BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

NO FC Done

Date : 03/07/26

Patient Name: ADEEBA ZAIN Date of Birth: 07-02-2011 Age: 15Y

Gender: Female Ward : P.OT UHID No.: BAH-00659806

Date of Surgery: 03/07/26 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Laparoscopic Right pyeloplasty

Time in : 9:20 AM Time Out : 12:40 pm

		NAME	AMOUNT
1.	Surgeon	: Dr Harish Jayram.	
2.	Anaesthetist	: Dr. Sri Surya	
3.	Assistant Surgeon	:	
4.	OT Technician	: Vijay	
5.	Circulating Nurse	: Bikula	
6.	Assistant Nurse	: Suman	

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

Dr Harish Jay
Signature of the Surgeon

Bikula
Signature of Circulating Nurse

Order No: 96855662 Order by: J. Ramadevi

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

Lap pyloplasty

CONSUMABLES OF OT

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Circulating staff : .... Technician : .... Date : .... Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 6, 6.5	1+1	1	Major Pack Drape	1	1	Inj Vit.K		
LMA 3	01	1	Sutures 9915, 5003	2+2	1+1	Cord Clamp		
ECG leads A / P / N	5	3	Vicryl, 3, 4, 5	2+2	1+2	Suction Catheter		
HME filter A / P / N	01	1				Feeding Tube		
Syringes : 10 cc	20	15				Vaccum Suction Set		
05 cc	20	15	Gloves 6, 6.5, 7, 7.5	2+2+	1+1+1+2	Surgical Gloves		
02 cc	20	10	6, 6.5, 7, 7.5	2+2+2		Gauze Pack		
01 cc	10	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	01	1	Surgical blade 11, 15	1+1	1	Surgical Blade # 20		
IV set	01	1	NG tube			Koochies (S) Camera cover	2	2
RL	01	1	Cautery pencil	1	—	Dj Stent	1	—
NS : 10ml / 100ml / 500ml / 1000ml	5+1	1+1	Koochies +2 Adult	1	1	Camera Cover	2	—
Mini spike	01	1	Ointments			16 Cannula	1	—
Gloves	03	—	Suction Catheter			NS 500ml	2	1
Fentanyl	01	1	Cap, Mask	5/5	10 20	Jelly	1	1
Morphine			Gauze Pack N+R	2+2	2	Transofix	1	1
Ketamine			Mop Pack	1	1	10cc, 20cc, 5cc	2+2	2
Propofol	03	3	Steristrip			10ml D/W	2	1
Rocuronium	01	1	Underpad	1	1	Atropine + Adr	1+1	1+1
Glycopyrolate	01	—	Draw sheet	1	1	Midaz + Ephedrine	1+1	1+1
Myopyrolate	01	1	Abgel			Lox cord + jelly	1+1	1+1
Ondansetron	01	—	Foleys catheter 10, 12	1+1	2	NG Tube all	10	—
Pencan 25g / Spinal Needle 22	1+1	1	Urobag, meter	1+1	1	Suction Tube all	10	—
Bupivacaine 0.25%	01	1	Chest Drainage Catheter			Nasal Airway		
Bupivacaine 0.25%(Heavy)			Romodrain bag			24, 26	1+1	—
Antibiotics			Bandage			Oral Airway		
EtCO2 Nasal prong	01	—	Tegaderm			2, 3	1+1	—
Suppositories			Ioban 4FR 24cm	1	1	Transpore plast	01	1
Anamol : 80mg / 250mg / 170 mg			Double J Stent [illegible]	1		Ryle's Tube 12, 14	1+1	—
Supridol : 100mg			Vaccum Suction set	1	1	IV cannula 22, 20	2+2	—
Justin : 12.5 mg / 25mg / 100mg	1+2	1	Plastic Bed Sheet	1	1	Soccetmoline	3+3	—
Tab. Misoprost : 200mg			Betadine Solution	1	2	Stop cock	03	—
Vaccum Set	01	1	Microshield	1	—			
Dexa + Dexamide	1+1	—	Cotton Balls	1	1			
Dexa + Tranexa	1+1	—	Latex Gloves	1	1of			
[illegible]	5+1	—	Ramdione Scrub					
10 cm + 100 cm 3 way	1+1	1	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 968629 Ordered by : ....

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ BAH-00659806 IP5-00175905 Ms ADEEBA ZAIN 07-02-2011 15 Y 4 M 26 D (F) Dr. MAINAK DEB _Consultant: _____ Dept : _____

Date of Admission: _ _Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
03/07/26	8:25 pm	ER	OT	
3/7/26	1:30 pm	OT	12 IB	

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
03/07	CBP	6437	Samshey

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/7	Infusion pump	2-30pm		858569	Appu

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
03/07	IV Placement	①	85092	Samshe
	PAC Done OD	OP Basis	—	
3/7	Catheterization	①	5561	[illegible]
3/7	NHA	①	858589	APN

ANY OTHER INFORMATION

....

....

....

....

....

....

Date : 5/7/20 Time : 9.45am Prepared By : Merlin

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Merlin	GW-I		

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 : IP5-00175905 **Admit Date** : 03-Jul-2026 **Admit Time** : 07:33 AM **UHID** : BAH-00659806

Patient Details :

Patient Name	: Ms ADEEBA ZAIN	**Age**	: 15 Y 4 M 26 D
Guardian	: Mr MOHD. ZAMEER UDDIN	**DOB**	: 07-02-2011
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: 8-4-369/3066 I TYPE SITE-3 NRR PURAM COLONY Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 9703110262/ 9848585993
		E-mail	: 9848585993@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 403 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 403 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHD. ZAMEER UDDIN **Relationship** : Father

Contact Address : 8-4-369/3066 I TYPE SITE-3 NRR PURAM COLONY Hyderabad Hyderabad Telangana INDIA 500001 **Phone No** : 9703110262 / 9848585993

Signature

Doctor Details :

Doctor Name : Dr. MAINAK DEB **Specialisation** : PEDIATRIC SURGERY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 28 D (F)
Dr. MAINAK DEB

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	3			
7	Nursing plan of care and handover sheets	4			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery	1			
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	2			
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				
29	TPR & BP chart	3			
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	1			
39	Bed side check list	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
45	Others	4			
	Total No. of Pages	34			

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

Signature and Date : 7/2/06

(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

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: ADEEBA JAIN

UHID ID: BAH-00659806 IPS-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

Department:

Consultant:

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

No Pain abdomen

Right HDN with upper ureteric obstruction.

History of present illness :

CT urogram — Right retrocaval ureter.
DTPA renogram — Right 4% DRF with obstructive drainage pattern
Plan of Laparoscopic pyeloplasty (Right)

No H/o fever cough cold.

Wt KUB — Rt - APD 33.7mm
PT 9.3mm
Proximal ureter 13mm.

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Normal neonatal transition

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal

Immunization History :

Immunized ~~till age~~. upto date

(P.T.O.)

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))_____44.4kg(Centile _____)

On Examination :

Temperature : 98.2°F Pulse Rate : 104/min B.P. 111/78 (81) SPO2 98% RA

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 :

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds :

Any murmur : Grade 2

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

Per Abdomen :

Inspection

Palpation :

Ausculation : Soft

Spine :_____External Genitelia :

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

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

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 : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials:**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic: Retrocaval ureter s/p Right Laparoscopic pyeloplasty

_____

_____

_____

_____

(P.T.O.)

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: infection.

Desired goals of the treatment : Resolution of symptoms

Planned Labs:

CBP.

Planned Management

- NPO continue
- PAC done
- c/f DUS
- S/- Right lap pyeloplasty.

Signature of the Doctor: N. Pr

Name of the Doctor: N. Prathiksha.

Date & Time: 02/7/26. 7:30 am

Signature of the Consultant:

Name of the Consultant: DR. HARISH JAYARAM Registration No. 6625

Date & Time: 3/7/26

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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 LAPAROSCOPIC RIGHT PYELOPLASTY

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. Resolution of obstruction, facilitating drainage of urine across ureter.	Open procedure

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. Bleeding, Infection, Recurrence
b. Anastomotic stricture, Anastomotic leak.

1. I authorize Dr. Mainak Deb 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: Jabeen
Name: Ayesha Jabeen
Relationship with patient: .....
Date & Time: 3/7/26, 8:18 AM

Witness:
Signature: .....
Name: Khaja Nayeemuddin
Date & Time: 3/7/26, 8:18 AM

Doctor (who is taking consent):
Signature: Maliha Name: Dr-Maliha Date 3/7/26 Time: 8:18AM

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

శస్త్రచికిత్స / ప్రాసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైనో్ 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 భాష 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: .....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr Harish
Asst. Surgeon : Dr. Pallak
Anaesthetist : Dr K Sri Surya
Scrub Nurse : Suman

Patient Name : Adeeba Zain Age : 1 Gy. Gender : F
UHID No. : 659806 Surgery Name : lap Right pyeloplasty
Date : 03/07/26 In-time : 9:20 Am Out-time : 12:40 pm

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 8:40 AM

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 : Dr. K Sri Surya
Name : Dr K Sri Surya

Before Skin Incision ➤➤

TIME OUT Time: 10:06 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 Right ☑ Yes ☐ No
- Correct Procedure lap pyeloplasty ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Nothing 2hrs 1ml ☐ Yes ☑ No ☐ NA

Anaesthesia Team Reviews: Nothing
- 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 : Bikkai
Name : Bikkai

Before Patient Leaves Operating Room

SIGN OUT Time: 12:10pm

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 :
Name : Dr. Harish
3/7/26
12:10p

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 03/07/26

To Be Filled In By Assigned Nurse :

Department : P.OT Duration of Procedure : 2hrs

Name of Surgeon : Dr. Harish Jayram Date of Admission : 03/07/26

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 : Inj:- P.I.P.TAZ (4.5gm) 8:40 Am	
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) 36 °C ☐ Oral Or ☑ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Dr. Harish Jayram Date & Time of antibiotic administration : 03/07/26 at 8:40 Am Date & Time procedure started : 03/07/26 at 10:03 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

BAH-00659306 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION THEATER NOTES

4 Fr 24

Patient's Name : ..... Age : 15y Gender : ☐ Male ☐ Female

UHID No.: ..... Weight : 44 kgs Height : .....

Surgeon : Dr. Harish Jayaram		Asst. Surgeon : Dr. Palak
Anesthetist :	OT Nurse: Suman	OT Technician:

Pre-Operative Diagnosis: Right Hydronephrosis due to retrocaval ureter

Surgical Procedure :

Laparoscopic Right Pyeloplasty

Indications for Surgery :

Right Hydronephrosis due to retrocaval ureter

Date : 03/07/26	Start Time :	End Time :

Pre Operative Preparations:

positia - modified left lateral decubitus (45-60°) & right side up

Post Operative Diagnosis:

Right Hydronephrosis due to retrocaval ureter

Peri-Operative Complications:

-Nil-

Operation Notes:

Findings :- Dilated right renal pelvis

- Right side ~~retrocaval~~ proximal ureter noted to pass behind the Inferior vena cava.
- Distal ureter & IVC normal.

Procedure:-

(1) 3 ports placed. 5-mm camera port at umbilicus. 5mm working port below (R) subcostal margin. 5mm working port in right iliac fossa

(2) White line of Toldt incised & ascending colon is mobilized medially

(3) Kocherization of duodenum done to expose (R) renal pelvis & proximal ureter.

(3) Findings noted. (4) Dissection of (R) renal pelvis, PUJ & proximal ureter done while preserving periureteric adventitia.

(5) ~~Retrocaval~~ Right pelvi-ureteric junction is divided.

(6) Retrocaval segment of ureter mobilized & brought anteriorly to IVC.

(7) Anderson Hynes's dismembered pyeloplasty performed by spatulating

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

Ureter laterally. (8) posterior layer anastomosis done c continuous 5.0 vicryl. (9) Double-J stent (8Fr, 24cm length) inserted in antegrade direction. Distal end of stent confirmed in bladder.

10. Anterior layer of anastomosis ~~done~~ completed c continuous 5.0 vicryl

Name of the Surgeon: Dr. Harish Jayram

Signature of the Surgeon:

Date & Time: 3/7/26

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

Rainbo
Children
Hospital
It takes a lot to treat the little.

POST-SURGICAL CARE PLAN FORM

Procedure Done: Laparoscopic Right pyeloplasty

Post-Surgical Diagnosis: (R) Hydronephrosis due to Right retrocaval ureter

Post-Operative Monitoring Parameters /Frequency:

TPR monitoring every 15 min for 1st 1hr

Wound Care:

Dressing

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

—Nil

Nutritional Instructions: Oral sips → Liquid diet → soft diet as soon as child is fully awake

~~Full feeds~~ a.

en to Start Mobilization:

As soon as possible

Special Referrals:

—Nil

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

—Nil

Treating Surgeon
(Signature & Stamp)

Date: 3/7/26 Time: 12:10pm

Note: Plan of care will be readjusted if necessary.

Docu. No. : RCHBH /FRM / CLINICAL / 106

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 1pm	C/S/B Dr. Mainak Deb	
	POD - ⓪	
		Adv
	No fever spikes	
	Vitals stable	1) Full feeds
	P/A - soft	2) Continue IV fluids
	Dr. Harish 3/7/26 5 PM DR. HARISH JAYARAM Registration No: 66254	Mallika 3/7/26 1pm
	C/S/B Dr. Lavanya.	
	POD -	

BAH-00659806
Ms ADEEBA ZAIN IP5-00175905
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 9:10 am	C/s/B Dr Nikhita	
	POD-1	
	No episodes of fever spikes, abd. distension.	Adv
		(1) Full feeds as tolerated
		(2) U/O monitoring 4th hrly
	O/E - C PT Clde	
	GC fair	
	Vitals stable	
	P/A soft	
	U/O - 1.1cc/kg/hr	
	Dressing - intact	Dr Nikhita 4/7/26 9:10 am
	Dr Harish 4/7/26 DR. HARISH JAYARAM Registration No: 66254	
	C/s/B Dr Maliha / Dr Nikhita	
	POD-1	
4/7/26 6:00 pm	No episodes of fever spikes	
	O/E Child active	Adv
	Vitals - stable	(1) Full feeds as tolerated
	P/A soft	(2) U/O monitoring 4th hrly
	U/O - adequate.	
	Dr. NABEEL ALAM QADRI Reg. No: 75241	
Dr Nabeel 4/7 6:30 pm	Dressing - intact	
		Dr Nikhita 4/7/26 6:00 pm

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 9:50 AM	c/s/B Dr-Lavanya	
	POD - (2)	
	No fever spikes. Vitals stable	Adv 1) Full feeds.
	P/A - soft.	2) Plan discharge after foley's catheter removal.
	U-O - adequate	
		Malika Dr-Malika 9:50 AM

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.,) : .....

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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 : N. Preetesh. N.P.S

Date & Time : 03/7/26. 7:20 am.

Nurse Name & Signature: Sushmita

Date & Time : 3.7.26 @ 7:30 am.

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 3·7·26 .... 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 / 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 ....

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

REGULAR PRESCRIPTIONS Weight. 44.43kg Ward. ....

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 : INJ PIPERACILLIN + TAZOBACTAM				Date / Time	3/7	4/7	5/7
Dose	Route	Frequency	Start Date	8:40am			
4.5g	IV	Q8h	3/7/26 8:15AM	6am			
Name & Signature of the Doctor Starting the Drugs: Maliha Dr-Maliha				2pm	4pm		
Additional Instructions: —				10pm			
Daily Doctor's Endorsement by a Sign							

DRUG : INJ PARACETAMOL				Date / Time	3/7	4/7	5/7
Dose	Route	Frequency	Start Date				
660mg	IV	Q8h	3/7/26	6am	OT		
Name & Signature of the Doctor Starting the Drugs: Maliha Dr-Maliha				2pm	5pm		
Additional Instructions:				10pm			
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				

VERIFIED

VERIFIED

Weight. 44.43kg 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
3/7/26	8:am	PROCTOCLYSIS ENEMA	1unit	PR		Renuka
3/7/26	10:15AM	Inj. PARACETAMOL	660mg	IV		[illegible]
3/7/26	12:35pm	Supp. DICLOFENAC	25mg	P/R		[illegible]
3/7/26	1:25pm	Inj. ONDANSETRON	3mg	IV	Mallika	[illegible]

Dr. MAINAK DEB

IPS-00175905

Ms ADEEBA ZAIN
BAH-006598606

I.V. FLUIDS CHART

Weight. 44-43 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
3/7/26	2:00pm	DNS	IV	80	N.P.2	Sushma APM	4/7/26		
3/7/26	9:30AM	1① RINGER'S LACTATE	IV	200ml/hr			3/7		
4/7/26	9:15am	½ Ringer Lactate	iv	100ml/hr			4/7/26	R	
4/7/26	6:00pm	DNS	iv	40ml/hr			5/7		

Signature .....

VERIFIED BY : Name .....

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 27 D (F)
Dr. MAINAK DEB

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 05/07/26 Time: 6am

Doctor / Nurse / Family Concern?

Temperature (°F)
104 103 102 101 100 99 98 97 96 95 94
98.8°F

Heart Rate (bpm) and Blood Pressure (mmHg) *
190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
105 / 64 / 74

Note: BP does not score in early warning scoring

Heart Rate (Number) 102 bpm

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

Resp Rate (Number) 28 bpm

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%) 100%

Conscious Level: Normal | Altered

GCS * 15/15

TOTAL SCORE Number of shaded boxes	1
Pain Score	0
Observer's Initials	D

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

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- 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-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/7 Time:				10pm.	05/07	2am.
Doctor / Nurse / Family Concern?	10am	2pm	6pm			
Temperature (°F)	98.2°F	97.6°F	97.7°F	98.6°F		98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	100 (84) 72	106 (80) 68	103 (78) 69	105 (84) 74		102 (81) 72
Heart Rate (Number)	112bpm	106bpm	103bpm	102bpm.		105bpm
Resp. Rate (bpm) (Over 1 Minute)						
Resp Rate (Number)	26bpm	26bpm	28bpm	26bpm		28bpm
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)	99%	100%	100%	100%		100%
Conscious Level: Normal / Altered						
GCS *	15/15	15/15	15/15	15/15		15/15
TOTAL SCORE Number of shaded boxes	1	1	1	1		1
Pain Score	0	0	0	0		0
Observer's Initials						B

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.

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

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

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 03/11			9/7/26		
Doctor / Nurse / Family Concern?	2:30pm	6pm	10pm	8am	6am

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

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	116 b/m	116 b/m	105 b/m	89 b/m	104 b/m

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

Resp Rate (Number)	24 b/m	22 b/m	26 b/m	25 b/m	26 b/m
Resp Distress (Mod/ Severe / None / Mild)					
Receiving O_2 (l/min) O_2 Saturations (%)	100%	100%	100%	98%	100%
Conscious Level (Normal / Altered)					
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1	1	1
Pain Score	0	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

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
3/7	01:00 pm		H2O	—		—	—	—	—	—	0	Dig
Total Intake :						**Total Output :**						
	02:00 pm		12ml	80ml							0	
	03:00 pm			80ml						100ml	0	
	04:00 pm	DNS		80ml	NA		NP				0	APPH
3/7	05:00 pm	↓		80ml	↓		↓				0	
	06:00 pm			80ml							0	APPH
	07:00 pm			—						350ml		
Total Intake :						**Total Output :**						
	08:00 pm			80ml							0	
	09:00 pm	↑		80ml							0	Suresh
	10:00 pm	DNS	Rice	—						300ml	0	
	11:00 pm			—			NP				0	Sudha
3/7	12:00 am	↓		80ml			↓				0	
	01:00 am			80ml							0	Sul
Total Intake :						**Total Output :**						
	02:00 am			80ml							0	
	03:00 am	↑		80ml							0	Sooj
4/7	04:00 am	DNS		80ml						150ml	0	
	05:00 am	↓		80ml			NP				0	Sul
	06:00 am			—			↑				0	
	07:00 am			—							0	SN
Total Intake :						**Total Output :** 900ml						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 26 D (F)
Dr. MAINAK DEB

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.
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						0	
	08:00 am			80ml						100ml	0	
	09:00 am	DNS		80ml							0	
4/7	10:00 am		Idly	80ml							0	
	11:00 am	RL →		100ml						100ml	0	
	12:00 pm			10ml							0	
	01:00 pm									100ml		
Total Intake :						Total Output :						
	02:00 pm			100ml							0	
	03:00 pm	RL		100ml						200ml	0	
4/7	04:00 pm		Meally	100ml			NP			50ml	0	
	05:00 pm		water	100ml						200ml	0	
	06:00 pm	DNS		40ml						200ml	0	
	07:00 pm			40ml							0	
Total Intake :						Total Output :						
	08:00 pm		Rice	40ml						300ml	0	
	09:00 pm		H_2O	40ml							0	Sravs
04/07	10:00 pm	DNS		~~40ml~~						100ml	0	
	11:00 pm			~~40ml~~							0	Sravs
	12:00 am			40ml							0	
	01:00 am		H_2O	40ml						100ml	0	Sravs
Total Intake :						Total Output :						
	02:00 am			40ml							0	Sravs
	03:00 am			40ml							0	
	04:00 am			40ml						300ml	0	Sravs
05/07	05:00 am	DNS		40ml							0	
	06:00 am			-						100ml	0	Sravs
	07:00 am		milk	-							0	
Total Intake :						Total Output : 1650 ml						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00659806 IP5-00175905
Ms ADEEBA ZAIN
07-02-2011 15 Y 4 M 27 D (F)
Dr. MAINAK DEB

121B

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 3/7/26 Time: 2pm

Weight: 44.43kgs Centile: 71th

Height: 162.50cms Centile: 75th

Inference: Underweight child

RDA: T Calories: 1900kcals/d Protein: 34g/d

Diet Recommendations: Normal diet

Re-Assesment: Avoid spicy, chilled and outside foods

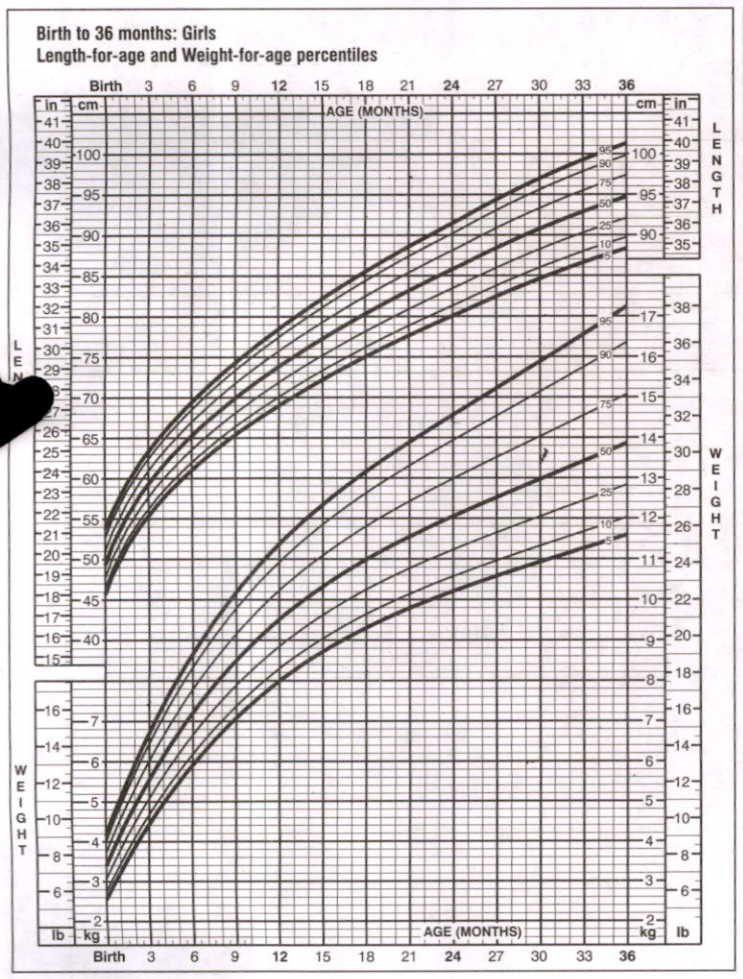
Food Allergies: No Veg/Non-veg non-veg

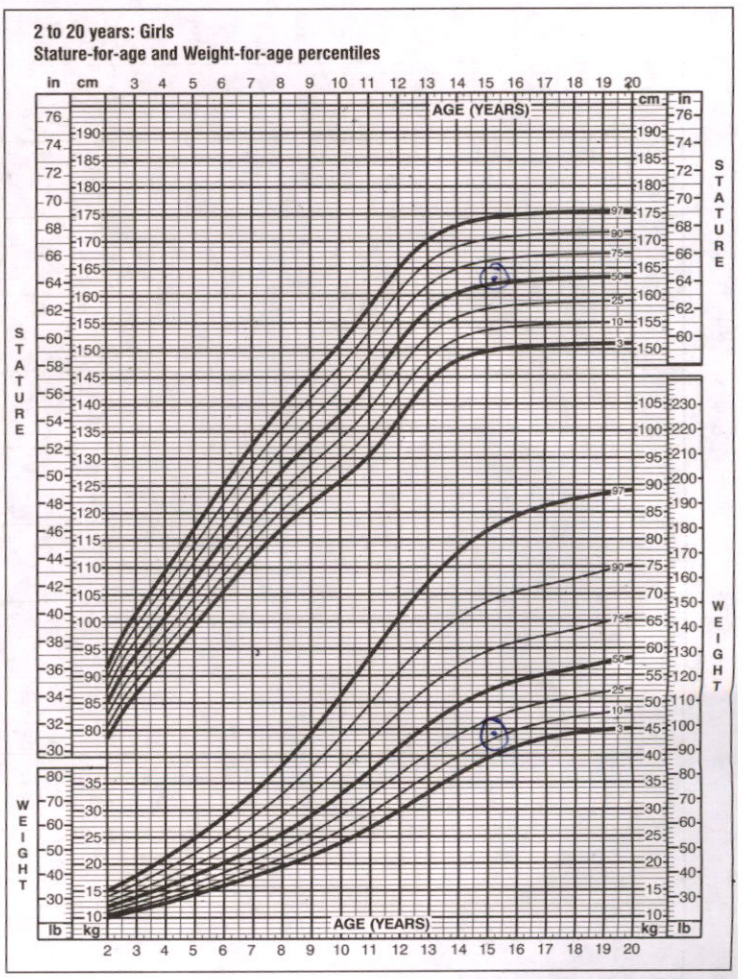
Diagnosis: Retrocaval ureter / (Rt) Laparoscopic pyeloplasty

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Ameena

GROWTH CHART (GIRLS)





Dietician's Name Mounika Dietician's Signature Mounika

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

(P.T.O.)

Daily Notes:

4/7/26 10 am	Child is stable Oral Intake is Better
	Continue c̄ Normal diet. - [signature]
5/7/26 8am	Child is stable. Intake is fair.
	Continue c̄ normal diet [signature]