

BAH-00660103 IP5-00176149
Baby KARRI PRANAVI LAASYA
26-10-2019 6 Y 8 M 13 D (F)
Dr. P V L N MURTHY



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It takes a lot to treat the little.

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Your Right to a Safe Delivery

81038

SURGERY DETAILS

Date : 9/7/20

Patient Name: Baby, Karri Pranavi Date of Birth: 26-10-2019 Age: 6Y

Gender: female Ward: P.O.T UHID No.: 00660103

Date of Surgery: 9/7/20 ☐ OT-1 ☐ OT-2 ☐ OT-3 ☒ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery: Adeno tonsillectomy & Tonsillectomy

Time in : 4:15pm

Time Out : 5:18pm

	NAME	AMOUNT
1. Surgeon	P V L N MURTHY	
2. Anaesthetist	Dr. Ravi chandra	
3. Assistant Surgeon		
4. OT Technician	Gopi	
5. Circulating Nurse	Sravani	
6. Assistant Nurse	Alam	

Special Equipment: ☐ Laparoscopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☒ Others Cobulator used 29695166

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9695165

Order by: Alam

Baby: Harshigamv 22kg Adeno
 Patient sticker
5243 haarya Gylf

Circulating staff: _____ Technician: _____ Date: 9/7 Time: 3:30 PM

Anaesthesia Disposables			Surgical Disposables			Disposables (Baby Side)		
Issued	Qty	Used	Issued	Qty	Used	Issued	Qty	Used
ET tube	<u>4.0 (4.5-5.0)</u>	<u>1/1</u>	1	Major Pack	<u>Surgical pack</u>	1	Inj Vit.K	
LMA	<u>2, 2 1/2</u>	<u>1/1</u>	1	Sutures			Cord Clamp	
ECG leads : A/P/N	<u>5</u>	<u>3</u>					Suction Catheter	
HME filter : A/P/N	<u>1</u>	<u>1</u>					Feeding Tube	
Syringes : 10 cc	<u>10</u>	<u>2</u>					Vaccum Suction Set	
05 cc	<u>10</u>	<u>6</u>		Gloves	<u>6, 6 1/2, 7 1/2, 2 1/2, 2 1/2, 1 1/2</u>		Surgical Gloves	
02 cc	<u>10</u>	<u>4</u>			<u>PF 6, 6 1/2, 7 1/2, 2 1/2, 2 1/2</u>		Gauze Pack	
01 cc	<u>5</u>	<u>4</u>					Syringe 1ml / 2ml	
Cautery plate : A/P/N	<u>01</u>	<u>1</u>		Surgical blade			Surgical Blade # 20	
IV set	<u>01</u>	<u>1</u>		NG tube	<u>6</u>	<u>2</u>	Koochies (S)	
RL	<u>01</u>	<u>1</u>		Cautery pencil				
NS : 10ml	<u>04</u>	<u>1</u>		Koochies			<u>al 550ml</u>	<u>2</u>
100ml	<u>01</u>	<u>1</u>		Ointments			<u>Transderm</u>	<u>1</u>
500ml	<u>01</u>	<u>1</u>		Suction Catheter			<u>100cc, 50cc</u>	<u>2</u>
1000ml	<u>01</u>	<u>1</u>		Cap, Mask	<u>5/5</u>	<u>5/1</u>	<u>Savlon</u>	<u>1</u>
<u>nib spike</u>	<u>01</u>	<u>1</u>		Gauze Pack	<u>2+1</u>	<u>5/5</u>		
<u>Valley St</u>	<u>01</u>	<u>1</u>		Mop Pack				
Fentanyl	<u>01</u>	<u>1</u>		Steristrip				
Morphine				Underpad				
Ketamine				Draw sheet				
Propofol	<u>03</u>	<u>2</u>		Abgel	<u>1</u>	<u>1</u>		
Rocuronium	<u>01</u>	<u>1</u>		Foleys catheter				
Glycopyrolate	<u>01</u>	<u>1</u>		Urobag				
Myopyrolate	<u>1/2</u>	<u>1</u>		Chest Drainage Catheter			<u>0.2 1, 2</u>	<u>1/1</u>
Ondansetron	<u>01</u>	<u>1</u>		Romodrain bag			<u>NA. 20, 22</u>	<u>1/1</u>
Pencan 25g/ Spinal Needle 22				Bandage			<u>0.2 mmax (P)</u>	<u>01</u>
Bupivacaine 0.25%	<u>01</u>	<u>1</u>		Tegaderm			<u>NGT 300/100</u>	<u>01</u>
Bupivacaine 0.25%(Heavy)	<u>01</u>	<u>1</u>		Ioban			<u>metaportal</u>	<u>01</u>
Antibiotics <u>Augmentin 1.2g</u>	<u>01</u>	<u>1</u>		Double J Stent				
<u>Suprem</u>	<u>01</u>	<u>1</u>		Vaccum Suction set	<u>1</u>	<u>1</u>		
Suppositories				Plastic Bed Sheet	<u>1</u>	<u>1</u>		
Anamol : 80mg / 250mg / 170 mg				Betadine Solution				
Supridol : 100mg				Microshield	<u>1</u>	<u>1</u>		
Justin <u>12.5 mg</u> <u>25mg</u> <u>100mg</u>	<u>1/1</u>	<u>1</u>		Cotton Balls				
Tab. Misoprost : 200mg				Latex Gloves	<u>100</u>	<u>100</u>		
<u>2004 100mg + 100mg</u>	<u>1/1</u>	<u>1</u>		Ramdione Scrub				
<u>Gauze + 1/2 wend</u>	<u>1/1</u>	<u>1</u>		Saral				
<u>Dece + 1/2 wend</u>	<u>1/1</u>	<u>1</u>						
<u>IV Calce 22w</u>	<u>1/1</u>	<u>1</u>						
<u>Q. 2.5w splint 1, 2</u>	<u>1/1</u>	<u>1</u>						

Surgeon: _____ Anaesthesiologist: _____ Nurse: _____ OT Technician: _____
 Order No.: 9695040 Ordered by: [Signature]
 Doc. No.: RCH / FRM / GENERAL / 125

ESTIMATION SLIP

Date: 04 Jun/26 UHID / IP No.: TPA-00660103 SI No. **81038**
 Name of Patient: Baby Keri Pranas Leasya Age: 6y Gender: F
 Father's / Husband's Name: K. Venkata Reddy Corporate / Occupation: Business
 Address: _____ Phone: 9515916179 Email: intan@vsnl.net
 Procedure / Plan: Adenotonsillectomy & Coblation

MODE OF PAYMENT: ☐ SELF ☒ TPA: Aditya Bala ☐ GIPSA: _____ OTHERS: _____

TARIFF INFORMATION:

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
Doctor's Fee	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
L. Tax	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒

PARTICULARS		AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges	<u>55,000 + 20630 + 12000</u>	<u>87,630</u>
O.T. Consumables	<u>8500</u>	<u>8500</u>
Instrument Charges	<u>7500</u>	<u>7500</u>
Pharmacy, Consumables & Investigations	<u>As per actual</u>	<u>As per actual - Not Included in Estimation</u>
Equipment Charges	Monitor: _____ Ventilator: _____ Phototherapy: _____	Oxygen: _____ HFO-SLE 5000: _____ Double Surface: _____ Infusion pump / Syringe pump: _____ HFO Sensormedix: _____ Triple Surface: _____
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	<u>As per actual</u>	<u>As per actual - Not Included in Estimation</u>
Package	<u>112</u>	<u>82,000</u>
Others	<u>LAB & Pkg</u>	<u>15,000</u>
Initial Minimum Deposit	<u>Rs. 15,000</u>	<u>15,000</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-Medicals, 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, K. Venkata Reddy 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 Client

Signature of the Financial Counselor

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

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sultant: _____ Dept : _____

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



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/7	2pm	ER	107	Bank
9/7	6pm	OT	107	Bank

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Uthala Desai	10/07/26	9695763	smank
2				
3				
4				
5				
6		DC		
7				
8				
9				
10				

[illegible][illegible]

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
5/4	IV placement	①	558	pu
	PAC op			
10/07/26	NHA	①	73452	8

ANY OTHER INFORMATION

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Date : 10/07/26 Time : 10:00am Prepared By : Sravanthi

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sravanthi	SPUT		

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176149 Admit Date : 09-Jul-2026 Admit Time : 01:14 PM UHID : BAH-00660103

Patient Details :

Patient Name	: Baby KARRI PRANAVI LAASYA	Age	: 6 Y 8 M 13 D
Guardian	: Mr KARRI VENKATA REDDY	DOB	: 26-10-2019
Gender	: Female	Religion	:
Occupation	:	Marital Status	: Single
Address (H)	: DOLPHIN APTS2 B.K. GUDA PARK, S R Nagar Hyderabad Telangana INDIA 500038	Phone No	: 9515916179/ 9391189249
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type	: DAY CARE	Bed No	: POST OP 411	Ward Name	: 4F-OT COMPLEX
Room No	: POST OP 411	Admission Type	: First Visit		

Contact Details :

Name	: Mr KARRI VENKATA REDDY	Relationship	: Father
Contact Address	: DOLPHIN APTS2 B.K. GUDA PARK, S R Nagar Hyderabad Telangana INDIA 500038	Phone No	: 9515916179 / 9391189249

K. Venkata Reddy
Signature

Doctor Details :

Doctor Name	: Dr. P V L N MURTHY	Specialisation	: EAR NOSE AND THROAT
Referral Doctor	: SELF	Phone No	:
Co-Consultant	: Dr. FAISAL B NAHDI		

Payment Details :

Payment Mode	: Cash	Deposit Amount	: 0.00
		Payor Name	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD



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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

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Dr. P V L N MURTHY

syu

UHID ID: _____



Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

snoring
mouth breathing
Disturbed sleep
Recurrent UR1 } since 6 months

History of present illness :

Baby is having above mentioned since 6 months.

Baby is hence planned for Adenotonsillectomy & Coblation

No H/o fever, cold, cough, vomiting, loose stools.

No fresh complaints



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Term / LSCS / 2.7kg / NO NICU stay.

□ T O

Birth & Socio Economic History:

About Father : _____
About Mother : _____ } Upper middle class
Any additional Information : _____

Developmental History :

② development

Immunization History :

Vaccination till date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs) : 22.84 kg (Centile _____)

On Examination :

Temperature : 98.4 °P Pulse Rate : 112/min B.P. 96/66/72 SPO2 98% on RA
Resp. rate and type of breathing : RR = 24/min

Rash _____
Lymphadenopathy _____
Oedema : nil
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : B/L AEC
Any addcs sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of procordium : _____
Heart Sounds : S1S2A
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection _____
Palpation : Soft INT.
Ausculation : _____
Spine : _____ External Genitalia : _____
Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____

Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Adenotonsillar hypertrophy.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

~~CSP~~ ~~do on consultation~~
[EDTA sample collected]
in E.R.

Planned Management

NPO to continue
Sx @ today
IV fluids.

Signature of the Doctor: Ramya

Name of the Doctor: Dr. Ramya

Date & Time: 9/2/26; 1pm

DR. P V L N MURTHY

Registration No: 4726

Signature of the Consultant: [Signature]

Name of the Consultant: PVLN Murthy

Date & Time: 9/2/26

R. P. V. L. N. MURTHY



Doc. No.: F00101/PRM/CLINICAL/099

Amount of Blood Loss:	Blood Transfused (in ML)
Name and Number of Surgical Specimen sent for examination:	
Peri-Operative Complications:	
1 Symp. AUGMENTIN - DDS SmL BID - 2wk	
2 Symp. OMNACORTIC SmL BID - 1wk	
3 Symp. X72AL-M SmL BID - 2wk	
4 Symp. CROLIN DS SmL TID - 2wk	
5 T. LANA ZOLE DT 150 BID 2wk	
6 T. TRANEXA 500mg 1/4 tab BID 2wk	
7 Salt-water gargle TID 2wk	

Name of the Surgeon: P. V. L. N. *[Signature]*

Signature of the Surgeon: *[Signature]*

Date & Time: 9/7/20

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Dr. P V L N MURTHY



POST-SURGICAL CARE PLAN FORM

Procedure Done:

Post-Surgical Diagnosis:

Post-Operative Monitoring Parameters /Frequency:

Wound Care:

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

Nutritional Instructions:

When to Start Mobilization:

Special Referrals:

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

☐ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon
(Signature & Stamp)

Date: Time:

Note: Plan of care will be readjusted if necessary.

POST-SURGICAL CARE PLAN FORM



PVL N MURTHY



BirthRight™
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Your Right to a Safe Delivery

Progress Notes

Doctor's Order

Madhuson

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

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RESULT SHEET

Date	2/7/26				
Time					
Hb	13.3				
PCV	40.9				
RBC	5.33				
WBC	10.80				
N/L	.				
Platelets	469				
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 :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI

 Others (ECG, Contrast Studies etc.,) :



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : Tab. CANZOL 30mg				Date Time	a/d 10/2														
Dose	Route	Frequency	Start Dt.																
Tab	P/O	OD	9/12/16																
Name & Signature of the Doctor Starting the Drugs:				 															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG : Tab. EPANEXMIC ACID				Date Time	a/d 10/2														
Dose	Route	Frequency	Start Dt.																
1/2 tab	P/O	BD	9/12/16																
Name & Signature of the Doctor Starting the Drugs:				 															
Additional Instructions:				(1 tab - 30mg)															
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

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

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

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

Signature
VERIFIED BY : Name

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MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER

Shifted to: Ward

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ramya

Date & Time : 9/11/20; 12:40pm

Nurse Name & Signature: Ramya

Date & Time : 9/11/20 2pm



DRUG CHART

Date of Admission: 9/12 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name _____ Signature _____

Weight. 22.84 kg Ward.

Page: 2/4



		Date > Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :			Dose		Dose		Dose		Dose		Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date		Dose		Dose		Dose		Dose		Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor			Dose		Dose		Dose		Dose		Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:			Dose		Dose		Dose		Dose		Dose
			Dr. Sign.		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		Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date		Dose		Dose		Dose		Dose		Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor			Dose		Dose		Dose		Dose		Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:			Dose		Dose		Dose		Dose		Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
09/11/20	4-20pm	TRANDOLAPRIDE ACID	250mg	IV	RC	Savi Teena
09/11/20	4-25pm	DICLOFENAC	25mg	PR	RC	Savi Teena
09/11/20	4-30pm	PARACETAMOL	330mg	IV	RC	Savi Teena
09/11/20	4-25pm	DEGAMETHASONE	2mg	IV	RC	Savi Teena
09/11/20	4-15pm	AMOXICILLIN CLAVULANATE	650mg	IV	RC	Savi Teena



Weight. 22.8 kg Ward.

[illegible]

Signature _____

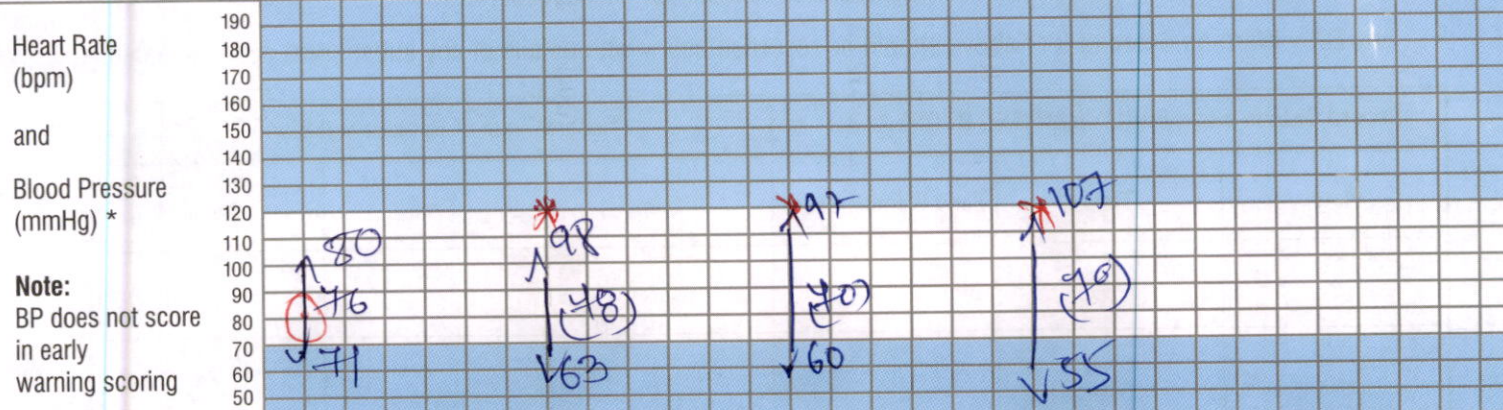
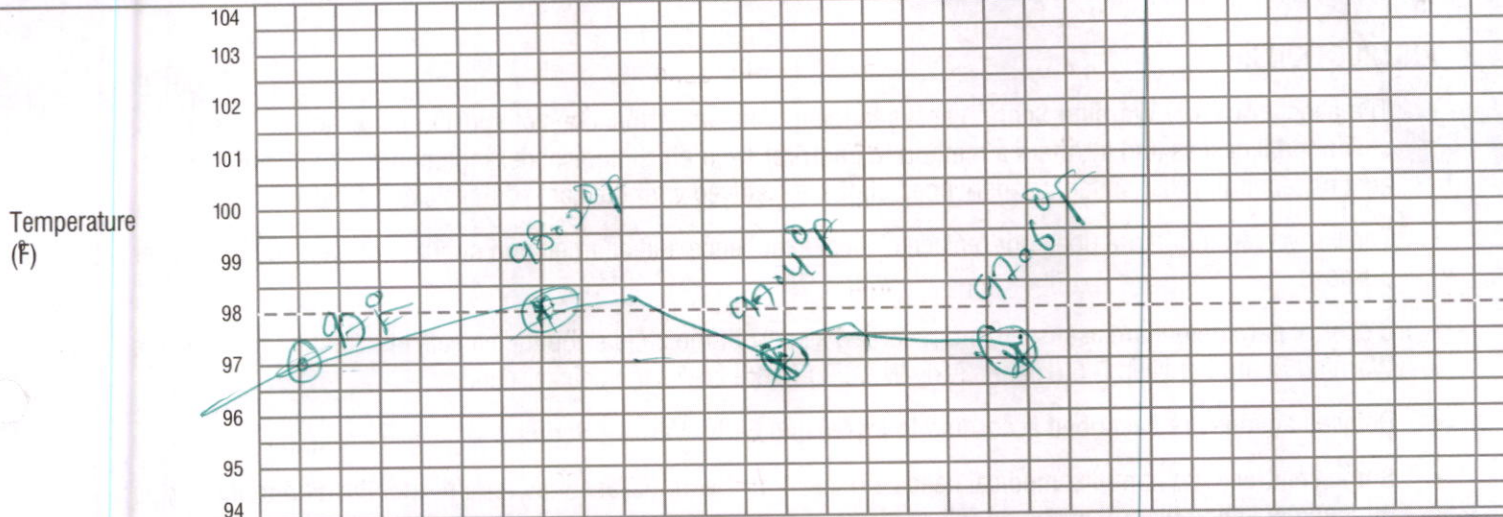


SCHOOL AGE (5-12 years)

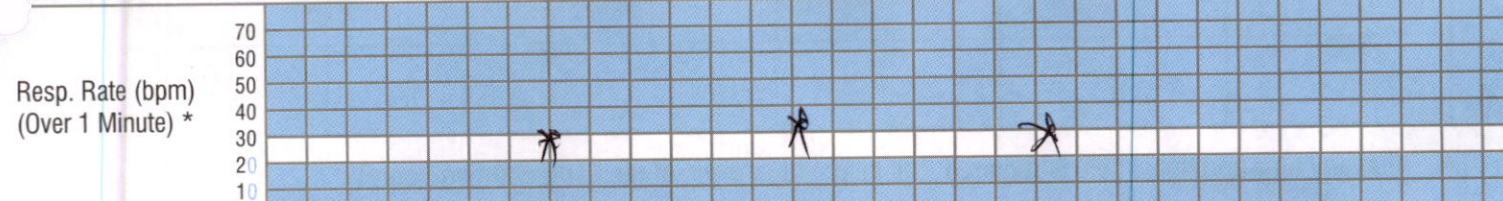
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9/11/2019 Time: 6:30pm
 Doctor / Nurse / Family Concern? 10pm 10:30pm 11:30pm 6:00pm



Heart Rate (Number) 82bpm 91bpm 83bpm 92bpm



Resp Rate (Number) 25bpm 25bpm 25bpm 26bpm

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 98% 99% 100%

Conscious Level Normal Altered

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

TOTAL SCORE Number of shaded boxes 0 1 1 1

Pain Score 0 0 0 0

Observer's Initials [Signature] 0 0 0

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.

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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
	Total Intake :						Total Output :						
9/7	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
	Total Intake :						Total Output :						
9/7	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
	Total Intake :						Total Output :						
10/7	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
	Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output							



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.

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

Total 24 hrs. Intake

Total 24 hrs. Output



NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 9/7/26

Assessment:

Goals

- ☐ Maintain Airway and Oxygenation
☐ Maintain Personal Hygiene
☐ Identify Potential Complications
☒ Relieve Pain & Discomfort
☐ Prevent Infection
☐ Any Others. Specify.....
☐ Maintain Fluid Balance
☐ Meet Elimination Needs
☐ Improve Activity Tolerance
☐ Ensure Safety
☒ Maintain Good Nutritional Status
☐ Early Ambulation Reduce Anxiety
☒ Maintain Skin Integrity
☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
5:10	Assess the pt General Condition.	5:15	Assessed the pt General Condition.	pt is Conscious & oriented
5:20	Relieve pain & Discomfort	5:25	Relieved pain & Discomfort	
5:30	monitor vital signs	5:35	monitored vital signs	no bleeding
5:40	monitor for bleeding	5:45	monitored for bleeding	no vomiting
5:50	maintain NPO status	6:00	NPO broken, water given	Maintained
6:00	maintain I/O chart	6:15	maintained I/O chart	shuffled
6:00	pt shift to the ward		pt shifted to the ward	

Re-Assessment:

Special Notes:

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date & Time: 9/7/26

BAH-00660103 IPS-00178149
 Baby KARRI PRANAVI LAASYA
 26-10-2019 6 Y 8 M 13 D (F)
 Dr. P V L N MURTHY



NURSING CARE RECORD

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 9/7/26

Assessment: Baby has dull activity

Goals

- ☐ Maintain Airway and Oxygenation
- ☒ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☒ Improve Activity Tolerance
- ☒ Ensure Safety
- ☒ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the general condition of the baby	8pm	Assessed the general condition of the baby	by done all these to improve baby condition
10pm	Monitor vital signs & record	10pm	monitored vital signs & record	
12AM	Provided comfortable position	12AM	provided comfortable position	
6AM	Administer medication as per doctor orders.	6AM	Administered medication as per doctor orders.	

Re-Assessment:

Special Notes:

Nurse Signature: Appa

Nurse Name: Appa

Date & Time: 10/7/26

Patient Sticker

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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
	BACKGROUND	Area	Shift Time					
	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Allergy:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		Fall Risk Score:						
Pain Score:								
Recommendations	Safety Needs:							
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Others Specify:							
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Other Special Orders / Medications:							
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature :								
Date:								
Time:								
Taken Over By Name :								
Signature :								
Date:								
Time:								

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: D.V.L.N Murthy Department: ENT Date of Admission: 9/1

SITUATION	Diagnosis: <u>Adenotonsillitis</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:			
BACKGROUND	Area	<u>ER</u>	<u>OT</u>	<u>UT</u>		
	Shift Time	<u>2pm</u>	<u>9am-3pm</u>	<u>11am-8pm</u>		
	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>NA</u>	<u>NA</u>		
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp: <u>98°F</u>	Temp: <u>98.6°F</u>	Temp: <u>98.0°F</u>		
	Res:	<u>22m</u>	<u>25b/m</u>	<u>24b/m</u>		
	SpO ₂ :	<u>100%</u>	<u>100%</u>	<u>99%</u>		
	Pulse:	<u>116m</u>	<u>115b/m</u>	<u>101b/m</u>		
	BP:	<u>98/60</u>	<u>101/62</u>	<u>100/60</u>		
	Fall Risk Score:	<u>10</u>	<u>10</u>	<u>10</u>		
Recommendations	Pain Score:	<u>0</u>	<u>1/10</u>	<u>0/10</u>		
	Safety Needs:	<u>yes</u>	<u>yes</u>	<u>yes</u>		
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	<u>NA</u>	<u>NA</u>	<u>NA</u>		
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	<u>NA</u>	<u>NA</u>	<u>NA</u>		
	Post Operative Procedure Special Orders:	<u>NA</u>	<u>NA</u>	<u>NA</u>		
	Handed Over By Name :	<u>Randh</u>	<u>Dish</u>	<u>Aruna</u>		
	Signature :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
	Date:	<u>9/1</u>	<u>9/1</u>	<u>10/7</u>		
	Time:	<u>2pm</u>	<u>@6:30</u>	<u>8AM</u>		
	Taken Over By Name :	<u>Teenu</u>	<u>neel's</u>	<u>Sravanth</u>		
	Signature :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
	Date:	<u>9/1</u>	<u>9/1</u>	<u>10/07</u>		
	Time:	<u>4pm</u>	<u>@6:30</u>	<u>8am</u>		



THE HUMPTY DUMPTY SCALE 9/6 10/6

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3			
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1			
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1			
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1			
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
TOTAL			10	10			

Intervention : -Fall Risk : Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position	yes	yes			
Call device within reach	yes	yes			
Wheels Locked	yes	yes			
Room free of clutter	yes	yes			
Adequate Lighting	yes	yes			
Wheel Chair Support	no	no			
Other Intervention(s) Specify	no	no			
Nurse's Name :	Babu	Appu			
Signature :	Re	Appu			
Date :	9/6	10/6			
Time :	2pm	6am			

BRADEN 'Q' SCALE

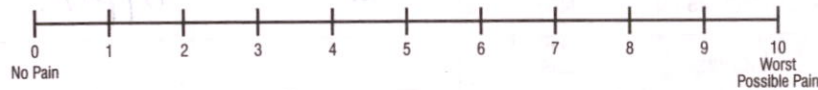
					Date :	9/6	10/6		
					Time :	2m	6AM		
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e:tremitry position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4			
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4			
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4			
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4			
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4			
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4			
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4			
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	28	28		
Docu. No. : RCHBH /FRM / CLINICAL / 119					Evaluator's Name	PN	Arung		

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years





INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: Telugu 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		
25/10	2pm	①	infection control Measures	M	2	① 1	1	1	NR	BJ
10/12/20	9am	9	soft diet	M	1	0	1	1	-	Nichina

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify)

Learning Barriers:

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	

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference	

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

BAH-00660103 IP5-00176149
 Baby KARRI PRANAVI LAASYA
 26-10-2019 6 Y 8 M 13 D (F)
 Dr. P V L N MURTHY



MULTI-DISCIPLINARY PLAN OF CARE FORM

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Diagnosis:

Adenotonsillitis

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
9/10/2019 1:50 pm	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	ADENOTOMY SET TODAY	reflexes		[Signature]	☐ Nursing ☐ Others:
9/10/2019 2 pm	☐ Medical ☒ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Adenotom surgery	Hypertrophic stomatitis	- NPO -	[Signature]	☐ Medical ☐ Others:
10/10/2019 7 am	☐ Medical ☐ Nursing ☒ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Adenotonsillar hypertrophy	soft diet	RDAL E: - 1450ccally P: - 2591g	[Signature]	☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:



CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☒ Patient Attendant

Operative Procedure: Adenotonsillectomy

Anaesthesiologist: Dr. Tejaswini

Surgeon: Dr. P.V.L.N. Murthy

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery. Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk(s): The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders

☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease

☐ Others: Desaturation, bronchospasm, laryngospasm.

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
☐ Regional Anaesthesia ☐ General Anaesthesia ☐ Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- 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: Suneetha

Name: B. Suneetha Devi

Relationship with patient: Mother

Date & Time: 8/7/26 5:15pm

Witness:

Signature: K. Venkata Reddy

Name: Karri Venkata Reddy

Date & Time: 8/7/26 at 5:20 pm

Doctor (who is taking consent):

Signature: Dr. Tejaswini

Name: Dr. Tejaswini

Date: 8/7/26 Time: 5:15pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అవస్థాపక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్థాపన ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

రిజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి పీక్ లోకల్ అనస్థీషియా లేదా నార్మల్ బ్లడ్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
☐ రిజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెన్స్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రిజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వేచ్ఛగా భావించి, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



BAH-00660103 IP5-00176149
Baby KARRI PRANAVI LAASYA
26-10-2019 6 Y 6 M 13 D (F)
Dr. P V L N MURTHY

Name: Baby Karri Pranavi Laasya Age: 6 Y 6 M Sex: F UHID.No: BAH-00660103
Date: 8/7/2026 Time: 5:10pm Proposed Operation: Adenotonsillectomy
Diagnosis: Adenotonsillar Hypertrophy.
B.P / CRT: H.R: Weight: 22.45kg ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 13.3	Glucose:	Protein:	HIV:	X-Ray:
PCV: 40.9	Urea:	Alb:	HBS Ag:	ECG:
WBC: 10,30	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 4.69	Na:	Dir. Bill:	Blood group:	Stress/Angio:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl-:	SGOT/SGPT:		

Allergies: NKDA.

Medical History: CVS: - Term LSCS. B.Wt: 2.7kg.
RESP: H/PURT⁺; mouth breathing⁺ Diabetes: NO NICU stay
CNS: Snoring⁺ ⁺ development.
Renal: -
Hepatic / GE: - Physical Activity: Active.

Past Anaesthetic History: NO.

Physical Exam: ⁺.

Airway: MP 1 2 3 4 Mouth Opening: Adequate Mento-hyoid Distance: 2FB Neck: ⁺ Teeth: intact
Lungs: BAE⁺ clear
Heart: S1 S2⁺
CNS: HMP⁺

Pregnant: ☐ Yes ☒ No ☐ NA Venous Access Site: accessible Spine Exam for regional: ⁺.

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis:
- NIL ORAL ^{Water / ORS 2 Hours} ^{Others 6 Hours}
- Informed Consent ☒ Standard ☐ High Risk
- Post Operative Pain Management: ☒ Discussed with Patient
- Other Instructions: CBP during cannulation

Signature: Name: Dr. Pijalmini

Change in Patient Condition: ☐ Yes ☒ No		Fasting Status: <u>CONFIRMED</u>	
Physical Status: ☒ Patient Identified		☒ Consent Present	
☒ Chart Reviewed			

H.R:	BP/CRT: <u>88/50</u>	SpO ₂ :	R.R:	Last Feed:
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Pre-OP Diagnosis: <u>ADENOID HYPERTROPHY</u>		Operation: <u>ADENOID TONSILLECTOMY</u>		Date: <u>09/1/86</u>
Surgeon: <u>MURPHY</u>		Anaesthesiologist: <u>RAVI</u>		Technician: <u>LANEY</u>

TIME N ₂ O/AIR / O ₂ LPM HALO / SO ₂ SEVO Drugs: <u>MIASOLAM 0.8</u> <u>PROPOFOL 60</u> <u>ANALGESIC 2</u> <u>TRANEXAMIC ACID 250</u> <u>RAWSONIUM 10</u>	
FIO ₂ / SaO ₂ ETCO ₂ ECG Temperature Urine Output	(Handwritten data and graphs)
Fluids Blood	
B.P V Systolic A Diastolic X Mean • Heart Rate Tourniquet on Time Tourniquet off Time Throat Pack In Throat Pack Out	(Handwritten data and graphs)
LAB Values ABG GRBS Others	(Handwritten data)

Equipment Checked and Functional ☒ BP <u>OK</u> ☒ Cuff Site: ☐ Art Site: ☒ EKG Lead ☒ Temp Site ☒ FIO ₂ Monitor ☒ Agent Monitor ☒ Pulse Oximeter ☒ Capnograph ☒ Ventilator ☐ Nerve Stimulator	Temp: ☐ HME ☐ Fluid Warmer ☐ Cling Film ☐ OH Warmer ☒ Hugger's ☐ Cotton Wool ☐ Other Times: Anaes Start: <u>4:15pm</u> OP Start: OP End: <u>5:08pm</u> Leave OR: Anaesthesia: ☒ GA ☐ Monitored Anaesthesia Care ☐ Regional Line (Size & Location) ☐ CVP: ☐ ABT: ☒ IV: <u>22G / D00</u> ☐ IV: ☐ IV:	Induction ☒ IV ☐ Inhal ☐ Pre O ₂ ☐ RSI ☐ Others ☐ Mask ☐ SGA ☐ Airway ☒ Oral ☐ Nasal ETT# at cm ☒ Oral ☐ Nasal ☒ Cuff ☐ Tracheostomy ☐ Topical ☐ Drug: ☐ Awake ☒ Direct Vision ☐ Video Laryngoscopy ☐ Stylette / Bougie ☐ Fiberoptic Blade# Attempts: <u>ONE</u> Difficulty Why? ☒ Bilat = BS ☐ Semi-Closed Circle ☐ Closed Circle ☐ Other
Position: <u>Supine</u> ☐ Pressure Points Checked	Regional: Extremity Specify: ☒ Spinal ☐ Epidural ☐ Caudal Others: Position: Site: Needle Size: Depth: Parasthesia ☐ Yes ☐ No Catheter at skin cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to ☒ PACU ☐ ICU ☐ Other Relaxant Reversed ☒ Yes ☐ No ☐ NA Name of the Doctor: <u>Ravi</u> Signature of the Doctor: <u>Ravi</u>	



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Dr. Praveen

Time Received : 5:15pm

Time Discharged : 6pm

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SP0 ₂	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site : <u>22G</u> ☐ O ₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway
		Vomiting : ☐ Yes ☒ No NG Tube : ☐ Yes ☒ No Drain : ☐ Yes ☒ No Urinary Catheter : ☐ Yes ☒ No Chest Tube : ☐ Yes ☒ No Nil Oral ☐ Yes ☒ No IV Fluids : _____ Oral Feeds : _____

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
09/12/26	5:15 pm	4/10	INT FENTANYL 20mcg / IV	RC

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

Anaesthesiologist Name : Dr. Praveen

Anaesthesiologist Signature: [Signature]

Date & Time: _____

PACU Nurse Name : [Signature]

PACU Nurse Signature: [Signature]

Date & Time: 9/12/26 @ 6pm

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
 - With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): Dr. Praveen

Date & Time: 9/12/26 @ 6pm

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 :

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00660103 IP5-00176149 Baby KARRI PRANAVI LAASYA 26-10-2019 6 Y 8 M 13 D (F) Dr. P V L N MURTHY 		Date & Time of Admission 9/7 @ 1.14 pm	Date & Time of Transfer Order 9/7 @ 2 pm
		Transfer Ordered by Dr. Ranjan.	Reason for Transfer Admission for Surgery
From Unit ER	To Unit OP	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 20	Number of Imaging Films NB	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	EVAC -	(1)	
2.	OP File -	(1)	
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Ranjan		Name of Person Ordered Transfer Dr. Ranjan.	
Patient & Clinical Records Received by : Reever			
Date & Time of Patient Received : 9/7/20 @ 2 PM			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- ☐ Unavailable Bed
 ☐ Nurse not Available
 ☐ Available Bed not ready



CHECKLIST FOR THROMBOPHLEBITIS

9/7/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0							
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		-	-							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		-	-				0			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		-	-							
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		-	-							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		-	-							
Signature of the Nurse				[Signature]									

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : [Signature] Name : [Signature]

Signature of Ward In Charge :

Signature : [Signature] Name : Kuman

Post: BAH-00660103 IP5-00176149
 Baby KARRU PRANAVI LAASYA (F)
 28-10-2019 6 Y 8 M 13 D
 Dr. P V L N MURTHY

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

DISCHARGE PLANNING FORM

Nationality: Indian

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: 28 per Dates order

2. Destination Post Discharge: ☐ Home

Family Members Notified (Person Contacted)

☒ Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☒ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☐ Medication ☒ Yes ☐ No

☐ Bathing ☒ Yes ☐ No

☐ Eating ☒ Yes ☐ No

☐ Walking ☒ Yes ☐ No

☐ Dressing ☒ Yes ☐ No

☐ Toileting ☒ Yes ☐ No

Yes

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s: medication

☐ Patient's Educational Topic/s discussed with the:

☐ Patient ☒ Family Member

☐ Others:

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date and Time: 27/10/2019 @ 6pm



Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 1:30 pm Mode of Arrival: coaching Admitting From: ☒ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: NEOP Body Weight: 22.5 Kg

Height: — cm

Past Medical History: Obtained From ☐ Patient ☒ Family Member ☐ Medical Record ☐ Other (specify)

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>NA</u>	<u>NA</u>	<u>NA</u>

Family History: Nothing Significant

Is the child or close family member had recent contact with a communicable disease? ☐ Yes ☒ No

If yes please list,

Was the child's birth normal? ☒ Yes ☐ No If No, please describe problems:

Are the child's immunization up to date? ☒ Yes ☐ No

Current Medication: ☒ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: 22.5 Length: — Head Circumference (< 2 years): —

Temp.: 98.4 HR: 88b/m RR: 28b/m BP: 90/50mmHg

Pain Score: 0/10 Specify Site: (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☒ Yes ☐ No Score: 11 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☒ Yes ☐ No If Yes, Pain Score: 0/10 Pain Tool Used: ☐ N Pass ☒ FLACC ☐ Wong Baker

Character of Pain: Location: Frequency: Duration:

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☐ Special Feeding Method☐ Feeding Problem☐ Special diet☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening:☒ No Significant FindingsUnusual concerns about patient's Psychological Status: ☐ Yes ☒ No

If Yes Consultant Notified: (Date/Time):

Cultural & Spiritual Needs: ☐ Yes ☒ No if Yes specify Inform consultant for positive criteria**Social History:** Lives With *Grandmother*Siblings in household ☐ Yes ☒ No (if yes How Many?) *1*All Information Obtained From ☐ Patient ☒ Mother ☐ Father ☐ Other Family Member**Orientation has been given regarding the following aspects:**Call Bell in Reach : ☒ Yes ☐ NoWaste Disposal Explained: ☐ Yes ☐ NoInfusion Pump : ☒ Yes ☐ NoHand hygiene Explained: ☒ Yes ☐ No☐ OthersPatient Rights & Responsibilities: ☒ Yes ☐ NoInformation given to *Mother*Nurse Signature: *[Signature]*Nurse Name: *Teena*Date: *9/7/26*Time: *2pm*



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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 10/12/26 Time: 3am

Weight: 22.8 kgs Centile: > 95th

Height: 119.5 cms Centile: > 90th

Inference: well child

RDA: — Calories: 1450 kcal/d Protein: 25g/d

Diet Recommendations: soft diet

Re-Assessment: Avoid spicy & outside foods

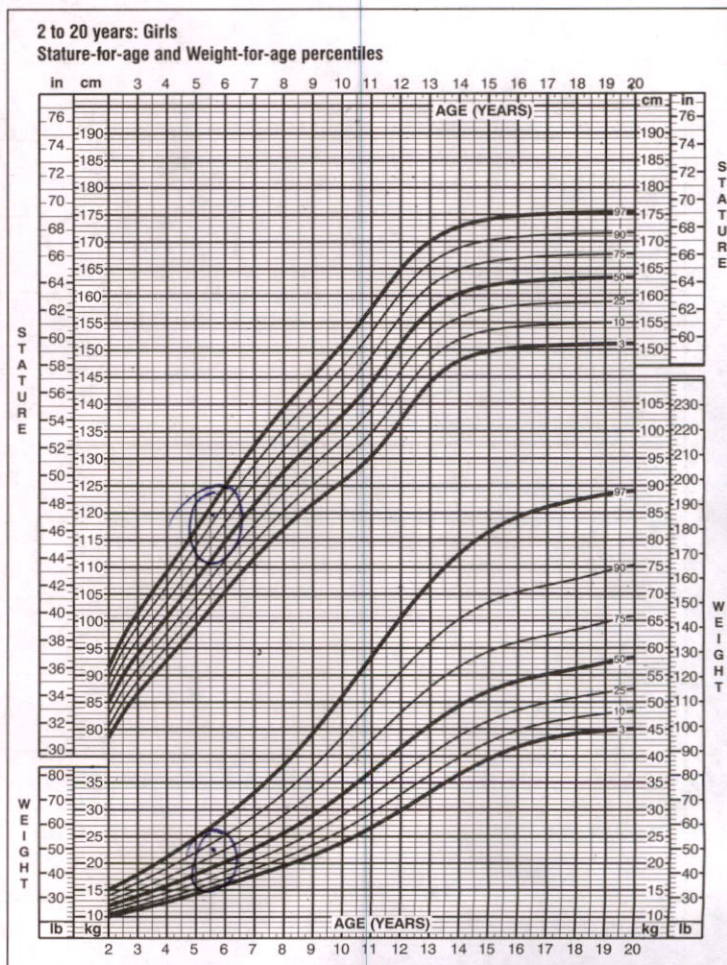
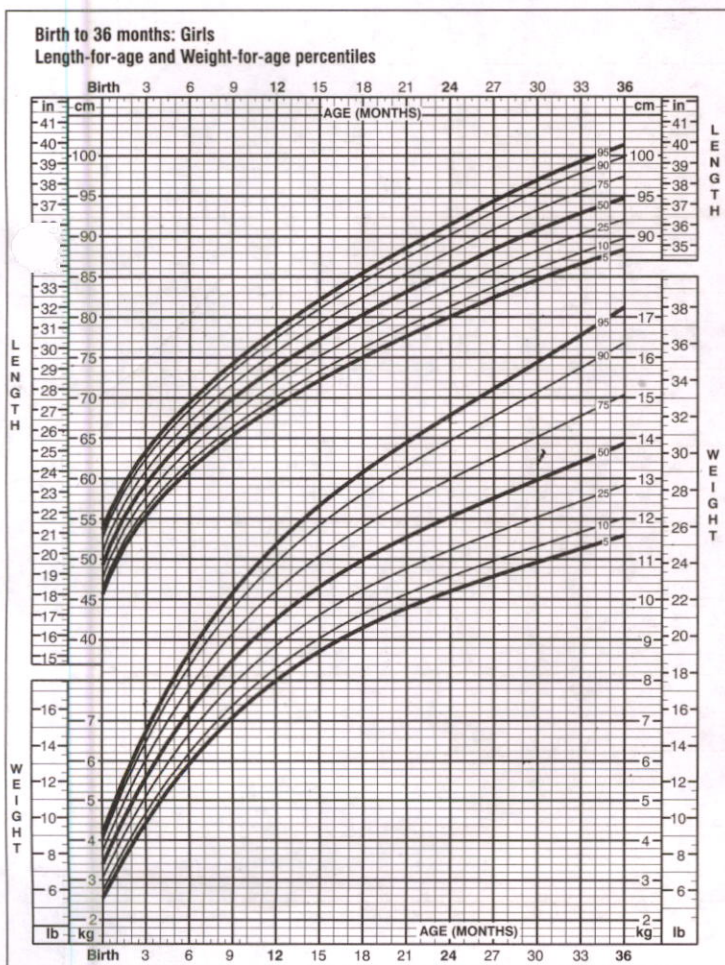
Food Allergies: NO Veg/Non-veg Non-veg

Diagnosis: Adenotonsillar hypertrophy

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Suneetha

GROWTH CHART (GIRLS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

Blank lined paper with horizontal ruling lines.