

KUH-00210160 IP5-00174373  
Baby Of MOUNIKA PALLE  
21-04-2026 0 Y 1 M 6 D (M)  
Dr. MAINAK DEB



## SURGERY DETAILS

80441

Date : 22/05/26

Patient Name: Baby of mounika Date of Birth: 21-04-2026 Age: 1.M

Gender: M Ward: P.OT UHID No.: KUH 00210160

Date of Surgery: 22/05/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : B/c Open herniotomy

Time in : 12:00 pm

Time Out : 1:00 pm

	NAME	AMOUNT
1. Surgeon	Dr. M. Deb	
2. Anaesthetist	Dr. Subrahmanyam	
3. Assistant Surgeon		
4. OT Technician	Nishanth	
5. Circulating Nurse	Achi	
6. Assistant Nurse	Sulatha	

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

*[Handwritten Signature]*

Signature of the Surgeon

*[Handwritten Signature]*

Signature of Circulating Nurse

Order No: 9629795

Order by: B. B. I.

KUH-00210160 IP5-00174373  
 Baby Of MOUNIKA PALLE  
 21-04-2026 0 Y 1 M 6 D (M)  
 Dr. MAINAK DEB



[IMSD] 3.8kg

HERNIOTOMY OPEN B/L

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

Technician : NS Shree Date : \_\_\_\_\_ Time : 11:45 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>ON RUFF</u>	1411	—	Major Pack <u>Drape</u>	1	1	Inj Vit.K		
LMA	1	—	Sutures			Cord Clamp		
ECG leads <u>(X) P (N)</u>	1	01	<u>Ulen 3-0, 4-0</u> 5242		1	Suction Catheter		
HME filter <u>(X) P (N)</u>	1	01	<u>9915</u>	2	1	Feeding Tube		
Syringes : 10 cc	10	8				Vaccum Suction Set		
05 cc	10	6	Gloves			Surgical Gloves		
02 cc	10	4	<u>6 1/2, 2, 2 1/2</u>	242	1 H	Gauze Pack		
01 cc	3	—	<u>pp 6, 6 1/2, 2, 2 1/2</u>	282		Syringe 1ml / 2ml		
Cautery plate <u>(X) P (N)</u>	1	01	Surgical blade <u>1115</u>	142	1	Surgical Blade # 20		
IV set	1	01	NG tube			Koochies (S)		
RL			Cautery pencil	1	1	NS sponul	1	0
NS (10ml / 100ml / 500ml / 1000ml)	5+1	042	Koochies			transox	1	—
<u>Minispike</u>	1	01	Ointments			10cc, 5cc, 2cc	242	—
<u>O2 MASK (P)</u>	1	—	Suction Catheter			Jelly	1	—
Fentanyl	1	01	Cap, Mask	5/5	5/5	gown (S)	1	—
Morphine			Gauze Pack (N)	5/5	5			
Ketamine			Mop Pack	1	1	50cc + pmoline	141	—
Propofol	3	01	Steristrip			DEXAMID 50	1	—
Rocuronium	1	—	Underpad	1	1	Nasal Air way		
Glycopyrolate	1	01	Draw sheet	1	1	14, 16, 18	1414	—
Myopyrolate + Neo	2	—	Abgel			oral Air way		
Ondansetron	1	01	Foleys catheter			000, 00, 0	141	—
Pencan 25g/ Spinal Needle 22*25	141	01	Urobag			ETCO2 + Nasal prong (P)	1	01
Bupivacaine 0.25%	1	01	Chest Drainage Catheter			soft sock (4)3	2+2	01
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
IV PCM	1	—	Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg	1414	—	Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	—			
Justin : 12.5 mg (25mg / 100mg)	141	—	Plastic Bed Sheet	1	0			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
<u>Glove all Gauze</u>	141	041	Microshield	1	1			
<u>3way 10 + 100cm</u>	141	—	Cotton Balls	1	1			
<u>IV cannula 24+22</u>	141	—	Latex Gloves	1	10P			
<u>Dexa + Tranexa</u>	1	—	Ramdione Scrub					
<u>Vaccum set</u>	1	—	Saral					

Surgeon 9629620 Anaesthesiologist  
 Nurse [Signature]  
 OT Technician [Signature]  
 Order No. : \_\_\_\_\_ Ordered by : \_\_\_\_\_  
 Doc. No. : RCH / FRM / GENERAL / 125

5:45 pm Subject to coverage. Preapproval  
**ESTIMATION SLIP**

Date: 25/ May/26 UHID / IP No.: KUAP RD210160 SI No. **80441**  
 Name of Patient: Baby of Anamika Patel Age: 1m/40 Gender: M  
 Father's / Husband's Name: Mr. Sahith Corporate / Occupation: Microsoft  
 Address: \_\_\_\_\_ Phone: 9652101733 Email: \_\_\_\_\_  
 Procedure / Plan: Bilateral Open Herniotomy

MODE OF PAYMENT:  SELF  TPA: MA/ Baby Albany  GIPSA: \_\_\_\_\_  OTHERS: May

**TARIFF INFORMATION:**

	ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Per Day	Room Rent & Nursing Charges	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Doctor's Fee				<u>1000</u>	<u>1000</u>	<u>NA</u>				
	L. Tax										

PARTICULARS		AMOUNT (₹)
Surgeon's / Anesthetists' Fee / O.T. Charges		
O.T. Consumables		<u>→ In May</u> Subject to approval by TPA / Insurance Company
Instrument Charges		<u>→ 2500</u> Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations		As per actual - Not Included in Estimation
Equipment Charges	Monitor :	<u>extra.</u>
	Ventilator :	Conventional : _____ HFO-SLE 5000 : _____
	Phototherapy :	Single Surface : _____ Double Surface : _____ Triple Surface : _____
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.		As per actual - Not Included in Estimation
Package	<u>PPoH 12 @</u>	<u>NA</u>
Others	<u>(MA/PA)</u>	<u>240,240</u>
Initial Minimum Deposit	<u>→ R. 20,000 for final dues clearing</u>	<u>ST Adm 5000/-</u>

**REMARKS:**

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to surgeon's decisions / Complications/Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc)/Unilateral to Bilateral Procedure.
- In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
- Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
- Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
- For Non-Medicinals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HBsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- During Non-working hours of O.T (8:00 PM to 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
- Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
- Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

**DECLARATION**

I \_\_\_\_\_ have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

Signature of the Patient: Sahith Signatory Relationship: Father Signature of the Financial Counselor: (Signature)

**ADMISSION SHEET**



**Registration Details :**

Admission No : IP5-00174373      Admit Date : 27-May-2026      Admit Time : 09:56 AM      UHID : KUH-00210160

**Patient Details :**

<b>Patient Name</b> : Baby Of MOUNIKA PALLE SATYANARAYANA	<b>Age</b> : 0 Y 1 M 6 D
<b>Guardian</b> : Mr SAHITH MANYAM	<b>DOB</b> : 21-04-2026 12:03 PM
<b>Gender</b> : Male	<b>Religion</b> :
<b>Occupation</b> :	<b>Martial Status</b> : Single
<b>Address (H)</b> : FLAT NO 101, SUMERU PRIME , KOUSALYA COLONY Bachupally Hyderabad Telangana INDIA 500090	<b>Phone No</b> : 9652101733/ 8686680632
	<b>E-mail</b> : MANYAMSAHITH@GMAIL.COM

**Admission Details :**

Bed Type : DAY CARE      Bed No : PRE OP 401      Ward Name : 4F-OT COMPLEX  
Room No : PRE OP 401      Admission Type : First Visit

**Contact Details :**

Name : Mr SAHITH MANYAM      Relationship : Father  
Contact Address : FLAT NO 101, SUMERU PRIME , KOUSALYA COLONY Bachupally Hyderabad Telangana INDIA 500090      Phone No : 9652101733 / 8686680632

  
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 : MEDI ASSIST INSURANCE TPA PVT LTD

**ACTIVITY RECORD FOR BILLING**

Name : \_\_\_\_\_

UHID No. : \_\_\_\_\_ IP N \_\_\_\_\_ t: \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Time : \_\_\_\_\_ Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

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21-04-2026 0 Y 1 M 6 D (M)  
Dr. MAINAK DEB



**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
27/05	10:30AM	CR	OT	[Signature]
28/5/26	3:15PM	OT	321	[Signature]

**Cross Consultation Visit**

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









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

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

KUH-00210160 IP5-00174373  
Baby Of MOUNIKA PALLE  
21-04-2026 0 Y 1 M 6 D (M)  
Dr. MAINAK DEB



Patient Name:

B/o Mounika Palle Satyanarayana

UHID ID:

kuh-00210160

Department:

Consultant:



### Pediatric Multiorgan History & Physical Examination

Name : B/o Mounika Palle Age/Sex \_\_\_\_\_  
Information given by: Mother Relationship \_\_\_\_\_

#### Chief Presenting Complaints & Duration (Chronologically)

c/o swelling @ Inguinal region  
noticed :- 5 days

#### History of present illness :

As per informant, child apparently well then  
had noticed  
c/o swelling over Inguinal region  
noticed 5 days ago  
more during crying.

O/E :- (R) reducible groin swelling

USG :- (R) Inguinal hernia + bowel /  
appendix

Now for bilateral open hernioplasty.



### Pediatric Multiorgan History & Physical Examination

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

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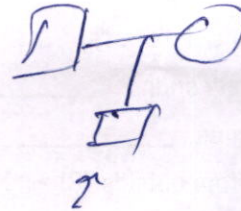
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**Birth & Neonatal History:**

FT/LSCS / CIAB / 2.8kg  
normal perinatal  
transition



**Birth & Socio Economic History:**

About Father : \_\_\_\_\_  
About Mother : \_\_\_\_\_  
Any additional Information : } middle

**Developmental History :**

Attained appropriate for age

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**Immunization History :**

Immunized till date.

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### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile) \_\_\_\_\_)

Weight (kgs) ) 4.05kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 98.4°F Pulse Rate : 120/min B.P. \_\_\_\_\_ SPO2 100% @ RA

Resp. rate and type of breathing : 34/min  
regular

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_

Oedema : \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

#### Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BAE ⊕, clear

Any addes sounds : \_\_\_\_\_

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

#### Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 Heard.

Any murmur : (N)

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

#### Per Abdomen :

Inspection (N)

Palpation : Soft, nontender

Ausculation : BS ⊕

Spine : (N) External Genitalia : (N)

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

KUM-00210160 IPS-00174373  
Baby Of MOUNIKA PALLE  
21-04-2028 0 Y 1 M 6 D (M)  
Dr. MAINAK DEB



### Pediatric Multiorgan History & Physical Examination

#### Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert/Active

Cranial Nerves : Intact

#### Motor System:

Nutrition : Good

Tone: \_\_\_\_\_ Power A

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : Nil

#### Reflexes :

DTR

(R)

Superficials:

Plantars \_\_\_\_\_

#### Sensory System :

Bladder / Bowel : Regular

#### Clinical Summary & Diagnostic:

(R) Inguinal Hernia  
New for R/c Open herniotomy



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent Complications

Desired goals of the treatment: For Hemodynamic Stability

**Planned Labs:**

IV cannula - CBP  
noted by [Signature]

**Planned Management**

1) Continue vpo  
2) IV fluids  
3) shift to OT on call  
noted by [Signature]

Signature of the Doctor: [Signature]

Name of the Doctor: Sayani

Date & Time: 27/05/26 @ 10:00am

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. Nishu

Date & Time: 27/5/26 11:30am

KUH-00210160 IP5-00174373  
 Baby Of MOUNIKA PALLE  
 21-01-2025 0 Y 1 M 6 D (M)  
 Dr. MAINAK DEB



## DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet				
2	Discharge Summary	14			
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			
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	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)	2			
22	Neonatal Admission/Delivery/Physical Exam	1			
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	1			
29	TPR & BP chart				
30	Intake and Out take chart (fluid chart)				
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart	1			
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU	1			
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	1			
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
<b>Total No. of Pages</b>		22			

Signature and Date : 28/1/25

## 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

KUH-00210160 IP5-00174373  
 Baby Of MOUNIKA PALLE  
 21-04-2026 0 Y 1 M 6 D (M)  
 Dr. MAINAK DEB



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 BY RAINBOW HOSPITALS  
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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 P&DO	5pm GB to M. Deb	
	Bo well Vitals stable Accepting oral Passed urine	Plan Full breast feeds Discharge tomorrow
		<p>hs</p> <p>Dr. MAINAK DEB        Reg. No: TSMC/FMR/52413</p> <p>NOTED by Sirish        @ 7:48 PM</p>
28/5/26 9:00	c/s to Dr. Nitelika	
	POD-1 B/c open Hematology	
	Baby active, Accepting feeds	Ach
	Afebrile Vitals - stable	① Continue full feed
	P/A - soft. passing stools.	Dr Nitelika 28/5/26 7:20



KUH-00210160      IPS-00174373  
Baby Of MOUNIKA PALLE  
21-04-2026      0 Y 1 M 6 D      (M)  
Dr. MAINAK DEB



## OPERATION THEATER NOTES

Patient's Name : Baby of mounika ..... Age : 1 M ..... Gender :  Male  Female

UHID No.: 0124373 ..... Weight : 4.1 kgs ..... Height : .....

Surgeon : Dr. Mainak Deb ..... Asst. Surgeon : .....

Anesthetist : Dr. Anubhaya ..... OT Nurse : Sujatha, Ashi ..... OT Technician : Nishant

Pre-Operative Diagnosis: (R) inguinal hernia

Surgical Procedure : Bil open herniotomy

Indications for Surgery : (R) inguinal hernia

Date : 22/05/24 ..... Start Time : 12:20pm ..... End Time : 1:00pm

Pre Operative Preparations:

Befadine

Post Operative Diagnosis: (R) inguinal hernia  
Bilateral patent processus vaginalis

Peri-Operative Complications:

nil

Operation Notes:

Findings

- Bil patent processus vaginalis
- no contents at the time of surgery
- Cord structures (R)

Procedure (R) lower groin skin crease incision made. Deepened to external oblique aponeurosis. External oblique aponeurosis opened along line of fibres. Cord structures

Sac dissected from cord structures  
and ligated at deep sup. distal sac  
had open. Hemostasis insured.

External oblique aponeurosis closed i  
4/0 vicryl.

skin closed i 5/0 rapid vicryl subcutaneous  
w/lines.

Procedure repeated on left side

Amount of Blood Loss: —

Blood Transfused (in ML) —

Name and Number of Surgical Specimen sent for examination:  
—

Peri-Operative Complications:

nil

Name of the Surgeon: D. N. Deb

Signature of the Surgeon:  Dr. MAINAK DEB  
Reg. No: TSMC/FMR/02413

Date & Time: 27/5/25 12pm

KUH-00210160 IP5-00174373  
Baby Of MOUNIKA PALLE  
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Dr. MAINAK DEB



## POST-SURGICAL CARE PLAN FORM

Procedure Done: <i>Bc open herniotomy</i>
Post-Surgical Diagnosis: <i>B Bc patent processus vaginalis</i>
Post-Operative Monitoring Parameters /Frequency: <i>vitals every 15 min</i>
Wound Care: <i>nil</i>
T-tube /Special Lines/Catheters: <i>nil</i>
Special Patient Positioning and Requirements: <i>nil</i>
Nutritional Instructions: <i>Allow breast feeds once awake</i>
When to Start Mobilization: <i>Immediate</i>
Special Referrals: <i>—</i>
The new order for all required medications documented in the doctor order/medication sheet: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Any Other Post-Operative Care Needed including Required Follow Up <i>nil</i>
Treating Surgeon (Signature & Stamp): <i>[Signature]</i> Stamp: MAINAK DEB, Reg. No: 15000/FMR/02413
Date: <i>27/5/26</i> Time: <i>12:30 pm</i>
Note: Plan of care will be readjusted if necessary.

# SURGICAL SAFETY CHECKLIST

Surgeon : DR. MAINAK DEB  
 Asst. Surgeon : .....  
 Anaesthetist : Dr. Nikita  
 Scrub Nurse : Sujatha

Patient Name : Baby of MOUNIKA Age : 1M Gender : M  
 UHID No. : KUH-0021060 Surgery Name : Bill open Hernia  
 Date : 27/05/26 In-time : 11:45AM Out-time : 1:00PM

KUH-00210160 IP5-00174373  
 Baby Of MOUNIKA PALLE  
 21-04-2026 0 Y 1 M 6 D (M)  
 Dr. MAINAK DEB  


## Before Induction of Anaesthesia >>

## Before Skin Incision >>

## Before Patient Leaves Operating Room

SIGN IN	Time: <u>11:35AM</u>
<b>Patient Has Confirmed</b>	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Site Marked</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Anaesthesia Safety Check Completed</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pulse Oximeter on Patient &amp; Functioning</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does Patient have a:</b>	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Difficult Airway / Aspiration Risk?</b>	
Yes, & Equipment / Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Risk of &gt; 500ml Blood Loss (7ml/kg In Children)?</b>	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
<b>Has Antibiotic Prophylaxis been given within the last 60 minutes?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>NJK</u>	
Name : <u>Dr. NIKITA</u>	

TIME OUT	Time: <u>12:18PM</u>
<b>Confirm all team members have introduced themselves by Name and Role</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Surgeon, Anaesthesia Professional and Nurse Verbally Confirm</b>	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Anticipated Critical Events</b>	
<b>Surgeon Reviews:</b>	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>NA</u> <u>the primary</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Anaesthesia Team Reviews:</b>	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>Nursing Team Reviews:</b>	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Is Essential Imaging Displayed?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>AKH</u>	
Name : <u>AKH</u>	

SIGN OUT	Time: <u>12:50PM</u>
<b>Nurse Verbally Confirms with the Team:</b>	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>To Surgeon, Anaesthetist and Nurse:</b>	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Postop apnoea.</u>	
Signature : <u>Dr. MAINAK DEB</u>	
Name : <u>Dr. Deb</u>	

KUH-00210160 IP5-00174373  
 Baby Of MOUNIKA PALLE (M)  
 21-04-2026 0 Y 1 M 6 D  
 Dr. MAINAK DEB

Patient Sticker



## BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 22/05/26

Department : P. GI Duration of Procedure : 1 hr

Name of Surgeon : Dr. Mainak Deb Date of Admission : 22/05/26

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

		Staff Signature
	Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic or <input checked="" type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : <u>Swi. CEFAZOLIN 200mg</u>	<u>[Signature]</u>
2.	Hair Removal <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes : Surgical Clipper Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : _____ Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>[Signature]</u>
3.	Patient's body temperature immediately post operation (Recovery Room) <u>36</u> °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	<u>[Signature]</u>
4.	Name of doctor or staff administering the antibiotic : <u>Teena 22/05/26</u> Date & Time of antibiotic administration : <u>Teena 22/05/26 at 11:50am</u> Date & Time procedure started : <u>22/05/26 at 12:19 pm</u>	<u>[Signature]</u>

- 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

B/o Mounika  
Patient St

KUH-00210160 IP5-00174373  
Baby Of MOUNIKA PALLE  
21-04-2026 0 Y 1 M 6 D (M)  
Dr. MAINAK DEB



### RESULT SHEET

Date	21/5/26				
Time	10 <sup>48</sup> am				
Hb	11.6				
PCV	34.4				
RBC	3.71				
WBC	10.96				
N/L	18.2/90.3				
Platelets	351				
CRP					
ESR					
PCT					
FBS					
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					



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 Dr. MAINAK DEB



## 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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Sayabhi (Dr) .....

Date & Time: 27/05/26 @ 10:00 AM .....

Nurse Name & Signature: Laksh .....

Date & Time: 27/05 @ 10:30 PM .....



# DRUG CHART

Date of Admission: 27/5/26 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)**

<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

VERIFIED BY : Name .....



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 : <u>Syp Crocin</u>				Date Time
Dose	Route	Frequency	Start Date	
2.5ml	PO	8hrly	27/5	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Bharath  
27/5/26  
Dose changed

DRUG : <u>CROCIN DROPS</u>				Date Time
Dose	Route	Frequency	Start Date	
0.6ml	PO	8hrly	27/5	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

~~6PM~~  
~~2PM~~  
 10PM  
 28/5  
 11AM  
 5PM  
 10PM  
 5PM

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



I.V. FLUIDS CHART

Weight: 4.05kg..... Ward: OT



Composition of I.V. Fluid  
 (Mention ml./hr = Mcg/kg/min. etc)

Route

Flow Rate  
 ml/hr

Doctor  
 Sign

Nurse  
 Sign

Date of  
 Stopping

Doctor  
 Sign

Nurse  
 Sign

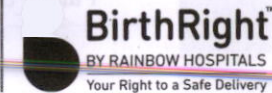
		Composition of I.V. Fluid (Mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
27/05	30 10am	ZVF-DNS	IV	20 ml/hr	Jayal	Tareem Micheal	27/5/26	Jayal	Suman Suz
<del>27/5</del>	<del>12pm</del>	<del>0.45% DEXTROSE NORMAL SALINE</del>	<del>IV</del>	<del>30ml/hr</del>	<del>Ady</del>	<del>Suz Thur</del>	<del>27/5</del>	<del>Ady</del>	<del>Thur Suz</del>
27/5/26	12pm	0.45% DEXTROSE NORMAL SALINE	IV	35 ml/hr	Ady	Suz Thur	27/5	Ady	Thur Suz

Signature

VERIFIED BY : Name



# INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD



Patient's / Learner Language: English Patient / Learner Literacy:  Read  Write  Speak Willingness to Learn:  Yes  No Healthcare Literacy:  Yes  No

**Identified Education Needs:**

- |                            |  |  |   |
|----------------------------|--|--|---|
| 1. Diagnosis               | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet  | 13. Risk / Safety   |
| 2. Treatment and Care Plan | 6. Discharge Medication  | 10. Fall Risk Education  | 14. Activity / Exercise                                     |
| 3. Pain Management         | 7. Infection Control Measures  | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs                           |
| 4. Informed Consent        | 8. Diagnostic Test / Procedures                                      | 12. Patient's / Family Rights                                  | 16. Special Discharge / Follow-up Education / Coping Skills |
|                            |  |  | 17. Others .....  |

**Part - II**

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
21/5	9:30 AM	10	To Reduce Fall risk injuries	M	1	0	4	1	NA	Ind

**Part - III: CODES**

<b>Who was taught:</b>	PT: Patient	F: Father	M: Mother	S: Spouse	Sn: Son	D: Daughter	C: Caregiver	O: Other (Specify) .....		
<b>Learning Barriers:</b>	1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice	2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify) .....
	3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing						
<b>Teaching Tools Used:</b>	A: Audio	D: Demonstration	V: Video	O: Oral	P: Printed					
<b>Mechanism/s to overcome barrier/s:</b>	1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify .....						
	2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference							
<b>Understanding:</b>	1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review							



# MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis: *Hernia Inguinal*

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
27/5 10:00 AM	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	(R) Inguinal Hernia	For Hemodynamic Stability	Bilateral Open Hemiotomy	<i>Tajaly</i>	<input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:
27/05 @ 9:30 PM	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	B/L Inguinal Hemiotomy	To Improve baby's Hemodynamic St	IVF NPO	<i>Tajaly</i>	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:

NDD! - 8:00AM (Mother feeds)

KUH-00210160 IP5-00174373  
Baby Of MOUNIKA PALLE  
21-04-2026 0 Y 1 M 6 D (M)  
Dr. MAINAK DEB



KUH-0



# EMERGENCY ROOM TRIAGE FORM

Patient's Name : BIO Mounika Palle Age : 1m / 4D Gender:  Male  Female

Date : 27/05/26 Time of Arrival : 9:40 AM Triage Completion Time : 9:42 AM

Allergies:  No  Yes  Food  Medications  Other (Specify): NA  Not known any drug Allergies

Source of Information :  Parents  Others (Specify) NA

Mode of Arrival :  Ambulatory  Wheelchair  Stretcher  Ambulance

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS	
Appearance	Work of Breathing	<input checked="" type="checkbox"/> Stable	
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Unstable :	
<input type="checkbox"/> Sick Looking	<input type="checkbox"/> Increased	<input type="checkbox"/> Not - Life - Threatening	
Circulation / Colour	<input type="checkbox"/> Decreased	<input type="checkbox"/> Life -Threatening	
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Gaspig / Apnea		
<input type="checkbox"/> Abnormal			
<input type="checkbox"/> Bleeding			

Initial Vital Signs: Temp: 98.4 F PR: 122bts BP: 80/60 RR: 34/bm SpO<sub>2</sub>: 100% iu RA

Complaints: Came for bilateral open hemiectomy

Age Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input checked="" type="checkbox"/> 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.  
All Children less than 2 years age with high fever to be considered Level 3.

\* CTAS - Canadian Triage and Acuity Scale Signature of Parent / Guardian

## Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks?  Yes  No
- Have you had cough or a rash in the past 2 weeks?  Yes  No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks?  Yes  No

**PART B. For patients reporting fever and respiratory/rash symptoms:**  Not applicable

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks?  Yes  No  
If yes, State Location: .....
- Are your parents / close contacts at home healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease?  Yes  No

**PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:**

- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

**PART D. ACTION / INTERVENTION:** (for positive suspected communicable disease triage screening)

- Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- The patient should be given a surgical mask immediately, if not already wearing one.
- Both patient and triage staff should perform hand hygiene.
- The staff should use PPE (as appropriate).

Name of Triage Nurse : Keethana

Signature of Triage Nurse : [Signature]

Date & Time : 27/05/26 @

**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



## NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date: 21/04/2026 Time of arrival: 9:45 AM Now came for Bilateral open Hemidecap  
 Chief Complaints: clo: Right inguinal Hernia RBS: NA  
 Height: NA Weight: 4.05 Kg BMI: NA Head Circumference (<2 years) —  
 Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other: NA  
 If yes, identify NA  
 Pain Screening:  Yes  No If Yes, Pain Score: 0 Pain Tool Used:  N Pass  FLACC  Wong Baker  
 Character NA  Location NA  Frequency NA  Duration NA

### RISK FOR FALL:

- If patient is < 6 years  
tick below fall risk intervention directly
- If Patient is > 6 years  
Assess the below parameters
- History of Falling: within past 3 months  Yes  No
- Ambulatory Aids:**
  - Wheelchair  Yes  No
  - Uses furniture for support  Yes  No
- Gait/Transferring:**
  - Bedrest / immobile  Yes  No
  - Weak  Yes  No
  - Impaired  Yes  No
- Mental Status:** Forgets limitations  Yes  No

### IF YES FOR ANY CATEGORY = RISK FOR FALLING

#### Fall Risk Intervention:

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

### Functional Screening: No Abnormalities Detected

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

#### Inform consultant for positive criteria

.....  
 .....

### Nutritional Screening: No Abnormalities Detected

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

#### Inform consultant for positive criteria

Psychological Screening:  No Significant Findings

Unusual concerns about patient's Psychological Status:  Yes  No

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

Social History: Lives With Parents @ Home

Siblings in household  Yes  No (if yes How Many?) NO

Cultural & Spiritual Needs:  Yes  No if Yes specify NO Inform consultant for positive criteria.

Time of Initial assessment completed by ER Nurse: 9:45 AM

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

Time	Nursing Notes
	c/c/b Dr. Jayanti Sathar, - Advised - Admission planned for. r/t injured Hemidome & IV placement done. & sterile gown given & shifted to OT - pre information

Samples collected by: / Mr. John.  
 Samples sent by: / Mr. John.

Time: / 10:00 AM

**Medication given in ER:**

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 126 b/m ..... BP: 90/56 (65) CFT: <3 sec RR: 22 b/m ..... SPO <sub>2</sub> : 98% - TRA GCS: 15/15 ..... Temperature: 98.9 f Pain Score: 0/10 Repeat RBS (if applicable): N/A	Shift - out from ER to: ..... OT Time of Shift - out: ..... 10:35 AM Handover given to: ..... Preen (Nurse's Name)

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any): ..... IV placement done to Hand.  
 by Mr. Kartik, #24 G.

Name of the Nurse: ..... Israaf ..... Signature of the Nurse: ..... [Signature]

Date & Time: 27/05/20 @ 9:30 AM.

KUH-00210160 IP5-00174373  
 Baby Of MOUNIKA PALLE  
 21-04-2026 0 Y 1 M 6 D (M)

Dr. MAINAK DEB

Doc. No. : RCHBH / FRM / CLINICAL / 124

**INFANT (<1 year)**  
**Children's Observation & Early Warning Scoring Chart**

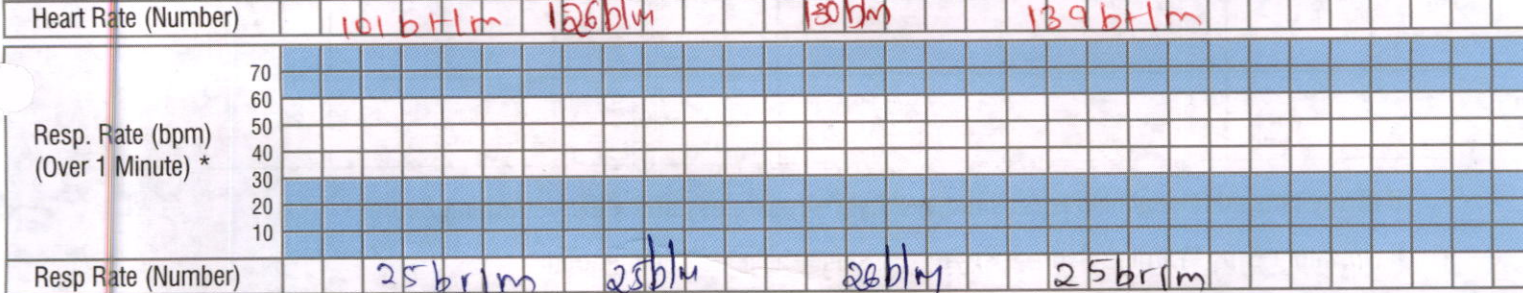
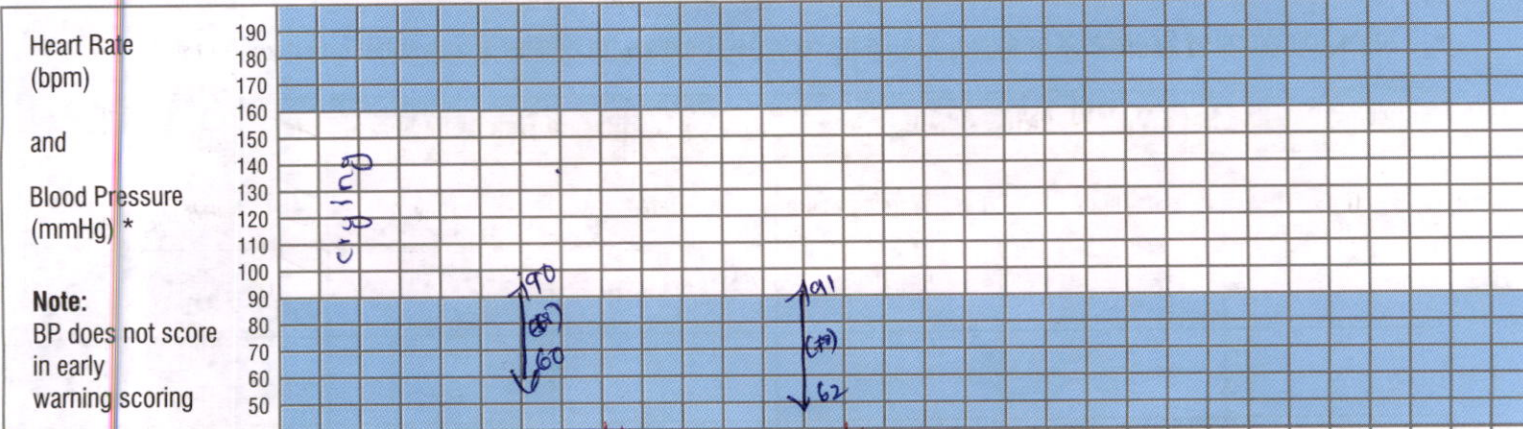
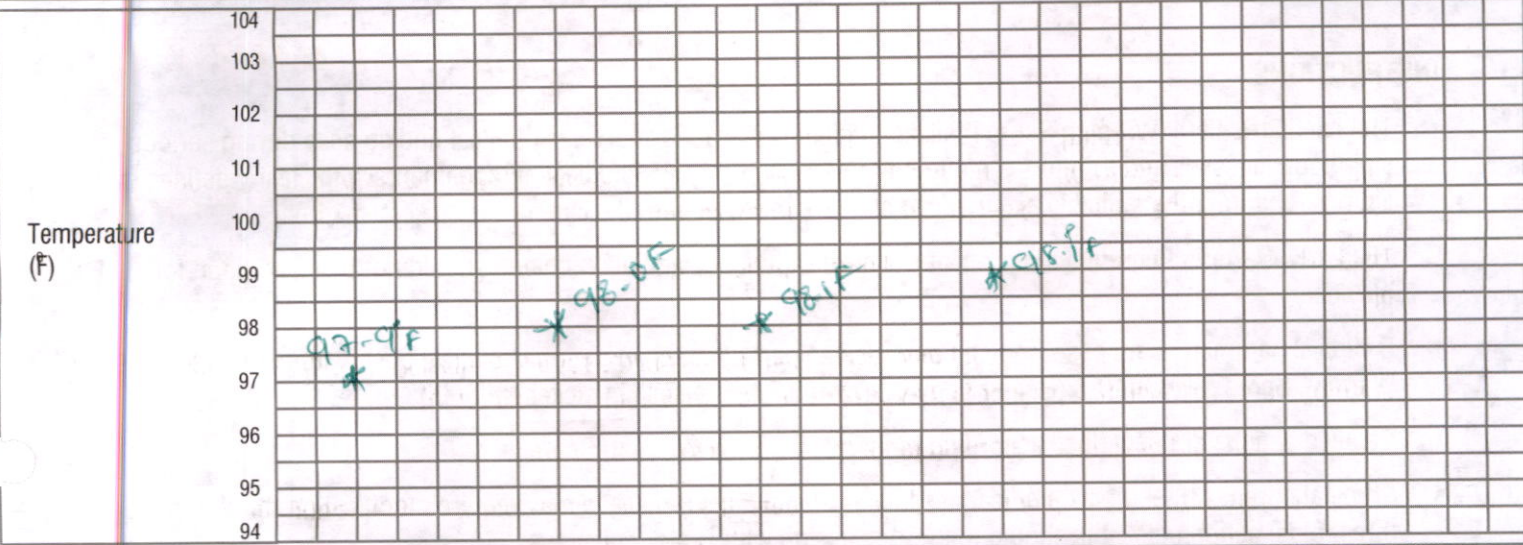
Pratiksha  
**Rainbow Children's Hospital**  
 It takes a lot to treat the little.

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 22/5/24 Time: 3:45 PM 10 PM 2 AM 6 AM

Doctor/Nurse/Family Concern?



Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 99% 100% 99% 99%

Conscious Level Normal Altered

GCS \* 15/15 15/15 15/15 15/15

<b>TOTAL SCORE</b>				
Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	Y	E	A	V

- ACTIONS**
- 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 /NICU fellow or PICU/NICU consultant to be informed
- NB: Scores 3 should be recorded overleaf

\* 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.

# 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)

Patient Sticker

KUH-00210160  
 Baby Of MOUNKA PALLE  
 21-04-2026  
 Dr. MAINAK DEB 0 Y 1 M 6 D (M)  
 IPS-00174373



# CHART

27/5/26

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am	—	NPO	—	—					✓		} Sumon	
	09:00 am	—	NPO	—	—								
	10:00 am	ONS	NPO	20ml	—						0		
	11:00 am	ONS	NPO	20ml	—	—	—	—	—	—	0		
	12:00 pm	ONS	NPO	38ml	—	—	—	—	—	—	0		
	01:00 pm	ONS	NPO	38ml	—	—	—	—	—	—	0		
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm		Milk	—	—	—	—	—	—	—	0	} Sumon	
	03:00 pm		Milk	—	—	—	—	—	—	—	0		
	04:00 pm			—	—	—	—	—	—	—	0		
	05:00 pm		DBF				NPO				0	} Saha	
	06:00 pm										0		
	07:00 pm		DBF							✓	0		
<b>Total Intake :</b>						<b>Total Output :</b> M-0 U-2							
	08:00 pm		DBF								0	} Skirish	
	09:00 pm										0		
	10:00 pm		DBF				✓			✓	0		
	11:00 pm										0		
	12:00 am		DBF				✓			✓	0		
	01:00 am										0		
<b>Total Intake :</b>						<b>Total Output :</b> M-1 U-2							
	02:00 am		DBF								0	} Konish	
	03:00 am										0		
	04:00 am		DBF				✓			✓	0		
	05:00 am										0		
	06:00 am		DBF							✓	0		
	07:00 am										0		
<b>Total Intake :</b>						<b>Total Output :</b> M-1 U-2							

**Total 24 hrs. Intake**

**Total 24 hrs. Output** M-2 U-4

KUH-00210160 IP5-00174373  
 Baby Of MOUNIKA PALLE  
 21-04-2026 0 Y 1 M 6 D (M)  
 Dr. MAINAK DEB



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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**



KUH-00210160 IP5-00174373  
 Baby Of MOUNIKA PALLE  
 21-04-2026 0 Y 1 M 6 D (M)  
 Dr. MAINAK DEB

Name: Baby of Mounikapalle Age: 1M4D Sex: Male UHID.No: .....  
 Date: 26/05/2026 Time: 2-00pm Proposed Operation: Bilateral open Herniomy  
 Diagnosis: Right inguinal Hernia  
 B.P./CRT: 2/3sec H.R: ..... Weight: 3.8kg ASA Physical Status:  1  2  3  4  5

**Laboratory Data:**  
 Hgb: 11.6 Glucose: ..... Protein: ..... HIV: ..... X-Ray: .....  
 PCV: ..... Urea: ..... Alb: ..... HBS Ag: ..... ECG: .....  
 WBC: 10,960 Creat: ..... Total Bill: ..... HCV: ..... 2D Echo: .....  
 Plate: 2,51,000 Na: ..... Dir. Bill: ..... Blood group: ..... Stress/Anglo: .....  
 PT: ..... K: ..... LDH: ..... T3 ..... T4 .....  
 PTT: ..... Ca++: ..... Alk phos: ..... TSH .....  
 INR: ..... Mg++: ..... Amylase: ..... SGOT/SGPT: .....  
 Cl-: ..... SGOT/SGPT: .....

Allergies: PKDA

Medical History: CVS: ..... Diabetes: .....  
 RESP: non cold, cough, fever  
 CNS: .....  
 Renal: .....  
 Hepatic / GE: ⊖  
 Others: .....  
 Past Anaesthetic History: non previous Surgeries  
 Physical Activity: Birth to FT, LCS, CIAB. Immunizations upto date NO NW admissions

Physical Exam:  
 Airway: MP 1 2 3 4 Mouth Opening: ..... Mentohyoid Distance: ..... Neck: ..... Teeth: .....  
 Lungs: BAE (+) clear.  
 Heart: S1S2 (+)  
 CNS: WAD.  
 Pregnant:  Yes  No  NA Venous Access Site: 10 Spine Exam for regional: 10

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA  
 Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE

**Pre-Operative Instructions:**  
 1. DVT Prophylaxis: .....  
 2. NIL ORAL  $\left\{ \begin{array}{l} \rightarrow \text{War / ORS 2 Hours} \\ \rightarrow \text{Oths 6 Hours} \end{array} \right.$   
 3. Informed Consent:  Standard  High Risk  
 4. Post Operative Pain Management:  Discussed with Patient  
 5. Other Instructions: CBP on analomation  
 NBM - Breastmilk - vhs  
 formula milk - 6h  
 food - 6hrs  
 water - 2hrs

Signature: D. Ramadev Name: Dr. D. RAMADEV

KUH-00210160 IP5-00174373  
 Baby Of MOUNIKA PALLE  
 21-04-2026 0 Y 1 M 6 D (M)  
 Dr. MAINAK DEB



# ANAESTHESIA CHART



## Pre Induction Assessment:

Change in Patient Condition:  Yes  No

Physical Status:  Patient Identified

Fasting Status: CONFIRMED

H.R.: 126/min

B.P./CRT:

Consent Present

Pre-OP Diagnosis: RIGHT INGUINAL HERNIA

SpO<sub>2</sub>: 100%

R.R:

Chart Reviewed

Surgeon: Dr. Mainak

Operation: BILATERAL HERNIA REPAIR

Last Feed: 27/4/26

Drugs:

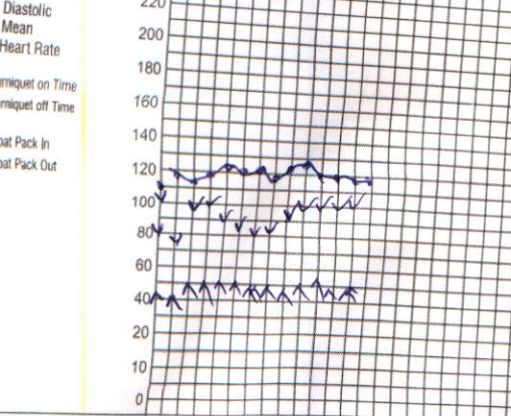
Anaesthesiologist: Dr. Nikitha

Date: 27/4/26

TIME	N/O / AIR / O <sub>2</sub> / LPM	HALO / SO / SEVO
12	12	1
12:12	12	1
12:24	12	1
12:36	12	1
12:48	12	1
13:00	12	1

FI <sub>2</sub> / SaO <sub>2</sub>	ETCO <sub>2</sub>	ECG	Temperature	Urine Output
100% / 100%	18	SR	36.4	
100% / 100%	15	SR	36.6	
100% / 100%	15	SR	35	
100% / 100%	18	SR	35	

Fluids: 0.45% DNS, 38 ml/hr



LAB Values

ABG	
GRBS	
Others	

- Equipment Checked and Functional
- BP
- Cuff Site: .....
- Art Site: .....
- EKG Lead 3
- Temp Site Skin
- FIO<sub>2</sub> Monitor

- Temp:
- HME
  - Cling Film
  - Hugger's
  - Other
  - Fluid Warmer
  - OH Warmer
  - Cotton Wool
- Times:
- Anaes Start: 12:00pm
- OP Start: 12:30pm
- OP End: 1:30pm
- Leave OR: 1pm
- Anaesthesia: GA, Monitored Anaesthesia, Regional

- Induction
- IV
  - Pre O<sub>2</sub>
  - Others
  - Inhal
  - RSI
- Regional:
- Mask
  - Airway
  - Oral
  - Tracheostomy
  - Drug:
  - Awake
  - Video Laryngoscopy
  - Fiberoptic
  - Blade #
  - Difficulty Why?
- Blat = BS
- Semi-Closed Circle
  - Closed Circle
  - Other

- Regional:
- Extremity Specify: .....
  - Spinal
  - Epidural
  - Caudal
  - Others: .....
  - Position: Bilateral
  - Site: sacral hiatus
  - Needle Size: 22G
  - Depth: .....
  - Paresthesia  Yes  No
  - Catheter at skin: .....
  - Drug Name & Conc: 0.25% Bupivacaine
  - Bolus: 30ml
  - Infusion: .....
  - Block Level: Adequate
  - Comments: .....
  - Transportation to  PACU  ICU  Other
  - Relaxant Reversed  Yes  No  NA
  - Name of the Doctor: Dr. Anurag
  - Signature of the Doctor: [Signature]

**POST-ANAESTHESIA CARE UNIT RECORD**

Received in PACU by: Suman Time Received: 1:05 PM Time Discharged: 3:16 PM

< RESP < BLOOD PRESSURE > PULSE >	250					250	IV Cannula Site: <u>2407 OUT</u>
	240					240	<input type="checkbox"/> O <sub>2</sub> Mask <input type="checkbox"/> Nasal Prongs
	230					230	<input type="checkbox"/> Tracheostomy <input type="checkbox"/> T-Piece
	220					220	<input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway
	210					210	Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drug: .....
200					200	NG Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
190					190	Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
180					180	Urinary Catheter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
170					170	Chest Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
160					160	Nil Oral <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
150					150	IV Fluids: <u>DNS 20ml/hb</u>	
140					140	Oral Feeds: .....	
130					130		
120					120		
110					110		
100					100		
90					90		
80					80		
70					70		
60					60		
50					50		
40					40		
30					30		
20					20		
10					10		
0					0		
SPO <sub>2</sub>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>			

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	1	0	A Minimum Total Score of 8 is Required for Discharge  Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP ± 20% of Pre Anaesthetic level = 2 BP ± 20-50% of Pre Anaesthetic level = 1 BP ± 50% of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	1	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		8	8	9	10	

**PAIN ASSESSMENT AND MANAGEMENT FORM**

Date	Time	Pain Score	Intervention	Signature
27/5	1:05 PM	01/10	NA	Suman

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

**Reassessment Frequency:**

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
  - Every 2 hours for first 24 hours
  - After 24 hours every 4 hours
  - Prior to pain relieving intervention
  - Within 30-60 minutes after pain relief intervention

Anaesthesiologist Name: Dr. ASHWARMA

Anaesthesiologist Signature: Ashw

Date & Time: 27/5/26; 3:20 pm.

PACU Nurse Name: Suman (013976)

PACU Nurse Signature: S

Date & Time: 27/5/26 at 3:16

Transferred to Unit by (PACU): Suman

Date & Time: 27/5/26 at 3:16

Patient Sticker



# Department of Anaesthesiology EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :  
a) .....  
b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by  
Doctor Signature: .....  
Doctor Name: .....  
Date and Time : .....