Patien... BAH-00654281 IP5-00174630
...aby Of ANNAYAGARI SINDOORI (M)
...-04-2026 0 Y 1 M 13 D
...MAINAK DEB

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SURGERY DETAILS

Date : 02/6/26

Patient Name: B/o Annayagari Sindoori Date of Birth: ..... Age: 1M

Gender: M Ward : OT UHID No.: BAH-00654281

Date of Surgery: 2/6/26. ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : R Open Herniotomy

Time in : 10:35 Am Time Out : 11:10 Am

		NAME	AMOUNT
1.	Surgeon	: Dr Mainak Deb	
2.	Anaesthetist	: Dr. Subramanyam	
3.	Assistant Surgeon	: —	
4.	OT Technician	: Ramesh	
5.	Circulating Nurse	: Veeresu	
6.	Assistant Nurse	: Sr. Ramadevi	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9639596 Order by: G. Ramadevi

Docu. No : RCHBH/FRM/GENERAL/114

AH-00654281 IP5-00174630
aby Of ANNAYAGARI SINDOORI
-04-2026 0 Y 1 M 13 D (M)
. MAINAK DEB

Herniotomy Open
✓ C

CONSUMABLES OF OT

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Circulating staff : CU PRC / ... Technician : .... Date : 2/8 .... Time : 10-30 AM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube (2.5 · 3.0 3.5 ·	1+1	—	Major Pack Drape	1	1	Inj Vit.K		
LMA 1	1	—	Sutures			Cord Clamp		
ECG leads : A / P / (N)	01	1	Vic + (3.0) 4.0 · 5.0		01	Suction Catheter		
HME filter : A / P / (N)	01	—	(9915)		01	Feeding Tube		
Syringes : 10 cc	10	2				Vaccum Suction Set		
05 cc	10	3	Gloves 6 · (6½) (7) 7½	2+2+2	1+1	Surgical Gloves		
02 cc	10	4	Pf · 6 · 6½ 7 · 7½	2+2+2	—	Gauze Pack		
01 cc	10	—				Syringe 1ml / 2ml		
Cautery plate : A / P / (N)	01	—	Surgical blade 15	1	1	Surgical Blade # 20		
IV set + Bloodset	01+1	—	NG tube			Koochies (S)		
RL 500ml + 3-way	1+1	—	Cautery pencil	1	—	NS 500 Ml	1	1
NS : (10ml) / (100ml) / (500ml) / 1000ml	5+1+1	1+1	Koochies (S)	1	1	transofix	1	—
mic spine	01	1	Ointments			Jelly	1	—
vacly set	01	—	Suction Catheter			10Ml + 5ML	2+2	—
Fentanyl	01	—	Cap, Mask	5	3			
Morphine			Gauze Pack (N)	5	2			
Ketamine			Mop Pack	1	—			
Propofol	03	1	Steristrip					
Rocuronium	01	—	Underpad					
Glycopyrolate	01	1	Draw sheet					
Myopyrolate 1f each	02	—	Abgel					
Ondansetron	01	—	Foleys catheter					
Pencan 25g/ Spinal Needle (22) (26)	1+1	1	Urobag			O2 T 00,000	1+1	—
Bupivacaine 0.25%	01	1	Chest Drainage Catheter			N A (12/14)	1+1	1
Bupivacaine 0.25%(Heavy)			Romodrain bag			Oxymore (P)	01	—
Antibiotics			Bandage			Nasal prong (P)	01	—
Fupcm	01	—	Tegaderm			Dearmod (SD)	01	—
Suppositories			Ioban			50cc + pmOCWE	3+3	—
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Stopcocce	03	—
Supridol : 100mg			Vaccum Suction set	1	—	Duoderm	01	—
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	1	Nasal Prong ET Cov (P)	1	1
Buretty 100cm + 100cm	2+2	—	Microshield	1	1			
Gauze + Glovesay	5 + 4	—	Cotton Balls	1	1			
Nebe + Farwee	1+1	—	Latex Gloves	10P	10P	Softrol 4'	1	1
IV Canula 22/24	1+1	—	Ramdione Scrub	1				
S-tik, Splint 1/3	1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9263908 .... Ordered by : ....

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174630 **Admit Date** : 02-Jun-2026 **Admit Time** : 07:59 AM **UHID** : BAH-00654281

Patient Details :

Patient Name	: Baby Of ANNAYAGARI SINDOORI REDDY TWIN 1	**Age**	: 0 Y 1 M 13 D
Guardian	: Mr PRASHANTH REDDY	**DOB**	: 20-04-2026 10:53 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 3-7-405/DC/54, PLANT DOCTORS COLONY Attapur Hyderabad Telangana INDIA 500048	**Phone No**	: 8309688603/ 9290000567
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 404 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 404 **Admission Type** : First Visit

Contact Details :

Name : Mr PRASHANTH REDDY **Relationship** : Father

Contact Address : H NO 3-7-405/DC/54, PLANT DOCTORS COLONY Attapur Hyderabad Telangana INDIA 500048 **Phone No** : 9290000567 / 8309688603

Signature

Doctor Details :

Doctor Name : Dr. MAINAK DEB **Specialisation** : PEDIATRIC SURGERY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP

BAH-00654281 IP5-00174630
Baby Of ANNAYAGARI SINDOORI
20-04-2026 0 Y 1 M 13 D (M)
Dr. MAINAK DEB

ant: _____ Dept : _____

Date of Admission: _____ Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
02/6/26	8:40Am	ER	OT	Sagar
9/6/26	12'.50pm	OT	312	Dutt

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
02/06	CBP	5883	Samyhu

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
02/06	IV Placement	(1)	8785	
	PAC Done on	OP Basis	—	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00654281 IP5-00174630
Baby Of ANNAYAGARI SINDOORI
20-04-2026 0 Y 1 M 13 D (M)
Dr. MAINAK DEB

Pediatric Multiorgan History & Physical Examination

Name : B/o Sindoori Reddy twin 1 Age/Sex 1mon 13 d/M

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Came for rt open herniotomy

History of present illness :

Rt reducible inguinal hernia since last 1 week

↓

came for rt open herniotomy.

BAH-00654281 IP5-00174630
Baby Of ANNAYAGARI SINDOORI
20-04-2026 0 Y 1 M 13 D (M)
Dr. MAINAK DEB

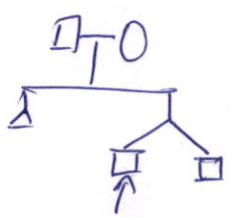
Pediatric Multiorgan History & Physical Examination

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

—

Birth & Neonatal History:

36 weeks / SGA / Twin 1 / 2.294 kg.



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

—

Immunization History :

At birth vaccines given.

(P.T.O.)

BAH-00854281 IP5-00174630
Baby Of ANNAYAGARI SINDOORI
20-04-2026 0 Y 1 M 13 D (M)
Dr. MAINAK DEB

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 3.72 kg (Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate : 120/min B.P. _____ SPO2 99% (RA)

Resp.rate and type of breathing : RR - 30/min

Rash —

Lymphadenopathy —

Oedema : —

Allergies (if any): —

Respiratory System :

Inspection (any s/o distress) : no distress

Air entry & breath sounds : B/L NVBS, B/L AE +

Any addes sounds : —

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S_1S_2 +

Any murmur : —

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

Per Abdomen :

Inspection (N)

Palpation : soft

Ausculation : IPS +

Spine : (N) External Genitelia : Rt inguinal hernia

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

BAH-00654281 IP5-00174630
Baby Of ANNAYAGARI SINDOORI
20-04-2026 0 Y 1 M 13 D (M)
Dr. MAINAK DEB

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : A

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

NAD.

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Right reducible inguinal hernia
— came for right open herniotomy

(P.T.O.)

BAH-00654281 IP5-00174630
Baby Of ANNAYAGARI SINDOORI
20-04-2026 0 Y 1 M 13 D (M)
Dr. MAINAK DEB

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: complications

Desired goals of the treatment : Hemodynamic stability.

Planned Labs:	**Planned Management**
	NPO
CBP	IV fluid.
	Shift to OT.
	N/B Renuka 2/5/26

Signature of the Doctor: [signature]
Name of the Doctor: DR SOMOSHREE
Date & Time: 2/6/26 8:10am

Signature of the Consultant: [signature]
Name of the Consultant: Dr Harish
Date & Time: 2/6/26 11 AM

DR. HARISH JAYARAM
Registration No. 86284

BAH-00654281 IP5-00174630
Baby Of ANNAYAGARI SINDOORI
20-04-2026 0 Y 1 M 13 D (M)
Dr. MAINAK DEB

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 5:35pm	C/S/B Dr-Maliha.	
	POD - (0)	
		Adv
	Afebrile	1) Full feeds.
	Vitals stable	
	P/A - soft	
	L/E - dressing intact	
		noted by Surgeon Maliha Dr-Maliha. 2/6/26 5:35pm.
3/6/26. 7:40AM	C/S/B Dr. Maliha.	
	POD - (1)	
		Adv
	afebrile.	
	Vitals stable	1) Full feeds.
	P/A/E - dressing intact	2) Plan discharge today
	DR. HARISH JAYARAM Registration No: 86225 Dr. 3/6/26 8:45AM.	Maliha Dr. Maliha 3/6/26 7:40 AM

BAH-00654281 IP5-00174630
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00854281 IP5-00174630
Baby Of ANNAYAGARI SINDOORI
20-04-2026 0 Y 1 M 13 D (M)
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RESULT SHEET

Date	2/6/26					
Time						
Hb	9.8					
PCV	28.9					
RBC	3.03					
WBC	10.08					
N/L	15.9/70.9					
Platelets	718					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bil/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

BAH-00654281 IP5-00174630
Baby Of ANNAYAGARI SINDOORI
20-04-2026 0 Y 1 M 13 D (M)
Dr. MAINAK DEB

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

Shifting From: ER Shifted to: OT

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Sai

Date & Time : 21/6/26 8:30 Am

Nurse Name & Signature: Sagari

Date & Time : 02/6/26 @ 8:30 am

BAH-00654281 IP5-00174630
Baby Of ANNAYAGARI SINDOORI
20-04-2026 0 Y 1 M 13 D (M)
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DRUG CHART

Date of Admission: 2/6/26 Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

BAH-00854281
Baby Of ANNAYAGARI SINDOORI
20-04-2026 0 Y 1 M 13 D (M)
Dr. MAINAK DEB

REGULAR PRESCRIPTIONS

Weight. 3.7kg ..... Ward. .....

DRUG : PARACETAMOL DROPS

Dose	Route	Frequency	Start Date
50 mg	PO	Q8H	2/6/26

Name & Signature of the Doctor Starting the Drugs: R. Hooda

Additional Instructions: CROCIN drops 1ml/100 mg (0.5ml tid)

Daily Doctor's Endorsement by a Sign

Date	2/6	3/6
Time	6 AM	8 AM
	2 PM	3:30 PM
	10 PM	12 AM

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

Baby Of ANNAYAGARI SINDOORI
20-04-2026 0 Y 1 M 13 D (M)
Dr. MAINAK DEB

Weight. 3.7 kg 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 / Start Date		Dose		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/6	9am	Inj Cefazolin	200 mg	I.V		Teena Gupta

Signature .....

VERIFIED BY : Name .....

20-04-2026 0 Y 1 M 13 D (M)
Dr. MAINAK DEB

I.V. FLUIDS CHART

Weight. 3.72kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
21/4/26	8:10 am	DNS	IV	15	A		21/4/26	A	

Signature .....

VERIFIED BY : Name .....

BAH-00654281 IP5-00174630
Baby Of ANNAYAGARI SINDOORI
20-04-2026 0 Y 1 M 13 D (M)
Dr. MAINAK DEB

2/6/26

Doc. No. : RCHBH / FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	1 pm	3 pm	5 pm	10pm	2Am	6Am
Doctor/Nurse/Family Concern?						

Temperature (F) — 104 103 102 101 100 99 98 97 96 95 94

97.8°F 98°F 97.6°F 98.1°F 97.8°F 97.8°F

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

Heart Rate (Number)	140b/m	138b/m	142b/m	140b/m	138b/m	140b/m

Resp. Rate (bpm) Over 1 Minute) * — 70 60 50 40 30 20 10

Resp Rate (Number)	42b/m	40b/m	40b/m	38b/m	40b/m	38b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	99%	100%	99%	99%	99%	99%
Conscious Level: Normal / Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	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 incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Baby Of ANNAYAGARI SINDOORI
20-04-2026 0 Y 1 M 13 D (M)
Dr. MAINAK DEB

2/6/26

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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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
2/6/26												
	08:00 am					—						
	09:00 am				01							
	10:00 am											
	11:00 am		Milk	—		—		—		—	0	
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm		Milk								0	Swapna
	03:00 pm										0	Swapna
	04:00 pm										0	Swapna
	05:00 pm		Milk	80ml			✓			✓	0	Swapna
	06:00 pm										0	Swapna
	07:00 pm									✓	0	Swapna
Total Intake :						**Total Output :** U- 2 M- 1						
	08:00 pm										0	Urine
	09:00 pm		milk	80ml			✓			✓	0	Urine
	10:00 pm										0	Urine
	11:00 am									✓	0	Urine
	12:00 am										0	Urine
	01:00 am		milk	80ml						✓	0	Urine
Total Intake :						**Total Output :** U: 3 M: 1						
	02:00 am										0	Urine
	03:00 am									✓	0	Urine
	04:00 am										0	Urine
	05:00 am		milk	80ml			✓			✓	0	Urine
	06:00 am										0	Urine
	07:00 am									✓	0	Urine
Total Intake :						**Total Output :** U: 3 M: 1						

Total 24 hrs. Intake	T- 320 ml	Total 24 hrs. Output	U: 8 M: 3

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3/6/26

FLUID CHART

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Sheet No. : 2

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

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

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

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INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: ☐ Patient ☑ Patient Attendant

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

1 (R) open herniotomy

2 .....

I acknowledge the following:

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

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
Prevention of the complications of Hernia	nil

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

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

a. Postop scrotal oedema
b. Rare possibility of wound infection.

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

Patient / Patient Attendant:
Signature: Sindoori
Name: SINDOORI
Relationship with patient: MOTHER
Date & Time: 2/6/26, 9:02 am

Witness:
Signature: Prashanth
Name: PRASHANTH (FATHER)
Date & Time: 2/6/26, 9:02am

Doctor (who is taking consent):
Signature: ..... Name: Dr. DCS Date 2/6/26 Time: 9 AM

Patient Sticker

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శస్త్రచికిత్స / ప్రాసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

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

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

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

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

a.

b.

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

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Hari's
Asst. Surgeon : —
Anaesthetist : Dr. Sumidhara
Scrub Nurse : Rama

Patient Name : B/O A. Sindoori Age : 1M Gender : M
UHID No. : BAH-00654281 Surgery Name : R Open Herniotomy
Date : 02/06/26 In-time : 10:35 AM Out-time :

BAH-00654281 IP5-00174630
Baby Of ANNAYAGARI SINDOORI
02-04-2026 0 Y 1 M 13 D (M)
Dr. MAINAK DEB

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 10:15 AM

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☑ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☑ No ☐ NA
- Blood Units Reserved ☐ Yes ☑ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : Ashy
Name : Dr. AISHWARYA

Before Skin Incision ➤➤

TIME OUT Time: 10:47 AM

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site Rt ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, 30 min Anticipated Blood Loss? 1ml N/2 ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐ Yes ☑ No ☐ NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☐ No ☑ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature : Alam
Name : Alam

Before Patient Leaves Operating Room

SIGN OUT Time: 11.05 AM

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☐ Yes ☐ No ☑ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☑ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☑ Yes ☐ No

Signature :
Name : Dr. Harsh

AH-00654281 IP5-00174630
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-04-2026 0 Y 1 M 13 D (M)
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Patient Stick

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 02/06/26

To Be Filled In By Assigned Nurse :

Department : P.O.T Duration of Procedure : 30 min

Name of Surgeon : Dr. Harish Date of Admission : .....

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☑ Yes ☐ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☑ Yes ☐ No Name of the Antibiotic : Inj. Cefazolin	Alam
2.	Hair Removal ☐ Yes ☑ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : ..... Skin preparation done (cleanse surgical area with antiseptic agent)? ☑ Yes ☐ No	Alam
3.	Patient's body temperature immediately post operation (Recovery Room) 37.6°C ☐ Oral Or ☑ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Dr. Harish Date & Time of antibiotic administration : 02/06/26 @9AM Date & Time procedure started : 02/06/26 @ 10:48am.	Alam

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

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-04-2026 0 Y 1 M 13 D (M)
. MAINAK DEB

Patient

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OPERATION THEATER NOTES

Patient's Name : B/O Annayagari Sindoori Age : 1m 13 day Gender : ☑ Male ☐ Female

UHID No. BAH 654284 174630 Weight : ..... Height : .....

Surgeon : Dr. Mainak Deb	Asst. Surgeon :	
Anesthetist : Dr Sunidhara	OT Nurse: Thejas	OT Technician: Ramesh
Pre-Operative Diagnosis: (R) Inguinal Hernia		
Surgical Procedure : (R) Open Herniotomy		
Indications for Surgery : (R) Inguinal Hernia		
Date : 02/06/26	Start Time : 10:48 am	End Time :

Pre Operative Preparations:

Post Operative Diagnosis: (R) Inguinal hernia

Peri-Operative Complications: Nil

Operation Notes: Findings - 1) Incomplete hernial sac with no contents at the time of procedure.
2) Normal vas & vessels

Procedure - (R) lower groin crease incision, ~~inguinal canal~~ extra-inguinal approach, sac identified, dissected from vas & vessels, transfixed, ligated & divided at the internal ring. Wound closed in layers.

Amount of Blood Loss: 0.1 ml	Blood Transfused (in ML) —

Name and Number of Surgical Specimen sent for examination: —

Peri-Operative Complications: — None —

Name of the Surgeon: Dr. Mainak Deb

Signature of the Surgeon: .....

Date & Time: 21/6/26 11.05 AM

Patient S

AH-00654281 IP5-00174630
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-04-2026 0 Y 1 M 13 D (M)
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POST-SURGICAL CARE PLAN FORM

Procedure Done: R open Herniotomy

Post-Surgical Diagnosis: R Inguinal Hernia

Post-Operative Monitoring Parameters /Frequency:

TPR 15 mins x 1 hr

Wound Care: Watch for bleeding

Drain /Special Lines/Catheters: —

Special Patient Positioning and Requirements:

—

Nutritional Instructions: NBM until fully awake

When to Start Mobilization:

—

Special Referrals:

—

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

☑ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

—

Treating Surgeon (Signature & Stamp)

Dr. Hannah

Date: 2/6/26 Time: 11:05 AM

Note: Plan of care will be readjusted if necessary.

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MAINAK DEB

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: B/o Sindoori Reddy Twin I. Age: 4 Day Sex: M. UHID.No : Right.

Date: 1/6/26. Time: 2pm. Proposed Operation: Open Inguinal Hernioplasty

Diagnosis: Bil Inguinal Hernia (-) reducible.

B.P / CRT: ..... H.R: ..... Weight: 3.63 kg ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

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

Allergies: NKDA →

Medical History: CVS: No c/o CHD.

RESP: NO URTI. Diabetes: —.

CNS: —

Renal: —

Physical Activity: Active.

Hepatic / GE: —.

Others: Born @ 36⁺⁵ days - Sm Usss (PPROM) DCDA, 1st Twin, CIAB. No ICU stay.

Past Anaesthetic History: —

Physical Exam: —.

Airway: MP 1 2 3 4 ? Mouth Opening: (N). Mentohyoid Distance: (N) Neck: (N) Teeth: —.

Lungs: clear. NVBS.

Heart: S1S2 No murmurs.

CNS: (N).

Pregnant: ☐ Yes ☐ No ☑ NA | Venous Access Site: (+). Spine Exam for regional: (N) Spaces fe

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

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

CURRENT MEDICATIONS	DOSAGE
Vit D.	

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

10-30 Am

6 hrs - Top Milk.
4 hrs - Mothers
2 hrs - Sips of wate

Signature: Sundhara Name: DR SUNDHARA

BAH-00654281 IP5-00174630
Baby Of ANNAYAGARI SINDOORI (M)
20-04-2026 0 Y 1 M 13 D
Dr. MAINAK DEB

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No	Fasting Status: Confirmed
Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed	

H.R: 142/min | B.P / CRT: 86 | SpO_2: | R.R: | Last Feed: 74hr

Pre-OP Diagnosis: (R) INGUINAL HERNIA | Operation: (R) Open Herniotomy | Date: 2/6/26

Surgeon: Dr. Harish | Anaesthesiologist: Dr. SD, Dr. Ayesha, Dr. PZ | Technician: Ramesh

TIME	10:30	10:40	10:50	11:00	11:10
N_2O / AIR / O_2 LPM	3lpm				
HALO / SO / SEVO					
Drugs:					
Inj PROPOFOL	5+5				
Inj MIDAZOLAM	0.2mg				

FiO_2 / SaO_2	100%	100%	100%	100%	100%	100%	100%	100%
$ETCO_2$	28	30	30	30	29	30	32	32
ECG	SR	SR	SR	SR	SR	SR	SR	SR
Temperature								
Urine Output								

Fluids / Blood: DNS → 12 ml/hr

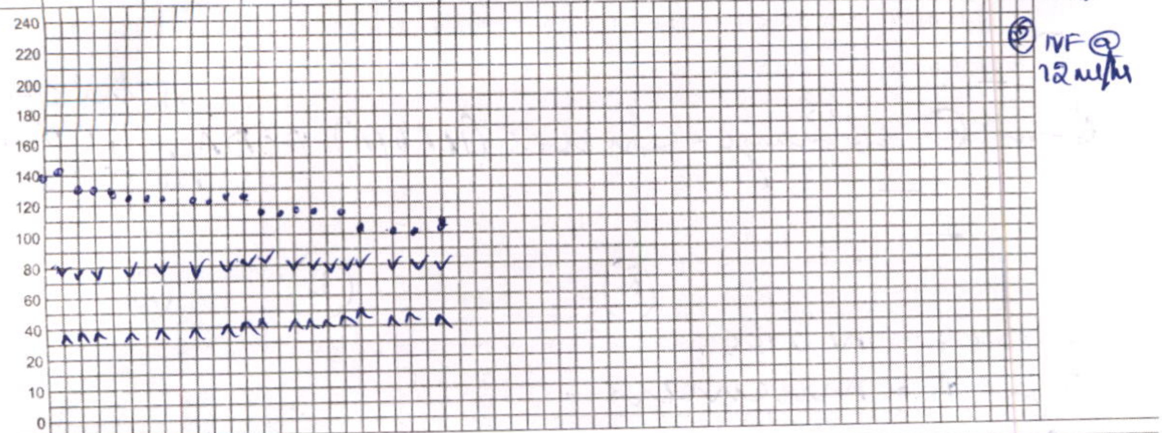
Antibiotic

Suppository

Blood Loss: 10 ml

NOTES
1. NBM till further orders.
2. IVF @ 12 ml/hr

B.P: V Systolic, Λ 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: (L) Leg
☐ Art Site:
☑ EKG Lead 3
☑ Temp Site Skin
☐ FiO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine

☐ Pressure Points Checked

Eye Care: ☐ Oint ☑ Tape ☐ Padding ☐ Awake

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

Times:
Anaes Start: 10:35 Am
OP Start: 10:48 Am
OP End: 11:05 Am
Leave OR: 11:10 Am

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☐ IV: 24G (R) Lk
☐ IV:
☐ IV:

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts:
Difficulty Why?

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

Regional:
Extremity Specify Caudal
☐ Spinal ☐ Epidural ☑ Caudal
Others:
Position: Left lateral
Site: L5-S1
Needle Size: 25G Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin .... cm
Drug Name & Conc 0.2% BUPIVACAINE
Bolus: 3.5ml
Infusion:
Block Level:
Comments:
Transportation to ☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: Dr. Ayesha
Signature of the Doctor: [signature]

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POST-ANA... ...CORD

Received in PACU by : Diuf Time Received : 11:15Am Time Discharged : 12:50pm

✓ RESP • PULSE > < BLOOD PRESSURE

SPO₂: 98 98

IV Cannula Site : 22G

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

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

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

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

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
2/6	11:15Am	1	—	Diuf

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

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

Anaesthesiologist Name : DR SUVIDHARA
Anaesthesiologist Signature: Suvidhara
Date & Time: 2/6/26, 12:48 pm

PACU Nurse Name : Diuf
PACU Nurse Signature: D
Date & Time: 2/6/26 @ 10:50 pm

Transferred to Unit by (PACU): 3/2
Date & Time: 2/6/26 @ 12:50 pm

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f ANNAYAGARI SINDOORI
026 0 Y 1 M 13 D (M)
VAK DEB

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nt of Anaesthesiology

RAL ANALGESIA RECORD

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

pidural Position : ..... Space : ..... Technique (LOR/LOS) .....

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

es/No if yes details : .....

osition : .....

s : .....

.....

.....

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

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 : .....