FDH-00041990 IPS-00176808
Baby NIHIRA NANDANA TANUKU
10-04-2023 3 Y 3 M 13 D (F)
Dr. HARISH JAYARAM

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SURGERY DETAILS

Date : 23/07/26

Patient Name: NIHRA NANDANA Date of Birth: 10-04-2023 Age: 3Y

Gender: Female Ward : P.OT UHID No.: FDH-00041990

Date of Surgery: 23/07/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☑ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Laparascopic bilateral herniotomy

Time in : 11:15 pm Time Out : 12:15 pm

		NAME	AMOUNT
1.	Surgeon	Dr. Harish	
2.	Anaesthetist	Dr. Sasi Ma	
3.	Assistant Surgeon		
4.	OT Technician	Ramesh	
5.	Circulating Nurse	Bikala	
6.	Assistant Nurse	Thejas	

Special Equipment: ☑ Laparascopy 09718167 ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 09718166 Order by: .....

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

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Lap - He

4.3kg

CONSUMABLES OF OT

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

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 3.5. 4.0. 4.5	1+1+1	01	Major Pack Surgical Pack		1	Inj Vit.K		
LMA 2	1	—	Sutures 2/915	1	01	Cord Clamp Gruden 887	2	0
ECG leads : A / P / N	5	5	Vicryl 3-0, 4-0	2+1	1+2	Suction Catheter		
HME filter : A / P / N	1	01		1	0	Feeding Tube		
Syringes : 10 cc	10	6				Vaccum Suction Set		
05 cc	10	5	Gloves 6, 6½, 7, 7½	2+2	2+1	Surgical Gloves		
02 cc	10	2	PF 6, 6½, 7, 7½	2+2	2+2	Gauze Pack		
01 cc	2	0				Syringe 1ml / 2ml		
Cautery plate : A / P / N	1	01	Surgical blade 11, 15	1+1	1	Surgical Blade # 20		
IV set	1	01	NG tube			Koochies (S)		
RL	1	01	Cautery pencil	1	1	NS 500ml	2	1
NS : 10ml / 100ml / 500ml / 1000ml	3+1	2+1	Koochies			IVF 15	2+2	1
O2 mask (P)	1	—	Ointments			Ycluz	1	1
Airway 0.1	1+1	—	Suction Catheter			Comes Covey	2	2
Fentanyl	1	01	Cap, Mask	5+5+10	10			
Morphine			Gauze Pack 2+M	5+5	6+5	Ribbon gauz	1	1
Ketamine			Mop Pack	1P	1			
Propofol	2	01	Steristrip					
Rocuronium	1	01	Underpad	1	1			
Glycopyrolate	1	01	Draw sheet	1	0	Ivcanula 22 24	1+1	1—
Myopyrolate + Neostigmine	2	02	Abgel			Dexa	1	—
Ondansetron	1	—	Foleys catheter			Tranexa	1	—
Pencan 25g/ Spinal Needle 22	1	01	Urobag			Midaz	1	01
Bupivacaine 0.25%	1	01	Chest Drainage Catheter			NG 5.6.7.8.9.10		—
Bupivacaine 0.25%(Heavy)			Romodrain bag			Suction cath 6.8.10		8 1
Antibiotics			Bandage			Dexamide 50	1	—
			Tegaderm			Clonidine	1	—
Suppositories			Ioban			Nasal Airway 16.18	1+1	1—
Anamol : 80mg / 250mg / 170 mg	1+1+1	—	Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	0			
Justin : 12.5 mg / 25mg / 100mg	1+1	01	Plastic Bed Sheet	1	0			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
Vaccum Set	1	01	Microshield	1	1			
Gauze	3	01	Cotton Balls	1	1			
Gloves and '6'	4	01	Latex Gloves	10P	20			
IVP.CM	1	01	Ramdione Scrub					
3-way 100+10cm	1+1	01	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9718088 Ordered by : .....

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

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	01			
2	Discharge Summary				
3	Nursing Initial assessment	01			
4	Patient Transfer form				
5	In-patient Medical record	01			
6	Doctors progress sheets	01			
7	Nursing plan of care and handover sheets	01			
8	Consultation sheet				
9	General consent for treatment	01			
10	Consent for Surgery	01			
11	Consent for blood transfusion				
[illegible]	Consent for chemotherapy				
[illegible]	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
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)	01			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	01			
24	Emergency Triage record	01			
25	Pre operative check list	01			
26	Surgical safety checklist	01			
27	Operation Theatre notes	01			
28	Nurses clinical Presentation				
[illegible]	TPR & BP chart	01			
[illegible]	Intake and Out take chart (fluid chart)	01			
31	Drug chart (Regular Prescription)	01			
32	Investigation Values (result sheet)	01			
33	Nebulization chart	01			
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	01			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
		18			
	Total No. of Pages				

23/4/23

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

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 : IP5-00176808 **Admit Date** : 23-Jul-2026 **Admit Time** : 09:52 AM **UHID** : FDH-00041990

Patient Details :

Patient Name	: Baby NIHIRA NANDANA TANUKU	**Age**	: 3 Y 3 M 13 D
Guardian	: Mr DURGESH TANUKU	**DOB**	: 10-04-2023
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO: 301, MADHURA MEENAKSHI TOWER 2, SRI RAM NAGAR COLONY, Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	: 8552965120
		E-mail	: NA@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr DURGESH TANUKU **Relationship** : Father

Contact Address : FLAT NO: 301, MADHURA MEENAKSHI TOWER 2, SRI RAM NAGAR COLONY, Manikonda Hyderabad Telangana INDIA 500089 **Phone No** : / 8552965120

T.V.R.M.B.Rougeh

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 : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ FDH-00041990 IP5-00176808
Baby NIHIRA NANDANA TANUKU
10-04-2023 3 Y 3 M 13 D (F)
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
23/7/26	10:50 am	ER	OT	
23/7/26		OT		

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
23/7/24	CBP	3858	Cheran

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
23/7/26	Iv placement PAC OP	①	7813	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: Nil

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UHID ID:

Department:

Consultant:

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Baby NIHIRA NANDANA TANUKU
10-04-2023 3 Y 3 M 13 D (F)
Dr. HARISH JAYARAM

Pediatric Multiorgan History & Physical Examination

Name : Nihira Nandana Tanuku

Information given by: biranmayee Age/Sex 3y/F

Relationship mother

Chief Presenting Complaints & Duration (Chronologically)

c/o Swelling in Rt Inguinal region since 1yrs

History of present illness :

child was apparently asymptomatic then his mother noticed swelling in Rt groin since 1 yr gradual in onset. reducible aggravated by cough. relieved by supine position then they went to hospital scanned done.

no H/O. pain
no H/O. fever
no H/O cough
no H/O.

Baby NIHIRA NANDANA TANUKU
10-04-2023 3 Y 3 M 13 D (F)
Dr. HARISH JAYARAM

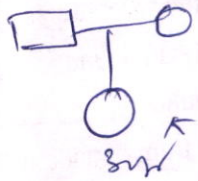
Pediatric Multiorgan History & Physical Examination

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

not significant

Birth & Neonatal History:

S/T/NVD/Bwt 2.7kg
H/o NICU admission
H/o admitted for Phototherapy for 3 days



Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information : H/o IUGR

Developmental History :

Appropriate for age

Immunization History :

Completely Immunized
H/o flu vaccinated & flu 2 wk back.

(P.T.O.)

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Baby NIHRA NANDANA TANUKU (F)
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Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) ~~[illegible]~~ (Centile _____) Height (cms): 100 cm (Centile _____)

Weight (kgs)) 14.20kg (Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate : 91bpm B.P. 94/58 (67) SPO2 ~~100%~~ RA

Resp.rate and type of breathing : ~~RA~~ 22/min

Rash No

Lymphadenopathy No

Oedema : No

Allergies (if any): H/O urticaria at Iyrofase 2 DUSA SE + 1 episode

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE clear

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium) :

Heart Sounds : S1 S2 +

Any murmur :

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

Per Abdomen :

Inspection Soft. non tender

Palpation : Sweelli in BL Inguinal region.

Ausculation :

Spine : External Genitelia : T

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Conscious.

Motor System:

Nutriton :

Tone:

Co-ordinator :

Posture :

Involuntary Movements :

Power

Reflexes :

DTR

Plantars

Superficials:

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

B/L Inguinal hernia Case for B/L Laparoscopic herniotomy

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Injection cordarone

Desired goals of the treatment : Haemodynamic stability

Planned Labs:

CBP
Cannulate

Planned Management

NPO continue
IV fluids

MB
Sagar
23/7/26
10 AM

Signature of the Doctor: Dr. Ramya
Name of the Doctor: Ramya Sreemeka
Date & Time: 23/7/26 9:45 am

Signature of the Consultant: .....
Name of the Consultant: .....
Date & Time: .....

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OPERATION THEATER NOTES

Patient's Name : NIHIRA NANDANA TANUKU Age : 3Y Gender : ☐ Male ☑ Female

UHID No.: FDH-00041990 Weight : 14.3kg Height : .....

Surgeon : Dr. Harish		Asst. Surgeon : Dr. Shreeja
Anesthetist : Dr. Savitha	OT Nurse:	OT Technician:

Pre-Operative Diagnosis: (L) Inguinal hernia

Surgical Procedure : Laparoscopic Bilateral Inguinal herniotomy

Indications for Surgery : (L) Inguinal hernia.

Date : 23/07/26	Start Time : 11:29Am	End Time : 12:25pm

Pre Operative Preparations:

—

Post Operative Diagnosis: B/L Inguinal hernia.

Peri-Operative Complications:

—

Operation Notes: Findings

- Bilateral Patent deep rings & no contents at the time of surgery.

e:

5 mm port placed · Pneumoperitoneum
of 10 mmHg @ 2lit/min rate
2 working ports of 3mm placed in
lumbar region
findings noted
n around the deep ring excised &
g closed by 3.0 vicryl on both sides.

: 1ml | Blood Transfused (in ML)

Surgical Specimen sent for examination:

cations:

closed.

Day care

ocin -DS 4ml IV/ Thrice daily x 3day
240mg) f/b IOS for p—

on Monday ____ in OPD i Dr Harish
n Srv.

Dr. Harish

eon:

5/7/26 12:30 pm.

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Shreeram
Asst. Surgeon : Dr. Harish
Anaesthetist : Dr. Savitha
Scrub Nurse : Thejas

Patient Name : NIHIRA NAND Age : 24 Gender : F
UHID No. : 041990 Surgery Name : B/L Herniotomy Lap
Date : 23/07/24 In-time : 11:15 Am Out-time :

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Before Induction of Anaesthesia

SIGN IN Time: 11:10 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. Savitha

Before Skin Incision

TIME OUT Time: 11:29 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 BL ☑ Yes ☐ No
- Correct Procedure Heroni otor ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, 1hrs Anticipated Blood Loss? 1ml Nothing ☐ Yes ☑ No ☐ NA

Anaesthesia Team Reviews: Nothing
- 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 : Bindla
Name : Bindla

Before Patient Leaves Operating Room

SIGN OUT Time: 12:29 pm

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

SURGICAL SAFETY CHECKLIST

Surgeon : ....
Asst. Surgeon : .....
Anaesthetist : .....
Scrub Nurse : .....

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

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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 :.....

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 23/07/26

Department : P.OT Duration of Procedure : 1hrs

Name of Surgeon : Dr. Harish Date of Admission : 23/07/26

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 :	Bikila
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	Bikila
3.	Patient's body temperature immediately post operation (Recovery Room) 36 °C ☐ Oral Or ☑ Axilla (Goal : 36-37 °C)	Bikila
4.	Name of doctor or staff administering the antibiotic : N/A Date & Time of antibiotic administration : 23/07/26 at N/A Date & Time procedure started : 23/07/26 at 11:29 Am	Bikila

- 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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POST-SURGICAL CARE PLAN FORM

Procedure Done: Laparascopic bilateral herniotomy.

Post-Surgical Diagnosis: B/L inguinal hernia.

Post-Operative Monitoring Parameters /Frequency:

TPR for every 15 min. for 1st 1 hr.

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: 23/01/26 Time: 12:30 pm

Note: Plan of care will be readjusted if necessary.

Patient Sticker

NURSING CARE RECORD

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Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 7/26

Assessment: Acute pain & discomfort.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2PM	* Assess the pt General condition.	2PM	* Assessed the pt General Condition.	* pt is conscious & oriented
3PM		3PM		
4pm	* Relieve pain & Discomfort	4PM	* Relieved pain & discomfort	* Vitals stable
5pm	* Monitor Vitall Signs	5PM	* Monitored Vitall signs	* No bleeding
6 PM	* Monitor for bleeding	6PM	* Monitored for bleeding	* Maintained
7pm	* Maintain Flo chart		* Maintained Flo chart	* No vomiting
8PM	* NPO Status Maintain * pt Shift to the ward	7PM	* water given NPO broken	* Shifted
		8PM	* pt shifted to ward	

Re-Assessment: Re - Assessment done.

Special Notes: - Nil -

Nurse Signature: Divya Nurse Name: Divya Date & Time: 7/26

Docu. No: RCHBH /FRM / CLINICAL / 148

Patient Sticker

NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: .....

Assessment: .....

.....

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment: .....

.....

Special Notes: .....

.....

Nurse Signature: ..... Nurse Name: ..... Date & Time: .....

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

17/26

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								
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		-								
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		-								
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		-								
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		-								
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		-								
		Signature of the Nurse			Divya								

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

Signature of Shift In Charge :

Signature : ..... Name : Divya

Signature of Ward In Charge :

Signature : ..... Name : kumari

FDH-00041990 IP5-00176808
Baby NIHIRA NANDANA TANUKU
10-04-2023 3 Y 3 M 13 D (F)
Dr. HARISH JAYARAM

Patient

Rainbow® Children's Hospital
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DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: ..... as per Doctor 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	..... yes
☐ 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: .....

Nurse Name: .....

Date and Time: 7/2/6 .....

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DRUG CHART

Date of Admission: 23/7/26 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)

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 .....

FDH-00041990 IP5-00176808
Baby NIHIRA NANDANA TANUKU
10-04-2023 3 Y 3 M 13 D (F)
Dr. HARISH JAYARAM

REGULAR PRESCRIPTIONS

Weight. 14.3 kg Ward. .....

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

DRUG : INJ. PARACETAMOL	Dose	Route	Frequency	Start Date	Date / Time
	200mg	IV	TID	23/7/26	
Name & Signature of the Doctor Starting the Drugs: Dr. Shreeja.					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

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

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

FDH-00041990 IP5-00176808
Baby NIHIRA NANDANA TANUKU
10-04-2023 3 Y 3 M 13 D (F)
Dr. HARISH JAYARAM

Weight. 14.31 kg Ward. .....

DRUG :	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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
23/7/26	11:25AM	INJ. PARACETAMOL	210mg	IV		Dutt Gautri
23/7/26	11:20AM	SUPP. DICLOFENAC	12.5mg	P/R.		Dutt Gautri

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

Baby NIHIRA NANDANA TANUKU
10-04-2023 3 Y 3 M 13 D (F)
Dr. HARISH JAYARAM

I.V. FLUIDS CHART

Weight. 14.3 Kg. Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
23/7/26	10 AM	IUF DNS	IV	30 ml/hr			23/7		
23/7/26	11.20 AM	RINGER LACTATE	IV	150			23/7/26		

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

Baby NIHIRA NANDANA TANUKU
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Dr. HARISH JAYARAM

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Baby T Nihira Nandana Age: ~~2y 10m~~ 3yrs Sex: f UHID.No: FDH1 00041990

Date: 22/7/26 Time: 4pm Proposed Operation: Bilateral Laparoscopic Hernioplasty

Diagnosis: RIL Inguinal Herni

B.P / CRT: 106/75 mmHg H.R: low to fast Weight: 14.3 kgs ASA Physical Status: ✓ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

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

Allergies: NKDA

FT/NVD/2.7kg/CSAS/Neonatal jaundice — Phototherapy/No NICU — Urticaria Once — to unknown Cause

Immunised upto date / Milestones upto date

Medical History: CVS: (-)

RESP :

CNS :

Renal :

Hepatic / GE :

Others : (-)

Past Anaesthetic History: (-)

Diabetes: (-)

Physical Activity: Active

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: N Neck: N Teeth: No loose teeth

Lungs: BAE (+), Clear

Heart: S1S2 (+)

CNS: Active Cl/c, Oriented

Pregnant: ☐ Yes ☑ No ☐ NA

Venous Access Site: (+)

Spine Exam for regional: spine palpable

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

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

CURRENT MEDICATIONS	DOSAGE
(-)	

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
   - → Check Hb by weight
   - → CAP + Consultation

NPM > 6hrs solid
> 2hrs clear liquids

Signature: Dr. Name: Dr. Durga Bhavani

Baby NIHIRA NANDANA TANUKU IPS-00176808
10-04-2023 3 Y 3 M 13 D (F)
Dr. HARISH JAYARAM

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No

Fasting Status: Confirmed

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

H.R: 105/min | B.P/ CRT: <3sec | SpO_2: 100% on RA | R.R: | Last Feed: Yesterday night

Pre-OP Diagnosis: Bilateral Inguinal Hernia | Operation: Lap. Herniotomy | Date: 22/01/26

Surgeon: Dr. Harish Jayaram | ASA: 1E | Anaesthesiologist: Dr. Savitha | Technician: Mr. Ramesh

TIME: 10am 11 12 1pm

N_2O /AIR /O: LPM: ½ → → → →

HALO /SO/(SEVO): 1MAC → → → →

Drugs:
Inj. Midaz 0.5mg
Inj. Fentanyl 30mcg
Inj. Propofol 40mg
Inj. Rocuronium 7.5mg
Inj. Paracetamol 210mg

Antibiotic

Suppository: Diclofenac 125mg

Blood Loss

FIO_2 / SaO_2	WOT	WOT	WOT	WOT	WOT
$ETCO_2$	38	40	40	41	41
ECG	SR	SR	SR	SR	SR
Temperature					
Urine Output					
Fluids / Blood	RL @ 150ml/hr				

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values
ABG
GRBS
Others

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

Position: Supine
☐ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 11:15AM
OP Start: 11:30AM
OP End:
Leave OR: 12:15pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

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

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 4.0 at 12 cm
☐ Oral ☐ Nasal ☑ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: Rocuronium

☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 2 Attempts: Single
Difficulty Why? —

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

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☑ Caudal
Others:
Position: (L) lateral
Site: Caudal
Needle Size: 22G Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin → cm
Drug Name & Conc: 0.25% Bupi
Bolus: 1.5ml
Infusion:
Block Level: ardegnati
Comments:

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

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

Baby NIHIRA NANDANA TANUKU
10-04-2023 3 Y 3 M 13 D (F)
Dr. HARISH JAYARAM

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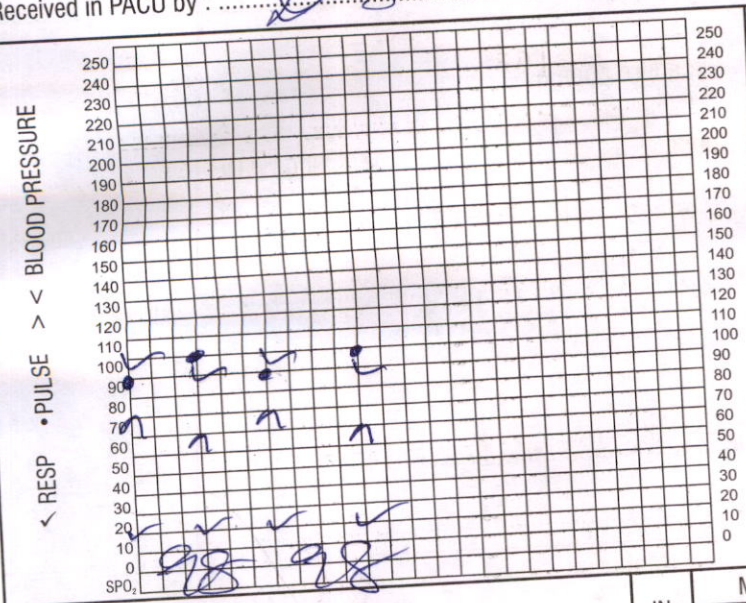
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Dwgl Time Received : 12:20pm Time Discharged : .....



IV Cannula Site : 22 G R UL

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

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

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

POST ANAESTHESIA SCORE
(Modified Aldrete Score)

		IN	MINUTES 30	60	90	OUT
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0 ACTIVITY	1	1	1	2	
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION	2	2	2	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	1	1	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	2	2	2	2	
	TOTAL	8	8	9	10	

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
23/7	12:20pm	1/10	—	Dwgl

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

Anaesthesiologist Name : DR SHINY TK
Anaesthesiologist Signature: .....
Date & Time: 23/07/26
PACU Nurse Name : Dwgl
PACU Nurse Signature: 23/7/26

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

Transferred to Unit by (PACU): AKL
Date & Time: 23/7/26

Dr. HARISH JAYARAM 3 Y 3 M 13 D (F)

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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FDH-00041990 IP5-00176808
Baby NIHIRA NANDANA TANUKU
10-04-2023 3 Y 3 M 13 D (F)
Dr. HARISH JAYARAM

Patient Name : Baby Nihira Nandana Tanuku Age : 3yrs 3m Gender : Male ☐ Female ☑

UHID NO: FDH0004990 Surgeon Name: Dr. Harish Jayaram

Anaesthesiologist : Dr. Durga Bhavani

Operative procedure planned : Bilateral Laparoscopic Hernioplasty

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 arid 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 Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Hemodynamic Changes, Oxygen dependent

Comments :

- 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 Baby Nihira Nandana Tanuku the above mentioned operation / Diagnostic / Therapeutic procedures Bilateral Laparoscopic Hernioplasty

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

- Pregnant : ☐ Yes ☑ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : H. Vidyadhi

Name : Hiranmayee V D

Relationship with Patient: Mother

Date & Time : 22/7/26 @ 4pm

Witness :

Signature : T. Durgesh

Name : DURGESH

Date & Time : 22/7/26 @ 4pm

Doctor (who is taking the consent) :

Signature : D.N.

Name : Dr. Divya Bhavani

Date & Time : 22/7/26 @ 4pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00041990 IP5-00176808 Baby NIHIRA NANDANA TANUKU 10-04-2023 3 Y 3 M 13 D (F) Dr. HARISH JAYARAM	23/7/26 @ 9:52 am	23/7/26 @ 10:50 am
	Transfer Ordered by Dr. Ramya	Reason for Transfer Surgery
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? op file	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.	Gowne	1
2.	Kooche	1
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
NIR. Sagar	Dr. Ramya

Patient & Clinical Records Received by : Tareen

Date & Time of Patient Received : 23/7/26 @ 10:50 am

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

FDH-00041990 IP5-00176808
Baby NIHIRA NANDANA TANUKU
10-04-2023 3 Y 3 M 13 D (F)
Dr. HARISH JAYARAM

NPO: 1.00 am (Solids)

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 : NIHIRA NANDANA Age : 3Y **Gender:** ☑ Male ☐ Female

Date : 23/07/24 Time of Arrival : 9.20 am Triage Completion Time : 9.22 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

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
☐ Not – Life - Threatening
☐ Life – Threatening

Initial Vital Signs: Temp: 98.4°F PR: 91/m BP: 94/58 (62) RR: 22/m SpO: 100%

Chief Complaints: Come for procedure Lap herniotomy B/L

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

T. V. R. M. K. Durgesh
Signature of Parent / Guardian

Communicable Disease Triage Screening

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

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. 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

1. 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: .....
2. 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 : Ramya

Signature of Triage Nurse : Ramya

Date & Time : 23/07/24 @ 9.22am

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 23/7/26 Time of arrival : 9:22 am

Chief Complaints: ..... RBS: .....

Height : 100 cms Weight : 14.20 kg BMI : ..... Head Circumference (<2 years) .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify Nil

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

☐ Character Nil ☐ Location Nil ☐ Frequency Nil ☐ Duration Nil

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: ..... (Date/Time): .....

Social History: Lives With Family

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

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

Time of Initial assessment completed by ER Nurse : 23/7/26 @ 10 am

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

Time	Nursing Notes
10 AM	→ ASSESS the pt & conscious.
	→ Seen Dr. Ramya
	→ Vitals checked & Record.

Samples collected by: / karthik — Time: / 10 AM

Samples sent by : / karthik — Time: / 10:10 am

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 105 b/m BP: 95/51 CFT: <2sec	Shift - out from ER to: OT
RR: 24 b/m SPO_2 : 100 %	Time of Shift - out: 10:50 am
GCS: 15/15 Temperature : 98°F	Handover given to: Sharon
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable): Nil	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement done

Name of the Nurse : Sagar — Signature of the Nurse :

Date & Time : 23/7/26 @ 10 am