1/2 TAB TID</u>
IM. BETTRIXONE	<u>850mg BD</u>
<u>DU</u> IM. DEXAMETHASONE	<u>-</u>
T. AMLODIPINE	<u>2.5mg 1/2 tab Q12H</u>

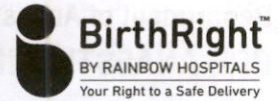
- Pre-Operative Instructions:**
- DVT Prophylaxis: .....
  - NIL ORAL: Water / ORS 2 Hours explained  
Others 6 Hours
  - Informed Consent:  Standard  High Risk
  - Post Operative Pain Management:  Discussed with Patient
  - Other Instructions: planned to transfuse 1/2 unit SAP

Signature: [Signature] Name: Dr. Anreeta

KUH-00211509 IP5-00174131  
 Master PATLOLLA SHIVANSH  
 10-01-2023 3 Y 4 M 16 D (M)  
 Dr. NALLA ANURAAG REDDY



# ANAESTHESIA CHART



## Pre Induction Assessment:

Change in Patient Condition:  Yes  No Fasting Status: Confined

Physical Status:  Patient Identified  Consent Present  Chart Reviewed

H.R.: 64 bpm B.P./CRT: 122/82 mmHg SpO<sub>2</sub>: 99% @ Room Air R.R.: Last Feed: 6 am

Pre-OP Diagnosis: B-cell Acute lymphoblastic leukemia Operation: Chest X-ray, Insertion of Umbilical Catheter Date: 26/5/26

Surgeon: Dr. Shilpa Anaesthesiologist: Dr. Shilpa, Dr. Salihah Technician: Venkat

TIME	12:00	12:15	12:30	12:45	1:00	1:30
N <sub>2</sub> O / AIR / O <sub>2</sub> LPM	2/2/2	2/2/2	2/2/2	2/2/2	2/2/2	2/2/2
HALO / SO / SEVO	0	0	0	0	0	0
Drugs:	<u>100 mg MIDAZOLAM 0.4 mg iv</u> <u>100 mg FENTANYL 24 mcg iv</u> <u>100 mg PROPOFOL</u> <u>100 mg glycopyrridate 130 mcg iv</u>					
Antibiotic						
Suppository						
Blood Loss						
FI <sub>2</sub> / SaO <sub>2</sub>	100	100	100	100	100	100
ETCO <sub>2</sub>	40	39	39	35	44	39
ECG	SR	SR	SR	SR	SR	SR
Temperature						
Urine Output						
Fluids Blood	<u>RINGER LACTATE @ 140 ml/hr</u>					
B.P.	[Graph showing BP fluctuations between 100-140 mmHg]					
V Systolic	[Graph showing Systolic BP fluctuations]					
A Diastolic	[Graph showing Diastolic BP fluctuations]					
X Mean	[Graph showing Mean BP fluctuations]					
• Heart Rate	[Graph showing Heart Rate fluctuations]					
Tourniquet on Time						
Tourniquet off Time						
Throat Pack In						
Throat Pack Out						

LAB Values

ABG

GRBS

Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>Right</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <input type="checkbox"/> Temp Site <input type="checkbox"/> FIO <sub>2</sub> Monitor <input type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator  Position: <u>Supine</u> <input type="checkbox"/> Pressure Points Checked  <b>Eye Care:</b> <input type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	<b>Temp:</b> <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other  <b>Times:</b> Anaes Start: <u>12 pm</u> OP Start: <u>12:05 pm</u> OP End: <u>12:30 pm</u> Leave OR: <u>12:35 pm</u>  <b>Anaesthesia:</b> <input type="checkbox"/> GA <input checked="" type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional  <b>Line (Size &amp; Location)</b> <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>Hand (22G)</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	<b>Induction</b> <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhal <u>O<sub>2</sub> 2L O<sub>2</sub> C</u> <input type="checkbox"/> Pre O <sub>2</sub> <input type="checkbox"/> RSI <u>nasal prongs</u> <input type="checkbox"/> Others  <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# ..... at ..... cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug:  <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# ..... Attempts: ..... Difficulty Why? .....  <input type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input checked="" type="checkbox"/> Closed Circle <input type="checkbox"/> Other	<b>Regional:</b> Extremity Specify: ..... <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: ..... Position: ..... <b>Site:</b> ..... Needle Size: ..... Depth: ..... Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin ..... cm Drug Name & Conc: ..... Bolus: ..... Infusion: ..... Block Level: ..... Comments: ..... Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Name of the Doctor: <u>D. A. S. HWANA</u> Signature of the Doctor: <u>[Signature]</u>
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**POST-ANAESTHESIA CARE UNIT RECORD**

Received in PACU by : Bm Time Received : ..... Time Discharged : .....

↓ RESP • PULSE < BLOOD PRESSURE	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO <sub>2</sub>	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site : <u>⑩ Low</u> <input type="checkbox"/> O <sub>2</sub> Mask <input checked="" type="checkbox"/> Nasal Prongs <input type="checkbox"/> Tracheostomy <input type="checkbox"/> T-Piece <input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway  Vomiting : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      Drug: ..... NG Tube : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Urinary Catheter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Chest Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Nil Oral <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  IV Fluids: ..... Oral Feeds: <u>Orally All</u>

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0 ACTIVITY	1	1				A Minimum Total Score of 8 is Required for Discharge  Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0 RESPIRATION	2	2				
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0 CIRCULATION	2	2				
Fully awake = 2 Arousable on calling = 1 Not responding = 0 CONSCIOUSNESS	1	1				
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0 COLOR	2	2				
TOTAL	8	8	9	10		

**PAIN ASSESSMENT AND MANAGEMENT FORM**

Date	Time	Pain Score	Intervention	Signature
26/5/23	3:30 pm		—	<u>Bm</u>

Pain Tool Used:  N PASS     FLACC     Wong Baker     NPS

Anaesthesiologist Name : Dr. Nallu W

Anaesthesiologist Signature: [Signature]

Date & Time: 26/5/23 3:30

PACU Nurse Name : [Signature]

PACU Nurse Signature: [Signature]

Date & Time: 26/5/23 @ 3:45 PM

**Reassessment Frequency:**

1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
  - a. Every 2 hours for first 24 hours
  - b. After 24 hours every 4 hours
  - c. Prior to pain relieving intervention
  - d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): 185 @ Bm

Date & Time: 26/5/23 @ 3:45

KUH-00211509 IP5-00174131  
 Master PATLOLLA SHIVANSH  
 10-01-2023 3 Y 4 M 15 D (M)  
 Dr. NALLA ANURAAG REDDY



Department of Anaesthesiology  
**EPIDURAL ANALGESIA RECORD**

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space : ..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues : .....

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

*(Handwritten signatures and notes)*



142-B → 135

# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 21/5/26 Time: 4:30 PM

Weight: 13.5 kg Centile: >10<sup>th</sup>

Height: 91 cm Centile: 5<sup>th</sup>

Inference: underweight child

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

Diet Recommendations: soft high protein diet

Re-Assessment: Avoid spicy, chilled & outside foods.

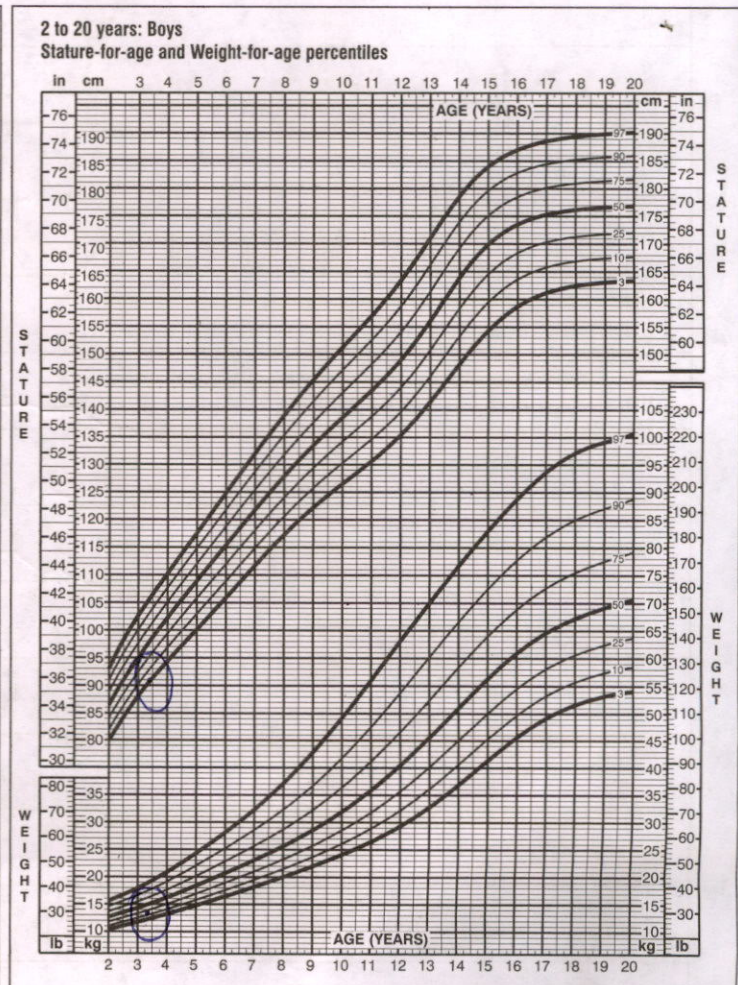
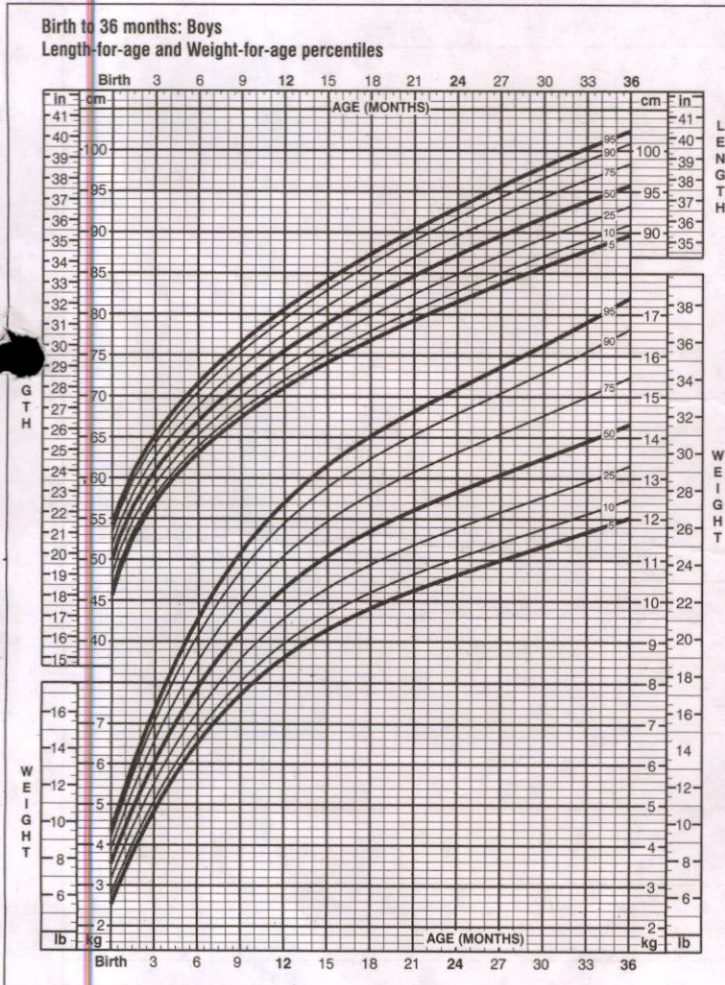
Food Allergies: NO Veg/Non-veg: veg

Diagnosis: Acute B-cell lymphoblastic leukemia

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: P. Debaive

## GROWTH CHART (BOYS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

Daily Notes:

22/5/26  
11:30 AM

Child is stable Oral Intake is optimal

Continue to soft high protein diet. - monitor

23/5/26  
10:30 AM

Child is stable Oral Intake is normal

Continue to soft high protein diet. - watch

24/5/26  
11 AM

Child is stable Oral Intake is better

Continue to soft high protein diet. - watch