BAH-00660236 IP5-00176191
Master SIYAAN CHOLA DEVANI
16-09-2024 1 Y 9 M 24 D (M)
Dr. NABEEL ALAM QADRI

F CIPSA
OPN
81020

Rainbow® Children's Hospital
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SURGERY DETAILS

Date : 10/7/26.

Patient Name: Mast. Siyaan Chola Devani Date of Birth: 16/9/2024 Age: 1year

Gender: male Ward : OT-1 UHID No.: BAH-00660236

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

Name of the Surgery : LEFT OPEN HERNIOTOMY

Time in : 10 Am Time Out : 10:55 Am

	NAME	AMOUNT
1. Surgeon	Dr. Lavanya	
2. Anaesthetist	Dr. Tejaswini	
3. Assistant Surgeon	Dr. Nabeel	
4. OT Technician	J. Bapu.	
5. Circulating Nurse	Bilkhal	
6. Assistant Nurse	Sravani	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9696074 Order by: Jyothi

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

BAH-00660236
· 1yr9m 19.8kg
Patient Sticker
6602

Lap OR Herniotomy U/L

CONSUMABLES OF OT

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Circulating staff : .... Technician : Bagu .... Date : 10/7/26 .... Time : 9:50 Am

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 3.5·4·4.5	1+1+1	—	Major Pack · Drape	1	1	Inj Vit.K		
LMA 2	01	—	Sutures			Cord Clamp		
ECG leads : A / (P) / (N)	5+1	3	Vicryl (3-0), 4-0	2+2	1	Suction Catheter		
HME filter : A / (P) / (N)	1+1	—	Rapid vicryl 3-0, 4-0	2+2	—	Feeding Tube		
Syringes : 10 cc	10	3	9915	1	1	Vaccum Suction Set		
05 cc	10	3	Gloves			Surgical Gloves		
02 cc	10	2	6, 6½, (7), (7½)	2+2	1+1	Gauze Pack		
01 cc	5	—	PF (6), 6½, (7), (7½)	2+2	1+1+1	Syringe 1ml / 2ml		
Cautery plate : A / (P) / N	01	1	Surgical blade 11, 15	1+1		Surgical Blade # 20		
IV set	01	1	NG tube			Koochies (S)		
RL	01	1	Cautery pencil 1	1	1	NS 500ml	1	1
NS : (10ml) / (100ml) / 500ml / 1000ml	5+1	1+1	Koochies			Tramadix	1	1
Mini spike	01	1	Ointments			10cc, 5cc, 2cc	1+1+2	—
Gloves	03	2	Suction Catheter			Jelly	1	1
Fentanyl	01	1	Cap, Mask	5/5	10/10	Camera Cover	1	—
Morphine			Gauze Pack	5+5	5+1			
Ketamine			Mop Pack	1	1			
Propofol	03	1	Steristrip					
Rocuronium	01	—	Underpad	1	2			
Glycopyrolate	01	1	Draw sheet	1	0	Midaz	01	1
~~Myopyrolate~~ +Neo	02	—	Abgel			Nasal Airway 12, 14	1+1	—
Ondansetron	01	1	Foleys catheter			Oral Airway 00, 0	1+1	—
Pencan 25g / (Spinal Needle 22)	01	1	Urobag			IV cannula 22, 24	1+1	—
Bupivacaine 0.25%	01	1	Chest Drainage Catheter			Soft Role 4, 6	2+2	—
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics O2 mask (P)	01	1 —	Bandage					
EtCO2 N (P) (N)	01+1	1	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	1			
Justin : (12.5 mg) / (25mg) / 100mg	1+1	—	Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
Vecuronium	01	1	Microshield	1	1			
Dexa +Dexmide	1+1	—	Cotton Balls	1	1			
Tranexa +Pcm	1+1	0+1	Latex Gloves	1	20			
Gloves (8) +Elbow	5+1	1+0	Ramdione Scrub					
Room +Room 3cc	1+1	1 —	Saral					

Surgeon   Anaesthesiologist   Nurse   OT Technician

Order No. : 969603)   Ordered by : ....

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

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BirthRight
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5:35pm

This FC as per Laparoscopic Preop

ESTIMATION SLIP

Date : 01/Jul/26 UHID / IP No. : TJAH.100660226 Sl No. 81020

Name of Patient : Mast. Sayaan D Age: 1y/9m Gender: M.

Father's / Husband's Name : Mr Krishna Teja Corporate / Occupation : Virtusa

Address : ____________ Phone : 7207282887 Email: ____________

Procedure / Plan : Left Open Herniotomy (or) Laparoscopic Left Herniotomy

MODE OF PAYMENT : ☐ SELF ☐ TPA : ____________ ☐ GIPSA: NA/ OTHERS National

TARIFF INFORMATION : Dr. Nabeel Alam

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
(Per Day) Room Rent & Nursing Charges				2 Nts	—NA—					
Doctor's Fee				[illegible]						
L. Tax				[illegible]						

PARTICULARS	AMOUNT (₹)		
Surgeon's / Anesthetists's Fee / O.T. Charges	→ in pkg		
O.T. Consumables	→ 8500/-	Subject to approval by TPA / Insurance Company	
Instrument Charges Laparoscopic	→ in pkg	→ Not Covered by TPA / Insurance company	
Pharmacy, Consumables & Investigations	extra	As per actual - Not Included in Estimation	
Equipment Charges	Monitor :	Oxygen :	Infusion pump / Syringe pump :
	Ventilator : Conventional :	HFO-SLE 5000 :	HFO Sensormedix :
	Phototherapy : Single Surface :	Double Surface :	Triple Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	extra Pvt As per actual - Not Included in Estimation		
Package PPNG 11-A	96,700/-		
Others			
Initial Minimum Deposit	→ Rs. 15,000/ & found clear 1 day OT Adv. 5000/-		

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. → Higher as applicable
4. Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
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. Amount all fa/or A [illegible] cycle. PAC/Shift/ [illegible]
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. Ptal default & higher as 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 Krishna Teja 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

(Obeidullah)

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

Rainbow Children's Hospital

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 : IP5-00176191 **Admit Date** : 10-Jul-2026 **Admit Time** : 08:02 AM **UHID** : BAH-00660236

Patient Details :

Patient Name	: Master SIYAAN CHOLA DEVANI	**Age**	: 1 Y 9 M 24 D
Guardian	: Mr KRISHNA TEJA DEVANI	**DOB**	: 16-09-2024 05:40 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: #FLAT NO 312, VINDHYA APTS, Ameerpet X Road Hyderabad Telangana INDIA 500016	**Phone No**	: 7207282882/ 9441073004
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 405 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 405 **Admission Type** : First Visit

Contact Details :

Name : Mr KRISHNA TEJA DEVANI **Relationship** : Father

Contact Address : #FLAT NO 312, VINDHYA APTS, Ameerpet X Road Hyderabad Telangana INDIA 500016 **Phone No** : 7207282882 / 9441073004

Signature

Doctor Details :

Doctor Name : Dr. NABEEL ALAM QADRI **Specialisation** : PEDIATRIC SURGERY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

BAH-00660236 IP5-00176191
Master SIYAAN CHOLA DEVANI
16-09-2024 1 Y 9 M 24 D (M)
Dr. NABEEL ALAM QADRI

Name :_____

UHID N _____Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/7/26	8:30 am	ER	OT	Keerthi
10/7	12pm	OT	30 C	Dept

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
10/7	CBP	8883	Venkat

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/7	IV placement PAC op	1	5705	Venkat

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ BAH-00660236 IP5-00176191
Master SIYAAN CHOLA DEVANI
16-09-2024 1 Y 9 M 24 D (M) _____
Dr. NABEEL ALAM QADRI

UHID ID: _____ _____

Department: _____

Consultant: _____

BAH-00660236 IP5-00176191
Master SIYAAN CHOLA DEVANI
16-09-2024 1 Y 9 M 24 D (M)
Dr. NABEEL ALAM QADRI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Bleeding infection.

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

CBP
NIB
sagar
10/7/26
8:20 AM

Planned Management

- NPO
- IV fluids - DNS

NIB
sagar
10/7/26
8:20 am.

Signature of the Doctor: .....
Name of the Doctor: Dr. Nandan
Date & Time: 10/7/26, 8 AM

Signature of the Consultant: .....
DR. [illegible] BAGGA
Name of the Consultant: Dr. Nabeel A.Q
Date & Time: 10/7/26 10:20 AM

BAH-00660236 IP5-00176191
Master SIYAAN CHOLA DEVANI
16-09-2024 1 Y 9 M 24 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 4:19 PM	c/s/B Dr. Malika / Dr. Shreeja.	
	POD - (1) (LP) Open Herniotomy.	Adv
	No fever spikes Vitals stable	1) Full feeds
	L/E - dressing intact.	2) Plan discharge ~~today~~ tomorrow.
	→ passed urine	noted by Likitha 10/7/26 @ 8pm
	DR. NITASHA BAGGA Registration No: 66260	Malika. 10/7/26 4:19 PM
	10/7 6pm	
	c/s/B Dr. Malika / Dr Nikeeta	
11/7/26 8:30a	POD-1	
	Child active Accepting feeds. O/E - Afebrile Vitals - stable P/A - soft Dressing - intact	Adv - Full feeds as tolerated - Plan d/c today.
		Dr Nikeeta 11/7/26 8:30a

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00660236 IP5-00176191
Master SIYAAN CHOLA DEVANI
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RESULT SHEET

Date	10/7					
Time						
Hb	11.4					
PCV	35.1					
RBC	4.89					
WBC						
N/L						
Platelets	258					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00660236 IP5-00176191
Master SIYAAN CHOLA DEVANI
16-09-2024 1 Y 9 M 24 D (M)
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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ 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 : Dr. Nandan

Date & Time : 10/07/2026, 8 AM

Nurse Name & Signature: Sagar

Date & Time : 10/7/26 @ 8:30 am

BAH-00660236 IP5-00176191
Master SIYAAN CHOLA DEVANI
16-09-2024 1 Y 9 M 24 D (M)
Dr. NABEEL ALAM QADRI

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DRUG CHART

Date of Admission: 10/07/2026 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

16-09-2024 1 Y 9 M 24 D (M)
Dr. NABEEL ALAM QADRI

VERIFIED

REGULAR PRESCRIPTIONS

Weight. 10.27 kg Ward. ....

DRUG : INJ PARACETAMOL				Date ▸ Time ▾: 10/7, 11/7
Dose: 160mg	Route: IV	Frequency: Q8h	Start Date: 10/7/26 11:06AM	6AM; 2PM; 10PM
Name & Signature of the Doctor Starting the Drugs: Maliha Dr. Maliha				
Additional Instructions: —				
Daily Doctor's Endorsement by a Sign				

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

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

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

BAH-00660236 IP5-00176191
Master SIYAAN CHOLA DEVANI
16-09-2024 1 Y 9 M 24 D (M)
Dr. NABEEL ALAM QADRI

Weight. 10.27 kg Ward. .....

	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
10/7/26	8:34AM	INJ CEFAZOLIN	500mg	IV	Mallika	Reena Bapu
11/7/26	8:30am	DULCOLAX SUPPOSITORY	5mg	P/R	Dr Nikhil	

Signature
Name
VERIFIED BY :

BAH-00660236 IP5-00176191
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I.V. FLUIDS CHART

Weight. 9.8 Kg. Ward. .....

		n 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
10/7/26	BAM	I V F. D N S	I V	40 ml/hr	[signature]		Not commenced		

Signature .....

VERIFIED BY : Name .....

BAH-00660236 IPS-0017/6191
Master SIYAAN CHOLA DEVANI
16-09-2024 1 Y 9 M 24 D (M)
Dr. NABEEL ALAM QADRI

10/7/26

Docu.No. : RCHBH/ FRM / CLINICAL / 127

1-5 yrs

TEENAGE (~~12 +~~ years)
Children's Observation & Early Warning Scoring Chart

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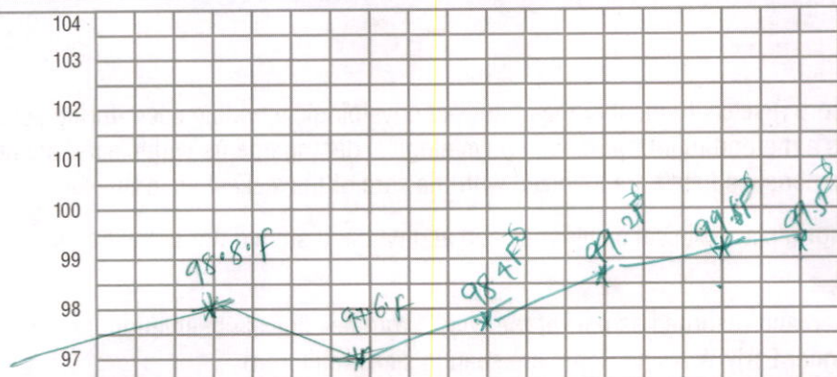
EARLY WARNING SCORE: CHILDREN'S UNIT

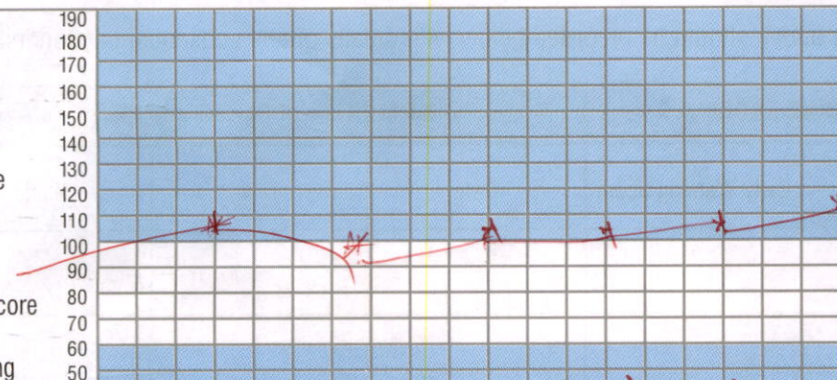
Date : ..... Time:	1pm	7pm	9pm	12am	3am	6am
Doctor / Nurse / Family Concern?						

Temperature (F)



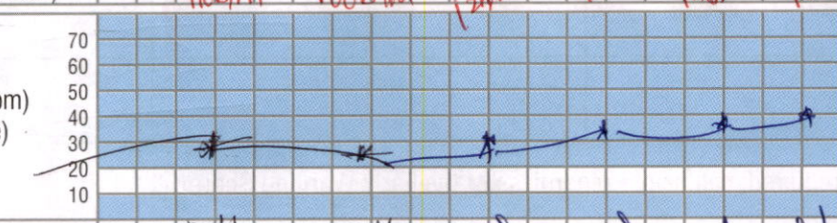
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	110b/m	100b/m	120bpm	118bpm	124bpm	124bpm

Resp. Rate (bpm) (Over 1 Minute)



Resp Rate (Number)	24b/m	24b/m	28bpm	31bpm	40bpm	42bpm
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	99%	99 %	98%.	99%.	97%.	98%.
Conscious Level: Normal / Altered						
GCS *	(4/5/5)	(4/5/5)	(4/5)	(4/5)	(4/5)	(5/5)
TOTAL SCORE Number of shaded boxes	0	6	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[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.

* 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.

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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

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)

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10/7/26

FLUID CHART

Sheet No. : 1

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

Date	Time	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
10/7	08:00 am										0	
	09:00 am										0	
	10:00 am											
	11:00 am		H2O	—			—	—	—			
	12:00 pm											
	01:00 pm											
Total Intake :									**Total Output :**	U:-0		m:0
	02:00 pm		H2O								0	
	03:00 pm										0	
	04:00 pm						NP				0	
	05:00 pm		H2O								0	
	06:00 pm										0	
	07:00 pm		H2O								0	
Total Intake :									**Total Output :**	U:3		m:0
	08:00 pm										0	
	09:00 pm		H2O								0	
	10:00 pm						NP				0	
	11:00 pm		H2O								0	
	12:00 am										0	
	01:00 am		H2O								0	
Total Intake :									**Total Output :**	U-3		M-0
	02:00 am										0	
	03:00 am		H2O								0	
	04:00 am						NP				0	
	05:00 am		H2O								0	
	06:00 am										0	
	07:00 am		H2O								0	
Total Intake :									**Total Output :**	U-2		M-0

Total 24 hrs. Intake	
Total 24 hrs. Output	U-8- M-0

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FLUID CHART

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Sheet No. : 7 17/26

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							
	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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NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 10/7/26

Assessment: Acute pain related during procedure

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8:00 AM	# Assess the pt General Condition.	8:30 AM	# Assessed the pt General Condition.	pt is Conscious & oriented
10:00 AM	# Relieve pain & Discomfort	10:30 AM	# Relieved pain & Discomfort	# vital stable
12:00 pm	# monitor vital signs	12:30 PM	# monitored vital signs	# No bleeding
3:00 PM	# monitor for bleeding	3:30 PM	# monitored for bleeding	# maintained
6:00 PM	# maintain I/O chart	6:30 PM	# maintained I/O chart	# No Vomiting
8 PM	# maintain NPO status	8:40 PM	# NPO broken, water given	# Supported
	# pt shift to the ward		# Provided Psychological Support	# shifted
			# pt shifted to the ward	

Re-Assessment: Re-assent done

Special Notes: Nil

Nurse Signature: ..... Nurse Name: ..... Date & Time: 10/7/26

Docu. No: RCHBH /FRM / CLINICAL / 148

NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 10/7/25

Assessment: patient is having discomfort & pain

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the patient General condition	8:50pm	→ Assessed the patient General condition	r/o patient is Stable
10pm	→ Administer medication as per Chart	10:50pm	→ Administered medications as per Chart	
12am	→ Maintain fluid Balance	12:50am	→ maintained fluid Balance	
3am	→ Monitor vital Sign	3:30m	→ monitored vital Sign	
4am	→ Ensure safety	4:50am	→ Ensured safety	

Re-Assessment: Re-Assessment done every 3rd hourly

Special Notes: NIL

Nurse Signature: ..... Nurse Name: Sruthy Date & Time: 11/7/25@8am

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Nabeel Department: OT Date of Admission: 10/7/26

SITUATION	Diagnosis: Herniotomy U/L	Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:

BACKGROUND	Area / Shift Time	E1 / 8:30 am	OT / 8am-4:30 pm	3rd floor / 8pm-8am	3rd floor / 8pm to 6am		
	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98°F	98.6°F	97.1°F	98.1°F		
	Res:	30b/m	25b/m	30b/m	30bmt		
	SpO_2:	100%	100	99%	100%		
	Pulse:	125b/m	116b/m	120b/m	117b/m		
	BP:	90/70	84/42	90/66	110/71		
	Fall Risk Score:	12	12	12	12		
	Pain Score:	0/10	1/10	0/10	0/10		
Recommendations	Safety Needs:	✓	yes	yes	side rails		
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	NA	NA	NA	NA		
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA	NA		
Post Operative Procedure Special Orders:		NA	NA	NA	NA		
Handed Over By Name :		Cuthi	[illegible]	Lucia	[illegible]		
Signature :		[signature]	[signature]	[signature]	[signature]		
Date:		10/7/26	10/7/26	10/7/26	11/7		
Time:		8:30 am	8pm	8pm	6AM		
Taken Over By Name :		Teena	Lucia	Sneha	[illegible]		
Signature :		[signature]	[signature]	[signature]	[signature]		
Date:		10/7	10/7/26	10/7/26	11/7/26		
Time:		8:30 am	12 pm	8pm	8A		

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 10/7	DATE 11/7	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4			
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2			
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1			
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1			
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
	TOTAL		12	12			

Intervention : -Fall Risk : Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	Yes			
	Call device within reach		✓	Yes			
	Wheels Locked		✓	Yes			
	Room free of clutter		✓	Yes			
	Adequate Lighting		✓	Yes			
	Wheel Chair Support		✓	NO			
	Other Intervention(s) Specify		✓	NO			
	Nurse's Name :		Preeti	Sneh			
	Signature :		Pi	Sn			
	Date :		10/7	11/7			
	Time :		7am	8am			

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BRADEN 'Q' SCALE

					Date : 10/7	11/7		
					Time : ~~7AM~~	8am		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4		
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4		
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4		
				TOTAL SCORE	23	28		
				Evaluator's Name	Neetu	Gary		

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

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

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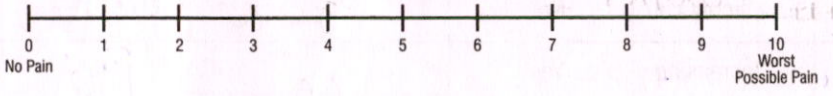
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/7/26	7am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Keerthi
10/7	1PM	1/10	SS	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
10/7	2pm	1/10	SS	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	BNS.PCM given	Usha
10/7	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Usha
10/7	7pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Vicodin
10/7	10pm	2/10	Surgical side	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	INJ PCM given	Sneha
10/7	11pm	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Sneha
11/7	6am	2/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	INJ PCM given	Yamuna
11/7	9am	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Yamuna
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline $SaO_2$76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

BAH-00660236 IP5-00176191
Master SIYAAN CHOLA DEVANI
16-09-2024 1 Y 9 M 24 D (M)
Dr. NABEEL ALAM QADRI

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CHECKLIST FOR THROMBOPHLEBITIS

10/7/26 4/Feb

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0							
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		—	—							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		—	—							
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		—	—							
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		—	—							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		—	—							
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

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

Signature of Ward In Charge :

Signature : ..... Name : Kamali

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Master SIYAAN CHOLA DEVANI (M)
16-09-2024 1 Y 9 M 24 D
Dr. NABEEL ALAM QADRI

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DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: as per Doctor order

2. Destination Post Discharge: ☑ Home
   Family Members Notified (Person Contacted)

   ☐ Transfer
   Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☑ Family Home Care ☐ Home Professional Assistance

   ☐ Needs Assistance In: Remarks

☐ Medication	☑ Yes	☐ No	Yes
☐ Bathing	☑ Yes	☐ No	Yes
☐ Eating	☑ Yes	☐ No	Yes
☐ Walking	☑ Yes	☐ No	Yes
☐ Dressing	☑ Yes	☐ No	Yes
☐ Toileting	☑ Yes	☐ No	Yes

4. Nutritional Plan:
   ☐ Dietary Instruction Discussed with the:
   ☐ Patient ☑ Family Member ☐ Others: ....

5. Discharge Planning Discussed with the:
   ☐ Patient ☑ Family Member ☐ Others: ....

6. Patient/Family Educational Plan:
   ☐ Educational Topic/s: medication

   ☐ Patient's Educational Topic/s discussed with the:
   ☐ Patient ☑ Family Member ☐ Others: ....

Nurse Signature: [signature]

Nurse Name: [signature]

Date and Time: 10/7/26 @ 12pm

Docu. No. : RCHBH /FRM / CLINICAL / 191

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: Open / Laparoscopic left Inguinal Herniotomy

Anaesthesiologist: Dr. Tejasvini Surgeon: 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 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: Dr. Tejc
Name: Dr. Krishna Tejas
Relationship with patient: Father
Date & Time: 8/7/2026 5:20pm.

Witness:
Signature:
Name: D. Hemanth
Date & Time: 10/7/26, 8:30 AM

Doctor (who is taking consent):
Signature: Name: Dr. Tejasvini Date 8/7/26 Time: 5:20pm

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 వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

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

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

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

☐ ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
  ☐ 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: .....

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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BAH-00660236 IP5-00176191
Master SIYAAN CHOLA DEVANI
16-09-2024 1 Y 9 M 24 D (M)
Dr. NABEEL ALAM QADRI

Name: Master Siyaan · D Age: 1Y9M Sex: male UHID.No : BAH-00660236

Date: 8/7/2026 Time: 5:20pm Proposed Operation: Left Open / Laparoscopic Herniotomy.

Diagnosis: Inguinal Hernia

B.P / CRT: ..... H.R: ..... Weight: 9.9kg · ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 11.4	Glucose:	Protein:	HIV:	X-Ray:
PCV: 35.1	Urea:	Alb:	HBS Ag:	ECG:
WBC: 9590	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2.58	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History:
CVS : Not significant
RESP :
CNS :
Renal :
Hepatic / GE :
Others :

Diabetes : –

Preterm, Twin NVD
B.Wt: 1.75kg.
NICU admission
H/o Respiratory depression.

Physical Activity: Active. (N) development

Past Anaesthetic History: –

Physical Exam: (N).

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

Lungs : BAE (+)

Heart: S1S2 (+)

CNS: HMF (+).

Pregnant: ☐ Yes ☐ No ☑ NA

Venous Access Site : accessible

Spine Exam for regional : (N).

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 ✓ explained
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions: CBP during Cannulation.

Signature: ..... Name: Dr. Tejaswini

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

Master SIYAAN CHOLA DEVANI
16-09-2024 1 Y 9 M 24 D (M)
Dr. NABEEL ALAM QADRI

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: B.P / CRT: SpO: R.R:

Pre-OP Diagnosis: Left Open Hernia Inguinal Operation: Left Open Herniotomy Last Feed: 2 hrs

Surgeon: Dr. Lavanya Anaesthesiologist: Dr. Tejasvini / Dr. R.C Date: 10/7/26

Technician: Ramu

TIME	10am	10:30	11am	11:30	12pm.
N_2O /AIR /O_2 LPM					
HALO /SO /SEVO					
Drugs:	PROPOFOL Infusion 50mcg/kg/min				
	FENTANYL 50mcg				
FIO_2 / SaO_2	100	100			
$ETCO_2$					
ECG	SR	SR			
Temperature	35.3	35.3			
Urine Output					
Fluids / Blood	RINGER LACTATE 100ml/hr.				

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: (R) LL
☐ Art Site:
☑ EKG Lead 3 leads
☑ Temp Site Skin
☑ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ 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: 10Am.
OP Start: 10:10Am
OP End: 10:50Am
Leave OR: 10:55Am

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 22G R
☐ IV:
☐ IV:

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

☐ Mask ☐ SGA NASAL PRONGS.
☐ 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: left lateral.
Site: Sacral hiatus
Needle Size: 23G(Q) Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: 0.25%.
Bolus: BUPIVACAINE
Infusion: 10ml.
Block Level:
Comments:

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

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

IP5-00176191
Master SIYAAN CHOLA DEVANI 1 Y 0 M 24 D (M)
16-09-2024
Dr. NABEEL ALAM QADRI

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POST-ANAESTHESIA CARE UNIT RECORD

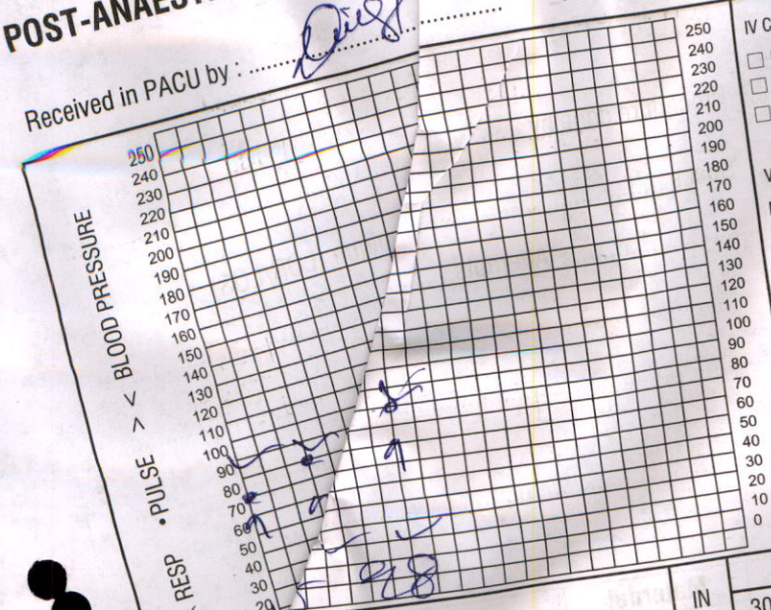
Received in PACU by : ..... Time Received : 11 Am Time Discharged : 12 pm

IV Cannula Site : 22G

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

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

✓ RESP • PULSE > < BLOOD PRESSURE



ANAESTHESIA SCORE (Modified Aldrete Score)

		IN	MINUTES 30	60	90	OUT
ACTIVITY	= 2 = 1 = 0	1	1	1	2	
RESPIRATION	= 2 = 1 = 0	2	2	2	2	
CIRCULATION	= 2 = 1 = 0	2	2	2	2	
CONSCIOUSNESS	= 2 = 1 = 0	1	1	2	2	
COLOR	= 2 = 1 = 0	2	2	2	2	
TOTAL		8	8	9	10	

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

Exceptions to this, are to be explained in the space below by the Discharging Physician:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/7	11Am	1/10	—	

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 : Dr. Sarath

Anaesthesiologist Signature:

Date & Time: 10/7/24 @ 12

PACU Nurse Name :

PACU Nurse Signature:

Date & Time: 10/7/24 @ 12

Transferred to unit by (PACU):

Date & Time: 12 10/7/24

Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

CSE /Spinal /Epidural

Depth: .... Position : .... Space : ....

Parasthesia : Yes/No if yes details : Catheter at Skin: .... Attempts : ... ...chnique (LOR/LOS) ....

Solution Composition : ....

Any other issues :

a) ....

b) ....

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

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

Catheter Removed by and Tip Inspected : ....

Patient Satisfaction : ....

...charge /shifting ordered b...

...ature: ....

BAH-00660236 IP5-00176191
Master SIYAAN CHOLA DEVANI
16-09-2024 1 Y 9 M 24 D (M)
Dr. NABEEL ALAM QADRI

304

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 10/7/26 Time: 9am

Weight: 9.8kg Centile: <5th

Height: 50cms Centile: <5th

Inference: underweight child

RDA: - Calories: 1200kcal/d Protein: 20gm/d

Diet Recommendations: Soft diet

Re-Assesment: Avoid spicy, chilled & outside foods

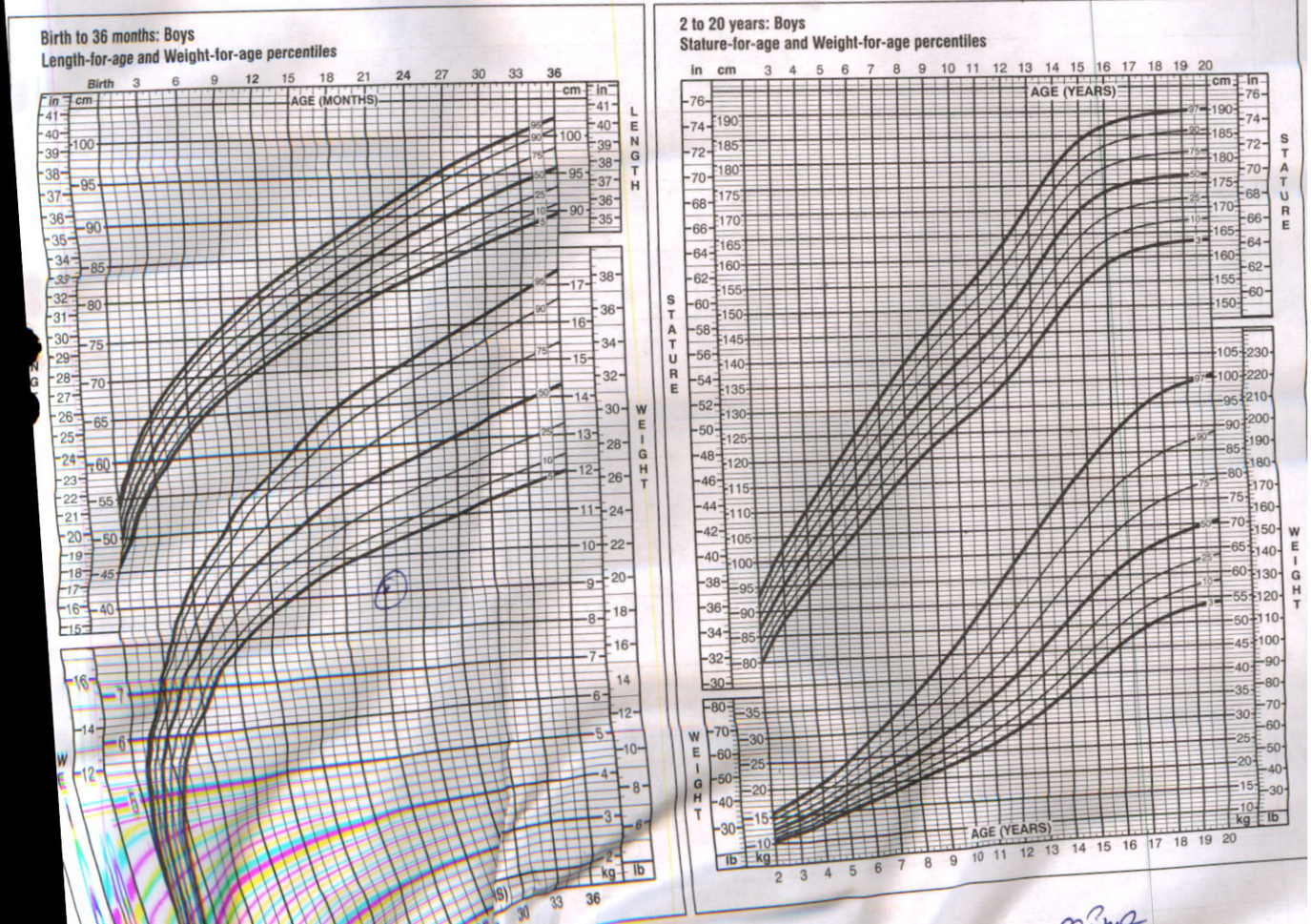
Food Allergies: No Veg/Non-veg veg.

Diagnosis: left open herniotomy

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: D. Binod

GROWTH CHART (BOYS)



Dietician's Signature

(P.T.O.)

RAH-00660236 IP5-00176191
[Patient label: ...SIYAAN CHOLA DEVANI (M), 16-09-2024, 1 Y 9 M 24 D, Dr. NABEEL ALAM QADRI]

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POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : [signature] Time Received : 11 Am Time Discharged : 12 pm

BLOOD PRESSURE ˅ ˄ • PULSE ✓ RESP (chart 10–250)

IV Cannula Site : 22G

☐ O₂ Mask ☐ Tracheostomy ☐ Oral Airway ☐ Nasal Prongs ☐ T-Piece ☐ Nasal Airway

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

IV Fluids: ...

Oral Feeds: ...

...ANAESTHESIA SCORE (Modified Aldrete Score)			IN	30	60	90	OUT
...s voluntary or on command / ...es voluntary or on command / ...ities voluntary or on command	= 2 / = 1 / = 0	ACTIVITY	1	1	1	2	
...e & cough freely / ...d breathing	= 2 / = 1 / = 0	RESPIRATION	2	2	2	2	
...re Anaesthetic leve / ...of Pre Anaesthetic leve / ...f Pre Anaesthetic leve	= 2 / = 1 / = 0	CIRCULATION	2	2	2	2	
...ake / ...ble on calling / ...esponding	= 2 / = 1 / = 0	CONSCIOUSNESS	1	1	2	2	
...k / ...ale, dusky, blotchy, jaundiced, other / Cyanotic	= 2 / = 1 / = 0	COLOR	2	2	2	2	
		TOTAL	8	8	9	10	

SCORING INTERPRETATION

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PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/7	11 Am	2/10	—	[signature]

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

Anaesthesiologist Name : Dr. Sruthi

Anaesthesiologist Signature: [signature]

Date & Time: 10/7/26 @ 12 pm

PACU Nurse Name : [signature]

PACU Nurse Signature: [signature]

Date & Time: 10/7/26 @ 12-1 pm

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 Unit by (PACU): 304

Date & Time 10/7/26 @ 12 pm

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	C
			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-00660236 IP5-00176191
Master SIYAAN CHOLA DEVANI
16-09-2024 1 Y 9 M 24 D (M)
Dr. NABEEL ALAM QADRI

304

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

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Inference: underweight child

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Diet Recommendations: Soft diet

Re-Assesment: Avoid spicy, chilled & outside foods

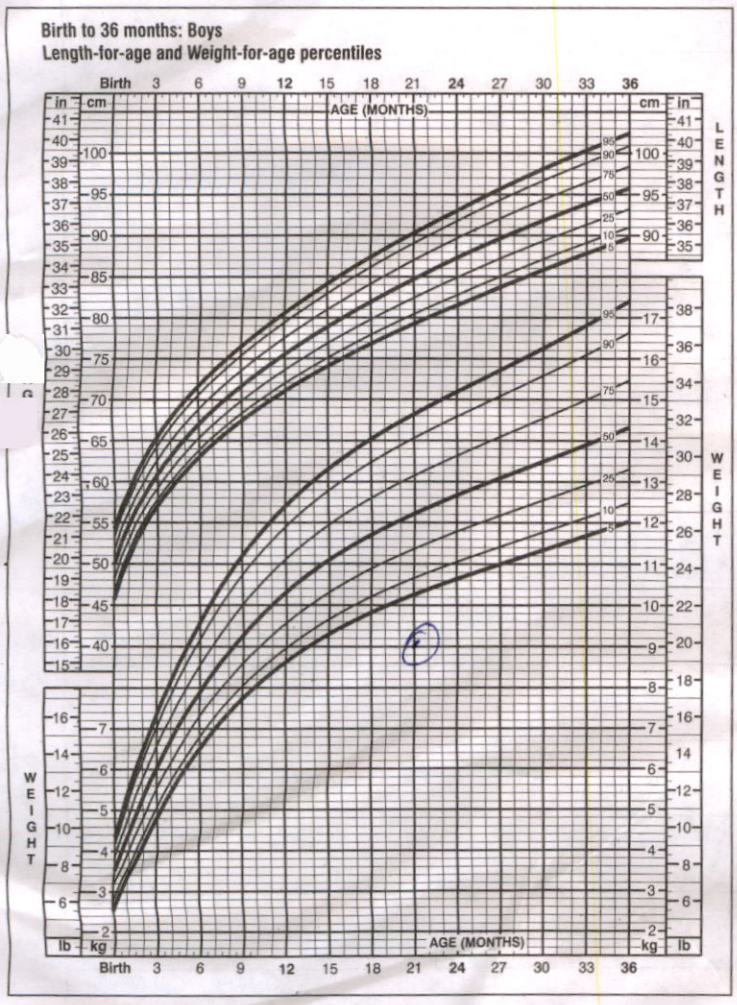
Food Allergies: No Veg/Non-veg veg.

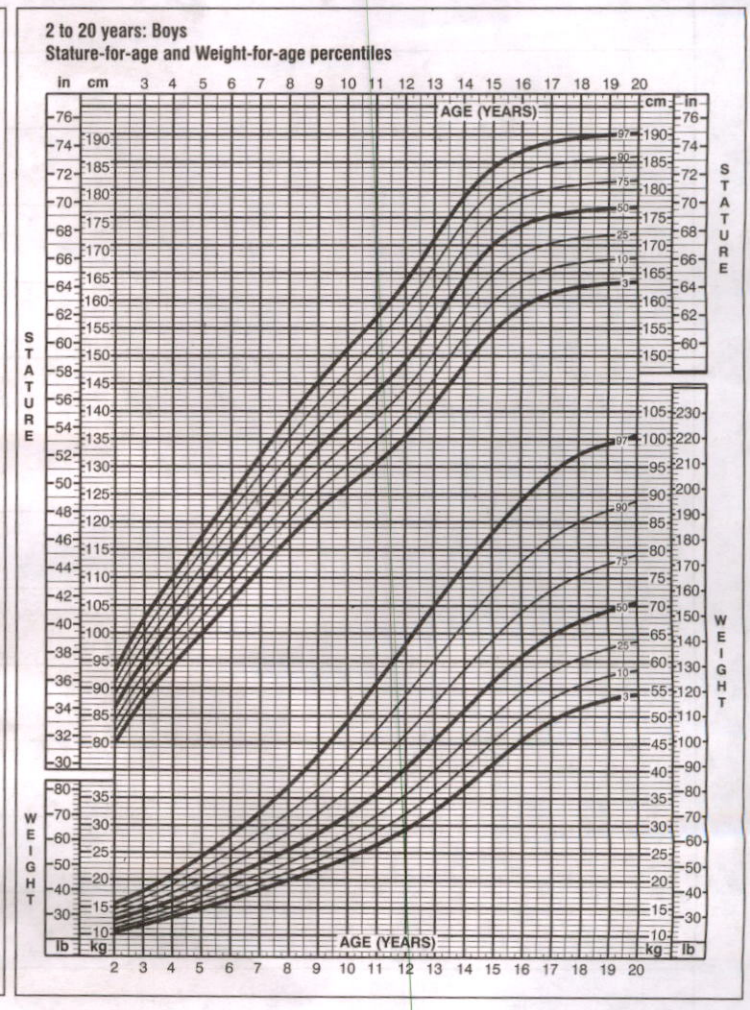
Diagnosis: left open herniotomy

Nutritional Intervention - ~~Oral~~ ☐ Enteral ☐ Parenteral

Patient's Signature: D. Bindu

GROWTH CHART (BOYS)





Dietician's Name Saima

Dietician's Signature Saima

Daily Notes: