

ACTIVITY RE

VIH-00067408 IP-00060350
Baby SAMREEN
26-09-2005 20 Y 8 M 20 D (F)
Dr. AKHEEL SYED RIZWAN

Name: -----



UHID No: -----

Consultant: -----

Dept: *peradiatrie*

Date of Admission: *15/6/26*

Time: -----

Date of Discharge: -----

Time: -----

Room / Bed No: *218*

Ward: -----

Suggested Billable bed type: -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<i>15/6/26</i>	<i>2:50 pm</i>	<i>CR</i>	<i>218</i>	<i>shu.</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	<i>Dr. SANDHYA VADADI</i>	<i>16/6/26</i>	<i>3096907</i>	<i>[Signature]</i>
2.	<i>Cross checked done by def. 16/06/26 @ 21:35p</i>			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
15/6/24	PNH	26020462 ✓	
	whole exams sequencing	26020463 ✓	Rajyalaxmi
15/6/24	Bone marrow ASPIRATION		
	REPORTING	26020491 ✓	R
16/6/24	CAP	260 20561 ✓	S
16/6/24	Bone marrow Biopsy	26020570 ✓	R

→ Cross checked done by Def. 16/06/24

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/6/26	IV placement	①	3090516 ✓	Shm.
15/6/26	Bone MARROW	J ①	3090590 ✓	Sh
	conscious sedation		3090589 ✓	
16/6/26	IV placement	②	3090842 ✓	Sh
16/6/26	Bone Marrow			
Cross checked done by Ref. 16/06/26				
/				
/				
/				
/				
/				
/				
/				
/				

ANY OTHER INFORMATION

~~16/6/26~~ Bone marrow

Date: 16/06/26

Time: 21:40pm

Prepared By: Ref. 16/06/26

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sis. Nagamani	Sis. Ref.		

Name	Baby SAMREEN	UHID	VIH-00097408
Father/Guardian	Mr ZAKEER HUSSAIN	Age/Gender	20 Y 8 M 21 D/Female
Address	HNO 22-403/9/10/76 BJR NAGAR BJR NAGAR BALAJI NAGAR, Malkajgiri, Hyderabad, Telangana, INDIA, 500047		
IP No	IP-00060350	Admission Date	15-06-2026
Ref Doctor	Self	Discharge Date	16-06-2026

DISCHARGE SUMMARY

Consultant: Dr. AKHEEL S. RIZWAN

MBBS, DCH, MRCPCH (UK)

SENIOR CONSULTANT PEDIATRICS & NEONATOLOGY

TSMC-13579

Diagnosis: Pancytopenia under evaluation ? Autoimmune

History: Baby SAMREEN is a 20 Y 8 M 21 D girl presented with the history of recurrent fever associated with body pains, found to have recurrent leucopenia / pancytopenia. She was admitted at Rainbow Children's Hospital for bone marrow aspiration & biopsy.

Outside Investigations: Complete blood picture done on 13.06.2026 showed hemoglobin 10.8 gm%, white blood cells count of 3,000 cells/cumm, platelet count of 1.85 lakhs/cumm. Vitamin-B12 was 416 pg/ml.

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 100/min, blood pressure - 100/70 mmHg and respiratory rate - 20/min. On auscultation, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft with no organomegaly. Neurologically, she was conscious and oriented. Other systemic examination was normal.

Name

Baby SAMREEN

UHID

VIH-00097408

Weight on admission : 41.9 kgs.

Investigations: Enclosed.

Management: She was admitted in the ward and started on intravenous antibiotics and intravenous fluids. She was treated symptomatically with antacids.

Her complete blood picture showed hemoglobin 10.0 gm%, white blood cells count of 3,530 cells/cumm, platelet count of 2.07 lakhs/cumm. Whole exome sequencing & blood for PNH were sent - reports awaited.

Bone marrow aspiration & biopsy was done by Dr. Sandhya Vaddadi, Consultant Pediatric Hemato-oncologist & Pediatrician. Reports of which are awaited.

Her vitals were regularly monitored. As hemodynamically stable, she is being discharged with the following advice.

At the time of discharge : She is active, afebrile and hemodynamically stable.

Advice:

1. Diet as advised.
2. Tablet Folic acid, 1 tablet once daily till further advice.
3. Tablet Pan-D (40mg) 1 tablet once daily (1/2 hour before breakfast) for 2 weeks.
4. Tablet Shelcal (500mg) 1 tablet once daily till further advice.
5. Tablet Neurobion Forte, 1 tablet once daily for 2 weeks.
6. Capsule Uprise-D3, 1 capsule weekly once (on Sunday) for 2 Sundays.
7. Tablet Ultracet, 1 tablet 12th hourly (if required) for pain.

Name

Baby SAMREEN

UHID



8. Tablet Cefixime (200mg) 1 tablet 12th hourly for 4 days (after food).
9. Trace bone marrow aspiration & biopsy, Whole exome sequencing & blood for PNH reports.
10. Kindly consult Dr. Sandhya Vaddadi, Consultant Pediatric Hemato-oncologist & Pediatrician, with bone marrow aspiration & biopsy, Whole exome sequencing & blood for PNH reports in OPD with prior appointment (This consultation will be charged).

In case of Fever:

Tablet Dolo (650mg), 1 tablet for fever more than 99.6°F (maximum 4-6 hourly).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.

In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 7337357870 for increasing breathing difficulty, dullness or high fever.

If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctorin the language that I understand and I have understood the same.

Name

Baby SAMREEN

UHID

VIH-00097408

Name : *Zakeer Hussain*



Signature :

Relationship with patient : *DAUGHTER*

This summary has been explained by:

Summary prepared by: Dr. Sameera
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

Sameera
Dr. AKHEEL S. RIZWAN
MBBS, DCH, MRCPCH (UK)
SENIOR CONSULTANT PEDIATRICS & NEONATOLOGY
TSMC-13579

PatientName : Baby SAMREEN
Age/Gender : 20 Y 8 M 21 D/ Female
Ward/Bed : N 0 GF-EMERGENCY/ ER 102

Inpatient No. : IP-00060350
Admit Date : 15-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :16-06-2026 15:29	
HEMOGLOBIN (Colorimetry)	10.0	g/dL	L 12 - 16
RBC COUNT (DC detection method)	3.48	10 ¹² /L	L 4 - 5.2
PCV/HCT (Calculated)	28.3	VOL%	L 33 - 51
MCV (Calculated)	81.3	fL	80 - 100
MCH (Calculated)	28.7	pg/cells	26 - 34
MCHC (Calculated)	35.3	g/dL	32 - 36
RDW-CV (Calculated)	12.2	%	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	207	10 ⁹ /L	150 - 450
MPV (Calculated)	8.8	fL	6.5 - 10
WBC COUNT (DC Detection Method)	3.53	10 ⁹ /L	L 4.5 - 11
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	60	%	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	29	%	24 - 44
MONOCYTES (Microscopy, Leishman stain)	10	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC ANAEMIA WBC - LEUCOPENIA PLATELETS - ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VHM-00097408 IP-00080350

Baby SAMREEN

26-09-2006 20 Y 8 M 20 D (F)

Dr. AKHEEL SYED RIZWAN



Patient Name :

IP.No:

Ward:

DOA: 16/6/26



Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	-	-	
2	Discharge Summary	3	-	-	
3	Nursing Initial assessment form	1	-	-	
4	Patient Transfer Forms	1	-	-	
5	In-patient Medical Record	3	-	-	
6	Doctors Progress Sheets	2	-	-	
7	Nurses Progress notes	2	-	-	
8	Consultation Sheets				
9	General Consent for Treatment	1	-	-	
10	Consent for Surgery				
11	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	-	-	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes (Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	2	-	-	
26	Intake and Output chart (fluid Chart)	2	-	-	
27	Drug Chart (Regular prescription)	2	-	-	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	-	-	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	-	-	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Triage form	1	-	-	
	Special procedures and sedation procedure check list	1	-	-	
	procedure safety check list	1	-	-	
	medication	1	-	-	
	criteria form Assigning Dr's	1	-	-	
	Other page's	5	-	-	
	Total No. of Pages				

34 total page's

Signature and Date: 16/6/26 @ 9 AM

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

VIH-00097408 IP-00060350
 Baby SAMREEN
 26-09-2005 20 Y 8 M 20 D (F)
 DR. AKHEEL SYED RIZWAN



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 15/6/26 Time of arrival : 1:12 Pm
 Chief Complaints: Came for Bone marrow RBS: _____
 Height : _____ Weight : 41.96 BMI : _____ Head Circumference (<2 years) _____
 Allergies: Yes No Medications Blood Transfusion Food Other: _____
 If yes, identify _____
 Pain Screening: Yes No If Yes, Pain Score: 0 Pain Tool Used: N Pass FLACC Wong Baker
 Character _____ Location _____ Frequency _____ Duration _____

<p>RISK FOR FALL:</p> <p><input type="checkbox"/> If patient is < 6 years tick below fall risk intervention directly</p> <p><input checked="" type="checkbox"/> If Patient is > 6 years Assess the below parameters</p> <p>History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Ambulatory Aids:</p> <ul style="list-style-type: none"> Wheelchair <input type="checkbox"/> Yes <input type="checkbox"/> No Uses furniture for support <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Gait/Transferring:</p> <ul style="list-style-type: none"> Bedrest / immobile <input type="checkbox"/> Yes <input type="checkbox"/> No Weak <input type="checkbox"/> Yes <input type="checkbox"/> No Impaired <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Mental Status: Forgets limitations <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES FOR ANY CATEGORY = RISK FOR FALLING</p> <p>Fall Risk Intervention:</p> <ul style="list-style-type: none"> Escort while ambulating <input type="checkbox"/> Assist Patient <input type="checkbox"/> <input checked="" type="checkbox"/> Educate patient and family on fall precautions/prevention 	<p>Functional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> Mobility Problem <input type="checkbox"/> Walking Problem <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Musculoskeletal Congenital Abnormality <input type="checkbox"/> <p>Inform consultant for positive criteria</p> <p>_____</p> <p>_____</p> <p>Nutritional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> Underweight <input type="checkbox"/> Overweight <input type="checkbox"/> Feeding Problem <input type="checkbox"/> Special diet <input type="checkbox"/> Special feeding method <input type="checkbox"/> <p>Inform consultant for positive criteria</p> <p>_____</p>
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Psychological Screening: No Significant Findings
 Unusual concerns about patient's Psychological Status: Yes No
If Yes Consultant Notified: _____ (Date/Time): _____
Social History: Lives With Family
 Siblings in household Yes No (if yes How Many?) _____
 Time of Initial assessment completed by ER Nurse : 1:14 Pm

Patient Name : Baby. SAMREEN UHID : VIH-00097408 IPD : IP-00060350 Gender : Female Age : 20 Y 8 M 2

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
1:08 PM	*pt Came to ER from Dr. Akheel OPD
1:10 PM	*vitals checked and Recorded
1:12 PM	*ER Doctor seen the pt & gave intimation
1:30 PM	*Admission Done
1:40 PM	*Iv Placement Done
	*Samples Collected & sent to lab
	*PT shifted to ward

Samples collected by: S sis. Shanti

Time: 1:40 PM

Samples sent by:

Time: 1:45 PM

Medication given in ER:

Date/Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
Nil					

Condition of patient at time of shift - out :	Details of Shift - out
HR: 100b/m BP: 100/60 CFT: 1.2cc	Shift - out from ER to: 218
RR: 20b/m SPO ₂ : 98%	Time of Shift - out: 15/6/26 @
GCS: 15/15 Temperature: 97.3°f	Handover given to: Sr. Roja
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable): -	

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any): Iv Placement

Name of the Nurse : Vaishnavi

Signature of the Nurse : Vaishnavi

Date & Time : 15/6/26 @ 2:50 PM

ADMISSION SHEET

Registration Details :



Admission No : IP-00060350 Admit Date : 15-Jun-2026 Admit Time : 01:17 PM UHID : VIH-00097408

Patient Details :

Patient Name : Baby SAMREEN Age : 20 Y 8 M 20 D
Guardian : Mr ZAKEER HUSSAIN DOB : 26-09-2005
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : HNO 22-403/9/10/76 BJR NAGAR BJR NAGAR Phone No : 9290133512
BALAJI NAGAR Malkajgiri Hyderabad E-mail : na123@gmail.com
Telangana INDIA 500047

Admission Details :

Bed Type : SHARED WARD Bed No : ER 102 Ward Name : N 0 GF-EMERGENCY
Room No : ER 102 Admission Type : First Visit

Contact Details :

Name : Mr ZAKEER HUSSAIN Relationship : D/O
Contact Address : HNO 22-403/9/10/76 BJR NAGAR BJR NAGAR Phone No : 9290133512 / 8919625770
BALAJI NAGAR Malkajgiri Hyderabad Telangana
INDIA 500047

Res.
Signature

Doctor Details :

Doctor Name : Dr. AKHEEL SYED RIZWAN Specialisation : GENERAL PEDIATRICS
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

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

PATIENT TRANSFER FORM



Patient Name & UHID No. <div style="border: 1px solid black; padding: 2px; font-size: 8px;"> VIH-00097408 IP-00060350 Baby SAMREEN 26-09-2005 20 Y 8 M 20 D (F) Dr. AKHEEL SYED RIZWAN </div>		Date & Time of Admission 15/6/26 @ 1:17 PM	Date & Time of Transfer Order 15/6/26 @ 2:50 pm
		Transfer Ordered by DR. Sameena.	Reason for Transfer for admission
From Unit ER	To Unit 218	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 21	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>If yes, what? op files given to</i>	
Medications / Consumables / Surgicals / Hand over <i>to</i>			
Sl.No.	Item Name	Quantity	
1.			
2.	— Nil —		
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>Shaukat Khan</i>		Name of Person Ordered Transfer DR. Sameena.	
Patient & Clinical Records Received by : <i>Raja</i>			
Date & Time of Patient Received : <i>On 15/6/26 @ 3:0 pm</i>			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

atient Name : Baby. SAMREEN UHID : VIH-00097408 IPD : IP-00060350 Gender : Female Age : 20 Y 8 M 2

VIH-00097408 IP-00060350
 Baby SAMREEN
 26-09-2005 20 Y 8 M 20 D (F)
 Dr. AKHEEL SYED RIZWAN



wt - 41.96 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Samreen Age : 20 yrs Gender: Male Female

Date : 15/6/26 Time of Arrival : 1:08pm

Allergies: No Yes Food Medications Blood Transfusion Other (Specify): Not known

Source of Information: Parents Others (Specify):

Mode of Arrival: Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 97.4 PR: 107b/m BP: 102/69(8) RR: 22b/m SpO₂: 100%

Chief Complaints: Came for Bone marrow

INITIAL PHYSIOLOGICAL CATEGORIZATION Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea		INITIAL PHYSIOLOGICAL STATUS <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life -Threatening
---	--	--	--	---

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
 All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian
 Triage Completion Time : 1:11pm

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

- Have you had fever (elevated temperature) in the past 2 weeks Yes No
- Have you had cough or a rash in the past 2 weeks Yes No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks Yes No

PART B. For patients reporting fever and respiratory/rash symptoms: Not applicable

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? Yes No
 If yes, State Location:
- Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? Yes No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- The patient should be given a surgical mask immediately, if not already wearing one.
- Both patient and triage staff should perform hand hygiene.
- The staff should use PPE (as appropriate).

Name of Triage Nurse : Ser. Hanna

Signature of Triage Nurse : [Signature]

Date & Time : 15/6/26 @ 1:11pm

Docu. No. : RCH /FRM / CLINICAL / 085



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

VIH-00097408 IP-00060350

Baby SAMREEN

26-09-2005 20 Y 8 M 20 D (F)

Dr. AKHEEL SYED RIZWAN

UHID ID: _____



Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Baby Samreen . Age/Sex 20y / F
Information given by: Mother Relationship Mother

Chief Presenting Complaints & Duration (Chronologically)

cp recurrent fevers
with body pains . 2 weeks .

History of present illness :

Baby Samreen is a 20 yr . old female child
presented with H/O recurrent fevers w/ body pains
↓
found to have recurrent leucopenia / pancytopenia
↓
now admitted for bone marrow aspiration & biopsy



Pediatric Multiorgan History & Physical Examination

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

13.6.26

Hb - 10.8

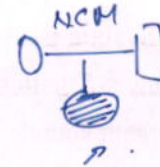
wBC - 3000

Plts - 1.85 laks

Vit B12 [22/5/2016] 416 pg/ml

Birth & Neonatal History:

FT / NVD / B.wt: 2.5 kg / BC / AB /
no neonatal inv.



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

} class - II

Developmental History :

App. for age

Immunization History :

Immunised



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 41.9 kg (Centile _____)

On Examination :

Temperature : (N) Pulse Rate : 107/min B.P. 102/69 SPO2 100% RA

Resp. rate and type of breathing : 20/min

Rash _____

Lymphadenopathy _____ } NO

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : RAC (+)

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S₁ (+)

Any murmur : no murmurs

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

Per Abdomen :

Inspection _____

Palpation : soft, no organomegaly

Ausculation : _____

Spine : _____ External Genitelia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : conscious

Cranial Nerves : Intact

Motor System:

Nutriton : _____

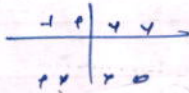
Tone : _____ Power 4/5 all limbs.

Co-ordinator : _____ } (N)

Posture : _____

Involuntary Movements : _____

Reflexes :



DTR

Superficials:

Plantars _____

Sensory System :

(N)

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Recurrent leucopenia / Pancytopenia & evaluation
? Aplastic anaemia
? PMH, now admitting for
? delirium BMD & biopsy.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: N/A

Desired goals of the treatment: Refrain BMA & biopsy.

Planned Labs:

Planned Management

- ~~→ CRP, ESR, DDO~~
- Flow for PNH ✓
- Whole exome sequencing ✓

- ~~→ XRF~~
- ~~VIT CEFTRIAXONE~~
- ~~VITALS 4th hly~~
- BONE MARROW ASPIRATION & BIOPSY AT 3.00PM
- NBIM

Notes by Dr. Samira on 15/6/20 @ 2.00pm

Signature of the Doctor: Samira

Signature of the Consultant: _____

Name of the Doctor: Dr. Samira

Name of the Consultant: _____

Date & Time: 15.6.20 12:00 pm

Date & Time: _____



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 16:15	Bone Marrow Aspiration	
	<p>Written informed consent taken, procedure done under all aseptic conditions, sedation given, Bone marrow aspirate needle 20.18 inserted in post iliac crest, Bone marrow samples collected. Bone marrow biopsy needle inserted but biopsy could not be obtained, procedure aborted.</p>	
	<p>Child tolerated procedure well</p>	
		<p><u>Adv</u></p>
		<p>- Continue NPO till child is fully awake</p>
		<p>- In Tramadol 50mg 12thly</p>
		<p>- In Augmentin 1.2gm 8thly</p>
		<p>- Bone marrow Aspiration & Biopsy</p>

Note by Raja
 @ 16/06/26 @ 6:15 PM
 (P.T.O)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16.6.26 9.00am	S/A Regular	2
	<p>Recurrent leucopenia / Pancytopenia & evaluation</p> <p>1 fever spike overnight ✓/E child stable</p> <p>apfevial CRP - 5.4 (D) RS - BAE (D) ulcers P/A - left</p>	<p>Plan</p> <ul style="list-style-type: none"> → cont. same → Nitro 4th day
12.00PM	D/w Dr. Sandberg	<p>Plan</p> <ul style="list-style-type: none"> → NBM → BM biopsy today → Trace BMN
	<p>Sameer (Dr. Sameer)</p>	<p>Note by Raja 16/6/26 @ 9:00am</p>



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16.6.26	S/B <u>Dr. Sandhu</u>	
3:30PM	Pancytopenia to evaluate	
	? 'Sulaimin'	Plan
		→ Bone Marrow biopsy
		→ CBP
		→ R/w
		→ Discharge
		→ Tab Folic acid
		→ Pan-D
		→ Tab Shulcal 500mg
		→ Vitamin D
		→ Ultracet (500)
	Sameria (Dr. Samera)	

		note by
		Rajy
		@ 16/6/26
		@ 3:30pm



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Now admitting for BMA		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known					
	Surgery / Procedure:		Post OP Day:					
BACKGROUND	Date	15/6/26 E	15/6/26 E	15/6/26 M	16/6/26 M	16/6/26 E	16/6/26 M	
	Shift	E	E	M	M	E	M	
ASSESSMENT	Medical Condition (Any special condition to be noted):	-	-	-	Nil	Nil	Nil	
	Diet:	S diet NPO	NPO	clear liquid	NPO	NPO	S diet	
RECOMMENDATIONS	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	97.3F	98.7F	96.7F	96.5F	98.6F	98.6F
		Res:	20b/m	23b/m	22h	22b/m	22b/m	20b/m
		SpO ₂ :	98%	99%	99%	99%	99%	99%
		Pulse:	100b/m	107b/m	104/108	100b/m	102b/m	106b/m
		BP:	100/60		104/68		102/62	115/62
		LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	11	11	11	11	11	11	
Pain Score:	0	0	0	0	0	0		
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact		
Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Physiotherapy:	-	Nil	nil	Nil	Nil	nil		
Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Special Diet:	S diet NPO	NPO	clear liquid	NPO	NPO	S diet		
Critical Lab Test / Values:	NPO	Nil	Nil	Nil	Nil	Nil		
Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent	dependent		
Post Operative Procedure Special Orders:				Baby NBM.		nil		
Handed Over By Name :	Vaishnavi	Rajg	Akankh	padma	Rajg	Nagmani		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	15/6/26	15/6/26	16/6/26	16/6/26	16/6/26	17/6/26		
Time:	@ 2:50pm	@ 8PM	@ 8AM	@ 2pm	@ 8PM	@ 8AM		
Taken Over By Name :	Rajg	Akankh	padma	Rajg	Nagmani			
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]			
Date:	15/6/26	15/6/26	16/6/26	16/6/26	16/6/26			
Time:	@ 3pm	@ 8pm	@ 8Am	@ 2pm	@ 8pm			

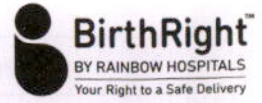
noted by
 Sr nagmani
 17/6/26
 CSTA



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure:	Post OP Day:				
BACKGROUND	Date					
	Shift					
	Medical Condition (Any special condition to be noted):					
	Diet:					
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):					
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:	Temp:				
		Res:				
		SpO ₂ :				
		Pulse:				
		BP:				
		LOC:				
		Fall Risk Score:				
	Pain Score:					
	Skin Integrity					
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Physiotherapy:					
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Special Diet:					
	Critical Lab Test / Values:					
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ADL (Dependent / Non Dependent):					
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Post Operative Procedure / Special Orders:					
	Handed Over By Name:					
	Signature / ID :					
	Date:					
	Time:					
	Taken Over By Name :					
	Signature / ID :					
	Date:					
	Time:					

VIH-00097408 IP-00060350
 Baby SAMREEN
 26-09-2005 20 Y 6 M 20 D (F)
 Dr. AKHEEL SYED RIZWAN



NURSING CARE RECORD

Date: 15/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	4pm	* maintain fluid balance	5pm	* maintained DNS & electrolyte fluid balance	* patient safe & stable	* re-assessment was done every 4th hourly vital monitor	Reza Per 15/6/26 @ 5pm
Night	9 pm	* maintain fluid balance. * ensure safety	10 pm	* administered IV fluids. * provided side rails up side.	* prevented Dehydration & * maintained I/O chart	* Re-Assessment Done. pt condition is stable.	Shah 16/6/26 @ 8am

VH-00097408 IP-00060350
 Baby SAMREEN 20 Y 8 M 20 D (F)
 28-09-2005
 Dr. AKHEEL SYED RIZWAN

NURSING CARE RECORD



Date: 16/6/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10 AM	* maintain fluid Balance. * ensure safety	1 PM	* Maintained the fluid Balanced. * Provided the side Rails.	* prevent to the dehydration. * prevent to the Fall Risk.	* Re-Assessment Done.—every 4th hourly vitals.	Padma 16/6/26 @2 PM
Afternoon	3 PM	+ maintain fluid balance + maintain personal hygiene	4 PM	+ Administered IV fluid + maintained hand wash & hand hygiene	+ prevent to the dehydration + prevent infection	+ Re-assessment was done every 4th hourly vital monitor	Padma 16/6/26 @ 3 PM
Night	9 PM	Ensure Safety	9 PM	Side rails kept up.	Prevent from falls.	Patient is Stable	17/6/26 Nagra c/a
	11 PM	maintain fluid balance	11 PM	Administered IV fluid 40ml/hr.	Maintain hydrate on.		

Noted by
 Sr. Registrar
 17/6/26

CONSULTATION FORM



Doctor Name : Dr. Sandhya V
 Date : Hour :

Hospital :

Type of Referral : Emergency (within one hr.)

Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)

Referred for : Opinion Co-Management

Date : Time : By :

Transfer of care

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

Signature: _____

M.D. _____

Report of Findings and Recommendations :

Shantopune for evaluation
 Has low counts - reviewed
 expectations

ANA mple
 +ve for DFS abys
 PACH w/c
 WES } awaited
 cer
 R/R
 P/H } (A)

(P)
 face BM4S
 biopsy
 ct fruite /
 calcium
 vit D as advised

T Neuron forte
 1 - 2 x 2 more
 weeks

R/V = reports

Consultant :

Name : Dr. Sandhya V Signature: [Signature] Date & Time : 15/6/18

NOTE : If more space is required use another consultation sheet as continuation



**CONSENT FOR
SPECIAL PROCEDURES
AND SEDATION**

Ref No.: F / HW / CON / SP / 06

Patient Name: Samreen
 Gender: M F IP No.:
 Age: 20y Department: engloer
 Date: 15/6/2e

I Zakir Hussain S/DW/O Mohd. gaus
 hereby consent for the procedure of Bone marrow Aspirati LBW.PY

for my patient / myself named Samreen UHID No. V1H-00097408

The doctors have clearly explained to me in language known to me about the following.

possible complications of the procedure: Trauma, bleeding

The doctors have explained to me about the alternative to the procedure as:

During the procedure myself / my patient will receive intravenous medications for sedation using the following

medications: In Ketamine, In midazolam, In Propofol

I have been explained about possible dcomplication of sedatives as: fall in blood pressure

Fall in heart rate , Suppression of spontaneous breathing , others Arrhythmias

I have been explained about the alternative to the sedatives as :

I have understood the matter mentioned above and give consent for the procedure as well as sedation.

Name of the Doctor performing the procedure : Dr Sweety

Name of the Doctor administering the sedation: Dr Jayshree

Patient Attendant:

Signature: [Signature]

Name: Zakir Hussain

Relationship with Patient Father

Date & Time: 15/6/26 14:45

Doctor (who is taking the consent):

Signature: [Signature]

Name: Dr Shivam

Date & Time: 15/6/26 14:45

Witness:

Signature:

Name:

Date & Time:



**ప్రత్యేక విధానాలకు
మరియు మత్తు ఇచ్చటకు
అంగీకార పత్రం**

పిషెంట్ పేరు :
లింగం: పు స్త్రీ
ఐ.డి.నెం.
వయస్సు..... డిపార్ట్మెంట్.....
తేది:

నేను SID/W/O

నేను/నా బాలుడు / బాలిక. ఐ.డి.నెం.

జరుగు అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను. డాక్టర్లు నాకు అర్థమగు
భాషలో ఈ ప్రక్రియ వలన క్రింది దుష్ట పరిణామాలు కలుగవచ్చునని తెలిపారు

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు ఏమని వివరించారనగా.....

విధానం జరుగు సమయంలో నాకు / నా పేషెంట్ కి మత్తు మందులు ఇంట్రావీరస్ ద్వారా ఇస్తారని తెలుసుకున్నాను.....

డాక్టర్లు నాకు అర్థమగు భాషలో మత్తు వలన జరుగు దుష్టపరిణామాలు ఏమని వివరించారనగా:

రక్తపోటు తగ్గుతుందని గుండే రేటు తగ్గుట సహజ శ్వాస తగ్గుట ఇతర కారణాలు:.....

డాక్టర్లు ఈ ప్రక్రియలో మత్తు యొక్క ప్రత్యామ్నాయ విధానాల గురించి వివరించారు. నాకు డాక్టర్లు అర్థమగు భాషలో ఈ ప్రత్యేక విధానాల

గురించి మరియు మత్తు గురించి వివరించగా నేను దానికి అంగీకారం తెలుపుతున్నాను.

ప్రత్యేక విధానం చేయు డాక్టరు పేరు:

మత్తు ఇచ్చు డాక్టరు పేరు :

సహాయకుడు (అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

డాక్టర్

సంతకము

పేరు

తేదీ మరియు సమయము

CONSENT FOR SPECIAL PROCEDURES

Patient Name : Samreen Gender: Male Female

UHID No : VH-00097408 Department : 2nd floor Date : 15/6/26

I S/D/W/O

Here by give consent for procedure of : Bone marrow Aspirate & Biopsy

For my patient, Named : Samreen

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

- Trauma
- Bleeding

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

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 Sweety

Patient Attendant :

Signature : [Signature]

Name : Zakir Hussain

Relationship with Patient: Father

Date & Time : 15/6/26 19:45

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr Shivam

Date & Time : 15/6/26 19:45

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 గోగీకి, 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

PROCEDURE CHECK LIST



AFFIX PATIENT LABEL

Ward

Date: 15/6/2016

PICU NICU ER Other: _____

Procedure Name: Bone marrow aspiration & Biopsy

Diagnosis: Recurrent leucopenia ↓ evaluation

Procedure done by: Dr. Shivam

Assisted by: _____

PROCEDURE CARE BUNDLE COMPLIANCE

Barrier precautions	
Hand wash	<u>Y/N</u> _____
Gown	<u>Y/N</u> _____
Mask & cap	<u>Y/N</u> _____
Gloves	<u>Y/N</u> _____
Eye protection	<u>Y/N</u> _____

Skin preparation done using:

1. Betadine

2. Bacfo Prep

Procedure related equipment check list (as per procedure)

Airway/ Nasal prongs	<u>Y/N</u> _____	Monitor: QRS volume audible	<u>Y/N</u> _____
Oxygenation: Ambu/Bains	<u>Y/N</u> _____	BP autocycling	<u>Y/N</u> _____
Mask (appropriate size)	<u>Y/N</u> _____	SpO2	<u>Y/N</u> _____
Laryngoscope with blade	<u>Y/N</u> _____	Medication: Sedation/Analgesia	1. <u>Propofol</u>
			2. <u>midazolam</u>
ET tube/LMA (appropriate size)	<u>Y/N</u> _____	Paralysis	<u>Y/N</u> _____
Oxygen connectors	<u>Y/N</u> _____	Adrenaline	<u>Y/N</u> _____
Suction apparatus	<u>Y/N</u> _____	Atropine	<u>Y/N</u> _____

Post procedure care bundle compliance

Have all the sharps been disposed? Y/N _____

Was the sterile field maintained? Y/N _____

Has the procedure been documented? Y/N _____

Adverse events - Y/N

If yes, details _____

Position check required - Y/N

If yes, details _____

Monitoring after procedure

vitals monitored

Please attach this to the patient file

Signature of Doctor

Moderate Sedation Flow-Sheet

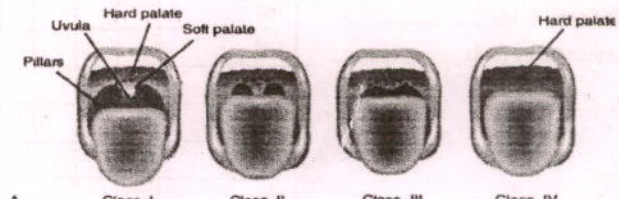
Immediate Pre-Sedation Assessment

B.P	PR	R.R	Temp	SPO ₂	Pain Score	Weight
120/80	82	24	98°F	98%		

Diagnosis: Recurrent leucopenia & evaluation

Procedure: Bone Marrow aspiration & biopsy

Comorbidities:

<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 checked="" type="checkbox"/> ASA PS 1: Healthy Patient <input 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: IV Allergies:	AIRWAY EVALUATION Mouth: <input 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 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 type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
---	---

Monitoring of Patient Intra - Procedure

Procedure Monitoring

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

Level of Consciousness (LOC):

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

Observation to be documented every 15 mins

TIME	BP	PR	RR	O ₂ Sat%	O ₂ Supplementation	Comments / Initials
Baseline						

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

Doctor Notes:

.....

.....

Time of transportation to post sedation care room: LOC:

Doctor Name: Signature:

Post Sedation Care Room

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:

Nurse Name:

Signature:

Date: Time:

Consultant Name:

Signature:

Stamp

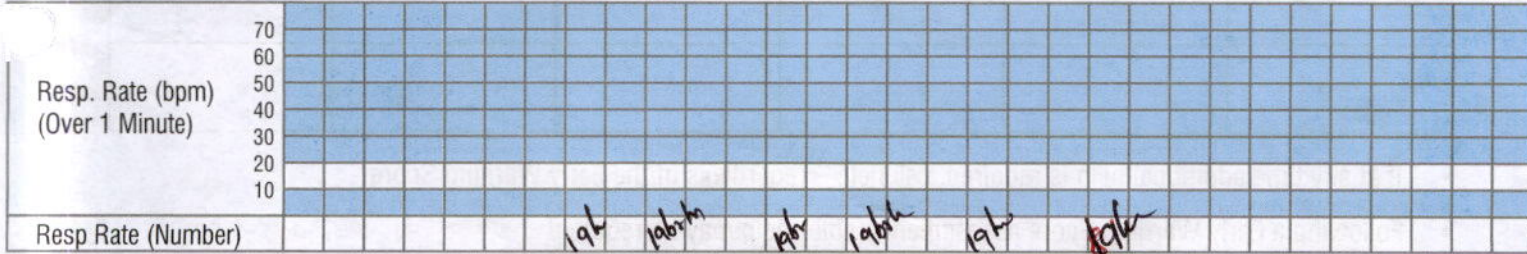
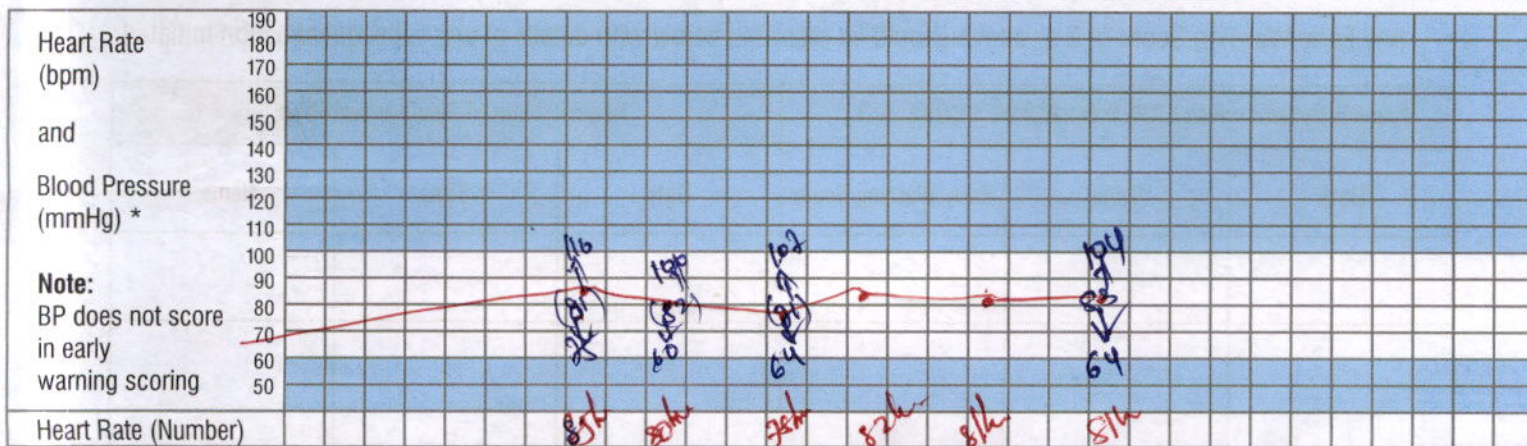
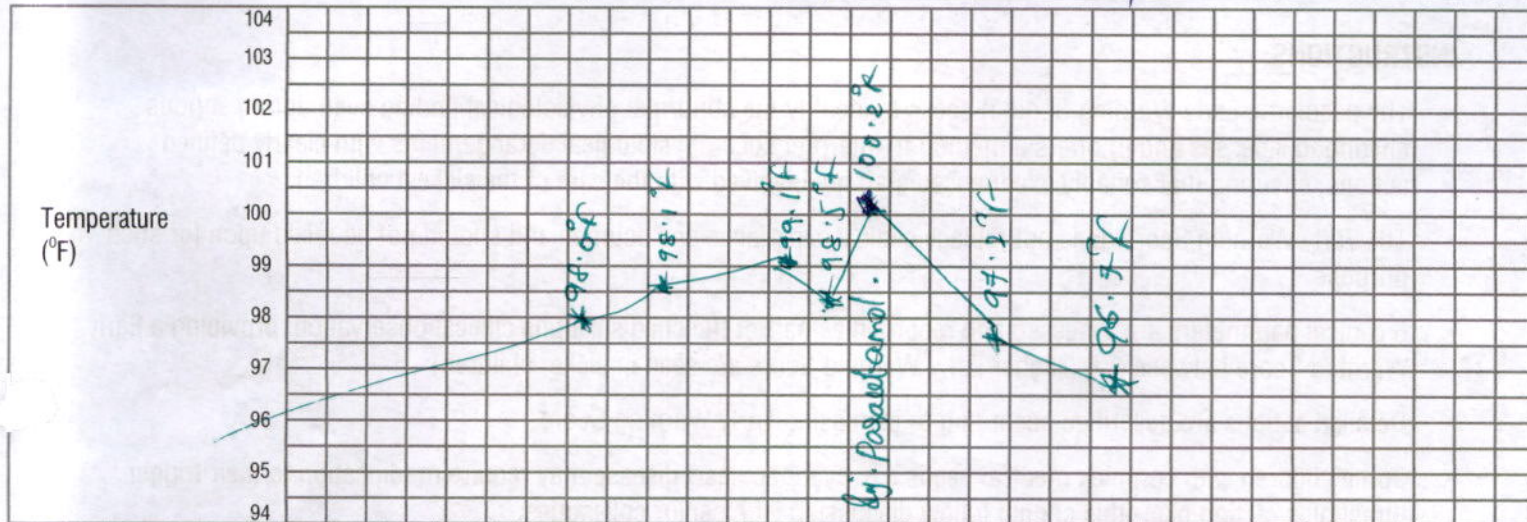


TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/6/2016	Time:	4	4	10	12:30	4	3
Doctor / Nurse / Family Concern?		pm	pm	pm	Am	Am	Am



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

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.

VIH-00097408 IP-00080350
 Baby SAMREEN
 26-09-2005 20 Y 8 M 21 D (F)
 Dr. AKHEEL SYED RIZWAN



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)

VIH-00067408 IP-00060350
 Baby SAMREEN
 26-09-2005 20 Y 8 M 21 D (F)
 Dr. AKHEEL SYED RIZWAN

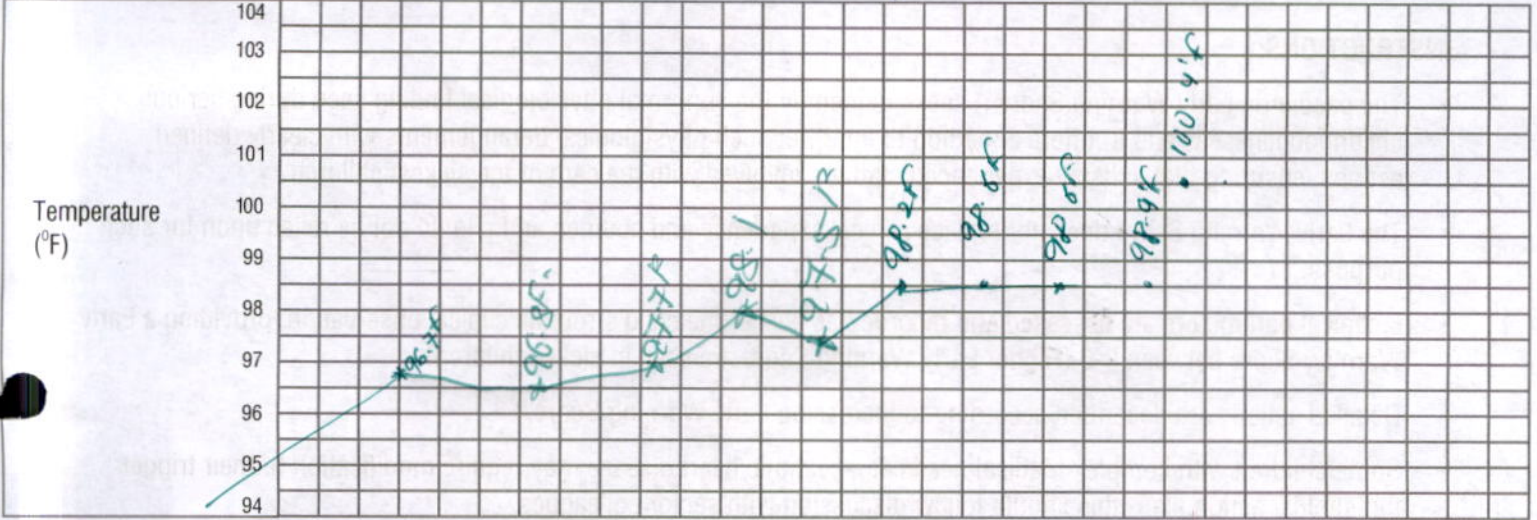
xc. No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
 Children's Observation &
 Early Warning Scoring Chart

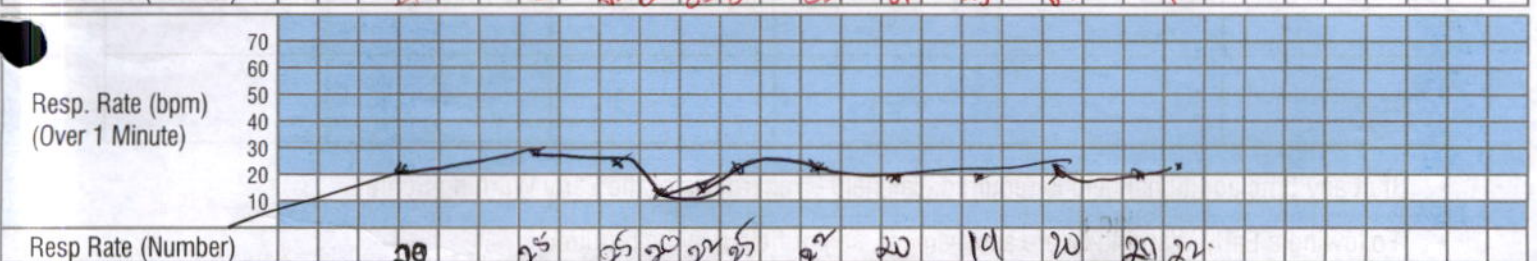


EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/6/26	Time :	10	1	3	4	5	6	7	9	11	1	3	4:30	5
Doctor / Nurse / Family Concern?		AM	PM	PM	PM	PM	PM	PM	P	P	A	A	A	A



Heart Rate (bpm)														
Blood Pressure (mmHg) *														
Heart Rate (Number)	79	80	75	88	85	87	85	89	85	85	85	85	106	



Resp Mod/ Severe Distress	None / Mild													
Receiving O2(l/min)	O2 Saturations (%)	99	98	99	99	98	99	99	99	98	99	99	99	98
Conscious Level	Normal / Altered	C	C	C	C	C	C	N	N	N	N	N	N	N
GCS *		15	15	15	15	15	15	15	15	15	15	15	15	15

TOTAL SCORE														
Number of shaded boxes		0	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials		P	P	AP	AP	AP	AP	AM	CI	CI	G	CI	CI	

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

*Noted by
 Dr. Akheel Syed Rizwan
 16/6/26
 5:57 AM*

* 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.

VIH-00097408 IP-00060350
 Baby SAMREEN
 26-09-2005 20 Y 8 M 21 D (F)
 Dr. AKHEEL SYED RIZWAN



CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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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)



FLUID CHART

15/6/26

Sheet No. :

- 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 Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
15/6/26	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
15/6/26	02:00 pm												
	03:00 pm		80ml										
	04:00 pm	D											
	05:00 pm	N	80ml	80ml									
	06:00 pm	S	80ml	80ml									
	07:00 pm		80ml	80ml									
Total Intake :						Total Output :							
15/6/26	08:00 pm		80ml	80ml									
	09:00 pm	D	80ml	80ml									
	10:00 pm	N	80ml	80ml									
	11:00 pm	S	80ml	80ml									
	12:00 am		80ml	80ml									
	01:00 am		80ml	80ml									
Total Intake :						Total Output :							
16/6/26	02:00 am			40ml									
	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



FLUID CHART

Sheet No. :

16/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
16/6/26	08:00 am												
	09:00 am	D	Baby Milk										
	10:00 am		H ₂ O							✓			
	11:00 am	N											
	12:00 pm		NBM 12:30pm	40ml									
	01:00 pm	S		40ml						✓			
Total Intake :						Total Output :							
16/6/26	02:00 pm			40ml									
	03:00 pm	D		40ml									
	04:00 pm												
	05:00 pm			40ml									
	06:00 pm	N		40ml									
	07:00 pm	S		40ml						✓			
Total Intake :						Total Output :							
16/6/26	08:00 pm			40ml									
	09:00 pm		Baby water	40ml						✓			
	10:00 pm			40ml									
	11:00 pm			40ml									
	12:00 am			40ml									
	01:00 am			40ml						✓			
Total Intake :						Total Output :							
16/6/26	02:00 am			40ml									
	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							



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: 218

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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input 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		<u>Nil</u>				<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. Sameera

Date & Time : 15/6/26 @ 11:52 Am

Nurse Name & Signature: Shawab Jaffer

Date & Time : 15/6/26 @ 11:52 Am



DRUG CHART

Date of Admission: 15/6/21 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 : <u>IND-ONDENSETRON</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>15/06</u>	<u>IV</u>	<u>8 hourly</u>	<u>15/06</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>																				
Additional Instructions:																				

DRUG : <u>IND-ONDENSETRON</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>4mg</u>	<u>IV</u>	<u>8 hourly</u>	<u>15/06</u>	<u>7PM</u>	<u>15/6</u>															
Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>																				
Additional Instructions:																				
<u>imp by dose</u>																				

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

VERIFIED BY : Name Engr. Ahsan Signature [Signature]

VIH-00097408
 Baby SAMREEN
 28-09-2005

IP-00060350

20 Y 8 M 20 D (F)

Weight. 4.1: 96.5g Ward. 2.18

Dr. AKHEEL SYED RIZWAN



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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
15/6	4pm	INJ. CEFOTAXIME	300mg N(2)	IV	[Signature]	[Nurses]
		INJ. CEFOTAXIME	200mg	IV		
15/6	4:PM	INJ. PROPOFOL	300mg p(2)	IV	[Signature]	[Nurses]
	4:2pm	INJ. PROPOFOL	200mg	IV	[Signature]	[Nurses]
15/6	4:15pm	INJ. KETANOL	20 mg	IV	[Signature]	[Nurses]
15/6	4:16pm	INJ. MIDAZOLAM	2mg	IV	[Signature]	[Nurses]
15/6	5pm	INJ. TRAMADOL	50mg	IV	[Signature]	[Nurses]
16/6/20	1:45pm	INJ. PARACETAMOL	600mg	IV	[Signature]	[Nurses]
16/6/20	5pm	INJ. PARACETAMOL	600mg	IV	[Signature]	[Nurses]

Signature
 VERIFIED BY : Name

REGULAR PRESCRIPTIONS

Weight: 41.96kg Ward: 218



15/16/26 6.40pm
 Elizabeth C
 Elizabeth C

15/16/26 8AM
 Elizabeth C

DRUG : <u>2ND AMOXICILIN + CLAVULANIC ACID</u>				Date Time	<u>15/6</u>	<u>16/6</u>	<u>17/6</u>
Dose	Route	Frequency	Start Date				
<u>1.2 gm</u>	<u>PO</u>	<u>8 hourly</u>	<u>15/06</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Jayaraj</u>							
Additional Instructions: <u>30 mg/kg/day</u>							
Daily Doctor's Endorsement by a Sign							
DRUG : <u>2ND PARACETAMOL</u>				Date Time	<u>16/6</u>	<u>17/6</u>	
Dose	Route	Frequency	Start Date				
<u>50 mg</u>	<u>PO</u>	<u>12 hourly</u>	<u>15/6</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Jayaraj</u>							
Additional Instructions: <u>5PM Hold</u>							
Daily Doctor's Endorsement by a Sign							
DRUG : <u>2ND PARACETAMOL</u>				Date Time	<u>15/6</u>	<u>16/6</u>	<u>17/6</u>
Dose	Route	Frequency	Start Date				
<u>40 mg</u>	<u>PO</u>	<u>once daily</u>	<u>15/06</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Jayaraj</u>							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							
DRUG :				Date Time			
Dose	Route	Frequency	Start Date				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							