

BAH-00653024 IP5-00176021
Master MOHAMMED IBRAHIM ADIL
27-09-2023 2 Y 9 M 9 D (M)
Dr. NABEEL ALAM QADRI



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

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

SURGERY DETAILS

81049

Date: 6/7/26

Patient Name: Mr. Ibrahim Date of Birth: 27/9/2023 Age: 24

Gender: male Ward: P-OT UHID No.: BAH-00653024

Date of Surgery: 6/7/26 ☐ OT-1 ☒ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery: MCB

Time in: 2 PM spot / Cati Time Out: 2:30 PM

	NAME	AMOUNT
1. Surgeon	Dr. Nabeel	Surgeon - 19820
2. Anaesthetist	Dr. Sunidhara	Asst Surgeon - 1982
3. Assistant Surgeon		Anesthesia - 5946
4. OT Technician	Neelket	Asst Anesthe - 1982
5. Circulating Nurse	Suman	OTC - 7500
6. Assistant Nurse	Beldi	OT charges - 15856
		CSD - 595

Special Equipment: ☐ Laparoscopy ☒ Bronchoscope ☐ Harmonic ☐ Morcelator

☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa

☐ Neuro Cusa ☐ Others

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9690459

Order by: J. Ramani

Example 2

Example 3

Example 4



Example 5

Example 6



MCB

CONSUMABLES OF OT

Circulating Staff: Technician: Date: Time: 1:30 PM

Anaesthesia Disposables		Qty		Surgical Disposables		Qty		Disposables (Baby Side)		Qty	
Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used
ET tube 3.5, 4.0, 4.5	1/1	—	Major Pack Rape	1	—	Inj Vit.K	—	—	—	—	—
LMA 2	1	—	Sutures	—	—	Cord Clamp	—	—	—	—	—
ECG leads : A/P/N	5	3	—	—	—	Suction Catheter 8	1	—	—	—	—
HME filter : A/P/N	1	0	—	—	—	Feeding Tube	—	—	—	—	—
Syringes : 10 cc	10	4	—	—	—	Vaccum Suction Set	—	—	—	—	—
05 cc	10	2	Gloves	—	—	Surgical Gloves	—	—	—	—	—
02 cc	10	2	6, 6 1/2, 7 1/2	2	—	Gauze Pack	—	—	—	—	—
01 cc	2	1	pf 6, 6 1/2, 7 1/2	1	—	Syringe 1ml / 2ml	—	—	—	—	—
Cautery plate : A/P/N	1	—	Surgical blade	—	—	Surgical Blade # 20	—	—	—	—	—
IV set	1	—	NG tube	—	—	Koochies (S)	—	—	—	—	—
RL	1	—	Cautery pencil	—	—	N's pond	—	—	—	—	—
NS : 10ml / 100ml / 500ml / 1000ml	2/2	0	Koochies	—	—	praxix	—	—	—	—	—
02 mask (CP)	1	—	Ointments	—	—	lock, sec, 2cc.	2/2	1	—	—	—
Airway (8.1)	1/1	—	Suction Catheter	8	—	mucous extract for	2	—	—	—	—
Fentanyl	1	0	Cap, Mask	—	—	Drug, mucous	3	—	—	—	—
Morphine	—	—	Gauze Pack	2	—	Jelly	1	1	—	—	—
Ketamine	—	—	Mop Pack	—	—	pie Trajectory Tube 3, 3.5	1/1	—	—	—	—
Propofol	2	0	Steristrip	—	—	4, 4.5	1/1	—	—	—	—
Rocuronium	1	—	Underpad	—	—	Iv canula 22, 24	1/1	—	—	—	—
Glycopyrolate	1	—	Draw sheet	—	—	Dexed	1	0	1	—	—
Myopyrolate + Neostigmine	2	—	Abgel	—	—	Tromexal	1	0	1	—	—
Ondansetron	1	—	Foleys catheter	—	—	mimf spike	1	0	1	—	—
Pencan 25g/ Spinal Needle 22	—	—	Urobag	—	—	NG-5, 6, 7, 8, 9, 10	—	—	—	—	—
Bupivacaine 0.25%	—	—	Chest Drainage Catheter	—	—	Suction cath 6, 8, 10	—	—	—	—	—
Bupivacaine 0.25% (Heavy)	—	—	Romodrain bag	—	—	BOCC + pmo line	—	—	—	—	—
Antibiotics Augmentin	—	—	Bandage	—	—	Sto2 Nasal probe	1	—	—	—	—
Suppositories	—	—	Tegaderm	—	—	Nasal Airway 16, 18	1/1	—	—	—	—
Anamol : 80mg / 250mg / 170 mg	1/1	—	Ioban	—	—	Co2 + Adrenaline	0	0	1	—	—
Supridol : 100mg	—	—	Double J Stent	—	—	Adrenaline	0	0	1	—	—
Justin : 12.5 mg / 25mg / 100mg	1/1	—	Vaccum Suction set	—	—	—	—	—	—	—	—
Tab. Misoprost : 200mg	—	—	Plastic Bed Sheet	—	—	—	—	—	—	—	—
vaccum set	1	0	Betadine Solution	—	—	—	—	—	—	—	—
Gauze	3	0	Microshield	—	—	—	—	—	—	—	—
Gloves and	4	—	Cotton Balls	—	—	—	—	—	—	—	—
Ivp.cm	1	0	Latex Gloves	—	—	—	—	—	—	—	—
3-way 100/100cm	1/1	0	Ramdione Scrub	—	—	—	—	—	—	—	—
	—	—	Saral	—	—	—	—	—	—	—	—

Surgeon: Anaesthesiologist: Nurse: OT Technician:

Order No. : 7690380 Ordered by :

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

ESTIMATION SLIP

Date : 06/02/2026 UHID / IP No. : BAH-00653024 SI No. 81049
 Name of Patient : Mr. MD. Ibrahim Adil. Age: 24/04/00 Gender: M.
 Father's / Husband's Name : Mr. MD. Shieq. Corporate / Occupation : part employee
 Address : Phone : 7013513631 Email :
 Procedure / Plan : M.L.B.

MODE OF PAYMENT : ☒ SELF ☐ TPA : ☐ GIPSA : ☐ OTHERS

TARIFF INFORMATION :

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges										
Doctor's Fee			16475							
L. Tax			pinney							

PARTICULARS

PARTICULARS		AMOUNT (₹)	
Surgeon's / Anesthetists's Fee / O.T. Charges	TSW	21802	7928
O.T. Consumables	→ 7500	Subject to approval by TPA / Insurance Company	
Instrument Charges	10,000	Not Covered by TPA / Insurance company	
Pharmacy, Consumables & Investigations	Extra	As per actual - Not Included in Estimation	
Equipment Charges	Monitor :	Oxygen :	Infusion pump / Syringe pump :
	Ventilator :	Conventional :	HFO-SLE 5000 :
	Phototherapy :	Single Surface :	Double Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	Extra	As per actual - Not Included in Estimation	
Package			
thurs			
Initial Minimum Deposit	Appx. 1,35,000	Final sum	

REMARKS:

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

DECLARATION

I Mr. Shieq. 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 Relationship

Signature of the Financial Counselor

ACTIVITY RECORD FOR BILLING

Name : _____ BAH-00653024 IP5-00176021
Master MOHAMMED IBRAHIM ADIL (M)
27-09-2023 2 Y 9 M 9 D
Dr. NABEEL ALAM QADRI
UHID No. : _____ Consultant: _____ Dept : _____
Date of Admiss _____ time : _____ Date of Discharge : _____ Time: _____
Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	12:50pm	ER	OT	
6/7/26	5PM	OT	103	

Cross Consultation Visit

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

[illegible]

Signature

Try

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
06/07	iv placement	1	90014	Tang
	RAC	1	90017	
7/7/26	NHA	1	9698596	Snk

ANY OTHER INFORMATION

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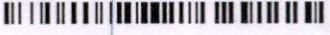
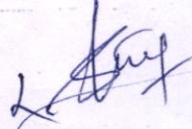
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Date : 9/7/26

Time : 9pm

Prepared By : Aruna

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Aruna	SPVT.		

 Rainbow Children's Hospital		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 : IP5-00176021	Admit Date : 06-Jul-2026	Admit Time : 11:43 AM UHID : BAH-00653024	
Patient Details :			
Patient Name : Master MOHAMMED IBRAHIM ADIL	Age : 2 Y 9 M 9 D		
Guardian : Mr MOHAMMED SHIRAZ ADIL	DOB : 27-09-2023		
Gender : Male	Religion :		
Occupation :	Martial Status : Single		
Address (H) : 5-4-243 GUNJ STEERT Jagtial Karimnagar Telangana INDIA 505327	Phone No : 7013513631/ 9849470038		
E-mail : nomailid@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 MOHAMMED SHIRAZ ADIL	Relationship : Father		
Contact Address : 5-4-243 GUNJ STEERT Jagtial Karimnagar Telangana INDIA 505327	Phone No : 7013513631 / 9849470038		
			 Signature
Doctor Details :			
Doctor Name : Dr. NABEEL ALAM QADRI	Specialisation : PEDIATRIC SURGERY		
Referral Doctor : Self	Phone No :		
Co-Consultant : Dr. ABHISHEK RAVINDRA JAIN			
Payment Details :			
Payment Mode : Cash	Deposit Amount : 0.00		
	Payor Name : SELFPAY		



It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

Mohammed Ibrahim Adil

UHID ID:

Department:

Consultant:

BAH-00653024 IP5-00178021
Master MOHAMMED IBRAHIM ADIL
27-09-2023 2 Y 9 M 9 D (M)
Dr. NABEEL ALAM QADRI




Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

care of Sp Tracheostomy

History of present illness :

Admitted for microlaryngoscopy

No H/o fever, cough, cold.

BAH-00653024 IP5-00176021
Master MOHAMMED IBRAHIM ADIL
27-09-2023 2 Y 9 M 9 D (M)
Dr. NABEEL ALAM QADRI



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Full term / 3 kg / 47.3

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

No emd for ag

Immunization History :

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs)) 13.92 (Centile _____)

On Examination :

Temperature : 98.8°F Pulse Rate 139/min B.P. _____ SP02 98.1% RA
Resp. rate and type of breathing : 25/min

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any addles sounds : _____

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : _____

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:

Child Status Epilepsy & Encephalopathy
↓
Microdysplasia

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: infectious

Desired goals of the treatment: Resolution of symptoms

Planned Labs:

CBP N/R
FT, Bilirubin-1 attenders
request

Planned Management

Npo.
PAC-box
IV - microclaynospicy today
if
Albic leveling - refer to sr
subcuty

Signature of the Doctor: N. P. Qadri

Name of the Doctor: N. P. Qadri

Date & Time: 06/11/20, 12:00

Signature of the Consultant: Nabeel

Name of the Consultant: Nabeel

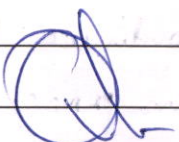
Date & Time: 6/7/20 6:00



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/20 08:55pm	C/S/B Neuroteam (Dr. Abhishek)	
	·) K/C/O Status Epilepticus 2 ^o to ITES / ? Seronegative Demyelination	
	S/p Tracheostomy	
	·) History Noted	
	·) present Neurological issues → TRACHEOSTOMY in situ	
	O/E: HMF → (N)	Adv
	- All CN intact	1) STOP OMNACORTIL.
	- (N) tone, power & reflexes	2) Continue BRIVACETAM.
	- No meningeal or cerebellar signs	3) Can proceed to Decannulation
	- vitals - stable	4) Send S.MOG
		Abhishek

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26. 5:15pm	C/S/B Dr. Maliha	
	POD - (1)	<u>Adm</u>
	No fever spikes <u>Vitals</u>	1) Full feeds
	On capping (96% on RA) (SPO ₂)	2) Plan decannulation after neuro review tomorrow
		3) 2 hours capping on, 2 hours off: till 10 pm Night - keep open.
		Maliha Dr. Maliha 7/7/26 5:15pm.
	 7/7 6pm	

Date & Time	Progress Notes	Doctor's Order
8/7/26	CS/B Neuroteam (Dr. Abhishek) K/C/O See Status Epilepticus 2^o to ? IRES ? Seronegative demyelination S/P Tracheostomy → No fresh complaints POD - 1 → planned for decannulation tomorrow after discussion → Accepting feeds (N) O/E: Child asleep vitals - stable No fever spikes (N) tone, power & reflexes	Adv 1) Trace S. MDG report 2) vitals monitoring 3) Complete plugging x 24hrs - ↳ Review & then plan for decannulation Abhishek

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>VITALS MONITORING:</u>	
Date	Time :-	(SPO ₂) (HR) RR BP
9/7/26	9:32 AM	96% 112 26
9:42 AM	97% 142	27.
9:52 AM	97% 126	23
10:02 AM	100% 138	25
10:12 AM	100% 132	22 118/86
10:22 AM	99% 130	23
10:32 AM	99% 134	27
10:52 AM	99% 120	25 102/65 (77)
11:12 AM	99% 112	20
11:32 AM	99% 102	30 103/70 (75)
12:00 PM	99% 116	26
12:30 PM	98% 120	25



Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

(P.T.O)

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 7:30am	C/S B Dr Nikewitz	
	S/P decannulation	
	Child active	<u>Adv</u>
	Accepting feeds	- Full feeds as tolerated
		- plan D/c today.
	O/E - Afebrile	
	Vitals - stable	
	PO - soft	
	SpO ₂ - 97% RA	
	P/A - soft	
		g/ Dr Nikewitz 10/7/26 7:30am



INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: ☐ Patient ☒ Patient Attendant

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

1. Micro laryngo-bronchoscopy

2. _____

I acknowledge the following:

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

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
<u>To see before proceeding for decannulation</u>	<u>N/A</u>

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

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

- Bleeding
-

I authorize Dr. Naseel Qadri and his / her team to perform the procedural sedation upon the patient / myself.

- I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
- 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: _____

Name: Md. Shuraz Adil

Relationship with patient: Rather

Date & Time: 6/7/26 @ 1pm

Witness:

Signature: _____

Name: Moina Sadiya

Date & Time: 6/7/26 @ 1pm

Doctor (who is taking consent):

Signature: _____ Name: Naseel Qadri Date: 6/7/26 Time: 1pm

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

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

1

2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

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

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

a.
b.

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

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Nabeel Alam
Asst. Surgeon :
Anaesthetist : Dr. Sumidara
Scrub Nurse : Bobi

Patient Name : Master Ibrahim Age 2 Y Gender : M
UHID No. : 00653024 Surgery Name :
Date : 6/7/26 In-time : 2:15 PM Out-time : 2:30 PM

BAH-00653024 IP5-00176021
Master MOHAMMED IBRAHIM ADIL
27-09-2023 2 Y 9 M 9 D (M)
Dr. NABEEL ALAM QADRI


Before Induction of Anaesthesia ➤ ➤

SIGN IN	Time: <u>2pm</u>
Patient Has Confirmed	
Identity	☒ Yes ☐ No
Site	☐ Yes ☒ No
Procedure	☒ Yes ☐ No
Consent	☒ Yes ☐ No
Site Marked	☐ Yes ☐ No ☒ NA
Anaesthesia Safety Check Completed	☐ Yes ☐ No
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No
Does Patient have a:	
Known Allergy?	☐ Yes ☒ No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	☒ Yes ☐ No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	☐ Yes ☒ No ☐ NA
Blood Units Reserved	☐ Yes ☒ No ☐ NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	
	☒ Yes ☐ No ☐ NA
Signature : <u>Sumidara</u>	
Name : <u>6/7/26 2pm</u>	

Before Skin Incision ➤ ➤

TIME OUT	Time: <u>2:15</u>
Confirm all team members have introduced themselves by Name and Role ☒ Yes ☐ No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	☒ Yes ☐ No
Correct Site	☒ Yes ☐ No
Correct Procedure	☒ Yes ☐ No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>25'</u>	
	☒ Yes ☐ No ☐ NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns? ☐ Yes ☒ No ☐ NA	
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA	
Is Essential Imaging Displayed? ☐ Yes ☒ No ☐ NA	
Power Supply, Earthing, Power Backup and functioning of equipment <u>checked</u> ☒ Yes ☐ No	
Signature : <u>Sumi</u>	
Name : <u>Sumi</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>2:30pm</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	☒ Yes ☐ No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☒ Yes ☐ No ☐ NA
The Specimen is Labelled (including patient name)	☐ Yes ☒ No ☐ NA
Whether there are any Equipment Problems to be addressed	☒ Yes ☐ No ☐ NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient? ☒ Yes ☐ No	
Signature : <u>Nabeel Qadri</u>	
Name : <u>Nabeel Qadri</u>	

BAH-00653024 IP5-00176021
Master MOHAMMED IBRAHIM ADIL
27-09-2023 2 Y 9 M 9 D (M)
Dr. NABEEL ALAM QADRI

Patient



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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 6/7/26

Department : P-07 Duration of Procedure : 20 mins

Name of Surgeon : Dr. Nabeel Date of Admission : 6/7/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☒ Yes ☐ No ☐ Single Dose Antibiotic or ☒ Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☒ Yes ☐ No Name of the Antibiotic : <u>Inf - Augmentin 420mg</u>	
2.	Hair Removal ☐ Yes ☒ No if Yes : <u>Surgical Clipper</u> Department where Hair Removed : ☐ Ward ☒ Operating Room ☐ Other : _____ Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☒ No	
3.	Patient's body temperature immediately post operation (Recovery Room) <u>39.5</u> °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : <u>Teena</u> Date & Time of antibiotic administration : <u>@ 1 PM, 6/7/26</u> Date & Time procedure started : <u>@ 2:10 PM, 6/7/26</u>	

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

Docu. No. : RCHBH/ FRM / CLINICAL / 038



OPERATION THEATER NOTES

Patient's Name: Mohm Ibrahim Adil Age: 2y9m Gender: ☒ Male ☐ Female

UHID No.: BAH-653024 Weight: Height:

Surgeon: Dr Nabeel Qadri Asst. Surgeon:

Anesthetist: Dr Sindhu OT Nurse: Rishi, Suman OT Technician: K.K.

Pre-Operative Diagnosis: post tracheostomy for decannulation status Epilepsy

Surgical Procedure: MLB

Indications for Surgery: for decannulation

Date: 6/7/26 Start Time: 2:10 PM End Time: 2:20 PM

Pre Operative Preparations: NIL

.....

Post Operative Diagnosis: Status Epilepticus on tracheostomy

Peri-Operative Complications: NIL

.....

Operation Notes: Finding - Vocal cord movements good Bilateral,
- granulation tissue noted obstructing
about 50% of tracheal lumen
- Rest trachea normal
- Carina normal
- B/L Bronchi normal.

- MLB done & above said findings noted

- granulation tissue Excised - hemostasis Achieved

.....

BAH-00653024 IP5-00176021
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Dr. NABEEL ALAM QADRI



Patient St


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POST-SURGICAL CARE PLAN FORM

Procedure Done: MEB

Post-Surgical Diagnosis: post tracheostomy

Post-Operative Monitoring Parameters /Frequency:

TPR chart - Every 15 min for 1st hour

Wound Care:

- Nil -

Drain /Special Lines/Catheters:

tracheostomy care

Special Patient Positioning and Requirements:

- Nil -

Nutritional Instructions:

NPO till fully awake followed by
grad feeds

When to Start Mobilization:

As Soth

Special Referrals:

ped Neurology

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

☒ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

Nil -

Treating Surgeon
(Signature & Stamp)

Date: 6/7/26 Time: 2:45 PM

Note: Plan of care will be readjusted if necessary.



CROSS CONSULTATION FORM

Doctor Name : Dr. Abhishek R. J. Date : 7/1/24 Time :

Diagnosis :

Hospital :

Type of Referral :

- ☐ Emergency
☐ Urgent
☐ Non Urgent

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

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

Signature:

Findings and Recommendations :

- History noted.
Present neurological issues → Tracheostomy
in situ
- HNF → AD
- AUCN intact.
- AD tone, power & reflexes
- NO surgical or cerebellar signs

Adv:

- stop Omacort
- continue Beiv.
- can proceed with
decompression.

Dr. Nabeel Alam Qadri
13/01/24

Consultant :

Name : Signature : Date & Time :

BAH-00653024 IP5-00176021
Master MOHAMMED IBRAHIM ADIL
27-09-2023 2 Y 9 M 9 D (M)
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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :



MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

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

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

Shifting From: ER

Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Syp. Omeprazole	2ml	PO	24H	5/7/23	☒ C ☐ DC
	Syp. Bismuth	2.5ml	PO	12H	5/7/23	☒ C ☐ DC
3	Syp. Metformin	5ml	PO	24H	5/7/23	☐ C ☐ DC
4	Tab. donepezil	12mg	PO	24H	5/7/23	☐ C ☐ DC
5	Syp. Miconazole	5ml	PO	24H	5/7/23	☐ C ☐ DC
6	T. Lactulose DT	12ml	PO	24H	5/7/23	☐ C ☐ DC
7	Syp. Bismuth	5ml	PO	12H		☐ C ☐ DC
	Syp. Calcium Phos.	5ml	PO	12H		☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : N. Beathu. N.22

Date & Time : 6/7/23, 12pm

Nurse Name & Signature : poofis

Date & Time : 6/7/23 e 12:05 pm



DRUG CHART

Date of Admission: 6/2/26 Drug Allergies: ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name _____ Signature _____

REGULAR PRESCRIPTIONS

Weight. 14 kg Ward.

DRUG : <u>SYP. BRENFIL</u>				Date Time	<u>6/7</u>	<u>4/7</u>	<u>8/7</u>	<u>9/7</u>
Dose <u>2.5ml</u>	Route <u>PO</u>	Frequency <u>12H</u>	Start Date <u>6/7</u>					
Name & Signature of the Doctor Starting the Drugs: <u>N. Peatwika</u>				<u>12:05pm</u> <u>10AM</u> <u>10pm</u> <u>12:05pm</u> <u>10AM</u> <u>10pm</u> <u>12:05pm</u> <u>10AM</u> <u>10pm</u>				
Additional Instructions:								
Daily Doctor's Endorsement by a Sign				<u>mal</u> <u>mal</u> <u>mal</u>				
DRUG : <u>TAB. C CONAZEPAM</u>				Date Time	<u>6/7</u>	<u>8/7</u>	<u>8/7</u>	<u>9/7</u>
Dose <u>1/2 tab</u>	Route <u>PO</u>	Frequency <u>24H</u>	Start Date <u>6/7</u>					
Name & Signature of the Doctor Starting the Drugs: <u>N. Peatwika</u>				<u>10pm</u> <u>10pm</u> <u>10pm</u> <u>10pm</u> <u>10pm</u> <u>10pm</u> <u>10pm</u> <u>10pm</u> <u>10pm</u>				
Additional Instructions:								
Daily Doctor's Endorsement by a Sign				<u>mal</u> <u>mal</u> <u>mal</u>				
DRUG : <u>SYP. MEGALONW</u>				Date Time	<u>6/7</u>	<u>8/7</u>	<u>8/7</u>	<u>9/7</u>
Dose <u>Sml</u>	Route <u>PO</u>	Frequency <u>24H</u>	Start Date <u>6/7</u>					
Name & Signature of the Doctor Starting the Drugs: <u>N. Peatwika</u>				<u>10pm</u> <u>10pm</u> <u>10pm</u> <u>10pm</u> <u>10pm</u> <u>10pm</u> <u>10pm</u> <u>10pm</u> <u>10pm</u>				
Additional Instructions:								
Daily Doctor's Endorsement by a Sign				<u>mal</u> <u>mal</u> <u>mal</u>				
DRUG :				Date Time				
Dose	Route	Frequency	Start Date					
Name & Signature of the Doctor Starting the Drugs:								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								



Weight. 14 kg Ward.

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/7/23	1:00 PM	NEBICLIN	0.63 prior to OT	NEB	N.P.D	Amal
6/7/23	12:05 PM	ly. BRIVACAIN	25 mg	IV	N.P.D	Reem
6/7/23	1 PM	INJ. AUGMENTIN	420 mg	IV	Amal	Reem
6/7	2:15 PM	INJ. TRANEXAMIC ACID	250 mg	IV	Amal	Amal
6/7	2:15 PM	INJ. DEXAMETHASONE	1.5 mg	IV	Amal	Amal
6/7	2:15 PM	INJ. PARACETAMOL	200 mg	IV	Amal	Amal
6/7	11 AM	INJ. BREXIDIL	2 mg	IV	Amal	Amal

Weight. 14 kg (13.92 kg) Ward. _____

[illegible]

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)

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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/7/26	Time:	8pm	9pm	10pm	11pm	12AM	1AM	2AM
Doctor / Nurse / Family Concern?								
Temperature (°F)	104							
	103							
	102							
	101							
	100							
	99							
	98							
	97							
	96							
	95							
	94							
Heart Rate (bpm)	190							
	180							
	170							
	160							
	150							
	140							
Blood Pressure (mmHg) *	130							
	120							
	110							
	100							
	90							
	80							
	70							
	60							
	50							
Note: BP does not score in early warning scoring								
Heart Rate (Number)		111b/m	107b/m	115b/m	97b/m	92b/m	97b/m	105
Resp. Rate (bpm) (Over 1 Minute) *	70							
	60							
	50							
	40							
	30							
	20							
	10							
Resp Rate (Number)								27b/m
Resp Distress	Mod/ Severe							
	None / Mild							
Receiving O ₂ (l/min)								
O ₂ Saturations (%)		99%	97%	97%	97%	97%	99%	99%
Conscious Level	Normal							
	Altered							
GCS *								
TOTAL SCORE								
Number of shaded boxes								
Pain Score								
Observer's Initials								

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
Score 2 : Shift in charge nurse to be informed and continue hourly observations
Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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BAH-00653024 IP5-00176021
Master MOHAMMED IBRAHIM ADIL
27-09-2023 2 Y 9 M 9 D (M)
Dr. NABEEL ALAM QADRI



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

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

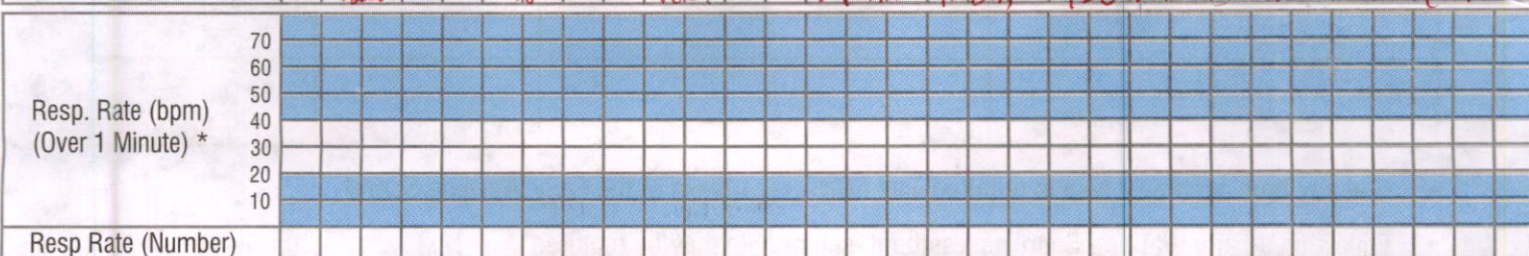
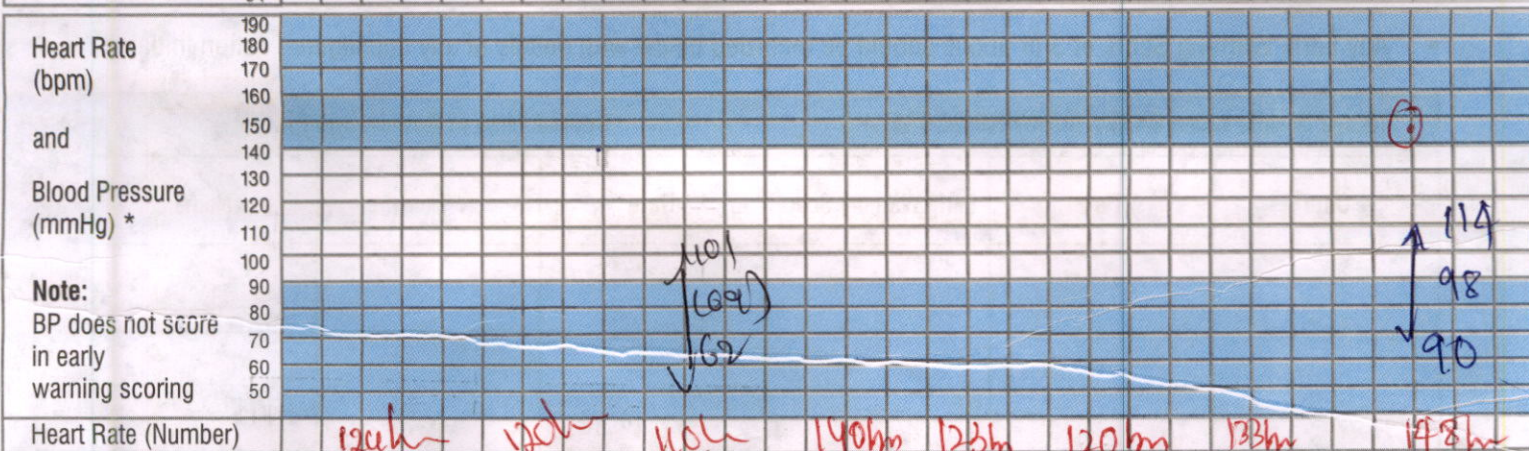
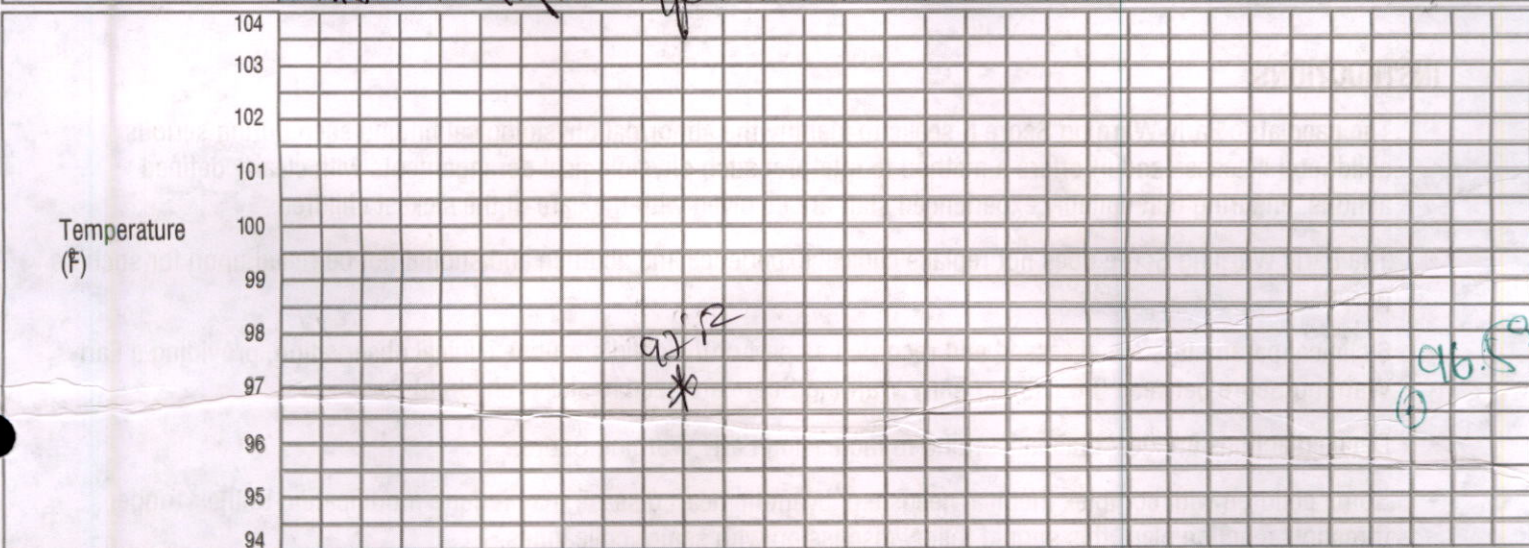
Pratiksha
Rainbow
Children's
Hospital
It takes a lot to break the little.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/7/23 Time:

Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O ₂ (l/min)		
O ₂ Saturations (%)		98%
Conscious Level	Normal	
	Altered	
GCS *		15/5

TOTAL SCORE	
Number of shaded boxes	1
Pain Score	2
Observer's Initials	

ACTIONS	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date : 7/12/26 Time:								
Doctor / Nurse / Family Concern?		5pm	10PM	8/12/26 12am	2am	6am		
Temperature (F)	104							
	103							
	102							
	101							
	100							
	99							
	98							
	97							
	96							
	95							
94								
Heart Rate (bpm)	190							
	180							
	170							
	160							
and	150							
	140							
Blood Pressure (mmHg) *	130							
	120							
	110							
	100							
	90							
	80							
	70							
	60							
	50							
Note: BP does not score in early warning scoring								
Heart Rate (Number)		118b	112b/m	92b/m	95b/m	93b/m		
Resp. Rate (bpm) (Over 1 Minute) *	70							
	60							
	50							
	40							
	30							
	20							
	10							
Resp Rate (Number)			28b/m		27b/m	28b/m		
Resp Distress	Mod/ Severe							
	None / Mild							
Receiving O ₂ (l/min)								
O ₂ Saturations (%)		96%	100%	98%	98%	98%		
Conscious Level	Normal							
	Altered							
GCS *			15/15	15/15	15/15	15/15		
TOTAL SCORE								
Number of shaded boxes			1	1	1	1		
Pain Score			0	0	0	0		
Observer's Initials								

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.	
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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 7/7/26 Time: 2am															
Doctor / Nurse / Family Concern?		4am 6am 8am 10am 12pm 2pm													
Temperature (°F)	104														
	103														
	102														
	101														
	100														
	99														
	98	98.5°f													
	97														
	96														
	95														
	94														
Heart Rate (bpm)	190														
	180														
	170														
	160														
	150														
	140														
	130														
	120														
	110														
	100														
	90														
Blood Pressure (mmHg) *	130														
	120														
	110														
	100														
	90														
	80														
	70														
	60														
	50														
	40														
	30														
Note: BP does not score in early warning scoring	110														
	100														
	90														
	80														
	70														
	60														
	50														
	40														
	30														
	20														
	10														
Heart Rate (Number)		106b/m 119b/m 118b/m 120b/m 120b/m 107b/m 110b/m													
Resp. Rate (bpm) (Over 1 Minute) *	70														
	60														
	50														
	40														
	30														
	20														
	10														
	0														
	0														
	0														
	0														
Resp Rate (Number)		28b/m 28b/m 28b/m 29b/m 29b/m 29b/m 29b/m													
Resp Mod/ Severe Distress None / Mild															
Receiving O ₂ (l/min)															
O ₂ Saturations (%)		96% 96% 94% 97% 98% 99% 98%													
Conscious Level Normal / Altered															
GCS *		13/15 13/15 15/15 15/15													
TOTAL SCORE															
Number of shaded boxes		1 1 1 1 1 1 1													
Pain Score		0 0 0 0 0 0 0													
Observer's Initials		S S S S S S S													

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
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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)
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/7 Time: 11:26	
Doctor / Nurse / Family Concern?	10:50 10PM 10:10pm 11:20pm 11:30pm 11:40pm 11:50pm 12am 12:10pm
Temperature (°F)	104 103 102 101 100 99 98 97 96 95 94
Heart Rate (bpm)	190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
Blood Pressure (mmHg) *	
Note: BP does not score in early warning scoring	
Heart Rate (Number)	106b/m 110b/m 122b/m 115 117 124b/m 115 107 114
Resp. Rate (bpm) (Over 1 Minute) *	70 60 50 40 30 20 10
Resp Rate (Number)	
Resp Mod/ Severe Distress None / Mild	
Receiving O ₂ (l/min) O ₂ Saturations (%)	96% 97% 98% 97% 96% 97% 98% 98% 96%
Conscious Level Normal Altered	
GCS *	
TOTAL SCORE	
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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/12	Time: 7:15pm	7:30pm	7:40pm	7:50pm	8pm	9pm	9:10pm	9:20pm
Doctor / Nurse / Family Concern?								
Temperature (°F)	104							
	103							
	102							
	101							
	100							
	99							
	98							
	97							
	96							
	95							
	94							
Heart Rate (bpm)	190							
	180							
	170							
	160							
	150							
	140							
	130							
	120							
	110							
	100							
	90							
Blood Pressure (mmHg) *	80							
	70							
	60							
	50							
	40							
	30							
	20							
	10							
	0							
	0							
	0							
Heart Rate (Number)	130	118	110	110	110	115bpm	108	120
Resp. Rate (bpm) (Over 1 Minute) *	70							
	60							
	50							
	40							
	30							
	20							
	10							
	0							
	0							
	0							
	0							
Resp Rate (Number)								
Resp Distress	Mod/ Severe							
None / Mild								
Receiving O ₂ (l/min)								
O ₂ Saturations (%)	87%	94%	97%	97%	98%	99%	97%	98%
Conscious Level	Normal							
Altered								
GCS *								
TOTAL SCORE								
Number of shaded boxes								
Pain Score								
Observer's Initials								

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00653024 IP5-00176021
 Master MOHAMMED IBRAHIM ADIL
 27-09-2023 2 Y 9 M 9 D (M)
 Dr. NABEEL ALAM QADRI

Patient Sticker

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
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

BAH-00653024 IP5-00176021
Master MOHAMMED IBRAHIM ADIL
27-09-2023 2 Y 9 M 9 D (M)
Dr. NABEEL ALAM QADRI



FLUID CHART

Rainbow Children's Hospital
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BirthRight
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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					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
7/9/23	08:00 am				/					✓	0	Jasir	
	09:00 am	NO			/						0		
	10:00 am	IVF			/		✓			✓	0		
	11:00 am				/						0		
	12:00 pm				/					✓	0		
	01:00 pm				/						0		
Total Intake :						Total Output :							
7/9/23	02:00 pm				/						0	Jasir	
	03:00 pm				/						0		
	04:00 pm	NO			/						0		
	05:00 pm	IVF			/						0		
	06:00 pm				/					✓	0		
	07:00 pm				/						0		
Total Intake :						Total Output :							
7/9/23	08:00 pm				/		✓				0	Aruna	
	09:00 pm				/					✓	0		
	10:00 pm	NO			/						0		
	11:00 pm	IVF			/						0		
	12:00 am				/						0		
	01:00 am				/						0		
Total Intake :						Total Output :							
8/9/23	02:00 am				/						0	Aruna	
	03:00 am				/						0		
	04:00 am	NO			/						0		
	05:00 am	IVF			/						0		
	06:00 am				/					✓	0		
	07:00 am				/						0		
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								
8/9/23	08:00 am	No QVF										0	Husna
	09:00 am											0	
	10:00 am											0	
	11:00 am											0	
	12:00 pm											0	
	01:00 pm												
Total Intake :						Total Output :							
8/9	02:00 pm	No WF										0	Husna
	03:00 pm											0	
	04:00 pm											0	
	05:00 pm											0	
	06:00 pm											0	
	07:00 pm												
Total Intake :						Total Output :							
8/9	08:00 pm	NO IVF										0	Arung
	09:00 pm											0	
	10:00 pm											0	
	11:00 pm											0	
	12:00 am											0	
	01:00 am												
Total Intake :						Total Output :							
9/9	02:00 am	NO NF										0	Arung
	03:00 am											0	
	04:00 am											0	
	05:00 am											0	
	06:00 am											0	
	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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm	↑										
	03:00 pm	↑										
	04:00 pm	NO										
	05:00 pm	LVP										
	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: 6/7

Assessment: Pain

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8 AM	Assess the pt General Condition	8 AM	Assessed the pt General Condition.	Pt is conscious & oriented
10 AM	Relieve Pain & Discomfort	10 AM	Relieved Pain & Discomfort	
12 PM	Monitor vital signs	12 PM	Monitored vital signs	
	Monitor for bleeding	2 PM	Monitored for bleeding	
2 PM	Manipulate I/O chart	4 PM	Manipulated I/O chart	
4 PM	Maintain NPO status	6 PM	NPO broken, water given	
6 PM	Shift to the ward		pt shifted to the ward	

Re-Assessment: Post dressing present on

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Rasil

Date & Time: 6/7 8pm



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 6/7/22

Assessment: *Prob. Dull activity*

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess general condition of the patient.	8:10 pm	Assessed general condition of the patient.	By done as implementation, as per doctor's order.
10pm	Continue vitals monitoring.	10:10 pm	Monitored vital signs.	
11pm	To clamp tracheostomy tube 1 hour on 1 hr off.	11pm	Given tracheostomy care.	
5AM	To give tracheostomy care.	5.30 AM	Administered medication as per doctor's order.	
6AM	Administer medication as per doctor's order.			

Re-Assessment: *Re-Assessment done by checking vitals.*

Special Notes: *Pead neurology opinion - T/M*

Nurse Signature: *[Signature]*

Nurse Name: *Swame*

Date & Time: 7/7/22 8AM

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 7/7/26

Assessment: Baby having discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	* Assess the baby general condition. monitor vital signs	8am	* Assessed on baby general condition. monitored vital signs	Baby condition is improving slowly
10am	* doctor advice to block tube from 10am-12pm today	10am	* doctor advised to block tube from 10am-12pm today	
12pm	* doctor advice to send S-MOG.	12pm	* doctor advised to send S-MOG.	
2pm	* Administer medication as per doctor order	2pm	* Administered medication as per doctor order.	

Re-Assessment:

Special Notes: send S-MOG; on proceed C decontamination.

Nurse Signature: 

Nurse Name: Sudeen (221086)

Date & Time: 7/7/26 2pm

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 7/7/26

Assessment: Baby having discomfort

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
2:pm	⇒ Assess pt General Condition	2:10pm	Assessed pt General Condition	pt condition is normal
3pm	⇒ Administer medication as per doctors order	3:30pm	Administered Dr fluids as per doctors order	
4pm	⇒ Vitals checked & recorded	5pm	vitals checked & recorded	
5pm	⇒ Maintain I/O chart	6pm	=Maintain I/O chart	
8pm	⇒ Provide comfortable position	8pm	provide comfortable position	

Re-Assessment:

Special Notes: Monitor vitals

Nurse Signature: [Signature]

Nurse Name: Raza

Date & Time: 7/7/26 @ 8pm

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 7/7/26

Assessment: Baby having discomfort

Goals

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

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	
	Provide comfortable position.		provided comfortable position	
6am	Administer medication as per doctor orders.	6am	Administered medication as per doctor orders.	

Re-Assessment:

Special Notes: decannulation t/m in PICO

Nurse Signature: Aruna Nurse Name: Aruna Date & Time: 8/7/26

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 8/12/26

Assessment: monitor for SpO₂.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	* Assess the general condition of the patient and vital monitor.	8am	* Assessed the general condition of the patient and vital monitor.	By done all the procedure the patient can be stable
10am	* maintain personal hygiene.	10am	* maintained personal hygiene.	
12p	* monitor vitals.	12p	* monitored vitals.	
1p	* monitor SpO ₂ and pulse.	1p	* monitored SpO ₂ & pulse.	

Re-Assessment: Tracheostomy close.

Special Notes:

Nurse Signature: [Signature]

Nurse Name: @mga [Signature]

Date & Time: 8/12/26 @ 4p



NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 8/7/26

Assessment: Baby having respiratory distress

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	Assess the general condition of the baby.	2.30pm	Assessed the general condition of the baby.	It improves by monitoring vital signs.
3pm	Monitor vital signs hourly.	3.30pm	Monitored vital signs hourly.	
4pm	Watch for respiratory distress.	4.30pm	Watched for respiratory distress.	
5pm	Provide comfortable position.	5.30pm	Provided comfortable position.	
6pm	Administer medication as per doctor order.	6pm	Administered medication as per doctor order.	

Re-Assessment:

Special Notes:

Watch for respiratory distress, monitor vitals hourly.

Nurse Signature:

Merlin

Nurse Name:

Merlin

Date & Time:

8/7/26 @



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 8/7/26

Assessment: Baby having respiratory distress

Goals

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

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 and record.	10pm	monitored vital signs & record.	
12am	Monitor saturation & pulse hourly.	12am	monitored saturation & pulse hourly	
	provide comfortable position		provided comfortable position	
6am	Administer medication as per doctor orders.	6am	Administered medication as per doctor orders.	

Re-Assessment:

Special Notes: hourly saturation & pulse & respiratory distress.

Nurse Signature: Aruna

Nurse Name: Aruna

Date & Time: 9/7/26

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 9/7/26

Assessment: Baby having discomfort.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	Assess the general condition of the baby.	2.30pm	Assessed the general condition of the baby.	Implemented all the procedure
3pm	Monitor hourly vital & record.	3.30pm	Monitored hourly vitals & recorded.	
4pm	Watch for respiratory distress	4.30pm	Watched for respiratory distress	
5pm	Administer medication as per doctor order	5.30pm	Administered medication as per doctor order.	
6pm	Monitor vital signs.	6.30pm	Monitored vital signs	

Re-Assessment:

Special Notes: Monitor vitals

Nurse Signature: Merlin Nurse Name: Merlin Date & Time: 9/7/26 8pm

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Master MOHAMMED IBRAHIM ADIL
27-09-2023 2 Y 9 M 12 D (M)
Dr. NABEEL ALAM QADRI



NURSING CARE RECORD


**Rainbow
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Hospital**
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Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. NABEEL Department: OT Date of Admission: 6/7/26

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area	Shift Time	ER 12:15 PM	OT	1st Floor 8 PM - 8 AM	1st Floor 8 AM - 8 PM	1st Floor 8 PM - 8 AM	1st Floor 8 AM - 8 PM
	Medical Condition (Any special condition to be noted):		Nil	Nil	NA	NA	NA	NA
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:	97.8°F	98.8°F	98.1°F	98.2°F	98.2°F	97.6°F
	Res:	28 bpm	28 bpm	26 bpm	28 bpm	28 bpm	27 bpm	
	SpO ₂ :	97%	97%	98%	98%	98%	98%	
	Pulse:	102 bpm	101 bpm	106 bpm	106 bpm	110 bpm	96 bpm	
	BP:	—	—	101/67	98/68	98/62	99/61	
Fall Risk Score:	15	15	15	15	12	12		
Pain Score:	0	0	0/10	0/10	0/10	0/10		
Recommendations	Safety Needs:		Yes	Yes	Side rails	Yes	Yes	Yes
	Physiotherapy		☒ Yes ☒ No	☒ Yes ☒ No	☒ Yes ☒ No	☒ Yes ☒ No	☒ Yes ☒ No	☒ Yes ☒ No
	Others Specify:		Nil	Nil	Nil	NA	NA	NA
	Special Diet:		☒ Yes ☒ No	☒ Yes ☒ No	☒ Yes ☒ No	☒ Yes ☒ No	☒ Yes ☒ No	☒ Yes ☒ No
	Other Special Orders / Medications:		Nil	Nil	Nil	Nil	NA	NA
Post Operative Procedure Special Orders:			Nil	Nil	Nil	Nil	NA	NA
Handed Over By Name :			Sumita	Shreya	Sumita	Sumita	Dingy	Anurag
Signature :			[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:			6/7/26	6/7/26	7/7	7/7/26	7/7	7/7
Time:			1 PM	2:30 PM	8 AM	2 PM	8 PM	8 AM
Taken Over By Name :			Sumita	Merli	Sumita	Dingy	Anurag	Dingy
Signature :			[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:			6/7	6/7	7/7/26	7/7	7/7	8/7
Time:			1 PM	2 PM	8 AM	2 PM	8 PM	8 AM

NURSING SHIFT HAND OVER FORM - WARD

 Treating Doctor: Dr. Nabeel Abumg Department: 1st Date of Admission: 6/2/16

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area	1st floor 8am-4pm	1st floor 4pm-8pm	1st floor 8am-4pm	1st floor 4pm-8pm
	Shift Time	8am-4pm	4pm-8pm	8am-4pm	4pm-8pm
	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp: 98.2	96.5	91	97
	Res:	28	28	21	28
	SpO ₂ :	98%	97%	92	98
	Pulse:	108	148	109	98
	BP:	101/62	141/90	112/60	151/44
	Fall Risk Score:	10	10	10	10
	Pain Score:	0/10	0/10	0/10	0/10
	Recommendations	Safety Needs:	yes	yes	yes
Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Others Specify:		NA	NA	NA	NA
Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Other Special Orders / Medications:		NA	NA	NA	NA
Post Operative Procedure Special Orders:		NA	NA	NA	NA
Handed Over By Name :		Dinyg	Meelin	Arura	Meelin
Signature :					
Date:		8/6/16	8/7	9/7	9/7
Time:		2pm	2pm	8am	8pm
Taken Over By Name :		Meelin	Arura	Susha	
Signature :					
Date:		8/7	8/7	9/7	
Time:		2pm	8pm	8am	

Patient Stic



THE HUMPTY DUMPTY SCALE

6/7 4/7 8/7 9/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4	4	4	
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	
	Female	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	1	1	
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1					
	History of Falls or Infant - Toddler Placed in Bed	4	4	4	4	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	2	2	
	Outpatient Area	1	1				
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	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	1	1	
TOTAL			15	15	15	15	

Intervention :

-Fall Risk : Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		1	yes	yes	yes	
Call device within reach		1	yes	yes	yes	
Wheels Locked		1	yes	yes	yes	
Room free of clutter		1	yes	yes	yes	
Adequate Lighting		1	yes	yes	yes	
Wheel Chair Support		NO	NO	NO	NO	
Other Intervention(s) Specify		NO	NO	NO	NO	
Nurse's Name :		Susmita	Aranya	Aranya	Aranya	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	
Date :		6/7/26	7/7	8/7	9/7	
Time :		10:20 am	8:30	6:30	6:30	



BRADEN 'Q' SCALE

					Date :	6/3/26	7/7	8/7	9/7
					Time :	10:20am	6 AM	6 AM	6 AM
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 extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	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	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	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	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	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 of 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	3	3	3	
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	4	4	
TOTAL SCORE					28	22	27	27	
Evaluator's Name					Susmita	Chitra	Arung	Aruna	

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/26	10:20 am	0	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil Nil	Seemita
7/7	6 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Swarna
7/7/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sneha
7/7	10p	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Dinye
8/7	6 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Aruna
8/7	2p	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Dinye
8/7	10 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Aruna
8/7	6 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Aruna
7/7	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sushma
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

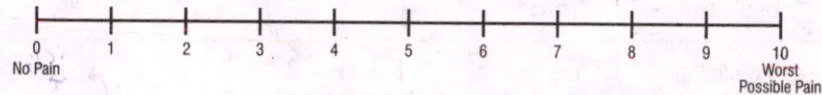
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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

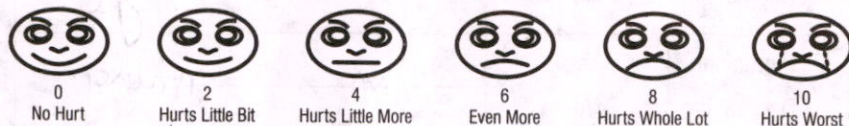
Numerical Pain Scale (Obstetric and Gynecology)



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

Patient's / Learner Language: Urdu 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		
6/7/26	10:20 am	8.	Diagnostic Test / procedure	m	4	0	1	1	-	<i>[Signature]</i>
5/12/26	9 am	9	soft diet	m	1	0	1	1	-	<i>N. E. Ali</i>

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											



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
6/7/26	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Status Epilepsy.	Hemodynamic stability	Microbiology sensitivity	Signature	☐ Nursing ☐ Others:
6/7/26 10/22 am	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Status Epilepticus	H. Stable	Brain surgery	Signature	☒ Medical ☐ Others:
7/12/26 9am	☐ Medical ☐ Nursing ☒ Others: Dietician	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Child status Epilepsy & Encephalopathy	Soft diet	RDA E:- 1250 kcal/d P:- 21 g/d	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:

CHECKLIST FOR THROMBOPHLEBITIS

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								
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		-								
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 cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		-								
Signature of the Nurse					upeli								

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 of Ward In Charge :

Signature : Name :

Signature : Name :



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remark
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	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		-	-	-	-	-	-	-	-	
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				 									

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 :
Name :

Signature of Ward In Charge :

Signature :
Name :

BAH-00653024 IP5-00176021
Master MOHAMMED IBRAHIM ADIL
27-09-2023 2 Y 9 M 9 D (M)
Dr. NABEEL ALAM QADRI



DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: 9/17/26

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

Explain to
Mother

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: personal hygiene

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

☐ Patient ☒ Family Member

☐ Others:

Nurse Signature: [Signature]

Nurse Name: Puleke h

Date and Time: 9/17/26 8pm



CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☒ Patient Attendant

Operative Procedure: Microhyponopy

Anaesthesiologist: Dr. Durg Khavari

Surgeon: Dr. Nabeel Alam Qadri

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 Hemodynamic changes, Leuconyasm, Bronchospasm

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: [Signature]

Name: Mr. Shiraz Adil

Relationship with patient: Father

Date & Time: 6/7/26 11:15AM

Witness:

Signature: [Signature]

Name: Mr. Nabeel Alam Qadri

Date & Time: 6/7/26 11:15AM

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Durg Khavari

Date: 6/7/26 Time: 11:15AM

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 అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం 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 వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

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 సింట్రిల్ వెనస్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటలీలు, 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 స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00653024
Master MOHAMMED IBRAHIM ADIL
27-09-2023 2 Y 9 M 9 D
Dr. NABEEL ALAM QADRI (M)
It takes a lot to treat the little.



Name: Master Mohammad Ibrahim Adil Age: 2y 9m Sex: M UHID.No: BAH 00653024
Date: 6/7/24 Time: 10:58 AM Proposed Operation: Microsurgery + ~~Tracheostomy~~
Diagnosis: 8/8 Tracheostomy
B.P / CRT: H.R: Weight: 14kg ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: Glucose: Protein: HIV: X-Ray:
PCV: Urea: Alb: HBS Ag: ECG:
WBC: Creat: Total Bill: HCV: 2D Echo:
Plate: 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: Nil

Medical History: CVS: (-)

RESP: (+)

Diabetes: (-)

CNS: H/o status epilepticus in April.

Renal: (-)

Hepatic / GE: (-)

Others: (-)

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4

Mouth Opening:

Mentohyoid Distance: (N)

Neck: (N)

Teeth:

Lungs: RA (+), clear

Heart: 1/2 (+)

CNS: CCC oriented

Pregnant: ☐ Yes ☐ No ☒ NA

Venous Access Site: (+)

Spine Exam for regional: Spine palpable

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

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

CURRENT MEDICATIONS	DOSAGE
Syrup. Amoxicillin / folic	
Syrup. Brexipil	100
Melatonin	Micro grade
Clonazepam	Acron Calmar

Pre-Operative Instructions:

1. DVT Prophylaxis:
2. NIL ORAL $\leftarrow$ Water / ORS 2 Hours
 $\rightarrow$ Others 6 Hours
3. Informed Consent: ☒ Standard ☐ High Risk
4. Post Operative Pain Management: ☒ Discussed with Patient
5. Other Instructions:

$\rightarrow$ suctioning before shifting to OT.
 $\rightarrow$ CBR + Cannulation.
 $\rightarrow$ Not Continue Brexipil before surgery
 $\rightarrow$ Neb - Levolin 0.63% prior to surgery

Signature: Dr. D. N. Qadri

Name: Dr. D. N. Qadri

Signature of the Doctor:



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Dr. Nabeel

Time Received: 2:35pm

Time Discharged: 2:55pm

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 SPO 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 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			OUT	SCORING INTERPRETATION 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:
			30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0		ACTIVITY	1	1	1	2	
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0		RESPIRATION	2	2	2	2	
BP $\pm$ 20 of Pre Anaesthetic level = 2 BP $\pm$ 20-50 of Pre Anaesthetic level = 1 BP $\pm$ 50 of Pre Anaesthetic level = 0		CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0		CONSCIOUSNESS	1	1	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0		COLOR	2	2	2	2	
TOTAL			8	8	9	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
6/7	2:35	7/10		Dr. Nabeel

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

Anaesthesiologist Name: DR. F. S. RAMAN

Anaesthesiologist Signature: [Signature]

Date & Time: 6/7/26 5pm

PACU Nurse Name: [Signature]

PACU Nurse Signature: [Signature]

Date & Time: 6/7/26 5pm

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): _____

Date & Time: 6/7/26 5pm

EPIDURAL ANALGESIA RECORD

Infusion Rate			

[illegible]

Date and Time: _____

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00653024 IP5-00176021 Master MOHAMMED IBRAHIM ADIL 27-09-2023 2 Y 9 M 9 D (M) Dr. NABEEL ALAM QADRI 		Date & Time of Admission 6/7/26 @	Date & Time of Transfer Order 6/7/26
		Transfer Ordered by Dr. nabeel	Reason for Transfer Post op.
From Unit OT	To Unit 103	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 28	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If Yes, what?	Patient shifted with ID band: Yes ☒ No ☐ If No:	
Number of Imaging Films Nil			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring Shamir		Name of Person Ordered Transfer Dr. Nabeel Alam.	
Patient & Clinical Records Received by : Maslin			
Date & Time of Patient Received : 6/7/26			

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

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00653024 IPS-00176021 Master MOHAMMED IBRAHIM ADIL 27-09-2023 2 Y 9 M 9 D (M) Dr. NABEEL ALAM QADRI 		Date & Time of Admission 6/7/26 @ 11:43 AM	Date & Time of Transfer Order 6/7/26 @ 12:40 PM
		Transfer Ordered by Dr. Ranya	Reason for Transfer Admission
From Unit ER	To Unit OT	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 20	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ? op file	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Kuchi	①	
2.	growth	①	
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Mr. Seemeta		Name of Person Ordered Transfer Dr. Ranya	
Patient & Clinical Records Received by : Ranya			
Date & Time of Patient Received : 6/7/26 @ 12:45 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

Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 12:30 PM Mode of Arrival: 6/7/26 Admitting From: ☒ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction

Body Weight: 13.92 Kg

Height: cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NA	NA	NA

Family History:

Has 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: 13.92 kg Length: Head Circumference (< 2 years):

Temp.: 98.3 F HR: 128 RR: 28 BP: 101/62

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

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

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

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 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 Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☐ No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With *Family*

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

All Information Obtained From ☐ Patient ☒ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☒ Yes ☐ No Waste Disposal Explained: ☒ Yes ☐ No

Infusion Pump : ☒ Yes ☐ No Hand hygiene Explained: ☒ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☒ Yes ☐ No

Information given to *Mother*

Nurse's Name: *Durga* Date: *6/2/26* Time:

[Signature]
Signature

BAH-00653024 IP5-00176021
Master MOHAMMED IBRAHIM ADIL (M)
27-09-2023 2 Y 9 M 9 D
Dr. NABEEL A. AM QADRI

Rainbow
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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: as per doctor's orders

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: 07/09/2023



NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 9/12/26 Time: 9 am

Weight: 13.92 kgs Centile: >25th

Height: 91 cms Centile: >25th

Inference: Well child

RDA: - Calories: 1250 kcal/d Protein: 21 g/d

Diet Recommendations: Soft diet

Re-Assessment: Avoid spicy, chilled & outside foods

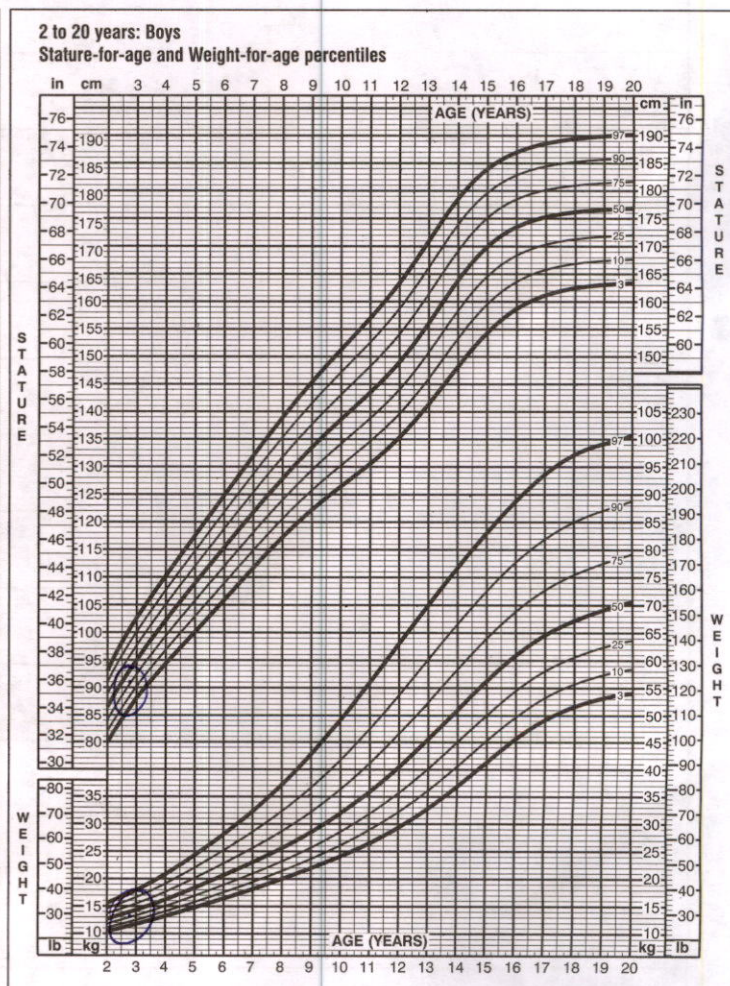
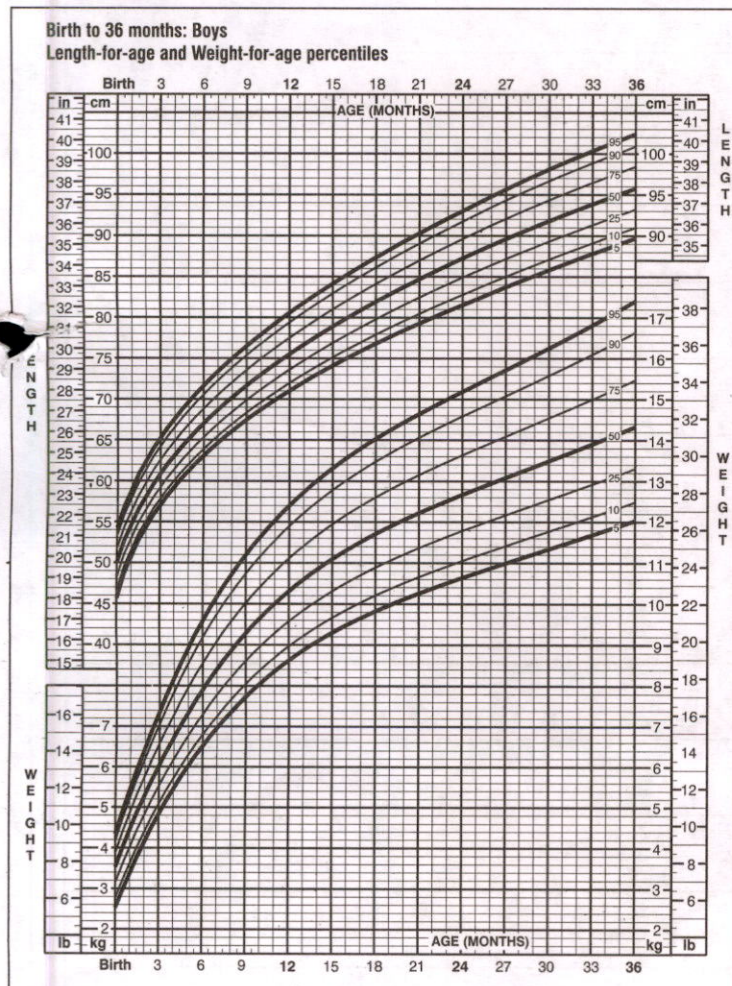
Food Allergies: No Veg/Non-veg: Non-veg

Diagnosis: K1c10 status Epilepsy & Encephalopathy

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [Signature]

GROWTH CHART (BOYS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

Daily Notes:

8/2/26

9:50am child is stable. oral intake is fair
continue on soft diet - morning

9/2/26
8am

child is stable. Intake is better
continue on soft diet Nitro

BAH-00653024
Master MOHAMMED IBRAHIM ADIL
2 Y 9 M 9 D
27-09-2023
Dr. NABEEL ALAM QADRI
IP5-00176021
(M)

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Doctor's Order

Date & Time	Progress Notes
6/7/26	C/S/B Dr. Nihita
7/7/26 8:05 AM	C/S/B Dr. Malika / Dr. Nihita
	S/P Tracheostomy ↓
	MLB + Excision of excess granulation tissue.
	Vitals stable.
	Adv 1) Plan decannulation today. Hold
	Malika 7/7/26 8:05 AM
7/7/26 9:50 AM	Case Reviewed → Clamp Block tube from 10-12pm today + Review
	 Nihita 9:50 AM

BAH-00653024
Master MOHAMMED IBRAHIM ADIL
27-08-2023
Dr. NABEEL ALAM QADRI
IP5-00176021
2 Y 9 M 9 D
(M)

PROGRESS NOTES AND DOCTOR'S ORDER

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Progress Notes

Doctor's Order

W2 DM Seal
Pen-o

agebail
Ditch
Stable

Adv

To clamp tracheostomy
tube between 7pm - 8pm

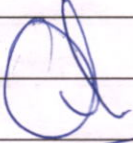
TPR cont-

Leave open for
8-9pm

Clamp again
9pm - 10pm

Leaves open from
10pm onwards

Pod Neurology opinion


Nabeel
6/12
6:30