

ADMISSION SHEET
Registration Details :


Admission No : IP5-00174957 Admit Date : 10-Jun-2026 Admit Time : 08:51 AM UHID : BAH-00655429

Patient Details :

Patient Name	: Master MD HASAN AKRAM	Age	: 6 Y 7 M 13 D
Guardian	: Mr MD IRSHAD AKRAM	DOB	: 28-10-2019
Gender	: Male	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: DARUSSALAM RAMANA ROAD Bankipur Patna Bihar INDIA 800004	Phone No	: 9910405565/ 7569838222
		E-mail	: MDIRSHADAKRAM@GMAIL.COM

Admission Details :

Bed Type	: SEMI PRIVATE	Bed No	: SPVT 133	Ward Name	: 1F-HEMATO-ONCOLOGY
Room No	: SPVT 133	Admission Type	: First Visit		

Contact Details :

Name	: Mr MD IRSHAD AKRAM	Relationship	: Father
Contact Address	: DARUSSALAM RAMANA ROAD Bankipur Patna Bihar INDIA 800004	Phone No	: 9910405565 / 7569838222


 Signature

Doctor Details :

Doctor Name	: Dr. SIRISHA RANI	Specialisation	: HEMATO ONCOLOGY
Referral Doctor	: Self	Phone No	:
Co-Consultant	: Dr. SANDHYA VADDADI		

Payment Details :

Payment Mode	: Cash	Deposit Amount	: 0.00
		Payor Name	: MEDI ASSIST INSURANCE TPA PVT LTD

BAH-00655429 IP5-00174957
Master MD HASAN AKRAM
28-10-2019 6 Y 7 M 13 D (M)
Dr. SIRISHA RANI



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: *[Handwritten Signature]*

Name of the Doctor: *Dr. Sri*

Date & Time: *10/6 @ 1pm*

BAH-00655429 IP5-00174957
Master MD HASAN AKRAM
28-10-2019 6 Y 7 M 13 D (M)
Dr. SIRISHA RANI



DISCHARGE CRITERIA – ONCOLOGY

Discharge to:

- HDU / Step down ICU Ward Outside Facility Others: *home*

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: *[Signature]*

Name of the Doctor: *Seemil*

Date & Time: *10/6/20 @ 10-40.*



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It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

①

Patient Name:

Md Hasan Akram

UHID ID:

BAH-00655429 IP5-00174957
Master MD HASAN AKRAM
28-10-2019 6 Y 7 M 13 D (M)
Dr. SIRISHA RANI

Department:



Consultant:



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 21.4 kg (Centile _____)

On Examination :

Temperature : 97.7°F Pulse Rate : 120/min B.P. 102/57(69) SPO2 95% on RA

Resp. rate and type of breathing : RR = 22/min

Rash _____
Lymphadenopathy } Nil
Oedema : _____
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : B/LAET
Any addes sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc..) _____

Cardiovascular System :

Inspection of procordium : _____
Heart Sounds : S1S2
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc..) : _____

Per Abdomen :

Inspection _____
Palpation : Soft, NT.
Auscultation : _____
Spine : _____ External Genitelia : _____
Relevant data from outside (CT, USG etc..) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Plantars _____

Superficials:

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

T-Cell lymphoblastic lymphoma / CNS - Negative on Induction,



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

CBP
~~Creatinine~~ N/B
 Lsnaup
 10/06/26
 @ 9:00 AM.

Planned Management

- ✓ LP procedure
 - ✓ C7 chest / USG Chest
 - ✓ Start Consolidation phase from today
 - ✓ Continue regular pt { Longoson
Septan
Methyl
Calcimex plus }
- ~~N/B poojan~~

Signature of the Doctor: _____

Name of the Doctor: Dr. RAMYA

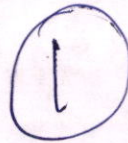
Date & Time: 10/6/26 @ 4pm

Signature of the Consultant: _____

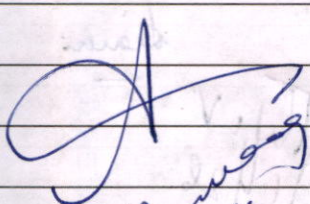
Name of the Consultant: Dr. Sirisha Rani

Date & Time: 10/6/26 @ 10:00 am

Dr. Anu Deep Reddy



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/20 10 AM	T- lymphoblastic lymphoma (mediastinal completed induction cervical lymph node involvement)	
no fever no vomiting		
vitals stable		<u>Plan</u> 1. CT chest + neck today to look for response (size reduction)
 Dr. Anurag Reddy 5/31/20		2. Lumbar puncture N.B. Sonny today 0212" @ 11:30 am
10/6/20 3 PM	Procedure notes Under sterile aseptic precaution, lumbar puncture done clear CSF seen, intrathecal medications administered. procedure unremarkable.	<u>Plan</u> 1. continue chemotherapy Sharai
vitals stable		N.B Goyal 10/6/20

BAH-00655429 IP5-00174957
 Master MD HASAN AKRAM
 28-10-2019 6 Y 7 M 13 D (M)
 Dr. SIRISHA RANI



2



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 am	T-lymphoblastic lymphoma / good response consolidation	
	No fever	
		Flas
	vitab. state	1. d/c today
		2. 1ly cytarabine
		6mp from today
		Flu - H1N1 & CBP.
		Sandhya
		Sandhya
		11/6/26
		10 am
		Dr. SANDHYA VADADI
		Reg. No: 71664

BAH-00655429 IP5-00174957
 Master MD HASAN AKRAM
 28-10-2019 6 Y 7 M 13 D (M)
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BirthRight[™]
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RESULT SHEET

OP basis

Date	10/6				
Time	8:45am				
Hb	8.6				
PCV	27.6				
RBC	3.56				
WBC	10.81				
N/L	55.8/27.7				
Platelets	226				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine	0.3				
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					

BAH-00655429 IP5-00174957
 Master MD HASAN AKRAM
 28-10-2019 6 Y 7 M 13 D (M)
 Dr. SIRISHA RANI



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: ICU Shifted to: ICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
	Syp. Zonofenon	2.5ml	PO	OD	9/16/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	Syp. Septran	5ml	PO	BD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	Syp. Mokka	5ml	PO	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	Syp. Calcimen plus	5ml	PO	OD		<input checked="" 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: Dr. RAMYA

Date & Time: 10/6/26; 9am

Nurse Name & Signature: Pooja

Date & Time: 10/6/26 @ 9:10 am

BAH-00855429 IP5-00174957
 Master MD HASAN AKRAM
 28-10-2019 6 Y 7 M 13 D (M)
 Dr. SIRISHA RANI



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																					

Signature
VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 21.4 kg Ward. 0110

DRUG : Lev ONDANSETRON				Date Time	10/6	11/6															
Dose	Route	Frequency	Start Date																		
4mg	IV	TID	10/6/26	Can	X																
Name & Signature of the Doctor Starting the Drugs: Dr Ranje				2pm Ranje Am																	
Additional Instructions:				10pm Ranje in Nidra																	
Daily Doctor's Endorsement by a Sign				d A																	
DRUG : Syp. DOMPERIDONE				Date Time	10/6	11/6															
Dose	Route	Frequency	Start Date																		
4ml	PO	BD	10/6/26	Can	X																
Name & Signature of the Doctor Starting the Drugs: Dr Ranje																					
Additional Instructions:				Syp Ranje Nidra																	
Daily Doctor's Endorsement by a Sign				d																	
DRUG : Syp. TONOPERON				Date Time	10/6																
Dose	Route	Frequency	Start Date																		
2.5ml	PO	OD	10/6/26																		
Name & Signature of the Doctor Starting the Drugs: Dr Ranje				3pm Ranje Nidra																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign				A																	
DRUG : Syp. SEPTAN				Date Time	10/6	11/6															
Dose	Route	Frequency	Start Date																		
5ml	PO	BD	10/6/26	Can	Syp Subst	X															
Name & Signature of the Doctor Starting the Drugs: Dr Ranje																					
Additional Instructions:				Syp Ranje Nidra																	
Daily Doctor's Endorsement by a Sign				A																	

BAH-10655429 IP5-00174957
 Master MD HASAN AKRAM
 28-10-2019 6 Y 7 M 13 D (M)
 Dr. SIRISHA RANI



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

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

Rainbow Children's Hospital
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BirthRight
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 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/6/18 Time: 9:30 am

Doctor / Nurse / Family Concern?

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

Heart Rate (bpm) and Blood Pressure (mmHg) *	190	
	180	
	170	
	160	
	150	
	140	
	130	
	120	
	110	
	100	99
	90	↓ (13)
	80	65

Note: BP does not score in early warning scoring

Heart Rate (Number) 107b/min

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

Resp Rate (Number) 24b/min

Resp Distress Mod/ Severe None / Mild *

Receiving O₂ (l/min) O₂ Saturations (%) 98%

Conscious Level Normal Altered C

GCS * 15/15

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

- 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.

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

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BAH-00655429 IP5-00174957
 Master MD HASAN AKRAM
 28-10-2019 6 Y 7 M 13 D (M)
 Dr. SIRISHA RANI

FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am		N										
	12:00 pm		P						200ml				
	01:00 pm		O										
Total Intake :						Total Output : 200ml.							
	02:00 pm									0			
	03:00 pm								700ml	0			
	04:00 pm		50ml	50ml						0			
	05:00 pm		50ml	50ml						0			
	06:00 pm	H ₂ O		50ml					100ml	0			
	07:00 pm			50ml						0			
Total Intake : 300ml.						Total Output : 200ml.							
	08:00 pm	Biryani		50ml						0			
	09:00 pm	H ₂ O	100ml	50ml					100ml	0			
	10:00 pm			50ml						0			
	11:00 pm			50ml						0			
	12:00 am			50ml					150ml	0			
	01:00 am			50ml						0			
Total Intake : 400ml						Total Output : 250 ml							
	02:00 am			50 ml						0			
	03:00 am			50ml					100ml	0			
	04:00 am			50ml						0			
	05:00 am			50ml						0			
	06:00 am			50 ml					120ml	0			
	07:00 am			50ml						0			
Total Intake : 300 ml						Total Output : 220 ml.							

Total 24 hrs. Intake 1000 ÷ 46.2cc/kg/day

Total 24 hrs. Output 870 ÷ 1.6cc/kg/hr.



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 Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
11/6	08:00 am	Fruits									1	[Signature]	
	09:00 am	H ₂ O	100ml										
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

BAH-00655429 IP5-00174957
Master MD HASAN AKRAM
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CONSENT FOR SPECIAL PROCEDURES

Patient Name : MD. HASAN AKRAM Gender: Male Female

UHID No : BAH-00655429 Department : ICU Date : 9/11

I S / D / W / O

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. Sirisha Rani

Patient Attendant [Signature]

Signature : [Signature]

Name : MD Sirisha Rani

Relationship with Patient: Father

Date & Time : 10/06/20 @ 10 AM

Witness : [Signature]

Signature : [Signature]

Name : MD Sirisha Rani

Date & Time : 10/06/20 @ 10 AM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Sirisha Rani

Date & Time : 9/10/20, 10 AM

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.పాచ్.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

Patient Sticker

BAH-00655429 IP5-00174957
Master MD HASAN AKRAM
28-10-2019 6 Y 7 M 13 D (M)
Dr. SIRISHA RANI



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FOR PROCEDURAL SEDATION

Authorization By: Patient Patient Attendant

I, the undersigned do hereby acknowledge the following:

- I have been made aware by the doctors in language known to me the details of sedation planned for the procedure
Lumbar puncture
- I have been made aware of the possible complications from the procedure of sedation as follows:
- Changes in heart rate, blood pressure, need for oxygen supplementation, allergic reactions, upper airway obstruction, laryngospasm, conversion to general anaesthesia
- I have been made aware that the sedation is being advised to relieve pain and anxiety during the procedure. It will help me remain calm, comfortable, and cooperative, allowing the procedure to be performed smoothly and safely.
- I have been clearly explained about the benefits, risk, and alternative of the sedation which is General Anaesthesia.
- I authorize Dr. Arvind and his / her team to perform the procedural sedation upon the patient / myself.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: [Signature]
Name: MD Sirisha Rani
Relationship with patient: Mother
Date & Time: 10/06/26

Witness:

Signature: [Signature]
Name: MD Sirisha Rani
Date & Time: 10/06/26

Doctor (who is taking consent):

Signature: [Signature] Name: Arvind Date: 9/10 Time: 10AM

ప్రాసీజరల్ సెడేషన్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, క్రింది విషయాలను అంగీకరిస్తున్నాను:

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

- సెడేషన్ వల్ల సంభవించగల సాధ్యమైన క్రింది సమస్యలు/ప్రమాదాలు గురించి నాకు తెలిపారు: గుండె వేగం మారడం, రక్తపోటు మారడం, ఆక్సిజన్ అవసరం, అలర్జి ప్రతిచర్యలు, ఎగువ శ్వాసనాళ అడ్డంకి, లాలింజోస్పాసమ్, జనరల్ అనస్థీషియాగా మారాల్సిన అవకాశం.
- ప్రాసీజర్ సమయంలో నొప్పి, భయం, ఆందోళన తగ్గించేందుకు సెడేషన్ ఇవ్వడం అవసరం అని నాకు వివరించారు. ఇది ప్రాసీజర్ సజావుగా, సురక్షితంగా జరగడానికి సహాయపడుతుంది.
- సెడేషన్ గురించి సంబంధించిన ప్రయోజనాలు, ప్రమాదాలు, ప్రత్యామ్నాయం (జనరల్ అనస్థీషియా) గురించి నాకు స్పష్టంగా వివరించారు.
- డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ ప్రాసీజర్ సెడేషన్ చేయడానికి నేను అనుమతిస్తున్నాను.
- పై సమాచారాన్ని నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ఉన్న ప్రశ్నలన్నీ, నాకు అర్థమయ్యే భాషలో సమాధానమిచ్చారు. ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



Moderate Sedation Flow-Sheet

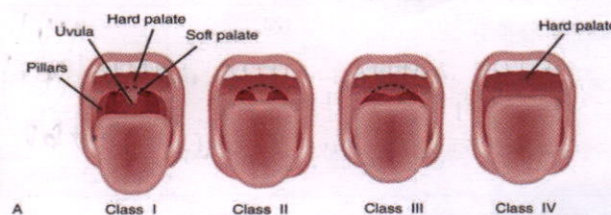
Immediate Pre-Sedation Assessment

B.P	PR	R.R	Temp	SPO ₂	Pain Score	Weight
100/54/41	104/m	26/m	37.6°C	100%	0	21.4kg

Diagnosis: T. LBL

Procedure: Lumbar puncture

Comorbidities: NO

<input checked="" type="checkbox"/> Risk, benefits & alternatives discussed; <input checked="" type="checkbox"/> Patient understand & elects to proceed <input checked="" type="checkbox"/> Consents for procedure and sedation signed and dated ASA Physical Status <input type="checkbox"/> ASA PS 1: Healthy Patient <input checked="" type="checkbox"/> ASA PS 2: Mild Systemic Disease, no functional limitations <input type="checkbox"/> ASA PS 3: Severe Systemic Disease, functional limitations <input type="checkbox"/> ASA PS 4: Severe Systemic Disease, constant threat to life <input type="checkbox"/> ASA PS 5: Moribund Patient unlikely to survive 24 hrs. <input type="checkbox"/> ASA PS 6: A declared braindead patient whose organs are being removed for donor purposes <input type="checkbox"/> E: Emergency procedure GCS: E M V <input checked="" type="checkbox"/> IV Site: Gauge: Sedation Plan: <u>IV</u> Allergies: <u>NO</u>	AIRWAY EVALUATION Mouth: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loose Teeth <input type="checkbox"/> Small Mouth <input type="checkbox"/> Protruding Incisors <input type="checkbox"/> Receding Lower Jaw <input type="checkbox"/> Dentures Neck: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Decreased ROM <input type="checkbox"/> Thyromental Distance Less Than 6 cm <input type="checkbox"/> Short Neck  Mallampati Class: <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
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Monitoring of Patient Intra – Procedure

Procedure Monitoring

Heart Rate (HR), Respiratory Rate (RR), Oxygen Saturation (O₂ Sat) continuously monitored, and Level of Consciousness (LoC) to be monitored and recorded minimally every 15 minutes until 15 minutes after the last administration of any sedation, then every 30 minutes, then every 1 hour until stable. Respiratory status to be monitored continuously.

Level of Consciousness (LOC):

- A - Alert
- V - Verbally Responsive
- P - Painfully Responsive
- U - Unresponsive

Observation to be documented every 15 mins

TIME	BP	PR	RR	O ₂ Sat%	O ₂ Supplementation	Comments / Initials
Baseline	100/50/60	104b/m	26b/m	100%		

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

Doctor Notes: child tolerated well

Time of transportation to post sedation care room: 133 LOC: adult

Doctor Name: Dr. Anwarog Signature: [Signature]

Post Sedation Care Room

Time																			
Monitoring	180																		
ECG NBP Oximeter	160																		
Pain Score (0-10)	140																		
Sedation Score (0-4).....	120																		
	100																		
	80																		
	60																		
	40																		

TOTAL ALDRETTE SCORE AT DISCHARGE =
 (If 9 and more patient can discharge from post Sedation care unit)

Activity :	Consciousness:	Respiration:	Oxygen Saturation:	Circulation:
Four extremities = 2	Fully awake = 2	Breathe Deep= 2	Sat O ₂ >92 % on room air = 2	BP +/- 20 mm hg of pre-op = 2
Two extremities = 1	Arousal oncalling=1	Dyspnea, limited breathing = 1	Needs oxygen to maintain Sat O ₂ >90% = 1	BP +/- 20-50 mm hg of pre-op = 1
No extremities = 0	Unresponsive=0	Apnea = 0	Saturation <90% with oxygen = 0	Bp +/-50 mm hg of Pre-Op = 0

Patient Discharge Time: 3:30 PM

Nurse Name: [Signature]

Signature: [Signature]

Date: 10/09 Time: 3:30 PM

Consultant Name: Dr. Jorahyo

Signature: [Signature]

Stamp

ADMISSION SHEET



Registration Details :

Admission No : IP5-00174957 Admit Date : 10-Jun-2026 Admit Time : 08:51 AM UHID : BAH-00655429

Patient Details :

Patient Name : Master MD HASAN AKRAM Age : 6 Y 7 M 13 D
Guardian : Mr MD IRSHAD AKRAM DOB : 28-10-2019
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : DARUSSALAM RAMANA ROAD Bankipur Patna Phone No : 9910405565/ 7569838222
Bihar INDIA 800004 E-mail : MDIRSHADAKRAM@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE Bed No : SPVT 133 Ward Name : 1F-HEMATO-ONCOLOGY
Room No : SPVT 133 Admission Type : First Visit

Contact Details :

Name : Mr MD IRSHAD AKRAM Relationship : Father
Contact Address : DARUSSALAM RAMANA ROAD Bankipur Phone No : 9910405565 / 7569838222
Patna Bihar INDIA 800004
Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI Specialisation : HEMATO ONCOLOGY
Referral Doctor : Self Phone No :
Co-Consultant : Dr. SANDHYA VADDADI

Payment Details :

Deposit Amount : 0.00
Payment Mode : Cash Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

ACTIVITY RECORD FOR BILLING

9

Name : _____

BAH-00655429 IP5-00174957

Master MD HASAN AKRAM

28-10-2019 6 Y 7 M 13 D (M)

Dr. SIRISHA RANI

UHID No. : _____ Consultant: _____ Dept : _____

Date of Admiss _____ Date of Discharge : _____ Time: _____



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	9:30 AM	ER	onco	R

Cross Consultation Visit

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

