

ACTIVITY RECORD FOR BILLING

Name : BAH-00658351 IP5-00176008
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 8 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

UHID No. :



Consultant: 20/10/2012

Dept : 10

Date of Admission: Time : Date of Discharge : Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	8:11 AM	ER	PICU	Abhishek
6/7/26	5 pm	PICU	118	Ham

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Abhishek Jain	6/7/26	9690528	Abhishek
2	DR. Chandana	6/7/26	9690528	Chandana
3				
4				
5				
6				
7				
8				
9				
10				

[illegible]

Signature

Samarites

26067460

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/7/26	IV Placement	①	9689713	Samarita
6/7/26	PAC	①	9690530	Leah
7/6/26	NHA	①	9691267	Nikita

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

ADMISSION SHEET
Registration Details :

Admission No : IP5-00176008

Admit Date : 06-Jul-2026

Admit Time : 08:17 AM **UHID** : BAH-00658351

Patient Details :

Patient Name	: Master LUQMAN AHZAM KHAN	Age	: 13 Y 8 M 6 D
Guardian	: Mr RAEES KHAN	DOB	: 31-10-2012
Gender	: Male	Religion	:
Occupation	:	Marital Status	: Single
Address (H)	: H NO 2-5-27, WAGHI ROAD , OPP WATER TANK KHADAKPURA, Nanded Town Nanded Maharashtra INDIA 431601	Phone No	: 9028152594/ 7799806565
		E-mail	: connectraees@gmail.com

Admission Details :
Bed Type : PICU

Bed No : PICU 213

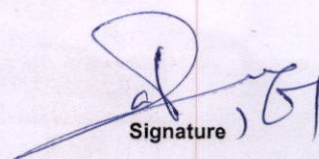
Ward Name : 2F-PICU I

Room No : PICU 213

Admission Type : First Visit

Contact Details :

Name	: Mr RAEES KHAN	Relationship	: Father
Contact Address	: H NO 2-5-27, WAGHI ROAD , OPP WATER TANK KHADAKPURA, Nanded Town Nanded Maharashtra INDIA 431601	Phone No	: 9028152594 / 7799806565


 Signature

Doctor Details :

Doctor Name	: Dr. KAPIL BHAGWATRAO SACHANE	Specialisation	: GENERAL PEDIATRICS
Referral Doctor	: Self	Phone No	:
Co-Consultant	: Dr. SHAIKH FARHAN A RASHID		

Payment Details :
Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176008 Admit Date : 06-Jul-2026 Admit Time : 08:17 AM UHID : BAH-00658351

Patient Details :

Patient Name	: Master LUQMAN AHZAM KHAN	Age	: 13 Y 8 M 6 D
Guardian	: Mr RAEES KHAN	DOB	: 31-10-2012
Gender	: Male	Religion	:
Occupation	:	Marital Status	: Single
Address (H)	: H NO 2-5-27, WAGHI ROAD , OPP WATER TANK KHADAKPURA, Nanded Town Nanded Maharashtra INDIA 431601	Phone No	: 9028152594/ 7799806565
		E-mail	: connectraees@gmail.com

Admission Details :

Bed Type : PICU Bed No : PICU 213 Ward Name : 2F-PICU I
Room No : PICU 213 Admission Type : First Visit

Contact Details :

Name	: Mr RAEES KHAN	Relationship	: Father
Contact Address	: H NO 2-5-27, WAGHI ROAD , OPP WATER TANK KHADAKPURA, Nanded Town Nanded Maharashtra INDIA 431601	Phone No	: 9028152594 / 7799806565

Signature

Doctor Details :

Doctor Name	: Dr. SHAIKH FARHAN A RASHID	Specialisation	: GENERAL PEDIATRICS
Referral Doctor	: Self	Phone No	:
Co-Consultant	: Dr. KAPIL BHAGWATRAO SACHANE		

Payment Details :

Payment Mode	: DC/CC Card	Deposit Amount	: 48000.00
		Payor Name	: SELF PAY

ADMISSION CRITERIA – PICU

Admission / Transfer from:

☐ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others:

Tick (✓) any of the following criteria requiring admission / transfer to PICU

- ☐ All patients requiring mechanical ventilation;
- ☐ Patients with impending respiratory failure;
 - ☐ Upper airway obstruction;
 - ☐ Lower airway obstruction;
 - ☐ Alveolar disease; and
 - ☐ Unstable airway;
- ☐ All Paediatric patients after successful resuscitation;
- ☐ **Comatose Patients;**
 - ☐ Meningitis, encephalitis; ☐ Hepatic encephalopathy; ☐ cerebral malaria;
 - ☐ Head injury; ☐ Poisonings; and ☐ Status epilepticus;
- ☐ **All types of shock/hemodynamic instability:**
 - ☐ Septic shock;
 - ☐ Hypovolemic shock; (Bleeding emergencies such as gastrointestinal bleeding, bleeding diathesis, disseminated intravascular coagulation; Cardiogenic shock; myocarditis, cardiomyopathy, congenital heart disease; Neurogenic shock; and Multiple trauma;
- ☐ Cardiac arrhythmias after consulting with the treating consultant
- ☐ Hypertensive Emergencies;
- ☐ Severe acid base disorders;
- ☐ Severe electrolyte abnormalities;
- ☐ Diabetic ketoacidosis (Ph < 7.2, altered sensorium, hyperglycemia)
- ☐ Acute renal failure; Patients requiring acute hemodialysis, hemofiltration and peritoneal dialysis;
- ☐ **Post-Operative Patients;**
 - ☐ Requiring ventilation;
 - ☐ Unstable patients; and
 - ☐ Post-operative patients after open heart surgery, neurosurgery, thoracic surgery and other patients after major general surgery with potential for respiratory/haemodynamic instability;
- ☐ Patients requiring nitric oxide therapy;
- ☐ Malignant hyperpyrexia;
- ☐ Acute hepatic failure
- ☐ Severe dehydration with mental status change;
- ☐ Asthma requiring hourly nebulization/getting tired with increasing oxygen requirement/mental status change.
- "UNSTABLE" PATIENT IS DEFINED AS**
 - ☐ HR < 50 or > 160 per minute or more than upper normal limit according to age. BP < 90 systolic and < 50 diastolic and/or requiring inotropic support. Arrhythmia or risk of sudden arrhythmia.
 - ☐ Signs of peripheral poor perfusion or suspicion of any type of shock.
 - ☐ Capillary refill time > 4 seconds.
 - ☐ Children Blood pressure (Syst.) < [70 + (2 × age "Years")].
- Respiratory failure or high risk of failure or airway obstruction:**
 - ☐ Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
 - ☐ O2 Saturation < 90 % or need for O2 > 4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
 - ☐ Distress and risk of exhaustion
- ☐ **Change of level of consciousness: GCS < 13.**
- ☐ **Persistent oliguria with acidosis.**

Signature of the Doctor: Name of the Doctor: Date & Time:

DISCHARGE CRITERIA – PICU**Discharge to:**

- ☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☐ Others:

Tick (✓) any of the following criteria requiring discharge / transfer from PICU

- ☐ Stable hemodynamic parameters.
- ☐ Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency at least for 24 hours with no respiratory distress needing continuous monitoring.
- ☐ Minimal oxygen requirements that do not exceed patient care unit guidelines.
- ☐ Intravenous inotropic support, vasodilators, and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.
- ☐ Cardiac dysrhythmias are controlled.
- ☐ Neurologic stability with control of seizures.
- ☐ Removal of all hemodynamic monitoring catheters.
- ☐ Routine peritoneal or hemodialysis with resolution of critical illness not exceeding general patient care unit guidelines.
- ☐ Patients with mature artificial airways (tracheostomies) who no longer require excessive suctioning.

Signature of the Doctor:

Name of the Doctor :

Date & Time:

BAH-00658351 IP5-00176008
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 8 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 06/12/26 Time: 8:40 AM

Patient Assessment Form:

Informant: ☐ Father ☒ Mother ☐ Other

Presenting Complaints / Chief Complaints :

NO Headache x 2 day (Right side) (operated on 8th June 2026)
Dizziness

- NO H/O fever @ eardrums

- NO H/O Vomiting

- NO H/O Blurring of vision

- NO H/O Trauma

Posttemporal Abscen

with Type 2 Aberrant

malformation

along E Hepatic

Abscen

Past History (Including previous treatment and investigations) :

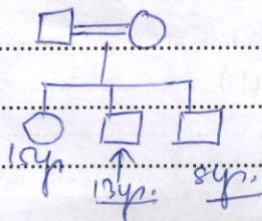
~~NO H/O any~~ Patient got operated on 8th June 2026 for temporal Abscen
with Type 2 Aberrant Malformation along E Hepatic Abscen

Birth and Developmental History : NVD / B.Wt - 3kg / CIAB / NICU admission

Immunization History : incomplete vaccination till 14 weeks of Age (Anganwadi)

H / O Allergy : - NO -

Family History : - No significant family history.



INITIAL ASSESSMENT

RBS : 87 mg/dL Temperature : 36.5°C Weight (kg) : 42 kg

Respiratory System Findings:

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

Respiratory Examination Finding: (Air entry, breath sounds, s/o distress etc.): Respiratory Rate : 20/min

SPO₂ : 95% on Room Air O by NC / FM / NRB mask / Oxyhood, at L / min

Ventilatory Support : Yes No - Day # of Vent : Respiratory Efforts : -

Ventilatory Settings : Leak around ETT : Delivered Vt : -

ABG : EtCO₂ : P/F ratio : O.I. : -

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

CXR :

Cardio Vascular System Clinical Exam : Heart Rate : 77/min Cardiac Rhyth : -

(Heart sounds, murmur etc.) : S1S2 @ N1M1M2

Quality of Pulses : Good cap refill Time : 2 sec Liver Edge : cm below Rt costal margin

Blood Pressures : NIBP : IBP : CVP : -

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

Any Other Infusions : NO

Last 2D Echo Findings : NA

Size of the heart and lung fields in latest CXR :

Arterial line in Situ : Yes No Place of art, line & its condition :

Central line in Situ : Yes No Place of central line & its condition :

Infection and Antibiotics :

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

Cultures Done outside? Yes No - If yes, details : -

Describe c/s Reports :

Other Labs (Latex, Serology, etc) :

Ongoing Antibiotics : 900 Ceftriaxone
200 Ampicillin

Abdominal Exam : Soft, Nondistended 4S NIP

ENT Exam :

Central Nervous System :

Level of Consciousness : AVPU / GCS score : E4V5M6

Neurological Findings : Pupils

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

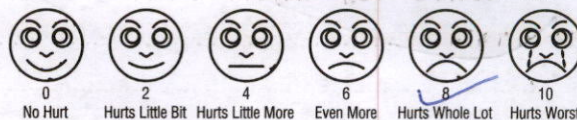
Special Needs Screening: (If any of the below are Positive, Please fill "Cross Consultation Form" to Concerned Department)
(Please select and 'tick mark' [✓] the boxes as applicable)

- a. Nutritional Screening Criteria: Screening is ☒ Positive ☐ Negative
- | | | | |
|--|--|---|--|
| ☐ Diabetes Mellitus | ☐ Needs Therapeutic Diet. | ☐ Diarrhoea > 4days | ☐ Food Allergy |
| ☐ Overweight | ☐ Psychological Eating Disorder | ☐ Major Surgery | ☒ Patient in ICU |
| ☐ Under Weight | ☐ Difficulty swallowing / Chewing | ☐ Hyperemesis gravidarum | ☐ Tube Feeding |
| ☐ Poor Appetite > 3days | ☐ Unplanned Change in Weight | | |
- b. Psychological Screening Criteria: Screening is ☐ Positive ☒ Negative
- | | |
|--|---|
| ☐ Non-compliance to offered treatment Over weight | ☐ Suspected Drug Abuse |
| ☐ Emotional / Behavioural Problem (Tearful, uncooperative) | |
- c. Functional Screening Criteria: Screening is ☒ Positive ☐ Negative
- | | |
|---|---|
| ☐ Patient cannot position himself in bed | ☐ Change in Muscle Power |
| ☐ Restricted ROM | ☐ Impaired Daily Living Activities |
- d. Socio-economic Screening Criteria: Screening is ☐ Positive ☒ Negative
- | | |
|--|---|
| ☐ Living alone | ☐ Suspected abuse or neglect |
| ☐ Cultural or religious background that would need to know for the plan of care | ☐ Unable to assess due to lack of family |
- e. Need for Interpretar Screening is ☐ Yes ☒ No If Yes then plan
6. Patient needs additional specialized assessments: ☐ Yes ☐ No
- If yes, Please fill Individualized Initial Assessments Form for Special Populations
- Others

Pain Screening:

Pain Scale used Wong Baker (Scale 0-10) FLACC (Scale 0-10)

Pain Score "Whenever Applicable"



Location:

Duration: 1 days /weeks / months (Strike Out that is not applicable)

Character: ☒ localized ☐ diffuse ☐ sharp ☐ aching ☐ referred ☐ vague ☐ burning / soreness

Frequency: ☒ constant ☐ intermittent ☐ occasional

Pain Management done ☐ Yes ☐ No

Nutritional Evaluation: this built

Current Medications:

Provisional Diagnosis : Aberrantly Mallformation with Rt temporal Abnrm s/d
..... craniotomy & excision of Abnrm.

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

☐ Referred Patient - ☐ Self Referral - ☒ Rainbow Patient "

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

Referring Consultant :

Admitting Consultant : At per Rota -

Indication for PICU referral : Headache -

PLAN OF CARE

Preventive aspects of the treatment : prevent Rained ICP

Desired goals of the treatment : prevent

PLANNED INVESTIGATIONS

CBP

PCT

PT/INR/APTT

Blood - C

RP2

MRI Brain Contrast

WCT temporal bone

N.B. 18

PLANNED MANAGEMENT

INT MEROPENEM

INT CEPTRIAZONE

INT LEVETIRACETAM

INT LACOSAMINE

3x MACE

IV fluids DMS.

N.B. 18

Final Diagnosis:

Doctor's Signature : Tyoti

Name : Dr Tyoti

Date : 06/11/26 8:20 Am

Time:

Consultant's Signature :

Name :

Date :

Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/07/2016 @ 7AM	sls New team	
	A Aberrant malformation. Alr with right temporal hole abcess - & perian	① Admit in New
	Came to do. - Giddiness. Since yesterday - no vomiting - Alr discharge from the left ear	② Gnl. CBP, PCT, PT/INR, AP Blood cl. RB, MRI Brain + contrast HRET Temporal brain
	On Examination, Child on exam hemodynamically stable HR 90/min BP 100/56 (70) mmHg RR 24/min chest clear & good	③ continue - paracetamol - ceftriaxone - Di. keppra - Di. karbamide - NAD - 3/4s - DNE @ bot mf
	HA dpt BSC on R pupil 2mm & RR	④ Neuroprotective measures
	- left ear - thick was noted.	⑤ Pae & poc
		⑥ Watch for sign of delir 2p

Shane

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 12:30pm	CIS/B Dr Farhaan.	
	Dis:- Abscess/malformation At temporal lobe abscess S/p excision.	plan. 1. Trace CT Report 2. ENT opinion 3. Dr Nagesh Rao (cardiology) Review. 4. Neurosurgeon Review. 5. Monitor vitals.
	on IV antibiotic Ilg meropenam Ilg ceftriaxone No headache dizziness } 2 days.	
	Vitals. HR-100 BP-110/60 (80) mmHg. RA-16.	N.D. Dr. Nathan
	patient is counselled to see the physician.	
6/8/26 9:20pm	C/O/W Dr KNR GY (cardiology)	
	clinical condition discussed	plan (1) Review in RCH after 2 weeks (2) To do CT scan 2 weeks

BAH-00658351
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 8 M 6 D (M)
Dr. SHAIKH FARHAN A RASHID

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/07/2026 4:45 pm	<u>shifting Note</u> Δ (R) Temporal abscess S/P Excision K/clo abernathy malformation o/e Hemodynamically stable accepting orally well	<u>Plan:</u> 1) Continue wj. meropenem & wj. ceftriaxone 2) Continue drugs as per medicine Chart 3) Inform any abnormal movements Headache, Vomiting, Cuddness
06/07/2026 5:00 pm	<u>Cf/clo picu Review</u> Δ (R) Temporal abscess S/P Excision K/clo abernathy malformation o/e Hemodynamically stable accepting orally well	<u>Plan:</u> 1) Continue IV antibiotics 2) Trace Final CT report 3) Continue Dewax drops 4) Inform Sec
	Q/. Nail-stopped Dr. K.N.R Review. pending ✓ done on Inj. ceftriaxone wj. meropenem	<u>How</u> <u>Review</u> 6/7/26 5 pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/20 8:30 AM	C/S/B Resident Δ: (R) Temporal lobe abscess S/P Excision K/c/o abnormality malformation child on Room air Hemodynamically stable no headache Resp T (2) P/A CVS Vitals - stable.	Plan 1) On Inj ceftriaxone Inj Meropenem Inj Levipil Inj Lacosamide 2) Trace final CT report 3) Monitor Vitals 4) Inform SAs
7/7/20 11 AM	C/S/B Dr. Fasham ΔS:- Rt Temporal lobe Abscess S/p excision. K/c/o abnormality malformation on room air hemodynamically stable no fever spikes.	1. Inj ceftriaxone IV BD x 3 wks 2. s/p meropenem. 3. CT abdomen after 2 wks. 4. Regular follow up with Dr. Nageshwar Rao Cardiologist after 1 wk. 5. Adv cardiologist regarding surgery during antibiotic cover 6. tab Levipil 500mg po BD tab Lacosamide 200mg po BD. 7. Discharge

Dr. Jayashree

Dr. Fasham

BAH-00658351 IP5-00176008
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 8 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name: Dr. Chandana Date: 06/07/26 Time: 4:00pm

Diagnosis: s/p (R) Temporal Craniotomy i/v/o (R) Temp Lobe Abscess
1/2/0 - Abscess

Hospital: RCH

Type of Referral: Malformation

☐ Emergency

☒ Urgent

☐ Non Urgent

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

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

Signature: _____

Findings and Recommendations :

OE Active.
B/L TM intact
Ⓢ EAC wax ⊕
no bogal/mastoid tenderness
B/L FN - intact
nose - (w)
throat - (n)
c/o giddiness
Ⓢ ear ? discha
no hearing/pain in ears
c/o on ad off headaches
(R) periorbital.

- Nil ENT focus of infection
- Add - Dr. Wax E/D x 5 days
2 - 2 - 2

Consultant :

Name: Dr. Chandana Signature: [Signature] Date & Time: 6/7/26
4:10pm

BAH-00658351 IP5-00176008
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 8 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE



TION FORM

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



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Doctor Name: Dr. Abhishek Date: 6/1/26 Time: 9am

Diagnosis:

Hospital: RCH

Type of Referral :

- ☐ Emergency
☒ Urgent
☐ Non Urgent

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

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

cto Abscess Abou = headache

Signature: [Signature]

Findings and Recommendations :

Δ: Aberrant malformation with (R) temporal lobe abscess.
S/p - Excision

History Noted :

cto headache :: 2 days → over (R) fronto temporal region
cto dizziness (+) - ~1-2 mins ; subsiding spontaneously
Never occurs in sleep / No fever spikes / No discharge

O/E: Child conscious, Alert
Oriented

Vitals - stable

EDM - full

(R) tone, power & Reflexes
No cerebellar signs

Adv

- 1) Trace HRCT Report
- 2) Dr. Chandana - ENT
Surgeon opinion
- 3) If discharge (+) → Ear swab
C & S.

Consultant :

Name: Dr. Abhishek Signature: [Signature] Date & Time: 6/1/26
9am

BAH-00658351 IP5-00176008
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 8 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	6/2/26				
Time	10 Am				
Hb	11.2				
PCV	35.0				
RBC	4.25				
WBC	3640				
N/L	7/66				
Platelets	195000				
CRP					
ESR					
PCT	0.081				
RBS					
Na	137				
K	4.1				
Cl	107				
Ca/Mg					
Phosphate					
Urea	6				
Creatinine	0.4				
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	15/1.1				
APTT	44				
CSF Protein / Sugar					
Cells					
N/L					

MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: PICU

Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. CEFTRIAXONE	2g	IV	BD	6/7/26	☒ C ☐ DC
2	INJ. MEROPENEM	1.5g	IV	TID	6/7/26	☒ C ☐ DC
3	INJ. LEVIPIL	1g	IV	BD	6/7/26	☒ C ☐ DC
4	INJ. LACOSAMIDE	200mg	IV	BD	6/7/26	☒ 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. Kathir Akk

Date & Time : 06/07/2026 5:00pm

Nurse Name & Signature: Hani

Date & Time : 06/7/26 5 pm



MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER

Shifted to: PICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	<u>Inj CEFIRIAXONE</u>	<u>2g</u>	<u>IV</u>	<u>BD</u>		☒ C ☐ DC
	<u>Inj MEROPENEM</u>	<u>1.5g</u>	<u>IV</u>	<u>TID</u>		☒ C ☐ DC
3	<u>Tab - LEVIPIL</u>	<u>500mg</u>	<u>PO</u>	<u>BD</u>		☒ C ☐ DC
4	<u>Tab A.</u>					☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Jayashri [JY]

Date & Time: 6/7/26 @ 8 am

Nurse Name & Signature: [Signature]

Date & Time: 6/7/26 @ 8 am

DRUG CHART

Date of Admission: 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:																			



REGULAR PRESCRIPTIONS

Weight. 42 kg Ward.

DRUG : INT. CEFTRIAXONE				Date Time	6/7															
Dose 2g	Route iv	Frequency BD	Start Date 6/7/26	10 am	10 am															
Name & Signature of the Doctor Starting the Drugs: <u>Madhusai</u>					8:30 am															
Additional Instructions:					10 pm	10 pm														
Daily Doctor's Endorsement by a Sign					7/7															
DRUG : INT. MEROPENEM				Date Time	6/7	7/7														
Dose 1.5g	Route iv	Frequency TID	Start Date 6/7/26	6 am	6 am															
Name & Signature of the Doctor Starting the Drugs: <u>Madhusai</u>					8:30 am															
Additional Instructions:					2 pm	2 pm														
Daily Doctor's Endorsement by a Sign					10 pm	10 pm														
DRUG : INT. LEVIFIL				Date Time	6/7	7/7														
Dose 1g	Route iv	Frequency BD	Start Date 6/7/26	7 am	7 am															
Name & Signature of the Doctor Starting the Drugs: <u>Madhusai</u>					10 pm	10 pm														
Additional Instructions:					7 pm	7 pm														
Daily Doctor's Endorsement by a Sign																				
DRUG : INT. CARBAMINE				Date Time	6/7															
Dose 200mg	Route iv	Frequency BD	Start Date 6/7/26	10 am	10 am															
Name & Signature of the Doctor Starting the Drugs: <u>Madhusai</u>					10 pm	10 pm														
Additional Instructions:					10 pm	10 pm														
Daily Doctor's Endorsement by a Sign																				

Weight. Ward.

VERIFIED BY : N

[illegible]

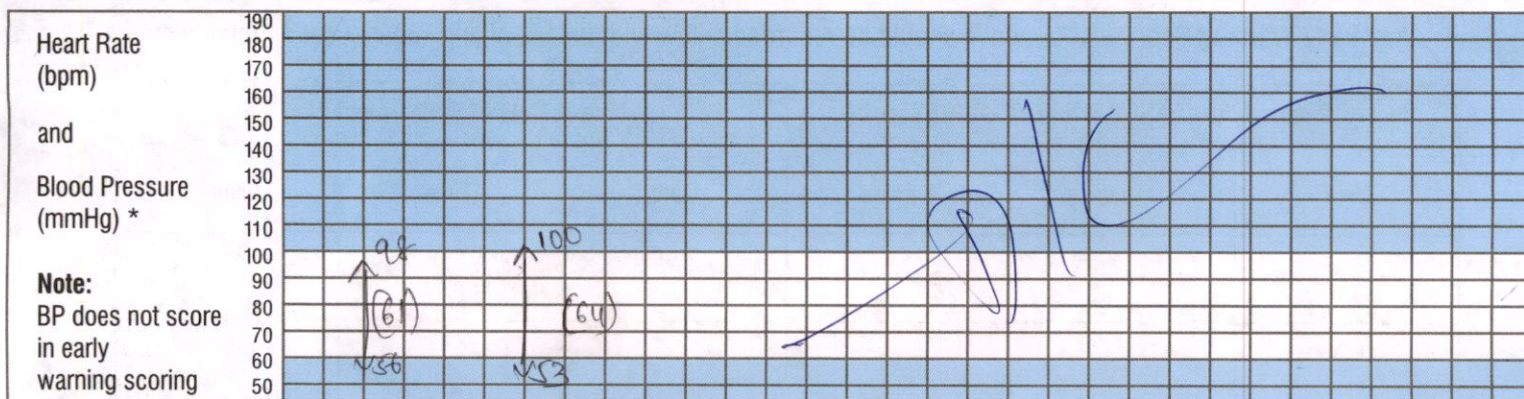
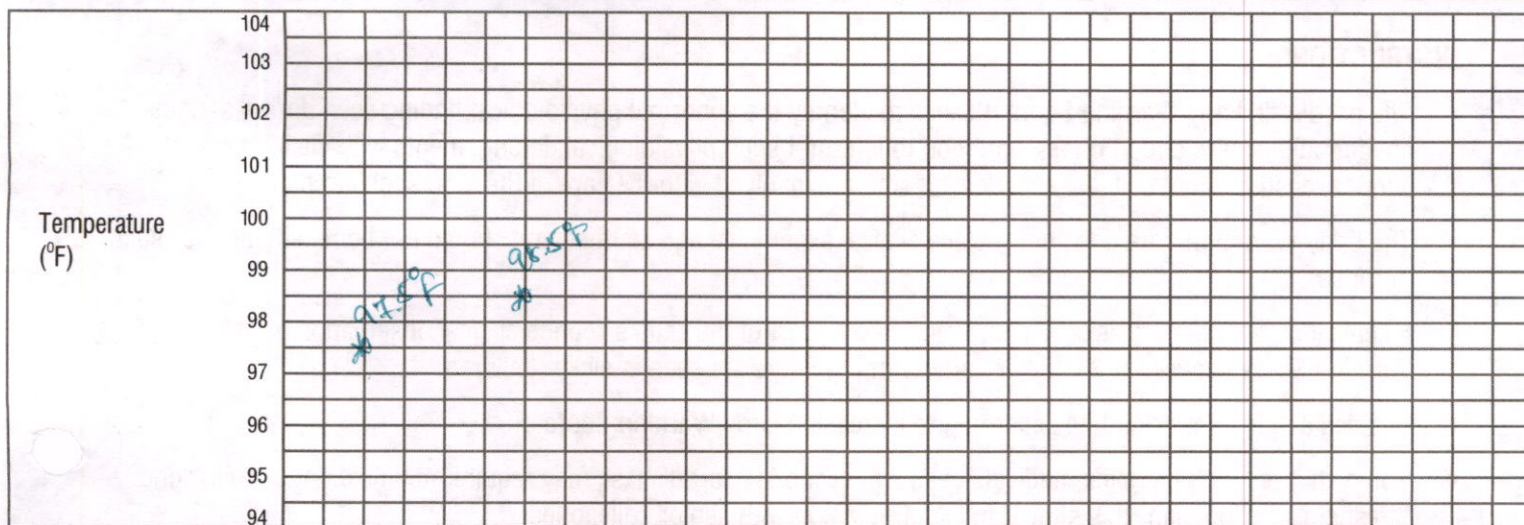


TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart

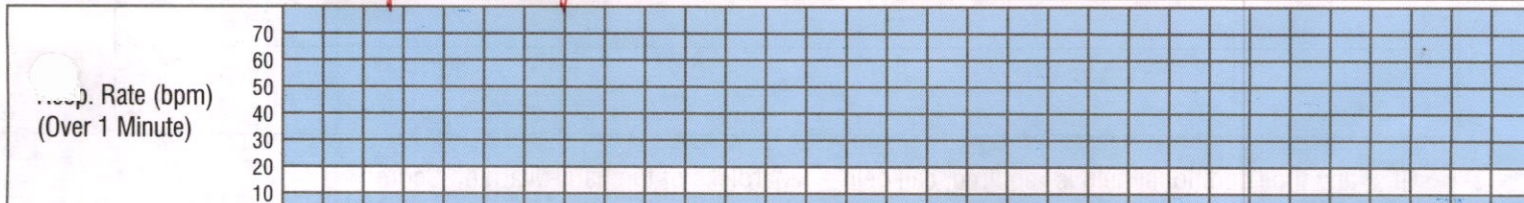
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 07/12/20 Time: 2:00 PM 6:00 PM

Doctor / Nurse / Family Concern?



Heart Rate (Number) 99 bpm 101 bpm



Resp Rate (Number) 26 bpm 28 bpm

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 100% 100%

Conscious Level Normal Altered

GCS * 15/15 15/15

TOTAL SCORE
Number of shaded boxes 1 1
Pain Score 0 0
Observer's Initials

ACTIONS
NB: Scores 3 should be recorded overleaf

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

BAH-00658351
Master LUQMAN AHZAM KHAN
31-10-2012
Dr. SHAIKH FARHAN A RASHID
IPS-00176008
13 Y 8 M 6 D
(M)

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

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

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 06/07/2016 Time: 6pm

Doctor / Nurse / Family Concern?

Temperature
(°F)

104
103
102
101
100
99
98
97
96
95
94

97.68

Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:
BP does not score
in early
warning scoring

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

112/62
(86)

Heart Rate (Number)

Resp. Rate (bpm)
(Over 1 Minute)

70
60
50
40
30
20
10

30

Resp Rate (Number)

Resp Mod/ Severe
Distress None / Mild

Receiving O₂ (l/min)
O₂ Saturations (%)

100%

Conscious Normal
Level Altered

GCS *

15/5

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be
recorded overleaf

Score 1 : Continue normal observation by staff nurse

Score 2 : Shift in charge nurse to be informed and continue hourly observations

Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.

Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call 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. :

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

		Intake				Output					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



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.
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: 08/07/26 @ 8am

Assessment: Headless, dizziness

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 baby condition	8:30am	⇒ Assessed the baby condition	
	⇒ Monitor vitals		⇒ Monitored vitals	
10am	⇒ I/O Chart monitor	11am	⇒ I/O Chart monitored	
12pm	⇒ NPO	1pm	⇒ NPO till further advised	⇒ All plan are implemented
	⇒ Plan for MRI		⇒ CT Brain Screening Done	
3pm	⇒ Provide comfortable position	4pm	⇒ Head Elevation, Provide comfortable position	
6pm	⇒ Treatment	7pm	⇒ Administered all drugs	

Re-Assessment: Reassessment Done

Special Notes: Wt Ferrer Spikes

Nurse Signature: [Signature] Nurse Name: [Signature] Date & Time: 08/07/26 @ 8pm

BAH-00658351

IP5-00176008

Master LIJOMAN ANZAM KHAN

31-10-2012 13 Y 8 M 6 D (M)

Dr. KAPIL BHAGWATRAO SACHANE



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: 5/12/26

Assessment: Baby having dull activity

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the general condition of the patient	9pm	Assessed the general condition of the patient	Baby condition is good
10pm	monitor the vitals signs	12am	monitored the vitals signs	
	maintain I/O chart		maintained I/O chart	
2am	Administer medication	3am	Administered medication	
4am	as per as chart	5am	as per as	
	maintain personal Hygiene		maintained personal Hygiene	
6am	Ensure the patient safety	7am	Ensured the patient safety	

Re-Assessment: Re-Assessment

Special Notes: monitor headache

Nurse Signature: Ali

Nurse Name: Alikiya

Date & Time: 7/12/26 @ 8am



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Kapil Bhagwatrao Department: ER Date of Admission: 6/7/26

SITUATION	Diagnosis: <u>Aberrant malformation Right Temporal Abscess</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:			
	Area	Shift Time				
BACKGROUND			<u>ER</u>	<u>8:11 AM Shift 8am to 2pm</u>		
	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>		
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:	<u>98°F</u>	<u>98°F</u>		
		Res:	<u>24 b/m</u>	<u>22 b/m</u>		
		SpO ₂ :	<u>96%</u>	<u>99%</u>		
		Pulse:	<u>81 b/m</u>	<u>102 b/m</u>		
		BP:	<u>100/56</u>	<u>110/69</u>		
	Fall Risk Score:		<u>9</u>	<u>9</u>		
Pain Score:		<u>1/10</u>	<u>0/10</u>			
Recommendations	Safety Needs:		<u>Yes</u>	<u>Yes</u>		
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:		<u>NA</u>	<u>NA</u>		
	Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>		
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>			
Handed Over By Name :		<u>Abhishek</u>	<u>Nikita</u>			
Signature :		<u>Abhishek</u>	<u>Nikita</u>			
Date:		<u>6/7/26</u>	<u>7/7</u>			
Time:		<u>8:11 AM</u>	<u>8am</u>			
Taken Over By Name :		<u>Hans</u>	<u>Shirley</u>			
Signature :		<u>Hans</u>	<u>Shirley</u>			
Date:		<u>6/7</u>	<u>7/7</u>			
Time:		<u>8:15 AM</u>	<u>8am</u>			

BAH-00658351 IP5-00176008
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 8 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE



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							
BACKGROUND	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		Fall Risk Score:						
		Pain Score:						
Recommendations	Safety Needs:							
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Others Specify:							
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Other Special Orders / Medications:							
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature :								
Date:								
Time:								
Taken Over By Name :								
Signature :								
Date:								
Time:								

BAH-00658351
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 8 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

CHECKLIST FOR THROMBOPHLEBITIS

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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	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				+ for for 14/10/12									

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

Signature of Shift In Charge :

Signature : Name :

Signature of Ward In Charge :

Signature : Name :

BAH-00658351 IP5-00176008
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 8 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1	1	1			
Gender	Male	2	2	2			
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1			
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1			
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
TOTAL			9	9			

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		✓					
Nurse's Name :			Abhishek				
Signature :			Abhishek				
Date :			6/7/20				
Time :			8:11 AM				

BAH-00658351 IP5-00176008
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 8 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE



PAIN ASSESSMENT FORM

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
8/7/26	11 AM	1/10	Head	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	- NA -	ABHISH
8/7	3 pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NO	NA/NA
				☐ 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		
				☐ 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:

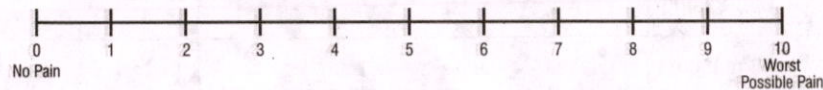
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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 drawn 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

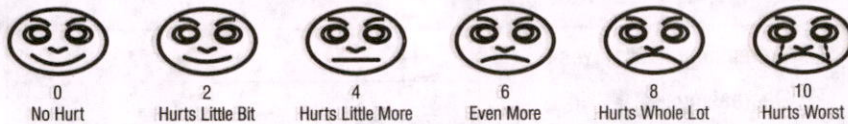
Numerical Pain Scale (Obstetric and Gynecology)



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



BRADEN 'Q' SCALE

					Date :	6/7/26/21		
					Time :	8am	8m	
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4		
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4		
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4		
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4		
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of 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		
TOTAL SCORE					28	28		
Evaluator's Name					Abhishek 14/11			

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



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



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
6/7/26	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Headache Vomiting	For H stability	MRI	Jayson	☐ Nursing ☐ Others:
6/7/26 8am	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Headache Vomiting	H-Stability	MRI	Abhishek	☒ Medical ☐ Others:
7/7/26 8am	☐ Medical ☐ Nursing ☒ Others: Dr. P. P. P.	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Abnormal mal- formation 2 right temporal bone abnorm s/p excision	Normal diet	<u>RDA</u> E :- 1800 kals/d <u>P :-</u> 32g/d	Maminder	☐ 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:

BAH-00658351 IP5-00176008
 Master LUQMAN AHZAM KHAN (M)
 31-10-2012 13 Y 8 M 6 D
 Dr. KAPIL BHAGWATRAO SACHANE

MULTI-DISCIPLINARY PLAN OF CARE FORM

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ 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:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

BAH-00658351 IP5-00176008
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 8 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

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

Pa
Pati

Age: 11y 8m 6d

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		
6/7/26	8am	3	pain management	M	1	0	1	1	NA	Abhishek
7/7/26	8am	9	Normal diet	M	1	0	1	1		Monika

Part - III: CODES

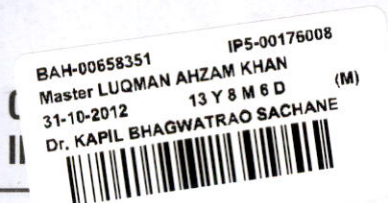
Who was taught:	PT: Patient	F: Father	M: Mother	S: Spouse	Sn: Son	D: Daughter	C: Caregiver	O: Other (Specify)															
Learning Barriers:	<table border="0"> <tr> <td>1. No Learning Barriers</td> <td>4. Language Barrier</td> <td>7. Impaired Thought Process/Cognitive limitations</td> <td>10. Financial Difficulties</td> <td>13. Cultural/Religion Practice</td> </tr> <tr> <td>2. Physical Impairment</td> <td>5. Educational Level</td> <td>8. Responsibilities at Home</td> <td>11. Beliefs and Values</td> <td>14. Others (Specify)</td> </tr> <tr> <td>3. Emotional Barriers</td> <td>6. Desire / Motivate to Learn</td> <td>9. Cultural Differences</td> <td>12. Impaired Vision/ or Hearing</td> <td></td> </tr> </table>								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	
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:	<table border="0"> <tr> <td>1. None</td> <td>3. Reassurance & Support</td> <td>5. Respect values & beliefs</td> <td>7. Other, Specify</td> </tr> <tr> <td>2. Obtain translator</td> <td>4. Teach Family / Others</td> <td>6. Respect Cultural / Religion Preference</td> <td></td> </tr> </table>								1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify	2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference								
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
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ 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:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:



CARE UNIT



Name: LUQMAN AHZAM KHAN Age: 13y Gender: Male ☒ Female ☐
UHID.No: BAH-00658351 Date: 06/07/26

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

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

The doctors have clearly explained to me that my patient Master /Baby AHZAM KHAN, during his /
her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management,
mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain,
or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure
shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied
that I give consent for various invasive procedure to save the life of my child. I understand that a sick child in Pediatric Intensive Care
Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed
upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections,
bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master /Baby AHZAM KHAN,
..... in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved
from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all
necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant : [Signature]
Signature:

Name:

Relationship with Patient: Father

Date & Time: 06/07/26, 8am

Witness :

Signature: [Signature]

Name: [Signature]

Date & Time: 06/07/26, 8am

Doctor (who is taking the consent) : [Signature]
Signature:

Name: [Signature]

Date & Time: 06/07/26

**పిల్లల ఇంటర్నివ్ కేర్ యూనిట్ లో
అడ్మిషన్ కొరకు సమ్మతి**



రోగి పేరు వయస్సు లింగం ☐ పు ☐ స్త్రీ

యు.పా.బి.డి /o. d/o. w/o.

నేను అనే బాలుడు / బాలిక యొక్క బికిత్త మేరకు రెయిన్ బోల్డ్ పిల్లల అనుపత్తి లోని పిల్లల ఇంటర్నివ్ కేర్ యూనిట్
..... నాడు పూర్తి సమ్మతితో చేర్చితిని.
తేదీ

మా బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

.....

రెయిన్ బోల్డ్ బిల్డ్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటర్నివ్ కేర్ విభాగం లో చేరించి జడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి పీడియాట్రిక్ ఇంటర్నివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాలెటర్, బొడ్డు నీర మరియు ధమనుల కాలెటర్ వంటి . పెరిపెరల్ ఇన్ థ్రట్ చేయబడిన నెంట్రిల్ కాలెటర్ లైన్ మరియు అర్టిఫిషియల్ స్లేస్ మెంట్స్, ఛాతీ డ్రైయిన్ లేదా పెరిటోనియల్ డ్రైయిన్ ఇన్ థ్రస్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా జడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటర్నివ్ కేర్ విభాగం లో అనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక జడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటర్నివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమె పై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ను ఇంటర్నివ్ కేర్ యూనిట్ (పి.బి.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండ్నెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

BAH-00658351 IP5-00176008
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 8 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INITIAL ASSESSMENT FOR PICU

Date of Admission: 06/07/2026 8:15am

Source of Admission: ☒ OPD ☐ Ward ☐ Other:

Reason for Admission: Headen and Greediness

Admission Diagnosis: ? Raised ICP

Accompanied By: ☒ Parent ☐ Guardian ☐ Other Name:

Primary Language: ☒ Telugu ☒ English ☒ Hindi ☐ Other Specify

Do you require an interpreter? ☐ Yes ☒ No

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes, identify

Source of Information: ☐ Family ☐ Patient ☐ Others, Specify

	Past Medical History	Past Surgical History	Last Hospital Admission
SIGNIFICANT HISTORY	Past history of Neurological disorder	slr - Craniotomy 8/06/2026	Retd on 8th/june 2026
	Family History: Not Significant		
	Has 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 MEDICATIONS	Taking Medications? ☐ Yes ☒ No If yes, Fill the reconciliation form Medicine brought to the hospital? ☒ Yes ☐ No		
Observations: Weight: 42 kgs Length: Head Circumference (< 2 years): Temp.: 98.6 F HR: 75 b/min RR: 20 b/min BP: 100/70 Pain Score: 01 Specify Site: (Follow Pain Assessment Sheet & Document) Fall Risk Assessment: ☒ Yes ☐ No Score: 9 (Document in the Humpty Dumpty Sheet) Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)			

BAH-00658351 IP5-00176008
Master LUQMAN AHZAM KHAN (M)
31-10-2012 13 Y 8 M 6 D
Dr. KAPIL BHAGWATRAO SACHANE

B. Status on Admission:

☐ Sleeping ☐ Crying ☐ Calm ☐ Distressed/Console ☒ Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ 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):

Social History: Lives With Parents

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

Orientation has been given regarding the following aspects:

☒ ID Band in situ
☒ Bedside safety explained
☒ PICU Routine: Doctor's rounds/Medication time
☒ Visiting policy explained

Orientation given to: ☒ Family ☐ Others specify

Name of Person Orientation was given to: Parents

Orientation not given Reason:

Nurse Name: Hanin Nurse Signature: Hanin

Date & Time: 06/07/2018 18:00

DISCHARGE PLAN

Source of Information: ☒ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☒ No

Will Physiotherapy require at home: ☐ Yes ☒ No

Is home medical equipment anticipated: ☐ Yes ☒ No

Is home oxygen therapy anticipated: ☐ Yes ☒ No

Are dressing needs at home anticipated: ☐ Yes ☒ No

Any other needs anticipated: ☐ Yes ☒ No If Yes Specify

Discharge Medications: ☐ Yes ☒ No

Details:

Final Diagnosis:

Nurse Name: Hanin Nurse Signature: Hanin

Date & Time: 6/07/2018, 10 am

BAH-00658351 IP5-00176008
Master LUQMAN AHZAM KHAN (M)
31-10-2012 13 Y 8 M 6 D
Dr. KAPIL BHAGWATRAO SACHANE

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA : 06/07/26		Diagnosis :		Surgery / Procedures :	
	Allergies :				Post OP Day :	
	Date :	06/07				
	Area	PICU				
	Shift Time	Day				
INVASIVE LINES	Diet :	NPO				
	Ventilation (RA, NP, NIV, VENTI)	RA				
	1.	Cannula				
	2.	②				
ASSESS	Infusions / Transfusions					
		DNS				
		3. NS				
	PU Prophylaxis	} NA				
	DVT Prophylaxis					
	Vitals	BP	110/71			
		PR	95b/m			
		RR	30b/m			
		SpO ₂	100%			
		Temp	98.6°F			
	Pain Score	01				
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert				
	Skin Integrity (Intact / Bedsores / Any other condition)	Intact				
	Restraints If any	Physical	} NA			
Chemical						
Fall Risk (Vulnerable (Y/N) if yes score)	yes					
(Ambulation, walking, moving with assistance, bed ridden)	Moving					
ADL (Dependent / Non-Dependent)	Dependent					
Critical Lab Test / Values (if any)	Nil					

Note : RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Investigations Procedures	Date :	06/07					
		Area	Pico Day					
		Shift Time						
		Ordered / Planned	plan for MRI					
		Due	NO DUE					
		Reports Pending	Blood O/s					
		Referrals (If any)	NO Referrals					
	Remarks (Special Interventions like, Drainage Tube flushing etc.)	NO Remarks						
Handed Over By Name :		Amr						
Signature :		Amr						
Date :		06/07						
Time :		8 pm						
Taken Over By Name :		Jumana						
Signature :		Jumana						
Date :		6/7/26						
Time :		7:30 pm						

PATIENT TRANSFER FORM

BAH-00658351 IP5-00176008
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 8 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE



Date & Time of Admission <i>06/07/26</i>		Date & Time of Transfer Order <i>6/7/26, @ 5pm</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. Farhan</i>	Reason for Transfer <i>shifting</i>
From Unit <i>PICU</i>	To Unit <i>118</i>	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File <i>30+</i>	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 <i>Farhan</i>	Name of Person Ordered Transfer
---	---------------------------------

Patient & Clinical Records Received by :

6/7/26 *Junung*

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

PATIENT TRANSFER FORM

BAH-00658351 IP5-00176008
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 8 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE



Date & Time of Admission 6/7/26 at		Date & Time of Transfer Order 6/7/26 at 8:10 AM
Treating Consultant Name ER	Transfer Ordered by Dr. madhuri	Reason for Transfer Admission
From Unit ER	To Unit PIU	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 25	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant OP File Yes ☒ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Blood Culture Sample	①
2.	Plu'n	②
3.	EDTA	①
4.	Inbupix	②
5.	DNS	①

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

Name & Signature of Person who is Transferring Mr. Abhishek	Name of Person Ordered Transfer Dr. madhuri
Patient & Clinical Records Received by : [Signature]	
Date & Time of Patient Received : 6/7/26 8:15 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

PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : P. M.

Date : 6/7/26

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

Start Time of Assessment: 6:40am

Weight: 42kg

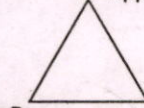
Allergic History: _____

Chief Complaints: KYO Night temporal abscess
with type 2 Atherothrombotic malformation
in hepatic abscess - June 2026

now with right side headache and
giddiness since yesterday
also with ear discharge

Pediatric Assessment Triangle

A Appearance - TICLS _____



B

C

Circulation

Breathing

☐ ↑ WOB

☐ ↓ WOB

☒ Normal

☐ Gasping / Apnea

☒ Normal

☐ Abnormal

Pallor ☐

Cyanosis ☐

Mottling ☐

Bleeding ☐

Any urgent interventions needed: ☐ Yes ☒ No

If Yes _____

Initial Physiological Status: ☒ Stable ☐ Unstable

Life Threatening ☐

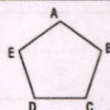
Non Life Threatening ☐

Significant Past History: craniotomy and excision of abscess on 08-06-2026

Medication History: on meropenem and ceftriaxone i.v.

Relevant Investigations: _____

Primary Assessment



Airway

☒ Open

☐ Maintainable

☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☒ No

If Yes _____

Breathing

Rate: 18/min

SpO₂ on FiO₂ 98%

Rhythm: Q

Retractions: ☐ Suprasternal ☐ ICR ☐ SCR

☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: Bilateral air entry present

Palpation Findings (If necessary) _____

Any urgent interventions needed: ☐ Yes ☒ No

If Yes _____



Circulation

HR: 96/min

CFT ☐ Central 28 sec
☐ PeripheralAny urgent interventions needed: ☐ Yes ☒ No

If Yes

BP: 100/56(70) mmHg

Pulse Volume: ☐ Central good
☐ PeripheralIf in Shock: ☐ Compensated
☐ HypotensiveMuffled Heart Sound: ☐ Yes ☒ NoEngorged Neck Veins: ☐ Yes ☒ NoMurmurs: ☐ Yes ☒ No

Liver Span:

ECG:

Any Signs of
Heart Failure: ☐ Yes ☒ No

Disability

GCS: 15/15 AVPU:

Pupils: ☒ Responsive ☐ Non-ResponsiveSize ☐ Right
☐ LeftActive Seizures: ☐ Yes ☒ No Sugars:

Signs of Neurological compromise

Any urgent interventions needed: ☐ Yes ☒ No

If Yes

Exposure



Temp: afebrile

Any Rash: ☐ Yes ☐ No,

If yes describe the rash

Active bleed

Lacerations ☐ Abrasions ☐ bruises ☐

Describe:

Any urgent interventions needed: ☐ Yes ☒ No

If Yes

Final Physiological Status:

☐ Respiratory Distress☐ Respiratory Failure☐ Respiratory Arrest☐ Shock - Compensated☐ Hypotensive☐ Cardiopulmonary Arrest☒ Hemodynamically Stable

Secondary Assessment:

Head to toe examination with positive findings: Left ear - there was

Labs Planned:

CBP, PCT, P/LINP

Blood UEs, RFT

MRI Brain + Contrast

HRET temporal bone

Treatment Planned:

meropenem

ceftriaxone

ent-levofloxacin

ent-hydrocortisone

2L Saline

DVT at 60% nt

Need for Oxygen: ☐ Yes ☒ Noif yes Low Flow ☐High Flow ☐PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary):

Aberrantly malformation Right temporal
distal now 2 giddies

Assessment done by

Name of the Doctor: Madhoo

Signature: Madhoo

Date & Time: 6/5/26

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor:

Signature:

Date & Time:



REQUEST FOR CREDIT FACILITY

To,
The Credit Billing,
Tenet Diagnostics,
Banjara Hills, Hyderabad.

Patient details: Patient Sticker

Dear Sir/Madam,

We are sending the above mentioned patient for the diagnostic test HRCT Temporal Bone + CT Brain Screening (COS) Contrast Under Sedation in your diagnostic center on credit basis. Request you to kindly do the needful. The bill will be settled by Rainbow Hospital, billing department as per the agreement. For any further queries, please contact the billing manager.

Order ID: 5-0009689838

Thanking you,
Department of Inpatient Billing

Coordinator:

Signature: B. Srinanth

Name: B. Srinanth

Date & Time: 6/12/2026 @ 9:10a

Billing Executive:

Signature: [Signature]

Name: [Signature]

Date & Time: [Signature]

Mobile (Billing Manager): 9247505898

Manager on Duty (MOD):

Signature: [Signature]

Name: Soujanya

Date & Time: 06/12/2026 @ 9:30a

Mobile: 9676838787

Docu. No: RCH/ FRM/ GENERAL/ 663

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00658351 IP5-00176008
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 8 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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

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

Name: Master Luqman Ahzam Khan Age: 13y Sex: Male UHID.No: _____

Date: 05/07/2026 Time: 8:10AM Proposed Operation: M.R.I. Brain with contrast

Diagnosis: Absolutely Malformation @ Temporal Abscess, hepatic Abscess → June 2026

B.P / CRT: 100/50 H.R: _____ Weight: 40kg ASA Physical Status: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.8 Glucose: _____ Protein: _____ HIV: _____ X-Ray: _____
PCV: _____ Urea: _____ Alb: _____ HBS Ag: _____ ECG: _____
WBC: 9.140 Creat: _____ Total Bill: _____ HCV: _____ 2D Echo: _____
Plate: 243 Na: 138 Dir. Bill: _____ Blood group: A/B +ve Stress/Angio: _____
PT: _____ K: 4.8 LDH: _____ T3 _____ Other: _____
PTT: _____ Ca++: _____ Alk phos: _____ T4 _____
INR: _____ Mg++: _____ Amylase: _____ TSH _____
Cl -: 109 SGOT/SGPT: _____

Allergies:

Medical History: CVS:

RESP: C/O Breathlessness

CNS: on & off

Renal: _____

Hepatic / GE: _____

Others: C/O @ side headache, giddiness

Past Anaesthetic History: S/P Craniotomy & excision of Abscess, prev H/O M.R.I Brain → June 2026

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Adequate Mento-hyoid Distance: _____ Neck: _____ Teeth: _____

Lungs: B/L A2 ⊕

Heart: S2 ⊕

CNS: conscious, oriented

Pregnant: ☐ Yes ☐ No ☐ NA

Venous Access Site: R UL Spine Exam for regional: _____

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis: _____
- NIL ORAL Water / ORS 2 Hours Others 6 Hours Yest evening Abster
- Informed Consent: ☐ Standard ☐ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions: _____

Signature: Dr. Kapil Name: DR. KAPIL

BAH-00658351 IP5-00176008
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 8 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

ANAESTHESIA CHART

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

Physical Status:

☐ Patient Identified

☐ Consent Present

☐ Chart Reviewed

H.R:

B.P / CRT:

SpO₂:

R.R:

Last Feed:

Pre-OP Diagnosis:

Operation: Date :

Surgeon:

Anaesthesiologist: Technician:

TIME
N₂O / AIR / O₂ LPM
HALO / SO / SEVO
Drugs:

Antibiotic

Suppository

Blood Loss

NOTES

FI_{O₂} / SaO₂
ETCO₂
ECG
Temperature
Urine Output

Fluids
Blood

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

LAB Values

ABG

GRBS

Others

- ☐ Equipment Checked and Functional
- ☐ BP
- ☐ Cuff Site:
- ☐ Art Site:
- ☐ EKG Lead
- ☐ Temp Site
- ☐ FI_{O₂} Monitor
- ☐ Agent Monitor
- ☐ Pulse Oximeter
- ☐ Capnograph
- ☐ Ventilator
- ☐ Nerve Stimulator

Position:
☐ Pressure Points Checked

Eye Care:

- ☐ Oint
- ☐ Tape
- ☐ Padding
- ☐ Awake

Temp:

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

Times:

Anaes Start:
OP Start:
OP End:
Leave OR:

Anaesthesia:

- ☐ GA
- ☐ Monitored Anaesthesia Care
- ☐ Regional

Line (Size & Location)

- ☐ CVP:
- ☐ ART:
- ☐ IV:
- ☐ IV:
- ☐ IV:

Induction

- ☐ IV
- ☐ Pre O₂
- ☐ Others
- ☐ Inhal
- ☐ RSI

- ☐ Mask
- ☐ Airway
- ☐ ETT# at cm
- ☐ Oral
- ☐ Tracheostomy
- ☐ Drug:
- ☐ SG
- ☐ Oral
- ☐ Nasal
- ☐ Cuff
- ☐ Topical

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

Bilat = BS

- ☐ Semi-Closed Circle
- ☐ Closed Circle
- ☐ Other

Regional:

- Extremity
- Spinal
- Epidural
- Caudal

Others:

Position:

Site:

Needle Size: Depth:

Parasthesia ☐ Yes ☐ No

Catheter at skin cm

Drug Name & Conc:

Bolus:

Infusion:

Block Level:

Comments:

Transportation to

- ☐ PACU
- ☐ ICU
- ☐ Other
- Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor:

Signature of the Doctor:



UNIT RECORD

Received in PACU by:

Time Received :

Time Discharged :

P

Received in PACU by : Time Received : Time Discharged :

< RESP • PULSE > 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 SPO ₂					250	IV Cannula Site :	
					240	☐ O ₂ Mask	☐ Nasal Prongs
				230	☐ Tracheostomy	☐ T-Piece	
				220	☐ Oral Airway	☐ Nasal Airway	
				210	Vomiting : ☐ Yes ☐ No	Drug:	
				200	NG Tube : ☐ Yes ☐ No		
				190	Drain: ☐ Yes ☐ No		
				180	Urinary Catheter: ☐ Yes ☐ No		
				170	Chest Tube: ☐ Yes ☐ No		
				160	Nil Oral ☐ Yes ☐ No		
				150	IV Fluids:		
				140	Oral Feeds:		
				130			
				120			
				110			
				100			
				90			
				80			
				70			
				60			
				50			
				40			
				30			
				20			
				10			
				0			

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

Signature

PAIN ASSESSMENT AND MANAGEMENT FORM

PAIN ASSESSMENT AND MANAGEMENT FORM				Signature
Date	Time	Pain Score	Intervention	

☐ Wong Baker ☐ NPS

Reassessment Frequency:
 1 Every eight hours for all hospitalized patients.
 2 Every four hours for patient with chronic pain, patient with severe pain

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

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

Reassessment Frequency:

- 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 relieving intervention
 - d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU):

Date & Time:



ANALGESIA RECORD

Date: Time: Procedure done by

Position : Space : Technique (LOR/LOS)

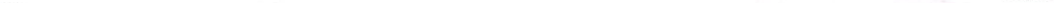
Depth:

Catheter at Skin: Technique (LOR/LOS)
 s: 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:

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

Catheter Removed by and Tip Inspected :

Catheter Removed by and Tip Inspected : SVD / Instrumental / LSCS (if LSCS Details)

Patient Satisfaction :

Discharge /Shifting ordered by

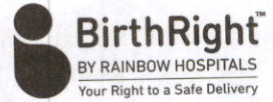
Doctor Signature:

Doctor Name:

Date and Time

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

BAH-00658351 IP5-00176008
Master LUQMAN AHZAM KHAN
31-10-2012 13 Y 8 M 6 D (M)
Dr. KAPIL BHAGWATRAO SACHANE



Patient Name : Master Luqman Ahzam Khan Age : 13Y 8M Gender : Male ☒ Female ☐

UHID NO: _____ Surgeon Name: _____

Anaesthesiologist : DR SHINNY

Operative procedure planned : MRI BRAIN WITH CONTRAST, HRCT

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 : <u>BRONCHOSPASM, LARYNGOSPASM</u> | | | |

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 _____ 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 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.

Understand that there are some infrequent complications that can occur due to use of anaesthesia, these include
in or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

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

hat I authorize and give consent to the team of doctors attending on me to administer blood products during the
ourse of operative period and immediately thereafter in need arises.

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 : Asma

Name : Asma Khanam Raees Khan

Relationship with Patient: MOTHER

Date & Time : 06/07/27, 8:18 AM

Witness :

Signature : Har

Name : Har

Date & Time : 06/07/26, 8:18 am

Doctor (who is taking the consent) :

Signature : DR SHINY

Name : DR SHINY

Date & Time : 06/07/27, 8:16 AM

118

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 7/7/26 Time: 8 AM

Weight: 42 kg Centile: 71st

Height: 155 cm Centile: 71st

Inference: underweight child

RDA: — Calories: 1800 kcal/d Protein: 32 g/d

Diet Recommendations: Normal diet

Re-Assessment: Avoid spicy, chilled, and outside foods

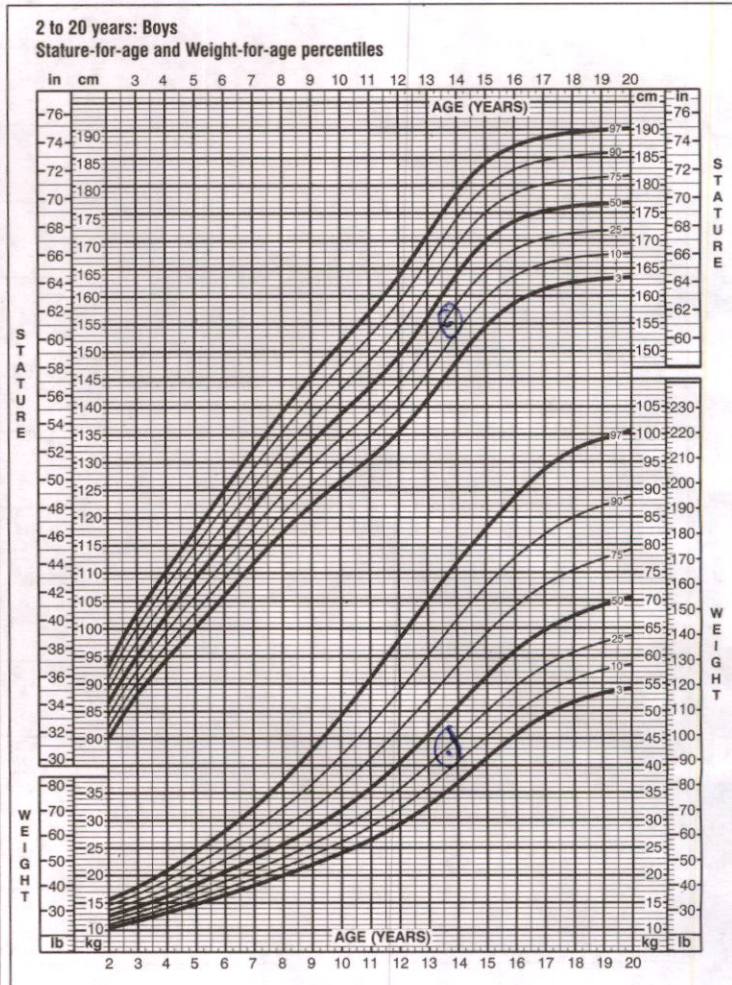
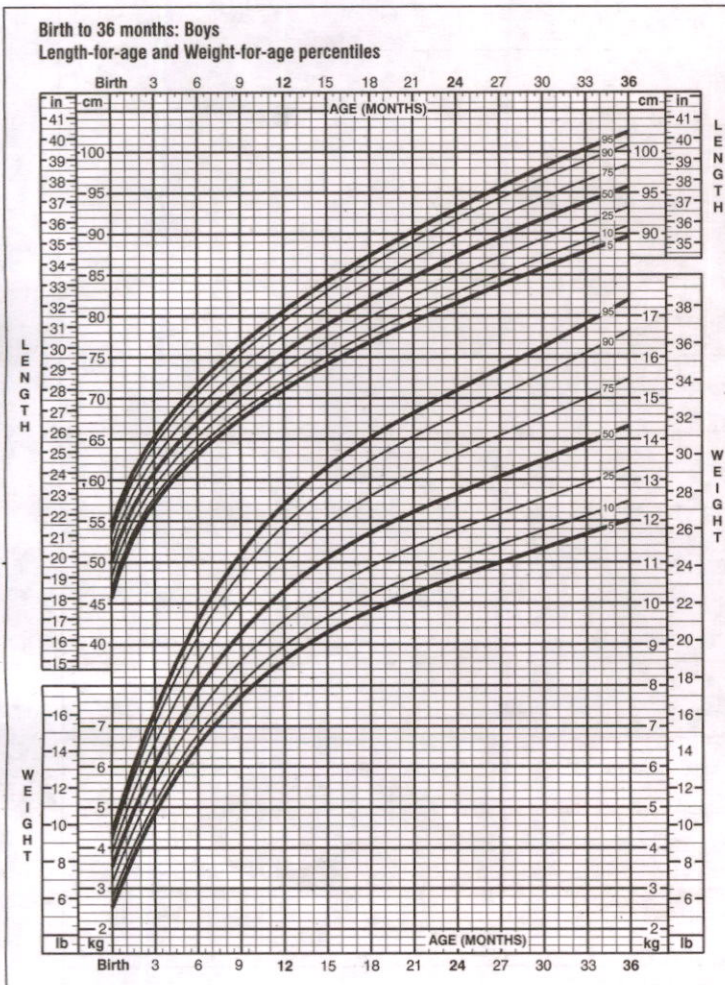
Food Allergies: No Veg/Non-veg: non-veg

Diagnosis: Aberrant malformation of right temporal bone abscess & epidermal

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Asma

GROWTH CHART (BOYS)



Dietician's Name: Mounika

Dietician's Signature: Mounika

[illegible]