BAH-00662239 IP5-00176760
Master ZAYED MOHAMMED RASHID
07-10-2024 1 Y 9 M 15 D (M)
Dr. HARISH JAYARAM

INTP

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SURGERY DETAILS

Date : 22/07/24

Patient Name: Master Zayed Mohammed Rashid Date of Birth: 07-10-2024 Age: 1y

Gender: M Ward : OT UHID No.: 662230

Date of Surgery: 22/07/24 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Diagnostic Laparoscopy + (L) Remnant Orchiectomy

Time in : 12:15pm Time Out : 1:53pm

		NAME	AMOUNT
1.	Surgeon	: Dr Harish Jayaram	
2.	Anaesthetist	: Dr. Ravichandra	
3.	Assistant Surgeon	:	
4.	OT Technician	: Kulsum	
5.	Circulating Nurse	: Sujata	
6.	Assistant Nurse	: Suman	

Special Equipment:
☑ Laparascopy 9716610 ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9716609 Order by: Sujata

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176760 **Admit Date** : 22-Jul-2026 **Admit Time** : 10:57 AM **UHID** : BAH-00662239

Patient Details :

Patient Name	: Master ZAYED MOHAMMED RASHID AL MAANI	**Age**	: 1 Y 9 M 15 D
Guardian	: Mr MOHAMMED RASHID MOHAMED AL MAANI	**DOB**	: 07-10-2024 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: ROAD NO- 1 , BLUE BERRY SERVICE APARTMENT , Banjara Hills Hyderabad Telangana INDIA 500034	**Phone No**	: 8639597371
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : POST OP 410 **Ward Name** : 4F-OT COMPLEX

Room No : POST OP 410 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHAMMED RASHID MOHAMED AL **Relationship** : Father

Contact Address : ROAD NO- 1 , BLUE BERRY SERVICE APARTMENT , Banjara Hills Hyderabad Telangana INDIA 500034 **Phone No** : 8639597371

Signature

Doctor Details :

Doctor Name : Dr. HARISH JAYARAM **Specialisation** : PEDIATRIC SURGERY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00 .

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

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ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

BAH-00662239 IP5-00176760
Master ZAYED MOHAMMED RASHID
07-10-2024 1 Y 9 M 15 D (M)
Dr. HARISH JAYARAM

ultant: _____ Dept : _____

Date of Admission: _____

of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/07/26	11.30pm	ER	OT	
22/7/26	9pm	OT	341	

Cross Consultation Visit

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

INVESTIGATIONS			
Date	Investigations	Order No.	Signature
22/9/26	CBP	3512	Charan

BAH-00662239 IP5-00176760
Master ZAYED MOHAMMED RASHID
07-10-2024 1 Y 9 M 15 D (M)
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...male

Laparoscopic orchiopexy L/R

CONSUMABLES OF OT

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

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 3.5, 4.0, 4.5	1+1+1	01	Major Pack (Scope?)	1	1	Inj Vit.K Proline 5-0	1	1
LMA 2	1	—	Sutures 9915	2	1	Cord Clamp		
ECG leads : A / (P) / N	5	3	vic (3-0) (4-0)	2+2	1	Suction Catheter		
HME filter : A / (P) / N	1	1	catgut (5-0)	2	1	Feeding Tube		
Syringes : 10 cc	10	05				Vaccum Suction Set		
05 cc	10	05	Gloves 6 1/2, (7), 7 1/2	All 3	2	Surgical Gloves		
02 cc	10	05	PF - 6 1/2, (7), (7 1/2)	All 3	1	Gauze Pack		
01 cc	3	—				Syringe 1ml / 2ml		
Cautery plate : A / (P) / N	1	1	Surgical blade (11), 15	1+1	1	Surgical Blade # 20		
IV set	1	1	NG tube			Koochies (S)		
RL	1	1	Cautery pencil	1	1	500ml NS	1	1
NS : (10ml) / (100ml) / 500ml / 1000ml	1+1	1+1	Koochies XL	1	1	Tramtofix?	1	1
minispike	1	0	Ointments			10cc, 5cc	2+2	—
Vaccum set	1	—	Suction Catheter			Camera cover	2	2
Fentanyl	1	1	Cap, Mask	10/10 5/5		Jelly	1	—
Morphine			Gauze Pack (N), 8	5	2			
Ketamine			Mop Pack	1P	—			
Propofol	3	2	Steristrip					
Rocuronium	1	1	Underpad	1	1			
Glycopyrolate	1	1	Draw sheet	1	1			
Myopyrolate +Neo	2	2	Abgel					
Ondansetron	1	—	Foleys catheter					
Pencan 25g/ Spinal Needle (22)	1	1	Urobag					
Bupivacaine 0.25%	1	1	Chest Drainage Catheter			midazolam	1	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			Ryle's tube 8f, 10f	1+1	—
Antibiotics			Bandage			O.A (0, 1)	1+1	—
IV pcm	1	1	Tegaderm			N.A (16, 18, 20)	1+1+1	—
Suppositories			Ioban			Dexmed (80mcg)	1	—
Anamol : 80mg / 250mg / 170 mg			Double J Stent			pmoline + stopcock	2+2	—
Supridol : 100mg			Vaccum Suction set	1		50cc + soft rolls 4.6 inch?	2+2	—
Justin : 12.5 mg / (25mg) / 100mg	1+1	1	Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
3 way 10 + 100cm	1+1	—	Microshield	1	—			
Glove all + Gauze	1+1+1	1+1	Cotton Balls	1	1			
Tranexa + Dcka?	1+1	—	Latex Gloves	1 op	1 op			
O2 mask (P)	1	—	Ramdione Scrub					
IV cannula 22/24	1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9716774 Ordered by : ....

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

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
22/7/26	Fr placement PAC op	(1)	6098	Charan

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00662239 IP5-00176760
Master ZAYED MOHAMMED RASHID
07-10-2024 1 Y 9 M 15 D (M)
Dr. HARISH JAYARAM

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

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Master ZAYED MOHAMMED RASHID
07-10-2024 1 Y 9 M 15 D (M)
Dr. HARISH JAYARAM

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

H/O left Empty Scrotum.

History of present illness :

Child is examined for the above c/o →

On Examination → left small nubbin felt in high scrotal region

↓

Diagnosed c/ left undescended / atropic testes.

Hence planned for laparoscopic left orchiopexy / Remnant orchiectomy.

Pediatric Multiorgan ...istory & Physical Examination

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

Birth & Neonatal History:

LSCS | LatePT | 3.2kg | twin - 1 |
NO H/o NICU admission.

Birth & Socio Economic History:

About Father : Upper middle class.
About Mother :
Any additional Information :

Developmental History :

(N) development, speech delay (+).

Immunization History :

Immunization UTD etc

(P.T.O.)

BAH-00662239 IP5-00176760
Master ZAYED MOHAMMED RASHID
07-10-2024 1 Y 9 M 15 D (M)
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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 13.6kg (Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate : 112/mins B.P. 107/50(Bp) SPO2 100% on RA

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

Rash NIL

Lymphadenopathy NIL

Oedema : NIL

Allergies (if any): NIL

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BILAE(+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2(+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft, NT.

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 : _____ (N)

_____

_____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____ (N)

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials:**

Plantars _____

Sensory System :. (N)

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Left undescended / Atrophic testis

↓

Come for Laproscopic left orchidopexy / Remnant orchidectomy.

(P.T.O.)

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Master ZAYED MOHAMMED RASHID
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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP on cannulation

Planned Management

- Admit in OT.
- RVPO to continue
- IV fluids.

Signature of the Doctor: Ramya

Name of the Doctor: Dr. RAMYA SILPA

Date & Time: 22/7/26; 10:20am

Signature of the Consultant:

Name of the Consultant: Dr. Harish

Date & Time: 22/7/26 12.10 PM

DR. HARISH JAYARAM
Registration

BAH-00662239 IP5-00176760
Master ZAYED MOHAMMED RASHID
07-10-2024 1 Y 9 M 15 D (M
Dr. HARISH JAYARAM

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	2			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	1			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation	2			
29	TPR & BP chart				
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds Other	10			
41	Gastro monitoring chart				
42	Rch ED doctors note Billing	1			
43	BP Monitoring chart				
44	RBS monitoring chart				
		36			
	Total No. of Pages				

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

Signature and Date : 23/12/24

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00662239 IP5-00176760
Master ZAYED MOHAMMED RASHID
07-10-2024 1 Y 9 M 15 D (M)
Dr. HARISH JAYARAM

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OPERATION THEATER NOTES

Patient's Name : Master Zayed Mohammed Rashid Age : 1y 9m. Gender : ☑ Male ☐ Female

UHID No.: BAH-00662237 Weight : ..... Height : .....

Surgeon : Dr. Harish Jayaram	Asst. Surgeon :	
Anesthetist :	OT Nurse:	OT Technician:
Pre-Operative Diagnosis: (Lt) UDT.		
Surgical Procedure :		
Indications for Surgery : (Lt) UDT		
Date : 22/07/26	Start Time : 01:20pm	End Time :
Pre Operative Preparations:		
Post Operative Diagnosis: (Lt) UDT.		
Peri-Operative Complications:		
Operation Notes:		

FINDINGS :-

1) Left nubbin palpable in scrotum (left upper)

2) (Rt) testis palpable in scrotum

Laparoscopy :- 1) Right vas and vessels entering closed inguinal ring
2) Left vas - blind ending.

Procedure

1) 5mm umbilical port placed. Findings noted

2) ~~Converted to open~~ Midline scrotal incision made.

3) Right testis fixed c 3-0 prolene 3 point

Amount of Blood Loss: ~1ml | Blood Transfused (in ML) —

Name and Number of Surgical Specimen sent for examination:

1) Left nubbin for HPE

Peri-Operative Complications: —

fixation

4) Left nubbin dissected and excised. - sent for HPE

5) Port closure done - c 3-0 vicryl and skin c rapid vicryl 5-0 suture

6) Scrotal incision closed c catgut chromic in interrupted sutures.

Name of the Surgeon: Dr. Harish Jayaram.

Signature of the Surgeon: d

Date & Time: 22/7/26, 2:06 pm

BAH-00662239 IP5-00176760
Master ZAYED MOHAMMED RASHID
07-10-2024 1 Y 9 M 15 D (M)
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POST-SURGICAL CARE PLAN FORM

Procedure Done: Diagnostic Laparoscopy ⊕ Left remnant orchiectomy

Post-Surgical Diagnosis: (L) UDT

Post-Operative Monitoring Parameters /Frequency:

TPR every 15 minutes for first 1 hour

Wound Care:

Dressing

Drain /Special Lines/Catheters:

—

Special Patient Positioning and Requirements:

—

Nutritional Instructions:

Full feeds once fully awake

When to Start Mobilization:

As early as possible

Special Referrals:

—

The new order for all required medications documented in the doctor order/medication sheet:

☐ Yes ☑ No

Any Other Post-Operative Care Needed including Required Follow Up

—

Treating Surgeon
(Signature & Stamp)

Date: 22/7/26 Time: 1:54pm

Note: Plan of care will be readjusted if necessary.

BAH-00662239 IP5-00176760
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07-10-2024 1 Y 9 M 15 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 4:50pm	C/S/B. Dr. Maliha	
	POD - ⓪	
	No fever spikes Vitals stable	Adv
	P/A - soft	1) Full feeds
	L/E - dressing intact	2) Plan discharge tomorrow
	[signature] Dr. Hemanth 22/7/26 5:40PM	Maliha 22/7/26 4:50pm
		NB - Revathi [signature] a010513
	DR. HARISH JAYARAM Registration No: 66254	

BAH-00662239 IP5-00176760
Master ZAYED MOHAMMED RASHID
07-10-2024 1 Y 9 M 15 D (M
Dr. HARISH JAYARAM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26 8:32 AM	C/S/B Dr. Maliha	
	POD - (1)	
		Adv
	No fever spikes Vitals stable	1) Full feeds
	P/A - soft, did not pass stool L/E - dressing intact	2) Plan discharge today
	Dr. Hamma 23/7/26 8:45 AM	Maliha 23/7/26 8:32 AM
	DR. HARISH JAYARAM Registration No: 66254	noted by. Revathi 701543

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RESULT SHEET

Date	28/7/26					
Time	11.05am					
Hb	11.5					
PCV	36					
RBC	5.61					
WBC	8.19					
N/L	21.8/71.1					
Platelets	242					
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.,) : .....

BAH-00552239 IP5-00176760
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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. RAMYA

Date & Time : 22/7/26 ; 11am

Nurse Name & Signature:

Date & Time : 22/07/26 @ 11 Am

BAH-00662239 IPS-
Master ZAYED MOHAMMED RASHID (M)
07-10-2024 1 Y 9 M 15 D
Dr. HARISH JAYARAM

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DRUG CHART

Date of Admission: 22/07/26 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 :				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 .....

Master ZAYED ... 1 Y 9 M 15 D (M)
07-10-2024
Dr. HARISH JAYARAM

REGULAR PRESCRIPTIONS

Weight. 13.6 kg Ward. ....

DRUG : INJ PARACETAMOL				Date ▸ / Time ▾	22/7	23/7
Dose	Route	Frequency	Start Date			
200mg	IV	Q8h	22/7/25	3AM	Nob (sign)	Prati (sign)
Name & Signature of the Doctor Starting the Drugs: 2:36pm Maliha Dr-Maliha				11AM	Nob (sign)	
Additional Instructions: —				7pm	Ammu (sign)	
Daily Doctor's Endorsement by a Sign					(sign)	Mal

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

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

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

Dr. HARISH JAYARAM

Weight. 13.6kg Ward. ....

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
22/7/28	12[50] pm	DICROFENAC	12.5mg	IV	Re	[illegible]

Dr. HARISH JAYARAM 1 Y 9 M 15 D (M)

IPS-00176760 BAH-00662239

I.V. FLUIDS CHART

Weight. 13·6kg 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
22/7/16		DNS (During NPO)	IV	45	[signature]	not given	22/7	[signature]	

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

Dr. HARISH JAYARAM 1 Y 9 M 15 D (M)

Patient Sticker

RCH / FRM / CLINICAL / 124

22/7/26

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	7pm	11pm	6am
Doctor/Nurse/Family Concern?			
Temperature (F)	98.9	98.4	97.9
Heart Rate (bpm) and Blood Pressure (mmHg) *	99 (80) 69		
Heart Rate (Number)	134 bt/m	149 bt/m	150 bt/m
Resp. Rate (bpm) (1 Minute) *			
Resp Rate (Number)	21 bt/m	22 bt/m	22 bt/m
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)	100-1 %	99 %	99 %
Conscious Level: Normal / Altered			
GCS *	15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	R	V	V

Note: BP does not score in early warning scoring

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 incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00662239 IP5-00176760
Master ZAYED MOHAMMED RASHID
07-10-2024 1 Y 9 M 15 D (M
Dr. HARISH JAYARAM

23/7/26

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

Parameter	Scale	Entry
Date : .... Time:		8:30 am
Doctor / Nurse / Family Concern?		
Temperature (F)	104	
	103	
	102	
	101	
	100	
	99	
	98	98.1F
	97	
	96	
	95	
	94	
Heart Rate (bpm) and Blood Pressure (mmHg) *	190	
	180	
	170	100b/m
	160	
	150	
	140	
	130	98/58
	120	
	110	
	100	
Note: BP does not score in early warning scoring	90	
	80	
	70	
	60	
	50	
Heart Rate (Number)		
Resp. Rate (bpm) (Over 1 Minute) *	70	
	60	20
	50	
	40	
	30	
	20	
	10	
Resp Rate (Number)		
Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2(l/min)		
O_2Saturations (%)		
Conscious Level	Normal	
	Altered	
GCS *		
TOTAL SCORE Number of shaded boxes		
Pain Score		
Observer's Initials		

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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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Master ZAYED MOHAMMED RASHID
07-10-2024 1 Y 9 M 15 D (M)
Dr. HARISH JAYARAM

FLUID CHART

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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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
22/7	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm		fruity									
Total Intake :						Total Output :						
22/7/24	02:00 pm		H2O	—		—		—		—	0	
	03:00 pm	—	—	—	—	—	—	—	—	—	0	
	04:00 pm	—	—	—	—	—	—	—	—	—	0	
	05:00 pm									—	0	Revathi
	06:00 pm	No IVF					NP			✓	0	
	07:00 pm										0	
Total Intake :						Total Output :				U-2	M-0	
	08:00 pm		milk								0	
	09:00 pm										0	
	10:00 pm		milk				NP			—	0	Satya
	11:00 pm										0	
	12:00 am										0	
	01:00 am		milk							—	0	
Total Intake :						Total Output :				M-0 U-2		
	02:00 am										0	
	03:00 am		milk								0	
	04:00 am						NP				0	Satya
	05:00 am									—	0	
	06:00 am		milk								0	
	07:00 am									—	0	
Total Intake :						Total Output :				M-0 U-2		

Total 24 hrs. Intake		Total 24 hrs. Output	U-5

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

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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							
	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**	

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NURSING CARE RECORD

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Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 8/7/26

Assessment: Acute pain & Discomfort.

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
2 pm	* Assess the pt General condition	2pm	* Assessed the pt General condition	* Pt is Conscious & oriented
4pm	* Relieve pain & discomfort	4:30 pm	* Relieved pain & Discomfort	* Vital stable
5pm	* Monitor vital signs	5:30 pm	* Monitored Vitals signs	* No bleeding
6pm	* Monitor for bleeding	6:30 pm	* Monitored for bleeding	* Maintained
4pm	* Maintain I/o chart	7:30 pm	* Maintained I/o chart	* No vomiting
	* NPO Status Maintain		* Water given NPO broken	* Shifted.
8pm	* pt shift to the ward	8pm	* Pt Shifted to the ward	

Re-Assessment: Re-assessment.

Special Notes: Nil

Nurse Signature: Divya Nurse Name: Divya Date & Time: 8/7/26 @ 8pm

Patient Sticker

NURSING CARE RECORD

Rainbow® Children's Hospital
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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 22/7/26

Assessment: patient having Acute pain & discomfort

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
8pm ⇒	Assess the patient General condition	8:30 PM ⇒	Assessed the patient General condition on bad	⇒ patient is stable.
10pm ⇒	To monitor vitals	10:30 PM ⇒	monitored patient vitals	
12am ⇒	To monitor I/o chart	12:30 AM ⇒	monitored patient I/o chat	
2am ⇒	To provide comfortble position	2:30 AM ⇒	provided patient comfortble position	
4am ⇒	To Administo medication	4:30 AM ⇒	Administed medication	
6am ⇒	To prevent Infection	6:30 AM ⇒	To prevent patient medication	

Re-Assessment: To provide patient comfortble position

Special Notes: NA

Nurse Signature: Satya Nurse Name: Satya Date & Time: 23/7/26 8a.m