BAH-00656017 IP5-00173731
Master KATTA SAI DEVANSH
20-10-2018 7 Y 6 M 22 D (M)
Dr. HARISH JAYARAM

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SURGERY DETAILS

Date : 12-05-26

Patient Name: Master Devansh Date of Birth: 20-10-2018 Age: 7y

Gender: Male Ward : OT UHID No.: 656017

Date of Surgery: 12-05-26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Left Open Hernistomy

Time in : 2.30pm Time Out : 3:15pm

		NAME	AMOUNT
1.	Surgeon	Dr. Harish Jayaram	
2.	Anaesthetist		
3.	Assistant Surgeon		
4.	OT Technician	vijay	
5.	Circulating Nurse	Suji	
6.	Assistant Nurse	Benju	

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: 9609990 Order by: Sujata

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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 : IP5-00173731 **Admit Date** : 12-May-2026 **Admit Time** : 01:36 PM **UHID** : BAH-00656017

Patient Details :

Patient Name	: Master KATTA SAI DEVANSH	**Age**	: 7 Y 6 M 22 D
Guardian	: Mr KATTA RANJITH	**DOB**	: 20-10-2018
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 12-1-66/6, GUNJ ROAD, BEHIND GMA KALYANA MANDAPAM Raichur Ho Raichur Karnataka INDIA 584101	**Phone No**	: 8904920120/ 9494430345
		E-mail	: KATTA.RANJIT@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 401 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 401 **Admission Type** : First Visit

Contact Details :

Name : Mr KATTA RANJITH **Relationship** : Father

Contact Address : H NO 12-1-66/6, GUNJ ROAD, BEHIND GMA KALYANA MANDAPAM Raichur Ho Raichur Karnataka INDIA 584101 **Phone No** : 8904920120

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : BAH-00656017 IP5-00173731
Master KATTA SAI DEVANSH
20-10-2018 7 Y 6 M 22 D (M)
Dr. HARISH JAYARAM
_____ Dept : _____

Date of Admission: _____T harge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/5/26	2:10pm	ER	OT	Abhishek
12/5	3:15pm	OT	Postop	Meenu
12/5	6pm	Postop	234	Meghana

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
12/5	CBP	8311	

BAH-00656017 IP5-00173731
Master KATTA SAI DEVANSH
20-10-2018 7 Y 6 M 22 D (M)
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Open Herniotomy

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CONSUMABLES OF OT

Circulating staff : ..... Technician : ..... Date : 12/5/25 3635 Time : 2pm

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 4.0 4.5 5.0 5.5	1+1+1	—	Major Pack Drape	1	1	Inj Vit.K		
LMA 2 2 2	1	—	Sutures 2304	2	—	Cord Clamp		
ECG leads : A / P / N	5	3	2427 2017	2+2	1	Suction Catheter		
HME filter : A / P / N	1	—	9915	2	1	Feeding Tube		
Syringes : 10 cc	10	10				Vaccum Suction Set		
05 cc	10	6	Gloves 6 6.5 7 7.5 2 2 2 2 1+1			Surgical Gloves		
02 cc	10	4	AP 6 6.5 7 7.5 2 2 2 2 2+2			Gauze Pack		
01 cc	5	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	1	1	Surgical blade 15	1	1	Surgical Blade # 20		
IV set	1	1	NG tube			Koochies (S)		
RL	1	1	Cautery pencil N	1	1	NG tube	1	—
NS : 10ml / 100ml / 500ml / 1000ml	5+1	2+0	Koochies (Adult need)	1	1	Transdbox	1	—
Minispica	1	1	Ointments			Amoino-Sp	1	—
Dama (P)	1	—	Suction Catheter			10456	2	2
Fentanyl	1	1	Cap, Mask	5/5	10/10			
Morphine			Gauze Pack N	4	2	Fluid Shield	2	2
Ketamine			Mop Pack					
Propofol	3	2	Steristrip					
Rocuronium	1	0	Underpad	1	1			
Glycopyrolate	1	—	Draw sheet	1	1			
Myopyrolate	1	—	Abgel					
Ondansetron	1	—	Foleys catheter					
Pencan 25g/ Spinal Needle 22	1	1	Urobag			Gauze	3	—
Bupivacaine 0.25%	1	1	Chest Drainage Catheter			Glouvau	4	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			Dexmid	1	—
Antibiotics			Bandage			Dexa+Tranexa	1+1	—
Duopem	1	1	Tegaderm			SOC+Pantop	1+1	—
Suppositories			Ioban			Nasal prong (P)	1	1
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg	1+1	1	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
Vaccum set	1	1	Microshield	1	1			
Oral airway #12	1+1	—	Cotton Balls	1	1			
Nasal air way 24/26	1+1	—	Latex Gloves	2+2	2+0			
Suction catheter 8Fr	1+1	—	Ramdione Scrub					
IV cannula 22/24	1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 960843 Ordered by : .....

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
12/5	IV placement	(1)	45944	
	PAC Done infor Basis			
13/5	NHA	(1)	960577.	Heilap

ANY OTHER INFORMATION

.....

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.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00656017 IP5-00173731
Master KATTA SAI DEVANSH
20-10-2018 7 Y 6 M 22 D (M)
Dr. HARISH JAYARAM

Patient Name: Master Abdimalik Omar Hassan

UHID ID: Bah-0064112

Department:

Consultant:

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o swelling over (R) Inguinal region

History of present illness :

c/o (R) inguinal swelling noticed 2m ago parents.
↑ in size of standing, coughing, straining
↓ in size on lying down.

No c/o pain, constipation, vomitings
No fever.

BAH-00656017 IP5-00173731
Master KATTA SAI DEVANSH
20-10-2018 7 Y 6 M 22 D (M)
Dr. HARISH JAYARAM

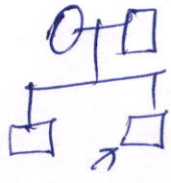
Pediatric Multiorgan History & Physical Examination

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

Ø

Birth & Neonatal History:

FT ~~LSCS~~ | 2.8 kg | N perinatal transition.



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Developed acc. to age

Immunization History :

Immunised as per age

(P.T.O.)

BAH-00656017 IP5-00173731
Master KATTA SAI DEVANSH
20-10-2016 7 Y 6 M 22 D (M)
Dr. HARISH JAYARAM

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 23.2kg (Centile _____)

On Examination :

Temperature : 97.9°F Pulse Rate : 92/min B.P. 111/58 (72) mmHg SPO2 100% on RA.

Resp.rate and type of breathing : 23/min

Rash ⊖

Lymphadenopathy — Swelling over (L) inguinal region, reducable

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+) clear

Any addes sounds : ⊖

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur : ⊖

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

Per Abdomen :

Inspection

Palpation : Soft, NT

Ausculation : Bowel sounds (+)

Spine : External Genitelia : /

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

BAH-00656017 IPS-00173731
Master KATTA SAI DEVANSH
20-10-2018 7 Y 6 M 22 D (M)
Dr. HARISH JAYARAM

Pediatric Multiorgan history & Physical Examination

Central Nervous System :

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

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes : NAD.

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel : Regular.

Clinical Summary & Diagnostic:

① Inguinal hernia
planned for ① open herniotomy

(P.T.O.)

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: prevent complications

Desired goals of the treatment : hemodynamic stability.

Planned Labs:

CBP

Planned Management

Continue NPO (: 8AM)

Shift to OT.

noted by
Rendevi
12/5/26 at
2:0pm

Signature of the Doctor: JM
Name of the Doctor: Jayasri
Date & Time: 12/5/26

Signature of the Consultant:
Name of the Consultant: Dr. Harish
Date & Time: 12/5/26 2.15PM

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OPERATION THEATER NOTES

Patient's Name : Master Katta Sai Devansh Age : 7y Gender : ☑ Male ☐ Female

UHID No.: BAH-00656017 Weight : 23kgs Height : .....

Surgeon : Dr. Harish Jayaram	Asst. Surgeon : Dr. Maliha.	
Anesthetist :	OT Nurse:	OT Technician:

Pre-Operative Diagnosis: Left Inguinal Hernia.

Surgical Procedure :
Left Open Herniotomy

Indications for Surgery :
Left Inguinal Hernia

Date : 12/5/26	Start Time : 02:42pm	End Time : 3pm.

Pre Operative Preparations:

Post Operative Diagnosis: Left Inguinal Hernia.

Peri-Operative Complications:

Operation Notes:

FINDINGS :-

1) Left hernia sac c omentum at time of surgery.

Procedure

1) Left lower groin crease incision made. Incision deepened upto subcutaneous tissues.

2) External oblique aponeurosis opened in line of incision.

3) Findings noted. Sac dissected off of cord structures, ~~the~~ contents reduced, transfixed, ligated c 3-0 vicryl sutures doubly and cut.

4) External oblique aponeurosis sutured c vicryl 3-0.

5) Wound closed in layers.

6) Dressing done

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

Name of the Surgeon: Dr. Harish Jayaram

Signature of the Surgeon:

Date & Time: 12/5/26, 3:23 pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 9:01 PM	C/S/B Dr. Maliha.	
	POD - ①	Adv
	afebrile.	
	Vitals stable	1) Full feeds
	P/A - soft.	2) Plan discharge tomorrow
		Maliha Dr. Maliha. 12/5/26. 9:01 PM
13/5/26 8:25 AM	C/S/B Dr. Harish.	
	POD - ①	
	afebrile	Adv
	Vitals stable	1) Full feeds
	P/A - soft	2) Plan discharge today
	C/D/E - dressing no soakage	
		Maliha 13/5/26 8:25 AM

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

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RESULT SHEET

Date	12/5/26					
Time						
Hb	12.3.					
PCV	37.7					
RBC	4.61					
WBC	12.11					
N/L						
Platelets	55					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Master KATTA SAI DEVANSH
20-10-2018 7 Y 6 M 22 D (M)
Dr. HARISH JAYARAM

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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 : Sahithi

Date & Time : 12/5/26 12:45 pm

Nurse Name & Signature: Rahees

Date & Time : 12/5/26 & 12:50 pm

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20-10-2018 7 Y 6 M 22 D (M)
Dr. HARISH JAYARAM

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DRUG CHART

Date of Admission: 12/5/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

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

IP5-00173731
Master KATTA SAI DEVANSH
20-10-2018 7 Y 6 M 22 D (M)
Dr. HARISH JAYARAM

REGULAR PRESCRIPTIONS

Weight. 23.2 kg Ward. .....

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 : INJ PARACETAMOL

Dose	Route	Frequency	Start Date
350mg	IV	Q8h	4/5/26

Name & Signature of the Doctor Starting the Drugs: Malika
Dr. Malika

Additional Instructions: —

Daily Doctor's Endorsement by a Sign

Date / Time: 12/5 (6am ✓ Bowel diff; 2pm ✓; 10pm Bowel Movement) 13/5 Mal Mal

---

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

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20-10-2018 7 Y 6 M 22 D (M)
Dr. HARISH JAYARAM

IP5-00173731

Weight: ...25.2kg... Ward. .....

DRUG :	Date➤ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
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
12/5	3pm	INJ. PARACETAMOL	350mg	IV		Beni

Signature .....

VERIFIED BY : Name .....

20-10-2015
Dr. HARISH JAYARAM

I.V. FLUIDS CHART

Weight. 23.2 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
12/5/26	10PM	DNS (100% maint)	IV	62			continued		

Signature .....

VERIFIED BY : Name .....

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20-10-2018 7 Y 6 M 22 D (M)
Dr. HARISH JAYARAM

c. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	6PM	10PM	2AM	6AM
Doctor / Nurse / Family Concern?				

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

98.4F* | 98.5F* | 98.3F* | 98.5F*

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

	6PM	10PM	2AM	6AM
BP	79/60 (75)	100/60 (81)	105/58 (71)	100/60 (85)
Heart Rate (Number)	120/m	110b/m	115 b/m	105b/m

Resp. Rate (bpm) (Over 1 Minute) *

70 / 60 / 50 / 40 / 30 / 20 / 10

	6PM	10PM	2AM	6AM
Resp Rate (Number)	24b/m	22b/m	24b/m	24b/m
Resp Distress (Mod/ Severe / None / Mild)				
Receiving O_2(l/min) O_2Saturations (%)	97%	RA 100%	RA 98%	RA 100%
Conscious Level (Normal / Altered)	C			
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	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 in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Dr. HARISH JAYARAM

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FLUID CHART

Sheet No. : .....

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

		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			0								
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm		NPO								0	
	03:00 pm										0	Neff
1415	04:00 pm		water								0	
	05:00 pm		JW 200							—	0	
	06:00 pm									—	0	
	07:00 pm		Eddy							—	0	Kedar
Total Intake :		Good				**Total Output :**				M-0	U-0	
	08:00 pm		Ikg	—							0	Barni
	09:00 pm		work	—							0	Barni
	10:00 pm	NO								—	0	Barni
	11:00 pm	IVP		—			nil			/	0	Barni
	12:00 am			—							0	Barni
	01:00 am	↓		—							0	Barni
Total Intake :						**Total Output :**				M-0	U-2	
	02:00 am			—							0	Barni
	03:00 am			—							0	Barni
	04:00 am	NO		—							0	Barni
	05:00 am	IVP		—			nil			/	0	Barni
	06:00 am	↓		—							0	Barni
	07:00 am	↓		—							0	Barni
Total Intake :						**Total Output :**				M-0	U-1	

Total 24 hrs. Intake		Total 24 hrs. Output	M-0 U-3

Patient Sticker

FLUID CHART

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Sheet No. : .....

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

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

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

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Mast. Katta Sai Devansh Age: 7y Sex: M UHID.No : BAH-00656017

Date: 11/5/27 Time: 5:20PM Proposed Operation: Left open Herniotomy.

Diagnosis: Left Inguinal Hernia.

B.P / CRT: ..... H.R: ..... Weight: 23 kgs ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

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

Allergies: ~~NKDA~~

Medical History: CVS : (-) → Rashes over legs & h ? Insect bite allergy.

RESP : No H/o fever / cold / cough. Diabetes : / LCCL / No NICU stay / development (N) Immuni (N)

CNS : (-)

Renal : (-)

Hepatic / GE : (-) Physical Activity: Active :

Others : (-)

Past Anaesthetic History: (-)

Physical Exam: afebrile, Rashes @ over legs & hands @.

Airway: MP (1) 2 3 4 Mouth Opening: >3F Mentohyoid Distance: (N) Neck: (N) Teeth: X X / X X / X / X

Lungs : BAE

Heart: S1 S2 (+)

CNS: NAD

Pregnant: ☐ Yes ☐ No ☑ NA Venous Access Site : (+) 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:

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: CBD on cannulation.

Signature: ..... Name: Dr. Ameen

Docu. No. : RCHBH /FRM / CLINICAL / 044

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ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 90	B.P / CRT: 84/48	SpO_2: 100	R.R: 20	Last Feed: >6h

Pre-OP Diagnosis: Left Inguinal Hernia Operation: Left open Herniotomy Date: 12/5/2020

Surgeon: Dr. Harish Anaesthesiologist: Dr. Pradeep/Dr Shobha Technician: Vijay

TIME	2.30	X	3.30
N_2O /AIR /O_2 LPM			
HALO /SO /SEVO			
Drugs:			
Inj. MIDAZ	0.5mg		
FENTANYL	40mcg		
PROPOFOL	40+20+20+120		
PARACETAMOL	350mg		
FIO_2 / SaO_2	100 100	100	100
$ETCO_2$			
ECG	SR SR	SR	SR
Temperature	35.2 35.6	35.6	35.8
Urine Output			
Fluids: RINGER			
Fluids: LACTATE			
Blood			

Antibiotic

Suppository

Blood Loss

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values

ABG

GRBS

Others

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

Position: Supine
☐ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 2.30pm
OP Start:
OP End:
Leave OR:

Anaesthesia: 3.15pm
☐ GA
☑ ~~Monitored Anaesthesia Care~~
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ ~~IV:~~ (L) hand 22G
☐ IV:
☐ IV:

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

☐ Mask ☐ SGA Nasal prongs @ 3L/min
☐ 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: .....
☐ Spinal ☐ Epidural ☑ ~~Caudal~~
Others: .....
Position: Lateral
Site: Sacral hiatus
Needle Size: 22G Depth: .....
Parasthesia ☐ Yes ☑ ~~No~~
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: 20ml of 0.25%
Infusion: Bupivacaine
Block Level: .....
Comments: .....

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

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

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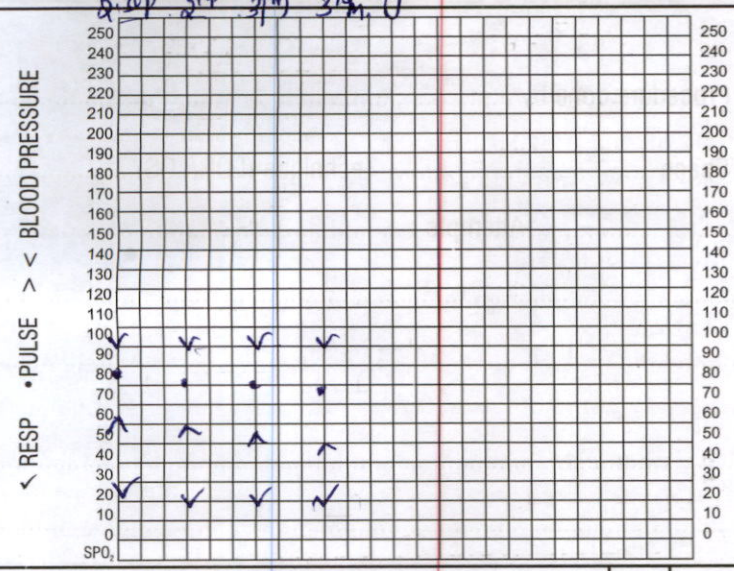
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Sr. Neyrai Time Received : 2.30pm Time Discharged : .....

2.30 3 3.30



IV Cannula Site : left hand

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

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

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

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
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	2	2	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 leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 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	9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
12/5/26	2.30pm	0		Ney
12/5	4.30pm	0		Ney

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 SUNDHARA
Anaesthesiologist Signature: Sundhara
Date & Time: 12/5/26, 6pm

PACU Nurse Name : Neyrai
PACU Nurse Signature: Ney
Date & Time: 12/5/26 at 2.30pm

Transferred to Unit by (PACU): 234
Date & Time: 12/5/26 at

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: Left open Herniotomy

Anaesthesiologist: Dr. Subramanyam Surgeon: Dr. Harish Jayaram

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 can be achieved by infusing weak solutions of local anaesthetics 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 ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders
☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease
☑ Others Laryngospasm Bradycardia, Post procedure O2 support

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
  ☑ Regional Anaesthesia ☐ General Anaesthesia ☑ Monitored Anaesthesia Care
- 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, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also 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 if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- 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: Ranjithkumar K
Name: Ranjith Katta
Relationship with patient: Father
Date & Time: 11/5/26 @ 5pm.

Witness:
Signature: Mamatha
Name: Mamatha
Date & Time: 11/5/26 @ 5pm.

Doctor (who is taking consent):
Signature: Ameen Name: Dr. Ameen. Date 11/5/26 Time: 5pm.

Patient Sticker

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అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స: .....

అనస్థీషియా వైద్యుడు: ..... శస్త్రచికిత్స నిపుణుడు: .....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
  ☐ లీజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్టీరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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

BAH-00656017 IP5-00173731
Master KATTA SAI DEVANSH
20-10-2018 7 Y 6 M 22 D (M)
Dr. HARISH JAYARAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 13/5/26 Time: 9am

Weight: 23.2kgs Centile: >25th

Height: 123cms Centile: >25th

Inference: Well child

RDA: - Calories: 1500 kcal/d Protein: 26g/d

Diet Recommendations: Normal diet

Re-Assesment: Avoid spicy, Chilled, outside foods

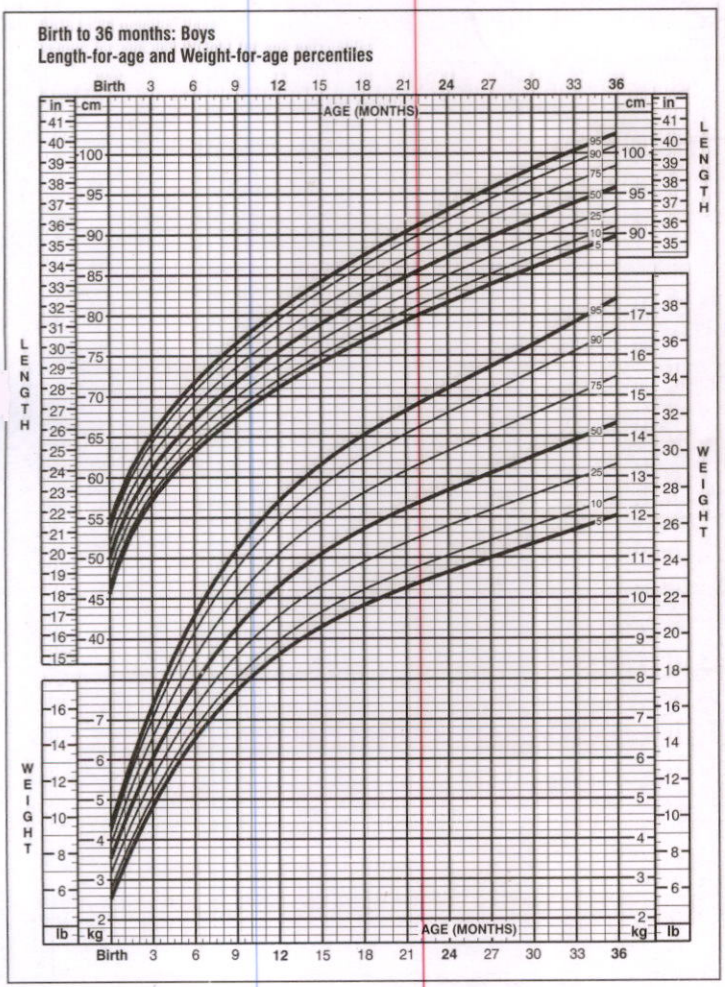
Food Allergies: No Veg/Non-veg Veg

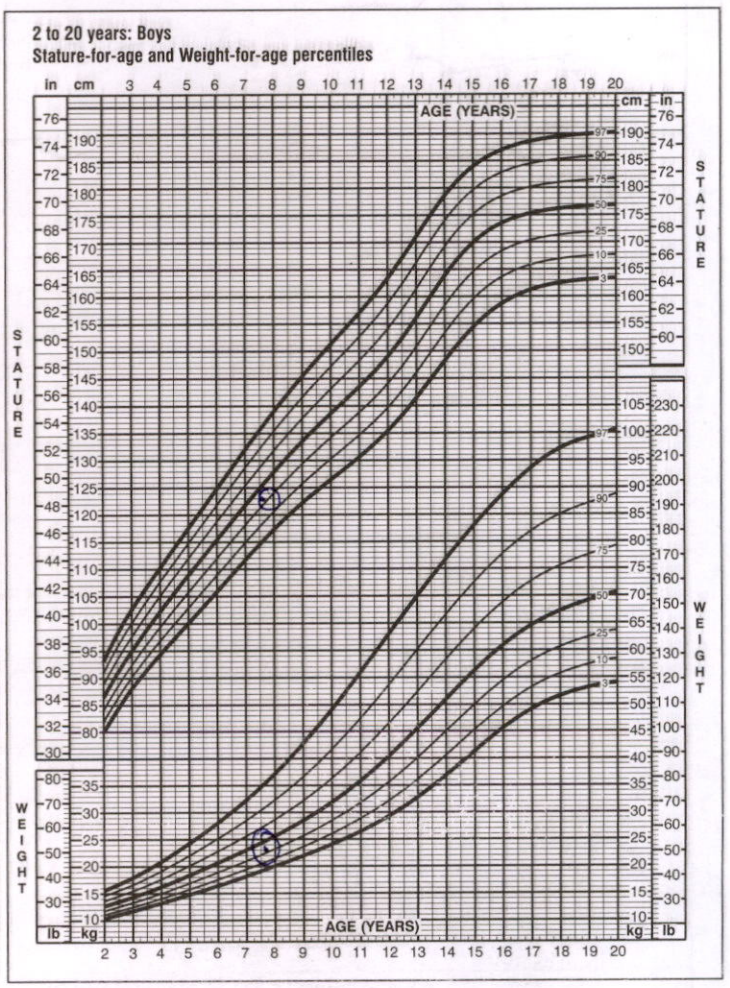
Diagnosis: (1) Inguinal hernia for (1) open herniotomy

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Master

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Daily Notes: