80552

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 25 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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K Shekhar

SURGERY DETAILS

Fenot done

Date : 01/6/26

Patient Name: B. Ginka Shanmakhi Date of Birth: ..... Age: 2Y

Gender: F Ward : P-OT UHID No.: 657530

Date of Surgery: 01/6/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Flexible Bronchoscopy

Time in : 3:30pm Time Out : 5:30pm

		NAME	AMOUNT
1.	Surgeon	Dr. Naveen P	
2.	Anaesthetist	Dr. Adith	
3.	Assistant Surgeon	—	
4.	OT Technician	Sirisha	
5.	Circulating Nurse	Akhil	
6.	Assistant Nurse	Prabavathi	

Special Equipment: ☐ Laparascopy ☑ Broncoscope 9638189 ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9638188 Order by: Suman

Docu. No. : RCHBH/FRM/GENERAL/114

Patient Sticker

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SURGERY DETAILS

Date : 1/06/26

Patient Name: Baby. Shanmakhi Date of Birth: 9-12-2023 Age: 2Y

Gender: f Ward : P-OT UHID No.: 0065 7530

Date of Surgery: 1/06/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : VATS & (L) sid Decorticat.

Time in : 3:30pm Time Out : 5:30pm

	NAME	AMOUNT
1. Surgeon	Dr Nabeel.	
2. Anaesthetist	Dr. Aditi	
3. Assistant Surgeon	—	
4. OT Technician	Sirisha	
5. Circulating Nurse	Archil	
6. Assistant Nurse	Prabavathi	

Special Equipment: ☑ Laparascopy 0638199 ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Dr Nabeel
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 0638200 Order by: Sumona

Docu. No. : RCHBH/FRM/GENERAL/114

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11:45Am

ESTIMATION SLIP

Procedure cost

Date : 01-June-26 UHID / IP No. : BAH-00657530 Sl No. 80552

Name of Patient : Baby Ginka Charmakhi Age: 2y Gender: female

Father's / Husband's Name : Mr. Naresh Corporate / Occupation : Business

Address : Phone : 9398593171 Email: -

Procedure / Plan : Medical NX + left Thoracoscopic decortication.

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

TARIFF INFORMATION:

D/w Dr. Naveen w/o Bronchoscopy.

Dr Nabeel Alam Qureshi (PTH-9)

	ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX		PICU	MICU	DAY CARE
(Per Day)	Room Rent & Nursing Charges	✓									
	Doctor's Fee										
	L. Tax										

PARTICULARS			AMOUNT (₹)		
Surgeon's / Anesthetists's Fee / O.T. Charges			(SA+ASA)		(AA+AAA) + (OT)
O.T. Consumables			Gul-7	=7,515 Subject to approval by TPA / Insurance Company	28,660 =1300
Instrument Charges			=1500	Not Covered by TPA / Insurance company	
Pharmacy, Consumables & Investigations				As per actual - Not Included in Estimation	
Equipment Charges	Monitor :		Extra/-		Infusion pump / Syringe pump :
	Ventilator :	Conventional :		HFO-SLE 5000 :	HFO Sensormedix :
	Phototherapy :	Single Surface :		Double Surface :	Triple Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.			Extra	As per actual - Not Included in Estimation	
Package					
Others					
Initial Minimum Deposit					

Approx → 2,10,000/- Final bill clearance.

REMARKS:

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to surgeon's decisions / Complications/Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.**
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission. Room after 5y STA @ 12 noon sylo.
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
6. **For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.**
7. During Non-working hours of O.T (8:00 PM ot 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
8. Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

I _____ have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

Signature of the Client | Signatory Relationship | Signature of the Financial Counselor

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Dr. PILLARISETTI NAVEEN SARADHI

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VATS

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CONSUMABLES OF OT

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

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube (3.5 - 4.0 - 4.5)	1+1	01	Major Pack General	1	1	Inj Vit.K		
LMA 1½ 2 2½	01+1	–	Sutures			Cord Clamp		
ECG leads : A / [✓ P] / [✓ N]	5+1	3+2	silk. 5003	1	1	Suction Catheter		
HME filter : A / [✓ P] / N	01	01	9915	1	1	Feeding Tube		
Syringes : 10 cc	10	05				Vaccum Suction Set		
05 cc	10	05	Gloves pf 6, 6½, 7½		1+1+1	Surgical Gloves		
02 cc	10	0	~~6~~, 6½, 7½		2+2	Gauze Pack		
01 cc	5					Syringe 1ml / 2ml		
Cautery plate : A / [✓ P] / N	01		Surgical blade 11	1	1	Surgical Blade # 20		
IV set	01	01	NG tube			Koochies (S)		
RL	01	01	Cautery pencil			500 NS	2	2
NS : [✓ 10ml] / [✓ 100ml] / 500ml / 1000ml	4+1	1+01	Koochies			10 cc	1	1
Minispike	01	01	Ointments			Camara cover	2	2
2			Suction Catheter			mular Gnt	2	2
Fentanyl	01	01	Cap, Mask	5+5	5+0			
Morphine			Gauze Pack (w)		4			
Ketamine			Mop Pack		1			
Propofol	02	02	Steristrip					
Rocuronium	01	0	Underpad	1	1			
Glycopyrolate	01	0	Draw sheet	1	0			
Myopyrolate /Neo	02	02+1	Abgel					
Ondansetron	01	–	Foleys catheter					
Pencan 25g/ Spinal [✓ Needle 22]	01	1	Urobag					
Bupivacaine 0.25%	01	1	Chest Drainage Catheter 16	1	1			
Bupivacaine 0.25%(Heavy)			Romodrain bag	1	1			
Antibiotics Inj pm	01	01	Bandage					
			Tegaderm			Soft rolls 4+6	1+1	1+1
Suppositories			Ioban			tegaderm	01	1
Anamol : 80mg / 250mg / 170 mg			Double J Stent			gauget gloves	4+1	1
Supridol : 100mg			Vaccum Suction set	1	1	Dexa + Tranex	1+1	1+1
Justin : [✓ 12.5 mg] / 25mg / 100mg	01	—	Plastic Bed Sheet	1	1	Demed	01	
Tab. Misoprost : 200mg			Betadine Solution	1	1	Cal.acid	1	1
Vacuum set	01	01	Microshield			MCDZ01	1	1
IV Cannula [22/24]	1+1	—	Cotton Balls	1	1			
O.A [01]	1+1	—	Latex Gloves					
N.A [20/ [✓ 18] /16]	1+1+1	1	Ramdione Scrub	10P	10P			
3waysite 100cm	1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technici

Order No. : 9638018 Ordered by :

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

B1

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ACTIVITY RECORD FOR BILLING

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. ANUPAMA Y

Name : _____ IP N _____ nt: _____ Dept : _____

UHID No. : _____ Discharge : _____ Time: _____

Date of Admission: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/5/26	4:30Am	ER	PICU	[illegible]
29/05/26	4:30pm	PICU	G.W.-II 111/A ↓ 119	Sravs
			119	[illegible]
1/6/26		OT		

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Lavanya	31/5/26	96253	[illegible]
2	Dr. Nageer	1/6/26	9637775	[illegible]
3	Dr. Khushid Shaik	2/6/26	9639631	[illegible]
4				
5				
6				
8				
9				
10				

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/5	CBP, RP2, PCT, Blood c/s		
	~~ABG RBS, 5 viral panel~~		
	CXR	26054439	Subrata
		027021	
29/5	5 viral panel		
		26054546	
30/5/26	Igm scrub typhus,	6094493	
	CBP, CRP, Igm Brucella	6094	
	TB quaniform		
31/5	GeneXpert aspirated TB		
	AFB	260378	
31/05	Blood Group	44085	
1/6	USG chest	27472	
2/6	LXR	027730	
2/6	LFT	26835	
03/06	CBP, CRP, LFT	26921	
3/6	USG chest	028107	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/5	Inv monitor				
	Inf pump		1:40 pm	632426	Subrata
	O2				
30/5	infusion			9634236	Nishi
		Stop			
		DC			

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
29/5	IV Placement	1	9632426	[illegible]
29/5	NHA	1	9634231	[illegible]
1/6/26	PAC	1	137309	[illegible]

DC

ANY OTHER INFORMATION

ultrasound chest - 3

xray - 2

Date : 4/6/26 Time : 11 am Prepared By : [illegible]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[illegible]	Inne		

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BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174476 **Admit Date** : 29-May-2026 **Admit Time** : 04:17 AM **UHID** : BAH-00657530

Patient Details :

Patient Name	: Baby GINKA SHANMAKHI	**Age**	: 2 Y 5 M 22 D
Guardian	: Mr GINKA NARESH	**DOB**	: 07-12-2023
[redacted]	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO - 1-3-273, BOIWADA , Nirmal Telangana INDIA 504106	**Phone No**	: 9398593171/ 9100345628
		E-mail	: NOMAIL@GMAIL.COM

[redacted]mission Details :

Bed Type : PICU **Bed No** : PICU 214 **Ward Name** : 2F-PICU I

Room No : PICU 214 **Admission Type** : First Visit

Contact Details :

Name	: Mr GINKA NARESH	**Relationship**	: Father
Contact Address	: H NO - 1-3-273, BOIWADA , Nirmal Telangana INDIA 504106	**Phone No**	: 9100345628 / 9398593171

Signature

Doctor Details :

[redacted]ctor Name	: Dr. PILLARISETTI NAVEEN SARADHI	**Specialisation**	: PULMONOLOGY
Referral Doctor	: DR. K MURALIDHAR	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 36818.00
Payment Mode	: DC/CC Card	**Payor Name**	: SELFPAY

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Dr. ANUPAMA Y

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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, hemofilteration 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 ionotropic support. Arrhythmia or risk of sudden arrhythmia.
- ☐ Signs of peripheral poor perfusion or suspicion of any type of shock.
- ☐ Capillary recall 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: ...Madhuri..... Name of the Doctor: ...Madhuri..... Date & Time: ...29/5/26...

Docu. No. : RCHBH /FRM / CLINICAL / 204

Patient Sticker

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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 : Dr. Naveen Date : 29/5/26

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

Start Time of Assessment: 3:20 am Weight: 10kg

Allergic History: –

Chief Complaints:
- Fever and off since 8 day.
- Poor oral intake x 2 day
- No cough, cold

Pediatric Assessment Triangle

A Appearance - TICLS .....

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

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

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

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Significant Past History: Admitted at Sudhir hospital

Medication History: Inj Piptaz for 2 days, Inj Meropenem x 7 day.

Relevant Investigations: 22/5 - Hb 10.7, WBC - 11300, plt - 3.04L, N/L - 51/41
21/5 - CRP - 70
25/5 Hb - 10.1, RBC - 4.4L, WBC - 10100, plt - 3.69L, CRP - 90.
Widal - O titre - 1:160 dil'n (+), H titre - 1:320 dil'n (+)
29/5 - Hb - 10.9, plt - 4.82, WBC - 12570, N/L - 46/44, ESR - 60, CRP - 155, Ferritin - 301
USG - (L) lung consolidation, (L) pleural effusion, (L) empyema

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Breathing

Rate: 42/min SpO₂ on FiO₂ 96% 2 RA

Rhythm: Regular

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: .....

Palpation Findings (If necessary) .....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Circulation

HR: 162/m

CFT: Central ..... Peripheral .....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

BP: ..... mmHg

Pulse Volume: Central ..... Peripheral ..... (N)

If in Shock: Compensated ..... Hypotensive .....

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☑ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☑ No

Disability

GCS: 15/15 AVPU: .....

Pupils: Responsive ☐ Non-Responsive ☐

Size: Right ..... Left .....

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

Signs of Neurological compromise .....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Exposure

Temp.: 103.2°F

Any Rash: ☐ Yes ☑ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Cyp Mefta P 5 ml gm

Final Physiological Status: ☑ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☐ Hemodynamically Stable

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

Labs Planned:

CBP, CRP, S. electrolyte, ESR, Blood c/s

Treatment Planned:

- shift to PICU
- Inj Ceftriaxone
- i/v fluid ½ maintenance
- Nebulizer
- Inj Esomeprazole

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

Final Diagnosis with possible Differential Diagnosis (If necessary): AFI ~ LRTI

Assessment done by

Name of the Doctor: Ayushman Acharya

Signature: .....

Date & Time: 29/5/26, 4 AM

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

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Dr. ANUPAMA Y

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PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 29/5/26 Time: 4:30 AM

Patient Assessment Form:

Informant: ☐ Father ☐ Mother ☑ Other

Presenting Complaints / Chief Complaints :

Complaints of fever since 10 days
moderate - high grade fever
4-5 spikes/day, Daily fever spikes
Not associated with Rash

No Complaints of cough/cold/vomiting
No Complaints of vomiting/loose stools/ Abdominal pain

was admitted in Sushrutha hospital from 21st of may 2 to 25th of may 20 and taken IV piplaz for 2d upgraded to meropen in view of persistent f and sused CFP got discharged on 25th m on IV antibiotics.

Past History (Including previous treatment and investigations) :

28/5/26 persistent fevers
USG - Left Empyema

nil

Birth and Developmental History : Term/ 2.5kg/ LSCS/ cried immediately after birth/
No History of NICU stay

Immunization History : vaccinated till age as per IAP schedule

H / O Allergy : nil

Family History : nil

INITIAL ASSESSMENT

RBS : 118 mg/dl Temperature : 103.3 F Weight (kg) : 10 kg

Respiratory System Findings:

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

Respiratory Examination Finding: (Air entry, breath sounds, s/o distress etc.): Respiratory Rate : 42/min

Bilateral air entry present rhd tachypnea (+)

SPO_2: 96% O by NC / FM / NRB mask / Oxyhood, at Bersales on left lower zone on 2L/min with L / min

Ventilatory Support : Yes ✓ No - Day # of Vent : Respiratory Efforts : good nasal pangs

Ventilatory Settings : Leak around ETT : (-) Delivered Vt :

ABG : $EtCO_2$: P/F ratio : (-) O.I. :

Any Nebs : (-) ICD? Yes No, if Yes, details :

CXR :

Cardio Vascular System Clinical Exam : Heart Rate : 124/min Cardiac Rhytho : Regular

(Heart sounds, murmur etc.) :

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

Blood Pressures : NIBP : 90/52 (65) IBP : CVP :

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

Any Other Infusions :

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 : meropenem doxycycline

Abdominal Exam : soft

ENT Exam :

Central Nervous System :

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

Neurological Findings : alert / active

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

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
☐ Overweight
☐ Under Weight
☐ Poor Appetite > 3days
☐ Needs Therapeutic Diet.
☐ Psychological Eating Disorder
☐ Difficulty swallowing / Chewing
☐ Unplanned Change in Weight
☐ Diarrhoea > 4days
☐ Major Surgery
☐ Hyperemesis gravidarum
☐ Food Allergy
☑ Patient in ICU
☐ Tube Feeding

b. Psychological Screening Criteria: Screening is ☐ Positive ☑ Negative

☐ Non-compliance to offered treatment Over weight
☐ Emotional / Behavioural Problem (Tearful, uncooperative)
☐ Suspected Drug Abuse

c. Functional Screening Criteria: Screening is ☐ Positive ☑ Negative

☐ Patient cannot position himself in bed
☐ Restricted ROM
☐ Change in Muscle Power
☐ Impaired Daily Living Activities

d. Socio-economic Screening Criteria: Screening is ☐ Positive ☑ Negative

☐ Living alone
☐ Cultural or religious background that would need to know for the plan of care
☐ Suspected abuse or neglect
☐ Unable to assess due to lack of family

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

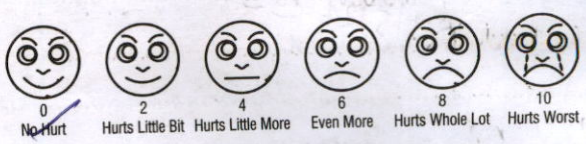
6. Patient needs additional specialized assessments: ☐ Yes ☑ No

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: .....

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

Nutritional Evaluation: ....fair....

.....

Current Medications: .....

.....

Provisional Diagnosis : ? Left side Empyema

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

☑ Reffered Patient - ☐ Self Referral - ☐ Rainbow Patient

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

Referring Consultant : .....

Admitting Consultant : as per rota

Indication for PICU referral : Respiratory distress

PLAN OF CARE

Preventive aspects of the treatment : Respiratory failure / hypoxia

Desired goals of the treatment : Resolution of symptoms

PLANNED INVESTIGATIONS

CBP
RP2, ABG (SOS)
PCT, Blood culture
Swab panel X
Chest x-Ray

Noted by Subrat
29/5/26 @5AM

PLANNED MANAGEMENT

1) NPO
2) IV Fluids 60% maintenance
3) continue low flow oxygen with nasal prongs at 2lit/min
4) ceftriaxone
linezolid
Esomeprazole
5) USG chest tomorrow and then decide on VATS

Noted by Subrat
29/5/26
@5AM

Final Diagnosis: Lower Respiratory tract infection
? Left side pneumonia with Empyema

Doctor's Signature : Madhuri

Name : Madhuri

Date : 29/5/26

Time: at 4:40AM

Consultant's Signature : .....

Name : .....

Date : .....

Time: .....

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. ANUPAMA Y

UHID ID: _____

Department: _____

Consultant: _____

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. ANUPAMA Y

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

- fever x 8 days (on & off)
- Increased work of breathing since 2 days

History of present illness :

Pt was apparently alright 8 days back
To start with
Fever - Intermittent in nature
- Mod. to high grade
- Responding to antipyretics
- Not a/w rash, rigors, chills, convulsions

- Not a/w cough, cold, loose motions, dysuria, or vomiting

- Also has resp. discomfort
- Nasal flaring (+)
- SCR (+)

Pt was admitted at Sushrutha hospital from 21/5/26 to 25/5/26 where he was treated for (L) LL pneumonia, & enteric fever
- Received Inj Piptaz for 2 days
Inj Meropenem for 7 days
Inj Doxycycline for 5 days

USG Abdomen (L) loculated pleural effusion & septated partial collapse consolidation of (L) lung ? (L) empyema

21/5 Hb - 10.7 WBC - 11300, N/L - 51/41, Plt - 3L
Widal 'O' 1:160 titre
H - 1:50 titre
CRP - 78

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. ANUPAMA Y

Pediatric Multiorgan History & Physical Examination

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

Admitted at Sudhinta hospital from 21/5 – 25/5 for Enteric fever → (L) w/c pneumonia & sepsis

Birth & Neonatal History:

(N) perinatal transition

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information : Not significant

Developmental History :

Achieved as per age

Immunization History :

Received all vaccines as phase w/c

(P.T.O.)

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. ANUPAMA Y

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis, Dehydrat

Desired goals of the treatment : Resolut

Planned Labs:

CBP
CRP
ESR
S. electrolyte
Blood c/s

Planned Management

IV Ceftriaxone
Inj Esomeprazole
Nebs Deriphylline
IV fluid Ignant

NID
Remove
29/5/26

Signature of the Doctor: .....

Name of the Doctor: Dr. Ayushman Acharya

Date & Time: 29/5/26, 4 am

Signature of the Consultant: .....

Name of the Consultant: Dr. Naveen Sanadhi

Date & Time: 29/5/26

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B	PICU Fellow Dr. K. Jethya
29/5/26		Plan
4:30 AM	3 yr old female child	
	c/o Fever :: 12 days on & off	- NPO
	↓ oral intake.	- IV Fluids 60% MF
	Admitted in local hospital	- continue O_2 via NP @ 2 lit/min
	for 5 days.	- w/f ↑ distress
	Received Inj. piptaz x 2 days	
	Inj. meropenem x 7 days.	- send ✓CBP
		✓RP_2
		- PCT
	H/o persistent fever spikes	Chest X-ray
	and X-ray s/o left to	BL c/s
	lower zone consolidation;	✓ABG (BOS)
	child was referred to higher	5-viral panel - Hold
	centre.	
		- w/f fever spikes
	O/E	
	Chest - air entry BL (+)	- Inj. ceftriaxone
	↓ on left lower zone.	Inj. Linezolid
	P/A - soft Tachypnoea (+)	Esmoprazole.
	CVS - S_1S_2 (+)	- USG chest (T/m)
	CNS - alert, active	To decide on ICD (vs) VATS (T/m)
	HR - 140/min	- w/f fever spikes
	RR - 35/min	
	SpO_2 - 98% on 2 lit/min	Noted by Mehwish
	BP - 110/60 mmHg	29/5/26 @ 4.40 AM

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07-12-2023 2 Y 5 M 22 D (F)
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Dr. K. Sathya
Room No: 2

Date & Time	Progress Notes	Doctor's Order
	Councelling Notes	
29/5/26 5 PM	condition of child explained to parents and relatives that child has lung infection (pneumonia) and accumulation of fluid in left side of chest. Ultrasound chest will be done and based on findings, we can decide further regarding draining fluid by tube or surgical procedure.	
	Base line investigations and blood culture has been sent. once we get ultrasound report and basic tests, we will discuss further. Currently child is requiring oxygen support	
	Father	K. Sathya

BAH-00657530 IP5-00174476
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Dr. ANUPAMA Y

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 29/5/26 Day of Admission : 1 Today's Date & Time : 29/5/26

PRISM - III Score in first 24hrs. of Admission : 0 Today's SOFA Score : 0

OVERVIEW

Diagnosis : left sided pneumonia / pleural effusion / ? empyema.

Current Issues :

VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : 30/min
air entry B/L ⊕, ↓ on left lower zone

CXR : left pleural effusion.

SPO_2 : 100% O_2 by NC / FM / NRB mask / Oxyhood, at 2 L / min

Ventilatory Support : ☐ Yes ☑ No - Day # of Vent : **Nitric Oxide :** ☐ Yes ☑ No - If Yes, details :

Ventilatory Settings : Leak around ETT : – Delivered Vt : –

ABG : – $EtCO_2$: – P/F ratio : – O.I. : –

Chest Physiotherapy Plan : – Suctioning Needs : –

Any Nebs : – **ICD ?** ☐ Yes ☑ No, if Yes, details :

Plan of care :
w/f ↑ resp distress
USG chest to do.

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 116/min

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

Blood Pressures : NIBP : 110/70 mmHg IBP : CVP :

Infusion of : ☐ Dopamine – mcg / kg / min - ☐ Dobutamine – mcg / kg / min

☐ Epinephrine – mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min

☐ Milrinone – mcg / kg / min

Any Other Infusions :

Last 2D Echo Findings : IVC collapsing, good contractility

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 : –

Day of arterial line : – Day of Central line : –

Plan of Care :

CNS

Neuro Exam : $E_4 V_5 M_6$

Pupils : 3+ 3+ B/L reactive **Sedation Used ?** ☐ Yes ☑ No **Any paralysis ?** ☐ Yes ☑ 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

☑ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : ..... / (+/-) ..... Input : ..... ml/k/d UO :..... ml/kg/hr Stools : .....

NG output : ..... PO intake : .....

Feed Formula : ..... Feed Schedule : .....

IV Fluids - Type of IVF : DNS @ 30 ml / hr (60% times maintenance)

TPN : ☐ Yes ☑ 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

Labs : Na 136 K 5.5 Cl 100 Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : .....

Abd Exam : Soft

Any organomegaly ? ☐ Yes ☑ No - If yes, describe : .....

Plan (G.I. & Liver) : .....

INFECTION

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

Cultures Sent ? ☑ Yes ☐ No - If yes, details : ..... ceftriaxone } D1

Describe c/s Reports : Bl ch (29/5) Linezolid }

Other Labs (Latex, Serology, etc) : .....

Ongoing Antibiotics : .....

NEPHROLOGY ISSUES

Sr. Creat : 0.5 Bld. Urea : 38 Other Relevant Labs : .....

P.D. ☐ Yes ☑ No - If yes, details : .....

Diuretics : ☐ Yes ☑ No - If yes, details : .....

Catheterized : ☐ Yes ☑ No - If yes, then day of Catheter : .....

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : .....

HEMATOLOGY

Relevant Labs (CBP etc) : .....

Any Coagulopathy : 10.4 / 16000 / 60/30 / 7.18 lakh

Relevant Transfusion History : .....

Plan of Care : .....

CARE PROTOCOLS

VAP Bundle Used ? : ☐ Yes ☐ No ☑ NA

CRBSI Bundle Used ? : ☐ Yes ☐ No ☑ NA

CA - UTI Bundle Used ? : ☐ Yes ☐ No ☑ NA

Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA

If yes, then details : .....

Pending Lab Results : ☑ Yes ☐ No

If yes, then details : .....

Bl ch

Pending Consultations : ☐ Yes ☐ No

If yes, then details : .....

FINAL COMMENTS

USG chest.

Trace Bl ch

Doctor's Name (Handover given) : K-Sathya

Signature : .....

Date & Time : 29/5/26 8AM

Doctor's Name (Handover taken) : Nandan

Signature : .....

Date & Time : 29/5/26, 8AM

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 9 am	C/S/B Dr Naveen Saradhi Left sided pneumonia with pleural effusion Fever spikes going on RR - 26/min, HR - 92/min SpO_2 - 96% c̄ O_2 @ 1l/min Ht = Chest - Left sided crepts, air entry right > left Wt = 10 (3rd centile) CVS - NAD P/A - soft, non-tender 2 WALRI @ Nov 2023.	Adv - Ceftriaxone ~~Stop~~ → Meropenem - Linezolid] S1 - USG chest today - Send 5 viral panel - 3% NS nebulisation - Shift to ward now. N. Bey Hans 29/5/26 @ 9:45AM Somashree ↓ - CECT chest under sedation today - PAC - NPO & IV fluid accordingly as per slot. - Shift to ward. N. Bey Hans 29/5/26 @ 1PM Somashree 12:50pm

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Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Shifting Notes	
29/5/2026		
12:30pm	⚠ left sided pnuemonia with loculated pleural Collection	Plan:
		1) shift out to Ward
	O/E	2) medication as per medical chart
	on 1L/min O_2 - 99%	
	off O_2 - 91%	3) If pntent ↑ <95% SpO_2 ↓ Tachypnea ↑ } Inform SVS.
	vitals	
	PR - 112 bpm	
	RR - 27 bpm	
on Inj. meropenem		Noted by Mosel 29/5/26 @12:35pm
Inj. vancomycin	DO	

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	~~Dt~~ 29/5/2026 Counselling notes.	
	Child have (n) pneumonia with pleural effusion, with penny fever. Child need a CECT to decide on further course & treatment and need of VATS/ICD. Parents were counselled regarding same.	
	~~good luck~~	
	Parents.	Dr. Naveen

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BA4-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/S/B Dr. Naveen Sarvelli	
29/5/26		adv
5 pm	(W) sided pneumonia c Pleural effusion	Continue Same
	No fever	
	No cough	
	O/E - Chest active alert	
	auscultation	
	(W) Side ↓ AE in Post Scapular	
	CECT - report to attach.	

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 8:45am	c/s/B Dr Naveen Saradhi / Dr Shruti Kotapalli c/o Left sided pneumonia c̄ loculated pleural effusion	Adv
	Fever spikes (+) (↓ than before) Vitals stable SpO_2 - 99% (RA) Chest - Left sided crepts, B/L AE ↓. CVS - NAD P/A - soft, non-tender	- Meropenem - Vancomycin] D2 - Neb - 3% NS BD \ Levolin TID. - Attach CECT chest report - Send IgM Scrub typhus, CBP ~~wait for test~~ CRP, IgM Brucella. → Send TB Quantiferon → add Doxy Somashree
30/5/26 5pm	c/s/B Dr. Shruti Kotapalli 1 fever spike at 2pm appetite improved	
	O/E no RD chest (+) crepts (+)	- Inj Mero / Vam.	D2 Doxy D1 Trace reports
	8pm → If any further fever spikes do gastric aspirate Genexpert TB.	Sumi adv 1. Gastric aspirate - genexpert TB. - AFB

Docu. No. : RCHBH /FRM / CLINICAL / 088

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI (F)
07-12-2023 2 Y 5 M 22 D
Dr. PILLARISETTI NAVEEN SARADHI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/2026 9AM	C/S/B Dr. Sruthi Kolapalli	acbv
	— 3 fever spikes yesterday	1. Gastric aspirate Genexpert TB & AFB Stat
	↓	2. Trace TB Quantiferon, IgM scrub typhus, IgM Brucella
	8pm — 102.8°F	3. USG chest tomorrow (Before urinary)
	10.30pm - 102.2°F	4. Pediatric Surgery Consultation
	7.30am - 101.9°F	5. Bronchoscopy tomorrow
	— actively good	
	O/E ⇒ vitals stable	
	(R) Scaled acc crepts (+)	
CRP-155		noted by Raveen

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI (F)
07-12-2023 2 Y 5 M 23 D
Dr. PILLARISETTI NAVEEN SARADHI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/25 9am	US/B Dr Naveen Saradhi / Dr Chinti Kotapalli	Adv
	Ho left sided pneumonia c̄ loculated pleural effusion	- Meropenem] D4 - Vancomycin]
	Fever spikes (+)	- Doxycycline D3
	Vitals stable	- Neb - levolin / 3% NS
	SpO_2 - 100% (RA)	screening abdomen
	Chest - B/L VBS,	USG chest c̄ at 9:30 am
	AE ↓ > ↑.	- Trace gastric asp for
	CVS - NAD	GeneXpert TB & AFB,
	P/A - soft, non-tender	- Trace TB Quantiferon,
		IgM scrub typhus & IgM Brucella
		- ~~Flexible bronchoscopy~~ MLB &
		VATS today
		- NPO
		- IV fluid
		NX By APPY
		Somashree

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 23 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26 4pm	c/s/B Dr Naveen Saradhi	Adv
	Bronchoscopy done via ET tube ↓	- Send tracheal aspirate for c/s & GeneXpert TB.
	B/L main stem bronchi & lobes normal	- continue others.
	Few secretions in lingula	
1/6/26 9:45pm	c/s/B Pulmo fellow	Adv
	S/P VATS c̄ decortication	- continue same.
	Afebrile now	- IV PCM
	Vitals stable	
	Chest - B/L VBS,	
	AE rt > lt	
	Lt sided ICD in situ c̄	
	good column movement	

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 23 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Harish	
2/6/26 9:10 AM	POD - 1	
		Adv
	Febrile Spike	
	Vitals stable.	1) Full feeds
	ICD — 2ml	2) Chest physiotherapy
Dr. Hemanth 2/6/26 9:10AM		Malika Dr. Malika 2/6/26 9:10 AM

Docu. No. : RCHBH /FRM / CLINICAL / 088

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 24 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 9:40am	c/s/B Dr Shruti Kotapalli c/o Lt sided pneumonia c̄ loculated pleural effusion	Adv
	Fever spikes (+) Vitals stable SpO_2 - 98% (RA) Chest - B/L VBS, AE improved on Lt side CVS - NAD P/A - soft Lt sided ICD in situ c̄ good column movement	- Chest X ray AP view - Trace pleural peel reports - Chest physiotherapy - Meropenem] DS - Vancomycin] - Doxycycline D4 - Trace tracheal asp. reports - Neb - levolin 3% NS
2/6/26 1pm	c/s/B Dr Naveen Saradhi	Adv
	Pleural peel ↓ MTB low detected	- Stop Vancomycin - Start ATT - Syr Omnacortil forte - continue same.
4:35pm	· Last spike @ 5:30am. · no fever after that	Adv - load ATT and steroid - Send LFT

Docu. No. : RCHBH /FRM / CLINICAL / 088 (P.T.O)

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 26 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 8AM	C/S/B Dr. Malika	
	POD - 2	
		Adv
	Afebrile	
	Vitals stable	1) Full feeds
	P/A - soft	2) Chest physiotherapy
	L/E - ICD dressing intact Coloumn	
	ICD - 10ml	
	3/6 9:30am	Malika Dr. Malika 3/6/26 8AM

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 26 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 9am	c/s/b Dr Naveen Saradhi / Dr Chruti Kotapalli	Adv
	c/o Pulmonary TB c̄ left sided empyema	
	S/P VATS c̄ decortication	- ATT] D2
	Afebrile for 24 hrs	- Omnacortil] D2
	Vitals stable	- Meropenem D6
	SpO_2 - 98% (RA)	- Doxycycline D5 — stop
	Chest - B/L VBS,	- Neb — levolin / 3% NS
	B/L AE +	- Esomeprazole / Lactulose / PCM TID.
	Left sided ICD in situ c̄ good column movement	- continue chest physiotherapy
	Drain output - 5ml	- Trace pleural peel — c/s, HPE
	CVS - NAD	
	P/A - soft, non-tender	tracheal asp c/s, ~~BCT~~
		- Send CBP, CRP, LFT.
	Plan : omit ICD ~~today~~ tomorrow.	- USG chest
		- Send comprehensive TB workup for pleural peel (sample in lab)
3/6/26 6pm	c/s/b Pulmo team	Adv
	Afebrile	
	Vitals stable	continue same
	SpO_2 - 98% (RA)	
	Chest - B/L AE +	
	Lt sided ICD in situ.	

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Baby GINKA SHANMAKHI
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 9 am	c/s/b Dr Naveen Saradhi	
	c/o Pulmonary TB (left sided empyema)	Adv
	S/p VATS & decortication	- ATT] D3
	Afebrile for 48 hrs	- Dexmacortil]
	Vitals stable	- Meropenem D7
	SpO_2 - 99% (RA)	- Neb - levolin \ 3% NS
	Chest - B/L VBS,	
	B/L AE +	- Esomeprazole / Lactulose / PCM TID
	Left sided ICD in situ	
	Drain output - 4ml	- continue chest physiotherapy
	CVS - NAD	- Trace pleural peel - c/s, HPE comprehensive TB panel
	P/A - soft, non-tender	
		tracheal asp c/s
		- omit ICD today.
		↓ Discharge

Docu. No. : RCHBH /FRM / CLINICAL / 088

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CROSS CONSULTATION FORM

Doctor Name: Khurshid. Shaik (PT) Date: 2/6/26. Time: 3:30 pm.

Diagnosis: Pneumonia.

Hospital: RCH; Banjara

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

Type of Referral:
☐ Emergency
☐ Urgent
☐ Non Urgent

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

chest physiotherapy

Signature:

Findings and Recommendations:

S/B physiotherapist.

c/o: (R) sided pneumonia
c̄ loculated pleural effusion.
s/p - Thoracoscopic decortication on 1/6/26.

Pain - FLACC - 0/10
Fall risk - 11

O/E:- (R) side ICD.
child alert. SpO_2 - 98% on Room air.

CECT - s/o (R) Empyema.

Rx:- Gentle chest percussions
- Try breathing Ex's using whistle / balloon / candles / papers.
- Inspiratory Ex's.

Consultant:

Name: Khurshid Shaik (PT) Signature: Khurshid Date & Time: 2/6/26; 3:30pm

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CROSS CONSULTATION FORM

Doctor Name : Dr- Lavanya Date : 31/5/26 Time : 10 AM

Diagnosis :

Hospital :

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Thanks for the referral

c/o fever - 10 days.
(high grade)
no cough / cold / vomitings.

Past H/O
hospitalized at other hospital.
(was on IV Antibiotics)

CECT - s/o Empyema (Left).

Adv
1) Left Thoracoscopic Decortication tomorrow 31/6/26.
2) PAC
3) Financial Clearance
4) Reserve 1 PRBC (10 ml/kg)

Consultant :
Name : Dr- Lavanya Signature : Date & Time : 31/5/26 10 AM

Doc. No. : RCH / FRM / CLINICAL / 049

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RESULT SHEET

Date	(outside) 28/5	29/5/26	30/5	31/6			
Time		5AM					
Hb	10.9	10.4	9.8	12.4			
PCV	33.2	32.9	31	40.2			
RBC	4.52	4.54	4.25.	5.06			
WBC	12570	16,000	11230	12860			
N/L	46/40	60/30	N51/L41	49/45			
Platelets	4.88 Lakh	7.18lakh	6.09	554			
CRP	155		155.	131.4			
ESR	60						
PCT		0.341					
RBS							
Na		136					
K		5.5					
Cl		100					
Ca/Mg							
Phosphate							
Urea		38					
Creatinine		0.5					
ALP				179			
SGPT				17			
SGOT				37			
T.Bill/Conj				1.1/0.6			
T.Protein				7			
S.Albumin				3.6			
S.Globulin				3.4			
A/G Ratio				1			
Uric Acid							
S.Amylase							
Sr.Lipase							
Blood Lactate							
S.Cholesterol							
PT/INR							
APTT							
CSF Protein / Sugar							
Cells							
N/L	Bicarbonate	17					

Docu. No. : RCHBH /FRM / CLINICAL / 0138

(P.T.O)

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

Culture and Sensitivities : 29/5/26 5 viral panel - negative

Bl ch : -

28/5 (outside) ferritin - 301

USG chest (29/5) - thick Rim (max 12mm) - mild anechoic loculated pleural collection (12-15cc) along with left lower lateral chest wall with few (4-5) fine septations with mild pleural thickening.

Blood gr → O positive

TB Quantiferon - negative

Brucella IgM, Scrub IgM } negative

Radiology : USG :

X-Ray :

ECHO : Gastric asp. Gene Xpert TB (-)

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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Dr. ANUPAMA Y

outside

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RESULT SHEET

Date	21/5/26	22/5/26	25/5/26	28/5/26		
Time	2pm	7pm				
Hb	10.7		10.1	10.9		
PCV	31.6		33.5	33.2		
RBC	4.6		4.4	4.52		
WBC	11,300		10,1000	12,570		
N/L	51/41		37/56	46.8/40.4		
Platelets	3.04 lakh		3.69 lakh	4.8 lakh		
CRP	70	148 ↑	90.2	155 ↑		
ESR				60		
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L ferritin				301.5		

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
	O' – 1:160					
	H – 1:80					
S. typhi	AH/BH – 1:20 dilution					
Malaria parasite						
PF	negative					
PV						

Culture and Sensitivities : USG + . Left loculated pleural effusion with septations
partial collapse consolidation of left lung
? left Empyema

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Dr. ANUPAMA Y

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: PICU

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. MEROPENEM	250 mg	I/V	8 hrly		☑ C ☑ DC
2	Tablet DOXYCYCLINE 100mg	1 tab to dilute in 10ml and give 2.5ml	oral	12 hrly		☑ C ☐ DC
3	SYRUP. ALPINEURON	5ml	Oral	BD		☑ C ☐ DC
4	SYRUP. LUMIFEN	2.5ml	ORAL	BD		☑ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Madhuri Madhuri

Date & Time : 29/5/26 at 4:45AM

Nurse Name & Signature: Renuka

Date & Time : 29/5/10 4:10 AM

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

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07-12-2023 2 Y 5 M 28 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 28 D (F)
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: 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. MEROPENEM	400mg	IV	TID	29/5/26	☑ C ☐ DC
2	INJ. VANCOMYCIN	200mg	IV	Q8H	29/5/26	☑ C ☐ DC
3	NEB LEVOLIN	0.31mg	NEB	Q8H	29/5/26	☑ C ☐ DC
4	NEB I NS	3ml	NEB	Q12H	29/5/26	☑ C ☐ DC
5	INJ. ESOMEPRAZOLE	10mg	IV	OD	29/5/26	☑ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

MEDICATION HISTORY RECORDED / VERIFIED BY

** C- Continue, DC - Discontinue*

Doctor Name & Signature : Dr. Kavelu

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

Nurse Name & Signature: Mercy

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

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

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Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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Sheet No: (1) **REGULAR PRESCRIPTIONS** Weight 10 Ward PICU

DRUG : INJ MEROPENEM

Dose	Route	Frequency	Start Dt.
400mg	IV	TID	29/5.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	29/5	30/5	31/5	1/6	2/6	3/6	4/6
6AM	X						
2pm							
10pm							

DRUG : Neb c Levolin 0.31mg

Dose	Route	Frequency	Start Dt.
0.31mg	Neb	TID	29/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	29/5	30/5	31/5	1/6	2/6	3/6	4/6
6AM							
2pm							
10pm							

DRUG : INJ. VANCOMYCIN

Dose	Route	Frequency	Start Dt.
200mg	IV	q 8 hrly	29/5

Name & Signature of the Doctor Starting the Drugs: Dr. Nandan

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	29/5	30/5	31/5	1/6	2/6
6AM	X				
2pm					
10pm					

Stop 2/6.

DRUG : Inj Doxycycline

Dose	Route	Frequency	Start Dt.
20mg	IV	BD	30/5

Name & Signature of the Doctor Starting the Drugs: Dr Sumanth.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	30/5	31/5	1/6	2/6
10PM				
10PM				

Stop 3/6

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Baby GINKA SHANMAKHI (F)
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Sheet No: **REGULAR PRESCRIPTIONS** Weight ..... Ward .....

DRUG : Syp lactulose.

Dose	Route	Frequency	Start Dt.
10ml	OD	night	30/5

Date/Time: 30/5, 31/5, 1/6, 2/6

Name & Signature of the Doctor Starting the Drugs:

10PM Sowmya Shree, Sowmya, Sowmya, Sowmya, Sowmya

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : INJ PARACETAMOL

Dose	Route	Frequency	Start Dt.
150mg	IV	TID	1/6

Date/Time: 1/6, 2/6, 3/6, 4/6

Name & Signature of the Doctor Starting the Drugs:

Somoshree

6AM X 5:30pm Sowmya, Sowmya, Sowmya, Sowmya

2pm 3:45pm O.T NB Nilosh Sur

10pm 10-30PM Sowmya, Sowmya, Sowmya, Sowmya

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : SYR OMNACORTIL FORTE

Dose	Route	Frequency	Start Dt.
3.5ml	PO	OD	2/6

Date/Time: 2/6

Name & Signature of the Doctor Starting the Drugs:

Somoshree

6PM Sowmya Sowmya

Additional Instructions:

5ml = 15mg

Stop 3/6

Daily Doctor's Endorsement by a Sign

DRUG : T. AKURIT-4

Dose	Route	Frequency	Start Dt.
1 tab	PO	OD	2/6

Date/Time: 2/6, 3/6, 4/6

Name & Signature of the Doctor Starting the Drugs:

Somoshree

6AM 6pm Sowmya, Sowmya, Sowmya, Sowmya

Additional Instructions:

on empty stomach

Daily Doctor's Endorsement by a Sign

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

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Sheet No: .....

REGULAR PRESCRIPTIONS

Dept. ..... Ward.....

DRUG : SYR OMNACORTIL FORTE

Dose	Route	Frequency	Start Dt.
3.5ml	PO	BD	3/6

Date / Time: 3/6 6pm, 4/6 Suma Sureekha

Name & Signature of the Doctor starting the Drugs: Somashree

Additional Instructions: 10pm

Daily Doctor's Endorsement by a Sign.

DRUG : INJ ONDEM

Dose	Route	Frequency	Start Dt.
2mg	IV	BD	4/6

Date / Time: 4/6 10AM Suma Sureekha

Name & Signature of the Doctor starting the Drugs: Somashree

Additional Instructions: 10pm

Daily Doctor's Endorsement by a Sign.

DC

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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

Patient Sticker

Sheet No: ....

REGULAR PRESCRIPTIONS

Dept. .... Ward.................

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

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

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

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

VERIFIED BY: Name.. Signature..

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Baby GINKA SHANMAKHI
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Dr. ANUPAMA Y

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DRUG CHART

Date of Admission: 29/5/23 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Inj. PARACETAMOL				Date / Time	29/5	30/5	31/5	1/6
Dose	Route	Frequency	Start Date					
150mg	IV	SOS	29/5					
Doctor's Signature	Valid Period	Pharm.						
K Jothy								Stop 1/6
Additional Instructions: if temp > 101F								

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

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

DC

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

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. ANUPAMA Y

REGULAR PRESCRIPTIONS

Weight. 10 kg Ward. PICU

VERIFIED

DRUG : Inj. Ceftriaxone

Dose	Route	Frequency	Start Date
500mg	IV	BD	29/5

Name & Signature of the Doctor Starting the Drugs: K. Jethya

Additional Instructions:

Date/Time	29/5
6AM	Bulla Nath
6PM	

Stop 29/6/2026

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG : Inj. LINEZOLID

Dose	Route	Frequency	Start Date
100mg	IV	TID	29/5

Name & Signature of the Doctor Starting the Drugs: K. Jethya

Additional Instructions:

Date/Time	29/5
6AM	Bulla Nath
2PM	
10PM	

Stop 29/05/2026 10.00AM (Dr. Nandan)

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG : Inj. ESMOPRAZOLE

Dose	Route	Frequency	Start Date
10mg	IV	OD	29/5

Name & Signature of the Doctor Starting the Drugs: K. Jethya

Additional Instructions:

Date/Time	29/5	30/5	31/5	1/6	2/6	3/6	4/6
6AM	Bulla Nath	Sudha	Sauri	Sudha	Pranoti	Pranoti	Pranoti

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG : 3% NS NEBULISATION

Dose	Route	Frequency	Start Date
3ml	neb.	BD	29/5

Name & Signature of the Doctor Starting the Drugs: Samoshree

Additional Instructions:

Date/Time	29/5	30/5	31/5	1/6	2/6	3/6
10AM	Hos Green	Hos Green	Hos Green	Appu	Appu	Appu
10PM	Nikita	Sunil	Sunil	Sudha		

Daily Doctor's Endorsement by a Sign

07-12-2023 2 Y 5 M 22 D (F)
Dr. ANUPAMA Y

Weight. 10 kg Ward. PICU

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
29/5	6:30AM	Nebulization with Salbutamol	0.63 mg Back to back 3 times	Neb	[illegible]	[illegible] [illegible]
1/6/26	3:45pm	INJ. PARACETAMOL	150mg	IV	[illegible]	[illegible] [illegible]

DC

Signature

VERIFIED BY : N

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. ANUPAMA Y

I.V. FLUIDS CHART

Weight. 10 Ward. PW

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
29/5	4:30AM	DNS	IV	30	KSPL	[illegible]	[illegible]	[illegible]	[illegible]
1/6/26	8am	DNS 100% maint	IV	40 ml/hr	[illegible]	30 mg APPU	1/6/26	[illegible]	
1/6/26	3:30 pm.	RINGERLACTATE	IV	100	[illegible]	[illegible]	1/6/26	[illegible]	[illegible]
1/6/26	5pm	PRBC 120ml	IV	100	[illegible]	[illegible]	2/6	[illegible]	[illegible]

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

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 26 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
03/06/26	00.00	Neb :- 3% NS (10pm)	(3) Shalini	9640334
	01.00	Neb :- levolin (0.63mg) 10pm		
	02.00	6am		
03/6/26	03.00	Neb 3% NS (10pm)	(3) Chandam	
	04.00	Neb :- levolin (0.63mg) 10pm, 6am		
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 28 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

Patie

FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/6/26 Time:		
Doctor / Nurse / Family Concern?	6am	10 PM
Temperature (F)	98.1°F	97.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	98 (78) 68	92 (65) 56
Heart Rate (Number)	111b/m	108b/m
Resp. Rate (bpm) (Over 1 Minute) *		
Resp Rate (Number)	27b/m	28/m
Resp Distress: Mod/ Severe / None / Mild		
Receiving O_2(l/min) O_2Saturations (%)	99%	99%
Conscious Level: Normal / Altered		
GCS *	13/15	15/15
TOTAL SCORE Number of shaded boxes	0	1
Pain Score		0
Observer's Initials		

DC

ACTIONS
NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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

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

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 26 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

Doc. No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 03/06 Time:																									
Doctor / Nurse / Family Concern?	2 am				6 am				10am				1pm				6pm				10pm				2am

Temperature (F)

104	103	102	101	100	99	98	97	96	95	94

98.6°F, 98.2°F, 98.0°F, 98.5°F, 98°F, 98.0°F, 97.8°F

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

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

Note: BP does not score in early warning scoring

	2 am	6 am	10am	1pm	6pm	10pm	2am
BP	98 / 60 (74)	96 / 51 (61)	98 / 63 (71)	98 / 62 (72)	98 / 68 (78)	95 / 73 (80)	100 / 80 (81)
Heart Rate (Number)	98bpm	97bpm	98bpm	98bpm	99bpm	99bpm	111bpm

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

70	60	50	40	30	20	10

	2 am	6 am	10am	1pm	6pm	10pm	2am
Resp Rate (Number)	26bpm	24bpm	24bpm	26bpm	28bpm	28bpm	28bpm
Resp Distress: Mod/ Severe							
Resp Distress: None / Mild							
Receiving O_2 (l/min)							
O_2 Saturations (%)	98%	98%	98%	98%	97%	98%	97%
Conscious Level: Normal							
Conscious Level: Altered							
GCS *	15/15	15/15	14/15	15/15	14/15	13/15	13/15
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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.

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 26 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

Date : 7/6 Time:

Doctor / Nurse / Family Concern?	7Am	10 am	2pm	6pm	10 pm
Temperature (°F) 94–104	99°F	98.5°F	98.0°F	98.0°F	97.0°F
Heart Rate (bpm) and Blood Pressure (mmHg) * 50–190		100 / 30 (60)	95 / 61 (71)	98 / 54 (67)	113 / 60 (77)
Heart Rate (Number)		102b/m	110bpm	126b/m	123bpm
Resp. Rate (bpm) (Over 1 Minute) * 10–70					
Resp Rate (Number)		22b	22b	26b/m	26b/m
Resp Distress: Mod/ Severe					
Resp Distress: None / Mild					
Receiving O₂(l/min)					
O₂Saturations (%)		99%	100%	99%	99%
Conscious Level: Normal					
Conscious Level: Altered					
GCS *		15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		1	1	1	1
Pain Score		3	0	0	0
Observer's Initials					

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 23 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

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21/6/26

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16 ..... Time:																								
Doctor / Nurse / Family Concern?	10am			1pm					10pm		11:30pm					2Am					5:30Am			
Temperature (F)	98.3F			97.5F					Hot. 2F Fever		98.9F					98.1F					Hot. 1F Fever			
Heart Rate (bpm) and Blood Pressure (mmHg) *	92 (70) 158			100 (72) 161					96 (50) 150							98 (50) 152					102 (60) 149			
Heart Rate (Number)	120b/m			110b/m					120b/m							110b/m					139b/m			
Resp. Rate (bpm) (Over 1 Minute) *	27			26																				
Resp Rate (Number)	27b/m			26b/m					26b/m							28					28			
Resp Distress: Mod/ Severe / None / Mild																								
Receiving O_2(l/min) O_2Saturations (%)	98%			99%					97%							95%					96%			
Conscious Level: Normal / Altered																								
GCS *	15/15			15/15					14/15							14/15					14/15			
TOTAL SCORE Number of shaded boxes	1			1					1							1					1			
Pain Score	0			0					0							0					0			
Observer's Initials	D			D					S							S					S			

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 24 D (F)
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Doc. No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (~~5-12~~ 1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 31/05/24 Time:	5 pm	6 pm	10pm	2am	6am	7am
Temperature (°F)	102.1°F	98.8°F	98.7°F	98.7°F	100.9°F	99.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) *		100	99		88	
Heart Rate (Number)		100 b/m	101 b/m		132 b/m	
Resp. Rate (bpm) (Over 1 Minute) *		25	26		30	
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)		99%	100%		100%	
Conscious Level: Normal / Altered						
GCS *		15/15	15/15		15/15	
TOTAL SCORE Number of shaded boxes		1	1		1	
Pain Score		0	0		0	
Observer's Initials						

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
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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07-12-2023 2 Y 5 M 23 D (F)
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PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/5 ..... Time:						
Doctor / Nurse / Family Concern?	2am	6am	7:30AM	9:30am	10 AM	1pm
Temperature (F)	98.5F	98.8F	101.9F (Hypotonic, Sponging)	99.3F	98.0F	97.5F
Heart Rate (bpm) and Blood Pressure (mmHg) *	100 (64) 60	105 (67) 62			101 (61) 55	100 (64) 62
Heart Rate (Number)	107	125b/m			117b/m	86b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	28b/m	30			26b/m	28b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O Saturations (%)	100%	100%			99%	100%
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						

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 nighiduty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 30/5 Time:	10AM	8PM	2PM	3:30PM	7PM	10:30pm	11:30pm
Doctor / Nurse / Family Concern?							
Temperature (F)	98.2F	99.4F	102.8F (Hypern)	99.1F	97.0F	102.2F (Hypern)	99.1F
Heart Rate (bpm) and Blood Pressure (mmHg) *	100 / 60 / 70	98 / 65 / 70			110 (92) / 63	106 (75) / 62	
Heart Rate (Number)	110bm	128bm			110bm	125bm	
Resp. Rate (bpm) (Over 1 Minute) *						0	
Resp Rate (Number)	22bm	22bm			28bm	29bm	
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2 (l/min) O_2 Saturations (%)	99%	100%			99%	100%	
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	b	0			0	0	

ACTIONS

NB: Scores 3 should be recorded overleaf

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/05/26 Time:	6pm	8pm	10pm	2am	4:40 Am	6am
Doctor / Nurse / Family Concern?						
Temperature (°F)	100°F	99.4°F	99.2°F	99.2°F	102.4°F (PCM)	99.0°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	97 / 69 / 158	91 / 63 / 119	99 / 66 / 90			100 / 69 / 109
Heart Rate (Number)	108bpm	101bpm	112b			
Resp. Rate (bpm) (Over 1 Minute) *	28bpm	26bpm	22b			22b
Resp Distress: Mod/ Severe / None / Mild			RA			RA
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	99%			98%
Conscious Level: Normal / Altered						
GCS *	15/15	15/15	15/15			15/15
TOTAL SCORE Number of shaded boxes	1	1	1			1
Pain Score	0	0	0			0
Observer's Initials						

ACTIONS

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am				PICU							
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
29/10/23	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm										0	
	06:00 pm	DNS									0	Sraus.
	07:00 pm		idly	20ml							0	
Total Intake :						Total Output :						
DNS	08:00 pm			3ml							0	
	09:00 pm			3ml							0	Nikita
	10:00 pm	DNS		3ml							0	
	11:00 pm			3ml			NB				0	
	12:00 am			—							0	
	01:00 am			—							0	Nikita
Total Intake :						Total Output :						
DNS	02:00 am			—							0	
	03:00 am			—							0	Nikita
	04:00 am	DNS		3ml			NP				0	
	05:00 am			3ml							0	
	06:00 am			3ml							0	Nikita
	07:00 am			3ml							0	
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

30 IP5-00174476
SHANMAKHI
2 Y 5 M 22 D (F)
ETTI NAVEEN SARADHI

FLUID CHART

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2

.....

ents in ml.

column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

be entered in the kardex in RED.

		Intake				Output						
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	n		dosa							✓	0	
	am										0	
	0:00 am	IV		DNS 30ml/hr							0	
2/	11:00 am									✓	0	
	12:00 pm										0	
	01:00 pm										0	
Total Intake :						Total Output :						
	02:00 pm										0	
	03:00 pm										0	
30/5	04:00 pm		snacks							✓	0	Drys
	05:00 pm	NO									0	
	06:00 pm	RUF								✓	0	Drys
	07:00 pm										0	
Total Intake :						Total Output :						
	08:00 pm										0	
	09:00 pm									✓	0	Sw
30/5	10:00 pm	NO	RICE								0	
	11:00 pm	SVP					NO				0	Sw
	12:00 am										0	
	01:00 am										0	Sw
Total Intake :						Total Output :						
	02:00 am										0	
	03:00 am										0	Sw
31/5	04:00 am	NO								✓	0	
	05:00 am	SVP									0	Sw
	06:00 am		N				✓			✓	0	
	07:00 am										0	
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 23 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

FLUID CHART

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Sheet No. : 3

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
31/5	08:00 am										0	
	09:00 am	NO IVF								✓	0	Rd
	10:00 am		Idly egg		NA		✓		NA		0	
	11:00 am									✓	0	Rd
	12:00 pm		wcdw								0	
	01:00 pm									✓	0	Rd
Total Intake :						Total Output :						
31/05	02:00 pm										0	
	03:00 pm										0	Shah
	04:00 pm						✓			✓	0	
	05:00 pm	NO IVF			NA				NA		0	
	06:00 pm										0	Shah
	07:00 pm									✓	0	
Total Intake :						Total Output :					0	Shah
31/5	08:00 pm										0	
	09:00 pm										0	Swam
	10:00 pm	NO IVF	RD								0	
	11:00 pm				NA					✓	0	Swam
	12:00 am										0	
	01:00 am										0	Swam
Total Intake :						Total Output :						
01/6	02:00 am										0	
	03:00 am										0	Swam
	04:00 am	NO IVF	ml								0	
	05:00 am				NA					✓	0	Swam
	06:00 am										0	
	07:00 am									✓	0	Swam
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 23 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
1/6	08:00 am			40ml							0	
	09:00 am		NPO	40ml							0	APPN
	10:00 am	Onds		40ml	NA		NA	NA			0	
	11:00 am			40ml							0	APPN
	12:00 pm			40ml							0	APPN
	01:00 pm			40ml							0	
Total Intake :						Total Output :						
1/6	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
1/6	08:00 pm											
	09:00 pm	NO										Sushp
	10:00 pm	IVF										
	11:00 pm				NA							Sushp
	12:00 am								20ml			
	01:00 am											Sushp
Total Intake :						Total Output : 10:30pm Drain 120-100 = 20ml						
2/6	02:00 am											
	03:00 am											Sushp
	04:30 am	NO			NA				2ml			
	05:00 am	IVF										Sushp
	06:00 am											
	07:00 am											Sushp
Total Intake :						Total Output : 4:30Am : Drain 102-100 = 2ml						

Total 24 hrs. Intake		Total 24 hrs. Output	

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BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI (F)
07-12-2023 2 Y 5 M 26 D
Dr. PILLARISETTI NAVEEN SARADHI

FLUID CHART

Sheet No. : 4

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
2/5	08:00 am								10-100 30		0	Sarada
	09:00 am										0	
	10:00 am										0	
	11:00 am	NO									0	Sarada
	12:00 pm										0	
	01:00 pm										0	
Total Intake :										Total Output :		
	02:00 pm										0	
	03:00 pm										0	
	04:00 pm	NO	Dosa vada								0	
	05:00 pm	WF									0	
	06:00 pm										0	
	07:00 pm										0	
Total Intake :										Total Output :		
2/05	08:00 pm										0	
	09:00 pm										0	
	10:00 pm	NO	RPC Milk								0	
	11:00 pm	IVF									0	
	12:00 am										0	
	01:00 am										0	
Total Intake :										Total Output :		
03/05	02:00 am										0	
	03:00 am										0	
	04:00 am	NO									0	
	05:00 am	IVF									0	
	06:00 am										0	
	07:00 am										0	
Total Intake :										Total Output :		
Total 24 hrs. Intake										Total 24 hrs. Output		

ICD Drain - 105
105 - 100 - 5ml

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

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 28 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

Sheet No. : ....

FLUID CHART

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1. All measurements in ml.
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Date	Time	Intake: Nature of Fluid	Intake Route: Mouth	Intake Route: I.V	Intake Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
3/6	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am	NO IVF		NA								
	12:00 pm									✓	0	
	01:00 pm									✓	0	8
Total Intake :						Total Output :					0	8
3/6	02:00 pm										0	
	03:00 pm										0	
	04:00 pm	NO IVF		NA		NP				✓	0	Sush
	05:00 pm										0	
	06:00 pm										0	Sush
	07:00 pm									✓	0	
Total Intake :						Total Output :						Sush
3/6	08:00 pm										0	Cha
	09:00 pm										0	
	10:00 pm	NO				NP			✓		0	Cha
	11:00 pm	IVF									0	
	12:00 am										0	Chand
	01:00 am										0	
Total Intake :						Total Output :						
4/6	02:00 am										0	
	03:00 am										0	Chand
	04:00 am	NO				NP					0	
	05:00 am	IVF									0	Chand
	06:00 am								✓		0	
	07:00 am										0	Chand
Total Intake :						Total Output :						

Total 24 hrs. Intake	
Total 24 hrs. Output	

ICD Drain:- 104
104 - 100 - 4ml

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 28 D (F)
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FLUID CHART

Sheet No. : .....

1. All measurements in ml.
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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
9/6/26	08:00 am										0	Suh
	09:00 am										0	
	10:00 am	NO									0	Suh
	11:00 am	NPO									0	
	12:00 pm										0	Suh
	01:00 pm										0	
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am					DC						
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00657530 IP5-00174476
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07-12-2023 2 Y 5 M 28 D (F)
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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. ANUPAMA Y

Name: ..... Age: ..... Gender: Male ☐ Female ☑

UHID.No : ..... Date: 29/5/26

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

The doctors have explained to me in a language understood by me that my child has following health related issues : pneumonia / left empyema

The doctors have clearly explained to me that my patient Master / Baby Shanmakhi 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 : Shanmakhi 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: Ash

Name: Ashock

Relationship with Patient: grand father

Date & Time: 29/5/26 5 AM

Witness :

Signature: mathew

Name: mathew

Date & Time: 29/5/26 5AM

Doctor (who is taking the consent) :

Signature: Madhuri

Name: Madhuri

Date & Time: 29/5/26 at 5AM

Docu. No. : RCHBH / FRM / CLINICAL / 013

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 24 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

BAH0065753-0
Baby Ginka Shanmakhi
2Y/5M.

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Moderate Sedation Flow-Sheet

Immediate Pre-Sedation Assessment

B.P	P.R	R.R	Temp	SPO_2	Pain Score	Weight
<5sec	110/min	16	afebr	100%	—	10 kg

Diagnosis: Rt Pneumonia + Pleural effusion

Procedure: CECT CHEST

Comorbidities: NM

- ☑ Risk, benefits & alternatives discussed;
- ☑ Patient understand & elects to proceed
- ☑ Consents for procedure and sedation signed and dated

ASA Physical Status

- ☑ ASA PS 1: Healthy Patient
- ☐ ASA PS 2: Mild Systemic Disease, no functional limitations
- ☐ ASA PS 3: Severe Systemic Disease, functional limitations
- ☐ ASA PS 4: Severe Systemic Disease, constant threat to life
- ☐ ASA PS 5: Moribund Patient unlikely to survive 24 hrs.
- ☐ ASA PS 6: A declared braindead patient whose organs are being removed for donor purposes
- ☐ E: Emergency procedure

GCS: E 3 M 6 V 5

☑ IV Site: LUL Gauge: 22G

Sedation Plan: MIDC DRUGS

Allergies: No known allergy

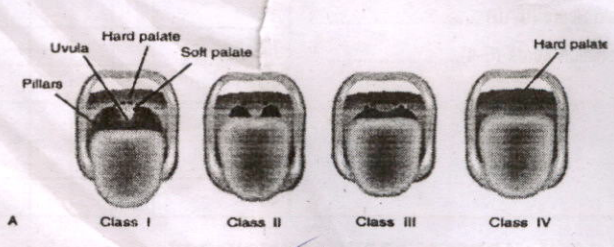
AIRWAY EVALUATION

Mouth:

- ☑ Normal
- ☐ Loose Teeth
- ☐ Small Mouth
- ☐ Protruding Incisors
- ☐ Receding Lower Jaw
- ☐ Dentures

Neck:

- ☑ Normal
- ☐ Decreased ROM
- ☐ Thyromental Distance Less Than 6 cm
- ☐ Short Neck



Mallampati Class: ☑ I ☐ II ☐ III ☐ IV

Monitoring of Patient Intra – Procedure

Procedure Monitoring

Heart Rate (HR), Respiratory Rate (RR), Oxygen Saturation (O_2 Sat) continuously monitored, and Level of Consciousness (LoC) to be monitored and recorded minimally every 15 minutes until 15 minutes after the last administration of any sedation, then every 30 minutes, then every 1 hour until stable. Respiratory status to be monitored continuously.

Level of Consciousness (LOC):

- ☐ A - Alert
- ☐ V - Verbally Responsive
- ☑ P - Painfully Responsive
- ☐ U - Unresponsive

Observation to be documented every 15 mins

TIME	BP	PR	RR	O_2 Sat%	O_2 Supplementation	Comments / Initials
Baseline 3.30	<2sec	120	16	100	4 litre	
3.35	<2sec	113	17	100	4 litre	uneventful
3.40	<2sec	114	11	100	4 litre	

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME
1% PROPOFOL	IV	20mg	3.30	—

Doctor Notes: Procedure uneventful

Time of transportation to post sedation care room: 3.45 LOC: sedated

Doctor Name: Dr Adeta N Signature: Adeta

Post Sedation Care Room

Time																						
Monitoring ECG NBP Oximeter	180																					
Pain Score (0-10)	160																					
Sedation Score (0-4).....	140																					
	120																					
	100																					
	80																					
	60																					
	40																					

TOTAL ALDRETTE SCORE AT DISCHARGE =
(If 9 and more patient can discharge from post Sedation care unit

Activity :	Consciousness:	Respiration:	Oxygen Saturation:	Circulation:
Four extremities = 2	Fully awake = 2	Breathe Deep= 2	Sat O_2>92 % on room air = 2	BP +/- 20 mm hg of pre-op = 2
Two extremities = 1	Arousal oncalling=1	Dyspnea, limited breathing = 1	Needs oxygen to maintain Sat O^2>90% = 1	BP +/- 20-50 mm hg of pre-op = 1
No extremities = 0	Unresponsive=0	Apnea = 0	Saturation <90% with oxygen = 0	Bp +/-50 mm hg of Pre-Op = 0

Patient Discharge Time: .....

Nurse Name: ..... Signature: .....

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

Consultant Name: Dr Adeta N Signature: Adeta

Stamp

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 22 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: ..... Age: ..... Sex: ..... UHID.No : .....

Date: 29/5/26 Time: 3.00pm Proposed Operation: CECT CHEST

Diagnosis: Left sided pneumonia + AFI

B.P / CRT: 96/68 H.R: 112 Weight: 10 Kg ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

on O2 12 lpm

Laboratory Data:

Hgb: 10.4	Glucose:	Protein: 6.9 g/dl	HIV:	X-Ray:
PCV: 33.2	Urea:	Alb:	HBS Ag:	ECG:
WBC: 12,520	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 4.85 lk	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
CRP 185.4	Cl -:	SGOT/SGPT:		

Allergies: No known allergy

Medical History: CVS : —

RESP : — fever ⊕ Diabetes : All C section. Birth wt 2.5k CIRB

CNS : mild tachypnea.

Renal : —

Hepatic / GE : — Physical Activity: playful active.

Others : —

Past Anaesthetic History: —

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs : ~~AEJ on left side~~ BE

Heart: S1 2

CNS: NAD

Pregnant: ☐ Yes ☐ No ☐ NA | Venous Access Site : LUL 22G Spine Exam for regional : ⊘

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: ..... Name: Dr Akshay

Docu. No. : RCHBH /FRM / CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No | Fasting Status:

Physical Status: ☐ Patient Identified ☐ Consent Present ☐ Chart Reviewed

H.R: | B.P / CRT: | SpO_2: | R.R: | Last Feed:

Pre-OP Diagnosis: ..... Operation: ..... Date : .....

Surgeon: ..... Anaesthesiologist: ..... Technician: .....

TIME																				
N_2O /AIR /O_2 LPM																				
HALO /SO /SEVO																				
Drugs:																				
FIO_2 / SaO_2																				
$ETCO_2$																				
ECG																				
Temperature																				
Urine Output																				
Fluids Blood																				

Antibiotic

Suppository

Blood Loss

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values
ABG
GRBS
Others

☐ Equipment Checked and Functional
☐ BP
☐ Cuff Site: .....
☐ Art Site: .....
☐ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: .....
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: .....
OP Start: .....
OP End: .....
Leave OR: .....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

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

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

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

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

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

Regional:
Extremity Specify: .....
☐ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor :.....

Signature of the Doctor :.....

Patient Sticker

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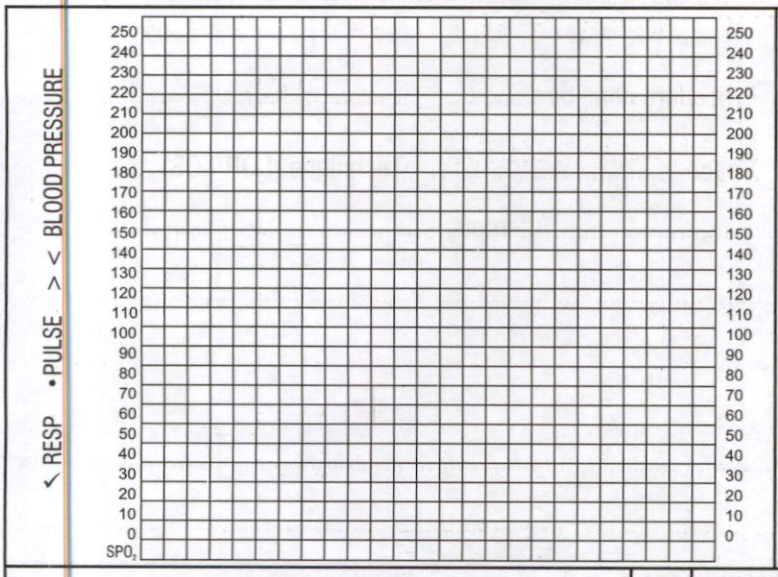
POST-ANAESTHESIA CARE UNit RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

☐ O_2Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY						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 Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Reassessment Frequency:

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

Anaesthesiologist Name : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : .....

PACU Nurse Signature: .....

Date & Time: .....

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

Date & Time: .....

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

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

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 23 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: G. Shanmakhi Age: 2y 5m Sex: F UHID.No : BAH-00657530

Date: 31/5/26 Time: 5:15 pm Proposed Operation: Bronchoscopy + VATS

Diagnosis: (LT) sided Empyema

B.P / CRT: 90/52 H.R: 118 Weight: 10kgs ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 9.8	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea: 38	Alb:	HBS Ag:	ECG:
WBC: 11250	Creat: 0.5	Total Bill:	HCV:	2D Echo:
Plate: 609	Na: 136	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K: 5.5	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl-: 100	SGOT/SGPT:		

Allergies:

Medical History: CVS : FT | 2.5kgs | LSCS | CIAB | NONICU stay

RESP : Empyema Diabetes : Vaccinated till date

CNS : Development appropriate

Renal : NIL

Hepatic / GE : Physical Activity: —

Others :

Past Anaesthetic History: CECT chest ↓ sedation

Physical Exam:

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

Lungs : BAE (+) ↓ on (L) side

Heart: S1S2 (+)

CNS: alert

Pregnant: ☐ Yes ☐ No ☑ NA | Venous Access Site : accessible Spine Exam for regional : well felt

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

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

CURRENT MEDICATIONS	DOSAGE
Neb - levolin	
3% NS	

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours → 12pm. → Others 6 Hours → 8AM.
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

→ To continue Nebulisations
→ To reserve 10 PRBC
→ consent pending

Signature: (Akhila) Name: Dr. Akhila. K.

Docu. No. : RCHBH /FRM / CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No | Fasting Status: Confirmed

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R: 122/min | B.P / ~~CRT~~: 80/45 mmHg | SpO_2: 100% on RA | R.R: | Last Feed: 6am

Pre-OP Diagnosis: (Lt) sided Empyema | Operation: (Lt) VATS + Bronchoscopy | Date: 7/6/26

Surgeon: Dr. Naveen / Dr. Nabeel | Anaesthesiologist: Dr. Savitha | Technician: Ms. Sirisha

TIME	3:30 pm	4	4:30	5	5:30 pm
N_2O /AIR /O_2 LPM	1:1	→	→	→	→
HALO /SEVO	1 MAC	→	→	→	→
Drugs:					
Inj. Midaz - 0.4mg					
Inj. Propofol - 200mg					
Inj. Fentanyl - 20mcg					
Inj. Rocuronium 5mg	+ 2mg				
Inj. Paracetamol 150mg	"				
FIO_2 / SaO_2	100%	98%	99%	98%	98 98 98 99
$ETCO_2$	40	36	38	40	40 38 36 38
ECG	SR	SR	SR	SR	SR SR SR SR
Temperature	35	36	36.2	36.3	36.2 36.5 36.5 36.4
Urine Output					
Fluids / Blood		RL @ 100 ml/hr			PRBC 120ml

Antibiotic

Suppository

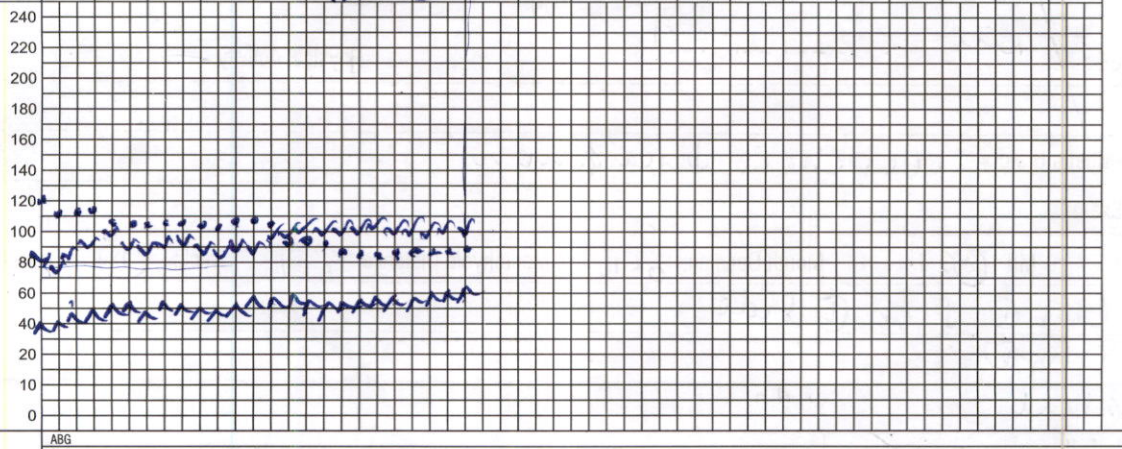
Blood Loss ~150ml

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out



LAB Values: ABG | GRBS | Others

- ☑ Equipment Checked and Functional
- ☑ BP
- ☑ Cuff Site: (R) UL
- ☐ Art Site:
- ☑ EKG Lead
- ☑ Temp Site Skin
- ☑ FIO_2 Monitor
- ☑ Agent Monitor
- ☑ Pulse Oximeter
- ☑ Capnograph
- ☑ Ventilator
- ☐ Nerve Stimulator

Position: (RP) Lateral

- ☑ Pressure Points Checked

Eye Care:
- ☐ Oint
- ☑ Tape
- ☐ Padding
- ☐ Awake

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

Times:
Anaes Start: 3:30 pm
OP Start: 3:55 pm
OP End:
Leave OR: 5:30 pm

Anaesthesia:
- ☑ GA
- ☐ Monitored Anaesthesia Care
- ☐ Regional

Line (Size & Location)
- ☐ CVP:
- ☐ ART:
- ☑ IV: 22 G (L) UL
- ☐ IV:
- ☐ IV:

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

- ☐ Mask ☐ SGA
- ☐ Airway ☐ Oral ☐ Nasal
  ETT#: 4.5 at 12 cm
- ☑ Oral ☐ Nasal ☑ Cuff
- ☐ Tracheostomy ☐ Topical
- ☐ Drug:

- ☐ Awake ☑ Direct Vision
- ☐ Video Laryngoscopy ☐ Stylette / Bougie
- ☐ Fiberoptic

Blade# 2 Attempts: Single

Difficulty Why?

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

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
Site:
Needle Size: Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:

Transportation to
☐ PACU ☐ ICU ☑ Other
Relaxant Reversed ☑ Yes ☐ No ☐ NA

Name of the Doctor: Dr. Savitha
Signature of the Doctor:

Patient Sticker

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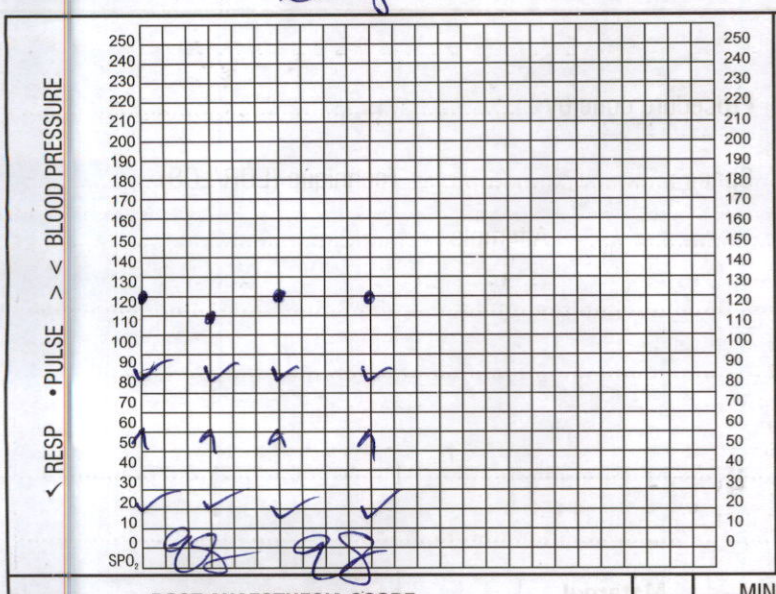
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : 5:35pm Time Discharged : .....



IV Cannula Site : 22G

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

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: .....
Oral Feeds: .....

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
1/6	5:35pm	1/10	—	[signature]

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

Anaesthesiologist Name : Dr. Adeb U
Anaesthesiologist Signature: [signature]
Date & Time: .....

PACU Nurse Name : [signature]
PACU Nurse Signature: [signature]
Date & Time: 1/6/26

Reassessment Frequency:

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

Transferred to Unit by (PACU): .....
Date & Time: 1/6/26

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

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

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 23 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: Bronchoscopy + VATS | Decortication

Anaesthesiologist: Dr. Subramanyam Surgeon: Dr. Naveen / Dr. Nabeel

Please read this before you consent for Anaesthesia

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

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

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders
☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease
☐ Others laryngospasm, bronchospasm, desaturation

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: .....

Name: .....

Relationship with patient: .....

Date & Time: .....

Witness:

Signature: .....

Name: .....

Date & Time: .....

Doctor (who is taking consent):

Signature: ..... Name: Dr. Akhila-K Date 31/5/26 Time: 5:30pm

Patient Sticker

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అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స: .....

అనస్థీషియా వైద్యుడు: ..... శస్త్రచికిత్స నిపుణుడు: .....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

రీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి దీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

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

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

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

☐ ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
  ☐ రీజనల్ 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, అలెర్జీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్టీరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రీజనల్ 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 స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 25 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

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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 Left Thoracoscopic Decortication

2

I acknowledge the following:

1. 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)
To Remove collection & allow lung expansion & Reduction of infective load	-Nil-

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. Bleeding, Infection

b. Need for ICD, Need for Tracheostomy rarely

1. I authorize Dr. Nasser Qadri and his / her team to perform the procedural sedation upon the patient / myself.
2. 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.
3. 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: G.

Name: G. Naresh

Relationship with patient: Father

Date & Time: 1/6/26 @ 3 pm 3:10 pm

Witness:

Signature: Gorang

Name: G. Rama

Date & Time: 1/6/26 @ 3 pm

Doctor (who is taking consent):

Signature: Name: Dr Nasser Qadri Date 1/6/26 Time: 3 pm.

Patient Sticker

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BirthR

BAH-00657530
Baby GINKA SHANMAKHI
07-12-2023
Dr. PILLARISETTI NAVEEN SARADHI
2 Y 5 M 25 D
(F)
IP5-0017447 6

శస్త్రచికిత్స / ప్రొసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

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

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

1. క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రొసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
2. ఈ శస్త్రచికిత్స / ప్రొసీజర్‌కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి. ఈ శస్త్రచికిత్స / ప్రొసీజర్‌కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రొసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రొసీజర్ ప్రత్యామ్నాయాలు

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

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

a.

b.

1. 4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రొసీజర్‌ను చేయడానికి నేను అనుమతిస్తున్నాను.
5. వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రొసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
6. 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: .....

పేర్లు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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

BAH-00657530 IP5-00174476
Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 25 D (F)
Dr. PILLARISETTI NAVEEN SARADHI

Patient Sti

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

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Your Right to a Safe Delivery

OPERATION THEATER NOTES

Patient's Name : Baby Shanmakhi Age : 2y Gender : ☐ Male ☑ Female

UHID No.: 0147476 Weight : ..... Height : .....

Surgeon : DR Wabeel	Asst. Surgeon :	
Anesthetist : Dr. Sanitha	OT Nurse: Prabavathi, Akhil	OT Technician: Sirisha

Pre-Operative Diagnosis: Left Empyema.

Surgical Procedure :
VATS for Decortication

Indications for Surgery :
left Empyema

Date : 1/06/26	Start Time : 4:02pm	End Time :

Pre Operative Preparations:
95% betadine

Post Operative Diagnosis:
Left Empyema.

Peri-Operative Complications:

Operation Notes:
- Left side thickened pleura noted, c̄ thick exudate

Procedure:-

Amount of Blood Loss: ~5ml

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

1. Pleural tissue for C/S
2. pleural tissue for Gene xpert
3. pleural tissue for HPE

Peri-Operative Complications:

— Nil —

Name of the Surgeon: Dr. Nabeel

Signature of the Surgeon:

Date & Time: 1/6/26

5:00pm

Patient Stick

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Baby GINKA SHANMAKHI
07-12-2023 2 Y 5 M 25 D (F)
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POST-SURGICAL CARE PLAN FORM

Procedure Done: VATS & Left side Decortication

Post-Surgical Diagnosis: Left Empyema

Post-Operative Monitoring Parameters /Frequency:
TPR monitoring every 15 min for 1st 1hr.

Wound Care:
Dressing

Drain /Special Lines/Catheters:
- Left ICD in place — ICD care —
- Monitor. ICD output 4th hrly.

Special Patient Positioning and Requirements:
—Nil—

Nutritional Instructions:
Full feeds as ~~soo~~ soon as child is fully awake

When to Start Mobilization:
As soon as possible

Special Referrals:
—Nil—

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

Any Other Post-Operative Care Needed including Required Follow Up
—Nil—

Treating Surgeon
(Signature & Stamp) Dr. Nabeel

Date: 1/6/26 Time: 5:00 pm

Note: Plan of care will be readjusted if necessary.