Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00175956 **Admit Date** : 04-Jul-2026 **Admit Time** : 07:55 AM **UHID** : RCWH.0000154801

Patient Details :

Patient Name	: Master MUSTAFA MUNEEB	**Age**	: 14 Y 3 M 27 D
Guardian	: Mr MOHAMMED MUNEEB UDDIN	**DOB**	: 07-03-2012
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 11-3-611, FANI GROUND, L B Stadium Hyderabad Telangana INDIA 500001	**Phone No**	: 9866553611/ 9515954019
		E-mail	: muneebuddin@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 403 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 403 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHAMMED MUNEEB UDDIN **Relationship** : Father

Contact Address : H NO 11-3-611, FANI GROUND, L B Stadium Hyderabad Telangana INDIA 500001 **Phone No** : 9866553611 / 9515954019

Signature

Doctor Details :

Doctor Name : Dr. HARISH JAYARAM **Specialisation** : PEDIATRIC SURGERY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : FAMILY HEALTH PLAN INSURANCE TPA LTD

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____

RCWH.0000154801 IP5-00175956
Master MUSTAFA MUNEEB
07-03-2012 14 Y 3 M 27 D (M)
Dr. HARISH JAYARAM

Consultant: _____ Dept : _____

Date of Admission: __

Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
04/7/26	8:28am	ER	OT	
4/7/26	1:30pm	OT	318	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
4/7/24	CBP	6883	Thomas

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
24/7/26	IV placement PAC op	1	6917	Charan

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Mustafa Muneeb

UHID ID: RCWH.0000154801 IPS-00175956
Master MUSTAFA MUNEEB
07-03-2012 14 Y 3 M 27 D (M)
Dr. HARISH JAYARAM

Department:

Consultant:

RCWH.0000154801 IP5-00175956
Master MUSTAFA MUNEEB
07-03-2012 14 Y 3 M 27 D (M)
Dr. HARISH JAYARAM

Pediatric Multiorgan History & Physical Examination

Name : Mustafa Muneeb Age/Sex 14y/male

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

(R) Inguinal swelling :. 1years

History of present illness :

Apparently asymptomatic 1 year ago,

developed (R) Inguinal swelling :. 1year

reducible

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Master MUSTAFA MUNEEB
07-03-2012 14 Y 3 M 27 D (M)
Dr. HARISH JAYARAM

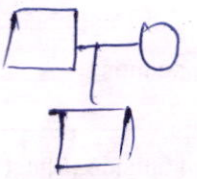
Pediatric Multiorgan History & Physical Examination

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

NOT significant

Birth & Neonatal History:

T. G/ AGA/ CIAB/ NO H/O NICU stay



Birth & Socio Economic History:

About Father :
About Mother : upper middle
Any additional Information :

Developmental History :

(N)

Immunization History :

till date as per IAP schedule

(P.T.O.)

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07-03-2012 14 Y 3 M 27 D (M)
Dr. HARISH JAYARAM

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 50kg (Centile _____)

On Examination :

Temperature : 98.5F Pulse Rate : 94/m B.P. 114/61 SPO2 100%

Resp.rate and type of breathing : 20/m

Rash

Lymphadenopathy –

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : B/L VBS+

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2+

Any murmur :

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

Per Abdomen :

Inspection (N)

Palpation : Non tend

Ausculation :

Spine : (N) External Genitelia : (R) Inguinal swelling

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

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Master MUSTAFA MUNEEB
07-03-2012 14 Y 3 M 27 D (M)
Dr. HARISH JAYARAM

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves : WNL

Motor System:

Nutriton :

Tone: Power 5/5

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars ↓

Sensory System :

WNL

Bladder / Bowel : Regular

Clinical Summary & Diagnostic: R/ Indirect Inguinal hernia c omentum as content for Surgery.

(P.T.O.)

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Master MUSTAFA MUNEEB
07-03-2012 14 Y 3 M 27 D (M)
Dr. HARISH JAYARAM

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: complications

Desired goals of the treatment : Surgery

Planned Labs:

CBP

Planned Management

NPV
IVF
- Shift & O.T on call

Signature of the Doctor: .....
Name of the Doctor: M. Rahul Kumar
Date & Time: 4/7/26

Signature of the Consultant: .....
Name of the Consultant: Dr. Harish
Date & Time: 4/7/26

DR. HARISH JAYARAM
Registration No: 66254

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Master MUSTAFA MUNEEB
07-03-2012 14 Y 3 M 27 D (M)
Dr. HARISH JAYARAM

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	4			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	2			
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart	1			
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
		2			
	Total No. of Pages	30			

Signature and Date :

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

RCWH.0000154801 IP5-00175956
Master MUSTAFA MUNEEB
07-03-2012 14 Y 3 M 28 D (M)
Dr. HARISH JAYARAM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 6:30pm	c/s/o Dr Nabeel	
	POD-0	
	Right open Hernioly	
		Adv
	Child active	(1) Full feeds as tolerated
	Accepting feeds	(2) plan d/c tomorrow
	o/e - Afebrile	
	Vitals - stable	
	P/A - soft	
	Dressing - intact	
	passed urine	
		M.B Sowbhagini
		Dr Nikitha 4/7/26 6:30pm
4/7 6:30pm		

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Master MUSTAFA MUNEEB
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 10 AM	C/S/B Dr. Lavanya	
	POD - (1)	
	No ~~fever~~ spikes	Adv
	Vitals stable	1) Full feeds
	P/A - soft	2) Discharge today
		Malitha 5/7/26 10 AM

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

RCWH.0000154801 IP5-00175956
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Patient

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OPERATION THEATER NOTES

Patient's Name : Master Mustafa Muneeb Age : 14y Gender : ☑ Male ☐ Female

UHID No.: RCWH-0000154801 Weight : ..... Height : .....

Surgeon : Dr. Harish Jayaram		Asst. Surgeon : Dr. Nikitha.
Anesthetist :	OT Nurse: Bikhlai	OT Technician:

Pre-Operative Diagnosis: Right Inguinal Hernia

Surgical Procedure :

Right Open Herniotomy

Indications for Surgery :

Right Inguinal Hernia

Date : 4/7/26	Start Time :	End Time :

Pre Operative Preparations:

Post Operative Diagnosis: Right Inguinal Hernia

Peri-Operative Complications:

Operation Notes: FINDINGS:-

1) Right hernia sac with no contents at time of surgery.

PROCEDURE :-

1) Right lower groin crease incision made. Incision deepened upto subcutaneous tissues. External oblique aponeurosis opened in the line of incision.

2) Findings noted

Amount of Blood Loss: ~1ml | Blood Transfused (in ML) —

Name and Number of Surgical Specimen sent for examination:

—

Peri-Operative Complications: —

3) Sac dissected, doubly ligated at internal ring c 3-0 vicryl; and cut.

4) External oblique aponeurosis closed c Vicryl 3-0 sutures

5) Subcutaneous tissue and skin closed c rapid vicryl 5-0.

Name of the Surgeon: Dr. Harish Jayaram

Signature of the Surgeon: .....

Date & Time: 4/7/26, 10:05 AM

Patient Sticker

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Right Open Herniotomy

Post-Surgical Diagnosis: Right Inguinal Hernia

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: 4/7/26 Time: 10:06 AM

Note: Plan of care will be readjusted if necessary.

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ....ER.......... Shifted to: ....OT..........

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ....[signature]..........

Date & Time : ....4/7/26..........

Nurse Name & Signature: ....Nr. Susmita..........

Date & Time : ....4-7-26 @ 8 Am..........

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Master MUSTAFA MUNEEB
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DRUG CHART

Date of Admission: 4.7.26 .... 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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

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

MUSTAFA MUNEEB
07-03-2012 14 Y 3 M 27 D (M)
Dr. HARISH JAYARAM

REGULAR PRESCRIPTIONS

Weight. 50 Kg Ward. ....

DRUG : Inj PARACETMOL				Date ▸ / Time ▾	4/7	5/7
Dose	Route	Frequency	Start Date			
750 mg	iv	Q8H	4/7/20	6 AM	✓	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature] Dr Nikhil				2 PM	X	
Additional Instructions:				10 PM	[signature]	
Daily Doctor's Endorsement by a Sign						

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

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

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

W. ..50 Kg... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
4/7/26	9:40AM.	Sup. DICLOFENAC	25mg + 12.5mg	PR		
4/7/26.	9:50PM	Inj PARACETAMOL	660mg	IV		

Signature .....

VERIFIED BY : Name .....

I.V. FLUIDS CHART

Weight. 50 Ward. .....

Dat	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
4/7		DNS	I.V	60		N/C			
4/7/26	9:40AM	RINGER LACTATE	IV	440			4/7/26		

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

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
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.,) : .....

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Master MUSTAFA MUNEEB
07-03-2012 14 Y 3 M 27 D (M)
Dr. HARISH JAYARAM

. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

4/07/26

Parameter			
Date : .... Time:	4:30 PM	10pm	6AM
Doctor / Nurse / Family Concern?			
Temperature (F) (scale 94–104)		97.3°F	97.8°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	105 / (70) / 60		
Heart Rate (Number)	100 b/mt	100 b/m	120 b/m
Resp. Rate (bpm) (Over 1 Minute) (scale 10–70)			
Resp Rate (Number)	23 b/mt	24 b/M	28 b/m
Resp Distress: Mod/ Severe			
Resp Distress: None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	98%	99%	100%
Conscious Level: Normal			
Conscious Level: Altered			
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- 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)

Patient Sticker

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Master MUSTAFA MUNEEB
07-03-2012 14 Y 3 M 27 D (M)
Dr. HARISH JAYARAM

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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
8/7	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm		H2O	—		—	—	—	—	—	0	
	01:00 pm		Juice	—		—	—	—	—	—	0	
Total Intake :						**Total Output :**						
9/7	02:00 pm										0	
	03:00 pm										0	
	04:00 pm		H2O								0	
	05:00 pm						NP				0	
	06:00 pm										0	
	07:00 pm										0	
Total Intake :						**Total Output :**	M-0 U-2					
9/7	08:00 pm										0	
	09:00 pm		H2O								0	
	10:00 pm										0	
	11:00 pm						NP				0	
	12:00 am										0	
	01:00 am										0	
Total Intake :						**Total Output :**	M-0 U-1					
9/7	02:00 am										0	
	03:00 am		H2O								0	
	04:00 am										0	
	05:00 am						NP				0	
	06:00 am		H2O								0	
	07:00 am										0	
Total Intake :						**Total Output :**	M-0 U-1					

Total 24 hrs. Intake		Total 24 hrs. Output	M-0 U-5

Patient Sticker

FLUID CHART

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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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 RIGHT OPEN HERNIOTOMY

2 .....

I acknowledge the following:

1. I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
2. 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)
Resolution of right inguinal swelling	

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
b. Infection, Recurrence.

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

Patient / Patient Attendant:
Signature: .....
Name: Muneeb
Relationship with patient: Father
Date & Time: 4/7/26, 9:10 AM

Witness:
Signature: .....
Name: RUDSIA
Date & Time: 4/7/26, 9:10 AM

Doctor (who is taking consent):
Signature: Maliha Name: Dr-Maliha Date 4/7/26 Time: 9:10 AM

Patient Sticker

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శస్త్రచికిత్స / ప్రాసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

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

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

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

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

a.

b.

1. 4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్‌ను 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. Rishi
Asst. Surgeon : Dr. Vikram
Anaesthetist : Dr. Tejasvini
Scrub Nurse : Bivali

Patient Name : Mast. Mustafa Ahmed Age : 14Y Gender : M
UHID No. : 154801 Surgery Name : RP Open Hernia Rt
Date : 4/7/26 In-time : ..... Out-time : .....

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07-03-2012
Dr. HARISH JAYA

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 9:15 AM

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 : Dr. Tejasvini

Before Skin Incision ➤➤

TIME OUT Time: 9:42 AM

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? 1Hr 1ml ☐ 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 : Dinesh

Before Patient Leaves Operating Room

SIGN OUT Time: 10:20 AM

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 : Dr. Harish Jayaram

Patient Stic

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 4/7/26

To Be Filled In By Assigned Nurse :

Department : P.OT Duration of Procedure : .....

Name of Surgeon : Dr. Harish Date of Admission : 4/7/26

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 :	Dingl
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	Dingl
3.	Patient's body temperature immediately post operation (Recovery Room) 37.6 °C ☐ Oral Or ☑ Axilla (Goal : 36-37 °C)	Dingl
4.	Name of doctor or staff administering the antibiotic : — Date & Time of antibiotic administration : — Date & Time procedure started : 4/7/26	Dingl

- 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

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Dr. HARISH JAYARAM

Patient Stick

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80766

SURGERY DETAILS

Date : 4/7/26

Patient Name: master mustafa muneeb Date of Birth: 7/3/12 Age: 14y

Gender: M Ward : P-OT UHID No.: 154801

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

Name of the Surgery : Right Open Herniotomy

Time in : 9:35 Am

PhPL / PV+

Time Out : 10:50 Am

		NAME	AMOUNT
1.	Surgeon	: Dr. Harish Jayaram	SU = 43,200
2.	Anaesthetist	: Dr. Thirasuari	AN = 12,960
3.	Assistant Surgeon	:	OT = 2[illegible],000
4.	OT Technician	: Kulsum	OTC = 7500
5.	Circulating Nurse	: [signature]	
6.	Assistant Nurse	: Bikhali	

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

Signature of the Surgeon [signature]

Signature of Circulating Nurse [signature]

Order No: 9687186

Order by: [signature]

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

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Dr. HARISH JAYARAM

Herniotomy
Opep ol c

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CONSUMABLES OF OT

Circulating staff : .... Technician : .... Date : 4/7 .... Time : 9AM ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube (5.5 . 6.0 . 6.5	1+1	—	Major Pack Drape	1	1	Inj Vit.K		
LMA (3) 4	1+1	01	Sutures (9915)	2	1	Cord Clamp		
ECG leads : (A) (P) / N	5+5	03	Vicryl (20) 30 4.0	2/2+2	1	Suction Catheter		
HME filter : (A) P / N	01	01			1	Feeding Tube		
Syringes : 10 cc	20	6				Vaccum Suction Set		
05 cc	20	10	Gloves 6, (6.5) (7) (7.5)	2+2+2	1+1	Surgical Gloves		
02 cc	20	10	6. 6.5 7 7.5	2+2		Gauze Pack		
01 cc	5	—				Syringe 1ml / 2ml		
Cautery plate : (A) P / N	01	01	Surgical blade (15)	2	1	Surgical Blade # 20		
IV set	01	—	NG tube			Koochies (S)		
RL	01	—	Cautery pencil	1	1	NS 500 ml	1	1
NS : (10ml) / (100ml) / (500ml) / 1000ml	5+01/1+1	2+1	Koochies			Transo Hx	1	1
mic spike	01	0	Ointments			10cc 5cc	1	—
Vaccum set	01	1	Suction Catheter			Jelly	1	—
Fentanyl	01	1	Cap, Mask	10/10	10/10	Diaper	1	1
Morphine			Gauze Pack N+R	2+2	2+2	Derm marker	1	1
Ketamine			Mop Pack	1	—	Fluid shield mask	2	2
Propofol	04	2	Steristrip			D/s Aprons	2	2
Rocuronium	01	—	Underpad	1	1	Proto Gown	1	1
Glycopyrolate	01	1	Draw sheet					
Myopyrolate	01	—	Abgel					
Ondansetron	01	0	Foleys catheter					
Pencan 25g/ Spinal Needle (22)	01	01	Urobag					
Bupivacaine 0.25%	02	01	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag			OA. 2,3	1+1	—
Antibiotics			Bandage			NA. 26,28	1+1	—
IV pcm	01	1	Tegaderm			O2 mask (A)	01	—
Suppositories			Ioban			ETCO2 pad pro (A)	01	—
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Atropine + Adrenaline	1+1	1+1
Supridol : 100mg			Vaccum Suction set	1	—	midaz + eplitine	1+1	1+0
Justin : (12.5 mg) (25mg) (100mg)	1+1	1+1	Plastic Bed Sheet			Cox fely + Loxcard	1+1	1+1
Tab. Misoprost : 200mg			Betadine Solution	1	1	AG + suction	avl	—
Scalp 10cm+100cm	1+1	—	Microshield	1	1			
Gauze + glove all	staff	1+1	Cotton Balls	1	1			
Dexa + Tramax	1+2	—	Latex Gloves	10P	10P			
IV Canula 20,18	1+1	—	Ramdione Scrub					
Q. sta. splint 1/3	1+1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9687215 .... Ordered by : ....

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

3:20 pm

ESTIMATION SLIP

Preappoval (PAB-12)

Date : 13/Jun/26 UHID / IP No. : RCSH.0000154801 Sl No. 80766

Name of Patient : Md. Mustafa Muneeb Age: 14y. Gender: M

Father's / Husband's Name : Mr. Md. Muneebuddin Corporate / Occupation : Clerical Services

Address : ________ Phone : 9866553611 Email: ________

Procedure / Plan : Right Open Herniotomy - DC/1D - 1 Hr. | Jan

MODE OF PAYMENT : ☐ **SELF** ☐ **TPA :** FHPL / Universal Sompo. ☐ **GIPSA:** ________ **OTHERS**

TARIFF INFORMATION : Dr. H. J.

ROOM CATEGORY		GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
(Per Day)	Room Rent & Nursing Charges				16,000/day	-NA-					
	Doctor's Fee										
	L. Tax										

PARTICULARS	AMOUNT (₹)	
Surgeon's / Anesthetists's Fee / O.T. Charges	Rs: (before) 47,520 + (after) 17280 + OT 12000/-	
O.T. Consumables	7800/-	Subject to approval by TPA / Insurance Company
Instrument Charges		Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	extra	**As per actual - Not Included in Estimation**

Equipment Charges	**Monitor :**		**Oxygen :**		**Infusion pump / Syringe pump :**	
	Ventilator :	Conventional :		*HFO-SLE 5000 :*		*HFO Sensormedix :*
	Phototherapy :	Single Surface :		*Double Surface :*		*Triple Surface :*

Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	extra **As per actual - Not Included in Estimation**
Package	
Others	
Initial Minimum Deposit	Rs. 10,000/- & final day charges

AD: Job/1D/1Hr
EBA: 1.3L. / OT Adv. 5000/-

REMARKS:

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

DECLARATION

I Md. Muneebuddin 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

(Obaidullah)

Signature of the Client	Signatory Relationship	Signature of the Financial Counselor
[signature]	Father	[signature]