Rainbow® Children's Hospital
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ACTIVI[illegible]NG

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 16 D (F)
Dr. SANDHYA VADDADI

Name: --

UHID No ---------- Consultant : ---------- Dept : ----------

Date of Admission : 21/6/26 Time : 9:01PM Date of Discharge : ---------- Time: ----------

Room / Bed No : 132 Ward : 1st Floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/6/26	10:30PM	ER	132	
22/6/26	2:15pm	1st floor	PICU	Manisha
22/6/26	1PM	PICU	132	
23/6/26	2:40	1stFloo	PICU	
25/6/26	2:45pm	PICU	1st floor	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
21/6/26	CBP, electrolytes, uric acid, Creatinine, Calcium, PO^4, PT APTT	26021107	
22/6	BMA & Biopsy	26021160	
	Cross checked by Gowtham 23/6 @ 8:30AM		
23/6	RBS 6AM - 106 mg/dl.	26021252	
22/6	RBS 10.30Am - 84 mg/dl.	26021356	
	Uric acid, electrolytes	26021253	
	CBP:		
	Hemonic panel	26021268	
24/6/26	Phosphorous, calcium, uric acid, electrolytes	26021394	
	CBP		
	RBS	26021398	
	CBP.	26021444	
	CXE	26021455	
	RBS checked by Elizabeth		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/6/26	cardiac monitor	2:15am	~~22/6/26 08:1pm~~	309308	
	~~Infusion Pump~~	~~2:15am~~		~~309303~~	
21/6/26	infusion pump	21/6/26 11:39pm	24/6/26 12pm	309303	
23/6/26	Cardiac monitor	23/6/26 3pm	23/6/26 9:pm	3093669	
24/6/26	Cardial monitor	11:39pm	25/6/26 2:30am	3094187	
~~23~~/6/26	Syringe pump	22/6/26 4am	22/6/26 8am	3094312	
23/6/26	Syringe pump	23/6/26 4pm	24/6/26 8pm	3094313	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
21/6/26	Iv Placement	1	3093032	
22/6/26	Blood transfusion	1	3093079	
22/6/26	Bone marrow	1	3093697	
22/6/26	Conscious sedation	1		
23/6/26	Blood transfusion	1	3093697	
24/6/26	IV placement	1	3094060	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

DEFICIENCY CHE... CASE SHEET

VIH-00206126 IP-00060434
Baby ASAM ANAGHA (F)
05-06-2023 3 Y 0 M 20 D
Dr. SANDHYA VADDADI

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Patient Name : IP.No:

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01			
2	Discharge Summary	02			
3	Nursing Initial assessment form	03			
4	Patient Trasfer Forms	03			
5	In-patient Medical Record	03			
6	Doctors Progress Sheets	06			
7	Nurses Progress notes	05			
8	Consultation Sheets				
9	General Consent for Treatment				
10	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
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	05			
26	Intake and Output chart (fluid Chart)	04			
27	Drug Chart (Regular prescription)	03			
28	Daily Investigation sheet	01			
29	Investigation Values (Result Sheet)				
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01			
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Humpty	2			
	Baldon Q	02			
	tumbler	01			
	Power Pr	02			
	Other	01			
	Billing	04			
	Total No. of Pages	53			

Signature and Date :

Noted by Endo 2/11 AM 25/6/23

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060434 **Admit Date** : 21-Jun-2026 **Admit Time** : 09:01 PM **UHID** : VIH-00206126

Patient Details :

Patient Name	: Baby ASAM ANAGHA	**Age**	: 3 Y 0 M 16 D
Guardian	: Mr ASAM MALLESH	**DOB**	: 05-06-2023
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO-19-33 RAMNAGAR Mancherial Mancherial Telangana INDIA 504208	**Phone No**	: 7702584514
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 103 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 103 **Admission Type** : First Visit

Contact Details :

Name : Mr ASAM MALLESH **Relationship** : Father

Contact Address : HNO-19-33 RAMNAGAR Mancherial Mancherial Telangana INDIA 504208 **Phone No** : 7702584514 / 9177009957

A. Mallesh
Signature

Doctor Details :

Doctor Name : Dr. SANDHYA VADDADI **Specialisation** : HEMATO ONCOLOGY

Referral Doctor : Dr N Mallesh **Phone No** : 9849654024

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206126 IP-00060434 Baby ASAM ANAGHA 05-06-2023 3 Y 0 M 19 D (F) Dr. SANDHYA VADDADI	21/6/26 / a:1pm	25/6/26 / 2:Am
	Transfer Ordered by Dr Sweety	Reason for Transfer over transfusion
From Unit PICU	To Unit 1st floor	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 6H	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Blood set — (1)	
2.	2cc — (3)	
3.	5cc — (1)	
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Renuka / 25/6/26 2:Am	Dr. Sweety

Patient & Clinical Records Received by : Vaishnavi

Date & Time of Patient Received : 25/6/26 @2AM

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

PATIENT TRANSFER FORM

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VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 19 D (F)
Dr. SANDHYA VADDADI

Date & Time of Admission	Date & Time of Transfer Order
21/6/26 @ 9:01 pm	24/6/26 @ 11 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Kishneaja	Blood Transfusion
From Unit	**To Unit**	**Information to Attendant**
132	PICU	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
60	–	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	50cc – (1), 20cc – (1), 5cc – (3)	
2.	2cc – (3), ECG leads – (1).	
3.	D. Wales – (6),	
4.	Blood set – (1).	
5.	inj. Frusemide – (1), inj. Dexona – (1).	

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Vaishnavi	Dr. Kishneaja

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

23/06/26.

TO,
The Rainbow children Hospital Managment,
Karkhana,
Secunderabad.

Subject:- Requesting Blood Test Reports to send to your family doctor for Second option.

I am malleh father of Patient Anaga .A. We Joined in this Hospital on 21/06/2025 so we came to Know that our child has Leukemia the dr madam Confirmed that so we need our Test reports to Know about Second opinion from our family dr. So plz kindly give our report for photo copy

Thanking you,

Your faithfully,
A. malleh.

VH-00206126

Issued.

patient Details.
A- Anagha
General word, 132
3yrs old

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206126 IP-00060434 Baby ASAM ANAGHA 05-06-2023 3 Y 0 M 17 D (F) Dr. SANDHYA VADDADI	21/6/26 @ 9:0 pm	23/6/26 @ 2:45 pm
	Transfer Ordered by Dr. Vishwaja	Reason for Transfer for PRBC & SDP transfusion
From Unit 132	To Unit PICU	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 32	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	inj. frusamide	2
2.	high pressure extension	1
3.	inj. hydrocort	1
4.	inj. AVIL	1
5.	50cc, 2cc, 5cc	1, 2, 3

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Manasa	Dr. Vishwaja

Patient & Clinical Records Received by : Jagnavi

Date & Time of Patient Received : 23/6/26 at 2.45 pm

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

Patient Name : Baby. ASAM ANAGHA UHID : VIH-00206126 IPD : IP-00060434 Gender : Female Age : 3 Y 0 M 16 D

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 16 D (F)
Dr. SANDHYA VADDADI

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 2\6\26 Time of arrival : 8:34pm

Chief Complaints: on & off fevers x last 3 months RBS: —

Height : — Weight : 14 kg 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 —

RISK FOR FALL:

☑ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☐ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

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 : 8:36pm

Patient Name : Baby. ASAM ANAGHA UHID : VIH-00206126 IPD : IP-00060434 Gender : Female Age : 3 Y 0 M 16 D

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

Time	Nursing Notes
8:30PM	*pt Came to ER
8:31PM	*vitals checked and Recorded
8:35PM	*ER Doctor Seen the pt & advised admission
9:01PM	*Admission Done
	*IV placement Done in outside
9:50PM	*Samples Collected & Sent to lab.
	*pt shifted to ward

Samples collected by: Sr. Shanthi Time: 9:35PM

Samples sent by : Time: 9:50PM

Medication given in ER:

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

N.P.O

Condition of patient at time of shift - out :	Details of Shift - out
HR: 106/M BP: Crying CFT: 2 Sec	Shift - out from ER to: 132
RR: 26/M SPO_2 : 99%	Time of Shift - out: 21/6/26 @ 10:20
GCS: 4, 5, 6 Temperature : 97°F	Handover given to: Sr. Manisha
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): Blood sampling

Name of the Nurse : Br. Sabin Signature of the Nurse :

Date & Time : 21/6/26 @ 10:30PM

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 16 D (F)
Dr. SANDHYA VADDADI

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EMERGENCY ROOM TRIAGE FORM

Wt - 14kg

Patient's Name : Anagha Age : 3yrs Gender : ☐ Male ☑ Female

Date : 21/6/26 Time of Arrival : 8:30pm

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°F PR: 118b/m BP: 96/68 (60) RR: 26b/m SpO2: 99%

Chief Complaints: on & off fever x last 3 months,

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS

☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 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

DJagtap
Signature of Parent / Guardian

Triage Completion Time : 8:33pm

Communicable Disease Triage Screening

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

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. 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

1. 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: .....
2. 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 : Sr - Leena

Signature of Triage Nurse : .....

Date & Time : 21/6/26 @ 8:33pm

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Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 16 D (F)
Dr. SANDHYA VADDADI

Date & Time of Admission	Date & Time of Transfer Order
21/6/26 @ 9:01 AM	21/6/26 10:30 AM
Transfer Ordered by	**Reason for Transfer**
Dr. Ganesh	for Admission
From Unit	**To Unit**	**Information to Attendant**
ER	132	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
21	—	Yes ☑ No ☐
		If yes, what ? Officially given to

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.	NIL	
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Shanthi / Shy	Dr. Ganesh.

Patient & Clinical Records Received by : Sr. manisha 21/6/26

Date & Time of Patient Received : 10:30 AM

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

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206126 IP-00060434 Baby ASAM ANAGHA 05-06-2023 3 Y 0 M 16 D (F) Dr. SANDHYA VADDADI	21/6/26 @9:01pm	22/6/26 @2:15AM
	Transfer Ordered by Dr. Ganesh	Reason for Transfer Blood transfusion
From Unit 1st floor	To Unit PICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Manisha	Dr. Ganesh

Patient & Clinical Records Received by : Br. Ramudu

Date & Time of Patient Received : 22/6/26 at 2.15AM

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

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206126 IP-00060434 Baby ASAM ANAGHA 05-06-2023 3 Y 0 M 17 D (F) Dr. SANDHYA VADDADI	21/6/26 at 9:01 Am	22/6/26 at 8Am
	Transfer Ordered by Dr. Shivam	Reason for Transfer Stable
From Unit PICU	To Unit 132	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 33	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Bone marrow Things	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Dr. Shivam

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr. Ramu 22/6/26 at 8Am	

Patient & Clinical Records Received by :
Manisha

Date & Time of Patient Received : 22/6/26 @ 8Am

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

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Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 17 D (F)
Dr. SANDHYA VADDADI

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NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 21/06/2026

Source of Admission: ☐ OPD ☐ Ward ☐ Other: –

Reason for Admission: Echymotic Patches on & off

Admission Diagnosis: ? ALL

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name:

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Other Specify

Do you require an interpreter? ☐ Yes ☑ No

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes, identify

Source of Information : ☐ Family ☐ Patient ☐ Others, Specify

SIGNIFICANT HISTORY

Past Medical History	Past Surgical History	Last Hospital Admission
History of fever from last 3 months on & off	nil	19/6/2026

Family History: nil

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list,

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems:

Are the child's immunization up to date? ☑ Yes ☐ No

CURRENT MEDICATIONS

Taking Medications? ☐ Yes ☑ No
If yes, Fill the reconciliation form

Medicine brought to the hospital? ☐ Yes ☑ No

Observations: Weight: 14.1kgs Length: Head Circumference (< 2 years):

Temp.: 97°C HR: 118 b/mt RR: 26 b/mt BP: 96/68 (70)

Pain Score: 0 Specify Site: – (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 10 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 17 D (F)
Dr. SANDHYA VADDADI

Behavioural Status on Admission :

☐ Sleeping ☑ Crying ☐ Calm ☐ Distressed/Consolate ☐ Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☑ No Abnormality Detected

Inform consultant for positive criteria

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?) .....

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ PICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

Orientation given to: ☑ Family ☐ Others specify .....

Name of Person Orientation was given to: ..... Mother .....

Orientation not given Reason: .....

Nurse Name: ..... Ramulu ..... Nurse Signature : .....

Date & Time: ..... 21/6/2026 at 2am .....

DISCHARGE PLAN

Source of Information: ☑ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☑ No

Will Physiotherapy require at home: ☐ Yes ☑ No

Is home medical equipment anticipated: ☐ Yes ☑ No

Is home oxygen therapy anticipated: ☐ Yes ☑ No

Are dressing needs at home anticipated: ☐ Yes ☑ No

Any other needs anticipated: ☐ Yes ☑ No If Yes Specify .....

Discharge Medications: ☐ Yes ☑ No

Details: ..... Mother .....

Final Diagnosis: ..... ? ALL .....

Nurse Name: ..... Ramulu ..... Nurse Signature : .....

Date & Time: ..... 22/6/2026 at 2:30am .....

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 16 D (F)
Dr. SANDHYA VADDADI

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 8:34pm Mode of Arrival: Lifted by mother Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Nil Body Weight: 14 Kg

— Height: — cm

—

Past Medical History: Obtained From ☐ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
yes	NO	NO

Family History: Nil

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list, Nil

Was the child's birth normal? ☐ Yes ☑ No If No, please describe problems:

Nil

Are the child's immunization up to date? ☐ Yes ☑ No

Current Medication: ☐ None ☑ Yes, If Yes, fill reconciliation form

Observations: Weight: 14kg Length: — Head Circumference (< 2 years): —

Temp.: 98.4°F HR: 110b/m RR: 27b/m BP: 108/78

Pain Score: Nil Specify Site: NO (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☐ Yes ☑ No Score: Nil (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 22) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: — Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

Character of Pain Nil Location Nil Frequency Nil Duration Nil

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

- ☐ Mobility Problem
- ☐ Walking Problem
- ☐ Developmental Delay
- ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

- ☐ Underweight
- ☐ Overweight
- ☐ Special Feeding Method
- ☐ Feeding Problem
- ☐ Special diet
- ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: ..... (Date/Time): .....

Social History: Lives With ... parents .....

Siblings in household ☐ Yes ☑ No (if yes How Many?) .....

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... parents .....

Nurse's Name: ..... Manisha ..... Date: 21/6/24 ..... Time: 2:10:40pm manisha Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 16 D (F)
Dr. SANDHYA VADDADI
_____

UHID ID: _____  _____

Department: _____

Consultant: _____

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Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

→ Echymotic Patches on off

History of present illness :

→ H/o of Bluish Ecchymotic on+off patches on mild trauma/ Contact. 1 week
(Head, tummy, legs, knees)

→ A/w fevers on & off [3 days] whenever travel last 2 months.

admitted at outside hospital on 19/6/2026.
↓ IVIG (20g), SBP given
Referred on 21/6/2026

NO H/o bleeding signs

i/v/o Peripheral Smear showing Pancytopenia ← Atypical cells

initial 19/6/26
Hb - 6.7 (RP 10.9
N/L - 4/91
plt - 3 1000
TLC - 8180

IP-00060434
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Pediatric Multiorgan History & Physical Examination

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

H/o of fever | last 3 months

1st admission.

21/6/2026 (last)

Hb - 5

RBC - 1.72.

USG Abdomen (N)

Plt - 101000

WBC - 2340

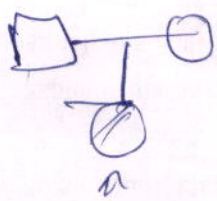
N/L - 6.5/86.5.

Peripheral smear - 30% Atypical WBC - ? Blast -

Birth & Neonatal History:

3.2 kg | LSCS |

NO perinatal insult -



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information : Class III

Developmental History :

(N) in all 4 domains

Immunization History :

upto date

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 13.5 kg (Centile _____)

On Examination :

Temperature : 98 F Pulse Rate : 140/min B.P. 107/87 SPO2 _____

Resp.rate and type of breathing : 30/min

Rash

Lymphadenopathy

Oedema : Echymotic patches

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : clear

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft, NO hepatosplenomegaly

Ausculation :

Spine : External Genitelia :

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : ✓

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR +2 in all 4 limbs **Superficials:**

Plantars flexion

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Suspected - ? ALL ↓ evaluation

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

CIDIW Dr. Sandhya

Planned Labs:

- CBP
- Sr. electrolytes
- uric acid. Sr. Creatinine.
- Ca+2, Pou+2.
- PT, APTT, INR.
- Blood grouping.

Extras: Extra EDTA - (1)
Sodium heparin - (1)
4 (Green)

Planned Management

- PRBC transfusion Now
- NPO from 5AM T/M (for BMA, BMX 10-11 AM Tommorow)
- T. Allopurinol
- Inj Lasix BD
- Inj. Ceftriaxone
- IVF (full).

Noted by - Sabin
21/6/23 @ 10:8 pm

Signature of the Doctor: .....
Name of the Doctor: Dr. GANESH
Date & Time: 21/6/2023

Signature of the Consultant: .....
Name of the Consultant: .....
Date & Time: .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 8pm	Shift Notes Child Came to PICU for SDP4 PRBC transfusion. Transfusion done. Child is being shifted back to ward	Dr Shilpa

Noted by
Bridhi
22/6/26
8pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26	S/b [illegible]	
9:30 am	Δ Bicytopenia for evaluation.	
	? leukemia	
	; immune mediated	
	PBS s/o 60% blasts	(P)
	Received IVIG } outside	→ Inj Tranexa BD
	steroid }	→ BMA & Biopsy today
		→ CT neck sample
		Rpt CBP, RBS / TCM
		SE
		urine and
		→ w/f studies
		[signature] 22/6 @ 9:30 am

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/23 10:20 am	Procedure notes After informed consent, child sedated. Under aseptic precautions, bone marrow aspiration and biopsy done from right posterior iliac spine. Post procedure vitals stable Vitals HR - 110/min SpO2 - 100% @ RA (5kg) RR - 20/min BP - 95/64 (70 mm of Hg)	℞ → Inj ondansetron 2mg IV stat Ct as soon Start syp Domstal. Dr. Sandhya 22/6

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 4:30pm	S/B Resident Pancytopenia & exanthem ? Leukopenia ? Immune mediated O/E Child alert Extremities Vitals stable CVS - S1S2 (+) RS - BAE (+) P/A - soft	Plan 1) CST 2) Repeat CBP / RBS / S/E / Urecard Tomorrow 3) Wif Bleeding Inform SOS.
Dr. Ushasri		
Noted by Dr. 8pm 22/6/26		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/23	D/w Dr Sandhya Informed reports.	Plan 1) Inj Dexamethasone 1mg/kg IV 8th 100ml NS IV over 1hr 2) 1/by SDP transfusion PRBC transfusion
Dr. Utkarsha.		

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6 3pm	S/b ... B-ALL ...	
	no fever no active bleeding	P C/t IVF Allopurinol Inj Dexa 1mg IV @ ... Inj Dexa 1.5mg IV BD for ... C/t ...
	P/o T° CVS, RS, P/A (N)	
	Rpt CBP, SE TM @ 4pm	Sandhya
		Today Give evening dose also
	Noted by Jagruni 23/6/... at 3pm	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Acute leukemias ✓	Flowcytometry
	Risk factors	↓
	① Age — ALL — AML ✓	B CELL ALL
	② Gender.	
	③ Type. — B — T	chemotherapy
	④ WBC count — 3 y. — HR	BFM 2002
	⑤ CNS status	
	⑥ Cytogenetics & Karyotyping — GR	6mths 1½ 2yrs
	⑦ NGS	Intensive phase — maintenance
	⑧ Response to treatment	
	D8 steroid response	
	D33 MRD	Side effects
		→ Alopecia
		→ Nausea, vomiting, Constipation, loose stool, stomach pain
		→ low immunity ↓ Hb ↓ PH
	Dr Sandhya V	Serial echocardiography cardio nephrotoxicity neurotoxicity

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26	C/S/B Diw fols	
	Bcell ALL	
9:30 pm	Child was shifted for	1) SDP – 210 ml 2) PRBC – 210 ml over 3 hours
	transfusion was uneventful vitals stable	
	Child alert afebrile	
	Cvs S1S2 PR: 65/min BP:– 110/55 (71) SpO2:– 98 ON RA RR:– 29 ON RA RS NAD P/A soft	1) Syp do cont
		Nithya
		Noted By manisha 24/6/26 @8AM

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 9AM	S/B Resident	
	B cell ALL	
	O/E	No concerns. No fevers. No active bleeding
	Child alert	
	Euthermic	
	Vitals stable	Urine (N).
	CVS - S1S2 (+)	Stools (N) not passed
	R/S - BAE (+)	
	P/A - Soft	
		Plan
	11:30AM	1) Repeat CBP, SE } : 4pm today
	Bp : 90/70 mm	
	SpO2 : 98% RA	2) T. Allopurinol
	RR :	3) Inj furosemide
		4) Inj ceftriaxone
		5) Inj Tranexa.
		6) Inj Esomeprazole
Dr. [illegible]		9) Syp Domperidone
		10) Inj Dexamethasone
	Bp centile (Sys) (Dia)	
	5th percentile 73 32	
	50th " 90 50	
	90th " 104 60	
	95th p 108 68	
	99th p 115 - 75	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/06/26 11:45am	c/b Dr. Sandhya	
	Δ B cell ALL / CALLA+ve	
	standard count - Day 2 of steroid	
	steroid	
	No acute issues	(P)
		c/t IVF / Allopurinol
		c/t Dexamethasone
		suppository care to start
		Rpt CBP, SE, @ 4pm today
		Uric acid, RBS
		Ca, Phosphate
		Kindly inform reports
		24/6
		Add Duphalac 10ml BD.
		Bp monitoring & inform res
		(Inform if >95th centile)
Noted by Order @ 1pm 24/6/26		

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 4pm	S/B Resident Dx- Bcell ALL/ CALLA +ve. Standard count D2 of Steroids. N/O. active bleed No other issues	plan 1) Trace reports – inform mam 2) CBT 3) Bp monitoring
Informed		Noted by Anitha 24/6 @4pm
25/6/2026 12.00AM	RDP Transfusion The child had severe reaction after 30-40ml of transfusion of platelet ~~and~~ and chills, rigor ↓v/o Tachycardia, rashes, with Breathing difficulty. - Transfusion was stopped immidiately Inj hydrocortisone & Inj Frusemide was given stat. ↓ - Child observed for 2Hours with continuous vitals monitoring. ↓ Adv: (1) Shift to ward ~~after~~ after 2hour. (2) CBP T/M.	dar 25/6/2026 Noted by Dr MAM 25

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Suspected ? ALL to Evaluation

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: .....nil.....

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	21/6/26 M	21/6/26 N	21/6/26 N	22/6 M	22/6 E	22/6 N
Medical Condition (Any special condition to be noted):	nil	Nill	Nill	Nil	Nil	Nil
Diet:	NPO	NPO	N.P.O	S.diet	S.diet	S.diet

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	97.8F	97.7°F	98.3°F	98.6 F	98.3F	98.4°F
Res:	26b/m	28b/min	26b/min	24 b/m	26 b/m	26 b/m
SpO_2:	98%	98%	98%	99%	98%	99%
Pulse:	128b/m	133b/mt	124b/min	110 b/m	120b/m	120b/m
BP:	98/56	93/65	99/25	95/69 mmHg	98/60	100/78(64)
LOC:	conscious	Consious	Consious	Consious	Consious	Consious
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

Recommendations

Safety Needs:	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	Nil	Nill	Nill	Nil	Nil	Nil
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	NPO	NO	NO	S.diet	S.diet	S.diet
Critical Lab Test / Values:	—	—	—	—	Nil	Nil
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	dependent	Dependent	dependent	Dependent	dependent	dependent
Post Operative Procedure Special Orders:	Nil	Nil	Nil	Nil	Nil	Nil

Handed Over By Name :	Sabi	Negotiate	manisha	Anitha	Indu	manisha
Signature / ID :		Negotiate		Negotiate	Negotiate	Negotiate
Date:	21/6/26	21/6/26	21/6/26	22/6	22/6/26	23/6/26
Time:	@ 10:30p	@2.20A	@8am	@2pm	8pm	@8am
Taken Over By Name :	manisha	Indu	Anitha	Indu	manisha	Narasa
Signature / ID :	9050145	011923	9050140	Negotiate	Negotiate	9019591
Date:	21/6/26	22/6/26	22/6	22/6/26	22/6/26	23/6
Time:	10:30p	2:20p	@ 8am	2pm	@ 8pm	8am

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: B/cytopenia ↓ evaluation

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: ..... NP .....

Surgery / Procedure:

Post OP Day:

	Date / Shift	23/6 M	23/6 E	23/6/26 N	24/6 M	24/6 E	24/6/26 N
BACKGROUND	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	Nil
	Diet:	S. diet	S. diet	S. diet	S. diet	S. diet	(S) diet
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F
	Res:	26 b/m	30 b/m	27 b/m	27 b/m	26 b/m	27 b/m
	SpO_2:	100%	100%	100%	98%	98%	98%
	Pulse:	122 b/m	106 b/m	104 b/m	112 b/m	114 b/m	114 b/m
	BP:	100/60 (70)	99/55 (67)	100 (78) (63)	90/70 (80)	89/69 (71)	101/69 (79)
	LOC:	Conscious	Conscious	conscious	conscious	Conscious	Conscious
	Fall Risk Score:	10	10	10	10	10	10
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil	Nil	Nil
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	S. diet	S. diet	S. diet	S. diet	S. diet	(S) diet
	Critical Lab Test / Values:	Nil	Nil	Nil	Nil	Nil	Nil
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	dependent
Post Operative Procedure Special Orders:		Nil	Nill	Nil	Nil	Nil	Nil
Handed Over By Name :		Manasa	Jagrani	Manisha	Indu	Anitha	Vaishnavi
Signature / ID :		Q01797	012867	M905145	B600608	A905140	WC20216
Date:		23/6	23/6	24/6/26	24/6/26	24/6	24/6/26
Time:		@2pm	8pm	@8AM	8pm	@8pm	@11pm
Taken Over By Name :		Jag	Manisha	Indu	Anitha	Vaishnavi	
Signature / ID :		012867	M905145	B600608	A905140	WC20216	
Date:		23/6/26	23/6/26	24/6/26	24/6/26	24/6/26	
Time:		8pm	@8pm	8pm	@2pm	@8pm	

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 18 D (F)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Acute leuchemia.			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: nil			
	Surgery / Procedure: nil			Post OP Day: nil			
BACKGROUND	Date / Shift	25/4 M					
	Medical Condition (Any special condition to be noted):	nil					
	Diet:	S/diet					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98°F					
	Res:	26b/m					
	SpO_2:	98%					
	Pulse:	108b/m					
	BP:	90/70					
	LOC:	consci					
	Fall Risk Score:	10					
	Pain Score:	0					
	Skin Integrity	Intact					
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	nil					
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	S/diet					
	Critical Lab Test / Values:	nil					
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	depen					
Post Operative Procedure Special Orders:		nil					
Handed Over By Name :		Brody					
Signature / ID :		R880606					
Date:		25/4					
Time:		@11A					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Noted by Brody
DMM
25/4

Docu. No. : RCH /FRM / CLINICAL / 097

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05-05-2023 3 Y 0 M 18 D (F)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 01	Diagnosis: ? ALL	Surgery / Procedures: –	
	Allergies: nill		Post OP Day: –	
	Date: 21/6/2026			
	Area / Shift Time	PICU 8Pm-8am		
	Diet:	NPO (4am)		
	Ventilation (RA, NP, NIV, VENTI)	RA		
INVASIVE LINES	1.	22 canula-1		
	2.			
	3.			
	4.			
ASSESSMENT	Infusions / Transfusions	DNS on Flow RDP transfusion PRBC transfusion		
	PU Prophylaxis	nill		
	DVT Prophylaxis	nill		
	Vitals BP	98/68(70)		
	PR	118 b/mt		
	RR	26 b/mt		
	SpO_2	98%		
	Temp	97°c		
	Pain Score	0		
	LOC (Alert, Conscious, Confusion, Unconscious)	Conscious		
	Skin Integrity (Intact / Bedsore / Any other condition	Intact		
	Restraints If any Physical	nill		
	Chemical			
	Fall Risk (Vulnerable Y/N) if yes score	10		
	(Ambulation, walking, moving with assistance, bed ridden)	Ambulation		
	ADL (Dependent / Non-Dependent)	Dependent		
	Critical Lab Test / Values (If any)	Hb, WBC, Platelet		

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS					
		Date:	21/6/2026		
	Investigations Procedures	Area / Shift Time	PICU 8Pm-8am		
		Ordered / Planned	nil Bone marrow aspiration & Biopsy		
		Due	nil		
		Reports Pending	nil		
		Referrals (If any)	nil		
	Remarks (Special Interventions like, Drainage tube flushing etc.)		nil		
Handed Over By Name :			Bl. Ramulu		
Signature :					
Date:			22/6/2026		
Time:			8am		
Taken Over By Name :					
Signature :					
Date:					
Time:					

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Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 17 D (F)
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NURSING CARE RECORD

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Date: 21/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.... Nil
- ☑ 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							
Night	10:30 pm	-maintain fluid Balance		-Administered IV fluid DNS @48 ml/hr	-TO maintain Hydration	-patient is stable	manisha 22/6/26 @8AM

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NURSING CARE RECORD

Date: 22/6/26

Goals

- ☑ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☑ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify.....
- ☑ 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	10 AM	Maintain fluid Balance - Ensure safety	11 AM	Maintained inpnt/outpnt chart - provided side rails	- To prevent dehydration - To prevent falls	Re-Assessment is done, vitals checked	Ayi Lha 22/6/26 @2pm
Afternoon	3:00 7:00	maintain aseptic technique provide comfortable position	3:30 7:30	maintained aseptic technique provided comfortable position	- prevent from Infection - To reduce discomfort	- patient is stable - no fresh complaints	Indu @ 8pm 22/6/26
Night	11:00 7:00	maintain fluid Balance Maintain aseptic technique	11:30 7:30	maintained fluid Balance maintained aseptic technique	- maintain Hydration - prevent from Infection	- patient is stable	manas @8pm 23/6/26

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Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 17 D (F)
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NURSING CARE RECORD

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Date: 23/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☑ 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	10 AM	→ IV fluids on flow	10:30 AM	→ ONS 48ml/hr is maintained	→ TO maintain hydration	→ patient is stable	Manoj
Afternoon	3pm	⇒ Assessment		⇒ Assessed the child condition	⇒ Provided Comfortable position	⇒ Child is Stable	23/6/26 at 3pm
Night	9pm	- Maintain fluid Balance		- Administered IV fluid ONS 48ml / hr.	- TO maintain hydration	- patient is stable	Manisha 24/6/26 @8Am

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NURSING CARE RECORD

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Date: 24/6/26

Goals

- ☑ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☑ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify.....
- ☑ 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	9:00	Maintain fluid Balance	9:30	- maintained fluid Balance.	- Maintain Hydration	- patient is Stable	Indu @8pm 24/6/26
	1:00	Maintain aseptic technique	1:30	Maintained aseptic technique	- prevent from Infection	- No fresh Complaints	
Afternoon	3pm	→ Maintain Good Nutritional Status		→ To oral intake is Good	→ provided Soft diet	→ patient is Stable	Amutha 24/6 8pm
	4pm	→ Ensure Safety		→ To side rails kept up	→ To prevent falls risk		
Night	10 pm	Maintain fluid Balance - Ensure Safety	10:10	- Maintained input/output Chart - provided side rails	- To prevent dehydration - To prevent falls	Re-Assessment done, patient is stable	Vaishnavi 24/6 (2)

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Baby ASAM ANAGHA (F)
05-06-2023 3 Y 0 M 19 D
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NURSING CARE RECORD

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Date: 26/6/2?

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify............
- ☐ 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		Discharge notes :- Dr came for rounds Patient is stable. advice for dischar[ge]					
Afternoon							
Night						Noted Sr and [signature] 26/6/2?	

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Baby ASAM ANAGHA
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NURSING CARE RECORD

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Date: .....

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							
Afternoon							
Night							

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Baby ASAM ANAGHA
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(1)

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 21/6/26	DATE 22/6	DATE 22/6	DATE 22/6	DATE 23/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		10	10	10	10	10

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position	✓		✓	✓	✓	✓
	Call device within reach	✗		✗	✗	✗	✓
	Wheels Locked	✓		✓	✓	✓	✓
	Room free of clutter	✓		✓	✓	✓	✓
	Adequate lighting	✓		✓	✓	✓	✓
	Wheel chair support	✓		✗	✗	✗	✗
	Other Intervention(s) Specify	✓		✓	✓	✓	✓
	Nurse's Name:	Heena		Sunil	Anitha	Sneha	manisha
	Signature:						
	Date:	21/6/26		22/6	22/6	22/6	23/6
	Time:	9PM		5AM	1pm	6pm	2AM

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 23/6	DATE 23/6	DATE 23/6	DATE 24/6	DATE 24/6
Age	Less than 3 years old	4	.				
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		10	10	10	10	10

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	X	X	✓	X
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		X	X	X	X	X
	Other Intervention(s) Specify		✓	✓	✓	✓	✓
	Nurse's Name:		Prasad	[illegible]	Manisha	Manisha	Anitha
	Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
	Date:		23/6	23/6	23/6	24/6	24/6
	Time:		10am	6pm	11pm	11AM	@5pm

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 25/6	DATE 26	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3			
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1			
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1			
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1			
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
	Total		10	10			

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	✓		
	Call device within reach		✓	✓		
	Wheels Locked		✓	✓		
	Room free of clutter		✓	✓		
	Adequate lighting		✓	✓		
	Wheel chair cap		✓	✓		
	Other Intervention(s) Specify		✓	✓		
	Nurse's Name:		Vaidy			
	Signature:		Vad			
	Date:		25/6			
	Time:		9PM			

Docu. No. : RCH /FRM / CLINICAL / 005

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Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 16 D (F)
Dr. SANDHYA VADDADI

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

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BRADEN 'Q' SCALE

					Date : 21/6/26	22/6/26	23/6	24
					Time : 9PM	4A	12pm	8p
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE	24	28	28	24
					Evaluator's Name			Anitha	

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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BRADEN 'Q' SCALE

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					Date : 23/6	23/6	23/6	23/6
					Time : 2A	10AM		11pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
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				TOTAL SCORE	28	23	28	28
				Evaluator's Name				MS

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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CHECKLIST FOR THROMBOPHLEBITIS

21/6/26 22/6/26 23/6/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			—	—	—	—	—	—	—	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			—	—	—	—	—	—	—	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			—	—	—	—	—	—	—	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			—	—	—	—	—	—	—	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			—	—	—	—	—	—	—	
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

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S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0						
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	1	1	1	1						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	1	1	1	1						
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	1	1	1	1						
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	1	1	1	1						
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	1	1	1	1						
			Signature of the Nurse		Anjali Vani		6						

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

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WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a **score of 1** if **'YES'** in **parameter 1 to 9** and **Assign a score** of **-2** if **'YES'** in **parameter No 10**

S.No	Assessment Criteria	Score	Date: 21/6/26 Time: 2am	Date: 22/6/26 Time: 2Am	Date: 23/6/26 Time: 2Am	Date: 24/6 Time: 9AM	Date: 25/6 Time: 2AM	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0	0	0	
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0	0	0	0	
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0	0	0	0	
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0	0	0	
5	Entire leg swollen (Assess for both legs)	1	0	0	0	0	0	
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0	0	0	
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0	0	0	0	
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0	0	0	
9	Previously documented DVT (Assess for both legs)	1	0	0	0	0	0	
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0	0	0	0	
	Total Score		0	0	0	0	0	
	Signature of the Nurse						Vaishy	

Intervention: _____

_____

_____

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

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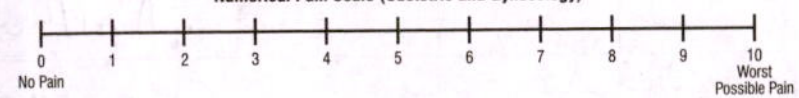
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/6/26	9PM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
22/6/26	4AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
22/6/26	12pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
22/6/26	8PM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
23/6/26	4AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
23/6/26	11pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
24/6	6AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
24/6	12pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
24/6/26	4pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
25/6/26	2AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	

Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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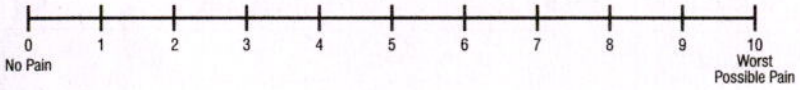

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Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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

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Name: Asam Anagha Age: 3 Yrs Gender: Male ☐ Female ☐

UHID.No : Date: 21/6/2026

I Jyothsna S/o, D/o, W/o, Mallesh hereby declare that our patient Master/Baby Anagha who is related to me as daughter is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 21/6/26.

The doctors have explained to me in a language understood by me that my child has following health related issues :

- Safety protocl for blood transfusion

The doctors have clearly explained to me that my patient Master / Baby Anagha. during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed \upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : Anagha in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: Jyothsna. P.

Name: P. Jyothsna

Relationship with Patient: Aunt

Date & Time: 21/6/2026

Witness :

Signature: P. A. Mallesh

Name: A. Mallesh

Date & Time: 21/6/26 11:00 PM

Doctor (who is taking the consent) :

Signature:

Name: CH. GANESH

Date & Time: 21.6.2026

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో అడ్మిషన్ కొరకు సమ్మతి

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రోగి పేరు ..... వయస్సు ..... లింగం ☐ పు ☐ స్త్రీ

యు.హ్.ఐ.డి .....

నేను ..... s/o. d/o. w/o . .....

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్బో పిల్లల అనుపత్రి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ తేదీ ..... నాడు పూర్తి సమ్మతితో చేర్చితిని.

మా బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

.....

.....

.....

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరింది బిడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి _____ పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిఫెరల్లీ ఇన్సర్ట్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్టరీ లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రైయిన్ లేదా పెరిటోనియల్ డ్రైయిన్ ఇన్సర్షన్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా బిడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో అనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక బిడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమెపై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ..... ను ఇంటెన్సివ్ కేర్ యూనిట్ (పి.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

CONSENT FOR BLOOD TRANSFUSION

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Name: Asam Anagha Age: 32 Gender: Male ☐ Female ☑

UHID.No : VIH-0020626 Date: 22/6/26

Type of Blood Product:

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

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

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

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

Patient (Or Patient Relative / Guardian):

Signature: JYOTHSNA

Name: Jyothsna

Date & Time 22/6/26 2:15 Am

Doctor (Who is talking the consent)

Signature:

Name: DShyam

Date & Time 22/6/26 2:15 Am

Witness

Signature: A. Manesh

Name: A. Manesh

Date & Time 22/6/21 2:15 Am

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

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

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

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

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

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

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

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

.....

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

CONSENT FOR BLOOD TRANSFUSION

Rainbow® Children's Hospital
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Name: Asam Anagha Age: 3yrs Gender: Male ☐ Female ☑

UHID.No : YIH-00206126 Date: 24/6/26

Type of Blood Product:

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

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

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

.....

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

Patient (Or Patient Relative / Guardian):

Signature: Pravalika

Name: Pravalika

Date & Time 24/6/26 10:30 pm

Doctor (Who is talking the consent)

Signature: [signature]

Name: Dr. Vishwaja

Date & Time 24/6/26 10:20pm

Witness

Signature: [signature]

Name:.....

Date & Time .....

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

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

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

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

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

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

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

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

.....

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-05-2023 3 Y 0 M 19 D (F)
Dr. SANDHYA VADDADI

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 24/6/26 Time: 11:40 pm

Blood Group of the Patient: B+VE Blood Group on the Blood Bag: B+VE

Blood Bank Issue No: BA#26-01483 01486 Date of Collection: 22/6/26 Date of Expiry: 27/6/26

Date & Time of Starting Transfusion: 24/6/26 11:40pm Planned duration of Transfusion: 25/6/26 12:20 Am

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Rinkal Nurse 2: Renuka

Before starting transfusion vitals: Temp: 98.6°F HR 166/m RR: 19 6/m BP: 109/81/91 SpO_2 99%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
24/6/26	11:40pm 15 Min	66	98.6°F	109/81/91	95%	—	—	—	—
	12:5 Am 15 Min	165	97.3°F	67/36/44	93%	Skin allergy	✓	✓	Tachycardia
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: Reaction observed: Tachycardia, rashes, and rigors. Immediately transfusion was stopped

Name of the Incharge-Nurse: Sr. Rinkal Name of the Nurse: Renuka

Signature of the Incharge-Nurse: Signature of the Nurse:

Date & Time: 25/6/26 at 12Am Date & Time: 25/6/26 12:1Am

1659

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

PLATELET CONCENTRATE I.P.

Qty. 60 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./ SAGM Solution.

B

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

Unit No.: BAH26-01483
Blood Group: B Rh Positive
Collection Date: 22/Jun/2026
Expiry Date: 27/Jun/2026

1. Do Not Dispence Without Prescription. 2. Check Blood Group On Label & Recipient'S Group And Name Before Administration. 3. Shake Gen... t Use If Afte... is The... C With Clo... Gen... 9. ...

Issue Label / CrossMatching Report

Patient : **baby.asam anagha -**
Patient's Blood Group :B Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,dr sandhya
UHID No.: VIH-00206126 Wd-Bed No.:

Product : RDP
Blood Group : B Rh Positive
Unit No.: **BAH26-01483**
XMatching Report:Group Specific
X-matched by: PILLEM

Issue Dt : 24/Jun/2026
Colln. Dt :22/Jun/2026
Exp. Dt :27/Jun/2026
Issued By : PILLEM

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

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

PLATELET CONCENTRATE I.P.

Qty. 60 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D./ SAGM Solution.

B

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

Unit No.: BAH26-01486
Blood Group: B Rh Positive
Collection Date: 22/Jun/2026
Expiry Date: 27/Jun/2026

1. Do Not Dispence Without Prescription. 2. Check Blood Group On Label & Recipient'S Group And Name Before Administration. 3. Shake Gen... ediatcly Afte... Use If Ther... s Clot... C With Gen... 9. A...

Issue Label / CrossMatching Report

Patient : **baby.asam anagha -**
Patient's Blood Group :B Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,dr sandhya
UHID No.: VIH-00206126 Wd-Bed No.:

Product : RDP
Blood Group : B Rh Positive
Unit No.: **BAH26-01486**
XMatching Report:Group Specific
X-matched by: PILLEM

Issue Dt : 24/Jun/2026
Colln. Dt :22/Jun/2026
Exp. Dt :27/Jun/2026
Issued By : PILLEM

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

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 17 D (F)
Dr. SANDHYA VADDADI

Rainbow® Children's Hospital
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Moderate Sedation Flow-Sheet

Immediate Pre-Sedation Assessment

B.P	P.R	R.R	Temp	SPO_2	Pain Score	Weight
94/61 (73)	125bm	29bm	98.6-F	99%	0	14.12kg

Diagnosis: Bicytopenia Lymphadenopathy

Procedure: Bone marrow Biopsy & Aspiration

Comorbidities:

- ☑ Risk, benefits & alternatives discussed;
- ☑ Patient understand & elects to proceed
- ☑ Consents for procedure and sedation signed and dated

ASA Physical Status

- ☐ ASA PS 1: Healthy Patient
- ☑ ASA PS 2: Mild Systemic Disease, no functional limitations
- ☐ ASA PS 3: Severe Systemic Disease, functional limitations
- ☐ ASA PS 4: Severe Systemic Disease, constant threat to life
- ☐ ASA PS 5: Moribund Patient unlikely to survive 24 hrs.
- ☐ ASA PS 6: A declared braindead patient whose organs are being removed for donor purposes
- ☐ E: Emergency procedure

GCS: E M V

☐ IV Site: Gauge: 24 G

Sedation Plan: Ketamine, Midazolam

Allergies:

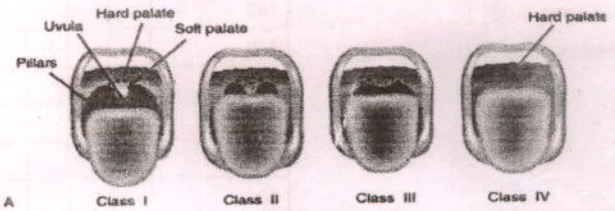
AIRWAY EVALUATION

Mouth:

- ☑ Normal
- ☐ Loose Teeth
- ☐ Small Mouth
- ☐ Protruding Incisors
- ☐ Receding Lower Jaw
- ☐ Dentures

Neck:

- ☑ Normal
- ☐ Decreased ROM
- ☐ Thyromental Distance Less Than 6 cm
- ☐ Short Neck



Mallampati Class: ☑ I ☐ II ☐ III ☐ IV

Monitoring of Patient Intra – Procedure

Procedure Monitoring

Heart Rate (HR), Respiratory Rate (RR), Oxygen Saturation (O_2 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: .....

Thiopentone 150mg

.....

.....

Time of transportation to post sedation care room: ..... LOC: .....

Doctor Name: Dr Jayasena 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

PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

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Patient Name: Asain Anagha Gender: ☐ Male ☐ Female UHID. No: VIH-0020626 Age: 3yrs.

Date: 22/06/2024 In-Time: 11 AM Out-Time: 11.30 AM

Doctor Performing Procedure: Dr Sandhya Doctor Giving Sedation: Dr Jayanee Assisting Nurse: Sr. N. K

SIGN IN Time:	Yes	No	NA
Patient is verified using two identifires (Name & UHID)	☑	☐	☐
All required documents, images, studies are available	☑	☐	☐
NPO Status Checked from Patient / Patient Attendant	☑	☐	☐
Consent is Signed	☑	☐	☐
Any need for blood products	☐	☑	☐
If Yes Comment:			
Any Risk of Hemodynamic Compromise	☐	☑	☐
If Yes Comment:			
Any drug or food allergy	☐	☑	☐
If Yes Comment:			
Correct Site of Procedure Marked	☑	☐	☐
All resources required are correct, available and functioning	☑	☐	☐

Signature of the Doctor: ✓

Name of the Doctor: Dr Jayanee

TIME OUT Time:	Yes	No	NA
Correct Patient	☑	☐	☐
Correct Site	☑	☐	☐
Correct Procedure	☑	☐	☐
All the team members introduced	☑	☐	☐

Signature of the Nurse: Sr. Nandiswari

Name of the Nurse: Sr. N. K

SIGN OUT Time:	Yes	No	NA
Name of the Surgical / Invasive Procedure is recorded	☑	☐	☐
Instrument, Sponge and Needle Count Completed	☑	☐	☐
Specimens are labeled	☑	☐	☐
Any equipment problems are addressed	☐	☑	☐

Signature of the Nurse: Sr. K

Name of the Nurse: Sr. Nandiswari

Any Adverse / Unexpected Events

Hemodynamically stable during & post procedure

Docu. No. : RCH /FRM / CLINICAL / 083

PROCEDURE CHECK LIST

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VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 17 D (F)
Dr. SANDHYA VADDADI

Date: 22.06.2026

Ward

☑ PICU ☐ NICU ☐ ER ☐ Other: _____

Procedure Name: Bone marrow Biopsy & Aspiration

Diagnosis: Biclytopenia & evaluation

Procedure done by: Dr Sandhya

Assisted by: Dr Jayasree

PROCEDURE CARE BUNDLE COMPLIANCE

Barrier precautions

Hand wash	Y / N	
Gown	Y / N	
Mask & cap	Y / N	
Gloves	Y / N	
Eye protection	Y / N	

Skin preparation done using:

1. Bactiprep
2. Betadine

Procedure related equipment check list (as per procedure)

Airway/ Oxygenation:	Nasal prongs	Y / N	
	Ambu/Bains	Y / N	
	Mask (appropriate size)	Y / N	
	Laryngoscope with blade	Y / N	
	ET tube/LMA (appropriate size)	Y / N	
	Oxygen connectors	Y / N	
	Suction apparatus	Y / N	
Monitor:	QRS volume audible	Y / N	
	BP autocycling	Y / N	
	SpO2	Y / N	
	Paralysis	Y / N	
	Adrenaline	Y / N	
	Atropine	Y / N	

Medication: Sedation/Analgesia 1. ketamine 2. Midazolam

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	

Monitoring after procedure

Haemodynamically stable

Adverse events - Y / N

If yes, details N/L

Position check required - Y / N

If yes, details ←

Signature of Doctor

(Please attach this to the patient file)

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CONSENT FOR SPECIAL SEDATION

Patient Name: Asam Anagha Gender: ☐Male ☑Female

UHID No: VIH-0020628 Department: 1st floor ward Date: 22/6/26

I A. Mallesh S/D/W/O .....

Here by give consent for procedure for my patient: bone marrow aspiration and biopsy

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation : iv ketamine, midazolam
- Possible complications from the procedure of sedation:
  nausea, vomiting, bradycardia, hypotension

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

Patient Attendant :

Signature : A. Mallesh

Name : A. Mallesh

Relationship with Patient: father

Date & Time : 22/06/26 @ 10am

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Sandhya V

Date & Time : 22/6 @ 10am

CONSENT FOR SPECIAL PROCEDURES

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Patient Name : Asam Anagha Gender: ☐ Male ☑ Female

UHID No : VIH-00206126 Department : 1st floor ward Date : 22/6/26

I A. Mallesh S / D / W / O .....

Here by give consent for procedure of : bone marrow aspiration and biopsy

For my patient, Named : Asam Anagha.

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

pain, bleeding, infection

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 Sandhya V

Patient Attendant :

Signature : A. Mallesh

Name : A. Mallesh

Relationship with Patient: father

Date & Time : 22/06/26 @ 10am

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Sandhya V

Date & Time : 22/6 @ 10 am

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 .....

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 18 D (F)
Dr. SANDHYA VADDADI

PRBC

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 23/6/26 Time: 4pm

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

Blood Bank Issue No: 636 Date of Collection: 18/6/26 Date of Expiry: 23/7/2026

Date & Time of Starting Transfusion: 23/6/26 4pm Planned duration of Transfusion: 9pm 23/6/26

Check for Correct Unit: ☐ Correct Patient: ☐

Blood products cross checked by: Nurse 1: Rinku Nurse 2: Renuka

Before starting transfusion vitals: Temp: 98.6°F HR 107b/min RR: 30b/min BP: ..... SpO_2 .....

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
23/6/26	15 Min	113	98.6°F	66/55(60)	100%	—	—	—	—
	15 Min	106b/m	98.6°F	98/53(67)	100%	—	—	—	—
	30 Min	103b/m	98.6°F	99/60(75)	100%	—	—	—	—
	30 Min	100b/m	98.6°F	105/65(70)	100%	—	—	—	—
	30 Min	105b/m	98.6°F	116/71(84)	100%	—	—	—	—
	1 Hr	100b/m	98.6°F	110/61(75)	99%	—	—	—	—
	1 Hr	60b/m	98.6°F	114/55(71)	95%	—	—	—	—
						—	—	—	—

Comments: .....

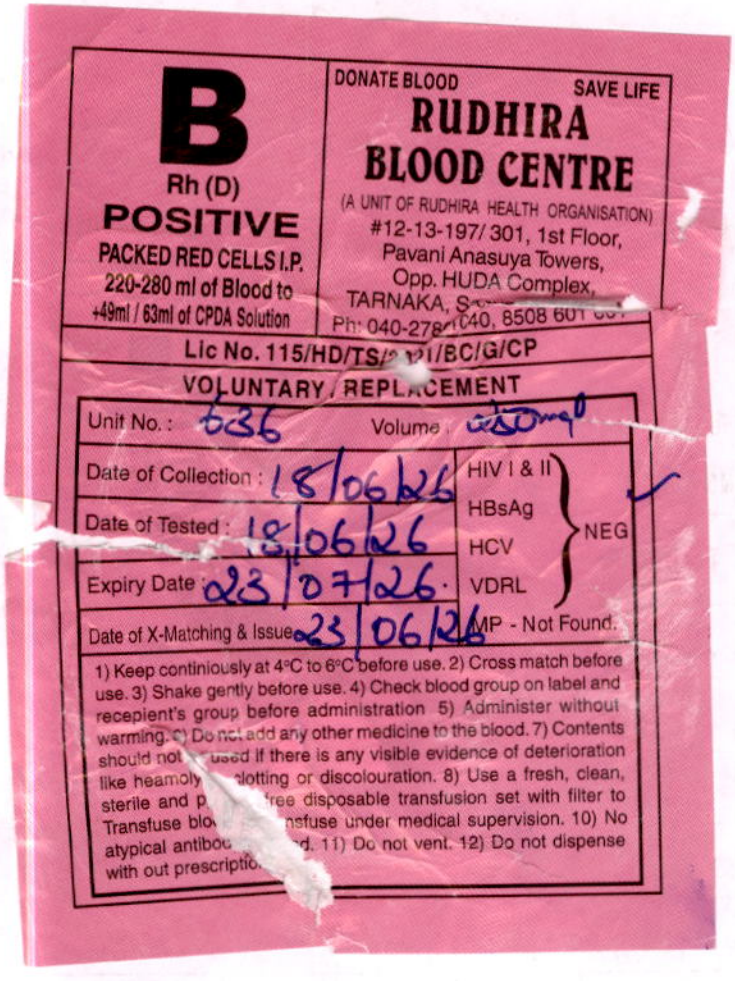
.....

Name of the Incharge-Nurse: Rinku Name of the Nurse: Renuka

Signature of the Incharge-Nurse: Rinku Signature of the Nurse: Renuka

Date & Time: 23/6/26 / 9:pm Date & Time: 23/6/26 / 9:pm

Docu. No. : RCH /FRM / CLINICAL / 078



B

Rh (D)

POSITIVE

PACKED RED CELLS I.P.

220-280 ml of Blood to

+49ml / 63ml of CPDA Solution

DONATE BLOOD SAVE LIFE

RUDHIRA BLOOD CENTRE

(A UNIT OF RUDHIRA HEALTH ORGANISATION)

#12-13-197/ 301, 1st Floor,

Pavani Anasuya Towers,

Opp. HUDA Complex,

TARNAKA, S...

Ph: 040-278...040, 8508 601 ...

Lic No. 115/HD/TS/2...21/BC/G/CP

VOLUNTARY / REPLACEMENT

Unit No. : 636 Volume : 250ml

Date of Collection : 18/06/26

Date of Tested : 18/06/26

Expiry Date : 23/07/26.

Date of X-Matching & Issue : 23/06/26

HIV I & II

HBsAg

HCV

VDRL

} NEG

MP - Not Found.

1) Keep continiously at 4°C to 6°C before use. 2) Cross match before use. 3) Shake gently before use. 4) Check blood group on label and recepient's group before administration 5) Administer without warming. 6) Do not add any other medicine to the blood. 7) Contents should not be used if there is any visible evidence of deterioration like heamoly... clotting or discolouration. 8) Use a fresh, clean, sterile and p... free disposable transfusion set with filter to Transfuse blo... nsfuse under medical supervision. 10) No atypical antibo... d. 11) Do not vent. 12) Do not dispense with out prescriptio...

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 18 D (F)
Dr. SANDHYA VADDADI

SDP

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

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Your Right to a Safe Delivery

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 23/6/26 Time: 3PM

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

Blood Bank Issue No: 007 Date of Collection: 23/6/26 Date of Expiry: 27/6/26

Date & Time of Starting Transfusion: 23/6/26 @ 3PM Planned duration of Transfusion: 23/6/26 @ 4PM

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Sr. N.A.S Nurse 2: Sr. Susma

Before starting transfusion vitals: Temp: 98.6F HR 102 RR: 27 BP: 101/82 SpO_2 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
23/6/26	15 Min	101 b/m	98.6F	99/85	99%	—	—	—	—
	15 Min	100 b/m	98.6F	94/70 b/m	100%	—	—	—	—
	30 Min	98 b/m	98.6F	101/65	100%	—	—	—	—
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No issue

Name of the Incharge-Nurse: Sr. N.A.S Name of the Nurse: Sr. Susma

Signature of the Incharge-Nurse: Sr. N.A.S Signature of the Nurse: Sr Susma

Date & Time: 23/6/26 3PM Date & Time: 23/6/26 @ 3PM

RUDHIRA BLOOD CENTRE

(A UNIT OF RUDHIRA HEALTH ORGANISATION)
#12-13-197/ 301, 1st Floor, Pavani Anasuya Towers,
Opp. HUDA Complex, TARNAKA, Secunderabad - 17.
Ph: 040-27801040,
Lic No. 115/HD/TS/2021/BC/G/CP

SINGLE DONOR PLATELETS (USP)

Patients Name : Baby Anagha Age / Sex : 3yrs/F

Hospital : Rainbow Hospital Date 23/06/26

BLOOD GROUP	B+ve	HIV I & II	
Bag No. :	007	HBsAg	NEG ✓
Date of Collection :	23/6/26	HCV	
Expiry Date :	27/6/26	VDRL	
Volume :	200 ml.	MP	

1)Do not store, transfuse immediately.2) Check blood group on the lable & recepient's Group before administration. 3) Administer without warming.4) Do not add any other medicine to the Blood Component.5) Contents should not be used if there is any visible evidence of deterioration like discoloration. 6) Use a Fresh, Clean, Sterile and Pyrozen Free Disposable IV Transfusion Set to Transfuse. 7) Transfuse under medical supervision. 8) Do not Vent 9) Do not dispense without prescription.

PRBC

CONSENT FOR BLOOD TRANSFUSION

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

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Your Right to a Safe Delivery

Name: Asam Anagha Age: 34 years Gender: Male ☑ Female ☐

UHID.No : UHH-00206126 Date: 23/6/26

Type of Blood Product:

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

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

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

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

Patient (Or Patient Relative / Guardian):

Signature: A. Mallesh

Name: A. Mallesh

Date & Time 23/06/26 1:40 PM

Doctor (Who is talking the consent)

Signature: G.S

Name: M. Vishwaja

Date & Time 23/6/26 1:40 AM

Witness

Signature: .....

Name: .....

Date & Time .....

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Your Right to a Safe Delivery

రక్త మార్పిడి కొరకు అంగీకార పత్రము

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

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

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

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

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

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

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

.....

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

SDP

CONSENT FOR BLOOD TRANSFUSION

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

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Your Right to a Safe Delivery

Name: Asam Anagha Age: 8year Gender: Male ☒ Female ☐

UHID.No : UHH-00206126 Date: 23/6/26

Type of Blood Product:

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

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

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

.....

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

Patient (Or Patient Relative / Guardian):

Signature: A. Mallesh

Name: A. Mallesh

Date & Time 23/06/26 1:40 PM

Doctor (Who is talking the consent)

Signature: G.V

Name: DR. Vishwaja

Date & Time 23/6/26 1:40pm.

Witness

Signature: .....

Name: .....

Date & Time .....

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

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

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

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

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

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

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

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

.....

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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

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Your Right to a Safe Delivery

Name: Asam Anagha Age: 3 years Gender: Male ☑ Female ☐

UHID.No : UIH-00206126 Date: 23/6/26

I ..... S/o, D/o, W/o, ... hereby

declare that our patient Master/Baby Asam Anagha. who is related to me as .....

is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 23/6/26

The doctors have explained to me in a language understood by me that my child has following health related issues :

.....

.....

.....

The doctors have clearly explained to me that my patient Master / Baby Asam Anagha during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed \upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : Asam Anagha

..... in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: A. Mallela

Name: A. Mallela

Relationship with Patient: father

Date & Time: 23/06/26 1:40 PM

Witness :

Signature: .....

Name: .....

Date & Time: .....

Doctor (who is taking the consent) :

Signature: .....

Name: Dr. Ullhwaja

Date & Time: 23/6/26 1:40 PM

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో అడ్మిషన్ కొరకు సమ్మతి

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రోగి పేరు ..... వయస్సు ..... లింగం ☐ పు ☐స్త్రీ

యు.హ్.ఐ.డి .....

నేను ..... s/o. d/o. w/o . .....

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్బో పిల్లల అనుపత్రి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ తేదీ ..... నాడు పూర్తి సమ్మతితో చేర్చితిని.

మా బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

.....

.....

.....

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరింది బిడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి _____ పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిఫెరల్లీ ఇన్సర్ట్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్టరీ లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రెయిన్ లేదా పెరిటోనియల్ డ్రెయిన్ ఇన్సర్షన్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా బిడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో అనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక బిడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమెపై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ..... ను ఇంటెన్సివ్ కేర్ యూనిట్ (పి.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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Name: Asam Anagha Age: 3yr Gender: Male ☐ Female ☑

UHID.No : NH-00206126 Date: 24/6/26

I pravalika S/o, D/o, W/o, Mallesh hereby

declare that our patient Master/Baby Anagha who is related to me as

is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on

The doctors have explained to me in a language understood by me that my child has following health related issues :

.....

.....

.....

The doctors have clearly explained to me that my patient Master / Baby Anagha during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed \upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : Anagha

..... in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: pravalika

Name: Pravalika

Relationship with Patient: Mother

Date & Time: 24/6/26 10:30pm

Witness :

Signature:

Name:

Date & Time:

Doctor (who is taking the consent) :

Signature:

Name: Dr Nithesh

Date & Time: 24/6/26 10:30pm

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో అడ్మిషన్ కొరకు సమ్మతి

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రోగి పేరు ..... వయస్సు ..... లింగం ☐ పు ☐స్త్రీ

యు.హ్.ఐ.డి .....

నేను ..... s/o. d/o. w/o . .....

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్బో పిల్లల అనుపత్రి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ తేదీ ..... నాడు పూర్తి సమ్మతితో చేర్చితిని.

మా బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

.....

.....

.....

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరింది బిడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి _____ పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిఫెరల్లీ ఇన్సర్ట్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్టరీ లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రైయిన్ లేదా పెరిటోనియల్ డ్రైయిన్ ఇన్సర్షన్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా బిడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో అనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక బిడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమెపై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ..... ను ఇంటెన్సివ్ కేర్ యూనిట్ (పి.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

CONSENT FOR BLOOD TRANSFUSION

Rainbow® Children's Hospital
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Name: Asam Anagha Age: 3yr Gender: Male ☐ Female ☑

UHID.No : VIM-00206126 Date: 22/6/26

Type of Blood Product:

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

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

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

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

Patient (Or Patient Relative / Guardian):

Signature: Jyothsna

Name: Jyothsna

Date & Time 22/6/26 2:15 Am

Doctor (Who is talking the consent)

Signature:

Name: Dr Shivan

Date & Time 22/6/26 2:15 Am

Witness

Signature: A. Mallela

Name: A. Mallela

Date & Time 22/6/26 2:15 AM

Rainbow® Children's Hospital
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రక్త మార్పిడి కొరకు అంగీకార పత్రము

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

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

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

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

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

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

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

.....

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 17 D (F)
Dr. SANDHYA VADDADI

PRBC

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 22/6/26 Time: 4 AM

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

Blood Bank Issue No: 633 Date of Collection: 18/6/26 Date of Expiry: 23/07/26

Date & Time of Starting Transfusion: 22/6/26 at 4 Am Planned duration of Transfusion: 22/6/26 at 8 Am

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Sr. Ramulu Nurse 2: Sr. Bindhu

Before starting transfusion vitals: Temp: 97.6°F HR 109 RR: 22 BP: 95/52(65) SpO_2 97%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
22/6/26	15 Min	105	98.0°F	93/55 (69)	100%	—	—	—	—
	15 Min	109	97.6°F	92/52 (65)	97%	—	—	—	—
	30 Min	89	97.3°F	92/56 (61)	98%	—	—	—	—
	30 Min	93	97.8°F	94/52 (65)	99%	—	—	—	—
	30 Min	86	98.2°F	97/50 (69)	99%	—	—	—	—
	1 Hr	97	97.7°F	92/52 (63)	99%	—	—	—	—
	1 Hr	108	98.3°F	99/54 (69)	100%	—	—	—	—
	1 Hr	88	98.0°F	94/52 (64)	97%	—	—	—	—

Comments: NO reaction

Name of the Incharge-Nurse: Ramulu Name of the Nurse: Sr. Bindhu

Signature of the Incharge-Nurse: Ramulu Signature of the Nurse: Bindhu

Date & Time: 22/6/26 at 8am Date & Time: 22/6/26 at 8 Am

B

Rh (D)

POSITIVE

PACKED RED CELLS I.P.

220-280 ml of Blood to

+49ml / 63ml of CPDA Solution

DONATE BLOOD SAVE LIFE

RUDHIRA BLOOD CENTRE

(A UNIT OF RUDHIRA HEALTH ORGANISATION)

#12-13-197/ 301, 1st Floor,
Pavani Anasuya Towers,
Opp. HUDA Complex,
TARNAKA, Secunderabad - 17.
Ph: 040-27801040, 8508 601 601

Lic No. 115/HD/TS/2021/BC/G/CP

VOLUNTARY / REPLACEMENT

Unit No. : 633	Volume : 220 ml	
Date of Collection : 18/06/26	HIV I & II HBsAg HCV VDRL	✓ NEG
Date of Tested : 18/06/26		
Expiry Date : 23/07/26		
Date of X-Matching & Issue 22/06/26	MP - Not Found.	

1) Keep continiously at 4°C to 6°C before use. 2) Cross match before use. 3) Shake gently before use. 4) Check blood group on label and recepient's group before administration 5) Administer without warming. 6) Do not add any other medicine to the blood. 7) Contents should not be used if there is any visible evidence of deterioration like heamolysis, clotting or discolouration. 8) Use a fresh, clean, sterile and pyrogen free disposable transfusion set with filter to Transfuse blood. 9) Transfuse under medical supervision. 10) No atypical antibody detected. 11) Do not vent. 12) Do not dispense with out prescription.

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 17 D (F)
Dr. SANDHYA VADDADI

SDP

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 22/6/26 Time: 3 Am

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

Blood Bank Issue No: 006 Date of Collection: 22/6/26 Date of Expiry: 25/6/26

Date & Time of Starting Transfusion: 22/6/26 at 3 Am Planned duration of Transfusion: 1 H 22/6/26 at 4 Am

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Sr. Ramulu Nurse 2: Sr. Bindhu

Before starting transfusion vitals: Temp: 98.0°F HR 105 RR: 18 BP: 93/58(69) SpO_2 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
22/6/26	15 Min	105	98.6°F	89/69(70)	100%	—	—	—	—
	15 Min	109	98.6°F	91/56(68)	98%	—	—	—	—
	30 Min	98	98.6°F	95/60(66)	100%	—	—	—	—
	30 Min	100	98.6°F	93/58(69)	99%	—	—	—	—
	30 Min								
	1 Hr								
	1 Hr								

Comments: No reaction

Name of the Incharge-Nurse: Anudeepa Signature of the Incharge-Nurse: Date & Time: 22/6/26 at 2:30 a

Name of the Nurse: Sr. Ramulu Signature of the Nurse: Date & Time: 22/6/26 at 4 Am

Docu. No. : RCH /FRM / CLINICAL / 078

RUDHIRA BLOOD CENTRE

(A UNIT OF RUDHIRA HEALTH ORGANISATION)
#12-13-197/ 301, 1st Floor, Pavani Anasuya Towers,
Opp. HUDA Complex, TARNAKA, Secunderabad - 17.
Ph: 040-27801040,
Lic No. 115/HD/TS/2021/BC/G/CP

SINGLE DONOR PLATELETS (USP)

Patients Name : Baby. Anagha Age / Sex : 3m / Female

Hospital : Rainbow Date :

BLOOD GROUP	B +ve	HIV I & II
Bag No. :	006	HBsAg ✓ NEG
Date of Collection :	29/06/26	HCV
Expiry Date :	25/06/26	VDRL
Volume :	220 ml	MP

1)Do not store, transfuse immediately.2) Check blood group on the lable & recepient's Group before administration. 3) Administer without warming.4) Do not add any other medicine to the Blood Component.5) Contents should not be used if there is any visible evidence of deterioration like discoloration. 6) Use a Fresh, Clean, Sterile and Pyrozen Free Disposable IV Transfusion Set to Transfuse. 7) Transfuse under medical supervision. 8) Do not Vent 9) Do not dispense without prescription.

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby ASAM ANAGHA**	**Age :**	**3 Y 0 M 16 D**
IP No:	**IP-00060434**	**Sex:**	**Female**
Consultant:	**Dr. SANDHYA VADDADI**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 103**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
Receivers Signature: A. Mallesh

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: A Mallesh

Name: M. Prashanth
Relationship: Mamaya
Date: 21/6/26 Time: 09:01 PM
Witness Name: [illegible]
Witness Signature:

Patient Address:
HNO-19-33 RAMNAGAR Mancherial
Mancherial Telangana INDIA 504208

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 16 D (F)
Dr. SANDHYA VADDADI

Patient Sticker

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	11	1
Doctor / Nurse / Family Concern?	pm	
Temperature (°F)	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	103/77 (82)	
Note: BP does not score in early warning scoring		
Heart Rate (Number)	110	104
Resp. Rate (bpm) over 1 Minute) *		
Resp Rate (Number)	27	27
Resp Distress: Mod/ Severe / None / Mild	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	98	99
Conscious Level: Normal / Altered	N	N
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	M	M

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)

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 17 D (F)
Dr. SANDHYA VADDADI

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

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

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/6/26 Time: 8 10 12 2 5 7 9 11 1 3 5 7

Doctor / Nurse / Family Concern? am am pm pm am am am am

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

Heart Rate (bpm) and Blood Pressure (mmHg) * 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

Heart Rate (Number) 120 112 118 115 118 109 112 108 105 110 107

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

Resp Rate (Number) 26 24 25 25 26 28 27 24 26 25

Resp Distress	Mod/ Severe / None / Mild		N	N	N	N							
Receiving O_2(l/min) O_2Saturations (%)		98	98	100	100	98	98	99	97	98	99	98	100
Conscious Level	Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *		15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials								M	M	M	M	M	M

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Patient Sticker

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VIH-00206126 IP-00060434
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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 23/6 Time:

Doctor / Nurse / Family Concern?	AM	AM	PM	pm	pm	pm	pm	pm	Am	Am	Am	Am	
Temperature (F)	98.6°F	98.7°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	102 (76) 66						104 72 (63)					109 79 (60)	
Heart Rate (Number)	120	114	112	102	105	110	107	102	105	110	112	109	
Resp. Rate (bpm) (Over 1 Minute) *													
Resp Rate (Number)	26	28	30	27	29	32	28	27	26	27	25	28	
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N	N	N	N	N	
Receiving O_2(l/min) O_2Saturations (%)	99%	98%	100%	99	98	99	97	99	98	99	99	100	
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N	
GCS *	15	15	15	15	15	15	15	15	15	15	15	15	
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	
Observer's Initials	M	M	M	M	M	M	M	M	M	M	M	M	

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

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

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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-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 18 D (F)
Dr. SANDHYA VADDADI

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

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

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 04/06 Time:	9 AM	11 AM	1 PM	3 PM	5 PM	7 PM	9 PM	11 PM	12 AM	1 AM	2 AM	4 AM	6 AM	8 AM
Doctor / Nurse / Family Concern?														
Temperature (F)	98.6	98.6	98.6	98.6	98.6	98.6	98.6	97.3	98.6	98.6	98.6	98.6	98.6	98.6
Heart Rate (bpm) and Blood Pressure (mmHg) *	95 / 63 / 80	96 / 65 / 83	90 / 70 / 80	89 / 64 (77)	100 / 58 (68)	92 / 65 (75)	101 / 64 (79)	104 / 91	67 / 44	93 / 81	108 / 64	71 / 51 (57)	94 / 42 (72)	105 / 74 (82)
Heart Rate (Number)	112	110	112	114	116	110	114	78	165	116	98	119	110	114
Resp. Rate (bpm) (Over 1 Minute) *														
Resp Rate (Number)	26	26	26	26	24	26	24	22	26	21	26	22	26	24	27
Resp Distress: Mod/ Severe / None / Mild														
Receiving O_2 (l/min) O_2 Saturations (%)	98	97	96	98	99	98	98	93	94	97	98	95	98	98	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	Sindu	Sindu	Sindu	Sindu	Sindu	Sindu	✓	✓	✓	✓	✓	✓	✓	✓	✓

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
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 19 D (F)
Dr. SANDHYA VADDADI

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 : .... Time:	9	11	
Doctor / Nurse / Family Concern?			
Temperature (°F) (104–94)	98.6	98.6	
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) Note: BP does not score in early warning scoring		116/68	
Heart Rate (Number)	116	112	
Resp. Rate (bpm) (over 1 Minute) * (70–10)			
Resp Rate (Number)	26	24	
Resp Distress — Mod/ Severe			
Resp Distress — None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	98	97	
Conscious Level — Normal	98	98	
Conscious Level — Altered			
GCS *	15	15	
TOTAL SCORE Number of shaded boxes	16	15	
Pain Score			
Observer's Initials			

Noted by Prof (3) 11:15 30/6/23

ACTIONS	
	Score 1 : Continue normal observation by staff nurse
NB: Scores 3 should be recorded overleaf	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Date	Time	Early Warning Score	Date	Time	Name

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VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 16 D (F)
Dr. SANDHYA VADDADI

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FLUID CHART

Sheet No. : .....

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											
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 :**						
21/6/26	08:00 pm										1	Manisha
	09:00 pm											
	10:30 pm			48ml				✓		✓	0	
	11:00 pm			48ml								
	12:00 am			48ml							1	
	01:00 am			48ml				✓				
Total Intake : 192 ml						**Total Output :**						
	02:00 am										1	Manisha 22/6/26 @8AM
	03:00 am											
	04:00 am											
	05:00 am	NPO		48ml							0	
	06:00 am			48ml								
	07:00 am			48 ml							1	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206126 IP-00060434
Baby ASAM ANAGHA (F)
05-06-2023 3 Y 0 M 17 D
Dr. SANDHYA VADDADI

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FLUID CHART

Sheet No. : .....

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.

		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							
22/6	08:00 am		NPO	48 ml						✓		
	09:00 am		NPO	48 ml								
	10:00 am			48ml							0	Anitha 22/6 @2pm
	11:00 am											
	12:00 pm		water							✓		
	01:00 pm			48 ml							1	
Total Intake : 144 ml						Total Output :						
22/6	02:00 pm											
	03:00 pm		Idly + water	48ml						✓	1	Rinda
	04:00 pm			48 ml								
	05:00 pm			48ml							0	SM 22/6/26
	06:00 pm									✓		
	07:00 pm										1	
Total Intake : 144ml						Total Output :						
22/6/26	08:00 pm		Idly	48ml								
	09:00 pm		water	48ml							1	manisha
	10:00 pm		milk	48ml						✓		
	11:00 pm										0	
	12:00 am			48ml								
	01:00 am									✓	1	
Total Intake : 192 ml						Total Output :						
23/6/26	02:00 am		water	48 ml								
	03:00 am			48 ml							1	
	04:00 am			48ml						✓		
	05:00 am			48ml							0	manisha 23/6/26 @8AM
	06:00 am			48ml								
	07:00 am			48 ml						✓	1	
Total Intake :						Total Output :						

Total 24 hrs. Intake	288 ml	Total 24 hrs. Output	4 times

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-05-2023 3 Y 0 M 17 D (F)
Dr. SANDHYA VADDADI

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FLUID CHART

Sheet No. : .....

1. All measurements in ml.
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		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							
23/6/26	08:00 am			48 ml.								
	09:00 am		Idly + water	48 ml								
	10:00 am			48 ml							0	Manasa. 23/6 @1 PM
	11:00 am			48 ml								
	12:00 pm											
	01:00 pm											
Total Intake : 192 ml						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
23/6/26	08:00 pm		coconut water									
	09:00 pm											
	10:00 pm									L		
	11:00 pm		Idly	48ml							0	Manisha
	12:00 am		water	48ml						L		
	01:00 am			48ml								
Total Intake :						**Total Output :**						
24/6/26	02:00 am		water	48ml								
	03:00 am			48ml								
	04:00 am			48ml						L		
	05:00 am			48ml							0	manisha 24/6/26 @8am
	06:00 am			48ml								
	07:00 am									L		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	4 times

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 18 D (F)
Dr. SANDHYA VADDADI

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FLUID CHART

Sheet No. : .....

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.

		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							
24/6	08:00 am		Jolly + water	48ml						✓	1	Sindhu
	09:00 am			48ml								
	10:00 am			48ml						✓	0	12pm
	11:00 am			48ml								
	12:00 pm			48ml								24/6
	01:00 pm									✓	1	
Total Intake : 240ml						**Total Output :**						
24/6	02:00 pm										1	Anitha 24/6 @4pm
	03:00 pm		Rice + water	48 ml						✓		
	04:00 pm			48 ml								
	05:00 pm			48 ml							0	
	06:00 pm		Snacks	48 ml						✓		
	07:00 pm			48 ml							1	
Total Intake : 240 ml						**Total Output :**						
24/6	08:00 pm		Rice, Water								1	Vaishnavi 24/6 @ 4pm
	09:00 pm									✓		
	10:00 pm											
	11:00 pm		11:40 RDP 50 ml stop								0	
	12:00 am										1	
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am										1	Vaishnavi 25/6 @8AM
	03:00 am	D		48ml						✓		
	04:00 am	N		48ml								
	05:00 am			48ml						✓	0	
	06:00 am	S		48ml								
	07:00 am										1	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
26/5	08:00 am		Baby fed mother	48ml						✓	0	
	09:00 am			48ml								
	10:00 am			48ml								
	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	

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

VIH-00206126 IP-00060434
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05-06-2023 3 Y 0 M 19 D (F)
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Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	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**	

VIH-00206126 IP-00060434
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05-06-2023 3 Y 0 M 16 D (F)
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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: 132

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						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5		Nill				☐ C ☐ DC
6						☐ 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 : DR. Naveen

Date & Time : 21/6/26 @ 9:35 pm

Nurse Name & Signature: Shanthi Shn.

Date & Time : 21/6/26 @ 9:35 pm.

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 16 D (F)
Dr. SANDHYA VADDADI

RESULT SHEET

Rainbow® Children's Hospital
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Date	21/6/26	23/6/26	24/06			
Time	9:[illegible]					
Hb	5.4	7.7	10.2			
PCV	14.5	21.7	27.5			
RBC	1.95	2.79	3.43			
WBC	4.41	2.07	1.46			
N/L	5.8/87.4		11/85			
Platelets	9	13	18K			
CRP						
ESR						
PCT						
RBS						
Na	143	144	137			
K	5.1	4.5	4.3			
Cl	104	102	101			
Ca/Mg	8.6/		9.5			
Phosphate	4.6		3.6			
Urea						
Creatinine	0.3					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid	5.9		1.6			
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	19/1.3					
APTT	28.0					
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						
Uric Acid 23/6/26	3.1					

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 17 D (F)
Dr. SANDHYA VADDADI

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132

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 22/6/26 Time: 9Am

Weight: 14kg Centile: acceptable

Height: — Centile: —

Inference: well nourished child

RDA: 1200kcal Calories: 1200kcal Protein: 14g/day

Diet Recommendations: Soft diet

Re-Assesment:

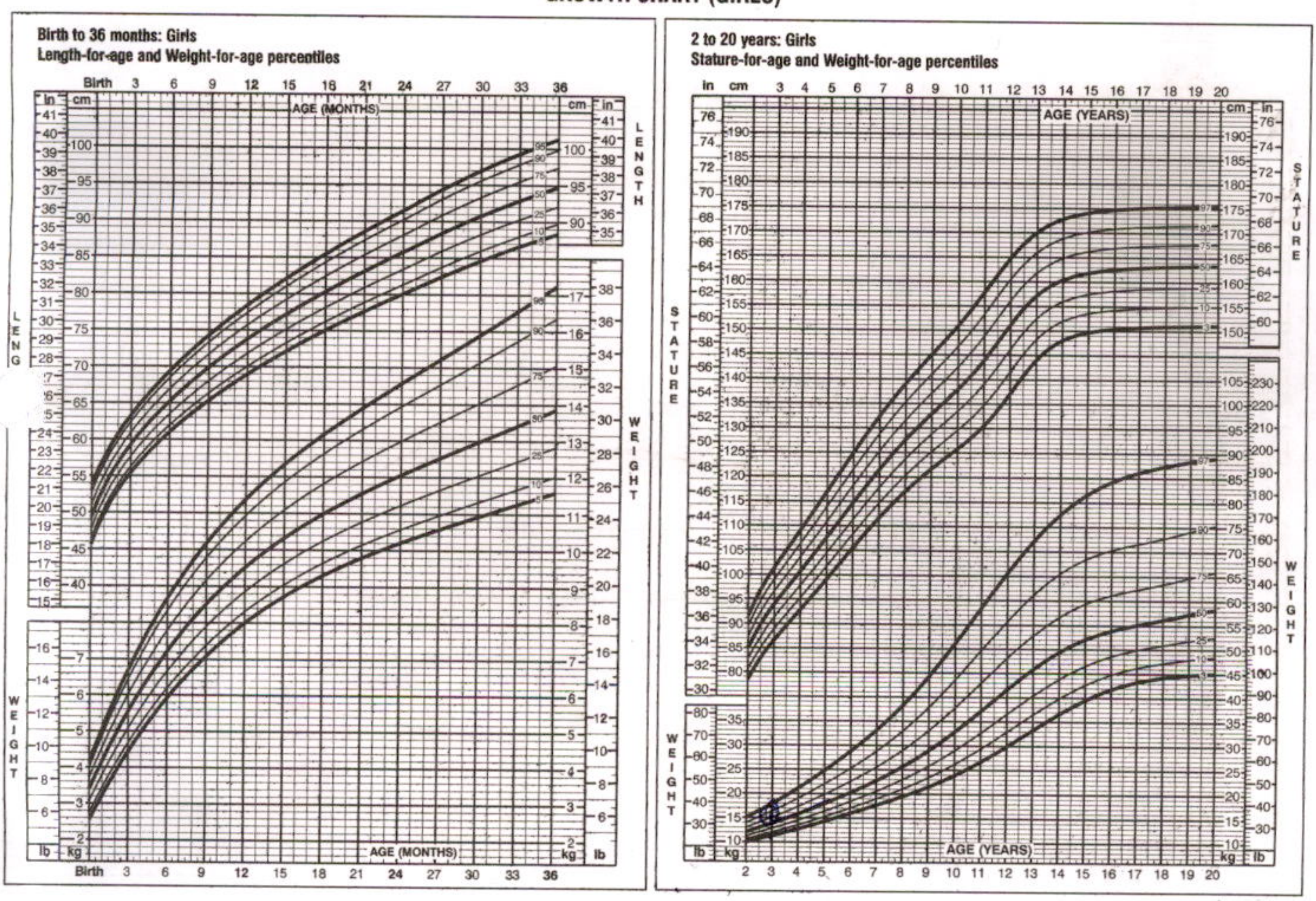
Food Allergies: Nil Veg/Non-veg: Both

Diagnosis: Bicytopenia for Evaluation of Leukemia.

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Prashanth

GROWTH CHART (GIRLS)



Dietician's Name: Vidhyadhari Dietician's Signature:

Docu. No. : RCH /FRM / CLINICAL / 161

(P.T.O.)

Daily Notes:

24/6/26 Soft diet 8Ams

25/6/26 Soft diet 9Ams

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MEDICATION ~~NEBULISATION~~ CHART

Date	Time	Drug	Nurse	Parents Signature
23/6/26	00.00	6AM		
	01.00	INJ FUROSEMIDE 7mg (BD)		
	02.00	INJ ESOMEPRAZOLE 15mg (OD)		pravalika
	03.00	INJ CEFTRIAXONE 700mg (BD)		
	04.00	INJ TRANEXMIC 150mg (BD)		
	05.00	SYP DOMPERIDONE 3mL (TID)		
	06.00			
	07.00	10AM		
	08.00	TAB ALLOPURINOL ½ TAB (BD)		
	09.00			
	10.00	8PM		
	11.00	SYP DOMPERIDONE 3mL (TID)		
	12.00			
	13.00	6PM		
	14.00	INJ CEFTRIAXONE 700mg (BD)		
	15.00	INJ TRANEXAMIC 150mg (BD)		
	16.00			
	17.00	10PM		
	18.00	SYP DOMPERIDONE 3mL (TID)		
	19.00	TAB ALLOPURINOL ½ TAB (BD)		
	20.00			
	21.00			
	22.00			
	23.00			

VIH-00206126
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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 1.4 kg Ward PIC 2

DRUG : INJ TRANEXAMIC ACID

Dose	Route	Frequency	Start Dt.
150mg	IV	BD	22/6/26

Name & Signature of the Doctor Starting the Drugs: DSandhya

Additional Instructions: @12H

Daily Doctor's Endorsement by a Sign

Date / Time	22/6	23/6	24/6	25/6
6 AM	✓	ESW	ESW	ESW
		CS	CS	
6 PM				

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
15mg	IV	Q24H	22/6

Name & Signature of the Doctor Starting the Drugs: DSandhya

Additional Instructions: 1mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date / Time	22/6	23/6	24/6	25/6
6 AM	Gayathri	ESW	ESW	ESW
	ELI	CS	CS	

DRUG : SYP DOMPERIDONE

Dose	Route	Frequency	Start Dt.
3ml	P/O	1/2 TID	22/6

Name & Signature of the Doctor Starting the Drugs: DSandhya

Additional Instructions: 5ml/5mg

Daily Doctor's Endorsement by a Sign

Date / Time	22/6	23/6	24/6	25/6
6 AM	✓	ESW	ESW	ESW
		CS	CS	
2 PM	Gayathri ELI	Gayathri ELI	Gayathri ELI	
10 PM	ESW	ESW	ESW	
	CS	CS	CS	

DRUG : INJ DEXAMETHASONE

Dose	Route	Frequency	Start Dt.
1.5mg	IV	Q12H	23/6

Name & Signature of the Doctor Starting the Drugs: DSandhya

Additional Instructions: @ 100ml NS over 2hr

Daily Doctor's Endorsement by a Sign

Date / Time	23/6	24/6
9 AM	X	Gayathri ELI
		P2
9 PM	X	ESW
		CS

Change to oral med

VERIFIED BY

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 17 D (F)
Dr. SANDHYA VADDADI

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : SYP CALCIMAX P

Dose	Route	Frequency	Start Dt.
5ml	P/O	Q24H	24/6

Name & Signature of the Doctor Starting the Drugs: Dr Sandhya

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	24/6																

DRUG : CHLORHEXIDENE MOU + CANDID MOUTH PAINT

Dose	Route	Frequency	Start Dt.
	C/A	Q6H	24/6

Name & Signature of the Doctor Starting the Drugs: Dr Sandhya

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	24/6																
12 Am		ESW															
6 Am		ESW															
12 pm																	
6 pm																	

DRUG : SYP COTRIMOXA 20LC

Dose	Route	Frequency	Start Dt.
5ml	P/O	Q12H	24/6

Name & Signature of the Doctor Starting the Drugs: Dr Sandhya

Additional Instructions: mm — wed — friday

Daily Doctor's Endorsement by a Sign

Date → / Time	24/6	25/6	26/6														
10 am			X														
10 pm	ESW		X														

DRUG : SYP. DUPHACAC

Dose	Route	Frequency	Start Dt.
10ml	PO	12th hourly	24/6

Name & Signature of the Doctor Starting the Drugs: Dr Vaishnavi

Additional Instructions: as per Dr Sandhya mam

Daily Doctor's Endorsement by a Sign

Date → / Time	24/6																
10 am																	
10 pm	ESW																

VIH-00206126
Baby ASAM ANAGHA
IP-00060434
05-06-2023
3 Y 0 M 20 D
(F)
Dr. SANDHYA VADDADI

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : ATARAX ANTI ITCH LOTION

Dose	Route	Frequency	Start Dt.
	LA	8th hourly	25/6

Name & Signature of the Doctor Starting the Drugs:
Dr. Vishwaja

Additional Instructions:
local application over Rash

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : TAB. DEXAMETHASONE

Dose	Route	Frequency	Start Dt.
3 tab	PO	12th hourly	25/6

Name & Signature of the Doctor Starting the Drugs:
Dr. Vishwaja

Additional Instructions:
1 tab = 0.5 mg
(as per Dr. Sandhya morn order)

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 20 D (F)
Dr. SANDHYA VADDADI

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

206126 IP-00060434
ASAM ANAGHA
6-2023 3 Y 0 M 18 D (F)
. SANDHYA VADDADI

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: ..14..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
23/6/26	4pm	Inj FUROSEMIDE	7mg	IV		Jag	N.B Clinic 23/6/26
23/6/26	10pm	INJ DEXAMETHASONE	1mg in 100ml NS over 2 hours	IV		Gayatri	Kalpana Clinic 25/6/26
24/6/26	11:30 pm	INJ. AVIL (Before transfusion)	7mg	IV		Rinku	Renu
24/6/26	11:40 pm	RDP TRANSFUSION	2 UNITS	IV		Rinku	Renu
25/6/26	12:00 Am	INJ. FUROSEMIDE	10mg	IV		Rinku	Renu
25/6/26	12:20 Am	INJ HYDROCORTISONE	20mg	IV		Rinku	Renu
25/6/26	10AM	INJ. AVIL (0.5mg/kg)	7mg	IV		EG	

Docu. No. : RCH /FRM / CLINICAL / 136

I-00206126 IP-00060434
by ASAM ANAGHA
-05-2023 3 Y 0 M 17 D (F)
. SANDHYA VADDADI

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	I.P. No.	Weitght(kg)	Sheet No
		14kg	PICU

STAT / ONCE ONLY DRUGS

TE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
5/6	4pm	PRBC TRANSFUSION	185ml over 4hours	IV		TO 22/6/24 at 4pm
22/6	11.30AM	INJ ONDANSETRON	3mg	IV		NA Suseela
22/06	12PM	INJ. PARACETAMOL (12-15mg/kg/dose)	190mg	IV		NA Susela
22/6	11.15	INJ. ICETAMINE	10mg	IV		NA Suseela
22/6	11.15	INJ. MIDAZOLAM	0.8mg	IV		NA Suseela
22/6	11.20	INJ. ICETAMINE	10mg	IV		NA Suseela
23/6	9:45am	INJ. DEXAMETHASONE (1mg/kg)	18mg in 100ml NS over 1hr	IV		Gayatri Elizabeth
~~23/6~~	~~8:00pm~~	~~SDP TRANSFUSION~~	~~210ml over 1hour~~	~~IV~~		
~~23/6~~		~~PRBC TRANSFUSION~~	~~210 ml over 5 hours~~	~~IV~~		
23/6	2.55pm	INJ AVIL (before transfusion)	7mg	IV		Jagnoor
23/6	2.55pm	SDP TRANSFUSION	210ml over 1hour	IV		Jagnoor
23/6	4pm	PRBC TRANSFUSION	210ml over 5hours	IV		Jagnoor
23/6	6.30pm	INJ FUROSEMIDE (MID TRANSFUSION)	@ 4.2ml/hour 7mg	IV		Jagnoor M.S.B
23/6	9:30pm	INJ FUROSEMIDE (End transfusion)	7mg	IV		Rani Rivera

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Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 16 D (F)
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DRUG CHART

Date of Admission: 21/6/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : SYP. PARACETAMOL				Date / Time
Dose	Route	Frequency	Start Date	
4ml	PO	Q6H	21/6	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions: 5ml-240mg. 10-15mg/kg/dose				

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:				

Parent 21/6/26 at 10.11 IST
Signature

VERIFIED BY : Name

VIH-00236126
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 16 D (F)
Dr. SANDHYA VADDADI

I.V. FLUIDS CHART

Weight. 13.5 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
21/6	10:40 pm	1/2 DNS (full	IV	48			23/6		
23/6	10:00 am	1/2 DNS	IV	48					

Signature .....

VERIFIED BY : Name .....

VIH-00206126 IP-00060434
Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 16 D (F)
Dr. SANDHYA VADDADI

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
22/6	2 AM	INJ ONDANSETRON	2.5mg	IV		
22/6		~~5~~ DP TRANSFUSION	200ml over 1hour	IV		
~~22/6~~	~~4AM~~	~~PRBC TRANSFUSION~~	~~280ml over 5 hours~~	~~IV~~		
22/6	2:40AM	INJ PANTOPRAZOLE	15mg	IV		22/6/23 at 2:40 AM
22/6	6AM	INJ FUROSEMIDE (MID Transfusion)	7mg	IV		
22/6	8AM	INJ FUROSEMIDE (end transfusion)	7mg	IV		
	3AM	SDP TRANSFUSION	210ml over 1hour	IV		
22/6	2:45AM	INJ AVIL	7mg	IV		
22/6	2:50AM	INJ HYDROCORTISONE	55mg	IV		
22/6	9AM	INJ ONDANSETRON	2.5mg	IV		

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Baby ASAM ANAGHA
05-06-2023 3 Y 0 M 16 D (F)
Dr. SANDHYA VADDADI

REGULAR PRESCRIPTIONS

Weight. 14 kg Ward. P

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

DRUG : T. ALLOPURINOL	Dose	Route	Frequency	Start Date	Date / Time	21/6	22/6	23/6	24/6										
	50mg	PO	1-1-1	21/6	10 AM	/	Gap	Gap	Gap										
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions: 1 tab = 100mg Give 1/2 tab as per C/N					10 PM														
Daily Doctor's Endorsement by a Sign																			

AS per doctor daily Thurs 21/6/26 at 10:15pm

DRUG : INJ. FUROSEMIDE	Dose	Route	Frequency	Start Date	Date / Time	21/6	22/6		23/6	24/6	25/6								
	7mg	IV	12th hrly	21/6	10 AM	/	X	6 AM											
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions: 1mg / kg / day					10 PM														
Daily Doctor's Endorsement by a Sign																			

Thurs 21/6/26 at 10:15pm

DRUG : INJ. CEFTRIAXONE	Dose	Route	Frequency	Start Date	Date / Time	21/6	22/6	23/6	24/6	25/6									
	700mg	IV	12th hrly	21/6	10 AM	/													
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions: 50mg / kg / dose. Cut kg to kg					10 PM														
Daily Doctor's Endorsement by a Sign																			

Thurs 21/6/26 at 10:15pm