

BAH-00657442 IP5-00174410  
 Baby POREDDY KEERTHI  
 25-04-2023 3 Y 1 M 3 D (F)  
 Dr. DINESH KUMAR CHIRLA

Patient Sticker



K. Shikhar  
 29/05/26



Keertthi

### SURGERY DETAILS

Date : ..... 28/05/26

Patient Name: Baby: POREDDY KEERTHI Date of Birth: 25-04-2023 Age: 3 Y

Gender: F Ward: P-05 UHID No.: 0124110

Date of Surgery: 28/05/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : Debridement of Patellar adenocarcinoma flap + SR

Time in : 2:15 PM

Time Out : 4 PM

	NAME	AMOUNT
1. Surgeon	<u>Dr. M. V. Venkatesh Reddy</u>	<u>Rs - 50,000/-</u>
2. Anaesthetist	.....	<u>Rs - 70,000</u>
3. Assistant Surgeon	.....	<u>Rs - 21,000</u>
4. OT Technician	<u>Mishra</u>	<u>OT - 56,000</u>
5. Circulating Nurse	<u>Archil</u>	<u>CSSD - 2,100</u>
6. Assistant Nurse	<u>Ram</u>	.....

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

M. Venkatesh  
 Signature of the Surgeon

[Signature]  
 Signature of Circulating Nurse

Order No: 9631655

Order by: [Signature]

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Head Flaping



# CONSUMABLES OF OT

Technician : Nishanth Date : ..... Time : .....

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>Drape</u>	1	1	Inj Vit.K		
LMA <u>2/2</u>		01	Sutures			Cord Clamp		
ECG leads : A / P / N			<u>monocath 3-0</u>	2	5	Suction Catheter		
HME filter : A (P) N		01	<u>SPK . 2-0, 1-0</u>	1H	1H	Feeding Tube		
Syringes : 10 cc		6				Vaccum Suction Set		
05 cc		4	Gloves <u>2/2, 2</u>	2H	2H	Surgical Gloves		
02 cc		2				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A (P) N		01	Surgical blade <u>15</u>	1	1	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		01	Cautery pencil	1	1	<u>NS 500ml</u>	3	3
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies	1	1	<u>10cc</u>	2	2
<u>Micro spike</u>		00	Ointments			<u>100cc Adrenaline</u>	2	2
			Suction Catheter					
Fentanyl		01	Cap, Mask	5/5	5/5	<u>long. pad</u>	1	1
Morphine			Gauze Pack	5/5	5/5	<u>crack bandage</u>	1	1
Ketamine			Mop Pack	1	1	<u>knit bandage</u>	2	2
Propofol		01	Steristrip			<u>skin graft</u>	1	1
Rocuronium			Underpad	1	1	<u>dry. Adrenaline</u>	3	3
Glycopyrolate		01	Draw sheet			<u>8/20mg</u>	1	1
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag			<u>ETCO<sub>2</sub> NOSEL</u>		
Bupivacaine 0.25%			Chest Drainage Catheter			<u>pru (P)</u>	01	01
Bupivacaine 0.25%(Heavy)			Romodrain bag <u>10</u>	1	1	<u>Kim fern</u>	1	1
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	0			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	0			
			Microshield	1	1			
			Cotton Balls					
			Latex Gloves	10	10			
			Ramdione Scrub					
			Saral					

Surgeon ..... Anaesthesiologist 9631659 Nurse ..... OT Technician Nishanth  
 Order No. : ..... Ordered by : .....  
 Doc. No. : RCH / FRM / GENERAL / 125

B5



### ACTIVITY RECORD FOR BILLING

Name : \_\_\_\_\_

UHID No. : \_\_\_\_\_ BAH-00657442 IP5-00174410  
Baby POREDDY KEERTHI  
25-04-2023 3 Y 1 M 3 D (F) Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_  
Dr. DINESH KUMAR CHIRLA

Date of Admission: \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/5/26	12:46pm	ER	PICU	B
28/5	1:40pm	PICU-1	OT-P	<del>AKU</del>
28/5	4:20pm	OT	PICU	AKU
29/5	4:25pm	PICU	ICU-B	Grace

### Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Ashish Lak R. J	28/5/26	9631348	
2	DR. Naveen. M	29/5/26	9633155	
3	DR. Dinesh Chandra	29/5/26	not showing	
4				
5				
6				
7		DR		
8				
9				
10				



### MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/5	Inv monitor	12.50 AM			
	Inf pump			9630431	Subra
29/5	Inv monitor	to stop	11.20		
	Inf pump		PM	9630431	Subra



**ADMISSION SHEET**

**Registration Details :**



Admission No : IP5-00174410      Admit Date : 28-May-2026      Admit Time : 12:51 AM      UHID : BAH-00657442

**Patient Details :**

Patient Name	: Baby POREDDY KEERTHI	Age	: 3 Y 1 M 3 D
Guardian	: Mr POREDDY CHANDRA REDDY	DOB	: 25-04-2023
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: H NO - 1-2/2, , MANDAL THIMMAJIPET , VILL - IPPALAPALLY Timmaji Pet Mahabubnagar Telangana INDIA 509406	Phone No	: 6231107606/ 9502723345
		E-mail	: NOMAIL@GMAIL.COM

**Admission Details :**

Bed Type : PICU      Bed No : PICU 212      Ward Name : 2F-PICU I  
 Room No : PICU 212      Admission Type : First Visit

**Contact Details :**

Name : Mr POREDDY CHANDRA REDDY      Relationship : Father  
 Contact Address : H NO - 1-2/2, , MANDAL THIMMAJIPET , VILL - IPPALAPALLY Timmaji Pet Mahabubnagar  
 Telangana INDIA 509406      Phone No : 6231107606 / 9502723345

*P. W. S. R.*  
 Signature

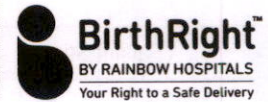
**Doctor Details :**

Doctor Name : Dr. DINESH KUMAR CHIRLA      Specialisation : PEDIATRIC INTENSIVE CARE  
 Referral Doctor : SELF      Phone No :  
 Co-Consultant : Dr. ANUPAMA Y

**Payment Details :**

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

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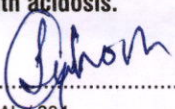

## ADMISSION CRITERIA – PICU

**Admission / Transfer from:**

- Emergency   
  Outpatient (OPD)   
  Ward   
  Operation Theater   
  Others: .....

**Tick (✓) any of the following criteria requiring admission / transfer to PICU**

- All patients requiring mechanical ventilation;
  - Patients with impending respiratory failure;
    - Upper airway obstruction;
    - Lower airway obstruction;
    - Alveolar disease; and
    - Unstable airway;
  - All Paediatric patients after successful resuscitation;
  - Comatose Patients;**
    - Meningitis, encephalitis;     Hepatic encephalopathy;     cerebral malaria;
    - Head injury;     Poisonings; and     Status epilepticus;
  - All types of shock/hemodynamic instability:**
    - Septic shock;
    - Hypovolemic shock; (Bleeding emergencies such as gastrointestinal bleeding, bleeding diathesis, disseminated intravascular coagulation; Cardiogenic shock; myocarditis, cardiomyopathy, congenital heart disease; Neurogenic shock; and Multiple trauma;
  - Cardiac arrhythmias after consulting with the treating consultant
  - Hypertensive Emergencies;
  - Severe acid base disorders;
  - Severe electrolyte abnormalities;
  - Diabetic ketoacidosis (Ph < 7.2, altered sensorium, hyperglycemia)
  - Acute renal failure; Patients requiring acute hemodialysis, hemofiltration and peritoneal dialysis;
  - Post-Operative Patients;**
    - Requiring ventilation;
    - Unstable patients; and
    - Post-operative patients after open heart surgery, neurosurgery, thoracic surgery and other patients after major general surgery with potential for respiratory/haemodynamic instability;
  - Patients requiring nitric oxide therapy;
  - Malignant hyperpyrexia;
  - Acute hepatic failure
  - Severe dehydration with mental status change;
  - Asthma requiring hourly nebulization/getting tired with increasing oxygen requirement/mental status change.
- “UNSTABLE” PATIENT IS DEFINED AS**
- HR < 50 or > 160 per minute or more than upper normal limit according to age. BP < 90 systolic and < 50 diastolic an or requiring inotropic support. Arrhythmia or risk of sudden arrhythmia.
  - Signs of peripheral poor perfusion or suspicion of any type of shock.
  - Capillary refill time > 4seconds.
  - Children Blood pressure (Syst.) < [70 + (2 × age “Years”)].
- Respiratory failure or high risk of failure or airway obstruction:**
- Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
  - O2 Saturation < 90 % or need for O2 > 4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
  - Distress and risk of exhaustion
- Change of level of consciousness: GCS < 13.**
  - Persistent oliguria with acidosis.**

Signature of the Doctor:  Name of the Doctor:  Date & Time: 28/7/20 1 AM.

Patient Sticker



## DISCHARGE CRITERIA – PICU

### Discharge to:

- HDU / Step down ICU     
  Ward     
  Outside Facility     
  Others: .....

### Tick (✓) any of the following criteria requiring discharge / transfer from PICU

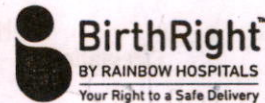
- Stable hemodynamic parameters.
- Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency at least for 24 hours with no respiratory distress needing continuous monitoring.
- Minimal oxygen requirements that do not exceed patient care unit guidelines.
- Intravenous inotropic support, vasodilators, and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.
- Cardiac dysrhythmias are controlled.
- Neurologic stability with control of seizures.
- Removal of all hemodynamic monitoring catheters.
- Routine peritoneal or hemodialysis with resolution of critical illness not exceeding general patient care unit guidelines.
- Patients with mature artificial airways (tracheostomies) who no longer require excessive suctioning.

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....

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## PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor: Piwi MLC Date: 28/05/26

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

Start Time of Assessment: 12AM Weight: 10.5kg

Allergic History: NO

Chief Complaints: Alleged H/O

Accidental fall from bullock cart  
at thippalapoli village, around  
4:30pm on 27/5/26 &  
sustained injury to head, shoulder  
- Laceration over right side of  
scalp, right shoulder  
- Admitted at

### Pediatric Assessment Triangle

A Appearance - TICLS .....

B Breathing

C Circulation

Normal  
 Abnormal

Pallor   
 Cyanosis   
 Mottling   
 Bleeding

↑ WOB  
 ↓ WOB  
 Normal  
 Gasping / Apnea

Initial Physiological Status:  Stable  Unstable  
 Life Threatening   
 Non Life Threatening

Any urgent interventions needed:  Yes  No  
 If Yes .....

Significant Past History: Nil

Medication History: Nil

Relevant Investigations: CT Brain ⊕;

U/b Abdomen + EFAST Normal  
Term / NVD / 3kg / 41cm  
NO H/O NIM stay

### Primary Assessment

Airway

Open  
 Maintainable  
 Not Maintainable

Any urgent interventions needed:  Yes  No  
 If Yes .....

Breathing

Rate: 26/min SpO<sub>2</sub> on FiO<sub>2</sub> 100% on 2lt.

Rhythm: Normal


Retractions:  Suprasternal  ICR  SCR  
 Sternal  Supraclavicular  Nasal Flaring

Respiratory Noises:  Stridor  Wheezing  Grunting

Air Entry: Normal

Palpation Findings (if necessary) .....

Any urgent interventions needed:  Yes  No  
 If Yes .....

**Circulation**  HR: 110/min

BP: 100/52 mmHg

Pulse Volume: Central Good Peripheral Good

If in Shock:  Compensated  Hypotensive

Muffled Heart Sound:  Yes  No

Engorged Neck Veins:  Yes  No

CFT  Central Good  Peripheral Good

Murmurs:  Yes  No


Liver Span: Normal

ECG: Normal

Any Signs of Heart Failure:  Yes  No

Any urgent interventions needed:  Yes  No

If Yes .....

**Disability**  GCS: 15/15 AVPU: Alert

Pupils:  Responsive  Non-Responsive

Size:  Right 27  Left 27


Active Seizures:  Yes  No

Sugars: 116

Signs of Neurological compromise .....

Any urgent interventions needed:  Yes  No

If Yes .....

**Exposure**  Temp.: 36.5

Any Rash:  Yes  No

If yes describe the rash No

Active bleed Yes

Lacerations  Abrasions  bruises

Describe: .....

Any urgent interventions needed:  Yes  No

If Yes .....

- Final Physiological Status:**
- Respiratory Distress
  - Shock - Compensated  Hypotensive
  - Respiratory Failure
  - Cardiopulmonary Arrest
  - Respiratory Arrest
  - Hemodynamically Stable

**Secondary Assessment:** Head to toe examination with positive findings: Right frontoparietal separ. Anterior injury present

**Labs Planned:**

RP

Blood c/s

Blood Grouping

**Treatment Planned:**

Inj. Ceftriaxone

Rx Linezolid

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

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

Assessment done by Dr. Sani

Name of the Doctor: .....

Signature: .....

Date & Time: 28/5/2016

Sr. Doctor on Duty (If necessary)

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

Signature: Dr. Anupam

Reg. No: 50853

Date & Time: 28/5/2016



# PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 28/5/2023 Time: 12:50 AM

### Patient Assessment Form:

Informant:  Father  Mother  Other

### Presenting Complaints / Chief Complaints:

Alleged History of fall from Bullock cart at  
Thippalapalli Village on 27/5/2023 at 4:30 PM.

- Parents Noticed Bleeding from head and over Right shoulder
  - No History of Vomiting, seizure or loss of consciousness or ENT bleed
- Child was initially taken to local hospital in Jodcherla and then referred to SVS medical college hospital, Mahabubnagar on head and USG Abdomen done - Normal. Child referred to Rainbow children's hospital, Banjara Hills for further Management.

### Past History (Including previous treatment and investigations):

No History of Past Hospitalization.

### Birth and Developmental History:

3 kg Birth weight / Term / Normal Vaginal delivery /  
Cried immediately after Birth / No H/O New str /  
Immunized all date / TT received in SVS hospital

### Immunization History:

Nil.

### H/O Allergy:

### Family History:

Not significant

INITIAL ASSESSMENT

RBS : 116 mg/dl Temperature : 36.5°C Weight (kg) : 10.5 kg

Respiratory System Findings:

Air Way: Open Maintainable Not Maintainable Intubated, If Intubated, size & position of ETT

Respiratory Examination Finding: (Air entry, breath sounds, s/o distress etc): Bilateral air entry equal. No added sounds. Respiratory Rate: 24/min

SPO2: 100% on Room Air O by NC / FM / NRB mask / Oxyhood, at: Respiratory Efforts: Good L/min

Ventilatory Support: Yes No Day # of Vent: Respiratory Efforts: Good Delivered Vt:

Ventilatory Settings: Leak around ETT: ABG: EtCO2: P/F ratio: O.I:

Any Nebs: ICD? Yes No, if Yes details: CXR: out side chest x-ray - Normal Right clavicle fracture present

Cardio Vascular System Clinical Exam: Heart Rate: 120 bpm Cardiac Rhytho: Normal

(Heart sounds, murmur etc.) No murmur heard. Heart sounds - Normal

Quality of Pulses: good cap refill Time: < 3 sec Liver Edge: cm below Rt costal margin

Blood Pressures: NIBP: 98/52 mmHg IBP: CVP:

Infusion of any Inotropes?: Yes No - If yes, then details:

Any Other Infusions: N.I. Last 2D Echo Findings:

Size of the heart and lung fields in latest CXR:

Arterial line in Situ: Yes No Place of art, line & its condition:

Central line in Situ: Yes No Place of central line & its condition:

Infection and Antibiotics:

Febrile Afebrile Current Antibiotics Details (antibiotic name and day #):

Cultures Done outside? Yes No - If yes, details:

Describe c/s Reports:

Other Labs (Latex, Serology, etc): Ongoing Antibiotics: Ceftriaxone

Abdominal Exam: Soft, Nontender, Non-distended No organomegaly

ENT Exam:

Central Nervous System:

Level of Consciousness: AVPU / GCS score: Alert / Eyes: 15/15

Neurological Findings: No focal deficit Pupils - B/L 3mm and Reactive to light

Relevant data from outside (Neuro imaging any ongoing medications etc):

CT head - Normal

**Special Needs Screening:** (If any of the below are Positive, Please fill "Cross Consultation Form" to Concerned Department)  
 (Please select and 'tick mark' [ ✓ ] the boxes as applicable)

- a. Nutritional Screening Criteria: Screening is  Positive  Negative
- Diabetes Mellitus       Needs Therapeutic Diet.       Diarrhoea > 4days       Food Allergy
  - Overweight       Psychological Eating Disorder       Major Surgery       Patient in ICU
  - Under Weight       Difficulty swallowing / Chewing       Hyperemesis gravidarum       Tube Feeding
  - Poor Appetite > 3days       Unplanned Change in Weight

- b. Psychological Screening Criteria: Screening is  Positive  Negative
- Non-compliance to offered treatment Over weight       Suspected Drug Abuse
  - Emotional / Behavioural Problem ( Tearful, uncooperative)

- c. Functional Screening Criteria: Screening is  Positive  Negative
- Patient cannot position himself in bed       Change in Muscle Power
  - Restricted ROM       Impaired Daily Living Activities

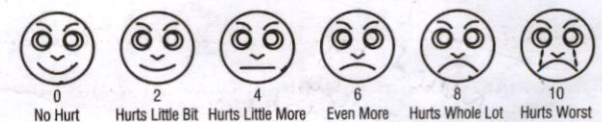
- d. Socio-economic Screening Criteria: Screening is  Positive  Negative
- Living alone       Suspected abuse or neglect
  - Cultural or religious background that would need to know for the plan of care       Unable to assess due to lack of family

e. Need for Interpretar Screening is  Yes  No If Yes then plan.....

6. Patient needs additional specialized assessments:  Yes  No  
 If yes, Please fill Individualized Initial Assessments Form for Special Populations  
 Others .....

**Pain Screening:**

Pain Scale used Wong Baker (Scale 0-10)  FLACC (Scale 0-10)



Pain Score "Whenever Applicable"  
 Location: Right fronto parietal region 6/10

Duration: ..... days / weeks / months (Strike Out that is not applicable)

- Character:  localized     diffuse     sharp     aching     referred     vague     burning / soreness
- Frequency:  constant     intermittent     occasional
- Pain Management done  Yes     No

*Normal.*

*- If face score MORE THAN 2/10, PLAN TO START FURTHER ANALGESIA*

Nutritional Evaluation: .....

Current Medications: cephalosporins, T. bact treatment

Provisional Diagnosis : Traumatic Brain injury / Avulsed skin over scalp.

Prism III score at 24 hrs of admission : 0 ..... Worse SOFA Score : .....

Referred Patient -  Self Referral -  Rainbow Patient

Transferring Unit :  Ward  OT - Transported?  Yes  No - If yes :  Long (> 30 kms)  Short (< 30 kms)

Referring Consultant : .....

Admitting Consultant : Dr. Dinesh Kumar Chakr.

Indication for PICU referral : Head injury.

**PLAN OF CARE**

Preventive aspects of the treatment : Bleeding, Infection, Seizures.

Desired goals of the treatment : Healed injury

**PLANNED INVESTIGATIONS**

RP / Blood grouping / skeletal survey / PTT/APTT/INR

noted by vennela 28/5/26 12:55AM

**PLANNED MANAGEMENT**

- 1) Orally: Ceftriaxone
- 2) Orally: Linezolid
- 3) Orally: Pantoprazole
- 4) Orally: Paracetamol
- 5) Orally: Tramadol

noted by vennela 28/5/26 @ 2 AM

Final Diagnosis: .....

Doctor's Signature : [Signature]  
Name : Dr. Vikas

Date : 28/5/2020 @ 1:20 AM

Time: .....

Consultant's Signature : [Signature]  
Name : .....

Date : 28/5/2020

Time: 1:00 AM

Dr. Anupama  
Reg. No: 50853

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2023 1:00 AM	c/s/B PIW yellow	Dr. Vikas
	<p>Alleged history of fall from bullock cart at thi prapalli Village around 4:30 PM on 27/5/2023.</p>	<p><u>Plan</u></p> <p>① Inj. Ceftriaxone Inj. Linezolid</p>
	<p>Immediately after fall parents observed head injury and injury to Right shoulder.</p>	<p>② RP, Blood Grouping</p>
	<p>No History of Seizure or loss of consciousness or Vomiting or ENT Bleed.</p>	<p>③ EFAST to do Skeletal survey.</p>
	<p>child was initially taken to a local hospital near Tadchala; then referred to SVS medical college, Mahabubnagar.</p>	<p>④ Pediatric plastic Surgeon opinion.</p>
	<p>CT scan head done at SVS medical college - Normal USG Abdomen - Normal.</p>	<p>⑤ strict aseptic handling of wound.</p> <p>⑥ USG Abdomen tomorrow morning</p>
	<p>Dressing done for head injury</p>	<p>⑦ Pp Review immunization</p> <p>⑧ Inj. Paracetamol as per chart</p>

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 Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	child Referred to Rainbow Childrens hospital for further management	(i) Wf- DNs (ii) 100% maintenance
	on Examination in Emergency Room.	(iii) MIE to do
	- child is on Room air	(iv) Counsel parents
	- Airway - Maintainable	
	- Saturating 100% on Room air	
	- peripheral and central pulses well felt	
	HR - 110/min	
	SpO2 - 100% on Room air	
	RR - 24/min	
	BP -	
	CRT < 3sec	
	Chest - B/C air entry equal	
	No added sounds	
	PIA - Soft, Non-distended	
	Non-tender	
	Cals: Gcs - 15/15	
	pupls - B/L 3mm and	
	Reactive to light	
	No focal defects	

noted by  
 venish  
 24/5/26  
 11:00am

EFAST  
 Negative

*[Signature]*  
 Dr. [Name]  
 24/5/26  
 @ 1.20 AM




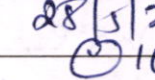
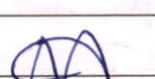
## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/05/2026 <u>2AM</u>	Counselling Notes	Dr. Vinay
	<ul style="list-style-type: none"> <li>- Patient attenders counselled regarding the conditions of the patient;</li> <li>- There are no intracranial bleed at present scan</li> <li>- X-ray screening skeletal survey need to be done now.</li> <li>- Scalp avulsion is there, which need to be surgically corrected.</li> <li>- If the child develops vomiting, seizure, dull etc we need to repeat CT-scan.</li> <li>- MRI may get required if diffuse axonal injury features develops.</li> <li>- clavicle fracture is there, orthopaedic will review tomorrow.</li> <li>- For scalp injury plastic surgeon will review tomorrow for surgical management.</li> </ul>	
	<p><u>M.Lit.</u>          CDr. Nandan</p>	<p>P. W. W. W. W.          (Father)</p>

BAH-00657442 IP5-00174410  
 Baby POREDDY KEERTHI  
 25-04-2023 3 Y 1 M 3 D (F)  
 Dr. DINESH KUMAR CHIRLA



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
28/5/2026 1:00 AM	Case discussed with Dr. Sreedhar (oncall Radiologist)	
	CT head discussed	<u>Suppression</u>
		<ul style="list-style-type: none"> <li>No Major fracture or Bleeding</li> <li>Repeat CT head if any change / worsening</li> </ul>
		 Dr. Sreedhar 28/5/20 @ 10:00 AM
28/5/2026 1:10 AM	Case discussed with oncall Neurosurgeon Dr. Praneeeth	 Dr. Praneeeth 28/5/20 @ 10:00 AM
		<u>Plan</u>
		<ul style="list-style-type: none"> <li>① No Active Neurosurgery Intervention</li> <li>② Plastic Surgery opinion for Aired sed</li> </ul>
		 Dr. Praneeeth 28/5/20 @ 11:00 AM

Noted by  
 Vennele  
 28/5/20  
 @ 1:10 AM

Noted by  
 Vennele  
 28/5/20  
 @ 1:11





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### DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 28/05/2026 Day of Admission : D, Today's Date & Time : 28/05/2026 8AM  
 PRISM - III Score in first 24hrs. of Admission : 0 Today's SOFA Score : 0

OVERVIEW	Diagnosis : Traumatic Brain injury / Avulsion injury over scalp	Current Issues : Avulsion injury over right parieto-temporal region
	VITAL SIGNS Today's Wt. (kg) : 10.5kg Temp: 98.4f	Blood sugar issues : GBS-139mg/dl
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BIL ABB, clear	
	CXR : Normal	
	SPO <sub>2</sub> : 99% on RA O <sub>2</sub> by NC / FM / NRB mask / Oxyhood, at _____ L / min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : _____ Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details : _____	
	Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____ ABG : _____ EtCO <sub>2</sub> : _____ P/F ratio : _____ O.I. : _____ Chest Physiotherapy Plan : _____ Suctioning Needs : _____ Any Nebbs : _____ ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : _____ Plan of care : _____	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : S, S <sub>2</sub> ⊕, 120bpm	
	Quality of Pulses : Good cap refill Time : < 3sec Liver Edge : _____ cm below Rt costal margin	
	Blood Pressures : NIBP : 99/56mmHg IBP : _____ CVP : _____	
	Infusion of : <input type="checkbox"/> Dopamine _____ mcg / kg / min - <input type="checkbox"/> Dobutamine _____ mcg / kg / min <input type="checkbox"/> Epinephrine _____ mcg / kg / min - <input type="checkbox"/> Nor Epinephrine _____ mcg / kg / min <input type="checkbox"/> Milrinone _____ mcg / kg / min	
	Any Other Infusions : _____ Last 2D Echo Findings : _____ Size of the heart and lung fields in latest CXR : _____ Arterial line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of art, line & its condition : _____ Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : _____ Day of arterial line : _____ Day of Central line : _____ Plan of Care : _____	
CNS	Neuro Exam : GCS-15/15	
	Pupils : BIL pupild ERL Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Types of Sedation : _____ Types of Paralysis : _____ Relevant CT Scan, MRI EEG, Neurosonogram etc. : _____ Plan of Care : _____ Ramsay Sedation Score : _____	

FLUIDS STATUS NUTRITION AND G.I	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I/O/Balance: <u>+ 60ml</u> / (+/-) ..... Input: ..... ml/k/d UO: ..... ml/kg/hr Stools: ..... NG output: ..... PO intake: ..... Feed Formula: ..... Feed Schedule: ..... <b>IV Fluids</b> - Type of IVF: <u>DNS @ 30</u> ml/hr (..... times maintenance) <b>TPN</b> : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: ..... ..... % of Dext, Glu Inf Rate (mg/kg/min) ..... Amino Acids (gm/kg/day) ..... Lipids (gm/kg/day) ..... Cal/kg/d ..... Nitrogen ..... Trace elements & MVI <b>Labs</b> : Na <u>137</u> K <u>4.4</u> Cl <u>107</u> Ca <u>9</u> Mg ..... P <u>6.3</u> HCO3 <u>20</u> Sr. Amylase: <u>65</u> Sr. Lipase: <u>2</u> Latest LFT: <u>T. Bil - 0.2 / 540T - 43 / 54PT - 26 / ALT - 190 / Pr. Am - 6.7 / Alb - 3.9</u> Abd Exam: <u>Soft, non distended, non tender</u> <b>Any organomegaly?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe: ..... Plan (G.I. & Liver): ..... <u>USG abdomen today</u>	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #): <u>INT CEFTRIA AXONE-1</u> <b>Cultures Sent?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: <u>reports awaited TAU-LINEZOLID-1,</u> Describe c/s Reports: ..... Other Labs (Latex, Serology, etc): ..... Ongoing Antibiotics: .....	
NEPHROLOGY ISSUES	Sr. Creat: <u>0.4</u> Bld. Urea: <u>24</u> Other Relevant Labs: ..... <b>P.D.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: ..... <b>Diuretics</b> : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: ..... <b>Catheterized</b> : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter: ..... Relevant Radiology (USC, MCUG radioisotope scan etc): ..... Plan of Care: .....	
	Relevant Labs (CBP etc): <u>Hb - 10.2 / TLC - 18,480 / N - 74.1 / L - 20.1 / PLT - 5LAKH</u> Any Coagulopathy: <u>PT - 17 / INR - 1.3 / aPTT - 35</u> Relevant Transfusion History: ..... Plan of Care: .....	
CARE PROTOCOLS	VAP Bundle Used?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CA - UTI Bundle Used?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Patient Managed as per Relevant Protocols: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details: .....	Pending Lab Results: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details: <u>Blood c/s</u> Pending Consultations: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details: <u>Neurology / Plastic Surgery / Neuro Surgery / ortho</u>
	<b>FINAL COMMENTS</b> <u>- USG abdomen today, PAC&amp;Poc today</u> <u>- Plastic surgery consultation.</u> <u>- ortho consultation.</u>	

Doctor's Name (Handover given): Nandan  
 Signature: Nandan  
 Date & Time: 28/05/2026, 8 AM

Doctor's Name (Handover taken): Abhant  
 Signature: Abhant  
 Date & Time: 28/5/26 @ 8:00 AM

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 Dr. DINESH KUMAR CHIRLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/05/26 9:30 AM	<p>Dr. Dinesh Chirla.          Cls/b for. Anupama</p>	
	<p>A polytrauma</p>	<p>Plan:</p>
	<p>Aulson Injury to</p>	<p>1) Tetanus Immunoglobulin</p>
	<p>parieto occipital Region</p>	<p>during procedure. (125 IU)</p>
	<p>B/L Clavicular fracture</p>	<p>2) USG <del>of</del> abdomen.</p>
	<p>A - open, maintainable</p>	<p>3) Neurosurgery Opinion</p>
	<p>B - maintain stats on R/A</p>	<p>Monitor FLACC score if &gt; 6 -&gt; IM paracetamol</p>
	<p>C - Not in shock</p>	<p>4) skeletal survey Registry.</p>
	<p>D - (A) least, awake</p>	<p>5) Pain score documentation!</p>
	<p>E - Avulsion Injury on</p>	<p>6) CT Brain Orbit with 2mm</p>
	<p>parieto occipital Region</p>	<p>Cuts with C-spine Included</p>
	<p>O/E</p>	<p>7) Note all abnormalities in the file. → left chin left hand finger</p>
	<p>Cvs - S1S2 (+)</p>	<p>8) Stop Inj. linezolid &amp; start</p>
	<p>R/S - B/LAE (+) Clear</p>	<p>ly. Mergosyl.</p>
	<p>PIA - soft</p>	<p>9) PRBC reserve for OT.</p>
	<p>CNC - alert.</p>	<p>10) Ortho Consultation</p>
	<p>Vitals</p>	<p>Noted by Seshu 28/5/26 @ 9:40 am</p>
	<p>PR - 119 bpm</p>	<p>Dr. Anupama Reg. No: 50853</p>
	<p>RR - 18 bpm</p>	<p>28/5/26 9:30 AM</p>
	<p>SpO2 - 97% TR/A</p>	







## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/23 4 PM	<p>case shifted from OT            mild <del>severe</del> TBI / avulsion injury overcclt, B/c clavicle #.</p>	<p>cl/ls Dr Kichy PRCU Fellow            Plan.</p>
	<p>Duration of surgery :- 1hr 45m</p>	
	<p>Input - 150ml</p>	<p>- pain management</p>
	<p>output -</p>	
	<p>BL loss - 50ml.</p>	<p>✓ CBP</p>
		<p>after discussing with consultant</p>
	<p>propofol, Fentanyl</p>	
	<p>NO intra-op events</p>	<p>- To allow orally once awake</p>
	<p>chest - air entry B/c ⊕</p>	<p>- w/lt desaturation.</p>
	<p>chest - clear</p>	
	<p>PLA - soft</p>	<p>- IV Fluids.</p>
	<p>CNS - S<sub>2</sub> ⊕</p>	
	<p>CNS - opening eyes            BL pupils reactive.</p>	<p>- Dressing ⊕ cuticell over            posterny region of head scalp (b-cp)</p>
		<p>noted by sneha</p>
	<p>HR - 150/min</p>	<p>28/5/23 SP</p>
	<p>RR - 26/min</p>	
	<p>SpO<sub>2</sub> - 98%</p>	
	<p>BP - 92/60 (70)</p>	<p>Mother</p>



## DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 28/5/26 Day of Admission : D.2 Today's Date & Time : 29/5/26 at 8AM  
 PRISM - III Score in first 24hrs. of Admission : 0 Today's SOFA Score : 0

<b>OVERVIEW</b>	Diagnosis : <u>mild traumatic brain injury</u> <u>Autism injury to scalp / Bilateral clavicular Fracture</u> <u>Post Debridement + Flap Repair</u>	Current Issues : <u>fever spike - at 10pm-10:15</u>
	<b>VITAL SIGNS</b> Today's Wt. (kg) : _____ Temp.: _____ Blood sugar issues : _____	
<b>RESPIRATORY SYSTEM</b>	<b>Respiratory System Findings</b> : (Air entry, breath sounds, s/o distress etc.) : <u>Bilateral air entry present</u>	
	CXR : _____	
	SPO <sub>2</sub> : <u>100%</u> O <sub>2</sub> by NC / FM / NRB mask / Oxyhood, at <u>on Room air</u> L / min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : _____ Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details : _____	
	Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____	
	ABG : _____ EtCO <sub>2</sub> : _____ P/F ratio : _____ O.I. : _____	
	Chest Physiotherapy Plan : _____ Suctioning Needs : _____	
	Any Nebs : <u>0</u> ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : _____	
	Plan of care : _____	
	<b>CARDIO VASCULAR SYSTEM</b>	<b>Cardio Vascular System Clinical Exam</b> . (Heart sounds, murmur etc.) : <u>HR 140/min</u>
Quality of Pulses : <u>good</u> cap refill Time : <u>&lt; 3sec</u> Liver Edge : _____ cm below Rt costal margin		
Blood Pressures : NIBP <u>94/48 (60)</u> IBP : _____ CVP : _____		
Infusion of : <input type="checkbox"/> Dopamine _____ mcg / kg / min - <input type="checkbox"/> Dobutamine _____ mcg / kg / min		
<input type="checkbox"/> Epinephrine _____ mcg / kg / min - <input type="checkbox"/> Nor Epinephrine _____ mcg / kg / min		
<input type="checkbox"/> Milrinone _____ mcg / kg / min		
Any Other Infusions : _____		
Last 2D Echo Findings : <u>0</u>		
Size of the heart and lung fields in latest CXR : _____		
Arterial line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of art, line & its condition : _____		
Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : _____		
Day of arterial line : _____ Day of Central line : _____		
Plan of Care : <u>0</u>		
<b>CNS</b>	Neuro Exam : <u>Alert</u>	
	Pupils : <u>2+ 2+ Bilateral red reflex</u> Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Types of Sedation : <u>0</u> Types of Paralysis : <u>0</u>	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : _____	
	Plan of Care : <u>0</u> Ramsay Sedation Score : _____	



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 Dr. DINESH KUMAR CHIRLA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26		c/s/B Dr. Anupama
9:15 AM	mild TBI	Plan
	Rt avulsion injury to scalp	
	Bl clavicular fracture	- shift to work
	slp debridement	
	on room air	- allow orally
	Hemodynamically stable	stop IV fluids if
	aet, cctre.	taking well
	Chest - air entry Blc ⊕	- pain management
	RA - soft	
	Cvs - S1/2 ⊕	Noted by
	Cns - ext, cctre	Pravallika
		29/5/26
		@ 9:20 AM
	HR - 140/min	
	RR - 28/min	29/5/26
	SpO2 - 98%	9:20 AM
	BP - 110/60 mmHg.	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Shifting Notes	
29/5/26 10:30 AM	<p>A mild TBI</p> <p>Rt avulsion injury to scalp.</p> <p>S/P Debridement &amp; Repair</p> <p>BL clavicular # (Con            Conservative Rx)</p>	
	<p>O/E PR - 128 bpm</p>	<p>Plan:</p> <p>1) Allow orally</p>
	<p>CVS - S<sub>1</sub>S<sub>2</sub> (+)</p>	<p>2) If acceptably well</p> <p>↳ omit IV fluids</p>
	<p>RR - 22 bpm</p>	<p>3) Continue Medication as per medicine chart</p>
	<p>R/C - B/L AE (+)            clear</p>	<p>4) Inform</p>
	<p>P/A - SOFT</p>	<p>If seizures</p>
	<p>SpO<sub>2</sub> - 99% TR/A</p>	<p>Bleeding from surgical site</p>
	<p>Bp - 105/56 (69)</p>	<p>↑ drain output</p>
		<p>Noted by            Praveen            27/5/26            @10:40 AM</p>
		<p>marked</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/05/2026	C/S/B	Resident (Dr. Nanda)
5 PM	D: mild TBI	Plan
	Rt avulsion injury to scalp	Continue medication as charted
	S/P Debridement & repair (R-1)	INV. LEFSALOXONE (R)
	B/L Clavicular fracture	INV. METRONIDAZOLE (R)
	On Room Air	Encourage orally
	Hemodynamically stable	- monitor vitals
	NO fresh issues	- watch for fever / vomitting / bleed from surgical site / seizures
	NO fever / seizure / vomitting	
	- oral intake - better	- Injorm 500
		Noted by K. Brahmakshi (Dr. Nanda)

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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 8 AM	CIS/B picu follow.	
	ASIS: - mild TBI.	
	RT avulsion injury to scalp	<u>plan.</u>
	Sp debridement & repairs	
	BIL clavicle fracture.	1. w/f fever spikes
	On room - Apr.	2. Monitor vitals.
	- hemodynamic & calm stable.	3. encourage oral intake.
	one fever spike qpm - 101.1	4. w/f bleeding from
	oral intake better.	surgical site.
	NO vomitings.	
	% pain.	
	Tij ceftriaxone - D3	M Dr. Mahesh
	Tij metronidazole - D3	30/5/26
	Drobu - 20 ml	8 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 12:45 PM	c/s/B Dr sandeep.	
	D88:- mild TBI.	plan.
	Rt avulsion injury	1. Dr Nooreen. S/S Review.
	Scalp	2. continue ceftriaxone, metronidazole
	s/p debridement & repair.	if any further fever spike, pa
	BL clavicle fracture.	3. CBP to send if any fever spikes.
	on room A17	also Dr Nooreen
	hemodynamically stable.	3. Give 90g T.T now.
	one fever spike at 9pm-10pm.	done on Rt - 30/05/26 by S.S. P.M. fi
	c/o pain.	4. w/o fever spikes. @ 5:20 PM
	90g ceftriaxone - D3	5. encourage oral intake.
	90g metronidazole - D3.	
	Drofen - 20mg.	
		Dr Nooreen
		30/5/26
		12:45 PM
30/5/26	c/s/B PICU Fellow	
5 PM	mild TBI	Plan
	Rt avulsion injury scalp.	- send CBP if any fever spikes
	s/p debridement & repair	- w/o fever spikes
	BL clavicle fracture	- encourage oral intake
	on room A17	
	Hemodynamically stable.	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26 8 AM	C/S/B plus follow.	
	A/S:- mild TBI.	
	RT avulsion injury to scalp.	
	S/p debridement & repair.	plan
	B/L clavicle fracture.	1. Dr. Naveen for Review.
	on room - A/S	2. W/F fever spikes
	hemodynamically stable.	
	No fever spikes.	3. Monitor vitals.
	oral intake better.	
	No pain	4. Encourage oral intake.
	did not pass stool.	
	Ttg ceftriaxone - D4	
	Ttg metronidazole - D4	Dr. Naveen
	breast - 18 ml.	
	Cbp. - hb 8.3	
	WBC - 8510	
	platelet - 3.7 lakh	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26 11:40 AM	c/s/B Dr sandeep.	
	Asis - mild TBI Rt avulsion injury to scalp.	plan. 1. encrease oral intake
	s/p debridement & Repairs B/L clavicle fracture.	2. Dr Naveen s/o Review tomorrow
	on room no 106	3. plan discharge tomorrow
	hemodynamically stable.	4. w/f fever spikes.
	NO fever spikes. drain - 18 ml.	
		M Dr Naveen 31/5/26. 11:40 AM
31/5/26 5:00 PM	c/s/B Pw yellow Dr Vikas	
	Asis - mild TBI Rt Scalp Avulsion injury s/p debridement & Repairs B/L clavicle #	plan 1. Dr Naveen Review tomorrow
	No fresh complaints Chd on room no 106 No fever spikes Hemodynamically stable Drain only w/ef	2. ENcrease only 3. w/f fever spikes  Dr Vikas



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 8AM	CLB PICU follow	
	ASB! - mild TBT	
	Result scalp avulsion injury	plan
	Sp debridement Report	
	BL clavicle fracture	1. Dr. Naveen Dr. Review plastic surgeon.
	on room - APs	
	hemodynamically stable	2. Monitor vitals.
	no fever spikes.	
	No swelling in scalp area	3 w/ fever spikes.
	Twy Ceftriaxone - DS	
	Twy Metronidazole - DS	4. plan discharge today.
	Doxin - 6ml	
		Dr. Naveen 1/6/26 8AM
	CLB Mr. Sandeep Reddy	
5/6/26 3pm	O/E	Plan
	Vital stable	1) Discharge today after Dr. Naveen Review
	Afebrile	2) Dr. Naveen Dr. Dinesh Kumar Dr. Dinesh (ortho)
		flu copli oncharge key

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# CROSS CONSULTATION FORM

Doctor Name : Dr. B. Dinesh Chandra Date : 29/5/26 Time : 10 AM

Diagnosis : B/L Shoulder - Clavicle fracture.

Hospital : RCH

**Type of Referral :**

- Emergency
- Urgent
- Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

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

Signature: \_\_\_\_\_

**Findings and Recommendations :**

2/3 Dr. Dinesh (ortho)  
- Child alleged to slip & fall from cot on 27/5/26.  
- Sustained injury to shoulder and head injury.  
- No H/o FWI bleed, Swime.

o/lc - difficulty in moving - Shoulder  
- Rom - Perfect  
Xyghar → - B/L Clavicle fracture

Advice → • Conservative  
• Limited Shoulder movements  
• Not more than 90°  
Abduction

**Consultant :**

Name : Dr. B. Dinesh Chandra Signature : [Signature] Date & Time : 29/5/26 10 AM

Arrived

- Shoulder abduct B/L not more than 90°

- Sup. Kid Rich good.

Incl daily

- Review A/pt 3 weeks X 1 month to app

*[Signature]*

Dr. B. D. Clark

Check subject the sup. 2 sup. and together with

young and the subject of page 1000

no the test sheet, answer

of the subject in way

of the subject in way

of the subject in way

Dr. B. D. Clark

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# CROSS CONSULTATION FORM

Doctor Name : Dr. Abhishek R. J Date : 28/5/26 Time : 10am

Diagnosis : Polytrauma

Hospital : RCH

**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:

- fall from bullock cart leading to avulsion injury Right parietal cephal region
- NO LOC & NO vomiting.

Signature: Abhishek

**Findings and Recommendations :**

- History noted.
- soft tissue injury @ schwartz #
- No up flow / vomiting / abnormal reflexes.
- vitals -> stable.
- AROF -> irritability -> consolable
- CN -> Fundus OK, pupils equal & reactive
- symmetrical astigmatism more or less

Dr. Abhishek  
Dr. Vivek  
Dr. Gowdanya

Adv :- continue Antibiotics  
parents counselled.

Dr. Vivek

Consultant :

Dr. Abhishek R. Jain

Signature : Dr. Abhishek R. Jain

Date & Time : 28/5/26 @ 10am



BAH-00657442 IP5-00174410  
Baby POREDDY KEERTHI  
25-04-2023 3 Y 1 M 4 D (F)  
Dr. DINESH KUMAR CHIRLA



# CROSS CONSULTATION FORM

Doctor Name : Dr. Naveen Date : 29/5/26 Time : 1:20 PM

Diagnosis : mild TBI c avulsion (scalp)

Hospital : RCH

**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:

postop follow up of debridement s ssg

K. Sathya  
Signature:

**Findings and Recommendations :**

29/5/26

SIB Rn avel Kaddy

Plan - 1204

ABG c rty

- C cell

- Rn after 5 days / Ssg,



**Consultant :**

Name : Naveen Signature : [Signature] Date & Time : 29/5/26

1:20 PM

Patient's



## OPERATION THEATER NOTES

Patient's Name : Baby - POREDDY KEERTHI Age : 3Y Gender :  Male  Female

UHID No. : 0194410 Weight : 10kg Height : -

Surgeon : Dr. Naveen Asst. Surgeon : -

Anesthetist : Dr. Sunidhara OT Nurse : Atam OT Technician : Nishanth

Pre-Operative Diagnosis: Ⓡ basilar-occipital dyploia locata (10x10cm)

Surgical Procedure : Debridement + Rotation adenocarcinoma / Transpedicular

Indications for Surgery : Ⓡ basilar-occipital dyploia locata & spinal wire

Date : 28/05/26 Start Time : 2:40pm End Time : -

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes:

Ⓡ basilar-occipital spinal wire & soft tissue  
all & dyploia locata

Debridement + Rotation adenocarcinoma /  
Transpedicular flap + SSA

Drain on left



Patient Sticker

BAH-00657442 IP5-00174410  
Baby POREDDY KEERTHI  
25-04-2023 3 Y 1 M 3 D (F)  
Dr. DINESH KUMAR CHIRLA  




# POST-SURGICAL CARE PLAN FORM

Procedure Done: ..... *Rotational advancement of lip* .....  
Post-Surgical Diagnosis: ..... *-Do-* .....

Post-Operative Monitoring Parameters /Frequency:

Wound Care:

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

Nutritional Instructions: *ND*

When to Start Mobilization:

Special Referrals:

The new order for all required medications documented in the doctor order/medication sheet:  
 Yes  No

Any Other Post-Operative Care Needed including Required Follow Up

*[Signature]*  
Operating Surgeon  
(Signature & Stamp)

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

Plan of care will be readjusted if necessary.

BAH-00657442 IP5-00174410  
Baby POREDDY KEERTHI  
25-04-2023 3 Y 1 M 3 D (F)  
Dr. DINESH KUMAR CHIRLA



# POST OPERATIVE - DOCTORS HANDOVER FORM

OT to  PICU  NICU  MICU  WARD

Date: 28/5/23 Time: 4:10pm

Name of the Surgery: Debridement and flap repair

Drugs used for sedation during surgical procedure: INJ. FENTANYL 20mcg iv, INJ. PROPOFOL 60mg iv + 10mcg iv

IV Fluids type / amount used using surgical procedure: RINGER LACTATE @ 100ml/hr

Input 150 ml Output ..... ml Blood Loss 50 ml

Blood Transfusion if any: -

Any intra operative event: -

On arrival to PICU / NICU / MICU / WARD:

Temp: warm HR: 154 RR: 22 BP: 92/61 CRT: <2s

Peripheries: warm SpO<sub>2</sub>: 98% CA

Drains: 1 drain

ET Tube:  Cuffed  Uncuffed AMBU LMA 1.5

Size of ETT: ..... Length of Fixation of ETT: .....

Surgeon's Notes:  Yes  No

Time of Arrival to Unit: .....

Handover given by:

Anesthesiologist's Name: Dr. Durgaksharini

Signature: [Signature]

Date & Time: 28/5/23 4:10pm

Handover taken by:

Doctor's Name: K-SATHYA

Signature: [Signature]

Date & Time: 28/5/23 4:10pm

BRITISH  
CHILDREN'S  
HOSPITAL



Post Operative - Doctors Handover Form

POST OPERATIVE - DOCTORS HANDOVER FORM

At: 10pm

Date: 2/12

The patient is well, the procedure was successful, the patient is stable.

Dr. [Name]

Dr. [Name]

At: 10pm

Date: 2/12

Dr. [Name]

Dr. [Name]

Dr. [Name]

At: 10pm  
Date: 2/12  
Dr. [Name]

At: 10pm  
Date: 2/12  
Dr. [Name]

BAH-00657442 IP5-00174410  
Baby POREDDY KEERTHI  
25-04-2023 3 Y 1 M 7 D (F)  
Dr. DINESH KUMAR CHIRLA



# CROSS CONSULTATION FORM

Doctor Name : ..... Date : ..... Time : .....

Diagnosis : .....

Hospital : .....	<b>Type of Referral :</b> <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input type="checkbox"/> Non Urgent
<b>Referred for :</b> <input type="checkbox"/> Opinion <input type="checkbox"/> Co-Management <input type="checkbox"/> Transfer of care	

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

Signature: \_\_\_\_\_

**Findings and Recommendations :**

16/26

S/C B Naran Reddy

ASD due glabrous cord

Flap useful necrosis

f

— Betadine antiseptic

local application of  
antibiotic

— Review after 1 week

g

**Consultant :**

Name : M. S Naran Signature : [Signature] Date & Time : .....

BAH-00657442 IP5-00174410  
 Baby POREDDY KEERTHI  
 25-04-2023 3 Y 1 M 3 D (F)  
 Dr. DINESH KUMAR CHIRLA



## HANDOVER FORM

From  PICU /  NICU to Operation Theatre

Date: 28/5/26 Time: 1:40pm

Procedure: Debridement + flap Repair

Diagnosis: polytrauma / Axialtion injury to parieto occipital region  
Bilateral clavicular fracture

Gestational Age: \_\_\_\_\_ Post Conceptional Age: \_\_\_\_\_

Time of Reaching OT: \_\_\_\_\_ Time of Leaving ICU: \_\_\_\_\_

Brief History / Events: Alleged history of fall from bulldoz work at  
Chippalapudi village on 27-05-2026 at 11:30pm

JCS:  E  M  V    A/V/P/U alert    Temperature 98.7    Pupils Bilateral equal reactive

Previous Surgeries: \_\_\_\_\_

Pulse Rate: 139/min RHYTHM: Regular CRT: CSec MURMURS: L1S2 BP: 96/45(60) Peripheral Pulses - Good Volume / No good

Resp. Rate: 28/min Breathing Pattern: 1 SpO<sub>2</sub>: 100% on room air O<sub>2</sub> Support: nc NIV: \_\_\_\_\_

ETT		VENTILATORY SETTINGS:	
Cuffed / Uncuffed		PIP:	PEEP:
Size		RR:	FI <sub>o2</sub> :
Length of Fixation		INSPIRATORY TIME:	

NG LENGTH OF FIXATION	LAST FEED	LAST GRBS	OTHER DRAINS	FOLEY'S	OTHER OBSERVATIONS

CENTRAL / PICC LINE	SITE	SIZE	No. of Lumens	Free Flow - Yes/No
ARTERIAL LINE	SITE	GAUGE	Back Flow - Yes / No	
PERIPHERAL LINES	SITE <u>left UL 22G</u>	SIZE	Free Flow - Yes / No	
	SITE	SIZE	Free Flow - Yes / No	
	SITE	SIZE	Free Flow - Yes / No	

IV Fluids:	Solution: <u>DNS</u>	Rate: <u>30ml/hr</u>	CBP:	Hb	WBC	Platelets			
Other Infusions:			S Electrolytes:	Na	K	Cl	HCO <sub>3</sub>		
Rate of Flow:			Coagulation:	PT	APTT				
Other Infusions:			ABG / VBG / CBG:	pH	PaO <sub>2</sub>	SaO <sub>2</sub>	PaCO <sub>2</sub>	B.E	Lac

Antibiotics -	DRUG: <u>Ceftriaxone</u>	<u>metronidazole</u>	OTHERS:
	DOSE: <u>500mg</u>	<u>100mg</u>	
	TIME OF LAST DOSE: <u>28/5/26</u>	<u>ongoing</u>	
	<u>at 6AM</u>		

Note (if any):

\* A - Alert / V - Verbal / P - Pain / U - Unresponsive

HANDOVER TAKEN BY

HANDOVER GIVEN BY

Signature: \_\_\_\_\_

Signature: Madhur

Doctor Name: Dr. Tejaswini

Doctor Name: Madhur

Date & Time: 28/5/26 1:48pm

Date & Time: 28/5/26 1:48pm

Docu. No. : RCHBH / FRM / CLINICAL / 030

BAH-00657442 IP5-00174410  
 Baby POREDDY KEERTHI  
 25-04-2023 3 Y 1 M 3 D (F)  
 Dr. DINESH KUMAR CHIRLA



## RESULT SHEET

Date	28/5/26	28/5/26	31/5/26		
Time	10:30 AM	5:40pm	7AM		
Hb	10.4	9.6	8.3 ↓		
PCV	31.4	30.2	25.9		
RBC	4.20	3.87	3.36		
WBC	18,480	16,020	8510 ↓		
N/L	74.1/20.1	74.9/19.2	42/46		
Platelets	5,00,000	3.79 lakh	3.71 lakh		
CRP					
ESR					
PCT					
RBS					
Na	137	139			
K	4.4	4.2			
Cl	107	112			
Ca/Mg	9/				
Phosphate	6.3				
Urea	24				
Creatinine	0.4				
ALP	190				
SGPT	26				
SGOT	43				
T.Bill/Conj	0.2/0.1				
T.Protein	6.7				
S.Albumin	3.9				
S.Globulin	2.7				
A/G Ratio	1.4				
Uric Acid	3.7				
S.Amylase	65				
Sr.Lipase					
Blood Lactate					
S.Cholesterol	102				
PT/INR	0.17/1.3				
APTT	35				
CSF Protein / Sugar					
Cells					
N/L					





Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 10.5 kg Ward PIU

**DRUG: INJ TRAMADOL** Date/Time 28/5/2018

Dose	Route	Frequency	Start Dt.
<u>10mg</u>	<u>IV</u>	<u>TID</u>	<u>28/5</u>

Name & Signature of the Doctor Starting the Drugs:  
AA Druks

Additional Instructions:  
 2 AM 2mg  
 4 PM 2mg  
 10 PM 2mg  
 6 AM 2mg  
 12 PM 2mg  
 6 PM 2mg  
 12 AM 2mg

Daily Doctor's Endorsement by a Sign  
 (Signature)

**DRUG: INJ. METRONIDAZOLE** Date/Time 28/5/2018

Dose	Route	Frequency	Start Dt.
<u>100mg</u>	<u>IV</u>	<u>TID</u>	<u>28/5/2018</u>

Name & Signature of the Doctor Starting the Drugs:  
Dr. Kattel Akub

Additional Instructions:  
 2 PM 100mg  
 6 PM 100mg  
 10 PM 100mg

Daily Doctor's Endorsement by a Sign  
 (Signature)

**DRUG: TAB RANZOL** Date/Time 1/6

Dose	Route	Frequency	Start Dt.
<u>1</u>	<u>PO</u>	<u>OD</u>	<u>1/6</u>

Name & Signature of the Doctor Starting the Drugs:  
AA Druks

Additional Instructions:  
 (1 Tab/15mg) mix in 3ml ce see and

Daily Doctor's Endorsement by a Sign  
 (Signature)

**DRUG: SyP. PARACETAMOL** Date/Time 1/6

Dose	Route	Frequency	Start Dt.
<u>3ml</u>	<u>PO</u>	<u>TID</u>	<u>3/5</u>

Name & Signature of the Doctor Starting the Drugs:  
AA Druks

Additional Instructions:  
 (5ml/250mg)

Daily Doctor's Endorsement by a Sign  
 (Signature)

VERIFIED BY: Name: Signature



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 10.5kg Ward P111

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

Signature  
Name



# DRUG CHART

Date of Admission: 28/5/2023 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)

<b>DRUG:</b> <u>2g PARACETAMOL</u>				Date/Time															
Dose	Route	Frequency	Start Date																
<u>100mg qd</u>	<u>Oral</u>	<u>SOS</u>	<u>28/5</u>	<u>10PM</u>	<u>28/5</u>	<u>9AM</u>													
Doctor's Signature		Valid Period	Pharm.																
<u>[Signature]</u>		<u>3 DAYS</u>	<u>[Signature]</u>																
Additional Instructions:																			
<u>if fever &gt; 6/10</u>																			
<b>DRUG :</b>				Date/Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			
<b>DRUG :</b>				Date/Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

VERIFIED BY: Name



REGULAR PRESCRIPTIONS

Weight 10.5 kg Ward puw

VERIFIED

VERIFIED

VERIFIED

VERIFIED

**DRUG: INJ. LEVITRIAXONE**

Dose	Route	Frequency	Start Date	Date Time
500 mg	IV	BD	28/5	8:00 AM 28/5 12:00 PM 28/5 6:00 PM 28/5 8:00 AM 29/5 12:00 PM 29/5 6:00 PM 29/5 8:00 AM 30/5 12:00 PM 30/5 6:00 PM 30/5 8:00 AM 31/5 12:00 PM 31/5 6:00 PM 31/5 8:00 AM 1/6 12:00 PM 1/6 6:00 PM 1/6

Name & Signature of the Doctor: Dr. Druvika

Starting the Drugs:

Additional Instructions: 12th hourly

Daily Doctor's Endorsement by a Sign: [Signature]

**DRUG: INJ. LINEZOLID**

Dose	Route	Frequency	Start Date	Date Time
100 mg	IV	TID	28/5	8:00 AM 28/5 12:00 PM 28/5 6:00 PM 28/5 8:00 AM 29/5 12:00 PM 29/5 6:00 PM 29/5 8:00 AM 30/5 12:00 PM 30/5 6:00 PM 30/5 8:00 AM 31/5 12:00 PM 31/5 6:00 PM 31/5 8:00 AM 1/6 12:00 PM 1/6 6:00 PM 1/6

Name & Signature of the Doctor: Dr. Druvika

Starting the Drugs:

Additional Instructions: 8th hourly

Daily Doctor's Endorsement by a Sign: [Signature]

STOP  
Alcohol  
28/5/2026  
10:40 AM

**DRUG: INJ. PANTOPRAZOLE**

Dose	Route	Frequency	Start Date	Date Time
10 mg	IV	OD	28/5	8:00 AM 28/5 12:00 PM 28/5 6:00 PM 28/5 8:00 AM 29/5 12:00 PM 29/5 6:00 PM 29/5 8:00 AM 30/5 12:00 PM 30/5 6:00 PM 30/5 8:00 AM 31/5 12:00 PM 31/5 6:00 PM 31/5 8:00 AM 1/6 12:00 PM 1/6 6:00 PM 1/6

Name & Signature of the Doctor: Dr. Druvika

Starting the Drugs:

Additional Instructions: 24th hourly

Daily Doctor's Endorsement by a Sign: [Signature]

**DRUG: INJ. PAPALETAMOL**

Dose	Route	Frequency	Start Date	Date Time
100 mg	IV	8th hourly	28/5	8:00 AM 28/5 12:00 PM 28/5 6:00 PM 28/5 8:00 AM 29/5 12:00 PM 29/5 6:00 PM 29/5 8:00 AM 30/5 12:00 PM 30/5 6:00 PM 30/5 8:00 AM 31/5 12:00 PM 31/5 6:00 PM 31/5 8:00 AM 1/6 12:00 PM 1/6 6:00 PM 1/6

Name & Signature of the Doctor: Dr. Druvika

Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign: [Signature]



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

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
30/5/26	1 PM	INJ TETANUS TOXOID	0.5ml	IM	<u>Watham</u>	Pruthi Diyga
31/5/26	8 AM	DULCOLEX SUPPATRY	5mg	PR	<u>my</u>	Molthen Diyga

VERIFIED BY : N  
Signature



I.V. FLUIDS CHART

Weight: 10.5 kg Ward: PUW

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
28/5	1:00 AM	I.V.F. DNS	IV	30	<i>AA</i>	<i>Vennil Audha</i>	29/5	<i>AA</i>	<i>[Signature]</i>
28/5	2:20 PM	RINGER LACTATE	IV	100	<i>[Signature]</i>	<i>[Signature]</i>	28/5	<i>[Signature]</i>	<i>[Signature]</i>
29/5/26	8 AM	DNS	IV	30 ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	31/5	<i>[Signature]</i>	<i>[Signature]</i>
31/5	6 PM	DNS	IV	10	<i>[Signature]</i>	<i>[Signature]</i>			

Signature

VERIFIED BY : Name

BAH-00657442 IP5-00174410  
 Baby POREDDY KEERTHI  
 25-04-2023 3 Y 1 M 3 D (F)  
 Dr. DINESH KUMAR CHIRLA



## 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: ICU

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	Inj. Ceftriaxone	400 mg	IV	stat dose	25/4/2023 6:00pm	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T-BACT ointment	pro local application				<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	Inj. Tetanus Toxoid	0.5 ml	IV	stat	25/4	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	<del>.....</del>					<input type="checkbox"/> C <input type="checkbox"/> DC
5	<del>.....</del>					<input type="checkbox"/> C <input type="checkbox"/> DC
6	<del>.....</del>					<input type="checkbox"/> C <input type="checkbox"/> DC
7	<del>.....</del>					<input type="checkbox"/> C <input type="checkbox"/> DC
8	<del>.....</del>					<input type="checkbox"/> C <input type="checkbox"/> DC
9	<del>.....</del>					<input type="checkbox"/> C <input type="checkbox"/> DC
10	<del>.....</del>					<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: D. D. D. D.

Date & Time: 28/4/2023 @ 10:00 AM

Nurse Name & Signature: Anneeb

Date & Time: 27/05/2023 12:50 AM

BAH-00657442 IP5-00174410  
 Baby POREDDY KEERTHI  
 25-04-2023 3 Y 1 M 4 D (F)  
 Dr. DINESH KUMAR CHIRLA



## 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: ..... PICU ..... 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	INJ - CEFTRIAXONE	500 ms	IV	BD	29/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ. PANTOPRAZOLE	10 ms	IV	OD	29/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INJ. PARACETAMOL	100 ms	IV	8 hly	29/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	INJ, TRAMADOL	10 ms	IV	TID	29/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	INJ. METRONIDAZOLE	100 ms	IV	TID	29/5/26	<input checked="" 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

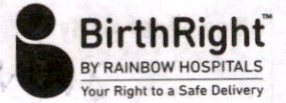
Doctor Name & Signature : ..... Dr. Kanthik ..... *AK*

Date & Time : ..... 29/5/2026 10:50 AM .....

Nurse Name & Signature: ..... *Pravallika* .....

Date & Time : ..... 29/5/26 @ 10:50 AM .....

# RESTRICTED ANTIMICROBIAL USE JUSTIFICATION FORM



BAH-00657442 IP5-00174410  
 Patient Name: Baby POREDDY KEERTHI (F) Age: ..... Gender:  Male  Female  
 25-04-2023 3 Y 1 M 3 D  
 Dr. DINESH KUMAR CHIRLA  
 UHID No.: ..... Department: P100 Date of Admission: 28/5/26  
 Diagnosis: .....

**Brief Clinical History:**

- Alleged history of fall from bullock cart at Cheppalapalli village on 27-05-2026 at 4:30pm  
 - Parents noticed bleeding from head and over right shoulder

**Clinical Features & Relevant Investigations Suggestive of Infection**

Date	28/5/26			
Fever				
Other C/F				
HB	10.4			
TLC	18,480			
N,L,E	74/20			
PLT	5lakw			
CRP				
PCT/ESR				
WIDAL				
MP Optimal				
WEIL-FELIX				
CUE				
BODY FLUID				
CYTOLGY				
LATEX				

**Restricted Antimicrobial Use**

Antimicrobial	Date	DOA	Justification	Antimicrobial	Date	DOA	Justification
1. Linezolid	28/5/26	28/5/26	LG	5.			
2.				6.			
3.				7.			
4.				8.			

**Any Other Comment:**

	Date	DOA	Result	Date	DOA	Result	Date	DOA	Result
A. Blood									
B. Urine									
C. CSF									
D. E									
E. T									
F. T									
G. Body Fluids									
H. PCR									

Elaboration:

If no please justify  
*In view of culture by MRSA, hospital de-escalated to  
 meropenem*

At Day 7 De-Escalation done:  Yes  No

If no please justify

Justification:

I	Risk Factor for ESBL	I	Risk Factor for MDR Infection
11	Prior Antibiotic use (within 90 days)	11	Prior Antibiotic use (within 90 days)
12	Recent hospitalization ion(>2d, within 90 days)	12	Recent hospitalization (>2d, within 90 days)
13	current hospitalization of (>5 days)	13	current hospitalization of (>5 days)
14	Immunosuppression	14	Chronic / Nursing Home Care
15	Prolonged Mechanical Ventilation (>3days)	15	Dialysis
16	Suspected Septic Shock-hit First Hit hard Policy	16	Immunosuppression
17	Other	17	Suspected Septic Shock-Hit First Hit Hard Policy
		18	Others
K	Risk Factors for Invasive Candidacies / Candidemia	L	Risk Factors for MRSA
K1	Immunosuppression	L1	Immunosuppression
K2	Dialysis	L2	Dialysis
K3	Prolonged Hospitalization (>5 days)	L3	Exposure to MRSA
K4	Previous Broad Spectrum Antibiotic Use	L4	Central Lines, ICD, PD, Catheter, ET Tubes
K5	CVP/HD Catheter / PA Catheter	L5	Chronic / Nursing Home Care
K6	Total Parenteral Nutrition	L6	Multi Focal Candida Coloniation
K7	Others	L7	Suspected Septic Shock-Hit First Hit Hard Policy
		L8	Others <i>In v/o Extensive analysis</i>

*K. B. Manu*

*Signature*

Signature of Consultant

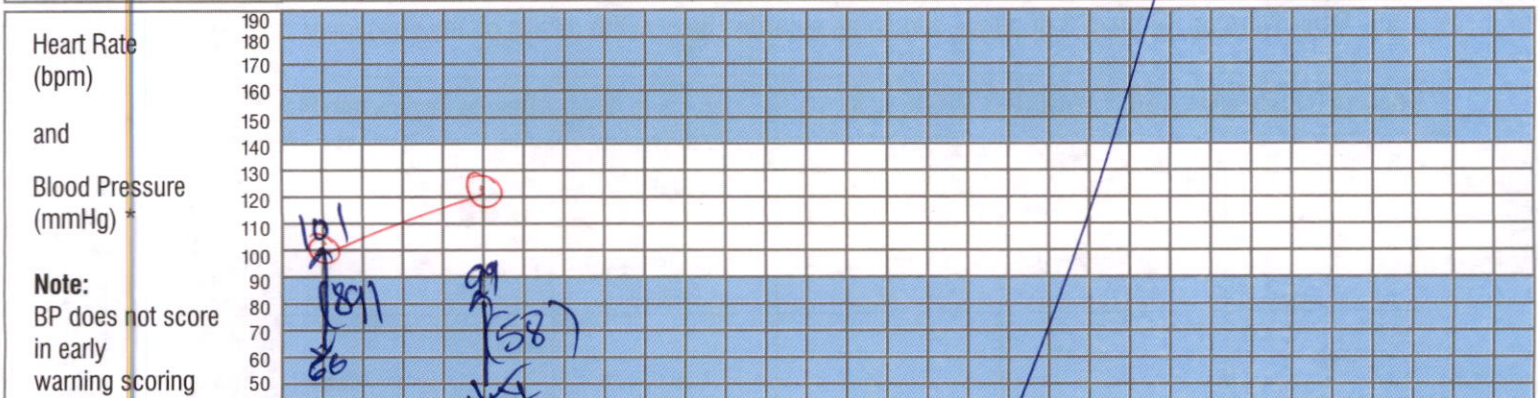
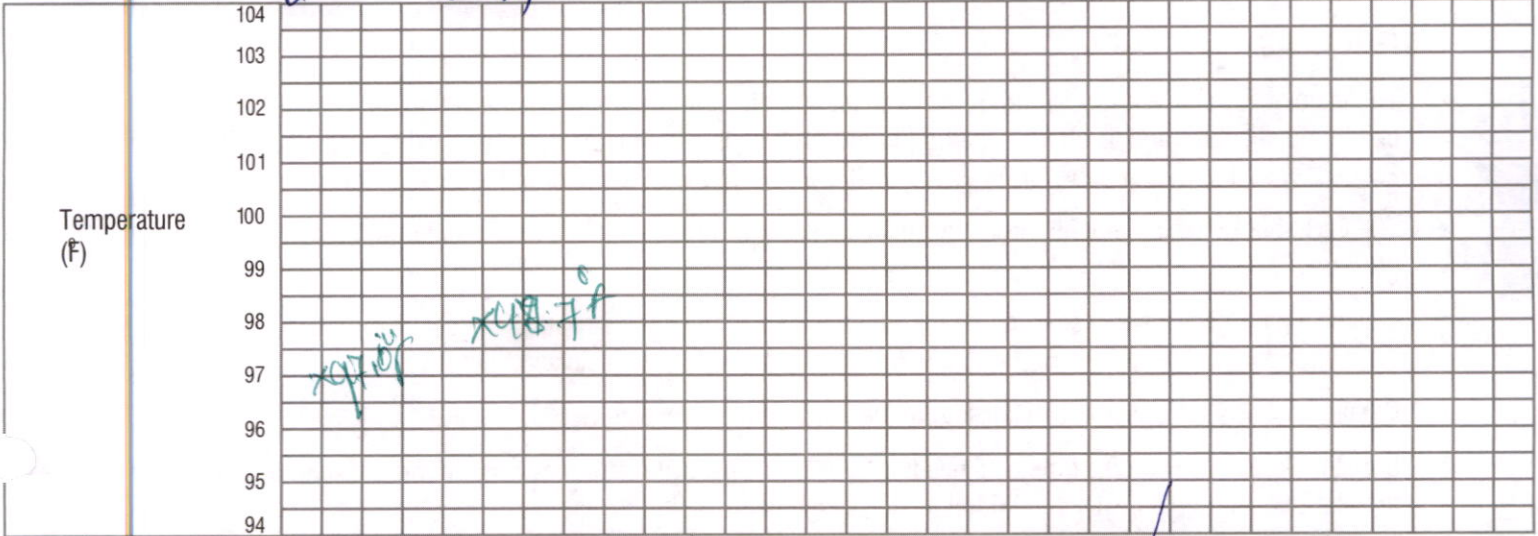
Signature of Microbiologist



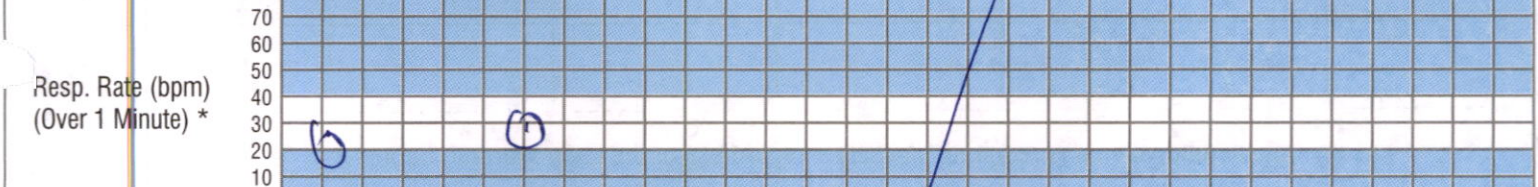
**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 11/6/23 Time: \_\_\_\_\_

Doctor / Nurse / Family Concern? 2am 6am



Heart Rate (Number) 106 122



Resp Rate (Number) 24 28

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 100% 100%

Conscious Level Normal / Altered

GCS \* 15/15 15/15

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

**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

06/5/17

### 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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-00657442 IP5-00174410  
 Baby POREDDY KEERTHI  
 25-04-2023 3 Y 1 M 5 D (F)  
 Dr. DINESH KUMAR CHIRLA

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

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

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

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 9/5 Time: \_\_\_\_\_

Doctor / Nurse / Family Concern? 9am 10am 1pm 2pm 6pm 10pm

Temperature (F)	104						
	103						
	102						
	101						
	100						
	99						
	98						
	97	<u>96.8 F</u>	<u>96.2 F</u>	<u>97.0 F</u>	<u>97.4 F</u>	<u>98.4 F</u>	<u>98.5 F</u>
	96						
	95						
94							

Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
	170						
	160						
	150						
	140						
	130						
	120						
	110	<u>110</u>					<u>105</u>
	100	<u>99</u>	<u>101</u>	<u>98</u>	<u>100</u>	<u>99</u>	<u>105</u>
90	<u>67</u>	<u>61</u>	<u>65</u>	<u>70</u>	<u>62</u>	<u>73</u>	
80	<u>54</u>	<u>50</u>	<u>56</u>	<u>70</u>	<u>76</u>	<u>80</u>	
70							
60							
50							
Note: BP does not score in early warning scoring							
Rate (Number)	<u>112b/m</u>	<u>102b/m</u>	<u>117b/m</u>	<u>120b/m</u>	<u>118b/m</u>	<u>115b/m</u>	

Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30						
	20	<u>22</u>				<u>26</u>	
	10						
	Resp Rate (Number)	<u>22b/m</u>	<u>26b/m</u>	<u>28b/m</u>	<u>28b/m</u>	<u>26b/m</u>	<u>24b/m</u>

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 100% 99% 100% 100% 100% 100%

Conscious Level Normal Altered

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

<b>TOTAL SCORE</b>						
Number of shaded boxes	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Pain Score	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Observer's Initials	<u>S</u>	<u>S</u>	<u>S</u>	<u>S</u>	<u>S</u>	<u>S</u>

**ACTIONS**  
 NB: Scores 3 should be recorded over leaf

- 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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\* 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.
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- Detailed actions are described according to increasing Early Warning Score.
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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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<b>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
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BAH-00657442 IP5-00174410  
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**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 30/5	Time: 10AM	2PM	4PM	8PM	10PM	2AM	
Doctor / Nurse / Family Concern?							
Temperature (F)	104						
	103						
	102						
	101						
	100						
	99						
	98	97.2°F	97.2°F	97.3°F	98.3°F	99.5°F	99.7°F
	97						
	96						
	95						
94							
Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
	170						
	160						
	150						
	140						
	130						
	120						
	110						
	100	100 (72)	107 (72)	(Crying) 120 (60)	102 (80)	99 (84)	
90	65	60	63	61	60		
80							
70							
60							
50							
Heart Rate (Number)							
			110b	110b/m	105b/m		
Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50						
	40						
	30						
	20						
	10						
	Resp Rate (Number)						
		130b/m	130b/m	28b	28b	24b	
	Resp Distress						
Mod/ Severe None / Mild							
Receiving O <sub>2</sub> (l/min)							
O <sub>2</sub> Saturations (%)	99%	99%	99%	100%	100%		
Conscious Level							
Normal / Altered							
GCS *	15/15	15/15	15/15	15/15	15/15		
<b>TOTAL SCORE</b>							
Number of shaded boxes	1	1	1	1	1		
Pain Score	0	0	0	0	0		
Observer's Initials	O	O	O	O	O		

**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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### INSTRUCTIONS:

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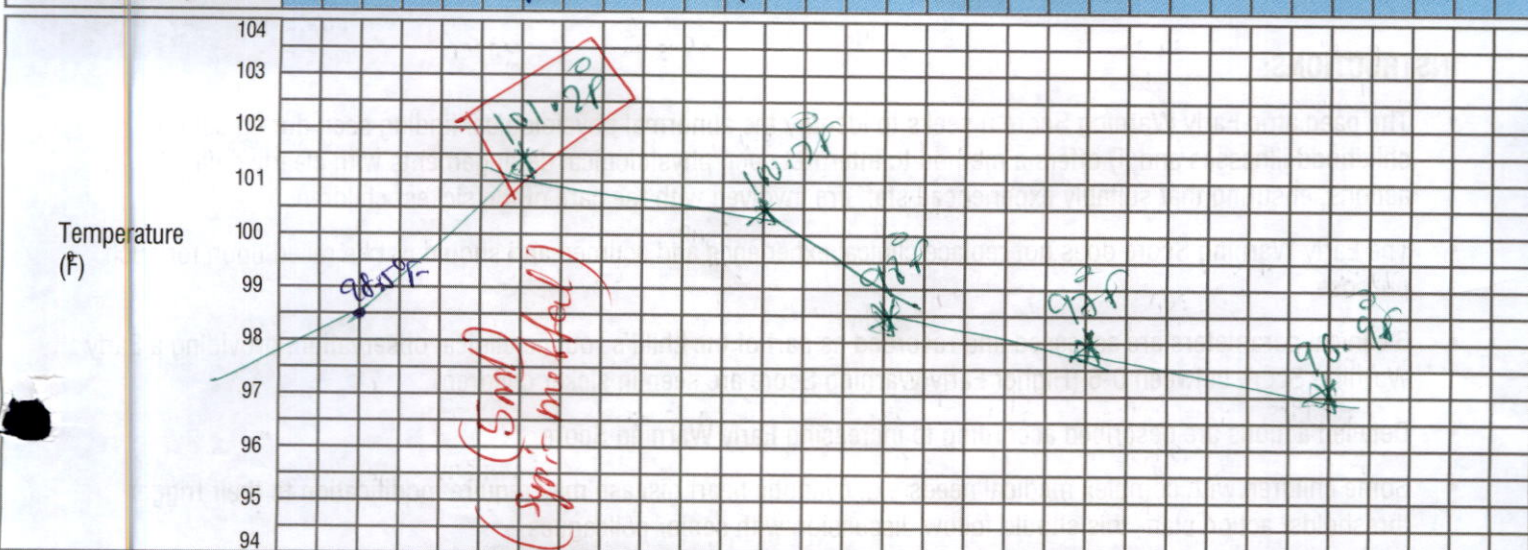
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<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 24/04/23 Time: 8pm 9:11 pm 10 pm 11pm 2am 6am  
 Doctor / Nurse / Family Concern? \_\_\_\_\_



Heart Rate (bpm)	
and	
Blood Pressure (mmHg) *	
<b>Note:</b> BP does not score in early warning scoring	

Heart Rate (Number) 108 bpm 122 110 bpm 102 bpm

Resp. Rate (bpm) (Over 1 Minute) *	
Resp Rate (Number)	<u>26 bpm</u> <u>26</u> <u>26</u> <u>26</u>

Resp Mod/ Severe Distress None / Mild \_\_\_\_\_

Receiving O<sub>2</sub> (l/min) \_\_\_\_\_

O<sub>2</sub> Saturations (%) 98% 100% 100% 99%

Conscious Level Normal Altered \_\_\_\_\_

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

**TOTAL SCORE**

Number of shaded boxes 1 1 1 1

Pain Score 0 0 0 0

Observer's Initials O O P O

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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<b>R</b>	<b>RECOMMENDATION :</b> 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)



# 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 Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm	tea											
	05:00 pm	ONS		30ml									
	06:00 pm			30ml									
	07:00 pm	Idel		30ml									
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm	Rice		30ml									
	10:00 pm	ONS		30ml									
	11:00 pm			30ml									
	12:00 am			30ml									
	01:00 am			30ml									
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am	milk		30ml									
	03:00 am			30ml									
	04:00 am	ONS		30ml									
	05:00 am			30ml									
	06:00 am			30ml									
	07:00 am	milk		30ml									
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							

Drain = 20ml



# FLUID CHART



Sheet No. : 02

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		
30/5	08:00 am									0	S	
	09:00 am	DNS	Jolly	DNS					✓	0		
	10:00 am	30ml	dosa	30ml						0		
	11:00 am		milk	HR					✓	0		
	12:00 pm									0		
	01:00 pm									0		
<b>Total Intake :</b>						<b>Total Output :</b>						
30/5	02:00 pm			30ml						0	S	
	03:00 pm			30ml						0		
	04:00 pm	DNS	rotel melon	30ml					✓	0		
	05:00 pm			30ml						0		
	06:00 pm			30ml						0		
	07:00 pm									0		
<b>Total Intake :</b>						<b>Total Output :</b>						
30/5	08:00 pm			30ml						0	S	
	09:00 pm	DNS	khel	30ml						0		
	10:00 pm								✓	0		
	11:00 pm									0		
	12:00 am								✓	0		
	01:00 am									0		
<b>Total Intake :</b>						<b>Total Output :</b>						
30/5	02:00 am			30ml						0	S	
	03:00 am			30ml						0		
	04:00 am	DNS	Hz	30ml					✓	0		
	05:00 am									0		
	06:00 am								✓	0		
	07:00 am									0		
<b>Total Intake :</b>						<b>Total Output :</b>						
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>						

Head Drain - 18ml

BAH-00657442 IP5-00174410  
 Baby POREDDY KEERTHI 3 Y 1 M 6 D (F)  
 25-04-2023  
 Dr. DINESH KUMAR CHIRLA

# FLUID CHART

Sheet No. : 3

- 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			30ml						✓	0	
	09:00 am			30ml						✓	0	
	10:00 am									✓	0	
	11:00 am	DNS	Jelly							✓	0	
	12:00 pm			30ml						✓	0	
	01:00 pm									✓	0	
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 pm									✓	0	changed cannula
	03:00 pm			30ml						✓	0	
	04:00 pm			30ml						✓	0	sky
	05:00 pm	DNS		10ml						✓	0	sky
	06:00 pm			10ml						✓	0	sky
	07:00 pm			10ml						✓	0	sky
<b>Total Intake :</b>						<b>Total Output :</b>						
	08:00 pm			10ml						✓	0	
	09:00 pm									✓	0	swal
	10:00 pm	DNS	Biscuits							✓	0	swal
	11:00 pm									✓	0	swal
	12:00 am									✓	0	swal
	01:00 am			10ml						✓	0	swal
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 am			10ml						✓	0	
	03:00 am			10ml						✓	0	swal
	04:00 am	DNS		10ml						✓	0	swal
	05:00 am			10ml						✓	0	swal
	06:00 am									✓	0	swal
	07:00 am									✓	0	swal
<b>Total Intake :</b>						<b>Total Output :</b>						
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>						

Head drains 6ml



Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**



BAH-00657442 IP5-00174410  
 Baby POREDDY KEERTHI  
 25-04-2023 3 Y 1 M 3 D (F)  
 Dr. DINESH KUMAR CHIRLA

Name: Baby Poreddy Keerthi Age: 3.1 m Sex: Female UHID.No: BAM-00657442  
 Date: 28/05/2026 Time: 1:45 pm Proposed Operation: Debridement + Flap Repair  
 Diagnosis: Right parietooccipital scalp Avulsion Injury  
 B.P / CRT: 9.6/4.5 H.R: 135/min Weight: 10 kg ASA Physical Status:  1  2  3  4  5  
mmHg SpO2 = 100% J RA

28/5/26

Laboratory Data:			
Hgb: <u>10.4</u>	Glucose: .....	Protein: .....	HIV: .....
PCV: <u>31.4</u>	Urea: .....	Alb: <u>0.2</u>	HBS Ag: .....
WBC: <u>18,480</u>	Creat: .....	Total Bill: .....	HCV: .....
Plate: <u>5 (Lack)</u>	Na: <u>137</u>	Dir. Bill: .....	Blood group: <u>O+ve</u>
PT: <u>17</u>	K: <u>4.4</u>	LDH: .....	T3 .....
PTT: .....	Ca++: .....	Alk phos: .....	T4 .....
INR: <u>1.3</u>	Mg++: .....	Amylase: .....	TSH .....
	Cl-: <u>107</u>	SGOT/SGPT: <u>43/26</u>	

Allergies: AKDA

Medical History: CVS: -  
 RESP: URTIS ⊖ Diabetes: -  
 CNS: Seizures ⊖ ENT bleed ⊖  
 Renal: -  
 Hepatic / GE: -  
 Others: A/H/O Fall from Bullockcart  
 Past Anaesthetic History: Bilateral clavicle #

TERM / NVD / CIAB  
B.Wt: 2.5 kg / NO NICU stay  
CT head - NO major brain # or bleeding

Physical Exam: (N)  
 Airway: MP 1 2 (3) 4 Mouth Opening: Adequate Mentohyoid Distance: 2FB Neck: (N) Teeth: intact  
 Lungs: BAE ⊕ clear  
 Heart: S1S2 ⊕  
 CNS: CNS 15/15  
 Pregnant:  Yes  No  NA Venous Access Site: 22G ⊕ Spine Exam for regional: (N)

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE
<u>Inj CEFTRIAXONE</u>	<u>200mg IV.</u>

**Pre-Operative Instructions:**  
 1. DVT Prophylaxis :  
     Water / ORS 2 Hours  
     Others 6 Hours  
 2. NIL ORAL  
 3. Informed Consent:  Standard  High Risk  
 4. Post Operative Pain Management:  Discussed with Patient  
 5. Other Instructions:  
Reserve 1.5ml/kg  
Advised Inj TETANUS  
IMMUNOGLOBULIN 125 IU

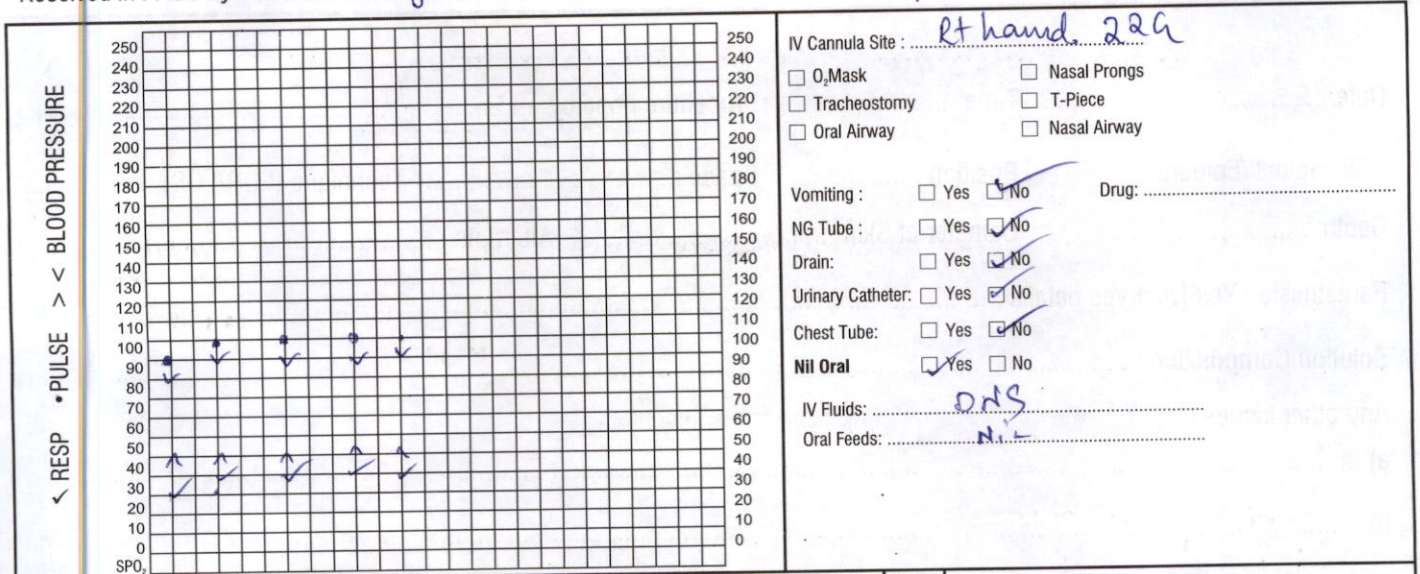
Signature: Name: Dr. Tejaswini





# POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Dr. Satya Time Received : 4:30pm Time Discharged : .....



IV Cannula Site : Rt hand 22G

O<sub>2</sub> Mask  Nasal Prongs  
 Tracheostomy  T-Piece  
 Oral Airway  Nasal Airway

Vomiting :  Yes  No Drug: .....

NG Tube :  Yes  No

Drain:  Yes  No

Urinary Catheter:  Yes  No

Chest Tube:  Yes  No

Nil Oral  Yes  No

IV Fluids: DNS

Oral Feeds: NIL

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	1	2	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 deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	0	1	1	2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	2	2	1	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	2	1	1	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	1	1	2	2		
TOTAL	6	7	6	10		

## PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
28/5	06pm	01	ip PCM given	[Signature]

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. Tejaani

Anaesthesiologist Signature: [Signature]

Date & Time: 28/5/23 @ 4:20pm

PACU Nurse Name : Dr. Satya

PACU Nurse Signature: [Signature]

Date & Time: 28/5/23 @ 4:30pm

Transferred to Unit by (PACU): .....

Date & Time: .....





# INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By:  Patient  Patient Attendant

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

1. Debr. of vent + Rotator advancement flap  
 2. ASG for exposed scalp (benign) (10 x 7cm) (wedged)

**I acknowledge the following:**

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

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
<p>Early healing                      Less Scar</p>	<p>—</p>

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

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

a. Infection / Scar / ARBS / MODS / flap necrosis / SSU loss  
 bleed @ Repeat surgery

- I authorize Dr. M. N. Venkatesh Reddy and his / her team to perform the procedural sedation upon the patient / myself.
- I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

**Patient / Patient Attendant:**  
 Signature: [Signature]  
 Name: P. Sowjanya  
 Relationship with patient: Father  
 Date & Time: 28/5/26 @ 2pm

**Witness:**  
 Signature: [Signature]  
 Name: Peeran  
 Date & Time: 28/5/26 @ 2:10 pm

**Doctor (who is taking consent):**  
 Signature: [Signature] Name: M. N. Venkatesh Reddy Date: 28/5/26 Time: 2:10 pm

## శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు:  రోగి  రోగి అటెండెంట్

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

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

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

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

a.	
b.	

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

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....



## CONSENT FOR ANAESTHESIA

Authorization By:  Patient  Patient Attendant

Operative Procedure: Debridement + Flap Repair Right Parietocapital

Anaesthesiologist: Dr. Tejaswini Surgeon: Dr. Naveen - Scalp plastic

### Please read this before you consent for Anaesthesia

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

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

- Heart Disease  Hypertension  Diabetes  Renal Failure  Multi Organ Failure  Hepatic Disorders
- Shock  Obesity  Chronic Obstructive Pulmonary Disease
- Others Desaturation, Bleeding, Blood Transfusion

### 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: P. Chandrababu  
Name: P. Chandrababu  
Relationship with patient: Father  
Date & Time: 28/5/26 1:57pm

**Witness:**  
Signature: [Signature]  
Name: Tejwani  
Date & Time: 28/5/2026 1:57pm

**Doctor (who is taking consent):**  
Signature: [Signature] Name: Dr. Tejaswini Date 28/5/26 Time: 1:57pm

## 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 లిస్ట్:

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 ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనెస్ యాక్సెస్, ఆర్థిలియల్ లైన్, సపోజిటిలు, 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: .....



**CONSENT FOR ADMISSION  
IN PEDIATRIC INTENSIVE CARE UNIT**



Name: Porreddy Keerthi Age: 3y Gender: Male  Female   
UHID.No: BAH-00657442 Date: 28/5/26

I ..... S/o, D/o, W/o, ..... hereby  
declare that our patient Master/Baby Porreddy Keerthi who is related to me as daughter  
is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 28/5/26

The doctors have explained to me in a language understood by me that my child has following health related issues:  
Poltrauma / Scalp Abrasion / PBI / Rt Clavical fracture.

The doctors have clearly explained to me that my patient Master / Baby Porreddy Keerthi during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : Porreddy Keerthi  
..... in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

**Patient Attendant :**

Signature: .....  
Name: P. Sowjanya  
Relationship with Patient: pt. Father  
Date & Time: 28/5/26 1AM

**Witness :**

Signature: Vennela  
Name: Vennela  
Date & Time: 28/5/26 @ 1AM

**Doctor (who is taking the consent) :**

Signature: [Signature]  
Name: Juhaze  
Date & Time: 28/5/26 1am



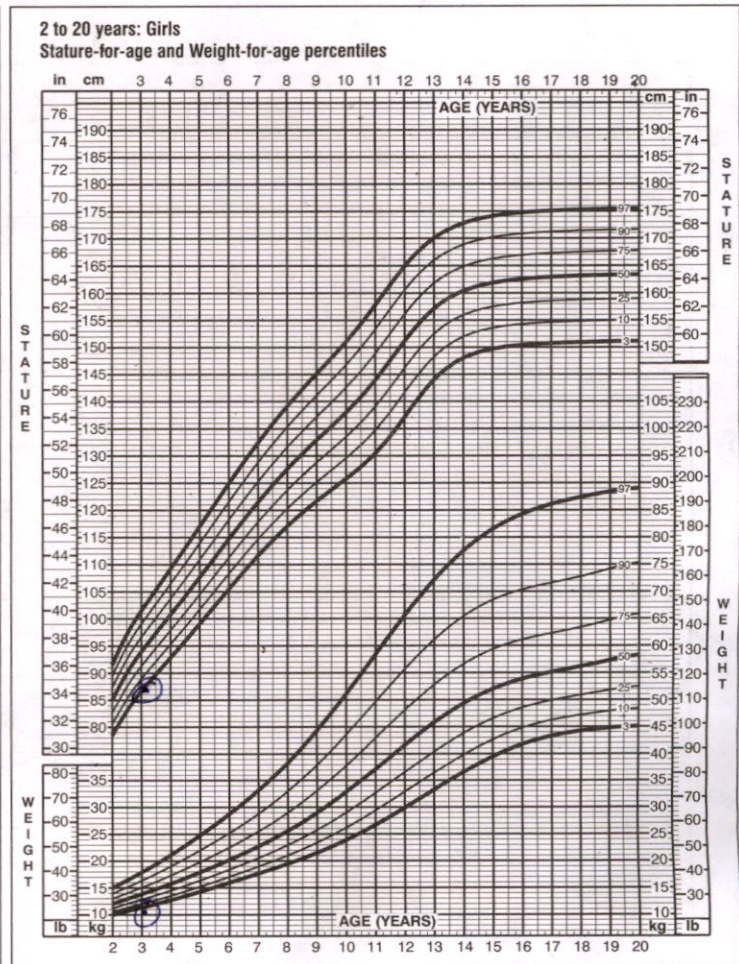
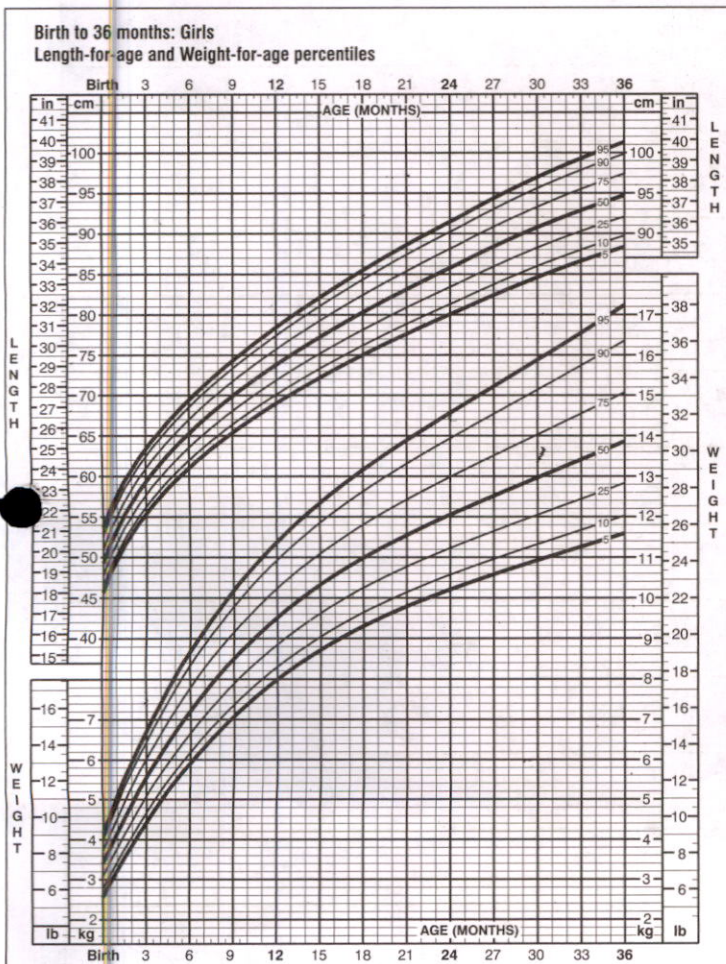
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## NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 29/5/26 Time: 3PM

Weight: 10.55kgs Centile: 5th  
 Height: 87cm Centile: 5th  
 Inference: Underweight child  
 RDA: - Calories: 1300kcal/d Protein: 22g/d  
 Diet Recommendations: Soft diet  
 Re-Assessment: Avoid spicy, chilled, and outside foods  
 Food Allergies: No Veg/Non-veg: Non-veg  
 Diagnosis: Traumatic Brain Injury  
 Nutritional Intervention -  Oral  Enteral  Parenteral  
 Patient's Signature: M. Kavisha

### GROWTH CHART (GIRLS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

Daily Notes:

30/5/26  
11Am

Child is stable Oral Intake is better.

Continue to Soft diet.

- Moulan

21/5/26  
8am

Child is stable, Intake is sub optimal

Continue to soft diet

- Nikitha

1/5/26

Child is stable. Oral Intake is optimal

Continue to soft diet.

- Nikitha