

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174655 Admit Date : 02-Jun-2026 Admit Time : 02:43 PM UHID : BAH-00537643

Patient Details :

Patient Name : Baby SHAIK DANIYA SABREEN SHAKEEL Age : 14 Y 7 M 16 D
Guardian : Mr SHAIKH SHAKEEL SHAIKH VAZEER DOB : 17-10-2011
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : 1590, BURUDU GALLI, ARJAPUR, Kundalwadi Phone No : 9834774855/ 8080402596
Nanded Maharashtra INDIA 110005 E-mail : na123@gmail.com

Admission Details :

Bed Type : GENERAL WARD Bed No : GW 121 A Ward Name : 1F-GENERAL WARD I
Room No : GW 121 A Admission Type : First Visit

Contact Details :

Name : Mr SHAIKH SHAKEEL SHAIKH VAZEER Relationship : Father
Contact Address : 1590, BURUDU GALLI, ARJAPUR, Kundalwadi Phone No : 9834774855 / 8080402596
Nanded Maharashtra INDIA 110005

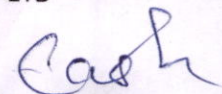

Signature

Doctor Details :

Doctor Name : Dr. ALISHA BABBAR Specialisation : PEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : NIVA BUDA HEALTH INSURANCE COMPANY LTD



1 day IP admission

Kindly give 15% discount on
total bill.

Dr. Alshiq
3/6/2026
6:40pm



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

Shaik Daniya Sabreen Shekeel.

UHID ID:

BAH-00537643 IP5-00174655
Baby SHAIK DANIYA SABREEN
17-10-2011 14 Y 7 M 16 D (F)
Dr. ALISHA BABBAR

Department:



Consultant:



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Moderately severe pain in abdomen. → Since 6 months.
Blood in stools ~~_____~~ → since 1 month.
B/L knee joint pain on & off since 6 months.

History of present illness :

Child is apparently well 6 months ago. Child developed above complaints since last 6 months.

- Pain in right iliac fossa since 6 months
 - on & off
 - feed & food intake
 - P/a Pricking type of pain (+)
 - feed pain @ night after having dinner.

- Blood in stools - streaks, small quantity in every stool.
 - since 1 month
 - associated & pain while passing stool & after passing

- B/L knee joint pain → occasional (+)
 - since 6 months.

25/4: USG Abdomen → Mild feed wall vascularity of IC junctions & adjacent enlarged nodes - likely infective etiology.

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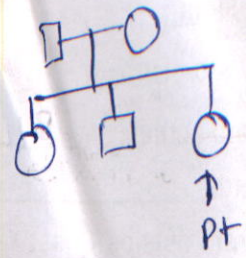
Pediatric Multiorgan History & Physical Examination

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

Nil

Birth & Neonatal History:

Wt at birth ≥ 2.5 kg } NNS - PT given for 1 day.
NO H/O NICU stay.



Birth & Socio Economic History:

About Father : _____ } Upper middle class
About Mother : _____ }
Any additional Information : _____

Developmental History :

Ⓝ development

Immunization History :

upto date till 10 yrs age -

BAH-00537643 IP5-00174855
Baby SHAIK DANIYA SABREEN
17-10-2011 14 Y 7 M 16 D (F)
Dr. ALISHA BABBAR



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Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____)
Weight (kgs) 41.73kg (Centile _____) Height (cms): 157 (Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate : 92/min B.P. 105/67(75)mm Hg SPO2 100% on RA
Resp. rate and type of breathing : RR = 24/min

Rash _____
Lymphadenopathy } nil
Oedema : _____
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : B/L AB (+)
Any addes sounds : _____
Relevant data from outside (Chest X-Ra, ABG, etc.,) _____

Cardiovascular System :

Inspection of procordium : _____
Heart Sounds : S1S2 (+)
Any murmur : _____
Relevant data from outside (Chest ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection _____
Palpation : soft, evel (+) in RIF (+)
Ausculation : _____
External Genitalia : _____

Spine :
Relevant data from outside



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Plantars _____

Superficials:

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

• Suspected Abdominal TB.

17-10-2011
 Baby SHAIK DANIYA SABREEN
 Dr. AJISHA SABBAR
 14 Y 7 M 16 D (F)
 IPS-00174655

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Renal Bleeding

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

Plain }
 EDTA } Collected in ER.

Planned Management

Inj Ceftriaxone 2gm IV BD
 Inj Metronidazole TID
 IV fluids
 vitals monitoring
 Colonoscopy & biopsy → if poor
 antibiotic response (suspected
 abdominal TB)

MS
 2/6/21

[Signature]

Signature of the Doctor: Ramy
 Name of the Doctor: Dr. RAMYA
 Date & Time: 2/6/21, 3pm

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26		
5pm	4stB <u>gastro team</u>	
	D:- ? <u>Intestinal TB</u>	
		<u>Plan</u>
	40 Abd pain	
	poor int	1). cont Anal
	blood in stools	2). Pegue to be continued or advised
	H pain	3) only liquid diet from now
		4). NPO from 10:00 9AM.
		5). Add sup Smutler
		6) <u>reflex</u> Motolyer's Enema.
		@ 9AM Hm.

Alisha Babbar



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/06/26 9 AM	C/S/B - Gastro Team	IP Plan
	Suspected Intestinal TB	
	Pain abdomen (+) IPaed stool - 12-15 times, last stool near clear stool	1x Allow liquid - fruit juice/cornflour water now NPO from 9:30 AM - 10 AM
	o/e Hemodynamically stable chest clear	2x iv fluids 3x Monitor vitals
	P/A - soft, Mild tenderness (+)	4x Can stop Peflac, if next stool clear
		5x Colonoscopy 3:30 PM <u>Free</u> Debn
	<u>Free</u>	<u>Free</u>

BAH-00537643 IP5-00174655
 Baby SHAIK DANIYA SABREEN
 17-10-2011 14 Y 7 M 16 D (F)
 Dr. ALISHA BABBAR



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: 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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *[Signature]* Dr. RAMYA

Date & Time : 2/6/26; 3 pm

Nurse Name & Signature: *[Signature]* Renuka

Date & Time : 2/6/26 & 3:10 pm

BAH-00537643 IP5-00174655
 Baby SHAIK DANIYA SABREEN
 17-10-2011 14 Y 7 M 16 D (F)
 Dr. ALISHA BABBAR



RESULT SHEET

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

BAH-00537643 IP5-00174655
 Baby SHAIK DANIYA SABREEN
 17-10-2011 14 Y 7 M 16 D (F)
 Dr. ALISHA BASBAR



DRUG CHART

Date of Admission: 21.6.11 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

BABY
 Baby SHAIK DANIYA SABREEN (F)
 17-10-2011 14 Y 7 M 16 D
 Dr. ALISHA BABBAR



Weight. Ward.

Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
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.

Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
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
02/06/26	5PM	Pepto sachet ↓ Hb	(1 sachet + 20g water) to give over 4hrs - 6hr	Oral		Sourav Bavina
		Pepto sachet ↓ Hb	(1 sachet in 20g water over 4hrs) - 6hr	Oral		Pranesh Saini
		Pepto sachet	(1/2 sachet in litre water over 4hrs)	Oral		Nikita Saranath
3/6	10AM	PROCTOLYCK EUPEMA	1	Oral	Pranesh (Hold)	Nikita Saranath

Signature

VERIFIED BY :

e.s.p
pr



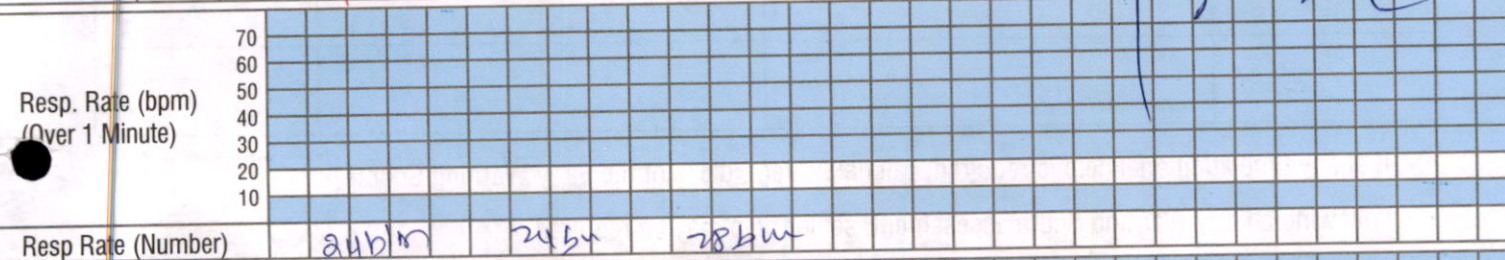
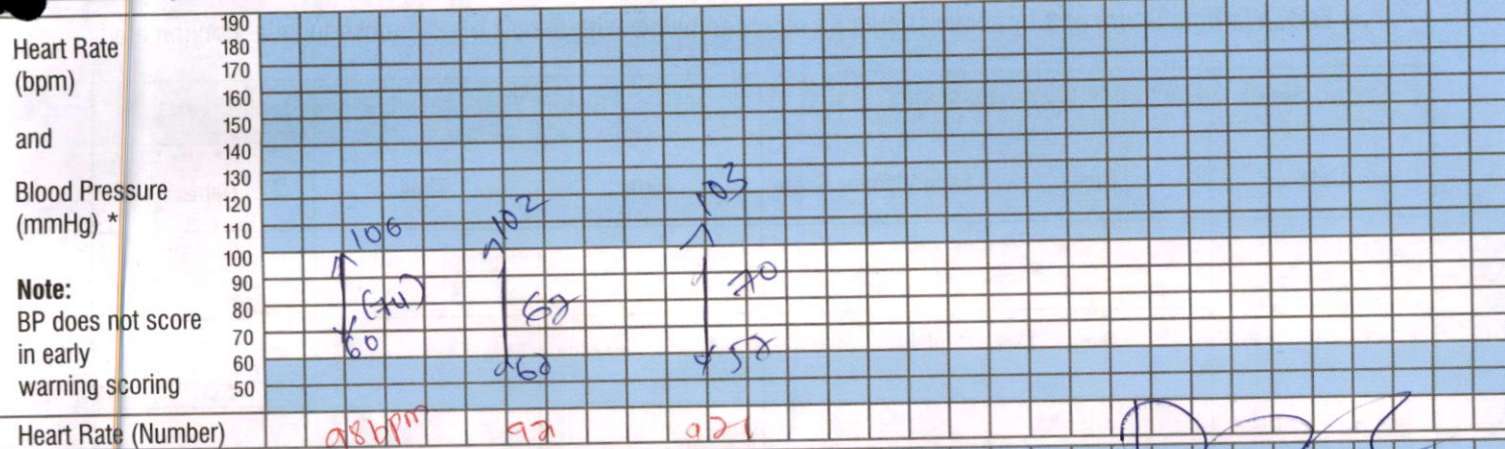
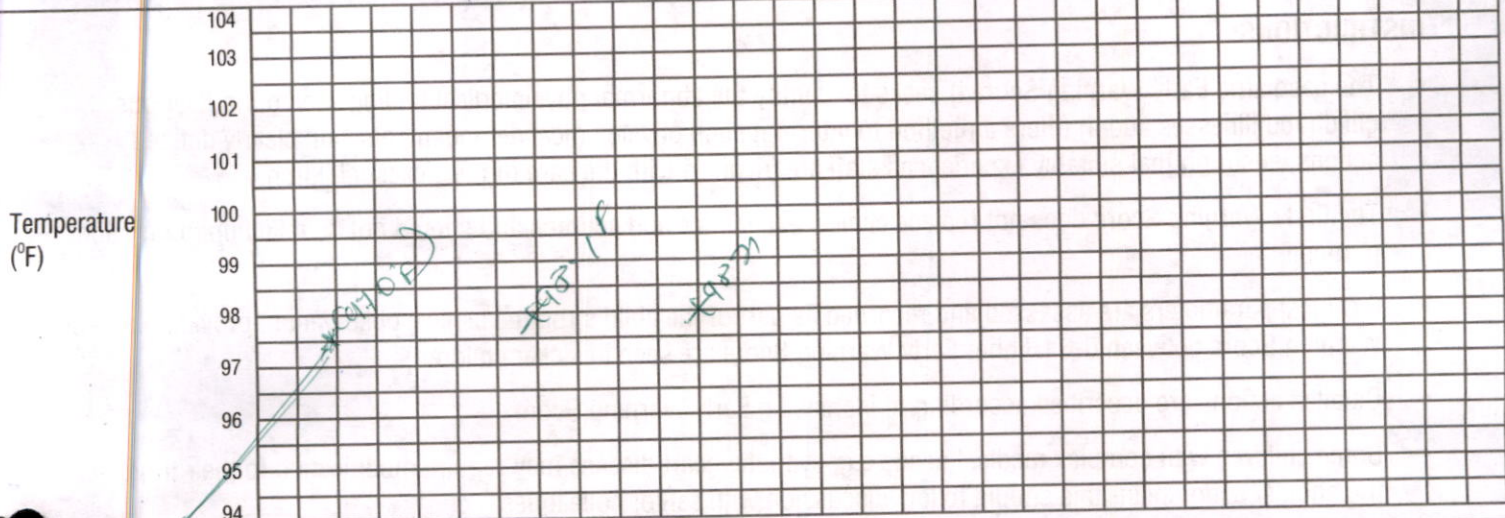
TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 02/10/16 Time: 6:00 AM

Doctor / Nurse / Family Concern? 9 AM 10 AM 11 AM



Resp Mod/ Severe Distress None / Mild

Receiving O₂(l/min) O₂Saturations (%)

Time	O ₂ Saturations (%)
9 AM	98%
10 AM	98%
11 AM	98%

Conscious Level Normal / Altered

GCS *

Time	GCS
9 AM	15/15
10 AM	14/15
11 AM	14/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

Time	Number of shaded boxes	Pain Score	Observer's Initials
9 AM	1	1	AS
10 AM	1	0	SM
11 AM	1	0	AS

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 <i>in the meantime</i> ? (e.g. stop the fluid/ repeat observation)

BAH-00537643
 Baby SHAIK DANIYA SABREEN
 17-10-2011 14 Y 7 M 16 D (F)
 Dr. ALISHA BABBAR



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

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

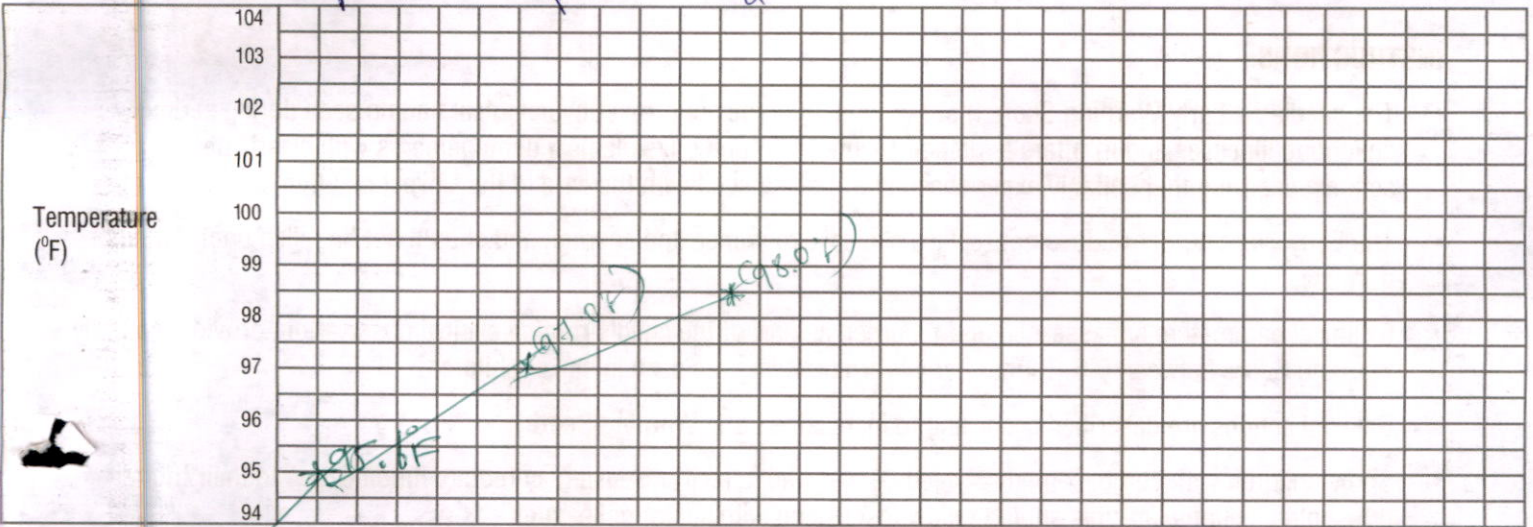
Rainbow
 Children's
 Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/6 Time: 10:00 am

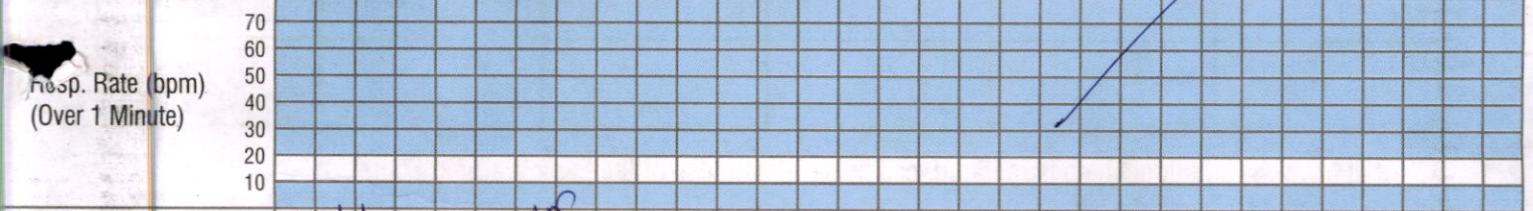
Doctor / Nurse / Family Concern? bpm 10 pm 2 am



Heart Rate (bpm)	105 bpm	102 bpm	100 bpm
Blood Pressure (mmHg) *	105/60	94/60	98/60

Note: BP does not score in early warning scoring

Heart Rate (Number) 105 bpm 102 bpm 100 bpm



Resp Rate (Number) 26 bpm 26 bpm 24 bpm

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 100% 99%

Conscious Level Normal Altered

GCS * 15/15 15/15 15/15

TOTAL SCORE Number of shaded boxes 1 1 1

Pain Score 0 0 0

Observer's Initials

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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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

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm	ONS	Rice								0		
	06:00 pm		curry								0		
	07:00 pm		wood								0		
Total Intake :						Total Output :							
	08:00 pm										0		
	09:00 pm										0		
	10:00 pm										0		
	11:00 pm	ONS	clear								0		
	12:00 am		liquor								0		
	01:00 am										0		
Total Intake :						Total Output :							
	02:00 am										0		
	03:00 am										0		
	04:00 am										0		
	05:00 am	ONS	clear								0		
	06:00 am		liquor								0		
	07:00 am										0		
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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
3/10/16	08:00 am	DMS		60ml	/						0	Sue	
	09:00 am			60ml							0		
	10:00 am												0
	11:00 am												0
	12:00 pm			60ml									0
	01:00 pm			60ml									
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

BAH-00537643 IP5-00174655
 Baby SHAIK DANIYA SABREEN
 17-10-2011 14 Y 7 M 17 D (F)
 Dr. ALISHA BABBAR



INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: Patient Patient Attendant

I, the undersigned do hereby agree to undergo the following surgery(s), Procedure(s) on patient / myself at Rainbow Children's Hospital. (Avoid technical terms and leave no blank space)

1 Colonoscopy ± biopsy

2

I acknowledge the following:

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

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
<u>Therapeutic & Diagnostic</u>	<u>ACU</u>

3. As with any procedure, I am aware that risks such as blood loss, infection, cardiac arrest, anesthetic allergic reactions, paralysis, Deep Vein thrombosis (DVT), Pulmonary thromboembolism (PTE) etc may arise necessitating attention. Therefore, in addition to consenting to the performance of the above-mentioned surgery/procedure(s), I also consent and authorize the rendering of such other care and treatment as patient/my surgeon or his / her designee reasonably believes necessary should one or more of these and or other unforeseeable events occur.

Apart from the listed above, I have also been explained about the possible complications of the surgery / procedure are as follows:

- Bleeding, perforation, Abnormal
-

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

Patient / Patient Attendant:
 Signature: [Signature]
 Name: Shahid Shabaz
 Relationship with patient: Father
 Date & Time:

Witness:
 Signature:
 Name:
 Date & Time:

Doctor (who is taking consent):
 Signature: [Signature] Name: De Kumar Date: 03/06/26 Time: 3PM

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

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

1

2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

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

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

a.	
b.	

4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్ ను చేయడానికి నేను అనుమతిస్తున్నాను.
- వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
- పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవస్థి నాకు అర్థమయ్యే భాష సమాధానం ఇచ్చారు. ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

BAH-00537543 IP5-00174655
 Baby SHAJK DANIYA SABREEN
 17-10-2011 14 Y 7 M 17 D (F)
 Dr. ALISHA BABBAR



OPERATION THEATER NOTES

Patient's Name : Age : Gender : Male Female

UHID No.: Weight : Height :

Surgeon : Dr. Alisha Babbar Asst. Surgeon :

Anesthetist : Dr. Tejash OT Nurse: Tejia Boyer OT Technician: Shirish

Pre-Operative Diagnosis: suspected TB

Surgical Procedure : Colonoscopy ± biopsy.

Indications for Surgery : IC valve - T vasculature / Pericutaneous abdomen
+ significant LN around IC valve
oval ulcer

Date : 3/6/26 Start Time : 3.40 pm End Time :

Pre Operative Preparations:
Bowel Preparation
NPO

Post Operative Diagnosis: suspected TB (intestinal TB)

Peri-Operative Complications:

Operation Notes: ① ileocolonoscopy by Dr Alisha B.
Rectum (N)
Colon - (N)
IC valve - swollen & distorted
Terminal ileum - nodularity more than usual
ileal villi (N)
biopsy ← COBAAT
HPK

BAH-00537643 IP5-00174655
Baby SHAJK DANIYA SABREEN
17-10-2011 14 Y 7 M 17 D (F)
Dr. ALISHA BABBAR



URGICAL CARE PLAN FORM

Procedure Done: *Colonoscopy + biopsy*

Post-Surgical Diagnosis: *Suspected TB*

Post-Operative Monitoring Parameters /Frequency:

1 hrly

Wound Care:

—

Drain /Special Lines/Catheters:

←

Special Patient Positioning and Requirements:

—

Nutritional Instructions:

—

When to Start Mobilization:

Immediately

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

—


Alisha
Treating Surgeon
(Signature & Stamp)

Date: Time:

Note: Plan of care will be readjusted if necessary.

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

BAH-00537643 IP5-00174655
Baby SHAIK DANIYA SABREEN
17-10-2011 14 Y 7 M 16 D (F)
Dr. ALISHA BABBAR



rthRight™
RAINBOW HOSPITALS
Right to a Safe Delivery

Patient Name : Shaik Daniya Sabreen Age : 14 yr Gender : Male Female

UHID NO: BAH-537643 Surgeon Name: Dr. ALISHA

Anaesthesiologist : Dr. ASHWARYA

Operative procedure planned : COLONOSCOPY

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 : desaturation, laryngospasm

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
Shaik Sabreen 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.

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 : *[Signature]*

Name : *Shabir Shaheed*

Relationship with Patient: *Father*

Date & Time : *2/6/2016 ; 7:40pm*

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : *[Signature]*

Name : *Dr. AISHWARYA*

Date & Time : *2/6/2016 7:40pm*

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00537643 IP5-00174655
Baby SHAIK DANIYA SABREEN
17-10-2011 14 Y 7 M 16 D (F)
Dr. ALISHA BABBAR

thRight™
NBOW HOSPITALS
ght to a Safe Delivery

Name: Shaik Daniya Sabreen Age: 14yr Sex: F UHID.No: BAH-537643
Date: 2/6/16 Time: 7:30 pm Proposed Operation: Colonoscopy
Diagnosis: 2. Abdominal Th.
B.P / CRT: 105/67 H.R: 92/min Weight: 41kg 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
NR: Mg++: Amylase: TSH
Cl -: SGOT/SGPT:

Allergies: nl just enlarged LN.

Medical History: CVS: nl Diabetes: uses 2.5kg / NO NICU.
RESP: pain in RIF : 6 months.
CNS: blood in stools ⊕.
Renal: b/l knee joint pain. Physical Activity: Milestones → to age
Hepatic / GE: nl Vaccination

Past Anaesthetic History: nl.

Physical Exam: Asleep;

Airway: MP 1 2 3 4 **Mouth Opening:** **Mentohyoid Distance:** **Neck:** **Teeth:**
Lungs: **Heart:** **CNS:**

Pregnant: Yes No NA **Venous Access Site:** 20g @ OL. **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 $\left\{ \begin{array}{l} \rightarrow \text{Water / ORS 2 Hours} \\ \rightarrow \text{Others 6 Hours} \end{array} \right.$ explained
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: Ashy Name: Dr. ALISHA BABBAR

Patient Sticker

ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 118/min B.P / CRT: 102/60mmHg SpO₂: 100% R.R: 16/min Last Feed: >6hrs

Pre-OP Diagnosis: Abdominal TB Operation: Colonoscopy Date: 3/6/26

Surgeon: Dr. Alisha Anaesthesiologist: Dr. Tejasvini Technician: Srisisha

TIME	3:15	3:30	4:00	4:30
N ₂ O / AIR % LPM		<u>24min</u>		
HALO / SO / SEVO				
Drugs:				
<u>MIDAZOLAM 1mg</u>				
<u>FENTANYL 0.2mcg</u>				
<u>PROPOFOL Infusion TCI plasma site conc. 2ug/ml</u>				
<u>DEXMEDETOMIDINE Infusion 0.7mcg/kg/hr.</u>				
Antibiotic				
Suppository				
Blood Loss				
NOTES				
FI _{O₂} / Sa _{O₂}	<u>100 / 98</u>	<u>99 / 99</u>	<u>99 / 99</u>	<u>99 / 10</u>
ETCO ₂	<u>39</u>	<u>38</u>	<u>36</u>	<u>29</u>
ECG	<u>SR</u>	<u>SR</u>	<u>SR</u>	<u>SR</u>
Temperature				
Urine Output				
Fluids Blood				
<u>RINGER LACTATE 400ml/hr.</u>				
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

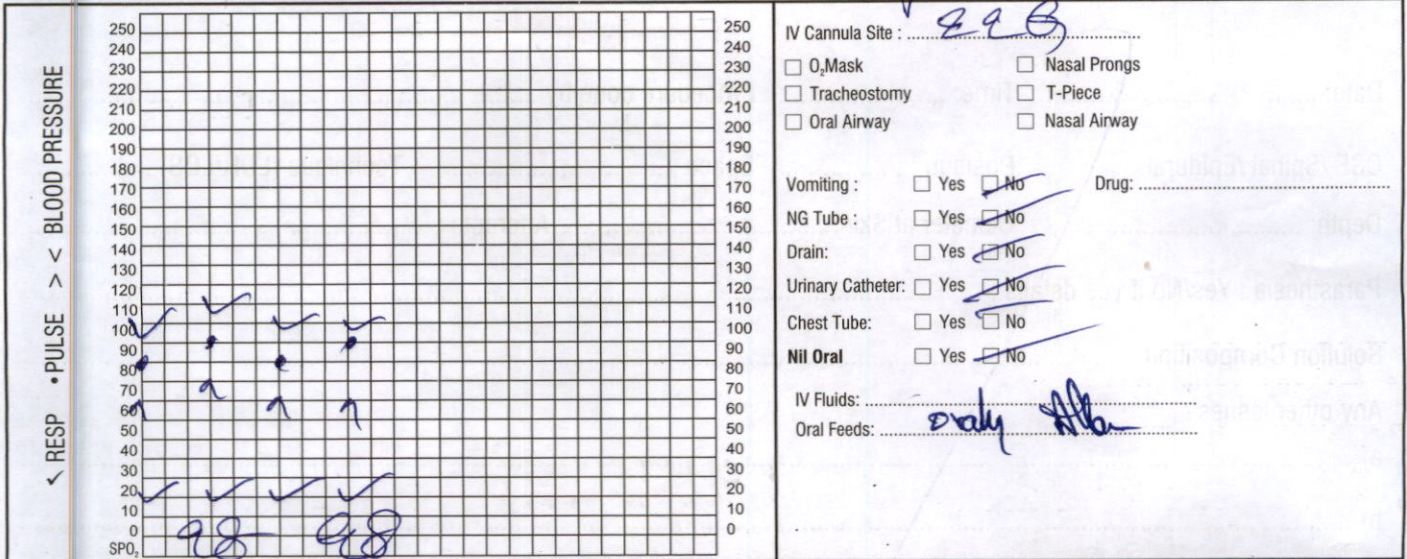
Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <u>90/60</u> <input checked="" type="checkbox"/> Cuff Site: <u>OU</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <u>3leads</u> <input type="checkbox"/> Temp Site <input type="checkbox"/> FIO ₂ Monitor <input type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Left lateral</u> <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>3:15pm</u> OP Start: <u>3:20pm</u> OP End: <u>4:20pm</u> Leave OR: <u>4:25pm</u> Anaesthesia: <input type="checkbox"/> GA <input checked="" type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>20G @ UL</u> <input checked="" type="checkbox"/> IV: <u>20G @ UL</u> <input type="checkbox"/> IV:	Induction <input type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input checked="" type="checkbox"/> Mask <u>NASAL PRONGS & ETCO₂</u> <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# at cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# Attempts: Difficulty Why? <input type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: Site: Needle Size: Depth: Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Name of the Doctor: <u>Dr. Tejasvini</u> Signature of the Doctor:
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Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Dr. [Signature] Time Received : 4:30pm Time Discharged :



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	1	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	1	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		8	8	9	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
3/6	4:30pm	1/10	—	Dr. [Signature]

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

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

Anaesthesiologist Name : Dr. [Signature]

Anaesthesiologist Signature: [Signature]

Date & Time: 3/6/26 5pm

PACU Nurse Name : [Signature]

PACU Nurse Signature: [Signature]

Date & Time: 3/6/26 @ 5:20

Transferred to Unit by (PACU): 149

Date & Time: 3/6/26 @ 5:20pm

Patient Sticker

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 :



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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 3/6/26 Time: 10am

Weight: 41.70kg Centile: 10th

Height: 154.70cm Centile: >10th

Inference: underweight child

RDA: - Calories: 1300kcal/d Protein: 22g/d

Diet Recommendations: child is on NPO

Re-Assessment:

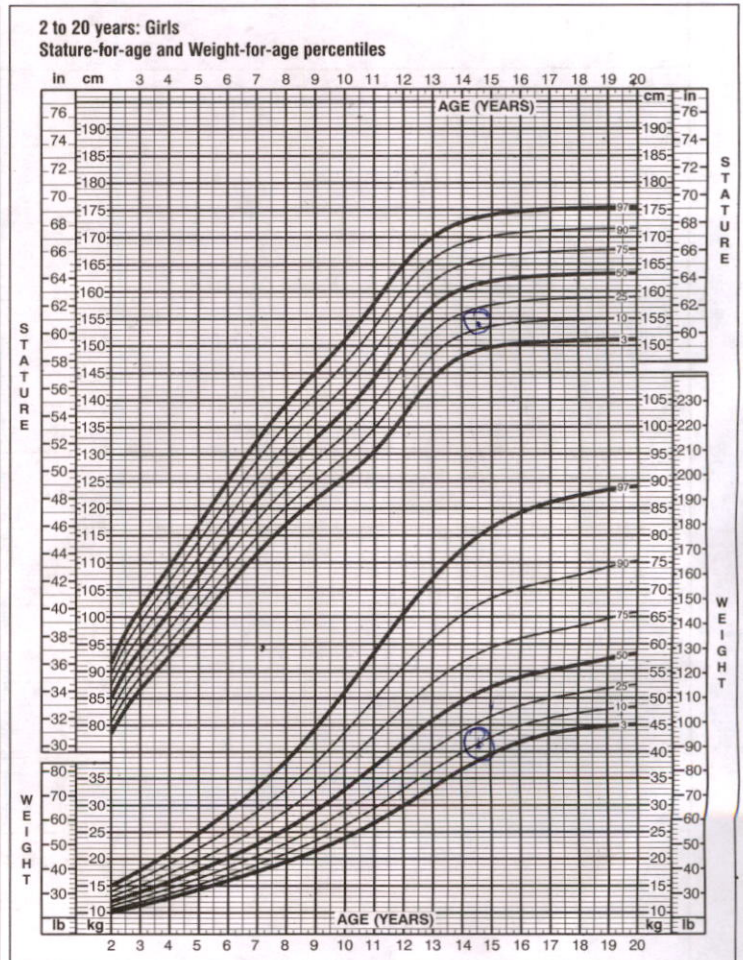
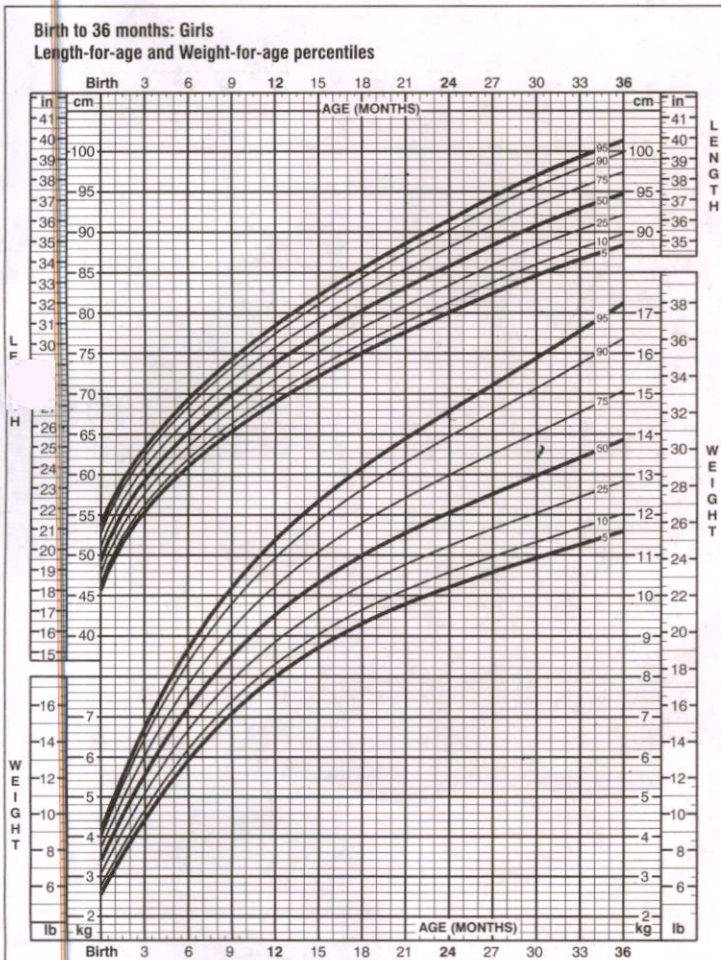
Food Allergies: NO Veg/Non-veg: NDU-veg

Diagnosis: Suspected Abdominal TB

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: [Signature]

GROWTH CHART (GIRLS)



Dietician's Name: Mounica

Dietician's Signature: [Signature]

Procedure	Quantity	Order No.	Signature
Placement	①	9518	Saraha
PAC	①	9640329	Shree
MHA	①	9641314	Sushma

ANY OTHER INFORMATION

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Date: 3/6/20 Time: 5:30 pm Prepared By: Sushma

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Saraha	UWHT		