

BAH-00660714 IP5-00176195

Baby M. ABHIGNA

02-12-2021

4 Y 7 M 8 D

(F)

Dr. VENKAT RAM THYALAPALLI



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date: 10/7/26

Patient Name: B. M Abhigna Date of Birth: Age:

Gender: F Ward: P.O.T UHID No.: 660714

Date of Surgery: 10/7/26 ☐ OT-1 ☒ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery: Bilateral Inguinal 1+1-(2)

Time in: 10:45 AM Time Out: 1:30 PM

	NAME	AMOUNT
1. Surgeon	Dr. Venkat Ram Thyalapalli	
2. Anaesthetist	Dr. Shabana	
3. Assistant Surgeon		
4. OT Technician	Urothami	
5. Circulating Nurse	Sumon	
6. Assistant Nurse	Alam, Akhil	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9696251

Order by: Jyoti

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CONSUMABLES OF OT

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Circ Technician : Date : Time :

Anaesthesia Disposables		Qty		Surgical Disposables		Qty		Disposables (Baby Side)		Qty	
Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used
ET tube 4.5.5	1H	—	Major Pack	1	1	Inj Vit.K					
LMA 2	01	1	Sutures			Cord Clamp					
ECG leads : A(P) / N	05	3	monosyn(3-0) (4-0)	4	2	Suction Catheter					
HME filter : A(P) / N	01	1	Orthobond 2	2	1	Feeding Tube					
Syringes : 10 cc	10	8	Vic 3.0	1	1	Vaccum Suction Set					
05 cc	10	8	Gloves			Surgical Gloves					
02 cc	10	3	G, G 1/2 (2) (1/2)	2H	4+2	Gauze Pack					
01 cc	5		MC G, G 1/2 (2) (1/2)	2H	4+1	Syringe 1ml / 2ml					
Cautery plate : A(P) / N	01	1	Surgical blade	1+1	1+1	Surgical Blade # 20					
IV set	01	1	NG tube			Koochies (S)					
RL	01	1	Cautery pencil	1	1	NS Spinal			1	1	
NS : 10ml / 100ml / 500ml / 1000ml	5+0	10+1	Koochies			Transfix			1	1	
NSC Spike	01	1	Ointments			loc, sec, etc			2H	—	
Gauze	03	—	Suction Catheter			Cap A Air size			2H	—	
Fentanyl	01	1	Cap, Mask	5+5	10+10	Soft role Air size			2H	3+1	
Morphine			Gauze Pack	5+5	4+1	18 gauge			10+6	15	
Ketamine			Mop Pack	1	1	miccast (5.5) (7.5)			4+4	4+2	
Propofol	03	1	Steristrip			under			01	1	
Rocuronium	01	—	Underpad	1	2	Nobel Arcoc					
Glycopyrolate	01	—	Draw sheet	1	—	18.20			4H	—	
Myopyrolate + Neo	0H	—	Abgel			Oral Arcoc					
Ondansetron	01	—	Foleys catheter			0.1			1H	—	
Pencan 25g/ Spinal Needle 22	01	1	Urobag			Fraxella 22H			4H	—	
Bupivacaine 0.25%	01	1	Chest Drainage Catheter			Soft Role 4.6			2H	2	
Bupivacaine 0.25%(Heavy)			Romodrain bag			Role Bandage					
Antibiotics O ₂ mask (P)	01	1	Bandage			2.6			2H	2	
Nobel procel (P)	01	—	Tegaderm			microp			1	1	
Suppositories			Ioban								
Anamol : 80mg / 250mg / 170 mg			Double J Stent								
Supridol : 100mg			Vaccum Suction set	1	—						
Justin : 12.5 mg / 25mg / 100mg	1H	1	Plastic Bed Sheet	1	1						
Tab. Misoprost : 200mg			Betadine Solution	1	1						
Vaseline	01	1	Microshield	1	1						
Doxat Domide (50mg)	1H	1	Cotton Balls	1	—						
Transaxil 100mg	1H	1	Latex Gloves	1	20P						
Glauber telonon	5H	1	Ramdione Scrub	1	1						
10cm two cm ba	1H	1	Saral								

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : 9576307

Ordered by : [Signature]

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

ESTIMATION SLIP

Date: 02/07/2026 UHID / IP No.: BAH - 00660714 SI No. 80970
Name of Patient: Baby M. Abhinav Age: 44/7m Gender: F.
Father's / Husband's Name: Mr. Sandeep Corporate / Occupation: HC L Tech.
Address: _____ Phone: 9908174797 Email: _____
Procedure / Plan: TA Trough + TA heart + plastering + T.A. Lungsing.

MODE OF PAYMENT: ☐ SELF ☒ TPA: MA / New India ☐ GIPSA: _____ OTHERS: _____

TARIFF INFORMATION: Dr. Venkat Ramesh T. 02/07/2026 BCTT 1+1=2

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges										
Doctor's Fee			14,000							
L. Tax			14,000							

PARTICULARS		SE-1 AMOUNT (₹)	
Surgeon's / Anesthetists's Fee / O.T. Charges	TSW.	107338	38198
O.T. Consumables	5	75010	11000
Instrument Charges			
Pharmacy, Consumables & Investigations			
Equipment Charges			
Blood/Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.			
Package			
Others			
Initial Minimum Deposit			

REMARKS: plastering. 65,00 Approx.
15,000 Ex. Final Amount.
E.B. 2.452

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to surgeon's decisions / Complications/Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.
- In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
- Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
- Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
- For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- During Non-working hours of O.T (8:00 PM to 7:00 AM), 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. Sandeep 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: M. Sandeep Signatory Relationship: Mr. Sandeep Signature of the Financial Counselor: Dr. Venkat Ramesh T.

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02-12-2021
Dr. VENKAT RAM THYALAPALLI (F)
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ACTIVITY RECORD FOR B.

Name : _____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/12/26	9:20 AM	OT	OT	Randee
10/12	3:45 PM	OT	101	Ding

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Vignesh	11/12/26	9992259	[Signature]
2				
3				
4				
5				
6				
7				
8				
9				
10				

[illegible]

10/7

CBJ2

8903

Venkat

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/7	iv placement	1	5754	Venka
10/7	done on ophax	①		
10/7	NHA	①	9696673	Prigabe

ANY OTHER INFORMATION

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.....

.....

Date : 11/21/16 Time : 9:30 AM Prepared By : Sushma

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sushma	Svet		

**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 : IP5-00176195

Admit Date : 10-Jul-2026

Admit Time : 08:48 AM UHID : BAH-00660714

Patient Details :

Patient Name : Baby M. ABHIGNA

Age : 4 Y 7 M 8 D

Guardian : Mr SANDEEP

DOB : 02-12-2021

Gender : Female

Religion :

Occupation :

Marital Status : Single

Address (H) : 7-167/7, ROAD NO:-1, RAJAREDDY COLONY
Secunderabad Hyderabad Telangana INDIA
500003

Phone No : 9908174797

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : DAY CARE

Bed No : POST OP 411

Ward Name : 4F-OT COMPLEX

Room No : POST OP 411

Admission Type : First Visit

Contact Details :

Name : Mr SANDEEP

Relationship : Father

Contact Address : 7-167/7, ROAD NO:-1, RAJAREDDY COLONY Phone No : / 9908174797
Secunderabad Hyderabad Telangana INDIA
500003

M. Sandeep
Signature

Doctor Details :

Doctor Name : Dr. VENKAT RAM THYALAPALLI

Specialisation : ORTHOPEDICS

Referral Doctor : SELF

Phone No :

Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT
LTD



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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00660714 IP5-00176195
Baby M. ABHIGNA
02-12-2021 4 Y 7 M 8 D (F)
Dr. VENKAT RAM THYALAPALLI





Pediatric Multiorgan History & Physical Examination

Name : M. Abhigna Age/Sex 4y / F

Information given by: _____ Relationship Mother

Chief Presenting Complaints & Duration (Chronologically)

B/L Equino cavus deformity
now admitted for Surgery.

History of present illness :

NO fresh issues
R/C/O B/L Equino cavus deformity
now admitted for TA transfer +
TA lengthening + Plastering.

BAH-00660714
Baby M. ABHIGNA
02-12-2021

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4 Y 7 M 8 D

(F)

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History & Physical Examination

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

B/L Lesion done for club foot
when child is 2 months of age

Birth & Neonatal History:

FT / LSCS / CTAB / 2.8 kg B.Wt.

NO H/O NICU admission

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

} upper middle class

Developmental History :

normally achieved as per age

Immunization History :

Immunized as

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs) 14.6 kg (Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate : 104 bpm B.P. 70/60 mmHg SPO2 100% RA
Resp. rate and type of breathing : 26 br/min

Rash _____
Lymphadenopathy } ⊙
Oedema : _____
Allergies (if any): NADA

Respiratory System :

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

Cardiovascular System :

Inspection of precordium : _____
Heart Sounds : } S1 S2 ⊕
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

distended



History & Physical Examination

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

B/L tenotomy done for club foot
when child is 2 months of age

Birth & Neonatal History:

FT / LSCS / CTAB / 2.8 kg B.Wt.

NO H/O NICU admission

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Upper middle class

Developmental History :

Normally achieved

as per age

Immunization History :

Immunized as

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 14.6 kg (Centile _____)

On Examination :

Temperature : 98.4⁰F Pulse Rate : 104 bpm B.P. 100/60 mmHg SpO2 100% RA

Resp. rate and type of breathing : 26 br/min

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): NADA

Respiratory System :

Inspection (any s/o distress) : BIL AEE, clear

Air entry & breath sounds : _____

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : _____

Any murmur : _____

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

disturbed

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CROSS CONSULTATION FORM

Doctor Name: Dr. Ujjwala Date: 11/7/26 Time: 11/7/26

Diagnosis: Post percutaneous TA Tenotomy

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:

Opinion @ discharge

Signature: _____

Findings and Recommendations :

cl/b Resident

OS: BL Equinovarus deformity .

Sp - Percutaneous TA Tenotomy

(+) plantar fascia release and tubercle anterior transfer

o/b
vital, stable

hematocrit stable

Per

Continue same med Rx

Discharge

Consultant :

Name: Dr. Ujjwala Signature: [Signature] Date & Time:

6/2/88 8/2/88

87. The following are the names of the persons who have been appointed to the various positions in the organization.

26 - 10/10/1910 - 1/11/1910

27

1926-27

419

4612 1761 ✓

1200 - 1200 - 1200

(1) $\frac{1}{2} \log 2$ و $\frac{1}{2} \log 2$

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02-12-2021

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OPERATION THEATER NOTES

Patient's Name : Baby: M. Abhigna Age : 4Y 7M Gender : ☐ Male ☒ Female

UHID No.: 00660714 Weight : Height :

Surgeon : Dr. Venkat Ram Thyalapalli Asst. Surgeon :

Anesthetist : Dr. Durga bhavani OT Nurse: Alam Akhil. Sravan OT Technician: Gouthami

Pre-Operative Diagnosis: B. equinovarus deformity

Surgical Procedure :
- percutaneous ~~the~~ tendoxy + plantar fascia release.
- ~~the~~ tibialis anterior transfer + plantar cord

Indications for Surgery :
deformity of foot.

Date : 10/7/26 Start Time : 10:45 AM End Time : 1:30 PM

Pre Operative Preparations:

Post Operative Diagnosis: Perone

Peri-Operative Complications:

Operation Notes:

- L GA & Caudal block.
- tourniquet applied
- After thorough scrub & drapes.
- Anterior medial & lateral incision given.
- TA released & transferred to 3rd cuneiform bone.
- percutaneous tendoxy & plantar fascia Release
- Anterior draw in legum.
- Draining done.
- A/R plantar cut applied
- Adjusted Pw in stable condition

Amount of Blood Loss:	Blood Transfused (in ML)
Name and Number of Surgical Specimen sent for examination:	
Peri-Operative Complications:	
<u>Discharge Reg:-</u> Can be discharged see wound is clean (1) T. Tamin - 0.5mg / 30 / 1 day (2) Ery. calmar plus 5ml / 100 / 2 ml (3) Redd T. lincel / 30 / 1 day (4) Ery. zedchyl 10ml / 100 / 3 ml (5) Ery. zinger plus 2ml / 100 / 1 day (6) plastic cone applied to elute (7) dressing in 100 gms Ointment	

Name of the Surgeon: Dr. Venkatesh Reddy

Signature of the Surgeon: [Signature]

Date & Time: 12:46 PM - 10/7/2024

BAH-00660714
Baby M. ABHIGNA
02-12-2021 4 Y 7 M 8 D (F)
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POST-SURGICAL CARE PLAN FORM

Procedure Done: *pericardial M. trachea + M. Larynx + Pleural fascia. Clean*
Post-Surgical Diagnosis: *3. epiglottitis*

Post-Operative Monitoring Parameters /Frequency:

Wound Care:

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

plaster cast to elbow extent

Nutritional Instructions:

in 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: *10/7/20* Time: *12:48 PM*

Note: Plan of care will be readjusted if necessary.

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Sheet No:

REGULAR PRESCRIPTIONS

Weight 14.6kg

Ward

DRUG : 2004655C PWS				Date Time 10/7/11/7
Dose	Route	Frequency	Start Dt.	
7ml	PO	120	10/7	
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				
Additional Instructions: <i>7pm X</i>				
Daily Doctor's Endorsement by a Sign <i>10pm 120 7-30 PM</i>				
DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Signature
VERIFIED BY : Name

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

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

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

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

VERIFIED BY : Name Signature

DRUG CHART

Date of Admission: 10/07/2024 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
Additional Instructions:				

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

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

VERIFIED BY : Name Signature

REGULAR PRESCRIPTIONS

Weight. 14.1kg Ward. 07

Dose	Route	Frequency	Start Date	Date Time
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG: Symp TAXIM-0100mg				Date Time 10/7
4mg	PO	BD	10/7	10 AM
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				
Additional Instructions:				10 pm
Daily Doctor's Endorsement by a Sign				
DRUG: Symp CALUMAX PWS				Date Time 10/7
5mg	PO	OD	10/7	6 pm
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG: Symp Pedicowyl.				Date Time 10/7
10mg	PO	BD	10/7	10 AM
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				
Additional Instructions:				10 pm
Daily Doctor's Endorsement by a Sign				



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/7/20	40 10:00 AM	Dry CEFTRIAXONE	700mg	IV	SL	Teena Gowthami
10/7/20	11 AM	100% PARACETAMOL	210MG	IV	AM	Akhil Arjun
10/7/20	10:50 AM	DICLOFENAC suppository	12.5MG	PR	AM	Akhil Arjun
10/7/20	2 AM	DICLOFENAC suppository	12.5mg	PR	#	Arjun



I.V. FLUIDS CHART

Weight. 14.6 kg Ward.

[illegible]



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness AVPU/GCS score : 15/15

Cranial Nerves :

2 (2)

Motor System:

Nutriton :

Power

Tone :

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR

Plantars

Superficials:

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

B/L Equino Cavus deformity



BAH-00660714
Baby M. ABHIGNA
02-12-2021 4 Y 7 M 8 D (F)
Dr. VENKAT RAM THYALAPALLI

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MEDICATION RECONCILIATION FORM

Drug Allergies: ☒ Not known any Drug Allergies

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

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

Shifting From: ER Shifted to: 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
						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Nandam, Dr. Nandan

Date & Time: 10/10/2026, 9 AM

Nurse Name & Signature: Randey

Date & Time: 10/11/26, 9:10

BAH-00660714 IP5-00176195
 Baby M. ABHIGNA
 02-12-2021 4 Y 7 M 8 D (F)
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RESULT SHEET

Date	10/7/21				
Time	9am				
Hb	13.2				
PCV	39.4				
RBC	5.43				
WBC	6.14				
N/L					
Platelets	245				
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.,) :

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/6/26 Time: 6AM		
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	
Blood Pressure (mmHg) *	90	
	80	
	70	
	60	
	50	
	Note: BP does not score in early warning scoring	
	Heart Rate (Number)	109
	Resp. Rate (bpm) (Over 1 Minute) *	70
		60
		50
40		
30		
20		
10		
Resp Rate (Number)		24bpm
Resp Distress		Mod/ Severe None / Mild
Receiving O ₂ (l/min)		
O ₂ Saturations (%)	98%	
Conscious Level	Normal Altered	
GCS *	15/15	
TOTAL SCORE		
Number of shaded boxes	1	
Pain Score	0	
Observer's Initials	0	

ACTIONS

NB: Scores 3 should be
recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00660714 IP5-00176195

Baby M. ABHIGNA

02-12-2021

4 Y 7 M 8 D

(F)

Dr. VENKAT RAM THYALAPALLI



No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation &
Early Warning Scoring Chart
 Pratiksha
Rainbow
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 BirthRight
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/1/21 Time: 6PM

Doctor / Nurse / Family Concern?

Temperature
(°F)104
103
102
101
100
99
98
97
96
95
94

98.0°F

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 / MildReceiving O₂ (l/min)
O₂ Saturations (%)Conscious Level
Normal Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be
recorded overleaf

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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)

Patient Stick



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse											
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine													
			Mouth	I.V	N.G																		
10/7	08:00 am																						
	09:00 am																						
	10:00 am																						
	11:00 am																						
	12:00 pm																						
	01:00 pm																						
	Total Intake :					Total Output :																	
10/7	02:00 pm	H ₂ O									0	Arund											
	03:00 pm																						
	04:00 pm	NO IVF									0	Arund											
	05:00 pm										0	Arund											
	06:00 pm										0	Arund											
	07:00 pm										0	Arund											
Total Intake :					Total Output :																		
10/7	08:00 pm	Rice									6	Arund											
	09:00 pm										0	Arund											
	10:00 pm	NO IVF									0	Arund											
	11:00 pm										0	Arund											
	12:00 am										0	Arund											
	01:00 am										0	Arund											
Total Intake :					Total Output :																		
11/7	02:00 am										0	Arund											
	03:00 am										0	Arund											
	04:00 am	NO IVF									0	Arund											
	05:00 am										0	Arund											
	06:00 am										0	Arund											
	07:00 am										0	Arund											
Total Intake :					Total Output :																		
Total 24 hrs. Intake												Total 24 hrs. Output											



FLUID CHART

Sheet No. :

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

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



NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 10/7/2021

Assessment:

Goals

- ☒ Maintain Airway and Oxygenation
☒ Maintain Personal Hygiene
☐ Identify Potential Complications

- ☒ Relieve Pain & Discomfort
☒ Prevent Infection
☐ Any Others. Specify.....

- ☐ Maintain Fluid Balance
☐ Meet Elimination Needs

- ☐ Improve Activity Tolerance
☒ Ensure Safety

- ☒ Maintain Good Nutritional Status
☐ Early Ambulation Reduce Anxiety

- ☐ Maintain Skin Integrity
☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
1.35pm	Assess the pt General Condition	1.40pm	Assessed the pt General Condition	pt is Conscious & oriented
1.40pm	Relieve pain & Discomfort	1.45pm	Relieved pain & Discomfort	vital stable
1.45pm	monitor vital signs	1.50pm	monitored vital signs	no bleeding
1.50pm	monitor for bleeding	1.55pm	monitored for bleeding	maintained
1.55pm	maintain I/O chart	2.00pm	Maintained I/O chart	no vomiting
2.00pm	maintain NPO status	2.05pm	NPO broken, water given	supported
2.05pm	pt shift to the ward	2.10pm	provided Psychological support	shifted
			pt shifted to the ward	

Re-Assessment:

Nil

Special Notes:

leg elevated position.

Nurse Signature:

Nurse Name: Divya

Date & Time: 10/7/2021 @ 3.45pm



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 10/7/26

Assessment: Baby having pain and 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
10pm	Monitor vital sings & record.	10pm	monitored vital sings & record	to improve
12am	Provide comfortable position and moderate bed rest.	12am	Provided comfortable position and moderate bed rest	
6am	Administr. medication as per doctor orders.	6:10am	Administred medication as per doctor orders.	

Re-Assessment: to reduced pain & discomfort

Special Notes:

Nurse Signature: Aruna

Nurse Name: Aruna (021261)

Date & Time: 11/7/26 @ 8AM

Patient



THE HUMPTY DUMPTY SCALE

10/7 11/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3			
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	2	2			
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1			
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1			
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
TOTAL			11	11			

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		yes				
Call device within reach		yes				
Wheels Locked		yes				
Room free of clutter		yes				
Adequate Lighting		yes				
Wheel Chair Support		NA	NA			
Other Intervention(s) Specify		NA	NA			
Nurse's Name :		Raj Arung				
Signature :		Raj Arung				
Date :		10/7 11/7				
Time :						



Patient

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Venkat Department: Pediatrics Date of Admission: 10/7/20

SITUATION	Diagnosis:	<u>BL cleft lip and palate deformity</u>				Any Infection: ☐ Yes ☐ No ☒ Not Known		
						If Yes Specify:		
BACKGROUND	Area	<u>CH</u>	<u>OT</u>	<u>1st Floor</u>	<u>1st Floor</u>			
	Shift Time	<u>9-2pm</u>	<u>2pm-4pm</u>	<u>4pm-8pm</u>	<u>8pm-5am</u>			
	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>			
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:	<u>98.2F</u>	<u>98.6F</u>	<u>98.1F</u>	<u>96.9F</u>		
		Res:	<u>24bpm</u>	<u>25bpm</u>	<u>26bpm</u>	<u>24bpm</u>		
		SpO ₂ :	<u>98%</u>	<u>97%</u>	<u>98%</u>	<u>98%</u>		
		Pulse:	<u>102bpm</u>	<u>105bpm</u>	<u>106bpm</u>	<u>109</u>		
		BP:	<u>92/52</u>	<u>86/42</u>	<u>90/64</u>	<u>91/59</u>		
		Fall Risk Score:	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>		
Pain Score:	<u>0/10</u>	<u>1/10</u>	<u>1/10</u>	<u>0/10</u>				
Recommendations	Safety Needs:	<u>yes</u>	<u>yes</u>	<u>side rails</u>	<u>yes</u>			
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	<u>NA</u>		<u>NA</u>	<u>NA</u>			
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>			
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>			
Handed Over By Name :		<u>Radhe</u>	<u>Deep</u>	<u>Priyanka</u>	<u>Arund</u>	<u>DCC</u>		
Signature :		<u>Radhe</u>	<u>Deep</u>	<u>Priyanka</u>	<u>Arund</u>			
Date:		<u>10/7</u>	<u>10/7</u>	<u>10/7</u>	<u>11/7</u>			
Time:		<u>9:20</u>	<u>4pm</u>	<u>8pm</u>	<u>5am</u>			
Taken Over By Name :		<u>Arund</u>	<u>Priyanka</u>	<u>Arund</u>	<u>Sushma</u>			
Signature :		<u>Arund</u>	<u>Priyanka</u>	<u>Arund</u>	<u>Sushma</u>			
Date:		<u>10/7</u>	<u>10/7</u>	<u>10/7</u>	<u>11/7</u>			
Time:		<u>5:20</u>	<u>4pm</u>	<u>8pm</u>	<u>8am</u>			

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

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

BAH-00660714 IP5-00176195
 Baby M. ABHIGNA
 02-12-2021 4 Y 7 M 8 D (F)
 Dr. VENKAT RAM THYALAPALLI



BRADEN 'Q' SCALE

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

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

				Date :	10/7	11/7		
				Time :	11:20 AM	6 AM		
Mobility	Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e:treimity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4		
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4		
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4		
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4		
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4		
TOTAL SCORE					28	28		
Evaluator's Name					Ras 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

BAH-00660714 IP5-00176195
Baby M. ABHIGNA
02-12-2021 4 Y 7 M 8 D (F)
Dr. VENKAT RAM THYALAPALLI



PAIN ASSESSMENT FORM

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	Time	(0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/7	9:20 AM	0/10	LOA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Per
10/7	1:35 PM	1/10	SS	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	Arung
10/7	8 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Arung
10/7	10 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Arung
11/7	12 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Arung
11/7	2 AM	1/10	surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Diclofenac suppositor	Arung.
11/7	3 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Arung.
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

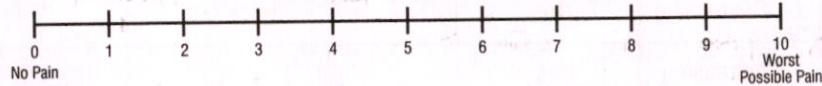
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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

Part - I.
Patient'

BAH-00660714
Baby M. ABHIGNA
02-12-2021
Dr. VENKAT RAM THYALAPALLI (F)
4 Y 7 M 8 D
IP5-00176195

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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		
10/7	8:50 AM	2	Treatment and care plan	M	1	0	1	2	—	<i>[Signature]</i>
10/7/20	4pm	9	Soft diet	M	1	0	1	1	—	<i>Nithya</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:

B/L equinovarus deformity

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
70/10/21 2026 9 AM	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	B/L equinovarus deformity	Surgical Correction	TA transfer + plantar fascia transfer	[Signature]	☒ Nursing ☐ Others:
10/12/21 9:20 AM	☐ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	B/L equinovarus deformity	Surgical correction	→ NPO → IV fluids	[Signature]	☐ Medical ☒ Others:
10/12/26 4 PM	☐ Medical ☐ Nursing ☒ Others: dietitian	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	B/L equinovarus deformity	soft diet	RDA E - 1350 kcal/d P - 23 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:

BAH-00660714
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Rainbow®
Children's
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It takes a lot to treat the little.

BirthRight™
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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☒ Patient Attendant

Operative Procedure: TA Transfer + Plantar fascia + TA Tenotomy

Anaesthesiologist: Dr. Subrahmanyam Surgeon: Dr. Venkat Ram

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 laryngospasm

Declaration by Patient Attendant

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

Patient / Patient Attendant:

Signature: M. Sandeep
Name: M. Sandeep
Relationship with patient: Father
Date & Time: 9/7/26 @ 4:45 pm

Witness:

Signature: K. Tejaswini
Name: K. Tejaswini
Date & Time: 9/7/26 @ 4:15 pm

Doctor (who is taking consent):

Signature: B. de Name: Dr. Brunda Date: 9/7/26 Time: 4:45 pm

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 శిరస్థావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లీజనల్ 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 రిస్క్:

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

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

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

☐ ఇతరవి:

రోగి / రోగి అటెండెంట్

• అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.

☐ లీజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్

• అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.

• శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనెస్ యాక్సెస్, అర్థిలయల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లీజనల్ 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-00660714 IP5-00176195
Baby M. ABHIGNA
02-12-2021 4 Y 7 M 8 D (F)
Dr. VENKAT RAM THYALAPALLI

Name: Baby M. Abhigna Age: 4y 7m Sex: F UHID.No: BAH-00660714
Date: 9/3/26 Time: 4:45pm Proposed Operation: TA Transfer + plantar fascia transfer.
Diagnosis: B/L Equino Cavus deformity.
B.P / CRT: H.R: Weight: 14.6kgs 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: NKDA

Medical History: CVS: no difficulty in walking. FT, LSLS, Bwt: 2.8kgs, CIAB, No NICU admissions.

RESP: No active/recent URTI. Diabetes: Development - (N) till now

CNS: Vaccinated till date.

Renal:

Hepatic / GE: Physical Activity: child is active.

Others:

Past Anaesthetic History: no. B/L Tenotomy done for club foot when child is 2 months of age + Sedation with fentanyl. Uneventful.

Physical Exam:

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

Lungs: B/L AET clear.

Heart: S1S2 (+)

CNS: child is active. Caudal space - (+)

Pregnant: ☐ Yes ☒ No ☐ NA Venous Access Site: peripheral Spine Exam for regional:

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis :
- NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right\}$ Explained.
- Informed Consent: ☐ Standard ☐ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions: - CBP after cannulation.

Signature: B. de Name: Dr. Brunda.

Change in Patient Condition: ☐ Yes ☒ No		Fasting Status: <u>Confirmed</u>	
Physical Status: ☒ Patient Identified		☒ Consent Present	
☒ Chart Reviewed			
H.R.: <u>119</u>	B.P. / CRT: <u>119/51</u>	SpO ₂ : <u>99%</u>	R.R.: <u>16</u>
Pre-OP Diagnosis: <u>Bilateral Epinephrine Sensitivity</u>		Operation: <u>TA Transfer + TA Laryngoscopy</u>	
Surgeon: <u>Dr. Ventol Poon</u>		Anaesthesiologist: <u>Dr. Deep Shrivastava</u>	
		Technician: <u>Arundhan</u>	
TIME: <u>10:45 AM</u> * <u>11:45 AM</u> * <u>12:45 PM</u> * <u>1:45 PM</u> N₂O (AIR/O₂) LPM: <u>2.5</u> HALO/ISO/SEVO: <u>2.5</u> Drugs: <u>MDA 200 AM 0.6 MG IV</u> <u>KENTAMYL 20 MG IV</u> <u>PROPOL 50 MG IV</u> <u>PARKETAMOL 20 MG IV</u> Antibiotic: <u>NA CEFTRIAXONE 750 MG IV</u> <u>Suppository</u> <u>Diclofenac 12.5 MG</u> Blood Loss: _____ FI_{O2} / SaO₂: <u>100/100</u> <u>100/100</u> <u>100/100</u> <u>100/100</u> <u>100/100</u> <u>100/100</u> <u>100/100</u> <u>100/100</u> <u>100/100</u> <u>100/100</u> <u>100/100</u> ETCO₂: <u>32</u> <u>34</u> <u>33</u> <u>32</u> <u>32</u> <u>32</u> <u>32</u> <u>32</u> <u>32</u> <u>32</u> <u>32</u> ECG: <u>NR</u> <u>NR</u> <u>NR</u> <u>NR</u> <u>NR</u> <u>NR</u> <u>NR</u> <u>NR</u> <u>NR</u> <u>NR</u> <u>NR</u> Temperature: <u>36.5</u> <u>37</u> <u>37</u> <u>37</u> <u>37</u> <u>37</u> <u>37</u> <u>37</u> <u>37</u> <u>37</u> <u>37</u> Urine Output: _____ Fluids: <u>KL 1000 ml</u> <u>500 ml</u> B.P. <u>240</u> V Systolic <u>220</u> A Diastolic <u>200</u> X Mean <u>180</u> • Heart Rate <u>160</u> Tourniquet on Time <u>140</u> Tourniquet off Time <u>120</u> Throat Pack In <u>100</u> Throat Pack Out <u>80</u> LAB Values: _____ ABG: _____ GRBS: _____ Others: _____			
☒ Equipment Checked and Functional ☒ BP <u>PR</u> ☒ Cuff Site: <u>PR</u> ☒ Art Site: <u>PR</u> ☒ EKG Lead <u>Blue</u> ☒ Temp Site <u>Urethra</u> ☒ FIO ₂ Monitor ☒ Agent Monitor ☒ Pulse Oximeter ☒ Capnograph ☒ Ventilator ☒ Nerve Stimulator ☒ Position: <u>Supine</u> ☒ Pressure Points Checked		Temp: ☒ HME ☐ Fluid Warmer ☒ Cling Film ☐ OH Warmer ☒ Hugger's ☐ Cotton Wool ☒ Other: <u>Blanket</u> Times: <u>10:45 AM</u> Anaes Start: <u>11:10 AM</u> OP Start: <u>11:10 AM</u> OP End: <u>1:10 PM</u> Leave OR: <u>1:10 PM</u> Anaesthesia: ☒ GA ☐ Monitored Anaesthesia Care ☒ Regional Line (Size & Location): ☐ CVP: _____ ☐ ART: <u>LU</u> ☒ IV: _____ ☐ IV: _____ ☐ IV: _____	
☒ Induction ☒ IV ☒ Inhal ☐ Pre O ₂ ☐ RSI ☐ Others ☐ Mask ☒ SGA <u>2.0</u> ☐ Airway ☐ Oral ☐ Nasal ETT# _____ at _____ cm ☐ Oral ☐ Nasal ☐ Cuff ☐ Tracheostomy ☐ Topical ☐ Drug: _____ ☐ Awake ☐ Direct Vision ☐ Video Laryngoscopy ☐ Stylette / Bougie ☐ Fiberoptic Blade# _____ Attempts: _____ Difficulty Why? _____		Regional: ☐ Spinal ☐ Epidural ☒ Caudal Others: _____ Position: <u>Latent</u> Site: <u>Latent</u> Needle Size: <u>22G</u> Depth: _____ Parasthesia ☐ Yes ☐ No Catheter at skin _____ cm Drug Name & Conc: <u>0.5% Bupivacaine</u> Bolus: <u>1.4 ml + 10 mg Clonidine</u> Infusion: _____ Block Level: <u>T8</u> Comments: _____ Transportation to ☒ PACU ☐ ICU ☐ Other Relaxant Reversed ☐ Yes ☐ No ☒ NA Name of the Doctor: <u>Dr. Deep Shrivastava</u> Signature of the Doctor: _____	



POST-ANAESTHESIA CARE UNIT RECORD

Admitted to PACU by: Dr. J

Time Received: 1:35pm Time Discharged: 3:30

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 SP _O 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>729 222</u> ☐ O ₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway
		Vomiting: ☐ Yes ☒ No NG Tube: ☐ Yes ☒ No Drain: ☐ Yes ☒ No Urinary Catheter: ☐ Yes ☒ No Chest Tube: ☐ Yes ☒ No Nil Oral ☐ Yes ☒ No IV Fluids: _____ Oral Feeds: _____

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/17	1:35pm	1/10	—	Dr. J

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

Reassessment Frequency:

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

Anaesthesiologist Name: Dr. Tejaswini

Anaesthesiologist Signature: [Signature]

Date & Time: 10/17/2021 @ 2:00

PACU Nurse Name: [Signature]

PACU Nurse Signature: [Signature]

Date & Time: 10/17/2021 @ 2:30

Transferred to Unit by (PACU): [Signature]

Date & Time: 10/17/2021 @ 1:00

Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

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

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :



NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 10/7/26 Time: 4pm

Weight: 14.6 kgs Centile: 10th

Height: 99 cms Centile: 10th

Inference: Underweight child

RDA: - Calories: 1350 kcal/d Protein: 22g/d

Diet Recommendations: Soft diet

Re-Assessment: Avoid spicy, chilled, outside foods

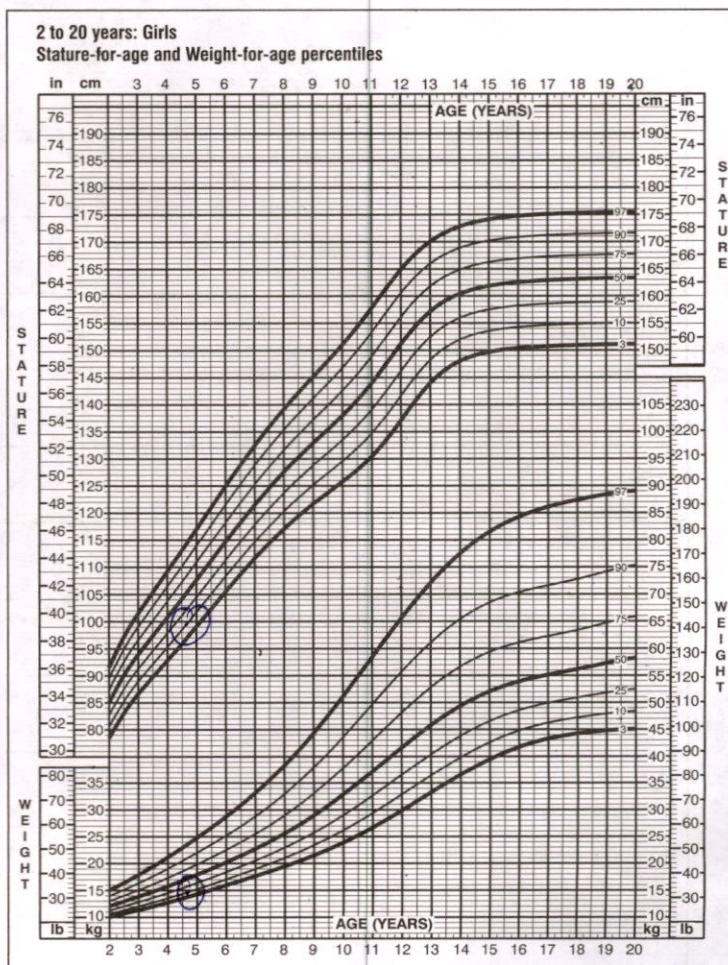
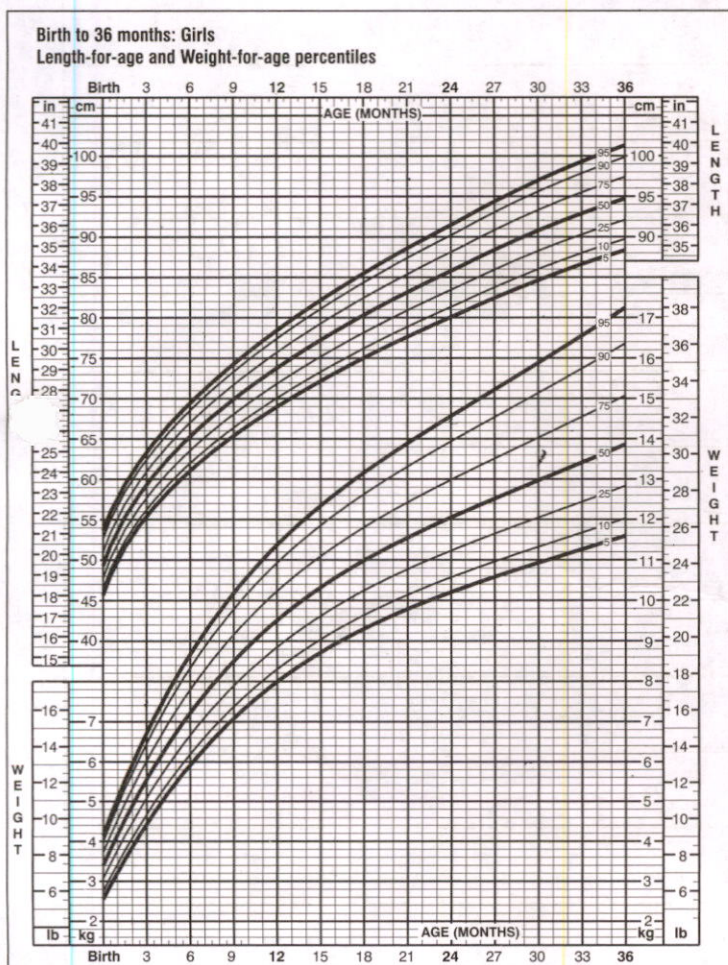
Food Allergies: No Veg/Non-veg: Veg

Diagnosis: B/L Equino cavus deformity

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: M. Sateef

GROWTH CHART (GIRLS)



Dietician's Name: Niketha

Dietician's Signature: Niketha

Daily Notes:

11/28/26
9am

Child is stable. Entake is better
continue to soft diet

stable