

BAH-00623541 IP5-00176748
Master NIRVAAN CHANDEL
16-05-2025 1 Y 2 M 6 D (M)
Dr. MAINAK DEB




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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

812N
Date : 22/7/25
Patient Name: Master Nirvaan Date of Birth: 16/5/25 Age: 1y 2m.
Gender: male Ward : P-UT UHID No.: BAH-00623541
Date of Surgery: 22/7/25 ☐ OT-1 ☐ OT-2 ☒ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2
Name of the Surgery : Chordee Correction

Time in : 9 Am

Time Out : 10:35 Am

	NAME	AMOUNT
1. Surgeon	Dr. Nabeel	
2. Anaesthetist		
3. Assistant Surgeon	Dr. Mainak Deb	
4. OT Technician	Kulsum	
5. Circulating Nurse	Rishi	
6. Assistant Nurse	Sujata	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9716300

Order by: Dr. Mainak Deb

BAH-00623541 IP5-00176748
Master NIRVAAN CHANDEL
16-05-2025 1 Y 2 M 6 D (M)
Dr. MAINAK DEB



Chordee correction
13.8 kg

CONSUMABLES OF OT

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Circ

..... Technician : Date : 29/7 Time :

Anaesthesia Disposables		Qty		Surgical Disposables		Qty		Disposables (Baby Side)		Qty	
Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used
ET tube 4.0, 4.5, 5.0	1H	01		Major Pack <i>Deepu</i>	1	1		Inj Vit.K			
LMA 2	1	-		Sutures Vic (6-0)	2	1		Cord Clamp			
ECG leads : A/P/N	5	03		PDS (6-0) (7-0)	2+2	2		Suction Catheter			
HME filter : A/P/N	1	01		Pralin (5-0)	2	1		Feeding Tube			
Syringes : 10 cc	20	10						Vaccum Suction Set			
05 cc	20	10		Gloves 6 1/2, 7, 7 1/2	A113	-		Surgical Gloves			
02 cc	20	10		P4-6 1/2, 7, 7 1/2	A113	1+1		Gauze Pack			
01 cc	10	01						Syringe 1ml / 2ml			
Cautery plate : A/P/N	1	+		Surgical blade 15	1	1		Surgical Blade # 20			
IV set	1	01		NG tube				Koochies (S) <i>Abbott</i>	1	1	
RL	1	01		Cautery pencil				500ml NS	2	1	
NS 10ml / 100ml / 500ml / 1000ml	4H	1+2		Koochies XL	2	2		Transohix	1	1	
<i>minisplice</i>	1	0		Ointments				<i>10cc / 5cc</i>	2+2	1	
<i>vacuum set</i>	1	1		Suction Catheter				<i>Jelly</i>	1	1	
Fentanyl	1	1		Cap, Mask	10/10	10/10		26G Needle	1	1	
Morphine				Gauze Pack <i>(N/R)</i>	5/5	2+2		Dermi marker	1	1	
Ketamine				Mop Pack	1P	9		Duodenum	1	-	
Propofol	2	1		Steristrip				<i>Protogown</i>	1	-	
Rocuronium	1	1		Underpad	1	1		<i>Ortho splint (1/3)</i>	14/18	1+1	
Glycopyrolate	1	1		Draw sheet	1	1		<i>Oral suction au</i>	10/10	2	
Myopyrolate + <i>Neo</i>	2	2		Abgel				<i>Adrenaline + Atropine</i>	1H	1+1	
Ondansetron	1	1		Foleys catheter				<i>Epinephrine + Atropine</i>	1H	1+1	
Pencan 25g/ Spinal Needle 22	1	1		Urobag <i>cuticle 10x10</i>	1	1		<i>Loxoid + Loxidex</i>	1H	1+1	
Bupivacaine 0.25%	1	1		Chest Drainage Catheter				<i>Oxmed (10mg)</i>	1	-	
Bupivacaine 0.25% (Heavy)				Romodrain bag				<i>pmoline soc</i>	2+2	1	
Antibiotics				Bandage				<i>stoplock</i>	2		
<i>iv pcm</i>	1	1		Tegaderm				<i>soft rolls 4x6 inch</i>	2+2	1	
Suppositories				Ioban				<i>nasal spray</i>		-	
Anamol : 80mg / 250mg / 170 mg				Double J Stent				<i>(18, 20)</i>	1H	+	
Supridol : 100mg				Vaccum Suction set	1	1		<i>oral airway</i>	1H	-	
Justin : 12.5 mg / 25mg / 100mg	1H	1		Plastic Bed Sheet	1	-		<i>(0010)</i>		-	
Tab. Misoprost : 200mg				Betadine Solution	1	1		<i>Nasal prong</i>	1	-	
3way 10 to 100cm	1H	-		Microshield	1	-		<i>etco (P)</i>		-	
Glove and gauze	4H	2+1		Cotton Balls	1	1		<i>epidural kit 18g</i>	1H	-	
Tranexa + tranexa	1H	-		Latex Gloves	10P	10P		<i>tegaderm 2x</i>	1H	-	
<i>O2 mask (P)</i>	1	-		Ramdone Scrub				<i>adrenaline</i>		-	
<i>iv cannula (24)</i>	1H	01		Saral				<i>coz adrenal line</i>	1	1	

Surgeon

Anaesthesiologist

Nurse

Order No. : 9716229

Ordered by : Dr. AUGMENTIN 600mg (1) Dr. Anykuan (1) OT Technician

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

ESTIMATION SLIP

Date: 20/Jul/26 5:25 PM
HID / IP No.: DAH-00623541 SI No. 81212
Name of Patient: Mrs. Nirvan Chandel Age: 24/yr Gender: M
Father's / Husband's Name: M. Jitin Corporate / Occupation: Defoite
Address: Hyl Phone: 8886057766 Email:
Procedure / Plan: Chorionic Connection - 2nd / JW

MODE OF PAYMENT: ☐ SELF ☒ TPA: Jay's Allway ☐ GIPSA: ☐ OTHERS

TARIFF INFORMATION:

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

PARTICULARS

Surgeon's / Anesthetists's Fee / O.T. Charges	AMT: <u>58,608</u> + <u>21312</u> + <u>13000/h</u>
O.T. Consumables	9500
Instrument Charges	Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	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.	As per actual - Not Included in Estimation
Package	
Others	
Initial Minimum Deposit	<u>R. 12000 - 1st fund dues clearing</u>

REMARKS:

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

DECLARATION

I Jitin 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

Signature Relationship

Signature of the Financial Counselor

ADMISSION SHEET



Registration Details :

Admission No : IP5-00176748

Admit Date : 22-Jul-2026

Admit Time : 07:13 AM UHID : BAH-00623541

Patient Details :

Patient Name : Master NIRVAAN CHANDEL

Age : 1 Y 2 M 6 D

Guardian : Mr JITIN KUMAR SINGH CHANDEL

DOB : 16-05-2025 04:18 PM

Gender : Male

Religion :

Occupation :

Martial Status : Single

Address (H) : H NO D407 , APARNA SAROVAR ZENITH
Serilingampally Hyderabad Telangana INDIA
500019

Phone No : 8886057766/ 9310776419

E-mail : JITINCHANDEL@GMAIL.COM

Admission Details :

Bed Type : DAY CARE

Bed No : PRE OP 404

Ward Name : 4F-OT COMPLEX

Room No : PRE OP 404

Admission Type : First Visit

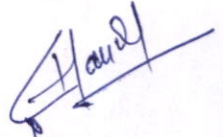
Contact Details :

Name : Mr JITIN KUMAR SINGH CHANDEL

Relationship : Father

Contact Address : H NO D407 , APARNA SAROVAR ZENITH
Serilingampally Hyderabad Telangana INDIA
500019

Phone No : 8886057766 / 9971797793


Signature

Doctor Details :

Doctor Name : Dr. MAINAK DEB

Specialisation : PEDIATRIC SURGERY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : BAJAJ ALLIANZ GENERAL
INSURANCE CO LTD

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

Date of Admission : _____

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

BAH-00623541
Master NIRVAAN CHANDEL
16-05-2026 1 Y 2 M 6 D (M)
Dr. MAINAK DES
IP5-00176748

Consultant: _____ Dept : _____

Date of Discharge : _____ Time: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/7/26	3:45 am	EB	OT	[Signature]
22/7	5 PM	OT	302	[Signature]

Cross Consultation Visit

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

INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

[illegible]**ANY OTHER INFORMATION**

Date :

Time :

Prepared By :

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor



It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Nirvaan Chandel

UHID ID: BAH-00623541 IP5-00176748

Department: Master NIRVAAN CHANDEL

Consultant: 16-05-2025 1 Y 2 M 6 D (M)

Dr. MAINAK DES





Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

no bent penis since birth

History of present illness :

no bent penis since birth

no cold, cough, fever



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Normal transition

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

middle

Developmental History :

appropriate for age

Immunization History :

vaccinated per date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
 Weight (kgs)) 13.16 kgs (Centile _____)

On Examination :

Temperature : afebrile Pulse Rate : 110/min B.P. _____ SP02 92% 2 RA
 Resp. rate and type of breathing : 22/min

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : Bil Ae @ Clear

Any addes sounds : _____

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : S1S2 @

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : soft, NT

Ausculation : _____

Spine : _____

External Genitalia : _____

Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____

Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Chordee for chordee corrector

BAH-00623541
Master NIRVAAN CHANDEL
16-05-2026 1 Y 2 M 6 D (M)
Dr. MAINAK DESB

Neoniatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

complications

Desired goals of the treatment:

hemodynamic stability

Planned Labs:

CBP

ventilator
22/7/26

Planned Management

(1) iv cannula

(2) U - NPO

(3) ivf

(4) Shift to or on call

Signature of the Doctor: Madhu

Name of the Doctor: Madhu

Date & Time: 22/7/26

Signature of the Consultant: Dr. Harish Jayaram

Name of the Consultant: Dr. Harish Jayaram

Date & Time: 22/7/26 8:30 AM

DR. HARISH JAYARAM
Registration No. 66254



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONGRESS NOTES AND DOCTOR'S ORDER

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

Date & Time	Progress Notes	Doctor's Order
23/7/26 8:25 AM	CLs/B Dr. Maliha	
POD - (1)		Adv
No fever spikes Vitals stable		1) Full feeds
P/A - soft passed urine, stool. Dressing - intact		2) Plan discharge today
 Dr. Harish Jayaram 23/7/26 8:40 AM		Maliha 23/7/26 8:25 AM
DR. HARISH JAYARAM Registration No: 66254		

Date of Admission: 22/7/26 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)

[illegible]



REGULAR PRESCRIPTIONS

Weight 13-16 Kgs Ward

DRUG : INJ AUGMENTIN				Date Time	22/7	23/7														
Dose 400mg	Route IV	Frequency Q8h	Start Date 22/7/26	9:37AM	9:30AM	OT														
Name & Signature of the Doctor Starting the Drugs: <i>Malika</i> <i>Dr-Malika</i>				9:37AM	2PM	5PM														
Additional Instructions:					10PM	11PM														
Daily Doctor's Endorsement by a Sign																				
DRUG : INJ AMIKACIN				Date Time	22/7															
Dose 200mg	Route IV	Frequency Q24h	Start Date 23/7/26	9:37AM																
Name & Signature of the Doctor Starting the Drugs: <i>Malika</i> <i>Dr-Malika</i>				9:37AM	10AM	OT														
Additional Instructions: To start from 23/7/26 as first dose given in OT																				
Daily Doctor's Endorsement by a Sign																				
DRUG : INJ PARACETAMOL				Date Time	22/7	23/7														
Dose 200mg	Route IV	Frequency Q8h	Start Date 22/7/26	9:37AM	10AM	OT														
Name & Signature of the Doctor Starting the Drugs: <i>Malika</i> <i>Dr-Malika</i>				9:37AM	2PM	3PM														
Additional Instructions:					11PM	11:30														
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																				



Weight. 13.16 kg Ward.

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
22/7/26	30 min prior to surgery	AMOXICILLIN-AMOXICILLINATE	395mg	IV	SH	BOON Kusum
22/7/26	30 min prior to surgery	AMIKACIN	99mg	IV	SH	Smit Bhatia
22/7/26	9:20 AM	DICLOFENAC	12.5mg	PR	RC	Smit Smit
22/7/26	10 AM	PARACETAMOL	195mg	IV	RC	Smit Smit

Signature
VERIFIED BY : Name

Weight. 13.16 kgs Ward.

[illegible]

VERIFIED BY : Name

BAH-00623541 IP5-00176748
Master NIRVAAN CHANDEL
16-05-2025 1 Y 2 M 6 D (M)
Dr. MAINAK DEB

Patient

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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. Razi

Date & Time : 24/7/25

Nurse Name & Signature: Sudmita

Date & Time : 22/7/26 @ 9:30 am

BAH-00623541 IP5-00176748
Master NIRVAAN CHANDEL
16-06-2025 1 Y 2 M 6 D (M)
Dr. MAINAK DESH



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

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

RESULT SHEET

22/7

Date					
Time					
Hb	12.9				
PCV	37.2				
RBC	4.72				
WBC	11.65				
N/L	19.2/21.7				
Platelets	405				
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.,) :



22/7/26

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	Time:	8 AM	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?					
Temperature (F)	104				
	103				
	102				
	101				
	100				
Heart Rate (bpm)	190				
	180				
	170				
	160				
	150				
	140				
	130				
	120				
	110				
	100				
Blood Pressure (mmHg) *	190				
	180				
	170				
	160				
	150				
	140				
	130				
	120				
	110				
	100				
Heart Rate (Number)	190				
	180				
	170				
	160				
	150				
	140				
	130				
	120				
	110				
	100				
Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
	30				
	20				
	10				
	0				
	0				
	0				
Resp Rate (Number)	70	26	26	22	28
	60				
Resp Mod/ Severe Distress None / Mild	60				
	50				
Receiving O ₂ (l/min) O ₂ Saturations (%)	40	90%	98%	99%	97%
	30				
Conscious Level Normal Altered	20				
	10				
GCS *	0	(E4V5M6)	(E5V6M7)	(E6V7M8)	(E7V8M9)
	0				
TOTAL SCORE	0	0	0	0	0
	0				
Pain Score	0				
	0				
Observer's Initials	0				
	0				

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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



FLUID CHART

Sheet No. :

22/7/26

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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am	H ₂ O										
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm										0	Smr
	03:00 pm	H ₂ O									0	Smr
	04:00 pm										0	Smr
	05:00 pm										0	Smr
	06:00 pm	H ₂ O									0	Smr
	07:00 pm										0	Smr
Total Intake :						Total Output : U-2 M-0						
	08:00 pm										0	Smr
	09:00 pm	H ₂ O									0	Smr
	10:00 pm										0	Smr
	11:00 pm	H ₂ O									0	Smr
	12:00 am										0	Smr
	01:00 am	H ₂ O									0	Smr
Total Intake :						Total Output : U-2 M-1						
	02:00 am										0	Smr
	03:00 am	H ₂ O									0	Smr
	04:00 am										0	Smr
	05:00 am	H ₂ O									0	Smr
	06:00 am										0	Smr
	07:00 am	H ₂ O									0	Smr
Total Intake :						Total Output : U-2 M-1						
Total 24 hrs. Intake												
Total 24 hrs. Output			U-5 M-4									

Patient Sticker

FLUID CHART

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. :

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

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



NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 22/7/26

Assessment: Acute pain & Discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	Assess the pt General Condition	8AM	Assessed the pt General Condition.	pt is Conscious & oriented
11AM	Relieve pain & Discomfort	11AM	Relieved Pain & Discomfort	Reduced Pain
2PM	monitor vital signs	2PM	monitored vital signs	vital stable
	monitor for bleeding		monitored for bleeding	no bleeding
4PM	maintain I/O chart	4PM	maintained I/O chart	maintained
8PM	NPO broken, water given	8PM	NPO broken, water given	no vomiting
	pt shifted to the ward		pt shifted to the ward	shifted

Re-Assessment: Pt is stable

Special Notes: - nil -

Nurse Signature: [Signature]

Nurse Name: Durgal

Date & Time: 22/7/26 CSP

BAH-00623541 IP5-00176748
Master NIRVAAN CHANDEL
16-05-2025 1 Y 2 M 6 D (M)
Dr. MAINAK DEB



NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 22/7/26

Assessment: patient is having Discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8 PM	→ Assess the pt wound condition.	8:30 PM	→ Assessed the pt wound condition.	Patient is stable
10 PM	→ monitor vitals	10:30 PM	→ monitor vitals	
12 AM	→ Administer medication as per chart	12:30 AM	→ Administered medication as per chart	
3 AM	→ maintain I/O chart	3:30 AM	→ maintained I/O chart	
6 AM	→ Ensure safety	6:30 AM	→ Ensured safety	

Re-Assessment: patient is stable

Special Notes: Nil

Nurse Signature: [Signature]

Nurse Name: Sangathe @ 60775

Date & Time: 23/7/26 @ 6 AM



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Mainak Das, Department: OT Date of Admission: 22/7/25

SITUATION	Diagnosis: <u>Chorde correction</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:			
BACKGROUND	Area	<u>ER</u>	<u>OT</u>	<u>2nd floor</u>	<u>2nd floor</u>	<u>2nd floor</u>
	Shift Time	<u>7:30-11:30</u>	<u>8:00-12:00</u>	<u>12:00-4:30</u>	<u>4:30-8:00</u>	<u>8:00-11:30</u>
BACKGROUND	Medical Condition (Any special condition to be noted):	<u>nil</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Allergy:	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
ASSESSMENT	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp: <u>98°F</u> Res: <u>26b/m</u> SpO ₂ : <u>97%</u> Pulse: <u>127/m</u> BP: <u>80/42/55</u> Fall Risk Score: <u>15</u> Pain Score: <u>0</u>	Temp: <u>98.6°F</u> Res: <u>25b/m</u> SpO ₂ : <u>98%</u> Pulse: <u>80b/m</u> BP: <u>84/45</u> Fall Risk Score: <u>15</u> Pain Score: <u>1/10</u>	Temp: <u>98.6°F</u> Res: <u>25b/m</u> SpO ₂ : <u>98%</u> Pulse: <u>80b/m</u> BP: <u>80/84</u> Fall Risk Score: <u>15</u> Pain Score: <u>yes</u>		
Recommendations	Safety Needs:	<u>yes</u>	<u>yes</u>	<u>yes</u>		
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	<u>nil</u>	<u>NA</u>	<u>NA</u>		
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	<u>nil</u>	<u>NA</u>	<u>NA</u>		
Post Operative Procedure Special Orders:		<u>nil</u>	<u>NA</u>	<u>NA</u>		
Handed Over By Name :		<u>Susmita</u>	<u>Deep</u>	<u>Sangeeta</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>22/7/25</u>	<u>22/7</u>	<u>23/7</u>		
Time:		<u>7:30am</u>	<u>8:00am</u>	<u>8AM</u>		
Taken Over By Name :		<u>Kalyan</u>	<u>Sangeeta</u>	<u>Besnie</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>22/7</u>	<u>22/7</u>	<u>23/7</u>		
Time:		<u>8:00am</u>	<u>8:00am</u>	<u>8am</u>		

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area Shift Time					
	Medical Condition (Any special condition to be noted):					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ 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
	Others Specify:					
	Special Diet:	☐ 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:					



THE HUMPTY DUMPTY SCALE 22/7/26 23/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	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					
	History of Falls or Infant - Toddler Placed in Bed	4	4	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			15	15			

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 :		Sushmita				
Signature :		[Signature]				
Date :		22/7/26	23/7			
Time :		1:20 PM	5 AM			

CHECKLIST FOR THROMBOPHLEBITIS

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		1	1							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		2	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		3	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		4	4							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		5	5							
Signature of the Nurse				[Signature]									

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 : [Signature] Name : [Signature]

Signature of Ward In Charge :

Signature : [Signature] Name : [Signature]



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/7/26	7:22 AM	0	N.I	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
22/7	10:40 AM	1/10	SS	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	Dr. Singh
22/7	12:00 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Longel
23/7	6 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Longel
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

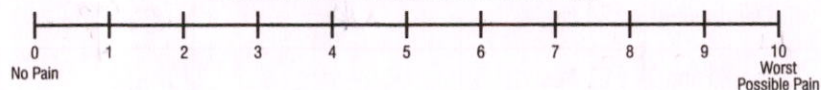
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

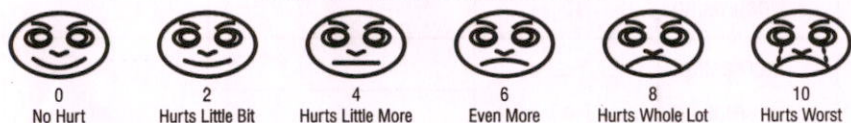
Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



BAH-00623541 IP5-00176748
Master NIRVAAN CHANDEL
16-06-2025 1 Y 2 M 8 D (M)
Dr. MAINAK DESH



BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date: 22/7/2025			
				Time: 7:22am			
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 e: 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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be < 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-1

Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCHBH / FRM / CLINICAL / 119

TOTAL SCORE

Evaluator's Name

28 28

Sumita Singh

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



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Patient's / Learner Language: English Patient / Learner Literacy: ☐ Read ☒ Write ☒ Speak Willingness to Learn: ☒ Yes ☐ No Healthcare Literacy: ☐ Yes ☒ No

Identified Education Needs:

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights | 16. Special Discharge / Follow-up Education / Coping Skills |
| | | | 17. Others |

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
22/7/26	7:22 am	8.	Diagnostic procedures	M	4	0	1	1	—	R
22/7/26	2:30 pm	9	soft diet	M	1	0	1	1	—	same

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify)

Learning Barriers:

1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference	

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
22/7/26	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Chor Lee	Correction	Surgery	Brn	☒ Nursing ☐ Others:
22/7/26 7:22 an	☐ Medical ☒ Nursing ☐ Others:	☐ Initial ☒ Modified ☐ Per-Op ☐ Post Op	Chor Lee	H- Stable	IV fluid	S	☐ Medical ☐ Others:
22/7/26 2:30 pm	☐ Medical ☐ Nursing ☒ Others: dietitian	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	chordae correction	Soft diet	<u>RDA</u> E: 1200 kcal/D P: 20gm/D	Saini	☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:



Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 7:13 Am Mode of Arrival: wheeled chair Admitting From: ☒ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: nil Body Weight: 13.49 Kg

Height: 100 cm

Past Medical History: Obtained From ☐ Patient ☒ Family Member ☐ Medical Record ☐ Other (specify) _____

Past Medical History	Past Surgical History	Previous Hospital Admission
nil	nil	nil

Family History: nothing significant

..... the child or close family member had recent contact with a communicable disease? ☐ Yes ☒ No

If yes please list,

Was the child's birth normal? ☒ Yes ☐ No If No, please describe problems:

Are the child's immunization up to date? ☐ Yes ☒ No

Current Medication: ☒ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: 13.49 Length: _____ Head Circumference (< 2 years): _____

Temp.: 98.6 HR: 84 RR: 22 BP: 84/45

Pain Score: 0/10 Specify Site: _____ (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☒ Yes ☐ No Score: 1 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 24) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☒ Yes ☐ No If Yes, Pain Score: 0/10 Pain Tool Used: ☐ N Pass ☒ FLACC ☐ Wong Baker

Character of Pain _____ Location _____ Frequency _____ Duration _____

FUNCTIONAL SCREENING:

- ☒ No Abnormalities Detected
- ☐ Mobility Problem ☐ Walking Problem
- ☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

- ☒ No Abnormalities Detected
- ☐ Underweight ☐ Overweight ☐ Special Feeding Method
- ☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening:

- ☒ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☐ No

If Yes Consultant Notified: (Date/Time):

Cultural & Spiritual Needs: ☐ Yes ☐ No if Yes specify Inform consultant for positive criteria.

Social History: Lives With

Siblings in household ☐ Yes ☒ No (if yes How Many?)

All Information Obtained From ☐ Patient ☒ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

- Call Bell in Reach: ☐ Yes ☒ No Waste Disposal Explained: ☐ Yes ☐ No
- Infusion Pump: ☐ Yes ☒ No Hand hygiene Explained: ☒ Yes ☐ No ☐ Others
- Patient Rights & Responsibilities: ☐ Yes ☐ No

Information given to *mother*

Nurse Signature: *[Signature]*

Nurse Name: *[Signature]*

Date: *22/7/26*

Time: *8:20 AM*



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 CHORDEE CORRECTION

2

I acknowledge the following:

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

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
① Resolution of symptom ② Correction of anatomy	

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, need for redo surgery
- b.

I authorize Dr. Mainak Deb and his / her team to perform the procedural sedation upon the patient / myself.

- I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: [Signature]

Name: Jitin Chandel

Relationship with patient: Father

Date & Time: 22/7/26 8:45

Witness:

Signature: [Signature]

Name: Nihar

Date & Time: 22/7/26 8:45

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Alkhish

Date 22/7/26 Time: 8:40

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్బో చైల్డ్రెన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స (లు) / ప్రాసీజర్ (లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నిక్ పదాలు వాడబడ్డ మలయు భాశ స్థలం వదిలివేయకండి)

1

2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

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

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

a.
b.

4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్ ను చేయడానికి నేను అనుమతిస్తున్నాను.
5. వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ 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:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. mainak
Asst. Surgeon : Dr. Ravi
Anaesthetist : Dr. Ravi
Scrub Nurse : S. J. A. S.

Patient Name : ms. N. N. N. Age : 14 Gender : M
UHID No. : 623541 Surgery Name : Chordee correction
Date : 22/7/26 In-time : 9 AM Out-time : 10:35 AM

BAH-00623541 IP5-00176748
Master NIRVAAN CHANDEL
16-06-2026 1 Y 2 M 6 D (M)
Dr. MAINAK DES


Before Induction of Anaesthesia >>

SIGN IN		Time: <u>9:30 AM</u>
Patient Has Confirmed		
Identity	☒ Yes ☐ No	
Site	☒ Yes ☐ No	
Procedure	☒ Yes ☐ No	
Consent	☒ Yes ☐ No	
Site Marked	☒ Yes ☐ No ☐ NA	
Anaesthesia Safety Check Completed	☒ Yes ☐ No	
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No	
Does Patient have a:		
Known Allergy?	☐ Yes ☒ No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	☐ Yes ☒ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	☐ Yes ☐ No ☒ NA	
Blood Units Reserved	☐ Yes ☐ No ☒ NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?		
	☐ Yes ☒ No ☐ NA	
Signature : <u>Ravi</u>		
Name : <u>Ravi</u>		

Before Skin Incision >>

TIME OUT		Time: <u>9:24 AM</u>
Confirm all team members have introduced themselves by Name and Role		
☒ Yes ☐ No		
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm		
Correct Patient (Check ID Band)	☒ Yes ☐ No	
Correct Site	☐ Yes ☒ No	
Correct Procedure	☐ Yes ☒ No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>2hr, 10ml</u>		
☐ Yes ☒ No ☐ NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☐ Yes ☒ No ☐ NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA		
Is Essential Imaging Displayed?		
☐ Yes ☒ No ☐ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No		
Signature : <u>Ravi</u>		
Name : <u>Ravi</u>		

Before Patient Leaves Operating Room

SIGN OUT		Time: <u>10:35 AM</u>
Nurse Verbally Confirms with the Team:		
The Name of the Procedure Recorded	☒ Yes ☐ No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☒ Yes ☐ No ☐ NA	
The Specimen is Labelled (including patient name)	☐ Yes ☐ No ☒ NA	
Whether there are any Equipment Problems to be addressed	☒ Yes ☐ No ☐ NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient? ☒ Yes ☐ No		
Signature : <u>Dr. N. N. N.</u>		
Name : <u>Dr. N. N. N.</u>		

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst. Surgeon :
Anaesthetist :
Scrub Nurse :

Patient Name : Age : Gender :
UHID No. : Surgery Name :
Date : In-time : Out-time :



Before Induction of Anaesthesia ➤ ➤

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

Before Skin Incision ➤ ➤

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

Before Patient Leaves Operating Room

SIGN OUT	Time:.....
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	☐ Yes ☐ No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☐ Yes ☐ No ☐ NA
The Specimen is Labelled (including patient name)	☐ Yes ☐ No ☐ NA
Whether there are any Equipment Problems to be addressed	☐ Yes ☐ No ☐ NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient? ☐ Yes ☐ No	
Signature :	
Name :	

BAH-00623541 IP5-00176748
Master NIRVAAN CHANDEL
16-05-2025 1 Y 2 M 6 D (M)
Dr. MAINAK DEB



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION THEATER NOTES

Patient's Name : Master Nirvaan Chandel Age : 1y Gender : ☒ Male ☐ Female

UHID No. : BAH-00623541 Weight : 13kg Height :

Surgeon : Dr. Nabeel Asst. Surgeon : Dr. Nikitha

Anesthetist : OT Nurse : Sujatha OT Technician :

Pre-Operative Diagnosis: CHORDEE

Surgical Procedure :
CHORDEE CORRECTION

Indications for Surgery :
CHORDEE

Date : 22/7/26 Start Time : End Time :

Pre Operative Preparations:

- 5% betadine

Post Operative Diagnosis: CHORDEE

Peri-Operative Complications:

- Nil-

Operation Notes:

FINDINGS:-

- 1) SPL = 3cm
- 2) Chordee noted at skin level
- 3) 20° Torsion to the left.

Procedure :

- ① Glans ~~stitch~~ stitch taken
- ② Circum coronal incision made on the skin 10mm proximal to coronal sulcus, keeping a good firmit's collar.
- ③ Degloving of penis done, by mobilizing penile skin & dartos fascia completely to the penile base.
- ④ All ventral skin ~~lethery~~ released
- ⑤ Gitter's test done to ~~check~~ confirm correction — No residual chordee noted.
- ⑥ Dorsal prepuce split in midline.

Amount of Blood Loss: ~ 5ml

Blood Transfused (in ML) —

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications: —

- ⑦ Well vascularized dorsal preputial skin flaps rotated & brought ventrally to close the ventral skin defect.
- ⑧ FFs. IFT placed as urinary catheter
- ⑨ Hemostasis secured.

Name of the Surgeon: Dr. Nabeel

Signature of the Surgeon: 

Date & Time: 22/7/26, 10:37 AM



POST-SURGICAL CARE PLAN FORM

Procedure Done: Chordee Correction

Post-Surgical Diagnosis: Chordee

Post-Operative Monitoring Parameters /Frequency:

TPR every 15 minutes for first 1 hour

Wound Care:

Dressing

Drain /Special Lines/Catheters:

—

Special Patient Positioning and Requirements:

—

Nutritional Instructions:

Full feeds once fully awake

When to Start Mobilization:

As early as possible

Special Referrals:

—

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

☐ Yes ☒ No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon
(Signature & Stamp)

Date: 22/7/26 Time: 9:10:35a

Note: Plan of care will be readjusted if necessary.



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 22/7/25

Department : P-5T Duration of Procedure : 3 hrs

Name of Surgeon : Dr. mainak Des Date of Admission : 22/7/25

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☒ Yes ☐ No ☐ Single Dose Antibiotic or ☒ Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☒ Yes ☐ No Name of the Antibiotic : Inj. Augmentin 395 mg	
2.	Hair Removal ☐ Yes ☒ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☐ No	
3.	Patient's body temperature immediately post operation (Recovery Room) 38 °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Bebi Date & Time of antibiotic administration : @ 9:17 AM 22/7/25 Date & Time procedure started : @ 9:17 AM 22/7/25	

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00623541 Master NIRVAAN CHANDEL 16-05-2025 Dr. MAINAK DEB IP5-00176748 (M) 		Date & Time of Admission 22/2/26 @ 7:15pm	Date & Time of Transfer Order 22/2/26 @ 7:15pm
		Transfer Ordered by Dr. mainak	Reason for Transfer post op
From Unit OT	To Unit ICU	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 22	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If Yes, what?	Patient shifted with ID band: Yes ☒ No ☐ If No:	
Number of Imaging Films			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring Dr. mainak		Name of Person Ordered Transfer Dr. mainak	
Patient & Clinical Records Received by : Sumana			
Date & Time of Patient Received : 22/2/26 @ 2:30pm			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

BAH-00623541 IP5-00176748
Master NIRVAAN CHANDEL (M)
16-05-2025 1 Y 2 M 6 D
Dr. MAINAK DEB

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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 orders

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

☐ Bathing ☒ Yes ☐ No

☐ Eating ☒ Yes ☐ No

☐ Walking ☒ Yes ☐ No

☐ Dressing ☒ Yes ☐ No

☐ Toileting ☒ Yes ☐ No

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: 22/7/26

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00623541 IP5-00176748
Master NIRVAAN CHANDEL
16-05-2025 1 Y 2 M 6 D (M)
Dr. MAINAK DES

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Nirvaan Chandel Age: 1y 1m Sex: M UHID.No: BAH-00623541

Date: 20/7/26 Time: 5:00pm Proposed Operation: choirdee

Diagnosis: choirdee correction

B.P / CRT: 13 sec H.R: 112 Weight: 13.2 kgs ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: <u>12.9</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV: <u>37.2</u>	Urea:	Alb:	HBS Ag:	ECG:
WBC: <u>11.65</u>	Creat:	Total Bill:	HCV:	2D Echo:
Plate: <u>405</u>	Na:	Dir. Bill:	Blood group:	Stress/Angio:
PT:	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	
INR:	Mg++:	Amylase:	TSH:	
	Cl-:	SGOT/SGPT:		

Allergies: NIL

Medical History: CVS: LSCS 3.3kgs NO NICU admission

RESP: +10 cold 2 wks back Diabetes: Phototherapy for jaundice

CNS: not now Motor: appropriate

Renal: / Speech: bisyllabic

Hepatic / GE: / Physical Activity: Immunization upto date

Others: /

Past Anaesthetic History: NIL

Physical Exam:

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

Lungs: BDE @ chr

Heart: 61mm

CNS: alert

Pregnant: ☐ Yes ☐ No ☒ NA Venous Access Site: acromioclavicular Spine Exam for regional: (N)

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

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

CURRENT MEDICATIONS	DOSAGE
<u>/</u>	<u>/</u>

Pre-Operative Instructions:

- DVT Prophylaxis: ☒
- NIL ORAL: Water / ORS 2 Hours
Others 6 Hours
- Informed Consent: ☒ Standard ☐ High Risk
- Post Operative Pain Management: ☒ Discussed with Patient
- Other Instructions: CBC on cannulation

3AM
↑
7AM
↑
9AM Lx

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

Change in Patient Condition: ☐ Yes ☒ No		Fasting Status: <u>CONFIRMED</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Physical Status: ☒ Patient Identified		☒ Consent Present																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
☒ Chart Reviewed																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
H.R.:	BP/CRT: <u>22/20</u>	SpO ₂ :	R.R.:																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
Pre-OP Diagnosis: <u>CHORIOE</u>		Operation: <u>CHORIOE COLLECTION</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Surgeon: <u>NABEEL</u>		Technician: <u>KARSON</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Anesthesiologist: <u>RAVI</u>		Date: <u>22/1/20</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TIME</td> <td style="width: 10%;">N₂O (AIR/O₂) LPM</td> <td style="width: 10%;">HALO/SO/SEVO</td> <td style="width: 10%;">Drugs:</td> <td style="width: 10%;">Antibiotic</td> <td style="width: 10%;">Suppository</td> <td style="width: 10%;">Blood Loss</td> <td style="width: 10%;">NOTES</td> </tr> <tr> <td>9:10</td> <td>100</td> <td>100</td> <td>FENTANYL 30</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9:15</td> <td>100</td> <td>100</td> <td>ROCURONIUM 6</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9:20</td> <td>100</td> <td>100</td> <td>PARACETAMOL 195</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9:25</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9:30</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9:35</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9:40</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9:45</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9:50</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9:55</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10:00</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10:05</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10:10</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10:15</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10:20</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10:25</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10:30</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10:35</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10:40</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10:45</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10:50</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10:55</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11:00</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11:05</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11:10</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11:15</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11:20</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11:25</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11:30</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11:35</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11:40</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11:45</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11:50</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11:55</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12:00</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12:05</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12:10</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12:15</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12:20</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12:25</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12:30</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12:35</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12:40</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12:45</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12:50</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12:55</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>13:00</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>13:05</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>13:10</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>13:15</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>13:20</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>13:25</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>13:30</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>13:35</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>13:40</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>13:45</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>13:50</td> <td>100</td> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				TIME	N ₂ O (AIR/O ₂) LPM	HALO/SO/SEVO	Drugs:	Antibiotic	Suppository	Blood Loss	NOTES	9:10	100	100	FENTANYL 30					9:15	100	100	ROCURONIUM 6					9:20	100	100	PARACETAMOL 195					9:25	100	100						9:30	100	100						9:35	100	100						9:40	100	100						9:45	100	100						9:50	100	100						9:55	100	100						10:00	100	100						10:05	100	100						10:10	100	100						10:15	100	100						10:20	100	100						10:25	100	100						10:30	100	100						10:35	100	100						10:40	100	100						10:45	100	100						10:50	100	100						10:55	100	100						11:00	100	100						11:05	100	100						11:10	100	100						11:15	100	100						11:20	100	100						11:25	100	100						11:30	100	100						11:35	100	100						11:40	100	100						11:45	100	100						11:50	100	100						11:55	100	100						12:00	100	100						12:05	100	100						12:10	100	100						12:15	100	100						12:20	100	100						12:25	100	100						12:30	100	100						12:35	100	100						12:40	100	100						12:45	100	100						12:50	100	100						12:55	100	100						13:00	100	100						13:05	100	100						13:10	100	100						13:15	100	100						13:20	100	100						13:25	100	100						13:30	100	100						13:35	100	100						13:40	100	100						13:45	100	100						13:50	100	100					
TIME	N ₂ O (AIR/O ₂) LPM	HALO/SO/SEVO	Drugs:	Antibiotic	Suppository	Blood Loss	NOTES																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
9:10	100	100	FENTANYL 30																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
9:15	100	100	ROCURONIUM 6																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
9:20	100	100	PARACETAMOL 195																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
9:25	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
9:30	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
9:35	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
9:40	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
9:45	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
9:50	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
9:55	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
10:00	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
10:05	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
10:10	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
10:15	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
10:20	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
10:25	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
10:30	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
10:35	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
10:40	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
10:45	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
10:50	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
10:55	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
11:00	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
11:05	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
11:10	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
11:15	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
11:20	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
11:25	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
11:30	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
11:35	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
11:40	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
11:45	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
11:50	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
11:55	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
12:00	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
12:05	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
12:10	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
12:15	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
12:20	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
12:25	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
12:30	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
12:35	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
12:40	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
12:45	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
12:50	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
12:55	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
13:00	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
13:05	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
13:10	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
13:15	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
13:20	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
13:25	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
13:30	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
13:35	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
13:40	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
13:45	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
13:50	100	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: [Signature] Time Received: 10:17 AM Time Discharged: 10:27 AM

BLOOD PRESSURE 250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 PULSE 100 90 80 70 60 50 40 30 20 10 0 RESP 100 90 80 70 60 50 40 30 20 10 0	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site: <u>29/5 (R) UL</u> ☐ 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)			
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0 Activity	IN 1 1 2 2	MINUTES 30 60 90	OUT 1 1 2 2	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:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0 Respiration	2 2 2 2			
BP $\pm$ 20 of Pre Anaesthetic level = 2 BP $\pm$ 20-50 of Pre Anaesthetic level = 1 BP $\pm$ 50 of Pre Anaesthetic level = 0 Circulation	2 2 2 2			
Fully awake = 2 Arousable on calling = 1 Not responding = 0 Consciousness	1 1 2 2			
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0 Color	2 2 2 2			
TOTAL	8 8 9 10			

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
16/5	10:17 AM	1/10	—	[Signature]

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

Anaesthesiologist Name: Ravi

Anaesthesiologist Signature: [Signature]

Date & Time: _____

PACU Nurse Name: [Signature]

PACU Nurse Signature: [Signature]

Date & Time: 16/5 10:27 AM

Reassessment Frequency:

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

Transferred to Unit by (PACU): _____

Date & Time: 16/5 10:27 AM

EPIDURAL ANALGESIA RECORD

Date and Time :

CONSENT FORM FOR ANAESTHESIA

BAH-00623541 IP5-00176748
Master NIRVAAN CHANDEL
16-05-2026 1 Y 2 M 6 D (M)
Dr. MAINAK DEB



Patient Name : Nirvaan Chandel Age : 1y 2m Gender : Male ☒ Female ☐
UHID NO: BAH-00623541 Surgeon Name: Dr. Mainak Deb
Anaesthesiologist : Dr. Subramanyam Operative procedure planned : cholece correction

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 without numbness can be achieved by infusing weak solutions of local anesthetics 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 mellitus ☐ Renal failure
☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Acidosis
☐ Incapacitating Chronic Obstructive Pulmonary Disease ☐ Others : laryngospasm, bronchospasm.

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient the above mentioned operation / Diagnostic / Therapeutic procedures.

I authorize and give consent for anaesthesia ☒ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthesia team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

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, asthmatic reactions, headaches.

I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I 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 in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

I have been explained all my queries in the language understood by me.

Patient / Patient Attendant:

Signature : [Signature]

Name : Jitin Chandel

Relationship with Patient : Father

Date & Time : 20/7/2026 5:00 PM

Witness :

Signature : [Signature]

Name : Nirva Chandel

Date & Time : 20/7/26 5pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Akhila K

Date & Time : 20/7/26 5:00pm



PEDIATRIC SURGERY CHECKLIST

Patient's Name : NIRVAAN CHANDEL Age : 1 yr Gender : ☒ Male : ☐ Female
UHID : BAH-00623541

Diagnosis :

Planned Procedure : Chordee Correction

Operating Time : 2 hrs Expected Stay in Hospital : Ward 2 days PICU 0 days

Type of Admission : ☒ Regular ☐ Day Care ☐ OP Basis Day Care

Reporting for Admission : ☐ Previous Morning ☐ Previous Evening ☒ Same Day 2 Hours Prior

Pre-OP Instructions :

Investigations :

Bowel Wash :

Enema :

Blood Products :

Reserve :

Blood Donation :

Pre-OP Antibiotic (At Least One Hour Prior To Incision)

Injection : AUGMENTIN, Amikacin

Special Equipment / Instructions

☐ C-ARM ☐ STAPPLER ☐ FROZEN SECTION ☐ CYSTOSCOPY ☐ URS SCOPE ☐ HORMONIC

Instruction For Parents

Place of Reporting for Admission - ER (Emergency Room In Lower Ground Floor)

Time of Reporting to ER :

Important : Please be on time as delays may result in postponement or cancellation of surgery

Fasting Instruction:

- 6 hrs prior - all types of solid food and liquids to be stopped
- 4 hrs prior - breast feeds can be given
- 2 hrs prior - water, ORS and Coconut Water can be given

Important : Please follow these instructions correctly for the safety of the operation and for starting the surgery on time : failure to do so may result in postponement or cancellation.

Please Bring All Medical Records including X-Rays, CT Scans / MRI Scans

Doctor's Name : Dr. Mainak

Doctor's Signature : [Signature]

Date & Time : 10/7/26

Doc. No. : RCHBH / FRM / CLINICAL / 221

9154691028
Shaf

BAH-00623541

IPS-00176748

Master NIRVAAN CHANDEL

16-05-2025

1 Y 2 M 6 D

(M)

Dr. MAINAK DES



2:30 AM (Solid)
NPO 5:00 AM (Plain)
water

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

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

EMERGENCY ROOM TRIAGE FORM

Patient's Name: Master Nirvaan Chandel Age: 2y/2m Gender: ☒ Male ☐ Female

Date: 22/7/26 Time of Arrival: 7:01 AM Triage Completion Time: 7:03 AM

Allergies: ☒ No ☐ Yes ☐ Food ☐ Medications ☐ Other (Specify): ☐ Not known any drug Allergies

Source of Information: ☒ Parents ☐ Others (Specify):

Mode of Arrival: ☒ Ambulatory ☐ Wheelchair ☐ Stretcher ☐ Ambulance

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS
Appearance	Work of Breathing	☐ Stable
☒ Normal	☒ Normal ☐ Increased	☐ Unstable:
☐ Sick Looking	☐ Decreased ☐ Gasping / Apnea	☐ Not - Life - Threatening
Circulation / Colour		☐ Life - Threatening
☐ Normal ☐ Abnormal ☐ Bleeding		

Initial Vital Signs: Temp: 98.8 PR: 121b/min BP: 80/42 (65) RR: 26bpm SpO₂: 97% RA

Chief Complaints: came for surgery chordae correction

Triage Classification	CTAS
☐ Level 1: Resuscitation	☐ Immediate
☐ Level 2: EMERGENT: Life or limb threatening	☐ < 15 min
☐ Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4: LESS URGENT: Significant illness but not life threatening	☐ 60 min
☐ Level 5: NON - URGENT: May receive care when convenient	☒ 120 min

NOTE: All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian: [Signature]

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

- Have you had fever (elevated temperature) in the past 2 weeks? ☐ Yes ☒ No
- Have you had cough or a rash in the past 2 weeks? ☐ Yes ☒ No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks? ☐ Yes ☒ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☒ Not applicable

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☐ No
If yes, State Location:
- Are your parents / close contacts at home healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☐ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse: Ramadevi

Signature of Triage Nurse: Ramadevi

Date & Time: 22/7/26 7:03 AM

Docu. No.: RCHBH / FRM / CLINICAL / 085

BAH-00823541
Master NIRVAAN CHANDEL
16-05-2025
Dr. MAINAK DES
1 Y 2 M 6 D
(M)

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 22/7/16 Time of arrival : 7:10 AM
Chief Complaints: Come for procedure Chardee correction RBS: NA
Height : Weight : 13.16 kg BMI : Head Circumference (<2 years) :
Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: /
If yes, identify : NA
Pain Screening: ☒ Yes ☐ No If Yes, Pain Score: 0/10 Pain Tool Used: ☐ N Pass ☒ FLACC ☐ Wong Baker
☐ Character : NA ☐ Location : NA ☐ Frequency : NA ☐ Duration : NA

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years

Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☐ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☐ No
- Uses furniture for support ☐ Yes ☐ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☐ No
- Weak ☐ Yes ☐ No
- Impaired ☐ Yes ☐ No

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

- ☒ Escort while ambulating
- ☒ Assist Patient
- ☒ Educate patient and family on fall precautions/prevention

Functional Screening: ☒ No Abnormalities Detected

- ☐ Mobility Problem
- ☐ Walking Problem
- ☐ Developmental Delay
- ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening: ☒ No Abnormalities Detected

- ☐ Underweight
- ☐ Overweight
- ☐ Feeding Problem
- ☐ Special diet
- ☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☒ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☒ No

If Yes Consultant Notified: NA (Date/Time): NA

Social History: Lives With : parent

Siblings in household ☐ Yes ☐ No (if yes How Many?)

Cultural & Spiritual Needs: ☐ Yes ☒ No if Yes specify : NO Inform consultant for positive criteria.

Time of Initial assessment completed by ER Nurse : 22/7/16 @ 7:10 AM

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
	IV placement done
	Blood Sample collection done

Samples collected by: ghone

Time: 7:30am

Samples sent by :

Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	Details of Shift - out
HR: <u>121/61w</u> BP: <u>80/42</u> CFT: <u><2Sec</u> RR: <u>26b/w</u> SPO ₂ : <u>97%</u> GCS: <u>15/15</u> Temperature : Pain Score: <u>0</u> Repeat RBS (if applicable): <u>Nil</u>	Shift - out from ER to: <u>OT</u> Time of Shift - out: <u>7:47a</u> Handover given to: <u>Kalyan</u> (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any):

IV placement done

Name of the Nurse : Submita

Signature of the Nurse : [Signature]

Date & Time : 28/7/26 @ 7:30am

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00823541 IP5-00176748 Master NIRVAAN CHANDEL (M) 16-06-2026 1 Y 2 M 6 D Dr. MAINAK DES 		Date & Time of Admission 22/7/26 @ 7:13 am	Date & Time of Transfer Order 22/7/26 @ 7:47 am
		Transfer Ordered by Dr. Madhavi	Reason for Transfer Admission
From Unit ER	To Unit OT	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 20	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If Yes, what? <u>op file</u>	Patient shifted with ID band: Yes ☒ No ☐ If No:	
Number of Imaging Films Nil			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	bracelet	①	
2.	kechi	①	
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Dr. Seesmita		Name of Person Ordered Transfer Dr. Madhavi	
Patient & Clinical Records Received by : K. Abhinav 22/7/26 @ 7:50 pm			
Date & Time of Patient Received :			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready



302

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 22/7/26 Time: 2:30pm

Weight: 13.16kg's Centile: >95th

Height: 84cm Centile: >95th

Inference: overweight child.

RDA: - Calories: 1200 Kcal/p Protein: 20gm/p

Diet Recommendations: soft diet

Re-Assesment: avoid spicy, chilled & outside foods.

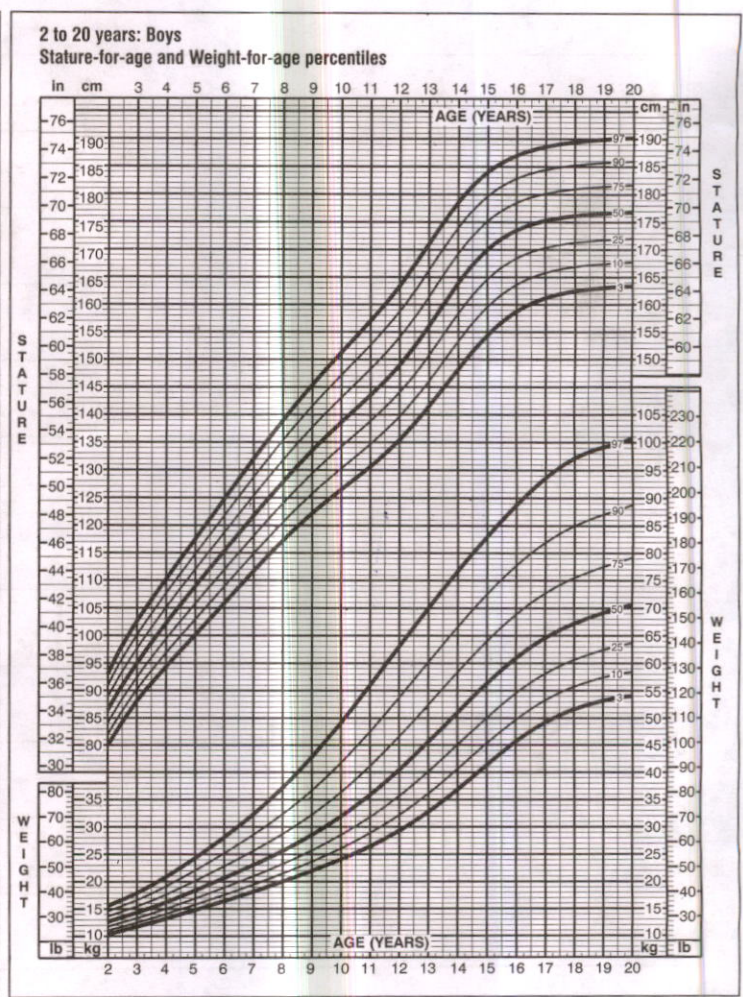
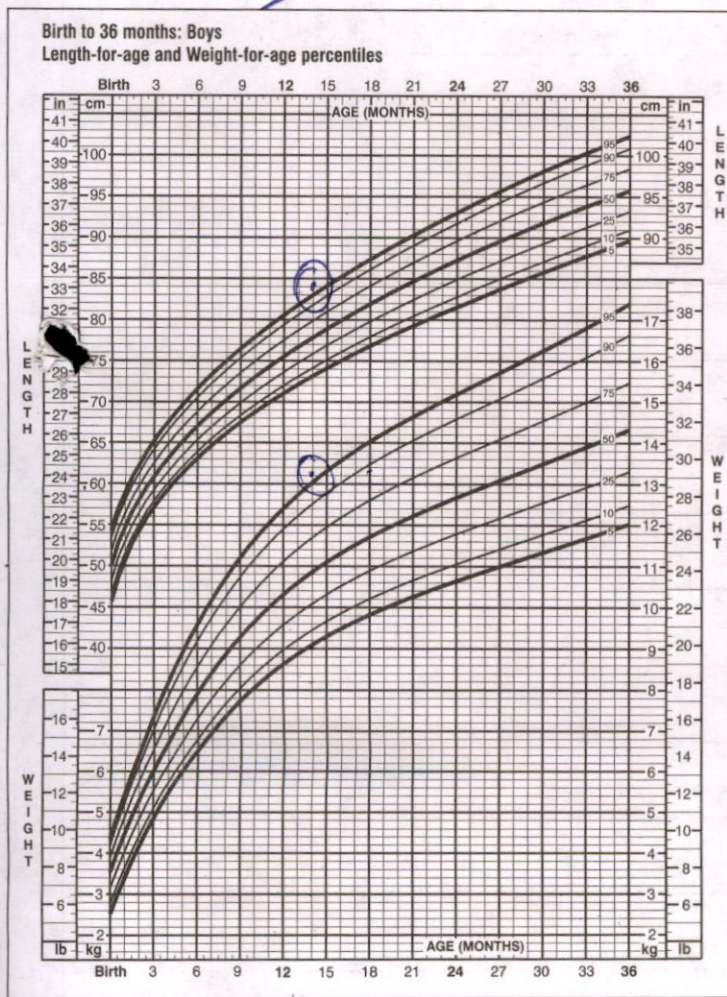
Food Allergies: No Veg/Non-veg Non-veg

Diagnosis: chordae coarctation

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [Signature]

GROWTH CHART (BOYS)



Dietician's Name: Saima

Dietician's Signature: Saima

Daily Notes:

[illegible]