

KUH-00197807 IP5-00174467
 Baby Of MAMATHA
 04-09-2025 0 Y 8 M 25 D (M)
 Dr. KOKKULA PRANEETH




80069

SURGERY DETAILS

Date : 29/5/22

Patient Name: Baby of Mamatha Date of Birth: 11/9/2015 Age:

Gender: M Ward: POT UHID No.: KUH-00197807

Date of Surgery: 29/5/22 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

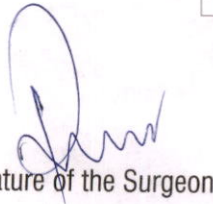
Name of the Surgery : DETETHERING OF CORD

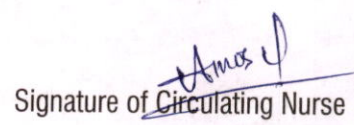
Time in : 9:13 AM

Time Out : 12:30 PM

	NAME	AMOUNT
1. Surgeon	Dr. Praneeth	
2. Anaesthetist	Dr. Ravichandra	
3. Assistant Surgeon	-	
4. OT Technician	Bapu	
5. Circulating Nurse	Amos	
6. Assistant Nurse	Sujatha, Alamy	

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others microscope → 8633031


 Signature of the Surgeon


 Signature of Circulating Nurse

Order No: 8633032

Order by: Suman

KUH-00197807 IP5-00174467
Baby Of MAMATHA
04-09-2025 0 Y 8 M 25 D (M)
Dr. KOKKULA PRANEETH



SURGERY DETAILS

Date : 29/5/26

Patient Name: Baby of mamatha Date of Birth: 4/9/2025 Age: 8M

Gender: M Ward: pot UHID No: KUH-00197807

Date of Surgery: 29/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Colostomy closure

Time in : 9:30am

Time Out : 9:20pm

	NAME	AMOUNT
1. Surgeon	Dr. Lavanya	
2. Anaesthetist	D. Ravichandha	
3. Assistant Surgeon		
4. OT Technician	Bapu	
5. Circulating Nurse	Anusul	
6. Assistant Nurse	Sargata, Alan.	

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

Signature of the Surgeon
Dr. Lavanya

Signature of Circulating Nurse
Anusul

Order No: 633038

Order by: Suman

06:40 pm

Dr. Ar. Praneeth G-41
Dr. Dr. Lavanya PHT-50



ESTIMATION SLIP

Date: 05 May 2026 UHID / IP No.: KUH-00192807 SI No. **80069**
 Name of Patient: Bho Momatha Age: 8m Gender: M
 Father's / Husband's Name: Mr Beerappa Corporate / Occupation: _____
 Address: _____ Phone: 9730942269 Email: _____
 Procedure / Plan: Deletethering of Cord & Caesarian Closure

MODE OF PAYMENT: SELF TPA: _____ GIPSA: _____ OTHERS

TARIFF INFORMATION: Dr. Praneeth & Dr. Lavanya / 500

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

PARTICULARS		AMOUNT (₹)	
Surgeon's / Anesthetists's Fee / O.T. Charges		<u>Included</u>	
O.T. Consumables		<u>9.5</u>	<u>Included</u> Subject to approval by TPA / Insurance Company
Instrument Charges		<u>185000</u>	<u>Included</u> Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations		<u>2200</u>	<u>As per actual - Not Included in Estimation</u>
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.		<u>Extra</u>	<u>As per actual - Not Included in Estimation</u>
Package	<u>IONIA</u>	<u>Included</u>	
Others			
Initial Minimum Deposit	<u>61A</u>	<u>6,00,000</u>	<u>(final due during)</u>

REMARKS:

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to surgeon's decisions / Complications / Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.
- ~~In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.~~ * Room after 31/5/26 12 noon rule
- 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 patient 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.

Beerappa 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: _____ Signatory Relationship: Father Signature of the Financial Counselor: _____

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

Date of Admission: _____

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Dr. KOKKULA PRANEETH

Discharge : 2/6/25 Time: 1pm

Room / Bed No : _____



sted Billable bed type : _____

WARD TRANSFERS

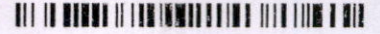
Date	Time	From	To	Signature of Nurse
28/05/25	8pm	ER	121-D	Annub
29/05/25	7am	121-D	OT	Anubha
29/5	2:20pm	OT	121-D	Anubha

Cross Consultation Visit

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

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174467 Admit Date : 28-May-2026 Admit Time : 07:19 PM UHID : KUH-00197807

Patient Details :

Patient Name : Baby Of MAMATHA Age : 0 Y 8 M 24 D
Guardian : Mr ATHKURI BEERAAIAH DOB : 04-09-2025 06:30 AM
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H NO 2-94, GORREKAL (V), VATTIPALLI (M) , Phone No : 7730942269/ 8688532482
ALLAGURGA Alla Durg Sangareddy Telangana INDIA 502269 E-mail : NOMAILID@GMAIL.COM

Admission Details :

Admission Type : GENERAL WARD Bed No : GW121 (D) Ward Name : 1F-GENERAL WARD I
Room No : GW121 (D) Admission Type : First Visit

Contact Details :

Name : Mr ATHKURI BEERAAIAH Relationship : Father
Contact Address : H NO 2-94, GORREKAL (V), VATTIPALLI (M) , Phone No : 7730942269
ALLAGURGA Alla Durg Sangareddy Telangana INDIA 502269

A. Beeriah
Signature

Doctor Details :

Doctor Name : Dr. KOKKULA PRANEETH Specialisation : PEDIATRIC NEURO SURGERY
Referral Doctor : Self Phone No :
Co-Consultant : Dr. RAMESH KONANKI

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY

Cat-D

KUH-00197807
 Baby Of MAMATHA
 04-09-2025 0 Y 8 M 29 D (M)
 Dr. LAVANYA KANNAIYAN

IP5-00174467



DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	4			
7	Nursing plan of care and handover sheets	7			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery	2			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test	1			
21	Anaesthesia notes (Pre Anaesthesia & post)	2			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	2			
26	Surgical safety checklist	2			
27	Operation Theatre notes	2			
28	Nurses clinical Presentation				
29	TPR & BP chart	6			
30	Intake and Out take chart (fluid chart)	3			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rich ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
45	Extra				
Total No. of Pages		58			

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

KUH-00197807 IP5-00174467
Baby Of MAMATHA
04-09-2026 0 Y 8 M 24 D (M)
Dr. KOKKULA PRANEETH



Patient Name:

B/o Manatha

UHID ID:

Department:

Consultant:



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Wife Tethered cord syndrome
& Colectomy

History of present illness :

→ It is a wife ARM for which he was operated on Day 2 of life & ~~SPAP~~ done

→ Colectomy was placed with stone

He also had tethered cord syndrome diagnosed with CT. for which he

has to undergo laminectomy + Detethering of cord.

→ Colectomy closure



Pediatric Multiorgan History & Physical Examination

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

Born TARM → VACTERL anomaly (+)
→ operated on Day 1 life
→ PSARP done.

Birth & Neonatal History:

(N) perinatal transfer
- Born TARM → PSARP done

Birth & Socio Economic History:

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

Developmental History :

Achieved as per age

Immunization History :

Immunized as per age according to NIS



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs) 7.8kg (Centile _____)

On Examination :

Temperature : 98.2°F Pulse Rate : 123/min B.P. 89/45mmHg SPO₂ 99% RA
Resp. rate and type of breathing : 26/min Regular

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

Respiratory System :

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

Cardiovascular System :

Inspection of procordium : _____
Heart Sounds : _____ S2 @ M6
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection _____
Palpation : _____ PA Soft, N3
Ausculation : _____
Spine : _____ External Genitelia : _____
Relevant data from outside (CT, USG etc.,) _____

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Baby Of MAMATHA

04-09-2025

0 Y 8 M 24 D

(M)

Dr. KOKKULA PRANEETH



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 15/18

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: (N) Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars flexor

Sensory System :

(N)

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Detethered Cord syndrome
Came for Detethering & Stoma done



ory & Physical Examination

Preventive aspects of the treatment: Sepsis, Neurological complications

Desired goals of the treatment: Surgical correctⁿ

Planned Labs:

Planned Management

CBP
PT/APTT/INR
RF7 ✓
Blood grouping
Cros matching
Blood screen
L 20 ml/kg

~~NPO - 4am - breakfast with~~
Gau - water
o shift to OT, in call
o IVF - 1/2 maintenance
NPO → 10 pm to 24 sept finish

M B Anub
27/10/26

Signature of the Doctor: [Signature]
Name of the Doctor: Dr. Ajushman Sekhar
Date & Time: 28/5/26, 7pm

Signature of the Consultant: [Signature]
Name of the Consultant: Dr. Praneeth
Date & Time: 29/5/2026 @ 10am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	C/S/B Dr. Harish	
6:35 pm	[POD-0] Colostomy closure	
	Vitals - stable P/A - soft child did not pass urine	<p style="text-align: center;"><u>Adv</u></p> ① NS bolus @ 10ml/kg ② NG - 2nd hly aspirate & on continuous flow ③ Continue of IV fluids ④ monitor u/o (by diaper weight) qtb hly.
	<p style="text-align: center;"><u>Dr. Pralok</u></p>	
	C/S/B Dr. Harish	
20/5/26	[POD-1] Colostomy closure	
9:00 am	<p style="text-align: center;"><u>Afebrile</u></p> Vitals - stable P/A - soft u/o - adequate NG - minimal (light green)	<p style="text-align: center;"><u>Adv</u></p> ① Continue IV fluid ② NG - 2nd hly aspirate & continue draining ③ Allow sips of clear liquids (water, ORS) ④ Monitor u/o qtb hly
	<p style="text-align: center;"><u>Dr. Harish</u> 30/5/26 9 AM</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/2026	c/s/B Neuroteam	
4:30 pm	Tethered Cord	
	s/p detethering of cord & laminectomy	
	Temp: 100.6°F	
	O/E: Child vitals: stable	
	Moving both lower limbs spontaneously	
	responding to pain & touch	
	Tone - N N	
	N N	
	Reflex - LL R L	; wound site: No leakage /
	K +2 +3	leak.
	A +2 +2	
	<u>Issues</u> : Did not pass urine	Adv
		1) Temperature & vitals monitoring
		2) U.O monitoring

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5	<p><u>cls/B Neuroteam</u> A: Tethered Cord syndrome c ARM S/p: detethering of cord c laminectomy c colostomy closure</p>	
1 fever	<p><u>O/E</u>: Child vitals stable Passed urine ⊕</p>	
	<p><u>CNS</u> ⊕) HMF: moving limbs spontaneously CoN: B/L pupils reacting to light Tone - $\frac{N}{N} \mid \frac{N}{N}$</p>	
	<p>Reflex $\frac{+2}{+3} \mid \frac{+2}{+3}$</p>	<p><u>Adv</u> Inj. Tramadol (308)</p>
		<p>Prinay Cavellos → Dr. Lavanya Co-counsel → Dr. Praneeth K</p>
		<p><i>[Signature]</i></p>
		<p><i>[Signature]</i></p>

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 Baby Of MAMATHA
 04-09-2025 0 Y 8 M 26 D (M)
 Dr. KOKKULA PRANEETH



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/8/24	C/S/B Dr Harish	
5:25 PM	[POD-1] Colostomy closed	
	1 fever spike + vital - stable	Adv
	NG - 3-4 ml (light g) u/o - adequate	<ol style="list-style-type: none"> ① Allow sips of clear fluid ② NG aspirate 2nd h. ③ Restart oral diet
	Dr. Praneeth	Dr. Praneeth
30/8 6:30 PM	C/S/B Neuroteam	
	<ul style="list-style-type: none"> - No fresh complaints - passed urine - moving both lower limbs spontaneously - Tone - $\begin{array}{c c} N & N \\ \hline N & N \end{array}$ 	
	Reflex $\begin{array}{c c} +2 & +2 \\ \hline +3 & +3 \end{array}$	
		as

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 Baby Of MAMATHA
 04-09-2025 0 Y 8 M 26 D (M)
 Dr. K. K. K. PRANEETH

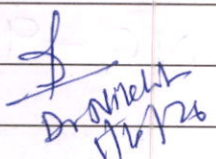
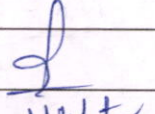


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/5/26 9:45 AM	<p style="text-align: center;"><u>c/s/B</u> Dr. Malika.</p> <p>POD - (2)</p>	<p style="text-align: center;"><u>Adv</u></p>
	<p>Afebrile Vitals stable</p>	<p>1) Clear liquids (water, ORS as tolerated. coconut water)</p>
	<p>P/A - soft passed stool. Dressing - intact.</p>	<p>2) NG aspiration PWR clamp</p>
	<p>NG - 9ml. clear</p>	<p><i>for</i> KAVANNA 3/5/26</p>
1/5/26 9:00am	<p style="text-align: center;"><u>c/s/B</u> Dr. Nikhita</p> <p style="text-align: center;"><u>[POD - 3]</u></p>	<p style="text-align: center;">Malika 3/5/26 9:45 AM</p>
	<p>Afebrile Vitals - stable</p> <p>P/A - soft passed stool</p> <p>NG - 4ml.</p>	<p style="text-align: center;"><u>Adv</u></p> <p>① Remove NG tube ② Allow clear liquids</p>
		<p><i>for</i> Dr. Nikhita 1/6/26 9:05am</p>

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 Baby Of MAMATHA (M)
 04-09-2025 0 Y 8 M 26 D
 Dr. KOKKULA PRANEETH

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 4:45 PM	c/s/B for Nikhita	
	<u>POD-3</u> colostomy closed s/r colostomy for ARM	
	No clo vomiting / fever / abd disten Afebrile vitals - stable	Adv ① Allow liquid diet (start breast feeding) ② Continue IVF ③ Restart anal dilatation
	P/A - soft, passed stool	 Dr. Nikhita 1/6/26
2/6/2026 9:00 PM	c/s/B Dr. Nikhita c/s/B Dr. Hanu	
	<u>POD-4</u> Afebrile Vitals stable	Adv ① full feeds ② stop IVF
	P/A - soft passing stool	 Dr. Nikhita 2/6/26

KUH-00197807 IP5-00174467
Baby Of MAMATHA
04-09-2025 0 Y 8 M 25 D (M)
Dr. KOKKULA PRANEETH

Patient



OPERATION THEATER NOTES

Patient's Name : Baby of MAMATHA Age : 8M Gender : Male Female

UHID No. : 121-00197807 Weight : 7.8kg Height :

Surgeon : D. K. Praneeth Asst. Surgeon : -

Anesthetist : D. Ravichandra OT Nurse : Alam, Srejan, Anshu OT Technician : Bapu

Pre-Operative Diagnosis: low lying tethered cord

Surgical Procedure : Detethering of cord

Indications for Surgery : - Tethered Cord -

Date : 29/5/26 Start Time : 9:48 AM End Time : 10:30 AM

Pre Operative Preparations:

Betacarb and Chlorhexidine

Post Operative Diagnosis: Same

Peri-Operative Complications: Nil

Operation Notes:

- ① child positioned prone and pressure points padded
- ② level localised and midline skin incision given
- ③ ~~L5-S1~~ L4-5 laminotomy done and dura exposed
- ④ Dura opened and fatty film identified
- ⑤ Dura closed and reinforced with fibrin glue
- ⑥ wound closed in layers.

Procedure:-

- ① Elliptical incision taken to around the colostomy site.
- ② Incision deepened to open the subcutaneous tissue, rectus sheath, muscle & peritoneum.
- ③ Adhesions between rectus muscle & colostomy loops released.
- ④ Findings noted.
- ⑤ 2cm of proximal & distal colon loop resected.
- ⑥ Colo-colic anastomosis done in 'SO way' - intermittent sutures.
- ⑦ Bowel patency checked
- ⑧ Rectus sheath closed in 20 vicryl.
- ⑨ Wound closed in layers.
- ⑩ Hemostasis secured.
- ⑪ ASD done

Amount of Blood Loss: \approx 1ml.

Blood Transfused (in ML) -

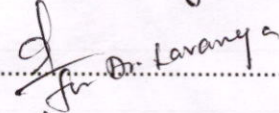
Name and Number of Surgical Specimen sent for examination:

- Nil -

Peri-Operative Complications:

- Nil -

Name of the Surgeon: Dr. Lavanya

Signature of the Surgeon: 

Date & Time: 29/5/26 12:30 PM

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Baby Of MAMATHA

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0 Y 8 M 25 D

(M)

Dr. KOKKULA PRANEETH



POST-SURGICAL CARE PLAN FORM

Procedure Done: *Detethering of cord*

Post-Surgical Diagnosis: *U.T.C*

Post-Operative Monitoring Parameters /Frequency:

gcs, vitals

Wound Care:

-

Special Lines/Catheters:

-

Special Patient Positioning and Requirements:

lateral position

Nutritional Instructions:

NPO till Ped. surgeon advice

When to Start Mobilization:

-

Special Referrals:

-

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

Yes No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon
(Signature & Stamp)

Date: *29/5/26* Time: *10:40 am*

Note: Plan of care will be readjusted if necessary.

Patient KUH-00197807 IP5-00174467
 Baby Of MAMATHA
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 Dr. KOKKULA PRANEETH





POST-SURGICAL CARE PLAN FORM

Procedure Done: <u>Colostomy closure</u>
Post-Surgical Diagnosis: <u>Divided Colostomy done i/v/o ARM</u>
Post-Operative Monitoring Parameters /Frequency: <u>TPR monitoring every 15min for 1st hr</u>
Wound Care: <u>Dressing</u>
Drain /Special Lines/Catheters: <u>NG tube - 2nd hourly aspiration</u> <u>i/o monitoring. 4th hourly. (by diaper weight)</u>
Special Patient Positioning and Requirements: <u>- Nil -</u>
Nutritional Instructions: <u>- NPO till further orders -</u>
When to Start Mobilization: <u>- Nil -</u>
Special Referrals: <u>-</u>
The new order for all required medications documented in the doctor order/medication sheet: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Any Other Post-Operative Care Needed including Required Follow Up
Treating Surgeon (Signature & Stamp) <u>Dr. Karanaya</u>
Date: <u>29/5/25</u> Time: <u>12:30</u>
Note: Plan of care will be readjusted if necessary.

SURGICAL SAFETY CHECKLIST

Surgeon: D. Han Jayaram
 Asst. Surgeon:
 Anaesthetist: D. Vinay Kumar
 Scrub Nurse: Alana Sugathu

Patient Name: Ho namatha Age: 8M Gender: M
 UHID No. KLH-0017787 Surgery Name: Detaching of cord
 Date: 29/5/2025 In-time: 9:30am Out-time: 10:20am

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 Baby Of MAMATHA
 04-09-2025 0 Y 8 M 25 D (M)
 Dr. KOKKULA PRANEETH


Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>8:10 AM</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Signature: <u>DR. M. VINAY KUMAR</u>	
Name: <u>M</u>	

TIME OUT	Time: <u>10:50 AM</u>
Confirm all team members have introduced themselves by Name and Role <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site <u>Stomach</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Correct Procedure	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature: <u>Alana</u>	
Name: <u>Alana</u>	

SIGN OUT	Time: <u>11:20 AM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature: <u>Dr. Praneeth</u>	
Name: <u>Dr. Praneeth</u>	

SURGICAL SAFETY CHECKLIST

Surgeon : D. N. Vinodha
 Asst. Surgeon :
 Anaesthetist : D. Parvitha
 Scrub Nurse : Alam Srikumar

Patient Name : Bho Namatha Age : 8M Gender : M
 UHID No. : KUH-00197507 Surgery Name : Dilatation of ear
 Date : 22/06 In-time : 9:15 AM Out-time : 12:20 PM

KUH-00197507 IP5-00174467
 Baby Of MAMATHA
 04-09-2025 09:58:25 D (M)
 Dr. KOKKULA PRANEETH


Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>8:10 AM</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Signature :	<u>DR. N. VINODHA</u>
Name :	<u>D</u>

TIME OUT	Time: <u>9:15 AM</u>
Confirm all team members have introduced themselves by Name and Role <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>double check of order</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews: <u>may be</u>	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature :	<u>Alam Srikumar</u>
Name :	<u>Alam Srikumar</u>

SIGN OUT	Time: <u>10:20 AM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature :	<u>Dr. Parvitha</u>
Name :	<u>Dr. Praneeth</u>

Patient SKUH-00197807
 Baby Of MAMATHA
 04-09-2025 0 Y 8 M 25 D (M)
 Dr. KOKKULA PRANEETH



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 29/5/26

Department : POT Duration of Procedure : 3 hour

Name of Surgeon : Dr. K. Praneeth / Dr. Hanu Date of Admission : 28/5/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : <u>Aug Cefosme 600mg</u>	<u>Hanu</u>
2.	Hair Removal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if Yes : <u>Surgical Clipper</u> Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : _____ Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Hanu</u>
3.	Patient's body temperature immediately post operation (Recovery Room) <u>37.6°C</u> <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	<u>Hanu</u>
4.	Name of doctor or staff administering the antibiotic : <u>Dr. K. Praneeth</u> Date & Time of antibiotic administration : <u>29/5/26 @ 9:15 AM</u> Date & Time procedure started : <u>29/5/26 @ 9:00 AM</u>	<u>Hanu</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

KUH-00197807 IP5-00174467
 Baby Of MAMATHA 0 Y 8 M 24 D (M)
 04-09-2025
 Dr. KOKKULA PRANEETH



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: ICU Shifted to: Ward

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

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

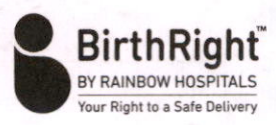
Doctor Name & Signature: Dr. Ayushman Singh

Date & Time: 28/5/26, 7:30pm

Nurse Name & Signature: Annab A

Date & Time: 28/05/26 8pm

KUH-00197807 IP5-00174467
 Baby Of MAMATHA 0 Y 8 M 24 D (M)
 Dr. KOKKULA PRANEETH



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.) :



DRUG CHART

Date of Admission: 28/5/24 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

KUH-00197807 IP5-00174467
 Baby Of MAMATHA
 04-09-2025 0 Y 8 M 24 D (M)
 Dr. KOKKULA PRANEETH

Weight. 7.8kg Ward. 1st floor



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

DRUG :

Route: _____ Start Date: _____

Name & Signature of the Doctor: _____

Additional Instructions: _____

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

DRUG :

Route: _____ Start Date: _____

Name & Signature of the Doctor: _____

Additional Instructions: _____

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/5	8.30 pm	PEG LEE wash via NG tube	200 ml	via NG tube	[Signature]	Sarha Anika
29/05	9.15 AM	INT. CEFTRIAXONE (AFTER TEST DOSE)	600 mg	iv	[Signature]	[Signature]
29/05	11:00 AM	PARACETAMOL	80mg	iv	RC	[Signature]
29/5/28	11:05	METRONIDAZOLE	80mg	iv	RC	[Signature]
29/05	12.30 PM	INT. MORPHINE	0.7 mg	iv	[Signature]	[Signature]
29/5/26	6:35 pm	NS	@ 10ml/kg	iv	[Signature]	[Signature]

VERIFIED BY: Name: _____ Signature: _____

I.V. FLUIDS CHART

Weight: 7.8kg Ward: 157 floor



Position of I.V. Fluid
 (concentration ml/hr = Mcg/kg/min. etc)

		Position of I.V. Fluid (concentration ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
28/8	8pm	IVF DNS 2 1/2 manitasa	iv	21	R	Stouan Chw	30/1/26	g	Stouan chw
29/05	9.15AM	RINGER LACTATE	iv	75ml/hr	B	Bajjar Akhil	29/05	B	Bajjar Akhil
30/05	9:15am	IVF 1/2 DNS.	iv	32ml/hr	B	Srao seer	31/5/20	malika	S S
31/5/20	9:45AM	IVF 1/2 DNS + 5CC KCL	IV	32 ml/ hr	malika	Divya mitha			

Signature

VERIFIED BY: Name

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)



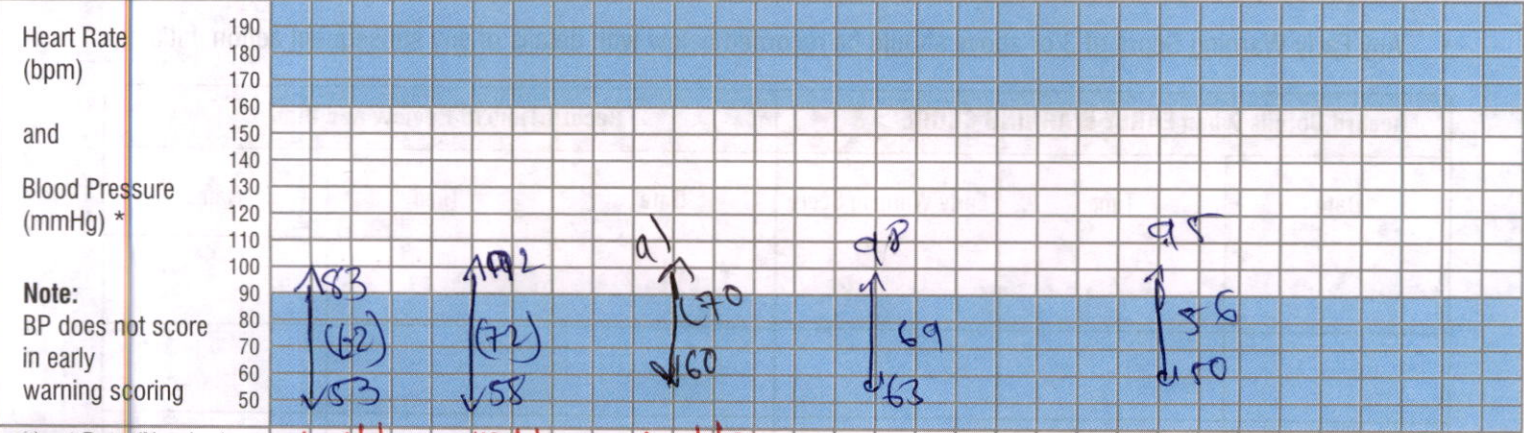
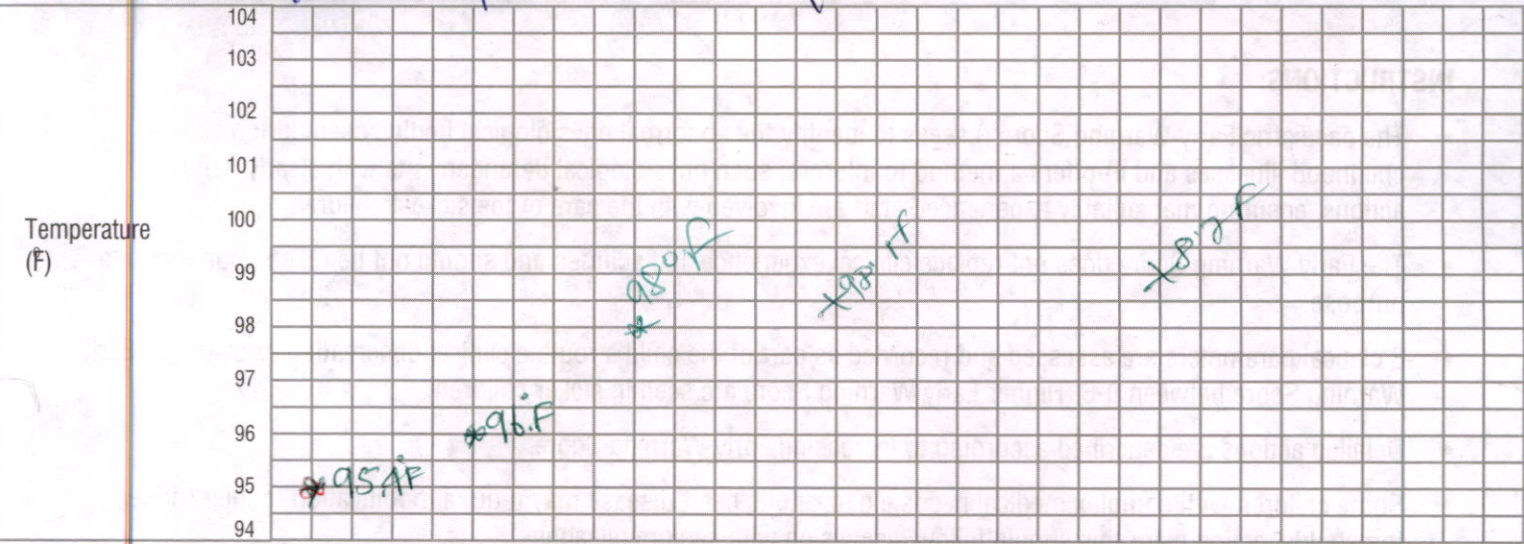
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT .

21/8/25

Date: 21/8/25 Time: 10am 1pm 5PM 10PM 2AM

Doctor/Nurse/Family Concern? 10am 1pm 5PM 10PM 2AM



Note:
 BP does not score in early warning scoring

Heart Rate (Number) 106b/m 117b/m 110b/m 112 135b/m



Resp Rate (Number) 26b/m 28b/m 25b/m 20 28b/m

Resp Mod/ Severe Distress None / Mild

Receiving O₂(l/min) O₂Saturations (%) 99% 100% 100% 92% 92%

Conscious Level Normal Altered

GCS * 15/15 15/15 15/15 14/15 14/15

TOTAL SCORE Number of shaded boxes 1 1 1 1 1

Pain Score 0 0 0 0 0

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.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

NB: Scores 3 should be recorded overleaf

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

KUH-00197807
 Baby Of MAMATHA
 04-09-2025 0 Y 8 M 26 D (M)
 Dr. KIDDKULA PRANEETH

IP5-00174467



RCH / FRM / CLINICAL / 124

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

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

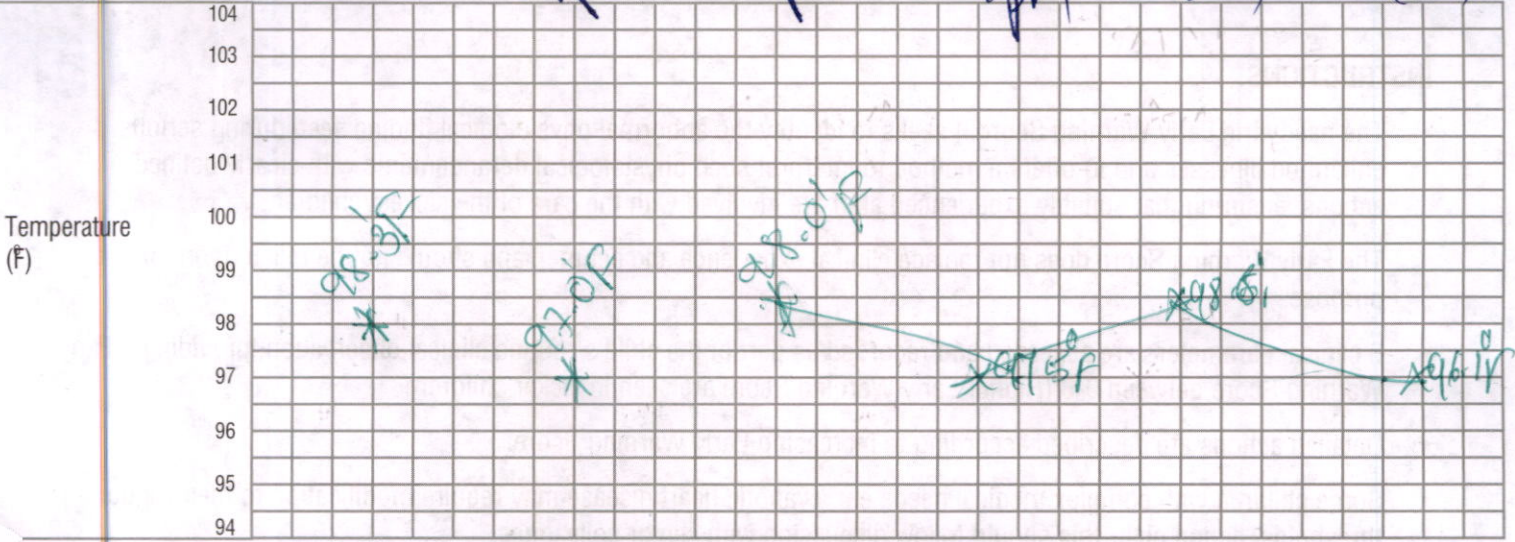
BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/5 Time:

Doctor/Nurse/Family Concern?

12m 1p 6p 10pm 2am 6am

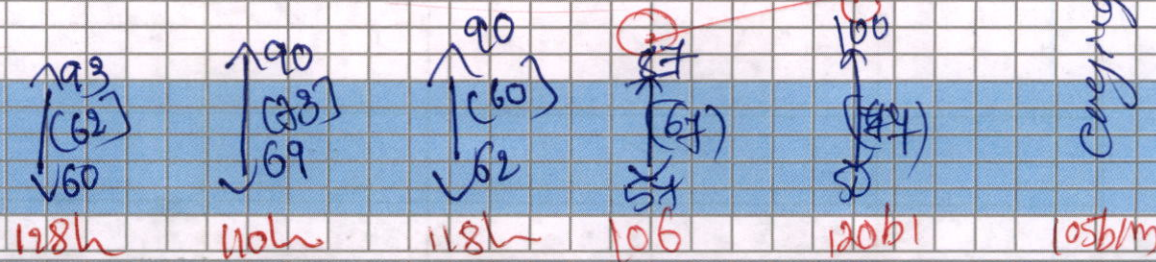


Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note:
 BP does not score in early warning scoring



Heart Rate (Number)

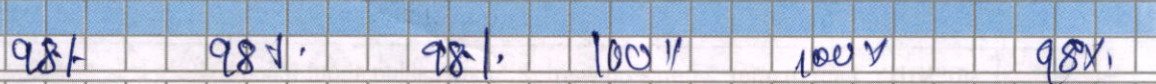
Resp. Rate (bpm) (over 1 Minute) *

Resp Rate (Number)



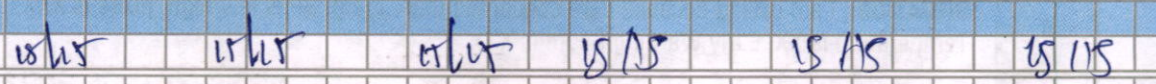
Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%)



Conscious Level Normal Altered

GCS *

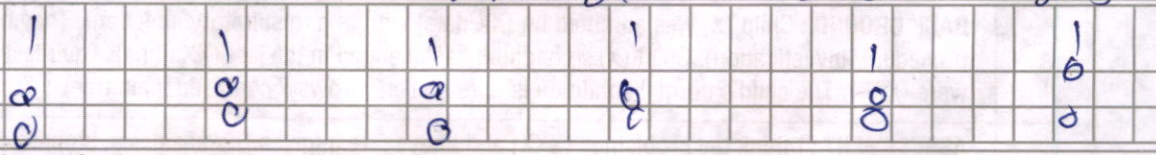


TOTAL SCORE

Number of shaded boxes

Pain Score

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.
- Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
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NB: Scores 3 should be recorded overleaf

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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KUH-00197807
 Baby Of MAMATHA
 04-09-2025 0 Y 8 M 26 D (M)
 Dr. KOKKULA PRANEETH

IP5-00174467

No. : RCH / FRM / CLINICAL / 124

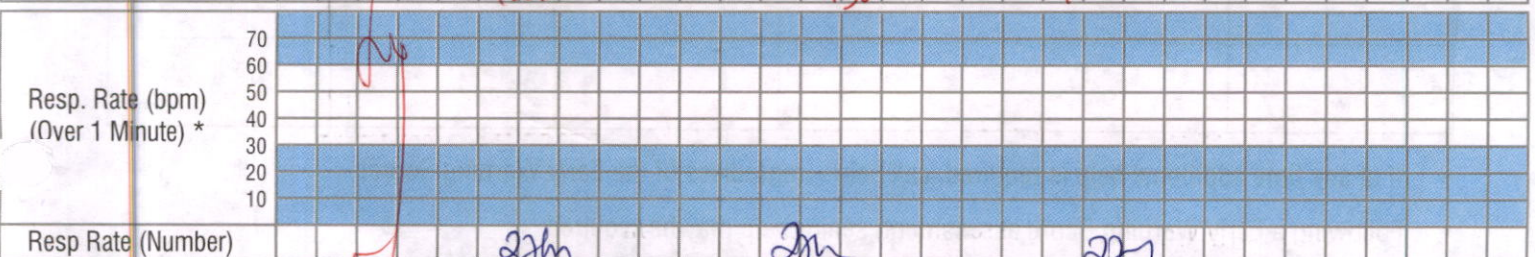
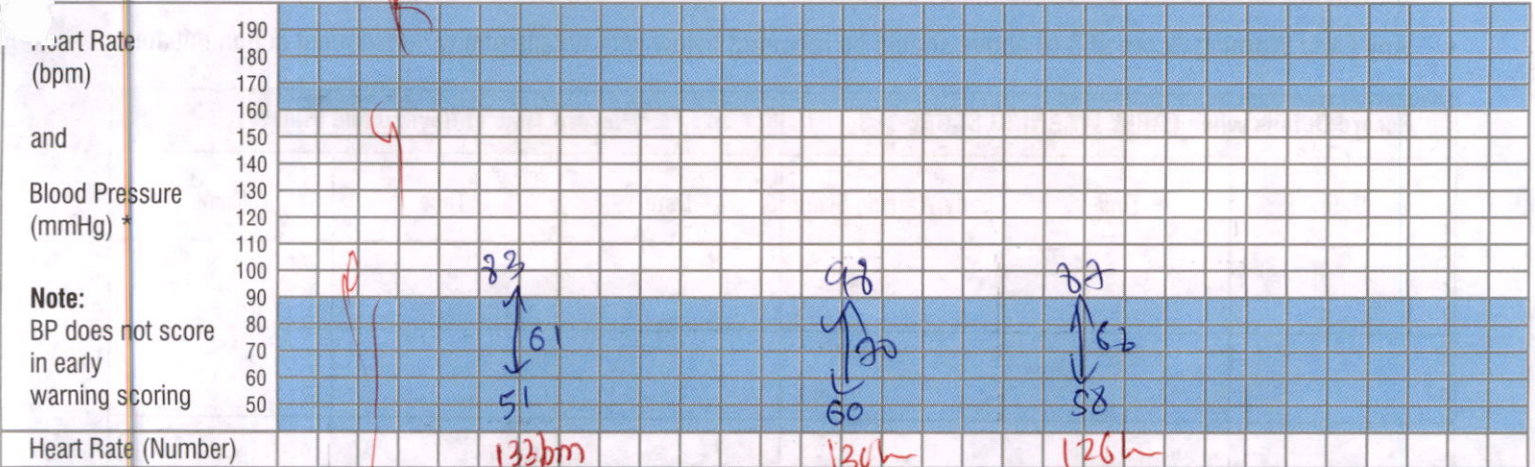
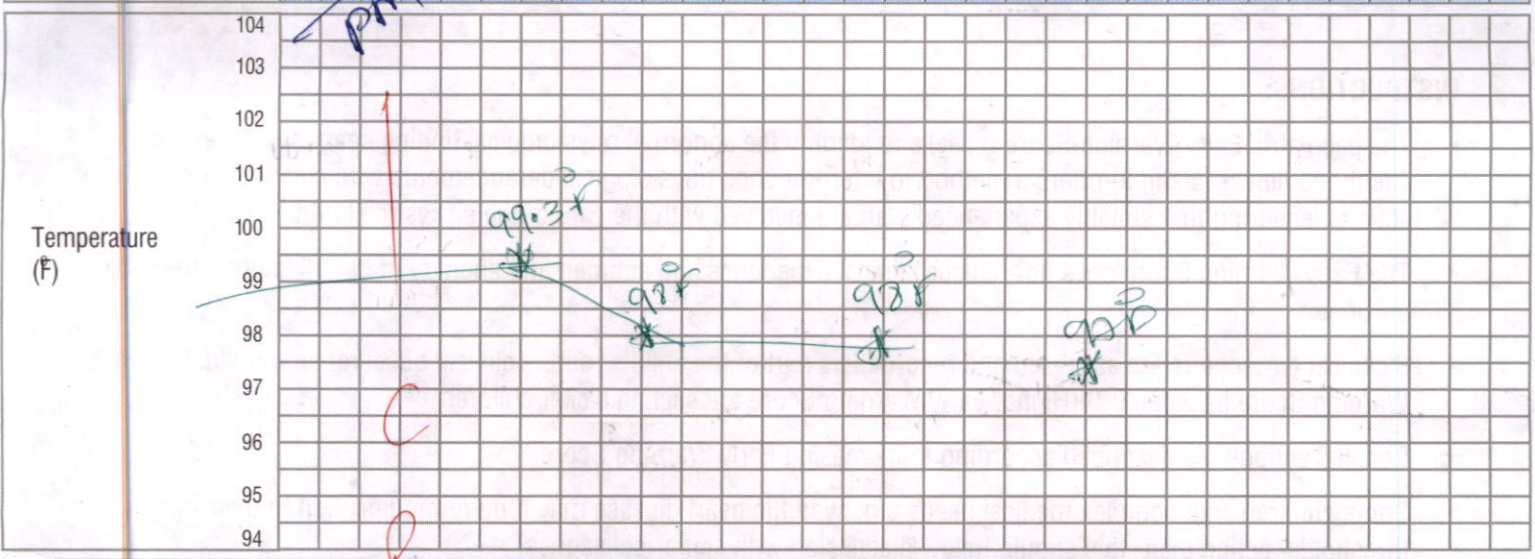
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 04/09/2025 Time: 6 pm 10 pm 10.45 pm 2 am 6 am
 Doctor/Nurse/Family Concern? 6 pm



Resp Mod/ Severe Distress None / Mild
 Receiving O₂(l/min) O₂Saturations (%)
 Conscious Level Normal / Altered
 GCS * 15/15 15/15 15/15

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

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
 - Score 2 : Shift in charge nurse to be informed and continue hourly observations
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KUH-00197807 IP5-00174467
 Baby Of MAMATHA
 04-09-2025 0 Y 8 M 24 D (M)
 Dr. KOKKULA PRANEETH



ICH / FRM / CLINICAL / 124

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

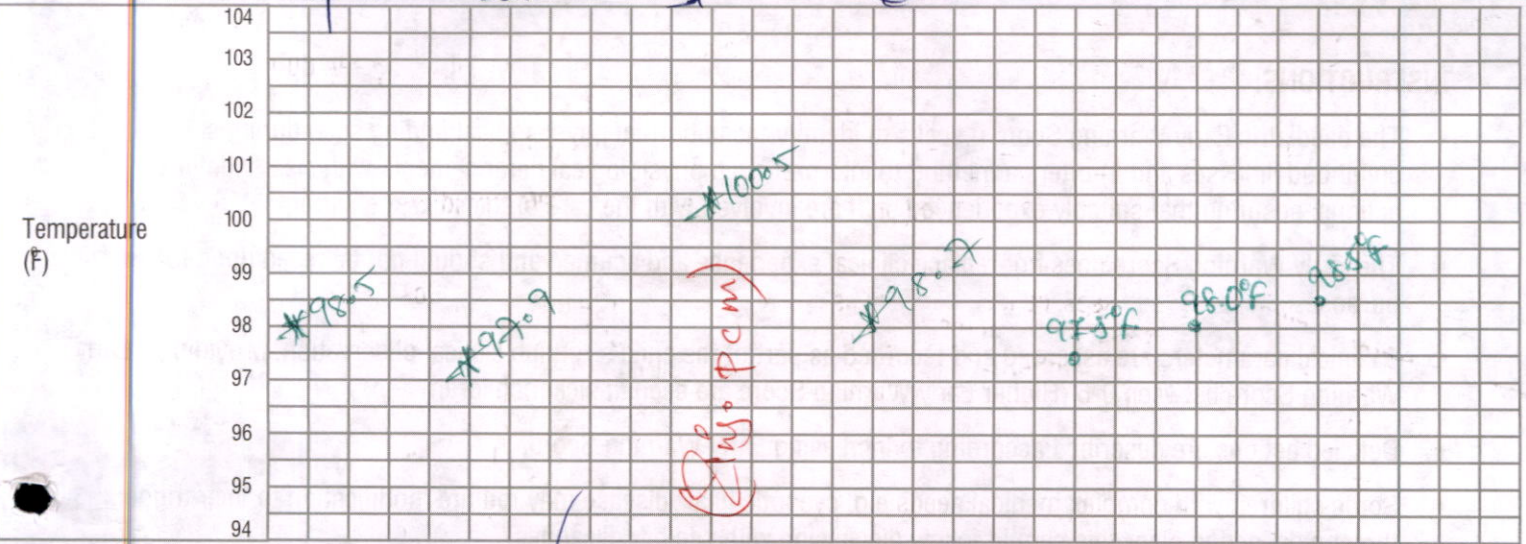
Pratiksha
Rainbow's Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 30/05 Time: 30/5

Doctor/Nurse/Family Concern? 11pm 2am 5am 6am 8am 10am 2pm



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

Note: BP does not score in early warning scoring

Time	Heart Rate (bpm)	Blood Pressure (mmHg)
11pm		
2am		
5am		
6am		188 (87)
8am		60
10am		111/64
2pm		

Resp Rate (Number)

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

Handwritten note: *crystalline*

Time	Resp Rate (Number)	Resp. Rate (bpm)
11pm		
2am		
5am		
6am		
8am		
10am		
2pm		

Resp Distress (Mod/ Severe / None / Mild)

Receiving O₂ (l/min) / O₂ Saturations (%)

Conscious Level (Normal / Altered)

GCS *

Time	Resp Distress	Receiving O ₂ (l/min)	O ₂ Saturations (%)	Conscious Level	GCS
11pm					
2am					
5am					
6am					
8am			100%		13/15
10am					
2pm					

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

Number of shaded boxes	0
Pain Score	0
Observer's Initials	<i>[Signature]</i>

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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KUH-00197807
 Baby Of MAMATHA
 04-09-2025 0 Y 8 M 24 D (M)
 Dr. KOKKULA PRANEETH

IP5-00174467

RCH / FRM / CLINICAL / 124

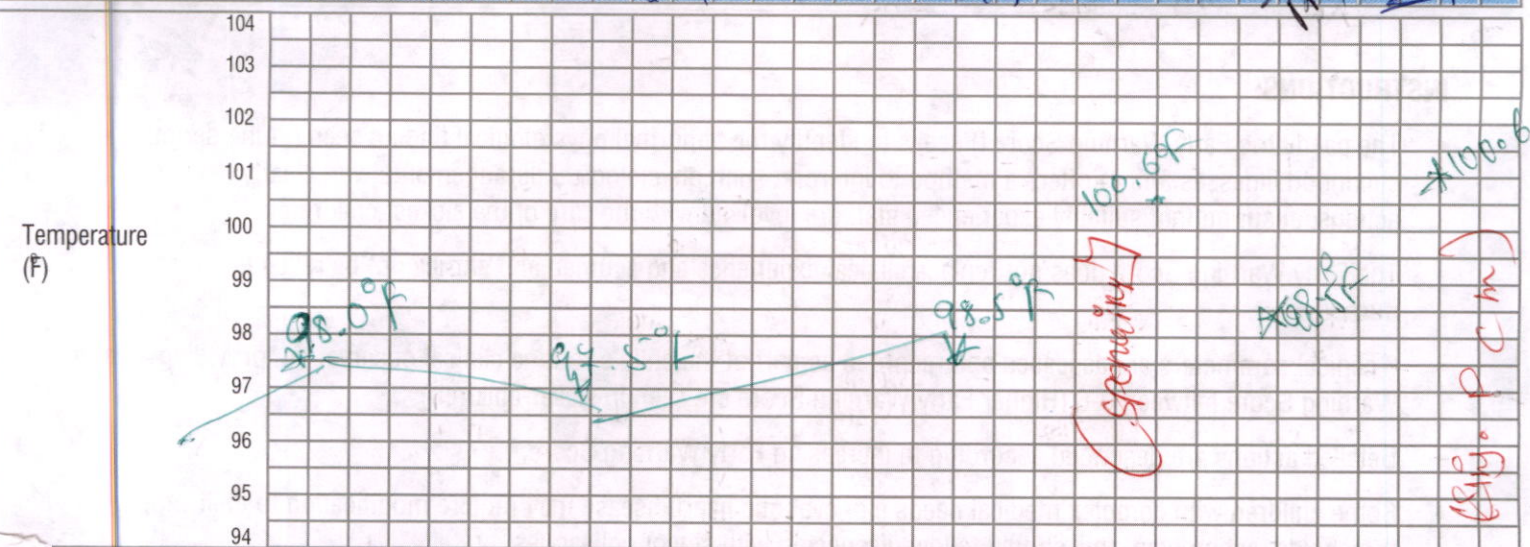
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/9 Time: 10 PM 29/9 6am 4pm 8 PM 10pm
 Doctor/Nurse/Family Concern?



Heart Rate (bpm)	Blood Pressure (mmHg) *
90	90
80	80
70	70
60	60
50	50

Note: BP does not score in early warning scoring

Heart Rate (Number) 109b/min 99b/min 113b/min 110b/min 110b/min

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

Resp Rate (Number) 26b/min 26b/min 26b/min 28b/min 28b/min

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 28l/min 29l/min 100% 29l/min 100%

Conscious Level Normal / Altered

GCS * 15/15 15/15 15/15 15/15 13/15

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

ACTIONS
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H-00197807
 by Of MAMATHA
 09-2025
 KOKKULA PRANEETH (M)
 IP5-00174467
 Y 8 M 24 D

FLUID CHART

Sheet No. : 1

- All measurements in ml.
- 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												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm										0		
	10:00 pm										0		
	11:00 pm										0		
	12:00 am										0		
	01:00 am										0		
Total Intake :						Total Output :							
	02:00 am										0		
	03:00 am										0		
	04:00 am										0		
	05:00 am										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. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
28/5/16	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
	Total Intake :						Total Output :					
29/5/16	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
29/5/16	08:00 pm		2ml								0	Clear
	09:00 pm		2ml			0.5ml				93ml	0	Clear
	10:00 pm		2ml								0	Clear
	11:00 pm		2ml			Nil					0	Clear
	12:00 am		2ml								0	Clear
	01:00 am		2ml			1ml				84ml	0	Clear
Total Intake :						Total Output :						
30/5/16	02:00 am										0	Clear
	03:00 am		2ml			Nil					0	Clear
	04:00 am		2ml								0	Clear
	05:00 am					Nil					0	Clear
	06:00 am		2ml								0	Clear
	07:00 am		2ml			2ml					0	Clear
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

KUH-00197807 IP5-00174467
 Baby Of MAMATHA 0 Y 8 M 26 D (M)
 04-09-2025
 Dr. KOKKULA PRANEETH



3

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 Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
30/05	08:00 am		lipsap	2ml						16ml	0	Sraay
	09:00 am		water	2ml		0.2ml					0	
	10:00 am									100ml	0	
	11:00 am	ORS	ORS			0.2ml					0	
	12:00 pm				2ml					7ml	0	
	01:00 pm				2ml		1ml				0	
Total Intake :						Total Output :						
30/05	02:00 pm			32ml						82ml	0	shub
	03:00 pm			32ml		2ml					0	
	04:00 pm			32ml							0	
	05:00 pm	ORS				1ml	NP	NP			0	
	06:00 pm									82ml	0	
	07:00 pm					1.5ml					0	
Total Intake :						Total Output :						
30/5	08:00 pm			32ml							0	Nitesh
	09:00 pm			32ml		0.5ml					0	
	10:00 pm			32ml							0	
	11:00 pm	ORS				1ml				2ml	0	
	12:00 am										0	
	01:00 am				32ml						0	
Total Intake :						Total Output :						
31/5	02:00 am			32ml							0	Nitesh
	03:00 am			22ml		1ml					0	
	04:00 am			32ml							0	
	05:00 am	ORS				0.5ml					0	
	06:00 am									2ml	0	
	07:00 am										0	
	Total Intake :						Total Output :					
Total 24 hrs. Intake						Total 24 hrs. Output						



FLUID CHART

Sheet No. : 2

1. All measurements in ml.
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Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
8/15	08:00 am			32ml							0	Johya
	09:00 am			32ml	0.1ml					0		
	10:00 am	DNST		32ml					62ml	0		
	11:00 am			32ml						0		
	12:00 pm			—						0		
	01:00 pm			—						0		
Total Intake :						Total Output :						
8/15	02:00 pm			32ml						0	Johya	
	03:00 pm			32ml	2ml				motion	0		
	04:00 pm	DNST		—						0		
	05:00 pm	kel		—						0		
	06:00 pm			—						0		
	07:00 pm			—		2ml				5ml		0
Total Intake :						Total Output :						
8/15	08:00 pm			—						0	Johya	
	09:00 pm	1/2 DNST + SPS wch		—						0		
	10:00 pm	3ml kel		32						0		
	11:00 pm			32						0		
	12:00 am			32						0		
	01:00 am			32						0		
Total Intake :						Total Output :						
11/6	02:00 am			32						0	Johya	
	03:00 am	1/2 DNST + SPS wch		32						0		
	04:00 am			32						0		
	05:00 am	3ml kel		32						0		
	06:00 am			—					92ml	0		
	07:00 am			—						0		
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. :

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Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output		IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine		
7/8	08:00 am			32ml	/			/		0	P	
	09:00 am		32ml							0		
	10:00 am	2DNST see kcal	MILK	-						123ml		0
	11:00 am		water	-								0
	12:00 pm			32ml								0
	01:00 pm			-								50ml

Total Intake :

Total Output :

1/6	02:00 pm			-	/			/		0	Shirisha		
	03:00 pm	1/2 DNST see kcal		32ml						Erection 95ml		0	
	04:00 pm			32ml								0	
	05:00 pm		DBF	32ml								0	
	06:00 pm			32ml								Erection 25ml	0
	07:00 pm		DBF										0

Total Intake :

Total Output :

11/6	08:00 pm			32ml	/			/		0	Susha		
	09:00 pm			32ml								0	
	10:00 pm	1/2 DNST		-								0	
	11:00 pm			-								0	
	12:00 am			32ml								Erection 96ml	0
	01:00 am			32ml									1

Total Intake :

Total Output :

2/6	02:00 am			32ml	/			/		0	Susha		
	03:00 am			32ml								0	
	04:00 am	1/2 DNST		32ml								0	
	05:00 am			32ml								0	
	06:00 am			-								36ml	0
	07:00 am			-									0

Total Intake :

Total Output :

465ml

Total 24 hrs. Intake

Total 24 hrs. Output

KUH-00197807 IP5-00174467
 Baby Of MAMATHA
 04-09-2025 0 Y 8 M 26 D (M)
 Dr. LAVANYA KANAIYAN



FLUID CHART

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Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
02/06/26	08:00 am										0	}
	09:00 am										0	
	10:00 am								161ml		0	
	11:00 am											
	12:00 pm									114ml		
	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



121D

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 22/5/26 Time: 2pm

Weight: 7.8 kgs Centile: >10th

Height: 67 cms Centile: >10th

Inference: underweight child

RDA: — Calories: 98 kcal/kg/d Protein: 1.8g/kg/d

Diet Recommendations: Child fs on NPO

Re-Assesment: —

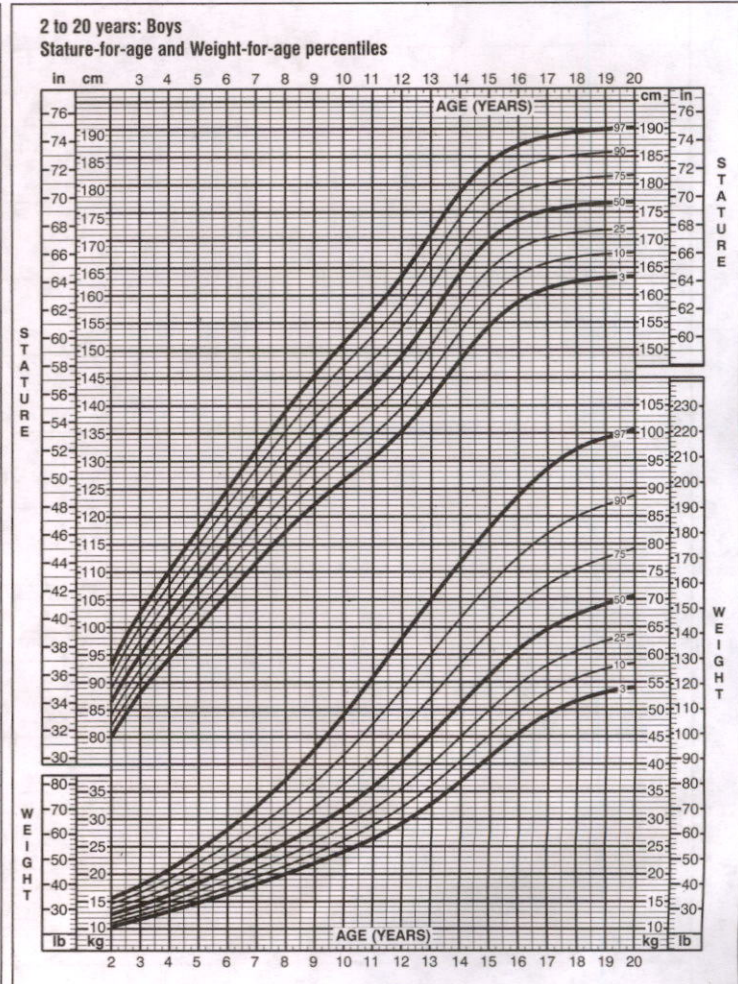
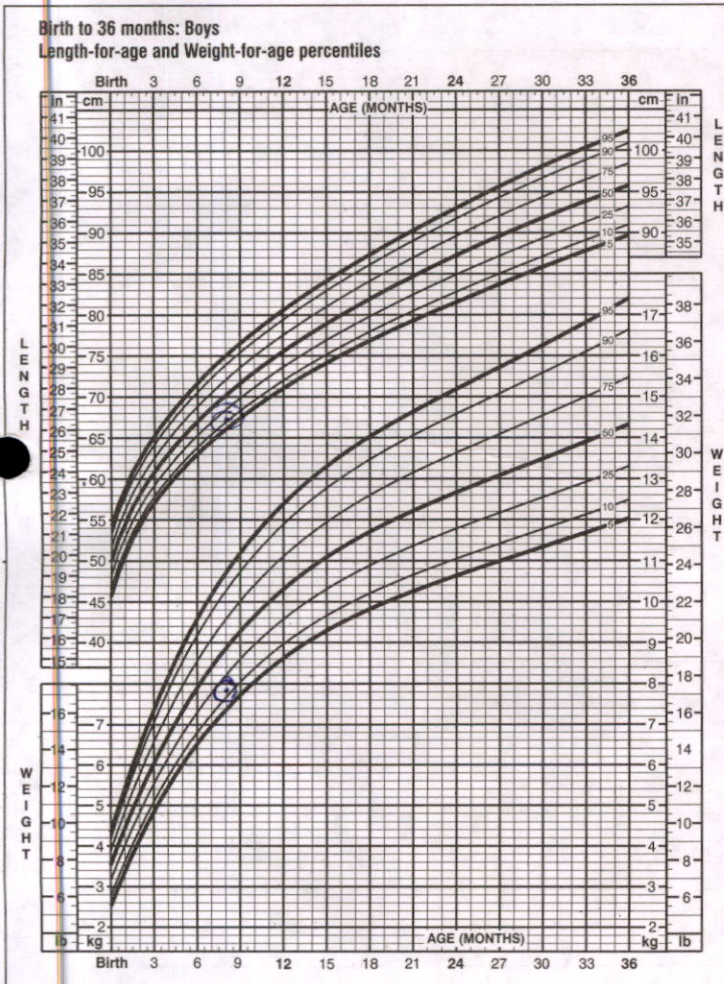
Food Allergies: NA Veg/Non-veg: veg

Diagnosis: Tethered Cord Syndrome - Cause for Delayed stomach emptying

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: mamatha

GROWTH CHART (BOYS)



Dietician's Name: N. Kokkula

Dietician's Signature: N. Kokkula

Daily Notes:

~~3/5/26~~
8am

Child is stable. Intake is fair
Continue to clear liquids as advised

Nitha

1/0/26
11AM

Child is stable Oral Intake is optimal
Continue to clear liquids are advised.

Nitha

2/6/26
10:30AM

Child is stable Oral Intake is better
Continue to clear liquids as advised.

Nitha