UV-00038214 IP5-00174002
aster MOHAMMED JUNAID
i-10-2014 11 Y 6 M 24 D (M)
r. HARISH JAYARAM

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SURGERY DETAILS

Date : 19-05-2026

Patient Name: Master Mohammed Junaid Date of Birth: ..... Age: .....

Gender: Male Ward : OT UHID No.: CUV-0003821

Date of Surgery: 19-05-2026 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : RIGHT HIGH LIGATION OF SAC

Time in : 8:45 AM Time Out : 10:00 AM

	NAME	AMOUNT
1. Surgeon	: Dr. Harish Jayaram	.....
2. Anaesthetist	:	.....
3. Assistant Surgeon	:	.....
4. OT Technician	: Tech - Ravi	.....
5. Circulating Nurse	: Sr. Phoebe / Kumari	.....
6. Assistant Nurse	: Br. Amos	.....

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: 9615834 Order by: Kumari

IV-00038214 IP5-00174002
Master MOHAMMED JUNAID
-10-2014 11 Y 6 M 24 D (M)
. HARISH JAYARAM

High legation of Sac

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CONSUMABLES OF OT

C... staff: 14kop Technician: .... Date: 19/5/26 Time: 8:30 Am

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 5.5, 5.6	1+1+1	→	Major Pack Drapes	1	1	Inj Vit.K		
LMA 2/1/2/3	1+1	1	Sutures 2303, 2304	2+2	—	Cord Clamp		
ECG leads : A / P / N	5	3	2437, 2317	2+2	1	Suction Catheter		
HME filter : A / P / N	1	1	9914	2+2	1	Feeding Tube		
Syringes : 10 cc	20	3				Vaccum Suction Set		
05 cc	20	3	Gloves 6, 6.5, 7, 7.5 2+2+2+2+1+1			Surgical Gloves		
02 cc	20	3	PF 6, 6.5, 7, 7.5 2+2+2+2+1			Gauze Pack		
01 cc	5	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	1	1	Surgical blade 15	1	1	Surgical Blade # 20		
IV set	1	1	NG tube			Koochies (S)		
RL	1	1	Cautery pencil	1	1	NS 500ml	1	1
NS 10ml / 100ml / 500ml / 1000ml	5+1	5+1	Koochies XL Adult (M)	1+1	1	~~Dect 5G~~	1+1	—
minispike	1	1	Ointments			Jelly	1	—
O2 mask (A)	1	—	Suction Catheter			Anawin 0.25%	1	1
Fentanyl	1	1	Cap, Mask	5+5	5+5			
Morphine			Gauze Pack (N)	4	2	Duroprof Lite	1	1
Ketamine			Mop Pack					
Propofol	3	2	Steristrip					
Rocuronium	1	0	Underpad	1	1			
Glycopyrolate	1	—	Draw sheet	1	1			
Myopyrolate	1	→	Abgel					
Ondansetron	1	—	Foleys catheter			Nasal prongs (p)	01	—
Pencan 25g / Spinal Needle 22	1+1	—	Urobag			Gauze	3	—
Bupivacaine 0.25%	1	1	Chest Drainage Catheter			Glove all	4	—
Bupivacaine 0.25%(Heavy)	1	—	Romodrain bag			Dexamed	1	—
Antibiotics Cox 2%	1	—	Bandage			Dexa + Tranexa	1+1	—
Quincky 25g spinal	1	—	Tegaderm			50 Gtramline	1+1	—
Suppositories			Ioban			NG tubes all	6	—
Anamol : 80mg / 250mg / 170 mg			Double J Stent			suction cathreter	3	—
Supridol : 100mg			Vaccum Suction set			Atropine + Adrenaline	1+1	1+1
Justin : 12.5 mg / 25mg / 100mg	1+2	—	Plastic Bed Sheet	1	—	midaz + ephedrine	1+1	—
Tab. Misoprost : 200mg			Betadine Solution	1	1	Loxicard + jelly 2%	1+1	—
vaccum set	1	1	Microshield	1	0	Q8ite + splint 1,3	1+2	—
Oral airway 2/3	1+1	—	Cotton Balls	1	1			
Nasal airway 22/24	1+1	—	Latex Gloves	100	100			
3 way 10cm + 100cm	1+1	—	Ramdione Scrub					
IV cannula 22/24	1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9615693 Ordered by : ....

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

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 : IP5-00174002 **Admit Date** : 19-May-2026 **Admit Time** : 07:10 AM **UHID** : CUV-00038214

Patient Details :

Patient Name	: Master MOHAMMED JUNAID MAQDOOM ALI	**Age**	: 11 Y 6 M 24 D
Guardian	: Mr MOHAMMED SADAT ALI	**DOB**	: 25-10-2014
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO -8-1-332/3/A/82 , G.M ALI BUILDING , FLAT NO - 501 , AZIZ BAG , Tolichowki Hyderabad Telangana INDIA 500008	**Phone No**	: 9966683291/ 9030943030
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 405 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 405 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHAMMED SADAT ALI **Relationship** : Father

Contact Address : H NO -8-1-332/3/A/82 , G.M ALI BUILDING , FLAT NO - 501 , AZIZ BAG , Tolichowki Hyderabad Telangana INDIA 500008 **Phone No** :

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : ICICI LOMBARD GENERAL INSURANCE CO LTD

CUV-00038214 IP5-00174002
Master MOHAMMED JUNAID
25-10-2014 11 Y 6 M 24 D (M)
Dr. HARISH JAYARAM

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : _____Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
4/5	9:30 pm	C-2	OT	
19/5/26	11:30am	OT	317	

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
19/05	CBP	50731	Israel

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
19/5	IV placement PAC (OP Basis)	1	15149	Tanf

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

CUV-00038214 IP5-00174002
Master MOHAMMED JUNAID
25-10-2014 11 Y 6 M 24 D (M)
Dr. HARISH JAYARAM

Patient Name: _____ _____

UHID ID: _____ _____

Department: _____

Consultant: _____

CUV-00038214 IP5-00174002
Master MOHAMMED JUNAID
25-10-2014 11 Y 6 M 24 D (M)
Dr. HARISH JAYARAM

Pediatric Multiorgan History & Physical Examination

Name : Junaid Age/Sex 10/M

Information given by: mother Relationship good

Chief Presenting Complaints & Duration (Chronologically)

k/c/o (R) hydrocoele
now for surgical rx

History of present illness :

noted to have (R) hydrocoele since neonatal period.
B/L testes descended
now for (R) high ligation of sac

CUV-00038214 IP5-00174002
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Dr. HARISH JAYARAM

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

(N) Term/2.4kg/CIAB/no NICU

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

(N)

Immunization History :

(P.T.O.)

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Dr. HARISH JAYARAM

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____ (Centile _____) Height (cms): 158 (Centile)_____)

Weight (kgs)) 45.19 (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 95 B.P. 107/55 SPO2 99%

Resp.rate and type of breathing : 20/min

Rash

Lymphadenopathy ⊖

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : N

Any murmur :

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

Per Abdomen :

Inspection

Palpation : soft

Ausculation :

Spine : External Genitelia : (R) testis + hydrocoele (+) transillumination (+)

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

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Dr. HARISH JAYARAM

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : alert

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture : (N)

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

(R) hydrocele now for (R) high ligation of sac

(P.T.O.)

CUV-00038214 IP5-00174002
Master MOHAMMED JUNAID
25-10-2014 11 Y 6 M 24 D (M)
Dr. HARISH JAYARAM

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Bleeding / testicular injury

Desired goals of the treatment : Surgical management

Planned Labs:

CBP

Planned Management

1) IVF DNS -
2) Cont NPO
3) Shift to OT

NB
Informed
19/5/26
07:30
Dm

Signature of the Doctor: Akhila
Name of the Doctor: Dr. Akhila
Date & Time: 18/5/26

Signature of the Consultant:
Name of the Consultant: Dr. Harish
Date & Time: 19/5/26 8-30AM

DR. HARISH JAYARAM
Registration No: 66254

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25-10-2014 11 Y 6 M 24 D (M)
Dr. HARISH JAYARAM

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Harish Date : 19/5

Type of Admission: ☐ OPD ☐ ER ☐ Referral (if referral, Doctor's Name: .....

Start Time of Assessment: ..... Weight: 45kg

Allergic History: NKA

Chief Complaints: .....

R hydrocoele

Pediatric Assessment Triangle

A Appearance - TICLS ..... N

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

C Circulation
- ☐ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

Any urgent interventions needed: ☐ Yes ☐ No
If Yes .....

Significant Past History: .....

Medication History: .....

Relevant Investigations: E

Primary Assessment

A E B D C

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Breathing

Rate: 22/min SpO_2 on FiO_2 100%

Rhythm: regular

Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: B/L

Palpation Findings (If necessary).....

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Circulation

HR: 92/min CFT [Central ..... / Peripheral .....] <2s

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

BP: 107/55 mmHg

Pulse Volume: [Central ..... / Peripheral 3+]

If in Shock: [Compensated ..... / Hypotensive .....]

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☐ No

Disability

GCS: 15 AVPU: .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Pupils: [Responsive ☐ Non-Responsive ☐] Size [Right ..... / Left 2mm]

Active Seizures: ☐ Yes ☐ No Sugars: .....

Signs of Neurological compromise ..... NFND

Exposure

Temp.: 98.0F

Any urgent interventions needed: ☐ Yes ☐ No

Any Rash: ☐ Yes ☐ No,

If Yes .....

If yes describe the rash .....

Active bleed ..... No .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest ☐ Shock - Compensated ☐ Hypotensive ☐ ☐ Cardiopulmonary Arrest ☐ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: .....

Labs Planned: CBP

Treatment Planned: NPO IVF DNS

Need for Oxygen: ☐ Yes ☐ No if yes Low Flow ☐ High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): (R) hydrocoele

Assessment done by

Name of the Doctor: Akhila

Signature: Akhila

Date & Time: 19/5

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: .....

Signature: .....

Date & Time: .....

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OPERATION THEATER NOTES

Patient's Name : Master. Mohammed Junaid Age : 11y Gender : ☑ ~~Male~~ ☐ Female

UHID No.: CVV-0003824 Weight : 43.93Kg Height : .....

Surgeon : Dr Harish. Jayaram	Asst. Surgeon : Dr. Malika.	
Anesthetist : Dr. Anwar	OT Nurse: Anand. Ravi	OT Technician: Ravi

Pre-Operative Diagnosis: RIGHT HYDROCELE

Surgical Procedure :

RIGHT HIGH LIGATION OF SAC.

Indications for Surgery :

RIGHT HYDROCELE

Date : 19-05-2026	Start Time : 9:00 AM	End Time : 9:50 AM

Pre Operative Preparations:

5% Betadine

Post Operative Diagnosis:

RIGHT HYDROCELE

Peri-Operative Complications:

-Nil-

Operation Notes:

Findings

(1) Right encysted hydrocele

(2) Right testis & vas & vessels - noted, healthy.

Procedure :-

① 3cm incision taken in the (R) lower groin crease.
② Incision deepened into subcutaneous tissue & Scarpa's opened.
③ Ext. Oblique identified & opened. ④ Sac identified & spermatic cord.
⑤ High ligation of sac done. ⑥ Distal sac excised & Hydrocele fluid drained. ⑦ Wound closed in layers. ⑧ Hemostasis secured
⑨ DSD done

Amount of Blood Loss: ≃ 2ml.	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

—

Peri-Operative Complications:

- Nil -

Name of the Surgeon: Dr. Harish Jayaram

Signature of the Surgeon: J

Date & Time: 19/5/26, 10 AM

IP5-00174002
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11 Y 6 M 24 D (M)
HARISH JAYARAM

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Right High Ligation of Sac

Post-Surgical Diagnosis: (R) Hydrocele

Post-Operative Monitoring Parameters /Frequency:
TPR every 15 minutes for first ~~15 minutes~~ 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: 19/5/26 Time: 10 AM

Note: Plan of care will be readjusted if necessary.

JV-00038214 IP5-00174002
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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 +Plan	1+1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2+1			
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	1			
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test	1			
21	Anaestesia notes (Pre Anaesthesia& post)				
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				
29	TPR & BP chart	1			
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 Other	10			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart Billing	1			
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
		36			
	Total No. of Pages				

Signature and Date :
20/5/26

(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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 6:45pm	C/S/B Dr. Maliha	
	POD – ⓪	
	Afebrile Vitals stable	Adv
	P/A – soft	1) Full feeds
	L/E – dressing no soakage	2) Plan – discharge tomorrow
		Maliha Dr-Maliha 19/5/26. 8:45pm
		Notes by Sloiselle 607538
20/5/26 8:35am	C/S/B Dr Hamza	
	POD-1	
	Afebrile vitals – stable	
	P/A – soft	Adv 1) Full feeds 2) Plan – discharge today
Dr Hamza 20/5/26 8:35AM	Dressing – no soakage	

DR. HARISH JAYARAM
Registration No: 66254

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

(P.T.O)

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
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. Akhila

Date & Time : 19/5/26

Nurse Name & Signature: .....

Date & Time : 19/5 @ 7.30 pm

CUV-00038214 IP5-00174002
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DRUG CHART

Date of Admission: 19/5/26 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 Sign

UOV-00038214 IPS-00174002
Master MOHAMMED JUNAID
25-10-2014 11 Y 6 M 24 D (M)
Dr. HARISH JAYARAM

REGULAR PRESCRIPTIONS

Weight. 45 Kg. Ward. ....

VERIFIED

DRUG : Inj PARACETAMOL				Date ▸ Time ▾	19/5	20/5
Dose	Route	Frequency	Start Date	6Am	[illegible]	[illegible]
700mg	iv	Q8H	19/5/26			
Name & Signature of the Doctor Starting the Drugs: Dr. Nikhita				2pm	3pm [illegible]	
Additional Instructions:				10pm	[illegible]	
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				

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				

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5-10-2014 11 Y 6 M 24 D (M)
Dr. HARISH JAYARAM

Weight. 45 kg Ward. .....

DRUG :	Date ▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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
19/5/26	8:45AM	INJ. PARACETAMOL	600 mg	IV	Ayesha.	
19/5/26	8-45AM	INJ. DICLOFENAC	50 mg	IV	Imm	

Signature
VERIFIED BY : Name

25-10-2014 11 Y 6 M 24 D (M)
Dr. HARISH JAYARAM

I.V. FLUIDS CHART

Weight. 43 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
19/5		IVF DNS	IV	80			Not	Continued	
19/5	8:45AM	INJ RINGER LACTATE	IV	FF	Sym	Amos Venkat	19/5	Continued	Amos Venkat

Signature .....

VERIFIED BY : Name .....

UV-00038214 IP5-00174002
aster MOHAMMED JUNAID
5-10-2014 11 Y 6 M 24 D (M)
r. HARISH JAYARAM

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/5/26 Time:	11:45 am	5PM	10PM	6AM
Doctor / Nurse / Family Concern?				
Temperature (F)	98.6°F	97.9°F	98.0F	97.9F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	110 (80) 67	100 60	106 160	105 (88) 58
Heart Rate (Number)	80b/m	89b/M	100b/M	95b/M
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	24b/m	21br/m	21b/M	21b/M
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2 (l/min) O_2 Saturations (%)	100%	99%	100%	100%
Conscious Level: Normal / Altered				
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
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:

- 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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Dr. HARISH JAYARAM

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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.

19/3/20

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
19/3/20	08:00 am	RL		80 ml	–		–	–	–	–	0	Kavya
	09:00 am	RL		80 ml							0	Kavya
	10:00 am	RL		80 ml			NP				0	
	11:00 am		Water 100					–		–	0	Kavya
	12:00 pm										0	Jhansi
	01:00 pm										0	
Total Intake :						**Total Output :**						
	02:00 pm		H2O				–				0	
	03:00 pm										0	
	04:00 pm						NP			✓	0	
	05:00 pm		H2O				–				0	Satya
	06:00 pm										0	
	07:00 pm										0	
Total Intake :						**Total Output :** N – 0 U – 1						
	08:00 pm		Food				–				0	
	09:00 pm									✓	0	
	10:00 pm		H2O				NP				0	Shirish
	11:00 pm										0	
	12:00 am		H2O				–			✓	0	
	01:00 am										0	
Total Intake :						**Total Output :** N – 0 U – 2						
	02:00 am						–				0	
	03:00 am		H2O								0	
	04:00 am									✓	0	Shirish
	05:00 am		H2O				NP				0	
	06:00 am						–			✓	0	
	07:00 am		H2O								0	
Total Intake :						**Total Output :** N – U – 2						

Total 24 hrs. Intake		Total 24 hrs. Output	N – 0 U – 5

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25-10-2014 11 Y 6 M 24 D
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.

		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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INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: ☐ Patient ☑ Patient Attendant

I, the undersigned do hereby agree to undergo the following surgery(s), Procedure(s) on patient / myself at Rainbow Children's Hospital. (Avoid technical terms and leave no blank space)

1 RIGHT - HIGH LIGATION OF SAC.

2 .....

I acknowledge the following:

1. I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
2. The benefits and risks of this surgery / procedure have been explained to me. I have also been told about the alternatives available for this surgery / procedure including the advantages and disadvantages of the alternatives.

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
(1) Reduce Right Scrotal swelling	—

3. As with any procedure, I am aware that risks such as blood loss, infection, cardiac arrest, anesthetic allergic reactions, paralysis, Deep Vein thrombosis (DVT), Pulmonary thromboembolism (PTE) etc may arise necessitating attention. Therefore, in addition to consenting to the performance of the above-mentioned surgery/procedure(s), I also consent and authorize the rendering of such other care and treatment as patient/my surgeon or his / her designee reasonably believes necessary should one or more of these and or other unforeseeable events occur.

Apart from the listed above, I have also been explained about the possible complications of the surgery / procedure are as follows:

a. Infection, bleeding
b. Recurrence.

1. I authorize Dr. Harish Jayaram. and his / her team to perform the procedural sedation upon the patient / myself.
2. I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
3. I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:
Signature: Sadat Ali
Name: Mohammed Sadat Ali
Relationship with patient: Father
Date & Time: 19/5/26, 8:15 AM

Witness:
Signature: Zakia Tarannum
Name: Zakia Tarannum
Date & Time: 19/5/26, 8:15 AM

Doctor (who is taking consent):
Signature: ..... Name: Dr. Malika Date 19/5/26. Time: 8:15am

Patient Sticker

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శస్త్రచికిత్స / ప్రాసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్బో చిల్డ్రెన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స(లు) / ప్రాసీజర్(లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాలు వాడవద్దు మరియు ఖాళీ స్థలం వదిలివేయకండి)

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

1. క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
2. ఈ శస్త్రచికిత్స / ప్రాసీజర్‌కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి.
   ఈ శస్త్రచికిత్స / ప్రాసీజర్‌కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

3. ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్లోలాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జీ, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు.
   అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్కు నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినపుడు, రోగి/నా కోసం అవసరమని వైద్యుడు భావించే ఇతర చికిత్సలను చేయడానికి కూడా నేను అనుమతిస్తున్నాను.

అదనంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

a.
b.

1. 4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్‌ను చేయడానికి నేను అనుమతిస్తున్నాను.
5. వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
6. పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భాషలో సమాధానం ఇచ్చారు.
   ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

COV-00038214 IPS-00174002
Master MOHAMMED JUNAID
25-10-2014 11 Y 6 M 24 D
Dr. HARISH JAYARAM

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Harish Jayaram
Asst. Surgeon : ....
Anaesthetist : Dr. Amreen
Scrub Nurse : Br. Amos

P... Age : 11y Gender : M
U... Name : (R) High ligation of ...
Date : 19/05/26 In-time : 8:45 am Out-time : 10:00 Am

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 7:32

Patient Has Confirmed

- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☐ Yes ☑ No

Does Patient have a:

- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?

- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?

- Yes, and Adequate Intravenous Access and Fluids Planned ☑ Yes ☐ No ☐ NA
- Blood Units Reserved ☑ Yes ☐ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : Aditi
Name : Dr Aditi

Before Skin Incision ➤ ➤

TIME OUT Time: 8:57 Am

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:

What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? → monitoring; → 30 mins; → 1 ml ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? ☐ Yes ☑ No ☐ NA

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA

Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☑ No

Signature : [signature]
Name : Sr Pushpa (016562)

Before Patient Leaves Operating Room

SIGN OUT Time: 10am

Nurse Verbally Confirms with the Team:

- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☐ Yes ☐ No ☑ NA
- The Specimen is Labelled (including patient name) ☐ Yes ☐ No ☑ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☑ No ☐ NA

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient? ☐ Yes ☑ No

Signature : [signature]
Name : Dr. Harish Jayaram

Doc. No. : RCHBH/ FRM / CLINICAL / 111

UV-00038214 IP5-00174002
aster MOHAMMED JUNAID
-10-2014 11 Y 6 M 24 D (M)
Pa . HARISH JAYARAM

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 19/5/26

To Be Filled In By Assigned Nurse :

Department : POT Duration of Procedure : 1Hour

Name of Surgeon : Dr Harish Jayaram Date of Admission : 19/5/26

Bundle Care Criteria : (Tick (✓) if done)

		Staff Signature
1.	Antibiotic given prior to surgery ? ☐ Yes ☑ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☐ Yes ☐ No Name of the Antibiotic :	
2.	Hair Removal ☐ Yes ☑ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : ..... Skin preparation done (cleanse surgical area with antiseptic agent)? ☑ Yes ☐ No	
3.	Patient's body temperature immediately post operation (Recovery Room)_____ ^{0}C ☐ Oral Or ☐ Axilla (Goal : 36-37 ^{0}C)	
4.	Name of doctor or staff administering the antibiotic : NA Date & Time of antibiotic administration : NA Date & Time procedure started : 19/5/26 @ 8:57 AM	

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

CUV-00038214 IP5-00174002
Master MOHAMMED JUNAID
5-10-2014 11 Y 6 M 24 D (M)
Dr. HARISH JAYARAM

317

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 19/5/26 Time: 11:30am

Weight: 45kg's Centile: >75th

Height: 150cm Centile: >50th

Inference: overweight child

RDA: - Calories: 1700kcal/d Protein: 30gm/d

Diet Recommendations: Normal diet

Re-Assesment: avoid spicy chilled and outside foods

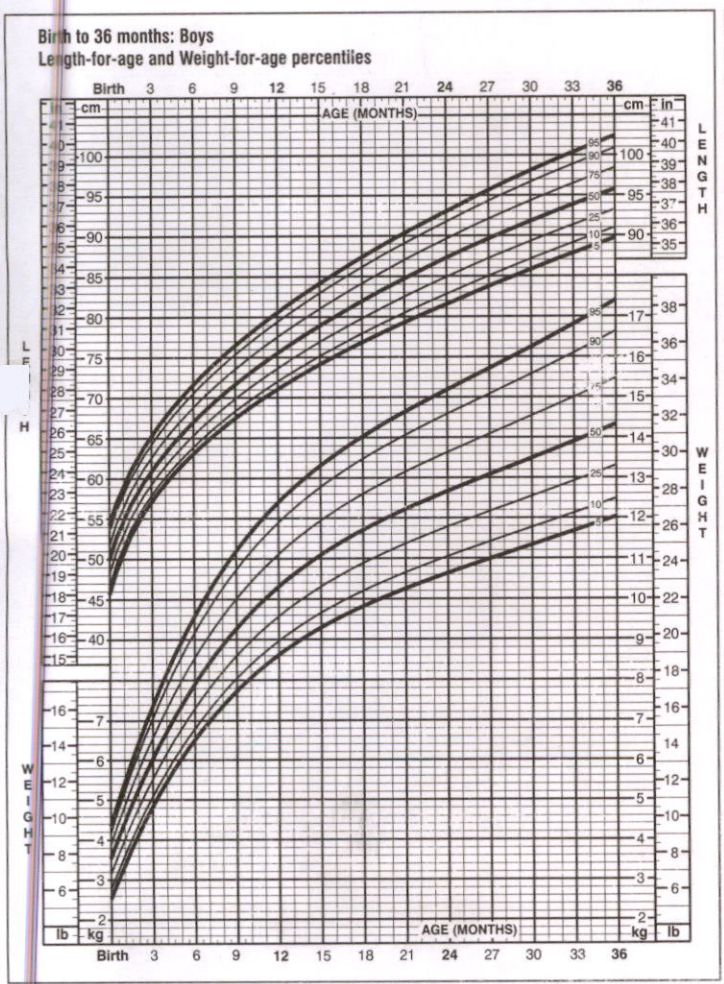
Food Allergies: No Veg/Non-veg Non-veg

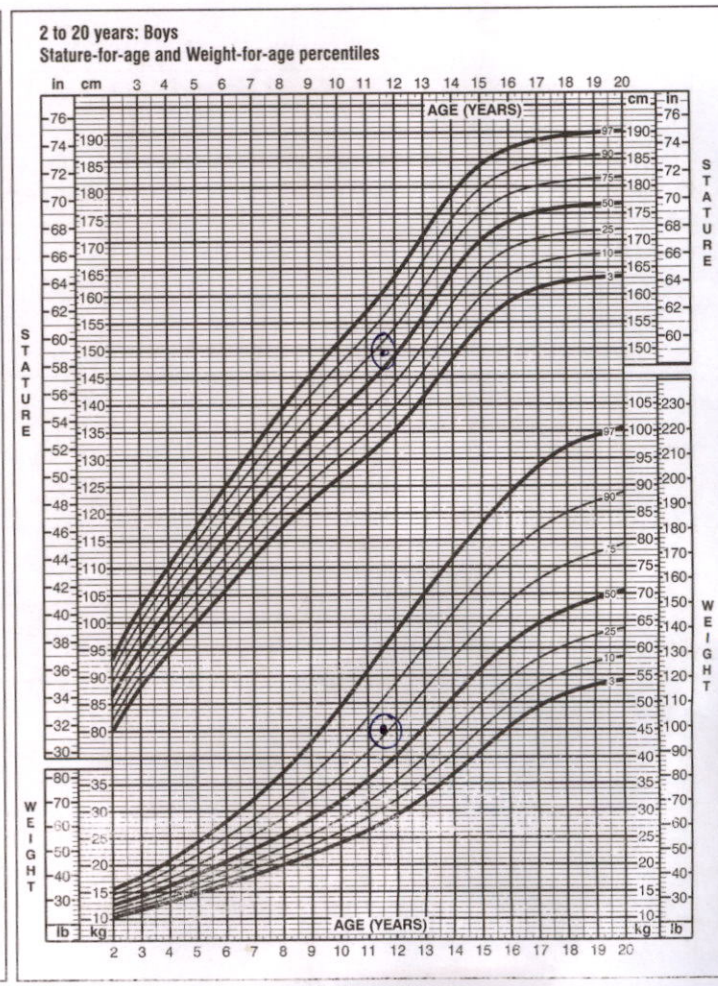
Diagnosis: (R) Hydrocele Ligation

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Sarath G.

GROWTH CHART (BOYS)





Dietician's Name Saima Dietician's Signature Saima

Daily Notes: