Rainbow Children's Hospital

BirthRight Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174973 **Admit Date** : 10-Jun-2026 **Admit Time** : 12:11 PM **UHID** : BAH-00654648

Patient Details :

Patient Name	: Baby SRI HARINI RAO	**Age**	: 2 Y 7 M 6 D
Guardian	: Mr VENKAT RAO	**DOB**	: 04-11-2023
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
ddress (H)	: H.NO-9-4-636 SAPATHAGIRI COLONY Karimnagar Karimnagar Telangana INDIA 505001	**Phone No**	: 7816055044/ 9000807678
		E-mail	: 7816055044@d

Admission Details :

Bed Type : FOUR SHARING **Bed No** : FSW 135 **Ward Name** : 1F-HEMATO-ONCOLOGY

Room No : FSW 135 **Admission Type** : First Visit

Contact Details :

Name : Mr VENKAT RAO **Relationship** : Father

Contact Address : H.NO-9-4-636 SAPATHAGIRI COLONY Karimnagar Karimnagar Telangana INDIA 505001 **Phone No** : 7816055044 / 9000807678

Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI **Specialisation** : HEMATO ONCOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. SANDHYA VADDADI

Payment Details :

Payment Mode : Cash **Deposit Amount** : 6154.30

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00654648 IP5-00174973
Baby SRI HARINI RAO
04-11-2023 2 Y 7 M 6 D (F)
Dr. SIRISHA RANI

UHID No. : _____ nsultant: _____ Dept : _____

Date of Admission: ____ te of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/08	1pm	ER	135	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
10/6	CBP (OP)		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/6	Infusion pump	3pm		965841	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/6	chemotherapy	(1)	9651844	
10/6/26	Blood Transfusion (FFP)	(1)	9652077	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00654648 IP5-00174973
Baby SRI HARINI RAO
04-11-2023 2 Y 7 M 6 D (F)
Dr. SIRISHA RANI

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ADMISSION CRITERIA – ONCOLOGY

Admission / Transfer from:

☑ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: .....

Tick (✓) any of the following criteria requiring admission / transfer to ONCOLOGY

- ☑ For Chemotherapy-Day Care or IP Admission as per the Type of Chemotherapy
- ☐ Febrile Neutropenias (ANC <500 cells / mm3)
- ☐ Netropenic Enterocolitis
- ☐ Mucositis Induced Significant Diarrohea or Pain
- ☐ Neurological Complications (like Seizures, Bleeding, Thrombosis) that can arise while on Chemotherapy Treatment or at the Time of Presentation and also for other Systemic Problems like Pancreatitis during Chemotherapy
- ☐ Management of Oncological Emergencies
- ☐ Bleeding Problems (where it is indicated)
- ☐ Evaluation and Management of Severe Anemias
- ☐ Day Care Admissions for PRBC Transfusions
- ☐ Evaluation and Management of Sick Children who come with Hematological Problems like Severe Anemia like Autoimmune Hemolytic Anemia/ Bleeding/ Others
- ☐ Primary Immunodeficiency Disorders with Infections that Warrants Hospitalisation
- ☐ Management and Evaluation of Hemophagocytic LymphoHisticytosis
- ☐ Any Systemic Disorders with Significant Hematological issues like JRA / SLE with Secondary HLH

Signature of the Doctor: .....

Name of the Doctor: Sravani

Date & Time: 10/6/26 4PM

BAH-00654648 IP5-00174973
Baby SRI HARINI RAO
04-11-2023 2 Y 7 M 6 D (F)
Dr. SIRISHA RANI

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DISCHARGE CRITERIA – ONCOLOGY

Discharge to:

☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☐ Others: .....

Tick (✓) any of the following criteria requiring discharge / transfer from ONCOLOGY

- ☐ Completion of chemotherapy, with no debilitating side effects.
- ☐ Resolution of febrile episode, with no fever>24hrs and Absolute Neutrophil count (ANC)> 500cells/mm3.
- ☐ Admitted patients - Once the admitting problem gets resolved or made a plan to manage further on out-patient basis.

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....

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PEDIATRIC IN-PATIENT MEDICAL RECORD

(1)

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

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Baby SRI HARINI RAO
04-11-2023 2 Y 7 M 6 D (F)
Dr. SIRISHA RANI

BAH-00654648 IP5-00174973
Baby SRI HARINI RAO
04-11-2023 2 Y 7 M 6 D (F)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Name : Harini Rao Age/Sex 2/F

Information given by: Relationship good

Chief Presenting Complaints & Duration (Chronologically)

k/c/o: B-ALL now for week 4 induction

History of present illness :

- tolerating well.
- no active complaints
- CBP done: 10/6 — WBC - 1210
  ANC - 798

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Baby SRI HARINI RAO
04-11-2023 2 Y 7 M 6 D (F)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

(N) transition

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information : (N)

Developmental History :

appropriate

Immunization History :

immunised for age.

(P.T.O.)

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Baby SRI HARINI RAO
04-11-2023 2 Y 7 M 6 D (F)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____(Centile _____) Height (cms):_____(Centile)_____)

Weight (kgs))_____16-79kg (Centile _____)

On Examination :

Temperature : 99°F Pulse Rate: 128/min B.P. 97/54 SPO2 100%

Resp.rate and type of breathing : 20/min

Rash

Lymphadenopathy

Oedema : (-)

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds : clear.

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : (N)

Any murmur : none.

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

Per Abdomen :

Inspection

Palpation : (N) soft

Ausculation :

Spine : External Genitelia :

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

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Baby SRI HARINI RAO
04-11-2023 2 Y 7 M 6 D (F)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : alert

Cranial Nerves :

Motor System:

Nutriton : N

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel : N

Clinical Summary & Diagnostic:

B-ALL for wk-4 induction

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04-11-2023 2 Y 7 M 6 D (F)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: infection control

Desired goals of the treatment : chemotherapy

Planned Labs:

CBP
RBS
fibrinogen

done OP basis

N/B
Ramy

Planned Management

1) Chemotherapy today wk 4 VCR.
2) Inj Ondem
3) Syp Domstal
4) Continue previous medications

Signature of the Doctor: Akhila

Name of the Doctor: Akhila

Date & Time: 10/6/26 @ 4pm

Signature of the Consultant: [signature]

Name of the Consultant: Dr. Annuay

Date & Time:

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Baby SRI HARINI RAO (F)
04-11-2023 2 Y 7 M 6 D
Dr. SIRISHA RANI

Pa

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 1pm	B-ALL / Induction No fever No vomiting vitals - stable	Plan 1. week-4 Vincristine week-3 Daunorubicin - today 2. Dexa tapering ~~from tlm~~. Noted by Moumita 10/6/26 2PM Sravani
11/6/26 9am	B-ALL / Induction - week-4. No fever vitals stable	Plan 1. dexa tapering from today 2. LP today. R/V BMA - MRD. d/c today FU - 16/6 ECHO. MD Moumita 11/6/26 12PM Sravani 11/6 10am

BAH-00654648 IP5-00174973
Baby SRI HARINI RAO
04-11-2023 2 Y 7 M 6 D (F)
Dr. SIRISHA RANI

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/11/23 12PM	Procedure notes under strict aseptic conditions the area cleaned; lumbar puncture done, intrathecal chemotherapy given and Bone marrow aspiration done. Child tolerated well -TO send for morphology	(Dr SOI)

BAH-00654648 IP5-00174973
Baby SRI HARINI RAO
04-11-2023 2 Y 7 M 6 D (F)
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1

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RESULT SHEET

Date 3	10/6/26					
Time	10 AM					
Hb	8.8					
PCV	26.3					
RBC	3.04					
WBC	910 → ~~910~~ 1210					
N/L	66 / 28					
Platelets	1 Lakh					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
10/6/26						
Fibrogen - 40						

Culture and Sensitivities : .....

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.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00654648 IP5-00174973
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04-11-2023 2 Y 7 M 6 D (F)
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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight 16.8kg Ward ....

DRUG : Tab AMLODIPINE

Dose	Route	Frequency	Start Dt.
½ tab	PO	OD	10/6

Date / Time: 10/6 — 8PM (pooja)

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions: 1tab = 2.5mg.

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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Baby SRI HARINI RAO
04-11-2023 2 Y 7 M 6 D (F)
Dr. SIRISHA RANI

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

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

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

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

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

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

BAH-00654648 IP5-00174973
Baby SRI HARINI RAO
04-11-2023 2 Y 7 M 6 D (F)
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DRUG CHART

Date of Admission: 10/6 Drug Allergies: ✓ ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

Sign

VERIFIED BY : Name

04-11-2023 2Y7M6D (F)
Dr. SIRISHA RANI

REGULAR PRESCRIPTIONS Weight. 16.79kg Ward. .....

DRUG : Inj ONDANSETRON

Dose	Route	Frequency	Start Date
4mg	IV	BID	10/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	10/6	11/6
6AM	X Susmita Vaishnavi	
6PM	MOU ANUPRATAPOU ANUN	

DRUG : Tab DEXAMETHASONE

Dose	Route	Frequency	Start Date
	PO	BID	10/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
2mg
1.5mg

Daily Doctor's Endorsement by a Sign

Date / Time	
S	
T	
O	
P	Nausea 10/6/24.

DRUG : Tab VORICONAZOLE

Dose	Route	Frequency	Start Date
1/2	PO	BD	10/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
1tab = 200mg

Daily Doctor's Endorsement by a Sign

Date / Time	
S	
T	
O	
P	Nausea.

DRUG : Susp DOMSTAL

Dose	Route	Frequency	Start Date
4ml	PO	TID	10/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
5ml/5mg

Daily Doctor's Endorsement by a Sign

Date / Time	10/6	10/6
2AM	X	MOU ANUN
2PM	X	MOU ANUN
10PM	MOU Vaishnavi	

Baby SRI HARINI RAO
04-11-2023 2 Y 7 M 6 D (F)
Dr. SIRISHA RANI

Weight. ..... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/6	10pm	Inj AVIL	0.3ml.	IV		Kavima Nasheena 10pr
10/6	10pm	FFP	150ml. over 1h	IV		Kavima Nasheena 10pr
11/6	12pm	INJ MIDAZOLAM	0.5mg	IV		Bhuvana ARun
11/6	12pm	INJ KETAMINE	10mg	IV		Bhuvana ARun

04-11-2023 2Y7M6D (F)
Dr. SIRISHA RANI

I.V. FLUIDS CHART

Weight. 16-79 kg Ward. .....

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

Signature .....

VERIFIED BY : Name .....

BAH-00654648 IPS-00174973
Baby SRI HARINI RAO
04-11-2023 2 Y 7 M 6 D (F)
Dr. SIRISHA RANI

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: Oncology

D	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB VORICONAZOLE	½ tab	PO	OD	10/6	☐C ☐DC
2	Tab DEXAMETHASONE	2mg	PO	BID	10/6	☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Akhila Dr. Akhila

Date & Time : 10/6/26

Nurse Name & Signature: Pramod

Date & Time : 10/06/26 @ 1.00 pm

Baby SRI HARINI RAO IP5-00174973
04-11-2023 2 Y 7 M 6 D (F)
Dr. SIRISHA RANI

(1)

CHEMOTHERAPY PRESCRIPTION

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

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Sheet No.: (1)	Weight (kg): 16 kg	Body Surface Area: 0.68	Diagnosis: B-ALL	Protocol: Wk-4 Induction

DATE	TIME	Composition of Chemotherapy (if infusion, mention ml / hr = Mcg / kg / min. etc.)	DOSE	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
10/6/26	2:50PM	Inj VINCRISTINE in 10ml NS	1mg	IV	over 10 min	d	moumita / Anuradha	10/6	[signature]	moumita / Anuradha
10/6/26	3PM	Inj DAUNORUBICIN in 300ml 1/2 PNS	16mg	IV	60ml/hr	d	moumita / Anuradha	10/6	[signature]	Mashaya / Kausme
11/6/26	12PM	Inj METHOTREXATE Inj CYTARABINE Inj HYDROCORTISONE	10mg 20mg 10mg.	IT	STAT	A	moumita / ARUN	11/6	[signature]	moumita / ARUN

BAH-00654648 IP5-0017
Baby SRI HARINI RAO (F)
04-11-2023 2 Y 7 M 6 D
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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
10/6	1pm	7	Infection Control Measure	M	1	O	1	1	NA	
11/6	9AM	7	Infection control measure	M	1	O	1	1	-	

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C Caregiver O: Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

BAH-00654646
Baby SRI HARINI RAO
04-11-2023 2 Y 7 M 6 D (F)
Dr. SIRISHA RANI

MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: B ALL

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
10/6 1pm	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	B ALL	H dynamic Stability	Chemo	[signature]	☑ Nursing ☐ Others:
10/6 1pm	☐ Medical ☑ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	B ALL	H. Dynamic Stability	Precision Medication	[signature]	☑ Medical ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

BAH-00654648 IP5-00174973
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Dr. SIRISHA RANI

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/6/26 Time: 9AM

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

*98.6°F

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

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

91
(69)
56

Note: BP does not score in early warning scoring

Heart Rate (Number) 112 b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 25 b/m

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2(l/min)		
O_2Saturations (%)		100 %
Conscious Level	Normal	C
	Altered	
GCS *		15/15
TOTAL SCORE Number of shaded boxes		0
Pain Score		0
Observer's Initials		

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00654648 IP5-00174973
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PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/6 Time:	4PM	7PM	10pm	3AM	6AM	
Doctor / Nurse / Family Concern?						
Temperature (F)	*98.5°F	*97.9°F	*98.5°F	*97.6°F	*98.5°F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	100 (62) 54	101 (67) 60	95 (70) 63	98 (62) 50	96 (62) 58	
Note: BP does not score in early warning scoring						
Heart Rate (Number)	90b/m	85b/m	98 b/m.	96 b/m	98 b/m	
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	25b/m	27b/m	26 b/m	25 b/m	24b/m	
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	99%	97%	98%	
Conscious Level: Normal / Altered	C	C	C	C	C	
GCS *	15/15	15/15	15/15	15/15	15/15	
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	
Pain Score	0	0	0	0	0	
Observer's Initials						

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

Patient Sticker

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

BAH-00654648 IP5-00174973
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FLUID CHART

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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.

11/6/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
11/6	10:00 am											
	11:00 am									200ml		
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : (1)

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm	ADMISSION										
Total Intake :						**Total Output :**						
10/6	02:00 pm											
	03:00 pm		Rice + chapati	60ml								
	04:00 pm			60ml								
	05:00 pm			60ml								
	06:00 pm	H20	50ml	60ml						150ml		
	07:00 pm			60ml								
Total Intake :		350ml				**Total Output :**				150ml		
	08:00 pm	Rice		60ml						150ml		
	09:00 pm	H_2O	40ml	60ml								
	10:00 pm			150ml						100ml		
	11:00 pm			30ml								
	12:00 am			30ml								
	01:00 am			30ml						170ml		
Total Intake :		430ml				**Total Output :**				420ml		
	02:00 am			30ml								
	03:00 am			30ml						190ml		
	04:00 am			30ml								
	05:00 am			30ml								
	06:00 am			30ml								
	07:00 am			30ml						200ml		
Total Intake :		180ml				**Total Output :**				390ml		

Total 24 hrs. Intake	960 ÷ 57.2 cc/kg/day	Total 24 hrs. Output	960 ÷ 3.1 cc/kg/day/hr

Docu. No. : RCHBH /FRM / CLINICAL / 092

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : Harini Gender: ☐ Male ☑ Female

UHID No : BAH-00654648 Department : OPD Date : 11/26

I ..... S / D / W / O .....

Here by give consent for procedure of : BMA + Lumbar puncture

For my patient, Named : .....

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

Bleeding, infection, dry tap / 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. Sravani

Patient Attendant :

Signature : P. Venkat

Name : venkat

Relationship with Patient: father

Date & Time : 11/6/26 10AM

Witness :

Signature : P. Venkat

Name : venkat

Date & Time : 11/6/26 10AM

Doctor (who is taking the consent) :

Signature : R

Name : Dr Sai

Date & Time : 11/6/26; 10AM

ప్రత్యేక విధానాలకు సమ్మతి

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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 .....