BAH-00656644 IP5-00173992
Master NAKUL MANGA
11-02-2023 3 Y 3 M 8 D (M)
Dr. VENKAT RAM THYALAPALLI

Entered

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SURGERY DETAILS

NO FC DONE

Date : 19/5/26

Patient Name: Mst-Nakul Manga Date of Birth: 11/2/23 Age: 3y

Gender: 3y male Ward : P.O.T UHID No.:

Date of Surgery: 19/5/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : minor T80

Time in : 7:30pm Time Out : 8:45pm

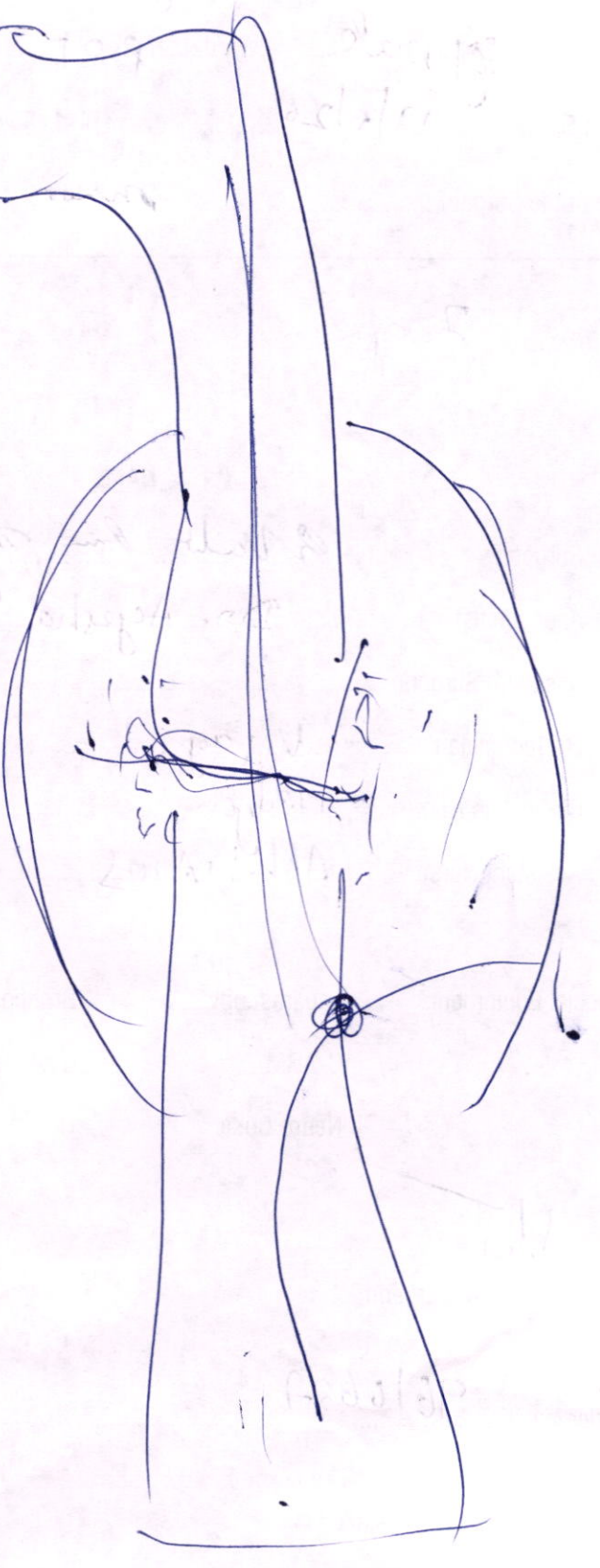
	NAME	AMOUNT
1. Surgeon	: Dr. Venkat Ram Thyl	
2. Anaesthetist	: Dr. Ayesha	
3. Assistant Surgeon	:	
4. OT Technician	: Vijay	
5. Circulating Nurse	: Kalyan	
6. Assistant Nurse	: Akhil, Anas	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 96/6637 Order by: Kalyan



D&D

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CONSUMABLES OF OT

...ician : .... Date : .... Time : ....

Circulat...

Anaesthesia Disposables		Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
			Major Pack Drape	1	1	Inj Vit.K		
		1	Sutures			Cord Clamp		
ET tube		3	Monosyn 3.0, 4.0	E2	1/1	Suction Catheter		
LMA		1	Monocryl 5.0	E2		Feeding Tube		
ECG leads : A / P / N		10				Vaccum Suction Set		
HME filter : A		4+6	Gloves 6.6½, 7.7½	E4	2	Surgical Gloves		
Syringes cc		0	Pf. 6.6½, 7.7½	E4	[illegible]	Gauze Pack		
		—				Syringe 1ml / 2ml		
A / P / N		1	Surgical blade 11	1	1	Surgical Blade # 20		
		1	NG tube 5 Fr	1	0	Koochies (S)		
			Cautery pencil	1	1	N.S. foam	3	3
...ml / 100ml / 500ml / 1000ml		1	Koochies	1	1	Sock, Hood	1+2	3+2
minispire		1	Ointments			Transbalm	1	1
vaccum set		1	Suction Catheter					
Fentanyl		1	Cap, Mask	5+5	5	Cord Bag with	1	1
Morphine			Gauze Pack N+B	5+5	5	Drum Mo	1	1
Ketamine			Mop Pack	1P	1P			
Propofol		2	Steristrip					
Rocuronium		—	Underpad	1	1			
Glycopyrolate		1	Draw sheet	1	0			
Myopyrolate			Abgel		0			
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag 8, 10	1+1	1			
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	1			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet	1	+			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
IV pcm		1	Microshield	1	0			
			Cotton Balls					
			Latex Gloves	10P	10P			
			Ramdione Scrub	1				
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 961641 .... Ordered by : ....

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

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ACTIVITY RECORD FOR BILLING

Name : ______________________________

UHID No. : __________ IP No : ____________ Consultant: ____________ Dept : __________

Date of Admission: _________ Time : _________ Date of Discharge : 20/5/26 Time: 10Am.

Room / Bed No : 104 Ward : SPVT Suggested Billable bed type : ______________

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/5/26	[illegible] pm	ER.	104	Rofiane
19/5/26	6 PM	104	OT	PB Priyanka

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Ujjwal Desai	19/5/26	9619328	pranali
2	~~Dr. Harish Jayaram~~	~~19/5/26~~	~~9163179~~	PB
3				
4				
5				
6				
7				
8				
9				
10				

DCC

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
18/5	CBP, CRP, Blood cls, Creat	50611	
18/5	PCT	064	
19/5	(Doppler + thigh)	025136	
19/5/26	CFT	2613521	
19/5	Blood grouping, PT/APTT	25031716	
	DCC		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/2	Infusion pump	12am	Stop	9649559	Shaif

DC

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
18/5	Dr placement	1	14894	[illegible]
19/5	NHA	1	961325	pranell
19/5	PAC	1	916719	P.B

ANY OTHER INFORMATION

DCC

Date : 20/5/26 Time : 10AM Prepared By : praneeh

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
pranelle	104		

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00173992 **Admit Date** : 18-May-2026 **Admit Time** : 10:18 PM **UHID** : BAH-00656644

Patient Details :

Patient Name	: Master NAKUL MANGA	**Age**	: 3 Y 3 M 7 D
Guardian	: Mr SAMPAD MANGA	**DOB**	: 11-02-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO - 2-6-114/2-6, SRINAGAR COLONY , KURMAWADA , Jangaon Warangal Telangana INDIA 506167	**Phone No**	: 9985446661/ 9705995797
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 104 **Ward Name** : 1F-VIBGYOR

Room No : SPVT 104 **Admission Type** : First Visit

Contact Details :

Name : Mr SAMPAD MANGA **Relationship** : Father

Contact Address : H NO - 2-6-114/2-6, SRINAGAR COLONY , KURMAWADA , Jangaon Warangal Telangana INDIA 506167 **Phone No** : 9985446661 / 9705995797

M. Sampath

Signature

Doctor Details :

Doctor Name : Dr. VENKAT RAM THYALAPALLI **Specialisation** : ORTHOPEDICS

Referral Doctor : SELF **Phone No** :

Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

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

Payor Name : STATE BANK OF INDIA

844 IP5-00173992
KUL MANGA
3 3Y3M9D (M)
KAT RAM THYALAPALLI

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	3			
7	Nursing plan of care and handover sheets	4			
8	Consultation sheet	2			
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	0			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
45	Extra	4			
	Total No. of Pages	51			

Signature and Date : 20/7/18

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-0065664 IP5-00173992
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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Venkat ram Date : 18/5/26

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

Start Time of Assessment: 9:30 pm Weight: 13 kg

Allergic History: NKA

Chief Complaints: .....

(L) femur abcess.

Pediatric Assessment Triangle

A Appearance - TICLS ..... (N)

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

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

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

Any urgent interventions needed: ☐ Yes ☑ No

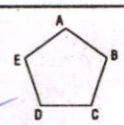
If Yes .....

Significant Past History: .....

Medication History: IV antibiotics ongoing

Relevant Investigations: .....

Primary Assessment



Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Breathing

Rate: 26/min SpO_2 on FiO_2 98%

Rhythm: reg

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: B.A.E (+)

Palpation Findings (If necessary).....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Circulation

HR: 140/min CFT [Central ..... / Peripheral ..... <2s

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

BP: 94/60 mmHg

Pulse Volume: [Central ..... / Peripheral ..... good

If in Shock: [Compensated ..... / Hypotensive ..... No

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☑ No

Liver Span: ..... / N

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☑ No

Disability

GCS: 15 AVPU: .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Pupils: [Responsive ☑ Non-Responsive ☐

Size [Right ..... / Left 2mm

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

Signs of Neurological compromise ..... NEND

Exposure

Temp.: 98°F

Any urgent interventions needed: ☐ Yes ☐ No

Any Rash: ☐ Yes ☐ No,

If Yes .....

If yes describe the rash .....

Active bleed ..... NO

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Final Physiological Status:

☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

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

Labs Planned:

- CBP
- CRP
- Blood c/s.
- PCT
- creatinine

Treatment Planned:

1.) IV Ceftriaxone
IV Linezolid
2.) IV Pantoprazole
3.) Fever management

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

Final Diagnosis with possible Differential Diagnosis (If necessary): Sepsis

Assessment done by

Name of the Doctor: Akhila

Signature: Akhila

Date & Time: 18/5/26

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00656644 IP5-00173992
Master NAKUL MANGA
11-02-2023 3 Y 3 M 7 D (M)
Dr. VENKAT RAM THYALAPALLI

Pediatric Multiorgan History & Physical Examination

Name : Nakul Age/Sex 3½/M

Information given by: mother Relationship good

Chief Presenting Complaints & Duration (Chronologically)

case of ~~dx~~ (L) distal ⅓ femur # on 24/4
post ORIF + tens nailing
c/o extrusion of nail through wound
c/o fever x 8/5 x 3/5

History of present illness: swelling over leg.

premorbidly well.
a/w/o RTA on 24/4 after hitting truck in front when it came to sudden stop while baby was on motorcycle behind on 24/4.
discovered to have closed distal ⅓ femur fracture → operated: ORIF + tens nailing on same day
no head injury

c/o: ~~ex~~ mother noticed the nail protruding out of the ~~sta~~ east on 3/5.
took to hospital where wound was redressed leaving the nail still slightly outside.
c/o fever since 4 days later
a/w reddish rash over body.
child admitted on 12/5 - 18/5
PCT on 12/5 - 17, CRP - 194, CBP - 88% neutro
started on Piptaz / Vancomycin → upgraded to Mero
Linezolid added
Dony added

latest USG (18/5) s/o (L) shaft femur abcess.

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Master NAKUL MANGA
11-02-2023 3 Y 3 M 7 D (M)
Dr. VENKAT RAM THYALAPALLI

Pediatric Multiorgan History & Physical Examination

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

ongoing fevers (+)
last spike 102° at noon

Birth & Neonatal History:

Term | 3kg | no NICU stay

Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information : (N)

Developmental History : appropriate for age.

Immunization History : last took 18 mon vaccine

phil
penam

(P.T.O.)

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Master NAKUL MANGA
11-02-2023 3 Y 3 M 7 D (M)
Dr. VENKAT RAM THYALAPALLI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 13 kg (Centile _____)

On Examination :

Temperature : 99.8°F Pulse Rate : 132/min B.P. 90/46 SPO2 98% RA

Resp.rate and type of breathing : 28/min

Rash (−)

Lymphadenopathy (−)

Oedema : (+) over (L) LL entirely / nonpitting

Allergies (if any): (+) genitalia - penile & B/L scrotal

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : (N)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : soft / nondistended / no HSM

Ausculation :

Spine : External Genitelia :

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : alert

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture : (N)

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

sepsis ? (L) femur shaft abcess

(P.T.O.)

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Master NAKUL MANGA
11-02-2023 3 Y 3 M 7 D (M)
Dr. VENKAT RAM THYALAPALLI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: shock

Desired goals of the treatment : resolution

C/S/B Dr. Venkatram

Planned Labs:

CBP
CRP
Blood c/s
creatinine

N/B
[illegible]

Planned Management

1.) Ceftriaxone
2.) Linezolide
3.) Pantoprazole
4.) SOS fever management

T/m 9am, USG lower limb with doppler.
by Dr/ Nitin

Dr. VENKAT RAM THYALAPALLI
Reg. No: 54779

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

Signature of the Consultant: [signature]
Name of the Consultant:
Date & Time: 19/5/26 9am

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Master NAKUL MANGA
11-02-2023 3 Y 3 M 7 D (M)
Dr. VENKAT RAM THYALAPALLI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/05/26 11:30 pm	Seen by Resident case of Sepsis c (L) femur shaft abscess. ~~[illegible]~~ child asleep hemodynamically stable chest clear, per abd soft labs reviewed.	Plan 1. Trace labs 2. Continue medications as charted 3. USG (LL) [illegible] c doppler Tm @ 9AM [signature] Resident
19/05/26 @ 1pm	C/S/B Resident Sepsis c femur shaft abscess	Plan • Do PAC • Keep NPO • Cont. medⁿ as per chart
	[illegible] (L) [illegible] [illegible]	PAC [illegible] PT, [illegible] [signature]

Dr. VENKAT RAM THYALAPALLI
Reg. No: 54779

BAH-00656644 IP5-00173992
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11-02-2023 3 Y 3 M 7 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
~~20/5/26~~ 20/5/26	C/S/B Resident	Drain output → TO check
	Child is Afebrile	
	doing well	Plan
	no fresh complaint	
	child is hemodynamically	continue as
	O/E	charted
	CVS : S_1S_2 (+)	
	RS : BAE (+)	
	ENT : clear	Sohel
	P/A : soft	
20/5/2026	S/b by Dr Venkat Ram (Ortho)	
	Plan for discharge on IV Antibiotics, fill [illegible]	
	Review on Friday in OPD.	CBC, CRP.

Dr. VENKAT RAM THYALAPALLI
Reg. No: 54779

BAH-00656644 IP5-00173992
Master NAKUL MANGA (M)
11-02-2023 3 Y 3 M 9 D
Dr. VENKAT RAM THYALAPALLI

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OPERATION THEATER NOTES

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

UHID No.: .... Weight : .... Height : ....

Surgeon : Dr Venkat Ram Thyalapalli.	Asst. Surgeon :	
Anesthetist :	OT Nurse:	OT Technician:
Pre-Operative Diagnosis: pyomyositis / OM of (L) femur c ? healing # femur Rupt.		
Surgical Procedure : I & D.		
Indications for Surgery : infection.		
Date :	Start Time :	End Time :

Pre Operative Preparations:

Post Operative Diagnosis: Same

Peri-Operative Complications:

Operation Notes:
- Under GA, after thorough scrub & draping
- lateral incision given over 1/3rd of (L) thigh.
- about [illegible] pus drained out.
- thorough wash given
- Drain placed.
- Suturing done in layers.
- Dressing done.
- shifted to POW in stable condition

(P.T.O.)

Amount of Blood Loss:

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

Name of the Surgeon: .....

Signature of the Surgeon: .....

Date & Time: .....

IP5-00173992
AH-006?6644
Master NAKUL MANGA (M)
11-02-2023 3 Y 3 M 9 D
Dr. VENKAT RAM THYALAPALLI

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POST-SURGICAL CARE PLAN FORM

Procedure Done: [illegible]

Post-Surgical Diagnosis: [illegible]

Post-Operative Monitoring Parameters /Frequency:

—

Wound Care:

—

Drain /Special Lines/Catheters:

drain care

Special Patient Positioning and Requirements:

[illegible]

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

[signature]

Treating Surgeon
(Signature & Stamp)

Date: 19/5/2024 Time: 9:20pm

Note: Plan of care will be readjusted if necessary.

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Master NAKUL MANGA
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ATION FORM

Doctor Name : Dr-Harish Jayaram Date : 19/5/26 Time : 6:10pm

Diagnosis :

Hospital :

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

Thanks for referral.

FUC of Left femur shaft abscess s/p Incision & drainage

c/o scrotal swelling

O/E-
- Scrotal edema present
- B/L testis palpable (N)

Adv
- Conservative management

Consultant :

Name : Dr Harish Signature : Date & Time : 19/5/26 6:10p

BAH-00656644 IP5-00173992
Master NAKUL MANGA
11-12-2023 3 Y 3 M 7 D (M)
Dr. VENKAT RAM THYALAPALLI

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CROSS CONSULTATION FORM

Doctor Name : Dr. Vijwala Date : 19/5/23 Time : 9:30 am.

Diagnosis : Osteomyelitis Left femur c thigh abscess c sepsis

Hospital : .....

.....

Referred for : ☐ Opinion ☑ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

?Osteomyelitis of left femur c thigh abscess c sepsis

Being evaluated

On ceftriaxone / Linezolid.

check LFT report.

~~upgrade antibiotics to meropenem~~ with linezolid.

Plan

Check - to do.

LFT
~~Albumin~~ } today

Syp Ibugesic Plus TID

DR. UJJWALA DESAI
Registration No: 90550

Consultant : Dr Ujjwala

Name : ..... Signature : ..... Date & Time : 19/5/23

20/5
8:25 a.m

C/O Osteomyelitis left femur
c̄ thigh leading to sepsis

child is afebrile
doing well
No fresh complaint
hemodynamically stable
LFT → normal

O/E
CVS : S_1S_2 ⊕
RS : BAE ⊕, airway clear
P/A : Soft
ENT : clear

Dr. Ujjwar
9am
20/5/16

07

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RESULT SHEET

Date	18/5/26	19/5				
Time	11:30pm					
Hb	8.2					
PCV	25.8					
RBC	3.54					
WBC	26090					
N/L	58.8/30.2					
Platelets	4.65					
CRP	43					
ESR						
PCT	0.332					
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.3					
ALP						
SGPT		18				
SGOT		40				
T.Bill/Conj		0.7<0.4 0.3				
T.Protein		7.1				
S.Albumin		3.3				
S.Globulin		3.8				
A/G Ratio		0.8				
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR		15/1.1				
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 : Bld cls - NO growth 24hrs

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

BAH-0065[illegible]644 IP5-00173992
Master NAKUL MANGA
11-02-2023 3 Y 3 M 7 D (M)
Dr. VENKAT RAM THYALAPALLI

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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: 104

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 : Akhila [signature]

Date & Time : 18/5/26

Nurse Name & Signature: Rafiavel @ [signature]

Date & Time : 18/5/26 @ 1.10 pm

Docu. No. : RCHBH /FRM / GENERAL / 090

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DRUG CHART

Date of Admission: 18/5/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : Inj PARACETAMOL

Dose	Route	Frequency	Start Date
200mg	IV	SOS	18/5

Doctor's Signature	Valid Period	Pharm.
Akhila		

Additional Instructions: T>102°F

Date/Time: 19/05 10:32 am Shaik

DRUG : Syp CROCIN DS

Dose	Route	Frequency	Start Date
4ml	PO	SOS	18/5

Doctor's Signature	Valid Period	Pharm.
Akhila		

Additional Instructions: T>100°F (5ml/240)

DRUG : Syp IBUGESIC

Dose	Route	Frequency	Start Date
5ml	PO	SOS	18/5

Doctor's Signature	Valid Period	Pharm.
Akhila		

Additional Instructions: T>102°F (5ml/100mg)

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

Dr. VENKAT RAM THYALAPALLI 3Y3M7D (M)

REGULAR PRESCRIPTIONS

Weight. 13kg Ward. .....

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
600mg	IV	BID	18/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
@ 50 mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date	Time
18/5	19/5
	10AM ✓
	10PM ✓

DRUG : Inj LINEZOLID

Dose	Route	Frequency	Start Date
130mg	IV	TID	18/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
10 mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date	Time
18/5	19/5 20/5
	6AM ✓
	10AM ✓
	2PM ✓
	10PM ✓

DRUG : Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Date
15mg	IV	OD	18/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time
18/5	20/5
	6AM ✓

DRUG : SYP IBUGESIC PLUS

Dose	Route	Frequency	Start Date
6ml	PO	TID	19/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time
19/5	20/5
	6AM ✓
	10AM ✓
	2PM ✓
	10PM ✓

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

				Date/Time		
DRUG : CHYMERAL FORTE				19/5		
Dose	Route	Frequency	Start Dt.			
1/4 tab	P/O	BID	19/5			
Name & Signature of the Doctor Starting the Drugs: Sohil				10AM X		
Additional Instructions: 1 tab - 500mg				10PM Dr. Som		
Daily Doctor's Endorsement by a Sign						
DRUG : LIMCEE TAB				19/5		
Dose	Route	Frequency	Start Dt.			
~~1 TAB~~ 1/2	P/O	OD	19/5			
Name & Signature of the Doctor Starting the Drugs: Sohil				10am; 6pm		
Additional Instructions: 1/2 tab; ~~1 tab - 500mg~~ → 1/2 tab						
Daily Doctor's Endorsement by a Sign						
DRUG : SYP CALCIMAX PLUS				19/5		
Dose	Route	Frequency	Start Dt.			
5ml	P/O	BID	19/5			
Name & Signature of the Doctor Starting the Drugs: Sohil				10AM X		
Additional Instructions:				10PM Dr. Som		
Daily Doctor's Endorsement by a Sign						
DRUG : ~~SACHET D3 60~~						
Dose	Route	Frequency	Start Dt.			
~~1 Sachet~~						
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

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

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Master NAKUL MANGA (M)
11-02-2023 3 Y 3 M 9 D
Dr. VENKAT RAM THYALAPALLI

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG : SYP ZINCOVIT

Dose	Route	Frequency	Start Dt.
5ml	P/O	OD	19/5

Date / Time: 19/5 · 6pm · 10pm · 5ml

Name & Signature of the Doctor Starting the Drugs: Sohel

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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11-02-2023 3 Y 3 M 9 D (M)
Dr. VENKAT RAM THYALAPALLI

Weight. ....13 days Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/5/26	8:20pm	DICLOFENAC Suppository	12.5mg	PR		
19/5/26	7:40pm	Inj. PARACETAMOL	130mg	IV		
20/5/26	10AM	SACHET D 360°	1 Sachet	P/O	Sohel	

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

I.V. FLUIDS CHART

Weight. 13kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
18/5	11:50 PM	IVF DNS + 5ml KCl. ½ maintenance	IV	20			20/5		

Signature .....

VERIFIED BY : Name .....

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11-02-2023 3 Y 3 M 9 D (M)
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: RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/5/26 Time:

Doctor / Nurse / Family Concern? 10AM

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.6°F

Heart Rate (bpm) and Blood Pressure (mmHg) *

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

89 (61) 49

Note: BP does not score in early warning scoring

Heart Rate (Number) 119bpm

Resp. Rate (bpm) (Over 1 Minute) *

70 60 50 40 30 20 10

26bpm

Resp Rate (Number)

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min)	
O_2 Saturations (%)	100%
Conscious Level	Normal / Altered
GCS *	15/15
TOTAL SCORE Number of shaded boxes	1
Pain Score	0
Observer's Initials	B

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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11-02-2023 3 Y 3 M 7 D (M)
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Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/5/26 Time:

	10am	1pm	11pm	2am	6am
Doctor / Nurse / Family Concern?					
Temperature (F)	97.5°F	97.9°F	97.9°F	97.6°F	98.1°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	109 (85) 75	101 (71) 69	109 (75) 64	101 (65) 57	100 (71) 61
Heart Rate (Number)	126b/m	118b/m	118b/m	99b/m	108b/m
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	25b/m	21b/m	25b/m	30b/m	28b/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min) O_2 Saturations (%)	100%	100%	100%	100%	98%
Conscious Level: Normal / Altered					
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1	1	1
Pain Score	0	0	0	0	0
Observer's Initials					

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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

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

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/5 Time:	11:50 pm	12:25 am	1:30 am	4 am	7 am	8 am
Doctor / Nurse / Family Concern?						
Temperature (F) (104–94)		102°F (Inj° paracetamol 200mg)	99.4°F	97.8°F	102.4°F (Inj° paracetamol 200mg)	99.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	E R	104/69 (80)	103/60 (74)		105/67 (82)	
Heart Rate (Number)		113bpm	110bpm		107bpm	
Resp. Rate (bpm) (Over 1 Minute) * (70–10)						
Resp Rate (Number)		28b/m	26b/m		26b/m	
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)		97%	98%		99%	
Conscious Level: Normal / Altered						
GCS *		15/15	15/15		15/15	
TOTAL SCORE Number of shaded boxes		1	1		1	
Pain Score						
Observer's Initials						

Note: BP does not score in early warning scoring

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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FLUID CHART

Sheet No. : (1)

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		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											
19/5	12:00 am	DNS +										
	01:00 am	5ml KCl	Idly	20ml	-	-	1	-	-	-	0	Sail
Total Intake :						Total Output :						
	02:00 am			20ml							0	Sailu
	03:00 am	DNS	Idly	20ml						✓	0	Sailu
19/5	04:00 am	+		20ml			MP				0	Sailu
	05:00 am	5ml		20ml						✓	0	Sailaja
	06:00 am	KCl		20ml							0	Sailaja
	07:00 am			20ml							0	Sailaja
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

BAH-00656644 IP5-00173992
Master NAKUL MANGA
11-02-2023 3 Y 3 M 7 D (M)
Dr. VENKAT RAM THYALAPALLI

FLUID CHART

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Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
19/5	08:00 am			20ml							0	
	09:00 am			20ml							0	praveen
	10:00 am	DNS +		20ml							0	
	11:00 am	5ml KCl		20ml			✓				0	praveen
	12:00 pm			—						✓	0	
	01:00 pm			20ml							0	praveen
Total Intake :							M = 0	Total Output :				
19/5	02:00 pm	↑	NPO	20ml							0	
	03:00 pm	DNS +		—							0	
	04:00 pm	5ml		20ml						✓	0	
	05:00 pm	KCl		20ml							0	
	06:00 pm			20ml							0	
	07:00 pm	↓		—						✓	0	
Total Intake :								Total Output :				
19/5	08:00 pm			—							0	Sow
	09:00 pm	DNS + KCl		—			1				0	Sow
	10:00 pm			medicine			NP			✓	0	Sow
	11:00 pm						1				0	Sow
	12:00 am			20ml							0	Sow
	01:00 am			20ml							0	Sow
Total Intake :								Total Output :				
20/5	02:00 am			20ml			1				0	Sow
	03:00 am	DNS + KCl		20ml						✓	0	Sow
	04:00 am			20ml			NP				0	Sow
	05:00 am			20ml			1				0	Sow
	06:00 am			20ml							0	Sow
	07:00 am			20ml			✓			✓	0	Sow
Total Intake :								Total Output :				

Total 24 hrs. Intake		Total 24 hrs. Output	

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Master. NAKUL MANGA Age: 3y 3m Sex: Male UHID.No : BAH-0065644

Date: 19/5/26 Time: 3:25pm Proposed Operation: Incision & Drainage

Diagnosis: Sepsis c Femur Shaft Abscess (Lt)

B.P / CRT: 90/46 mmHg H.R: 130/min Weight: 13kg ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 8.2gm%	Glucose:	Protein:	HIV:	X-Ray:
PCV: 25.8	Urea:	Alb:	HBS Ag:	ECG:
WBC: 26090	Creat: 0.3	Total Bill:	HCV:	2D Echo:
Plate: 4.65lakh	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NIL

Medical History: CVS : NIL SIGNIFICANT

RESP : Diabetes :

CNS :

Renal : Term / / Mch/3kg/CHAB

Hepatic / GE : Physical Activity: Immunisation (+)

Others :

Past Anaesthetic History: ORIF + TENS nailing (24/4/26) ↓ CA, uneventful

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: (N) Alignment

Lungs : BAE (+), Clear

Heart: S_1S_2 (+)

CNS: NAD

Pregnant: ☐ Yes ☐ No ☐ NA | Peripheral (+) Venous Access Site : | Spine Exam for regional : Midline

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

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

CURRENT MEDICATIONS	DOSAGE
Inj. CEFTRIAXONE	600mg IV BD
Inj. LINEZOLID	130mg IV TID
Syp. IBUGESIC PLUS	6ML P/O TID

Pre-Operative Instructions:

NBM - 1:30pm

1. DVT Prophylaxis : ☑ Explained
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
   (1) Reserve PRBC 15ml/kg
   (2) BGT

Signature: Ayesha Name: Dr. SK. Ayesha.

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ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No			Fasting Status: Adequate
Physical Status:	☑ Patient Identified	☑ Consent Present	☑ Chart Reviewed

H.R: 130/min | B.P / CRT: | SpO: 98% @ RA | R.R: 18/min | Last Feed: > 6hrs

Pre-OP Diagnosis: Left femur shaft Abscess Operation: Incision & Drainage Date: 19/5/26

Surgeon: Dr. VENKAT RAM Anaesthesiologist: Dr. Ayesha Technician: Gowtham

TIME	7:30	7:45	8:00	8:30	8:45
N_2O /AIR /O_2 LPM					
HALO /SO /SEVO					
Drugs:	1) MIDAZOLAM 0.5mg IV 2) FENTANYL 50mcg IV 3) PROPOFOL 50mg IV + 30mg IV 4) PARACETAMOL 130mg IV				
FIO_2 / SaO_2	100/	100/	100/	100/	100/
$ETCO_2$	33	37	34	34	35
ECG	SR	SR	SR	SR	SR
Temperature					
Urine Output					
Fluids / Blood	RL 130ml/hr →				

Antibiotic

Suppository: DICLOFENAC 12.5mg PR

Blood Loss

NOTES
1) NBM till further orders
2) Monitor Vitals inform SO

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values: ABG | GRBS | Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: (Lt) UL
☐ Art Site:
☑ EKG Lead 3lead
☑ Temp Site Axilla
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position:
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☑ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 1:30pm
OP Start: 1:55pm
OP End: 8:30pm
Leave OR: 8:45pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV:
☐ IV:
☐ IV:

Induction
☑ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☑ Mask ☑ SGA LMA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts:
Difficulty Why?

☑ Bilat = BS
☐ Semi-Closed Circle
☑ Closed Circle
☐ Other

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: Dr. SK Ayesha
Signature of the Doctor:

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11-05-2023 3 Y 3 M 9 D (M)
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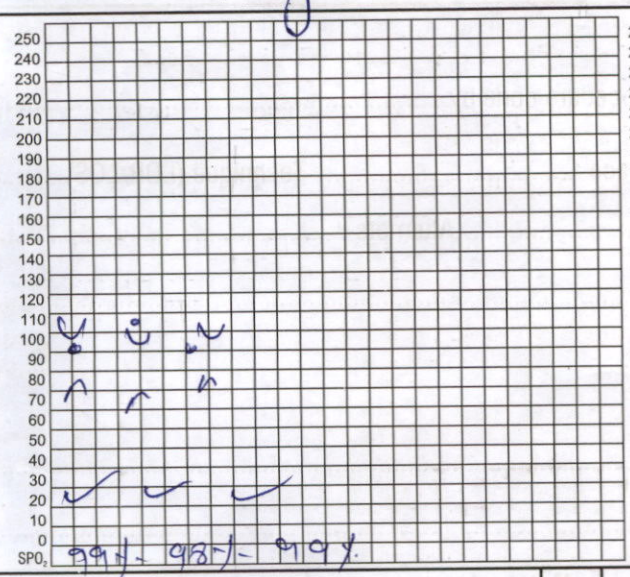
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Kalyan Time Received : 9pm Time Discharged : .....



IV Cannula Site : RH

- ☐ O_2 Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....
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 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0 ACTIVITY	1	1	2		2	A Minimum Total Score of 8 is Required for Discharge
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	2	2	2		2	Exceptions to this, are to be explained in the space below by the Discharging Physician:
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION	2	2	2		2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	1	2	2		2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	2	2	2		2	
	TOTAL	8	9	10		10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Anaesthesiologist Name : Dr. SK. Ayesha
Anaesthesiologist Signature: Ayesha
Date & Time: .....

PACU Nurse Name : Kalyan
PACU Nurse Signature: Kalyan
Date & Time: 19/5/26

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): IOb
Date & Time: 19/5/26

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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 : .....

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 19/5/26 Time: 9 AM

Weight: 13 kgs Centile: 10th

Height: 93 cm Centile: 10th

Interence: under weight child

RDA: — Calories: 1300 kcal/d Protein: 22 g/d

Diet Recommendations: soft diet

Re-Assesment: Avoid spicy, chilled & outside foods.

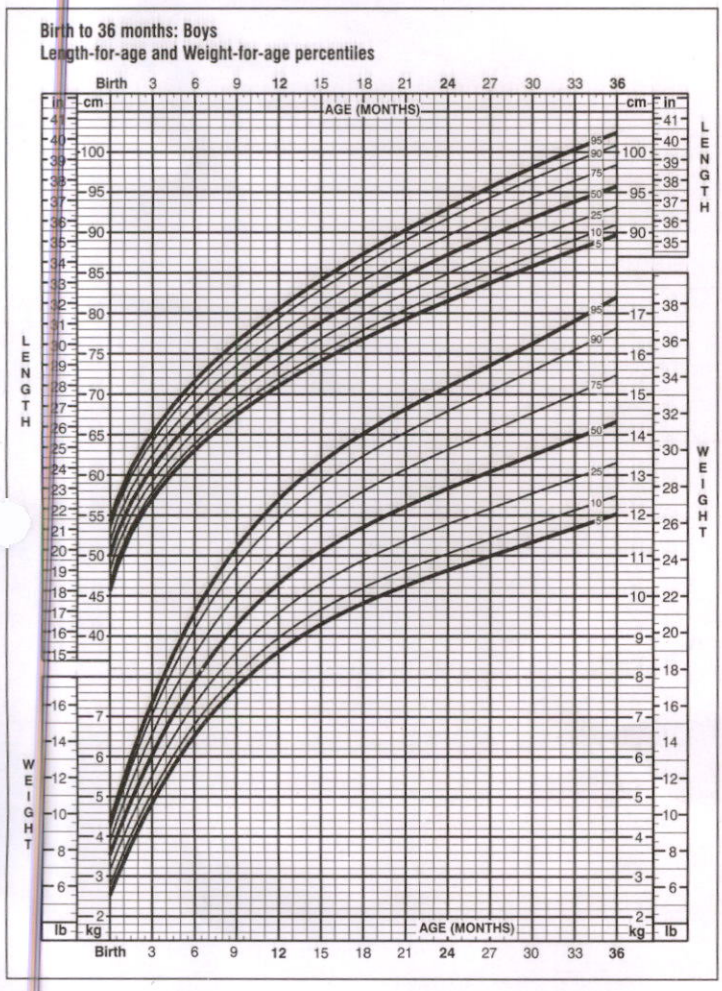
Food Allergies: NO Veg/Non-veg Non-veg

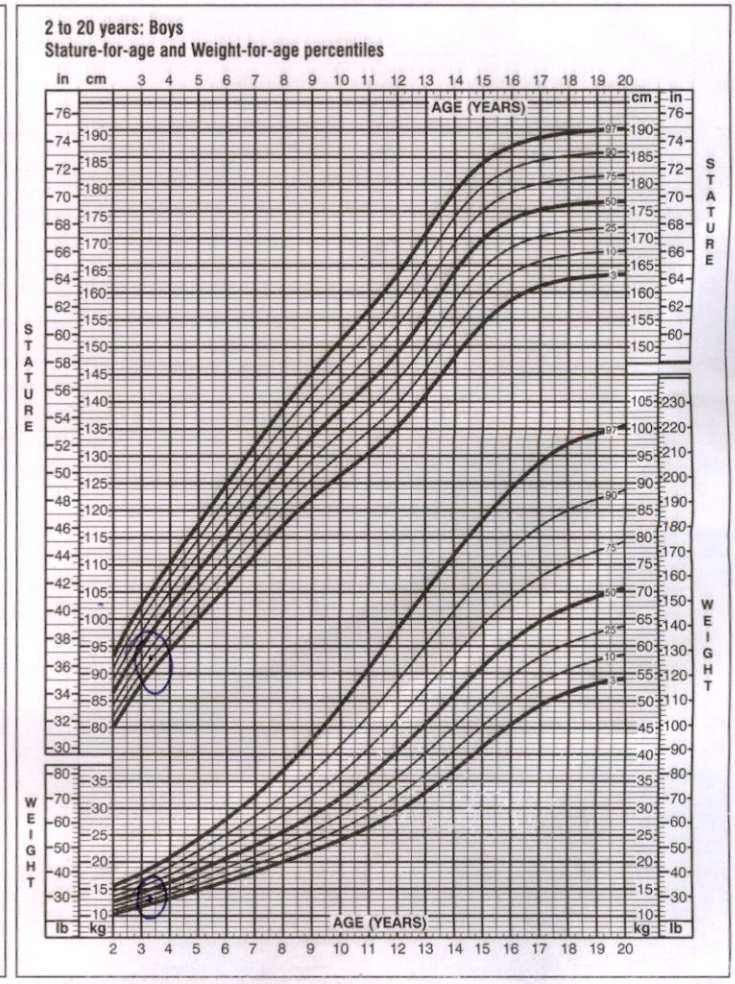
Diagnosis: Sepsis c/o femur shaft abcess.

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Radha

GROWTH CHART (BOYS)





Dietician's Name Monica Dietician's Signature Monica

Daily Notes:

20/5/26 8am	Child is stable. Intake is fair continue c̄ soft diet Nikitha