DISCHARGE SUMMARY

Name	Master PRANAV MAGULURI	**UHID**	FDH-00019246
Father/Guardian	Mr muguluri aravinda babu	**Age/Gender**	2 Y 1 M 4 D/ Male
Address	Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020637	**Admission Date**	26-05-2026
Ref Doctor			
Discharge Date	27-05-2026		

Consultant:
Dr. BONAM RAJITA NAGA PADMINI,
MBBS, MS, Mch Plastic Surgery

DIAGNOSIS
LACERATION OVER RIGHT CHEEK WITH SOFT TISSUE INJURY

Surgical procedure : Debridement + Local Advancement Flap was done on 26.05.2026.

History: Master PRANAV MAGULURI, 2 Years, 1 Month, 4 Days, male presented with history of lacerated wound over right cheek at 08:15 pm on 25.05.2026 prior to admission. For the above complaints he admitted at Rainbow Children's Hospital, Financial District for surgical management.

Examination: He was afebrile, maintaining saturations at room air (98%). Heart rate was 110/min, Blood Pressure - 99/68mmHg and Respiratory rate -

25/min. Local examination : Laceration over right cheek measuring 2.5 x 0.5 cm, steri strips applied yesterday. On auscultation of chest air entry was bilaterally equal with normal heart sounds. Abdomen was soft with no organomegaly. Examination of other systems was normal.

Weight on admission: 12 kilo grams.

Investigations: Enclosed reports.

Initial hemogram showed Hemoglobin of 10.5 gm%, White Blood Cell count of 11.13 cells/cumm, platelet count of 4.47 lakhs/cumm

Indication for surgery : Post to avulated soft tissue injury done on 26.05.2026.

Surgery Notes:
- Under MAC child in supine position.
- Head and neck pupped and draped.
- Wound edges freshened.
- Thorough debridement and wound wash.
- Hemostasis.
- Cheek flap advanced into the defect and suturing given with 5-0 vicryl and 6-0 prolene dressing.

Post-Operative Notes: Post operative period was uneventful. He was initiated on oral feeds gradually which he tolerated well. He was seen by **Dr. BONAM RAJITA NAGA PADMINI,** (Plastic surgeon) who advised to continue conservative management. He remained hemodynamically stable during the hospital stay and operated site remained healthy. He is being discharged with the following advice.

Advice:

Name	Master PRANAV MAGULURI	**UHID**	ADH-00019246
IP No	IP25-00020637	**Admission Date**	26-05-2026

* Syrup Taxim O (50mg/1ml) 3.8ml twice daily for 3 days
*Tablet Junior Lanzol 15mg 1 tablet mix in 5ml of water and give 4ml once daily 30minutes befoe breakfast for 3 days.
*Syrup Ibugesic 3ml twice daily for 1 day.

Review consultation with Dr. BONAM RAJITA NAGA PADMINI and Dr. Y. Arvind on 29/5/2026 Friday in OPD at Financial District with prior appointment **(Review consultation will be charged)**.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

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

Parent/ Attender

In case of emergency contact 8121039503 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Banjara Hills** / Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Name	Master PRANAV MAGULURI	**UHID**	ABH-00019246
IP No	IP25-00020637	**Admission Date**	26-05-2026

Registrar/Resident/C.M.O

Consultant:
Dr. BONAM RAJITA NAGA PADMINI,
MBBS, MS, Mch Plastic Surgery.

FDH-00019246 IP25-00020637
Master PRANAV MAGULURI
22-04-2024 2 Y 1 M 4 D (M)
Dr. BONAM RAJITA NAGA PADMINI

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SURGERY DETAILS

Date : 26/5/26

Patient Name: Master Pranav Date of Birth: 22-4-2024 Age: 2Y

Gender: Male Ward : OT UHID No.: .....

Date of Surgery: 26/5/26 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Debridement + local advancement flap

Time in : 1:20 pm Time Out : 1:50 PM

	NAME	AMOUNT
1. Surgeon	Dr. Naga Padmini	
2. Anaesthetist	Dr. Surya	
3. Assistant Surgeon		
4. OT Technician	Br. Ram babu	
5. Circulating Nurse	Sr. Vaishali	
6. Assistant Nurse	Br. Buddha	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 580353/54 Order by: Parvathi

Docu. No. : RCH/FRM/GENERAL/114

FDH-00019246 IP25-00020637
Master PRANAV MAGULURI
22-04-2024 2 Y 1 M 4 D (M)
Dr. BONAM RAJITA NAGA PADMINI

Debridement Suturing
GA

CONSUMABLES OF OT

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Circulating staff :..... Technician : Reyhaby..... Date : 28/05/2026.. Time :.....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack			Inj Vit.K		
LMA			Sutures 6 0 Prolin		01	Cord Clamp		
ECG leads : A / P / N		05	9915		01	Suction Catheter		
HME filter : A / P / N		07				Feeding Tube		
Syringes : 10 cc		05				Vaccum Suction Set		
05 cc		05	Gloves 6 1/2, 7	2	2	Surgical Gloves		
02 cc		05				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade 15		01	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery pencil		1			
NS : 10ml / 100ml / 500ml / 1000ml		07	Koochies			Gelfoam (10×10)		01
			Ointments					
O2 NASAL CANNULA (P)		07	Suction Catheter			T-Bact		01
Fentanyl			Cap, Mask					
Morphine			Gauze Pack (1×5)		04			
Ketamine			Mop Pack		1	D. Aqoons		2
Propofol		07	Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate		07	Draw sheet		01			
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
~~Antibiotics~~ MIDAZ		07	Bandage					
P.C.M		07	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		07			
Justin : 12.5 mg / 25mg / 100mg		07	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		01			
ADROGLACE		07	Microshield					
			Cotton Balls					
			Latex Gloves		10.			
			Ramdione Scrub					
			Saral					

Surgeon 00580324 Anaesthesiologist Nurse Buddha OT Technician

Order No. : 00580323 Ordered by : .....

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospitals - Financial District

Survey No 74, Nanakramaguda village, Serilingampally(M) ,Hyderabad ,Telangana, INDIA ,500032.
TEL NO :040-44665555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP25-00020637 **Admit Date** : 26-May-2026 **Admit Time** : 11:53 AM **UHID** : FDH-00019246

Patient Details :

Patient Name	: Master PRANAV MAGULURI	**Age**	: 2 Y 1 M 5 D
Guardian	: Mr muguluri aravinda babu	**DOB**	: 22-04-2024
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 9490005588/
		E-mail	:

Admission Details :

Bed Type : TWIN SHARING **Bed No** : TS-314B **Ward Name** : 3F -TWIN SHARING

Room No : TS-314B **Admission Type** : First Visit

Contact Details :

Name	: Mr muguluri aravinda babu	**Relationship**	: Father
Contact Address	: Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: / 9490005588

Signature

Doctor Details :

Doctor Name	: Dr. BONAM RAJITA NAGA PADMINI	**Specialisation**	: PLASTIC SURGERY
Referral Doctor	:	**Phone No**	:
Co-Consultant	: Dr. Y ARVIND		

Payment Details :

		Deposit Amount	: 10000.00
Payment Mode	: DC/CC Card	**Payor Name**	: FAMILY HEALTH PLAN INSURANCE TPA LTD

FDH-00019246 IP25-00020637
Master PRANAV MAGULURI
22-04-2024 2 Y 1 M 4 D (M)
Dr. BONAM RAJITA NAGA PADMINI

Last ~~Food~~ Fluid (milk) 7:45 AM.
Last Food sold :- 1:00 AM

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Master. Pranav Age : 2 year **Gender:** ☑ Male ☐ Female

Date : 26/5/26 Time of Arrival : 10:40 Am

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: 98F PR: 110b/m BP: 99/68 (F) RR: 25b/m SpO_2: 98%

Chief Complaints: c/o Accidently with by the swing over cheek.

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.

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 10:44 AM

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 : Ravi Teja

Signature of Triage Nurse : .....

Date & Time : 26/5/26 @ 10:42 Pm

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 26/5/26 Time of arrival : 10:40 Am

Chief Complaints: c/o. Accidental injury by the shringchuk RBS: .....

Height : ..... Weight : 12/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: 02/10 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 Parents

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

Time of Initial assessment completed by ER Nurse : 10:44Am

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

Time AM	Nursing Notes
10:41	Assessed the condition
	Check the vitals
	And Inform to doctor

Samples collected by: /Nil Time:

Samples sent by : Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: ..... BP: 100/70 CFT: 2sec	Shift - out from ER to: OT
RR: 24b SPO$_2$: 99%	Time of Shift - out: .....
GCS: 15 Temperature : 98F	Handover given to: Subhadeep (Nurse's Name)
Pain Score: —	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Placemt

Name of the Nurse : YASEEW Signature of the Nurse : ...

Date & Time : .....

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : Master Pranav Maguluri

Patient ID# : FDH-00019246 IP25-00020637
Master PRANAV MAGULURI
22-04-2024 2 Y 1 M 4 D (M)
Dr. BONAM RAJITA NAGA PADMINI

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o Lacerated wound over Right Cheek @ 8:15 PM on 25-5-2026

History of present illness :

A 2 years 1 month old male child was brought with alleged history of accidental hit by swing over Right cheek @ 8:15 PM on 25-05-2026.

c/o Pain, swelling & injury over Right cheek.

No H/o ENT Bleed, LOC, Seizure-like activity, Vomiting.

CT Facial Bones - (N)

L/E - Laceration over Right cheek measuring 2.5 X 0.5 cm
Steristrips applied yesterday

Pediatric Multiorgan History & Physical Examination

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

-

Birth & Neonatal History :

Smooth transit

Birth & Socio Economic History :

About Father : -

About Mother : -

Any additional Information : -

Developmental History :

no developmental delay

Immunization History :

vaccinated as per schedule

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 12 (Centile _____)

On Examination :

Temperature : 98° F Pulse Rate: 110/m Description _____

B.P. 99/68 (71) SPO2 98% at RA

Resp. rate and type of breathing : 25/m

Rash

Lymphadenopathy (−)

Oedema :

Respiratory system : AEBE (+)

Inspection (any s/o distress) :

Air entry & breath sounds :

Any addes sounds :

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

Cardiovasclular System : $S_1 S_2$ (+)

Inspection of procordium :

Heart Sounds :

Any murmur :

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,)

Per Abdomen : Soft, nontender

Inspection

Palpation :

Ausculation :

Spine: External Genitelia :

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : Conscious, alert

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials :

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

Laceration over Right cheek

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Sepsis

Desired goals of the treatment :

resolution of symptoms

Planned Labs :

Planned Management :

- NPO from 6AM
- Plan- suturing under anaesthesia

Please fill up the following details

1. Name of the Referring Doctor :
2. Name of the Referring Hospital :
   (Including the name of City)
3. Contact number of the Referring Doctor :
   (Preferring Mobile #)
4. Name of the doctor in Rainbow Team (D.T. Arun) on
   whose name the patient is being referred

Doctor's Signature Name Dr Aishwarya Date 26-05-26 Time

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Master PRANAV MAGULURI
22-04-2024 2 Y 1 M 4 D (M)
Dr. BONAM RAJITA NAGA PADMINI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/B Dr. Owais	
26/5/26 5PM	POD-0 debridement + local advancement flap of laceration of (R) cheek.	
		Plan
	No fresh complaints at present	- continue same line of management
	Orally - well	
	Pe - alert / alert + playful	- encourage orally
	hydration - fair	- TPR charting.
	hemodynamically stable.	- Inform SOS
		Noted by Surgery. 26/05/26 @ 5pm

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
27/05/26	C/S/B Dr padmini	
		Adv :
	G/C fair Vitals stable	1. Continue same medication
	No soakage of dressing	2. Review on Friday at OPD, 7th [illegible]
27/5/26 9.40 pm	C/S/B Dr. [illegible]	
	D: [illegible] Laceration	
		Rx
		① D/C today ↓ Rev on [illegible] ī [illegible] Surgery

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Master PRANAV MAGULURI
22-04-2024 2 Y 1 M 4 D (M)
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RESULT SHEET

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Date	26/5/26					
Time						
Hb	10.5					
PCV	34.5					
RBC	4.96					
WBC	11.13					
N/L	40/51					
Platelets	447					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						

Date						
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

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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: ....OT....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ 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 Kasmeera Kasmeera.A....

Date & Time : ....26-05-2026....

Nurse Name & Signature: ....YASEEN....

Date & Time : ....26-5-26 12:20 PM....

Docu. No. : RCH / FRM / GENERAL / 090

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Master PRANAV MAGULURI
22-04-2024 2 Y 1 M 4 D (M)
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DRUG CHART

Date of Admission: 26/05/2026 Drug Allergies: Not known ☑ 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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

SOS / PRN (As Required Medication)

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

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

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

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

FDH-00019246 IP25-00020637
Master PRANAV MAGULURI
22-04-2024 2 Y 1 M 4 D (M)
Dr. BONAM RAJITA NAGA PADMINI

REGULAR PRESCRIPTIONS

Weight. 12 kg Ward. 3rd A

DRUG : SYP CEFIX 1ME

Dose	Route	Frequency	Start Date
3ml	P/O	BD	26/5/25

Date/Time: 26/5 9AM ✗

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

Additional Instructions: (100mg / 5ml)

9pm 6pm Kalo Cause

Daily Doctor's Endorsement by a Sign

DRUG : SYP IBUGESIC

Dose	Route	Frequency	Start Date
3-5ml	P/O	TID	26/5/25

Date/Time: 26/5 6AM ✗ 22/5 Meena Sodhi

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

9pm ✗

Additional Instructions:

10pm Meena Sodhi

Daily Doctor's Endorsement by a Sign

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 :

Dose	Route	Frequency	Start Date

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Patient Sticker

Weight. 12kg Ward. 3rd

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.	

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
26/8	1:30 pm	Inj. PARACETAMOL	180 mg	IV	X	

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

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Master PRANAV MAGULURI
22-04-2024 2 Y 1 M 4 D (M)
Dr. BONAM RAJITA NAGA PADMINI

I.V. FLUIDS CHART

Weight. 12 kg Ward. 3rd D

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
26-5-26		IVF - DNS (0.9%)	IV	30 ML/HR (2/3rd)		VG VG	26/5/26		VG VG

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

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Master PRANAV MAGULURI
22-04-2024 2 Y 1 M 4 D (M)
Dr. BONAM RAJITA NAGA PADMINI

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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26/05/26

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 26/05/26 Time:	7pm	11 pm
Doctor / Nurse / Family Concern?		
Temperature (°F)	97.6 °F	97.6 °F
Heart Rate (bpm) and Blood Pressure (mmHg) *	100 / 70	56
Heart Rate (Number)	102 b/m	103 b/min
Resp. Rate (bpm) (Over 1 Minute) *	22 b/m	25 b/min
Resp Distress: Mod/ Severe / None / Mild	N	N
Receiving O_2(l/min) O_2Saturations (%)	100%	98%
Conscious Level: Normal / Altered	N	N
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	[illegible]	[illegible]

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)

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22-04-2024 2 Y 1 M 4 D (M)
Dr. BONAM RAJITA NAGA PADMINI

(2)

27/5/26

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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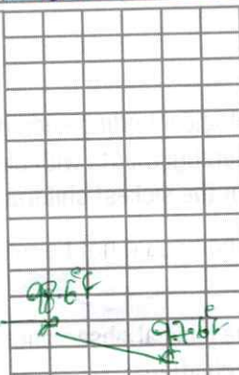
(2)

EARLY WARNING SCORE: CHILDREN'S UNIT

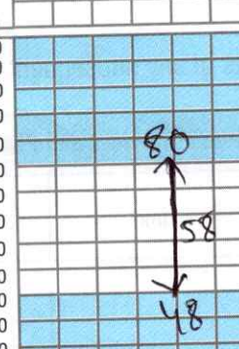
Date : 27/5/26 Time:	3	7
Doctor / Nurse / Family Concern?	A	A

Temperature (F)



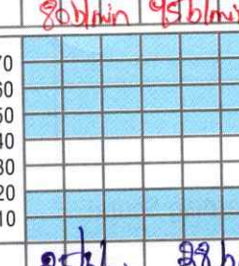
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	80 b/min	95 b/min

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



Resp Rate (Number)	25 b/min	28 b/min
Resp Distress: Mod/ Severe / None / Mild		
Receiving O_2 (l/min)		
O_2 Saturations (%)	97%	96%
Conscious Level: Normal / Altered	N	N
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score		
Observer's Initials	[illegible]	[illegible]

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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* 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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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)

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Dr. BONAM RAJITA NAGA PADMINI

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FLUID CHART

Sheet No. : 1

26/05/26

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

Date	Time	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	No		No	No	No		No	No		0	
	05:00 pm	IV	Jeli	IV	No	No		No	No	✓	0	
	06:00 pm	line		fluids	No	No		No	No		0	
	07:00 pm				No	No		No	No		0	
Total Intake : —						Total Output : M-0, U-1						
	08:00 pm		Kidid water 30ml		NO	NO		NO	NO		0	
	09:00 pm	NO			NO	NO		NO	NO		0	
	10:00 pm	IV			NO	NO		NO	NO		0	
	11:00 pm	fluid	milk 100 ml		NO	NO		NO	NO		0	
	12:00 am				NO	NO		NO	NO	✓	0	
	01:00 am				NO	NO		NO	NO		0	
Total Intake : 150 ml						Total Output : M-0 U-01						
	02:00 am	NO			NO	NO		NO	NO		0	
	03:00 am				NO	NO		NO	NO		0	
	04:00 am	IV			NO	NO		NO	NO		0	
	05:00 am	fluid			NO	NO		NO	NO		0	
	06:00 am				NO	NO		NO	NO		0	
	07:00 am		water 30ml		NO	NO		NO	NO	✓	0	
Total Intake : 30 ml						Total Output : M-0 U-1						

Total 24 hrs. Intake	180 ml	Total 24 hrs. Output	M-0 U-3

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

FDH-00019246 IP25-00020637
Master PRANAV MAGULURI
22-04-2024 2 Y 1 M 4 D (M)
Dr. BONAM RAJITA NAGA PADMINI

27/5/26

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : 2

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

		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							
27/05	08:00 am	No IV fluids		No IV fluids	No	No		No	No		0	
	09:00 am				No	No			No		0	
	10:00 am				No	No			No		0	
	11:00 am				No	No			No		0	
	12:00 pm				No	No			No		0	
	01:00 pm				No	No			No		0	
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	

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Pranav Age: 2y Sex: M UHID.No : FDH-00019246

Date: 26/5/26 Time: 12:40pm Proposed Operation: Suturing

Diagnosis:

B.P / CRT: H.R: Weight: 12 kg ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb:	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate:	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies:

Medical History: CVS : Nil

RESP :

CNS :

Renal :

Hepatic / GE :

Others :

- C-section | 38 weeks 4 days | 3 kgs | No NICU admission

Diabetes : Nil

- Vaccinated upto date
- Developmental milestones achieved as per age

Physical Activity: Active

Past Anaesthetic History: Nil

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: – Mentohyoid Distance: – Neck: – Teeth: No loose teeth

Lungs : BAE (+), clear

Heart: S1S2 (+)

CNS: ~~Active~~ Grossly intact

Pregnant: ☐ Yes ☐ No ☑ NA | Venous Access Site : 22G on (L) hand | Spine Exam for regional :

Anaesthetic Plan: ☑ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No
Attends

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

Last meal: 11:00 AM
milk: 7:35 AM

Signature: Name: Dr. K. Sri Sowmya

Docu. No. : RCH /FRM / CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No | Fasting Status: Confirmed

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R: 98/bpm | B.P / CRT: 90/50 | SpO_2: 98%, on RA | R.R: 18/min | Last Feed: >6 hrs

Pre-OP Diagnosis: ..... Operation: Suturing Date: 26/5/26

Surgeon: ..... Anaesthesiologist: Dr. Srinivas Technician: Rambabu

TIME	1:20	1:30	1:40	1:50pm
N_2O / AIR / O_2 LPM 1:1				
HALO / SO / SEVO MAC 1				
Drugs:				
Inj. MIDAZOLAM 0.2mg				
Inj. FENTANYL 20mg				
Inj. PROPOFOL 150 mg / 10 mg				
FIO_2 / SaO_2	100	100	100	100
$ETCO_2$				
ECG	NSR	NSR	NSR	NSR
Temperature				
Urine Output				
Fluids / Blood				

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values
ABG
GRBS
Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: (R) UL
☐ Art Site: .....
☑ EKG Lead
☐ Temp Site
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☑ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 1:20pm
OP Start: .....
OP End: .....
Leave OR: 1:50pm

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☑ IV: 22G (R) hand
☐ IV: .....
☐ IV: .....

Induction
☑ IV ☑ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☑ SGA Igel
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: .....

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
Difficulty Why? .....

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: .....
☐ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: Dr. K. Sri Sunya
Signature of the Doctor: .....

Patient Sticker

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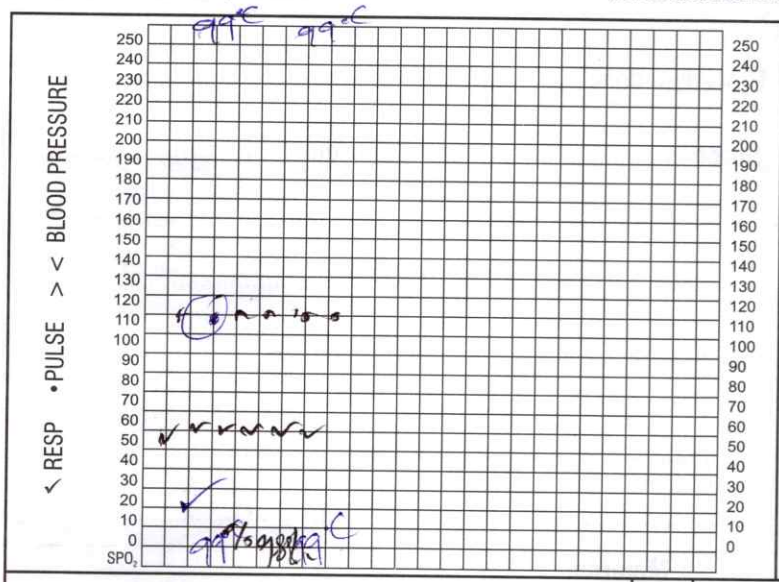
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Vaishali Time Received : 1:35 pm Time Discharged : 4:45 pm



IV Cannula Site : (L) hand

☑ O_2 Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: NO
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☐ No

IV Fluids: DNS
Oral Feeds: late ✓

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY		01	2	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION		02	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION		02	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS		01	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR		02	2	2		
		TOTAL		08	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
26/5/26			As per Anaesthesiologist	Vaishali

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Anaesthesiologist Name : Dr. SAJIN IVM
Anaesthesiologist Signature: [signature]
Date & Time: 26/5/26

PACU Nurse Name : Vaishali
PACU Nurse Signature: [signature]
Date & Time: 26/5/26

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

Transferred to Unit by (PACU): Sreeja
Date & Time: 26/5/26

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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OPERATION THEATER NOTES

Patient's Name : Master Pranav Age : 2Y Gender : Mall

UHID.: FDH-0001926 I.P.No. : Weight : 12kgs

Surgeon : Dr Padmini [illegible]	Asst. Surgeon : —
Anesthetist : Dr. Srinivas	OT Nurse : Br. Buddha

Surgical Procedure :
Debridement + local advancement flap

Indications for Surgery :
~~post~~ traumatic soft tissue injury

Date : 26/5/26	Start Time : 1:20 pm	End Time : 1:50 pm

PRE-OPERATIVE PREPARATION :

OPERATION NOTES:

Under MAC, child in supine position. Head and neck prepped and draped. Wound edges freshened. Thorough debridement and wound wash. Haemostasis. Cheek flap advanced into the defect and fixed given 5-0 vicryl and 6/0 prolene cuticular dressing

Pal

POST - OPERATIVE ORDERS :

1. NBM till 4pm
2. IV fluids - 1000 ml D5W/pm
3. Inj - Taxim-O. 50mg/ml IV 2.5ml
4. Inj Ibugesic plus IV 3ml
5. Inj Chest

.....

Consultant Surgeon's Name

.....

Consultant Surgeon's Signature

Date : .....Time : .....

PATIENT TRANSFER FORM

07

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Master. pranar	26/5/26 @ 11:53AM	26/5/26 @4:45pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. padmini	Dr. Srinivas	baby care.
From Unit	**To Unit**	**Information to Attendant**
OT	314 (B)	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
27	–	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
vaishali	Dr. Srinivas.

Patient & Clinical Records Received by : Sowmya.

Date & Time of Patient Received : 26/05/26 @4:45pm

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

Docu. No. : RCH /FRM / CLINICAL / 102

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00019246 IP25-00020637 Master PRANAV MAGULURI (M) 22-04-2024 2 Y 1 M 4 D Dr. BONAM RAJITA NAGA PADMINI	26-5-26 @ 11:53 AM	26-5-26 @ 1:00 PM
	Transfer Ordered by: Dr. Aishwarya	Reason for Transfer: Admission
From Unit: ER	To Unit: OT	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 11	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ? op file gr

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS & Intrafix	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
YASEEN	Dr. Aishwarya

Patient & Clinical Records Received by : [signature] 26/5/26 @ 1 pm

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

Docu. No. : RCH /FRM / CLINICAL / 102

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: MASTER. PRANAV MAGULURI		Age: 9 y	Gender: MALE
UHID No: FDH-0001921 16.	IP No: CTD20637.	Date: 26/05/2006	Time: 12:33 pm.
Diagnosis: SUTURING.			

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100MCG.	
2.	Morphine Sulphate Inj. 15mg/Ml	–	
3.	Remifentanil Hydrochloride Inj. 2MG	–	
4.	Remifentanil Hydrochloride inj. 1MG	–	

Doctor Name: SRINIVASA RAO K Doctor Registration No: 7558

Signature:

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: CTD20637. **Date:** 26/05/2006

Aadhaar No. of the Patient (Optional): .....

1.	**Name :** MASTER. PRANAV MAGULURI	**Remarks**
2.	Complete postal address (with contact number, if any)	[illegible]
3.	Brief description of the illness	SUTURING.
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	
5.	Details of essential Narcotic drug dispensed	FENTANYL

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
26/05/06	FENTANYL	ONE		

Dispensed by (Name & ID No.): [illegible] Signature: [illegible]

Received by (Name & ID No.): [illegible] Signature: [illegible]

Time: 1:05 PM

Docu. No: RCH / FRM / CLINICAL / 133

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Age: Gender

OHID No: IP No: Date

Diagnosis:

PRESCRIPTION DETAILS (For only one of the following)

S.No	Drug Name	Dosage	Remarks
1	Fentanyl Citrate 1g/50mg (1ml)		
2	Morphine Sulphate 1g/10mg (1ml)		
3	Pethidine Hydrochloride 1g/25MG		
4	Pethidine Hydrochloride 2g/50MG		

Doctor Name: Doctor Registration No.

Signature

NARCOTIC DISPENSING FORM
APPENDIX - 2 FORM NO: 2E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: Date

Attendant no. of the Patient (Optional)

S.No		Remarks
1	Name	
2	Complete postal address (with contact number)	
3	Brief description of the illness	
4	Whether registered with any other registered medical practitioner / technical medical institution? If yes, details of the registered	
5	Details of essential Narcotic drug dispensed	

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the Patient / Patient Attendant	Remarks, if any

Dispensed by (Name & ID No): Signature

Received by (Name & ID No): Signature

Date: Place:

Date No. of Narcotic Drugs

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ACTIVITY RECORD FOR BILLING

Name: ----- FDH-00019246 IP25-00020637 ----------
Master PRANAV MAGULURI
UHID No : -- 22-04-2024 2 Y 1 M 4 D (M) -------- Consultant : ---------- Dept : ----------
Dr. BONAM RAJITA NAGA PADMINI

Date of Adm ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26-5-2	12:25 PM	ER	OT	YASEEN
26/5/26	4:45pm	OT	314 (B)	[illegible]
		314 B to Billing		

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
26-5-26	CBP	18465	
26	CIRBS- 87 mg/dl	18466	

cross checked done
27/05/26
9am

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
26-5-2	IV Placemet	01	80236	YASEEN
26-5-2C	PAC	01	80235	

cross checked done 21/05/24 9AM

ANY OTHER INFORMATION

Date : 26-5-2C Time : 12:30 Prepared By : YASEEr

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
YASEEr	OT		