

B9

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ Consultant: _____ Dept : _____

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

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



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/7/26	2:50 PM	ER	OT	[Signature]
4/7/26	5:30 PM	PLCU	1st floor ↓ 121 C	[Signature]

Cross Consultation Visit

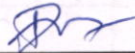
	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

[illegible]

96

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/7/26	PAC	1	96887249	

ANY OTHER INFORMATION

ABG — 1

Date : 6/7/26

Time : 10:15 Am

Prepared By : 

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
 Sweetha	121-c		

ADMISSION SHEET


Registration Details :

Admission No : IP5-00175927 Admit Date : 03-Jul-2026 Admit Time : 02:16 PM UHID : BAH-00652766

Patient Details :

Patient Name	: Master RISHI TIWARI	Age	: 0 Y 5 M 22 D
Guardian	: Mr AMIT TIWARI	DOB	: 11-01-2026 10:18 AM
Gender	: Male	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: GANGA NAGAR , Siliguri Bazar Darjiling West Bengal INDIA 734005	Phone No	: 8918577310/ 8101673267
		E-mail	: AMIT123ASG@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : POST OP 411 Ward Name : 4F-OT COMPLEX
 Room No : POST OP 411 Admission Type : First Visit

Contact Details :

Name : Mr AMIT TIWARI Relationship : Father
 Contact Address : GANGA NAGAR , Siliguri Bazar Darjiling West Phone No : 8918577310 / 8101673267
 Bengal INDIA 734005

Amit Tiwari
 Signature

Doctor Details :

Doctor Name	: Dr. VISHAKHA BASAVRAJ KARPE	Specialisation	: PEDIATRIC NEURO SURGERY
Referral Doctor	: Self	Phone No	:
Co-Consultant	: Dr. ABHISHEK RAVINDRA JAIN		

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00 Payor Name : SELFPAY

52766

IP5-00175927

RISHI TIWARI

2025

0 Y 5 M 24 D

(M)

ISHAKHA BASAVRAJ KARPE



DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	5			
7	Nursing plan of care and handover sheets	4			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	3			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart	1			
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)	2			
36	Consent for Admission in PICU / NICU	1			
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Extra	6			
	Total No. of Pages	47			

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rishi Tiwari



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00652766 IP5-00175927
Master RISHI TIWARI
11-01-2026 0 Y 5 M 22 D (M)
Dr. VISHAKHA BASAVRAJ KARPE




Pediatric Multiorgan History & Physical Examination

Name: RISHI TIWARI Age/Sex 5m/M

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

K/C/D complex obstructive hydrocephalus
with ventriculitis with meningitis.

History of present illness :

K/C/D complex obstructive hydrocephalus
with ventriculitis with meningitis
with prematurity/ROP



S/P- Right frontal Ommaya reservoir
insertion with left ventriculo subgaleal
shunt with ventricular wash on
07/04/26



Now came for VP shunt placement

Pediatric Multiorgan ~~inv~~ & Physical Examination

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

K/C/O progressive hydrocephalus
& ventriculitis with meningitis

Birth & Neonatal History:

Twin-2/very PT (31wK)/LBW (1.6 kg)
NICU stay for 10 days
ventilated for 4 days

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

} Lower middle class

Developmental History :

Immunization History :

Partially immunized.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 6.5 kg (Centile _____)

On Examination :

Temperature : 98.6°F Pulse Rate : 112 bpm B.P. 84/54 mmHg SPO2 100% RA

Resp. rate and type of breathing : 24 br/min

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): NKA

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any addles sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : _____

Auscultation : _____

Spine : _____ External Genitalia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : _____

Motor System:

Nutrition : _____

Tone: mild LL hypertonia Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

complex obstructive hydrocephalus with
ventriculitis & meningitis

Now for VP shunt placement.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Sepsis
Bleeding

Desired goals of the treatment :

Resolution of hydrocephalus

Planned Labs:

Planned Management

• IVF - DNS
• INS. MEROPENAM
• INS. VANCOMYCIN
• INS. ESOMEPRAZOLE

Signature of the Doctor: Neelish

Signature of the Consultant: _____

Name of the Doctor: Dr. Nandan

Name of the Consultant: Dr. Vishakha Basavraj Karpe

Date & Time: 03/07/2026, 10:45 AM

Date & Time: 03/07/2026 - 11:00 AM

03/07/2026
9:00pm

N.B.
Winchester
3-1-2026
gpc

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/2/26 9am	<u>C/S/B Neuroteam</u> Multifocal late hydrocephalus <u>8/P VP shunt</u>	
4/4/26 2 ↑ HC ↑ ICP	↓ MRI brain → ventricles + HC	→ (R) omaya + (P) VSG ↓ IV Vancoc IV " + Mero
	↓ (R) omaya blocked ∴ (P) VSG shunt trapping ↓ blocked → ↑ cyst (central) ↓ (P) omaya trapping	
4/5/26 8/12	conscious com full no fixing/tracking clap good response to sound (+)	phc ① continue iv antibiotics ② shift to ward



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 03/07/26 Day of Admission : Day 1 Today's Date & Time : 04/07/26
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <i>Multi loculated Hydrocephalus s/p VP shunt</i>	Current Issues :
VITAL SIGNS	Today's Wt. (kg) : 6.518 Temp.: 98.9°F Blood sugar issues : -	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <i>BAE @ clear</i>	
	CXR : _____	
	SPO ₂ : 99.1% @ RA O ₂ by NC / FM / NRB mask / Oxyhood, at _____ L / min	
	Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : _____ Nitric Oxide : ☐ Yes ☒ No - If Yes, details : _____	
	Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____	
	ABG : _____ EtCO ₂ : _____ P/F ratio : _____ O.I. : _____	
	Chest Physiotherapy Plan : _____ Suctioning Needs : _____	
	Any Nebbs : _____ ICD ? ☐ Yes ☐ No, if Yes, details : _____	
	Plan of care : _____	

CARDIO VASCULAR SYS.	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <i>HR : 150/min</i>	
	Quality of Pulses : <i>Good</i> cap refill Time : <i><3sec</i> Liver Edge : _____ cm below Rt costal margin	
	Blood Pressures : NIBP : 103/67 IBP : _____ CVP : _____	
	Infusion of : ☐ Dopamine _____ mcg / kg / min - ☐ Dobutamine _____ mcg / kg / min	
	☐ Epinephrine _____ mcg / kg / min - ☐ Nor Epinephrine _____ mcg / kg / min	
	☐ Milrinone _____ mcg / kg / min	
	Any Other Infusions : _____	
	Last 2D Echo Findings : _____	
	Size of the heart and lung fields in latest CXR : _____	
	Arterial line in situ : ☐ Yes ☒ No Place of art, line & its condition : _____	
CNS	Central line in situ : ☐ Yes ☒ No Place of central line & its condition : _____	
	Day of arterial line : _____ Day of Central line : _____	
	Plan of Care : <i>cannula - @ Hand</i>	

CNS	Neuro Exam : <i>Alert/Active</i>	
	Pupils : <i>2mm/2mm s/l reacting to light</i> Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : _____ Types of Paralysis : _____	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : _____	
	Plan of Care : _____	
Ramsay Sedation Score : _____		

FLUIDS STATUS NUTRITION AND G.I	☐ NPO ☒ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : / (+/-) Input : ml/k/d UO <u>2.0</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DNS</u> @ <u>15</u> ml / hr (..... times maintenance) TPN : ☐ Yes ☒ No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>136</u> K <u>5.1</u> Cl <u>108</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft</u> Any organomegaly ? ☐ Yes ☐ No - If yes, describe : Plan (G.I. & Liver) :	
	☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? ☒ Yes ☐ No - If yes, details : Describe c/s Reports : <u>Inj meropenem (P2)</u> Other Labs (Latex, Serology, etc) : <u>Inj Vancomycin (P2)</u> Ongoing Antibiotics :	
	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : Catheterized : ☐ Yes ☒ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	HEMATOLOGY Relevant Labs (CBP etc) : <u>CBP - 9.0 / 5.070 / 4.24k</u> Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
	CARE PROTOCOLS VAP Bundle Used ? : ☐ Yes ☒ No ☐ NA CRBSI Bundle Used ? : ☐ Yes ☒ No ☐ NA CA - UTI Bundle Used ? : ☐ Yes ☒ No ☐ NA Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA If yes, then details :	
	Pending Lab Results : ☐ Yes ☐ No If yes, then details : Pending Consultations : ☐ Yes ☒ No If yes, then details :	
	FINAL COMMENTS <u>- continue antibiotics</u> <u>→ plan to shift to ward</u>	

Doctor's Name (Handover given) : Tajah
 Signature : [Signature]
 Date & Time : 11/26 @ 8am

Doctor's Name (Handover taken) : [Signature]
 Signature : [Signature]
 Date & Time : 11/26 @ 7am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/2/26 11:30 AM	CLB mr sandep.	
	Ass:- multiloculated hydrocephalus.	
	1/p vp shunt	
	POD-1	plan.
	on room A9x.	
	hemodynamically stable.	1. If Resting HR < 140
	one low grade fever 99.4f.	shift to ward.
	accepting feeds well.	
	chest-clear.	2. monitor vitals, w/f
		fever spikes.
	vitals.	3. encourage oral intake
	HR-180	
	BP-110/50 (70) mmHg.	4. Monitor activity.
	RR-36.	5) Send CRP.
		by mother
		R.B.
		Navaneetha
		4/2/26
		@ 11:30 AM



Date & Time	Progress Notes	Doctor's Order
11/8/26 4:30 PM	<u>C/S/B Resident / Shifting Notes</u> Δ:- Multiculated Hydrocephalus. S/p VP Shunt (L) POD-1 child on Room air Hemodynamically stable o/E:- child active/alert Resp } PIA } (2) CVS } Vitals - stable. Accepting Orally.	<u>Plan</u> 1) Continue IV Mergem IV Vancomycin 2) On Inj cefepid 3) Monitor Vitals 4) w/t fewer spikes, dull activity, irritability 5) Inform MD <u>Dr. Jayal</u>

Date & Time	Progress Notes	Doctor's Order
04/07/26 6:45am	<u>C/S/B Neuroteam</u> Multiloculated hydrocephalus s/p fenestration of septae & (L) programmable VP shunt	
	<u>POD - 1</u>	
	· C/O 1 episode of fever spike in morning · No seizures / dull activity / vomiting	
	<u>O/E:</u> Child conscious Active EOM - full B/L pupils normal size reacting to light No fixing / tracking Respond to sound - good vitals - HR: 152/min 104/41 mmHg	<u>Adv</u> vital monitoring

BAH-00652766

IP5-00175927

Master RISHI TIWARI

11-01-2026

0 Y 5 M 23 D

(M)

Dr. VISHAKHA BASAVRAJ KARPE



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

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/1/26	clerk Neuroteam PROZ - mythomulated hydrocephalus & ventriculitis & PVP shunt. - No new focus - minimal irritability ok vitals → stable. - Aortic → feeding well (No) core, papilledema, reflexes No nuchal rigidity No cerebellar signs.	sch. continue paracetamol liver acetamin oral vitals, exam soe.
	Dr. Karpe 11/01/26	
		Abhishek

IP5-00175927

Master RISHI TIWARI
11-01-2026 0 Y 5 M 23 D (M)
Dr. VISHAKHA BASAVRAJ KARPE

11-01-2028
Dr. VISHAKHA BASAVRAJ KARPE



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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

BAH-00652766 IP5-00175927
Master RISHI TIWARI
11-01-2028 0 Y 5 M 22 D (M)
Dr. VISHAKHA BASAVRAJ KARPE



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RESULT SHEET

Date	03/07	03/7	4/7			
Time	4pm	9pm				
Hb	9.0					
PCV	27.2					
RBC	3.55					
WBC	5.07					
N/L	62/31					
Platelets	4.21L					
CRP			26.0			
ESR						
PCT						
RBS						
Na	136	136				
K	5.1	5.1				
Cl	108	108				
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						

MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

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

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

Shifting From: PICU

Shifted to: Ward.

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Inj MEROPENEM	250mg	IV	Q8H	4/7/26 2pm	☒ C ☐ DC
2	Inj VANCOMYCIN	100mg	IV	Q8H	4/7/26 2pm	☒ C ☐ DC
3	Inj ESOMEPRAZOLE	7mg	IV	OD	4/7/26 6AM	☒ C ☐ DC
4	Inj PARACETAMOL	70mg	IV	Q8H	4/7/26 2pm	☒ C ☐ DC
5	Inj LEVETIRACETAM	65mg	IV	Q12H	4/7/26 2pm	☒ 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: Chyoti (Dr)

Date & Time: 4/7/26 @ 4:20pm

Nurse Name & Signature: Navaneetha

Date & Time: 4/7/26 @ 8:30pm

Rishi Tiwari

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: DT

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	INT. VANCOMYCIN	60mg	IV	TID	03/07/26 10 AM	☒ C ☐ DC
2	INT. MEROPENAM	160mg	IV	TID	03/07/26 10 AM	☒ 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: Dr. Nandan

Date & Time: 03/07/2026, 1:45 PM

Nurse Name & Signature: Nr. Susmita

Date & Time: 3/7/26 @ 3 PM

BAH-00652766 IP5-00175927
Master RISHI TIWARI
11-01-2026 0 Y 6 M 22 D (M)
Dr. VISHAKHA BASAVRAJ KARPE



Rishi Tiwari

DRUG CHART

Date of Admission: 03/07/2026 Drug Allergies: ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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



REGULAR PRESCRIPTIONS

Weight. 6.5 kg Ward.

DRUG : <u>INS. MEROPENAM</u>				Date Time	3/7	4/7	5/7	6/7
Dose 250mg	Route IV	Frequency TID	Start Date 03/07/26	6am	outs	10pm	12pm	1pm
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Nandan</u>				2pm X 8pm 10pm X 8pm 12pm X 8pm 1pm X 8pm				
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								
DRUG : <u>INS. VANCOMYCIN</u>				Date Time	3/7	4/7	5/7	6/7
Dose 100mg	Route IV	Frequency TID	Start Date 03/07/26	6am	outs	10pm	12pm	1pm
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Nandan</u>				2pm X 8pm 10pm X 8pm 12pm X 8pm 1pm X 8pm				
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								
DRUG : <u>INS. ESOMEPRAZOLE</u>				Date Time	3/7	4/7	5/7	6/7
Dose 7mg	Route IV	Frequency OD	Start Date 03/07/26	6am	outs	10pm	12pm	1pm
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Kaituo</u>				2pm X 8pm 10pm X 8pm 12pm X 8pm 1pm X 8pm				
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								
DRUG : <u>INS. PARACETAMOL</u>				Date Time	3/7	4/7	5/7	6/7
Dose 70mg	Route IV	Frequency TID	Start Date 03/7	6am	outs	10pm	12pm	1pm
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Kaituo</u>				2pm X 8pm 10pm X 8pm 12pm X 8pm 1pm X 8pm				
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								

Weight. 6.5kg Ward.

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/7/26	4:00 pm	Inj. VANCOMYCIN	100 mg	IV	X	Bibi
3/7/26	4:00 pm	Inj. MEROPENEM	250 mg	IV	X	Bibi
3/7/26	4:10 pm	Inj. PARACETAMOL	70 mg	IV	X	Bibi
3/7/26	4:20 pm	Inj. DEXAMETHASONE	0.6 mg	IV	X	Bibi
03/7/26	8:45 pm	INJ. PARACETAMOL	70 mg	IV	Ⓚ	Bibi
03/07/26	11 pm	NEB T LEVOLIN	0.31 3 back to back	NEB	Ⓚ	Vindya Dhruba
04/7/26	8 AM	IVF NS	70 ml	IV over 1 hour	Ⓚ	Vindya Dhruba
03/7/26	11:30 pm	INJ. CALICULM CELUCONATE	4 ml + 40 ml NS	IV over 1 hour	Ⓚ	Vindya Dhruba
04/08/26	12:20 pm	Inj. TRAMADOL	7 mg	IV	Jayah	Art Seshu

I.V. FLUIDS CHART

Weight. 6.5 kg Ward.

[illegible]



Sheet No:

REGULAR PRESCRIPTIONS

Weight 6.5 kg Ward

DRUG: <u>INJ. TRAMADOL</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>7mg</u>	<u>IV</u>	<u>TID</u>	<u>04/7</u>	<u>20:00</u>
Name & Signature of the Doctor Starting the Drugs:				
<u>Dr. Vishakh</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG: <u>Inj TRAMADOL</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>7mg</u>	<u>IV</u>	<u>TID</u>	<u>4/7</u>	
Name & Signature of the Doctor Starting the Drugs:				
<u>Jayashri</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG: <u>INJ. LEVETIRACETAM</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>50mg</u>	<u>IV</u>	<u>BD</u>	<u>6/7/24</u>	<u>10:00 AM</u>
Name & Signature of the Doctor Starting the Drugs:				
<u>Dr. Vishakh</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG: <u>Inj. PARACETAMOL</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>100mg</u>	<u>QID</u>	<u>5/7/24</u>	<u>5/7/24</u>	<u>12:00 PM</u>
Name & Signature of the Doctor Starting the Drugs:				
<u>Dr. Vishakh</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : <i>Syp. LEVIPIL</i>				Date Time
Dose	Route	Frequency	Start Dt.	
<i>PO</i>	<i>PO</i>	<i>BD</i>	<i>6/1/26</i>	
Name & Signature of the Doctor Starting the Drugs: <i>Divya</i>				
Additional Instructions: <i>100mg/ml</i> <i>0.5ml - 1ml</i>				
Daily Doctor's Endorsement by a Sign				

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

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

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 6/1 Time: 2AM 6AM

Doctor/Nurse/Family Concern?

Temperature
(F)

104
103
102
101
100
99
98
97
96
95
94

98.1°F 98.6°F

Heart Rate
(bpm)

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

and

Blood Pressure
(mmHg) *

Note:
BP does not score
in early
warning scoring

98 98
71 69
62 69

Heart Rate (Number)

96bpm 98bpm

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

70
60
50
40
30
20
10

Resp Rate (Number)

26bpm 28bpm

Resp Mod/ Severe
Distress None / Mild

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

99.6 98.6

Conscious Normal
Level Altered

GCS *

15/15 15/15

TOTAL SCORE

Number of shaded boxes

1

Pain Score

0

Observer's Initials

0

ACTIONS

- 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: Scores 3 should be
recorded overleaf

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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



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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 25/07/26 Time: 6 am 10 am 1 pm 5:30 pm 10 pm
Doctor/Nurse/Family Concern?

Temperature
(F)

104
103
102
101
100
99
98
97
96
95
94

Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:

BP does not score
in early
warning scoring

Heart Rate (Number)

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

Resp. Rate (bpm)
1 Minute) *

Resp Rate (Number)

70
60
50
40
30
20
10

Resp Mod/ Severe
Distress None / Mild

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

Conscious Normal
Level Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be
recorded overleaf

- Score 1 : Continue normal observation by staff nurse
Score 2 : Shift in charge nurse to be informed and continue hourly observations
Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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* 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.

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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.
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BAH-00652766 IP5-00175927

Master RISHI TIWARI

11-01-2026 0 Y 5 M 23 D (M)

Dr. VISHAKHA BASAVRAJ KARPE



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

INFANT (<1 year)

Children's Observation &
Early Warning Scoring Chart
 Pratiksha
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: 9/2 Time:

Doctor/Nurse/Family Concern?

Temperature
(°F)Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *
 Note:
BP does not score
in early
warning scoring

Heart Rate (Number)

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

Resp Rate (Number)

Resp Mod/ Severe
Distress None / MildReceiving O₂ (l/min)
O₂ Saturations (%)Conscious Normal
Level Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be
recorded overleaf

Score 1 : Continue normal observation by staff nurse

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

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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.
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BAH-00652766 IP5-00175927
 Master RISHI TIWARI
 11-01-2026 0 Y 5 M 22 D (M)
 Dr. VISHAKHA BASAVRAJ KARPE

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

FLUID CHART

Sheet No. :

- All measurements in ml.
- 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 Thrombo-phlebitis 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	DRG milk (5ml)										Ch
	06:00 pm	DRG milk (5ml)										Ch
	07:00 pm	DRG milk (5ml)										Ch
Total Intake :						Total Output :						
	08:00 pm	DRG milk (5ml)										Ch
	09:00 pm	DRG milk (5ml)										Ch
	10:00 pm	DRG milk (5ml)										Ch
	11:00 pm	DRG milk (5ml)										Ch
	12:00 am	DRG milk (5ml)										Ch
	01:00 am	DRG milk (5ml)										Ch
Total Intake :						Total Output :						
	02:00 am	DRG milk (5ml)										Ch
	03:00 am	DRG milk (5ml)										Ch
	04:00 am	DRG milk (5ml)										Ch
	05:00 am	DRG milk (5ml)										Ch
	06:00 am	DRG milk (5ml)										Ch
	07:00 am	DRG milk (5ml)										Ch
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						

FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
5/2	08:00 am	↑		15ml		/			/		0	J	
	09:00 am	↑	DNS	15ml		/			/		0		
	10:00 am	↑		-		/			/		0		
	11:00 am	↑		-		/			/		0		
	12:00 pm	↓		15ml		/			/		0		
	01:00 pm	↓		15ml		/			/		0		
Total Intake :						Total Output :							
5/12/26	02:00 pm	↑		15ml		/			/	✓	0	J	
	03:00 pm	↑	Milk	-		/			/	✓	0		
	04:00 pm	↑		-		/			/	✓	0		
	05:00 pm	DNS		15ml		/			/	✓	0		
	06:00 pm	↓		15ml		/			/	✓	0		
	07:00 pm	↓		15ml		/			/	✓	0		
Total Intake :						Total Output :							
5/1	08:00 pm	↑	Milk	-		/			/		0	Prigya	
	09:00 pm	↑		-		/			/		0		
	10:00 pm	DNS		-		/			/		0		
	11:00 pm	↑		-		/			/		0		
	12:00 am	↓		-		/			/		0		
	01:00 am	↓		15ml		/			/		0		
Total Intake :						Total Output :							
6/1	02:00 am	↑		15ml		/			/		0	Prigya	
	03:00 am	↑		15ml		/			/		0		
	04:00 am	DNS		15ml		/			/		0		
	05:00 am	↑		15ml		/			/		0		
	06:00 am	↓		-		/			/	✓	0		
	07:00 am	↓		-		/			/		0		
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00652766

IP5-00175927

Master RISHI TIWARI

11-01-2026 0 Y 5 M 22 D (M)

Dr. VISHAKHA BASAVRAJ KARPE



NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 3-7-2026

Assessment:

Post orchiotomy

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
9pm	> Assessed the general condition of the child	10pm	> Assessed the general condition of the child	All plans are implemented
11pm	> Give back to back levon	12pm	> Back to back levon gives	
1pm	> Give calcium correction over 2hr	2pm	> Ca ²⁺ correction over 2hr gives	
3pm	> Give NS bolus over 1hr	4pm	> NS bolus over 1hr gives	
5pm	> Administered medication	7pm	> Administered medication as per drug chart	

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 4/7/26

Assessment: Assessed the baby condition.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	* Assess the general condition of the baby.	9AM	Assessed for general condition.	All plans were implemented. No fever spikes later.
9AM	* monitor vital signs.	10AM	Monitored and recorded	
11AM	* send CRP	12PM	Vitals	
1PM	* To W/F fever spikes and info if above 99.	1:30PM	* send CRP - W/F fever spikes informed when above 99 & gave by PCM and Sponge Bath.	
2PM	* TO encourage oral formulae feeds.	3PM	Gave oral formulae feeds.	

Re-Assessment: Done.

Special Notes: W/F fever spikes

Nurse Signature: [Signature]

Nurse Name: Navaneetha

Date & Time: 4/7/26 @ 3:30pm

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 04/07/16

Assessment: Pt having dull activity

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	*Assess The pt General Condition	9pm	*Assessed The pt General Condition	
11pm	*check the pt all vitals	11am	*checked the pt all vitals	
1am	*maintain 200 chest	11am	*maintained 200 chest	
6am	*provide comfortable position	7am	*provided comfortable position	
1239pm	*administer all medication given as per doctor order	8am	*administered all medication given as per doctor order	pt is stable

Re-Assessment:

Special Notes: 10/1

Nurse Signature: T

Nurse Name: shanthi

Date & Time: 05/07/16 8am

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 5/07/26

Assessment: Baby having mild pain at surgical site.

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	Assess the baby General condition	8am	Assessed the baby General condition	By doing the all procedures's
9am	provide comfort position	9am		
10am	monitor the vitals & Recorded it	10am	provided comfortable position	
11am		11am	monitored the vitals & Recorded it	
12pm	administer the all drugs as per doctor orders	12pm		
1pm	focus the safety	1pm	administered the all drugs as per doctor orders	
2pm		2pm		

Re-Assessment: Done

Special Notes:

Nurse Signature: [Signature] Nurse Name: Shalaja Gossai Date & Time: 5/07/26 (2pm)

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 5/7/26

Assessment: Baby having pain at Surgical Site

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	* Assess the baby general condition monitor vital signs.	2pm	* Assessed the baby general condition. monitored vital signs.	Baby condition is improving slowly
3pm	* provide comfortable position.	3pm	* provided comfortable position	
4pm	* maintain I/O charting	4pm	* maintained I/O charting	
6pm	* Administer medication as per doctor order	6pm	* Administered medication as per doctor order	
7pm	* Ensure safety side rails	7pm	* Ensured safety side rails.	

Re-Assessment: given inj paracetamol and pain reducing

Special Notes: watch for fever spike.

Nurse Signature: [Signature]

Nurse Name: Sudha (21086)

Date & Time: 5/7/26 @ 8pm

BAH-00652766 IP5-00175927
Master RISHI TIWARI
11-01-2028 0 Y 5 M 24 D (M)
Dr. VISHAKHA BASAVRAJ KARPE



NURSING CARE RECORD


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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Vishakha Basavraj Karpe Department: OT Date of Admission: 3/7/26

SITUATION	Diagnosis:	<u>mislocated hydrocephalus</u>					Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:
	Area						
BACKGROUND	Shift Time	<u>ER 250P-1st shift 8pm to 8am</u>	<u>1st floor 8pm to 8am</u>	<u>1st floor 8pm to 8am</u>	<u>1st floor 8pm to 8am</u>	<u>1st floor 8pm to 8am</u>	
	Medical Condition (Any special condition to be noted):	<u>Nil</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp: <u>98.0° F</u>	<u>98.0° F</u>	<u>98.6° F</u>	<u>98.3° F</u>	<u>98.4° F</u>	
	Res:	<u>26b/m</u>	<u>18m</u>	<u>28b/m</u>	<u>30b/m</u>	<u>31b/m</u>	
	SpO ₂ :	<u>98%</u>	<u>98%</u>	<u>98%</u>	<u>99%</u>	<u>100%</u>	
	Pulse:	<u>146b/m</u>	<u>120m</u>	<u>120b/m</u>	<u>117b/m</u>	<u>121b/m</u>	
	BP:		<u>100/60</u>	<u>100/60</u>	<u>104/84</u>	<u>96/47</u>	
	Fall Risk Score:	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	
Pain Score:	<u>0</u>	<u>0/10</u>	<u>0/10</u>	<u>1/10</u>	<u>1/10</u>		
Recommendations	Safety Needs:	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>side rails</u>	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Others Specify:	<u>Nil</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Other Special Orders / Medications:	<u>Nil</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Post Operative Procedure Special Orders:		<u>Nil</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>Saamir</u>	<u>Shiraj</u>	<u>Shiraj</u>	<u>Sneha</u>	<u>Pooja</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>3/7/26</u>	<u>5/7/26</u>	<u>5/7/26</u>	<u>5/7/26</u>	<u>6/7/26</u>	
Time:		<u>2:50 PM</u>	<u>10 AM</u>	<u>2 PM</u>	<u>8 PM</u>	<u>8 AM</u>	
Taken Over By Name :		<u>Devi</u>	<u>Shiraj</u>	<u>Sneha</u>	<u>Pooja</u>	<u>Sneha</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>3/7</u>	<u>5/7</u>	<u>5/7/26</u>	<u>5/7</u>	<u>6/7/26</u>	
Time:		<u>3 PM</u>	<u>10 AM</u>	<u>2 PM</u>	<u>8 PM</u>	<u>8 AM</u>	

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:				
	Area	Shift Time					
BACKGROUND	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:					
		Res:					
		SpO ₂ :					
		Pulse:					
		BP:					
		Fall Risk Score:					
Pain Score:							
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

Patient



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4	4	4	
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1					
	History of Falls or Infant - Toddler Placed in Bed	4	4	4	4	4	
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1	1	
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	
TOTAL			14	14	14	14	

Intervention :

-Fall Risk : Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		Yes	Yes	Yes	Yes
Call device within reach		Yes	Yes	Yes	Yes
Wheels Locked		Yes	Yes	Yes	Yes
Room free of clutter		Yes	Yes	Yes	Yes
Adequate Lighting		Yes	Yes	Yes	Yes
Wheel Chair Support		No	No	No	No
Other Intervention(s) Specify		No	No	No	No
Nurse's Name :		Suganya	Vandana	Prasanna	Prasanna
Signature :		[Signature]	[Signature]	[Signature]	[Signature]
Date :		3/7/26	11-7-2026	6/7	6/7
Time :		2:00 PM	6:00 PM	6:00 PM	6:00 PM

BAH-0062766
Master RISHI TIWARI 0 Y 5 M 23 D (M)
11-01-2026
Dr. VISHAKHA BASAVRAJ KARPE

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident: * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident: Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive: Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive: Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										

Signature of the Nurse

Signature of Ward In Charge: Mamatha Name: Mamatha
Signature: Indy Name: Sun Pongak

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

Signature of Shift In Charge: Greerani Name: Greerani

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0									
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	—									
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	—									
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	—			—	—	—				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	—									
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	—									
Signature of the Nurse				swl									

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

Signature of Shift In Charge :

Signature : Krishnendu Name : Krishnendu

Signature of Ward In Charge :

Signature : Neeraj Name : Neeraj's



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
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6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
Signature of the Nurse													

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

In Charge :

Signature of Ward In Charge :

..... Name :

Signature : Name :



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/7/26	7pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	list	Sule
6/7/26	12AM	1/10	Dist. SK per site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Dist. P. on comfortable position	Prigank
6/7/26	6AM	1/10	Dist. SK site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Dist. P. on	Prigank
6/7/26	7AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	m	Prigank
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

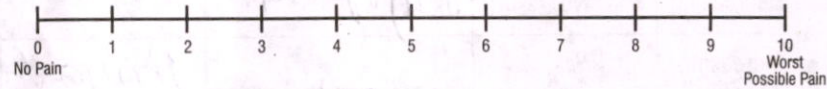
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

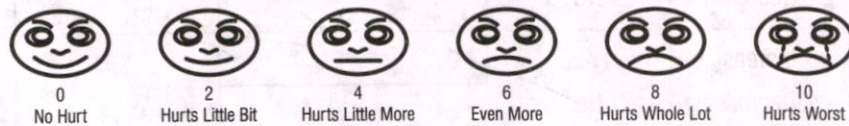
Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
3/7/26	3pm	0	neck	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil / Nil	S
3-7-26	4pm	0/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	pcn given	Vinodhaya
4-7-2026	10am	0/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Vinodhaya
4-7-26	5pm	0/10	5m site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Vinodhaya
4/7/26	9AM	0/10	surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☒ No	Oral Tramadol given	Nil
4/7/26	1pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Nil
4/7/26	4pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Nil
5/7/26	5am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Nil
7/2	1pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Nil
5/7/26	6pm	1/10	Surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Inf. paracetamol given	Suebn

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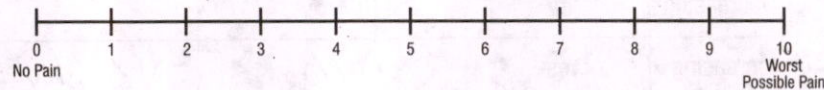
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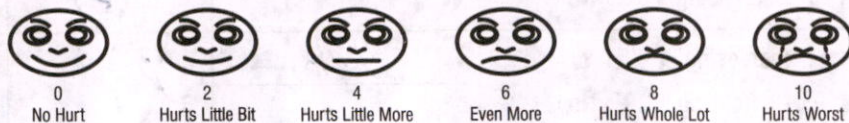
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Wong - Baker (Pediatrics) Above 7 Years



BAH-00652766 IP5-00175927
Master RISHI TIWARI
11-01-2026 0 Y 5 M 22 D (M)
Dr. VISHAKHA BASAVRAJ KARPE



BRADEN 'Q' SCALE

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date :	3/7/26	7-2026	5/6/26	6/7/26
				Time :	2:50 PM	6:00 AM	6:00 AM	6:00 AM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23								
Docu. No. : RCHBH /FRM / CLINICAL / 119								
TOTAL SCORE					28	28	28	28
Evaluator's Name					Susmita	Chitra	Chitra	Pratibha

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

MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
03/08/2024	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Obstructive hydrocephalus	Resolution	VP-Shunt	<i>[Signature]</i>	☐ Nursing ☐ Others:
31/12/2023	☐ Medical ☒ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Obstructive hydrocephalus	Recheck	VP Shunt	<i>[Signature]</i>	☐ Medical ☐ Others:
4/7/26 8am	☐ Medical ☐ Nursing ☒ Others: Dietitian	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Hydrocephalus	Dexolac C1: 30ml dilution	60ml/2nd half	<i>[Signature]</i>	☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: Hindi Patient / Learner Literacy: ☐ Read ☐ Write ☒ Speak Willingness to Learn: ☒ Yes ☐ No Healthcare Literacy: ☐ Yes ☐ No

Identified Education Needs:

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights | 16. Special Discharge / Follow-up Education / Coping Skills |
| | | | 17. Others |

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
3/7/26	3pm	8.	Diagnostic procedures	M	4	0	1	1	-	S
4/7/26	8am	9	Dexolac (1:30ml) dilution	M	1	0	1	1	-	Mounica

Part - III: CODES

Who was taught:	PT: Patient	F: Father	M: Mother	S: Spouse	Sn: Son	D: Daughter	C: Caregiver	O: Other (Specify)
Learning Barriers:								
1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice				
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)				
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing					
Teaching Tools Used:								
A: Audio	D: Demonstration	V: Video	O: Oral	P: Printed				
Mechanism/s to overcome barrier/s:								
1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify					
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference						
Understanding:								
1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review						

BAH-00652766
Master RISHI TIWARI
11-01-2026 0 Y 5 M 22 D (M)
Dr. VISHAKHA BASAVRAJ KARPE



IP5-00175927

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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA :		Diagnosis : <i>Hydrocephalus</i>		Surgery / Procedures : <i>Craniotomy</i>	
	Allergies :				Post OP Day : <i>02</i>	
	Date :		<i>3-7-2026</i>		<i>4/7/26</i>	
	Area	Shift Time	<i>PICU</i>	<i>ACU</i>		
	Diet :		<i>Orally</i>	<i>Orally</i>		
	Ventilation (RA, NP, NIV, VENTI)		<i>NO</i>	<i>RA</i>		
INVASIVE LINES	1.		<i>canula</i>	<i>canula</i>		
	2.		<i>(2)</i>	<i>(2)</i>		
	3.					
	4.					
ASSESSMENT	Infusions / Transfusions		<i>NO</i>	<i>NO</i>		
	PU Prophylaxis		<i>NO</i>	<i>NA</i>		
	DVT Prophylaxis		<i>NO</i>	<i>NA</i>		
	Vitals	BP	<i>108/72</i>	<i>118/75</i>		
		PR	<i>188</i>	<i>160</i>		
		RR	<i>49</i>	<i>42</i>		
		SpO ₂	<i>100%</i>	<i>100%</i>		
		Temp	<i>99.4F</i>	<i>98.4F</i>		
	Pain Score		<i>0/10</i>	<i>0/10</i>		
	LOC (Alert, Conscious, Confusion, Unconscious)		<i>Alert</i>	<i>Alert</i>		
	Skin Integrity (Intact / Bedsore / Any other condition)		<i>Intact</i>	<i>Intact</i>		
	Restrains If any	Physical	<i>NO</i>	<i>NA</i>		
		Chemical	<i>NO</i>	<i>NA</i>		
	Fall Risk (Vulnerable (Y/N) if yes score)		<i>Yes</i>	<i>Yes</i>		
	(Ambulation, walking, moving with assistance, bed ridden)		<i>moving</i>	<i>moving</i>		
ADL (Dependent / Non-Dependent)		<i>Dependent</i>	<i>Dependent</i>			
Critical Lab Test / Values (if any)		<i>NO</i>	<i>Nil</i>			

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

RECOMMENDATIONS	Investigations Procedures	Date :	3-7-2026	4/7/26					
		Area	PICO	new					
		Shift Time	18:30	day					
		Ordered / Planned	Followed by doctor's order	Followed by doctor's order					
		Due	NO due	NO due					
		Reports Pending	NO reports pending	NO Reports pending					
Referrals (If any)	NO referrals	NO Referrals							
	Remarks (Special Interventions like, Drainage Tube flushing etc.)	NO remarks	NO remarks						
Handed Over By Name :		Vinodh	Navaneetha						
Signature :		Vinodh	Navaneetha						
Date :		4-7-2026	4/7/26						
Time :		5:00	@ 11						
Taken Over By Name :		Navaneetha	Chun						
Signature :		@ 11	Chun						
Date :		4/7/26	4/7/26						
Time :		@ 8:00	@ 11						



BED SIDE CHECK LIST FOR NURSES

Date:	3/1	4/7							
Doctor's Orders	Followed	Followed							
Carried out or not	Carried	Carried							
Bed Side									
Structured Handover done	Done	Done							
IV Site	Yes	Yes							
Central Lines	NO	NO							
Arterial Lines	NO	NO							
Feeding Catheter	NO	NO							
Urinary Catheter	NO	NO							
Skin Care	Given	Given							
Eye Care	Given	Given							
Mouth Care	Given	Given							
Sterillum Bottle, Stethoscope	Bedside	Bed side							
Suction Bottle (Should be clean & empty)	clean	clean							
Intubation Tray	NO	NO							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	Loaded	Loaded							
Ventilator Tubing, (Any Water, Blood)	NO	NO							
Humidification	NO	NO							
Check all Infusion (Labelling, Correct Preparation)	Labelled	Labelled							
Chest Physio & Neb	Neb	NO							
Handed Over By Name :	Vindhya	Shy							

Checked & Handover given by

Name of the Nurse : Vindhya

Signature : Vindhya

Date & Time : 4-7-2026 8am

Checked & Handover taken by

Name of the Nurse : Navaneetha

Signature : Navaneetha

Date & Time : 4/7/26 @ 8am

INFORMED CONSENT FOR HIGH RISK PROCEDURE / SURGERY



BAH-00652766
Master RISHI TIWARI
11-01-2026
Dr. VISHAKHA BASAVRAJ KARPE
IP5-00175927
(M)
0 Y 5 M 22 D

Name: Age: Gender: ☒ Male ☐ Female
Date: 3/7/26
Vishakha

UHID.No : have been explained by Dr. Rishi Tiwari has

I / We
about the medical condition and the proposed procedure.

I / We have been told that our patient
the following Medical Conditions / Diagnosis:

Complex multicompartmental hydrocephalus

Proposed Treatment / Procedure / Operation:

Endoscopic fenestration
+ Programmable V-P shunt

I / legal guardian, have been explained in the language understood by me / us, about the medical condition mentioned above and that our patient has following risks involved during the hospital stay

1. Risk of intracp bleeding
2. Risk of post op risk of cyst formation
3. Risk of infection / cef risk

I / We have been explained risk, benefits and alternatives of the procedure.

I / We have been informed that the ongoing treatment in the Intensive Care Unit involves the risk of unsuccessful results, complications, temporary or permanent injury or disability and even fatality from known or unforeseen causes and no guarantee or promises have been made to me / us concerning the results of the procedure or treatment.

I / We have understood the consequences of not undergoing the proposed treatment.

I / We hereby give (my / our) full consent for the above - mentioned treatment.

Patient (Or Patient Relative / Guardian):

Signature: Anil Tiwari

Name: Anil Tiwari

Date & Time: 2/7/26 3pm

Doctor (Who is taking the consent)

Signature: Vishakha

Name: Dr. Vishakha

Date & Time: 2/7/26 2pm

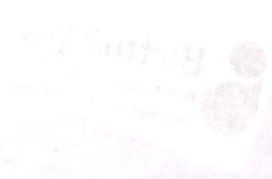
Witness

Signature: [Signature]

Relative / Legal Guardian: (Relationship with Patient)

Address:

Date & Time: 2/7/26 3pm



UNIVERSITY OF CALIFORNIA
BERKELEY
DEPARTMENT OF CHEMISTRY
CHEM 101
LABORATORY

3/1/82

10/10/82

10/10/82

10/10/82

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10/10/82

10/10/82

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Vishakh
 Asst. Surgeon :
 Anaesthetist : Dr. Sundhara
 Scrub Nurse : Sujatha

Patient Name : Master Rishi Tiwar Age : 5M Gender : M
 UHID No. : 0652986 Surgery Name : VP Stent & Bx
 Date : 24/06 In-time : 3:10pm Out-time : 8:30pm

BAH-00652766 IP5-
 Master RISHI TIWARI
 11-01-2026 0 Y 5 M 22
 Dr. VISHAKHA BASAVRAJ K.



Before Induction of Anaesthesia >>

SIGN IN

Time: 3:06pm

Patient Has Confirmed

Identity ☒ Yes ☐ No
 Site ☒ Yes ☐ No
 Procedure ☒ Yes ☐ No
 Consent ☐ Yes ☐ No ☐ NA

Site Marked

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 (Yes, and Adequate Intravenous Access and Fluids Planned)

☒ Yes ☐ No ☐ NA
☐ Yes ☒ No ☐ NA

Blood Units Reserved

☐ Yes ☒ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes?

Before Skin Incision >>

TIME OUT

Time: 4:23pm

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

Correct Patient (Check ID Band) ☒ Yes ☐ No
 Correct Site ☒ Yes ☐ No
 Correct Procedure ☒ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:

What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☒ Yes ☐ No ☒ NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? ☐ Yes ☐ No ☒ NA

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA
☒ Yes ☐ No ☐ NA

Is Essential Imaging Displayed?

Power Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No

Signature : [Signature]

Name : [Signature]

Before Patient Leaves Operating Room

SIGN OUT

Time: 8pm

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 : [Signature]

Name : [Signature]

10/10/19

10

10/10/19

10/10/19

10/10/19

10/10/19

10/10/19

10/10/19

10/10/19



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 3/2/26

Department : P-OT Duration of Procedure : 2hr

Name of Surgeon : Dr. Vishakha Date of Admission : 3/2/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☐ Yes ☐ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☐ Yes ☐ No Name of the Antibiotic : <u>Suf. meropenem 200mg @ 4:00pm</u> <u>Suf. vancomycin 100mg @ 4:00pm</u>	
2.	Hair Removal ☒ Yes ☐ No if Yes : <u>Surgical Clipper</u> Department where Hair Removed : ☐ Ward ☒ Operating Room ☐ Other : Skin preparation done (cleanse surgical area with antiseptic agent)? ☒ Yes ☐ No	
3.	Patient's body temperature immediately post operation (Recovery Room) <u>31.1</u> °C ☐ Oral Or ☐ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : <u>Dr. Vishakha</u> Date & Time of antibiotic administration : <u>3/2/26 @ 4:00pm</u> Date & Time procedure started : <u>3/2/26 @ 4:20pm</u>	

- 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

BAH-00652766
Master RISHI TIWARI
11-01-2026 0 Y 5 M 22 D (M)
Dr. VISHAKHA BASAVRAJ KARPE

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OPERATION THEATER NOTES

Patient's Name: Master Rishi Tiwari Age: 5M Gender: ☒ Male ☐ Female
UHID No.: 0125922 Weight: Height:

Surgeon: Dr. Vishakha Asst. Surgeon: OT Technician: Venkatesh
Anesthetist:

Pre-Operative Diagnosis:

Surgical Procedure: Endoscopic fenestration of septae in
multiloculated hydrocephalus and left programmable
Ventriculoperitoneal shunt (Hakim codman)
Indications for Surgery: post infective multiloculated hydrocephalus

Date: 3/1/26 Start Time: 4:30 PM End Time: 2 PM

Pre Operative Preparations: Position - Supine & head turned to right
all pressure points padded. Purses applied,
Incision - Curvilinear incision centered at right left
Keen's point.

Post Operative Diagnosis:

Peri-Operative Complications: Nil

Operation Notes: Painting & draping done.
Incisions made & deepened in layers.
Subcutaneous tunnel made between two
incisions & shunt tube inserted in between
two incisions. Burr hole made at Right Keen's
point. Durotomy done. Ventricular puncture
made from Keen's point. & trocar & shunt
introduced. Zero degree endoscope intro
& anatomical landmarks identified.
Fenestration made in left right cystic ca

Under magnification guidelines
 of central cyst. fenestrations enlarged
 between superior & inferior central cyst
~~Ventrolateral~~ ea Hemostatic achieved
 ventrolateral catheter inserted in ventricle
 (central cyst) & connected to shunt tube
 & anchored to peritoneum at 9cm. free flow of
~~closure~~ done clt observed through distal
 and inserted in peritoneal cavity
 closure done in layers

Amount of Blood Loss:

10ml

Blood Transfused (in ML)

10ml

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

Intraop findings: ① very small fenestrations
 between right lateral
 & central cyst
 and between superior & inferior
 central cyst & VSA shunt channels

② Blocked Ommaya catheter
 as before

By ~~Gauze~~ 4cm x 8cm
 By Vancomycin
 By Mesoprenum
 By PCN 15mg/kg & 8hour
 By Leipid 1cm x 8cm

Name of the Surgeon: Dr. Waleed

Signature of the Surgeon:

8/7/26

BAH-00652766 IP5-00175927
Master RISHI TIWARI
11-01-2026 0 Y 5 M 22 D (M)
Dr. VISHAKHA BASAVRAJ KARPE




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POST-SURGICAL CARE PLAN FORM

Procedure Done:

Post-Surgical Diagnosis:

Post-Operative Monitoring Parameters /Frequency:

vital
all

Wound Care:

Wound self care

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

+

Nutritional Instructions:

Regular feeds once a week

When to Start Mobilization:

Special Referrals:

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

☐ Yes ☐ No

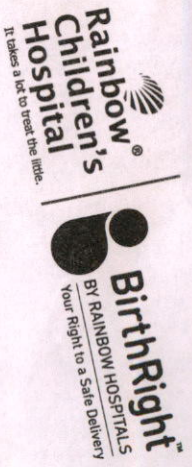
Any Other Post-Operative Care Needed including Required Follow Up


Treating Surgeon
(Signature & Stamp)

3/7/26
Date: Time:

Note: Plan of care will be readjusted if necessary.

BAH-00652156
Master RISHI TIWARI
11-01-2025
Dr. VISHAKHA BASAVRAJ KARPE
IP5-00175921 (M)



POST OPERATIVE - DOCTORS HANDOVER FORM

OT to ☒ PICU ☐ NICU ☐ MICU ☐ WARD
Date: 03/01/26 Time: 3:40pm
H: 00pm to 8:15pm

Name of the Surgery: VP shunt Placement, 3x timing, 4mg MIDAZOLAM 0.3mg IV

Drugs used for sedation during surgical procedure: 4mg Fentanyl 1mg IV, 4mg Propofol 15+5mg IV, RL - 6.5 ml/hr Total = 80.4 ml cry
post extubation vital: RS: BAE 40 clear PR: 123/min SpO2: 96% on RF

IV Fluids type / amount used using surgical procedure: Blood Loss 10-15 ml
Input: 80.4 ml Output: 10.0 ml
Blood Transfusion if any: NO
Any intra operative event: NIL SIGNIFICANT, stable all throughout
CBP to be traced

On arrival to PICU / NICU / MICU / WARD: BP: CRT: HR: RR: Temp: SpO2: Peripheries:

Drains: ☒ Cuffed ☐ Uncuffed
ET Tube: ☒ Cuffed
Size of ETT: 3.5mm, cuffed Length of Fixation of ETT: 10cm @ angle 3m

Surgeon's Notes: ☐ Yes ☐ No
Time of Arrival to Unit:

Handover given by: Anesthesiologist's Name: Dr. SHOBAN
Signature: Date & Time: 3/1/2026 9:00pm
Handover take: Doctor's Name: Signature: Date & Time:

How many samples did you find? 10

BAH-00652766
Master RISHI TIWARI
11-01-2026 0 Y 5 M 22 D (M)
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POST OPERATIVE - DOCTORS HANDOVER FORM

OT to ☒ PICU ☐ NICU ☐ MICU ☐ WARD

Date: 3/7/2026 Time: 8:56pm

Name of the Surgery: VP shunt

Drugs used for sedation during surgical procedure: Dig midazolam, Dig PROPOFOL, Dig PENTAM

IV Fluids type / amount used using surgical procedure: 210 ml RINGER LACTATE

Blood Loss 10 ml

Input 210 ml Output 100 ml

Blood Transfusion if any ml

Any intra operative event: ml

On arrival to PICU / NICU / MICU / WARD:

Temp: HR: RR: BP: CRT:

Peripheries:

Drains:

ET Tube: ☒ Cuffed ☐ Uncuffed

Size of ETT: 35 Length of Fixation 10

Surgeon's Notes: ☐ Yes ☐ No

Time of Arrival to Unit:

Handover given by:

Anesthesiologist's Name

Signature:

Date & Time:

CONSENT FOR SPECIAL SEDATION

POST OPERATIVE - DOCTOR'S HANDOVER FORM

Patient Name: Mr. J. Smith Date: 15/10/2012
Room: 10 Ward: 10 Unit: 10

Signature of the Surgeon: Dr. J. Smith

Signature of the Anesthetist: Dr. J. Smith

Signature of the Nurse: Dr. J. Smith

The doctor has explained to me in language I understand the details of the procedure as follows:

Type of Sedation: General

Reason for Sedation: to perform the procedure on my teeth

Signature of the Surgeon: Dr. J. Smith

Signature of the Anesthetist: Dr. J. Smith

Signature of the Nurse: Dr. J. Smith

Signature of the Patient: Dr. J. Smith

Signature of the Doctor: Dr. J. Smith

Signature of the Anesthetist: Dr. J. Smith

Signature of the Nurse: Dr. J. Smith

Signature of the Patient: Dr. J. Smith

Signature of the Doctor: Dr. J. Smith

Signature of the Anesthetist: Dr. J. Smith

Signature of the Nurse: Dr. J. Smith

Signature of the Patient: Dr. J. Smith

Signature of the Doctor: Dr. J. Smith

Signature of the Anesthetist: Dr. J. Smith

Signature of the Nurse: Dr. J. Smith

Signature of the Patient: Dr. J. Smith

Signature of the Doctor: Dr. J. Smith

Signature of the Anesthetist: Dr. J. Smith

Signature of the Nurse: Dr. J. Smith

Signature of the Patient: Dr. J. Smith

Signature of the Doctor: Dr. J. Smith

Signature of the Anesthetist: Dr. J. Smith

Signature of the Nurse: Dr. J. Smith

Signature of the Patient: Dr. J. Smith

Signature of the Doctor: Dr. J. Smith

Signature of the Anesthetist: Dr. J. Smith

Signature of the Nurse: Dr. J. Smith

Signature of the Patient: Dr. J. Smith

Signature of the Doctor: Dr. J. Smith

Signature of the Anesthetist: Dr. J. Smith

Signature of the Nurse: Dr. J. Smith

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00852766 IP5-00175927
Master RISHI TIWARI
11-01-2026 0 Y 5 M 22 D (M)
Dr. VISHAKHA BASAVRAJ KARPE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Rishi Tiwari Age: 5m 22d Sex: M UHID.No: BAH-00852766

Date: 3/7/26 Time: 2:45pm Proposed Operation: VP shunt

Diagnosis: obstructive hydrocephalus

B.P / CRT: H.R: Weight: 6.4kg ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 9.8
PCV: 27.5
WBC: 130
Plate:
PT:
PTT:
INR:

Glucose: Protein:
Urea: Alb:
Creat: 0.3 Total Bill:
Na: Dir. Bill:
K: LDH:
Ca++: Alk phos:
Mg++: Amylase:
Cl-: SGOT/SGPT:

HIV:
HBS Ag:
HCV:
Blood group: O+ve
T3
T4
TSH

X-Ray:
ECG:
2D Echo: Aneurysmal IAS
Stress/Angio: small fenestral
Other: 2 L-R shunt

Allergies:

- Nil -

Medical History: CVS:

twin-2 Pt 31wks 11.6kgs / In NICU for 10 days / on MV 4 days

RESP:

Diabetes:

CNS:

Kidney obstr. hydrocephalus / ventriculitis / meningitis

Renal:

Hepatic / GE:

Physical Activity: partially immunised

Others:

Past Anaesthetic History:

omaya reservoir / ventriculogical shunt

Physical Exam:

3/7/26

Airway:

MP 1 2 3 4

Mouth Opening:

Mentohyoid Distance:

Neck:

Teeth:

Lungs:

BAE ⊕ ch

Heart:

shw ⊕

CNS:

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
<u>Intravenous vancomycin</u>	<u>500mg</u>
<u>levofol</u>	<u>500mg</u>

Pre-Operative Instructions:

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

Signature: [Signature] Name: Dr. Akhila K.



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by :

Time Received : 9 pm

Time Discharged :

RESPIRATORY < PULSE > BLOOD PRESSURE	IV Cannula Site : <u>Right hand</u> ☐ O₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway Vomiting : ☐ Yes ☒ No NG Tube : ☐ Yes ☒ No Drain : ☐ Yes ☒ No Urinary Catheter : ☒ Yes ☐ No Chest Tube : ☐ Yes ☒ No Nil Oral ☒ Yes ☐ No IV Fluids : Oral Feeds :
	Drug : <u>meperidin</u>

POST ANAESTHESIA SCORE (Modified Aldrete Score)		MINUTES			OUT	SCORING INTERPRETATION
		IN	30	60	90	
Able to move 4 extremities voluntary or on command	= 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 move 2 extremities voluntary or on command	= 1					
Able to move 0 extremities voluntary or on command	= 0					
Able to deep breathe & cough freely	= 2					
Dyspnea or limited breathing	= 1					
Apneic	= 0					
BP $\pm$ 20 of Pre Anaesthetic leve	= 2					
BP $\pm$ 20-50 of Pre Anaesthetic leve	= 1					
BP $\pm$ 50 of Pre Anaesthetic leve	= 0					
Fully awake	= 2					
Arousable on calling	= 1					
Not responding	= 0					
Pink	= 2					
Pale, dusky, blotchy, jaundiced, other	= 1					
Cyanotic	= 0					
TOTAL			5	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
3-7-2026	9 pm	0/10	Ij. Pcm	<i>[Signature]</i>
	10 pm	0/10	no	<i>[Signature]</i>

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

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name : Vinodh

PACU Nurse Signature: [Signature]

Date & Time: 3-7-2026 9 pm

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

Transferred to Unit by (PACU):

Date & Time:

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 Left Right		Maternal		FHR	Comments
					BP	Pulse		

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☒ Patient Attendant

Operative Procedure: VP Shunt

Anaesthesiologist: Dr. Subramanyam Surgeon: Dr. Vishaka K.

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, bronchospasm, postop ventilation 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: Anil Tiwari
 Name: Anil Tiwari
 Relationship with patient: father
 Date & Time: 3/7/26 @ 2:19pm

Witness:

Signature: Peera
 Name: Peera
 Date & Time: 3/7/26 @ 2:19pm

Doctor (who is taking consent):

Signature: Dr. Akhila K. Name: Dr. Akhila K. Date: 3/7/26 Time: 2:50pm

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 అవస్థాపక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

రిజనల్ 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 నార్మల్ బ్లడ్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై లిస్ట్:

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.
☐ రిజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, ఆల్టర్నెట్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెన్స్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రిజనల్ 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 స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: as per doctor Order

2. Destination Post Discharge: ☒ Home

Family Members Notified (Person Contacted)

☐ Transfer

Hospital Facility Notified (Person Contacted)

Discharge Status:

☐ Self Care

☐ Family Home Care

☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☐ Medication ☒ Yes ☐ No

☐ Bathing ☐ Yes ☒ No

☐ Eating ☐ Yes ☒ No

☐ Walking ☐ Yes ☒ No

☐ Dressing ☐ Yes ☒ No

☐ Toileting ☐ Yes ☒ No

Explain to parents

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s: hand hygiene

☐ Patient's Educational Topic/s discussed with the:

☐ Patient ☒ Family Member

☐ Others:

Nurse Signature: [Signature]

Nurse Name: Chander

Date and Time: 4/2/26 2 pm

BAH-00652766
Master RISHI TIWARI
11-01-2026 0 Y 5 M 22 D (M)
Dr. VISHAKHA BASAVRAJ KARPE



66

4:30 AM (formula milk)

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Rishi Tiwari Age : 5 months Gender : ☒ Male ☐ Female

Date : 03/07/26 Time of Arrival : 2:10pm Triage Completion Time : 2:12pm

Allergies : ☒ No ☐ Yes ☐ Food ☐ Medications ☐ Other (Specify) : ☐ Not known any drug Allergies

Source of Information : ☒ Parents ☐ Others (Specify) : ☐

Mode of Arrival : ☒ Ambulatory ☐ Wheelchair ☐ Stretcher ☐ Ambulance

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance

☒ Normal

☐ Sick Looking

Circulation / Colour

☒ Normal

☐ Abnormal

☐ Bleeding

Work of Breathing

☒ Normal

☐ Increased

☐ Decreased

☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS

☒ Stable

☐ Unstable :

☐ Not - Life - Threatening

☐ Life - Threatening

Initial Vital Signs: Temp: 97.9 F PR: 146b/m BP: 98/60 RR: 26b/m SpO₂: 98% RA

Chief Complaints: Came for surgical procedure - VP shunt placement + OR - Endoscopy

Triage Classification

☐ Level 1 : Resuscitation

☐ Level 2 : EMERGENT : Life or limb threatening

☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening

☐ Level 4 : LESS URGENT : Significant illness but not life threatening

☐ Level 5 : NON - URGENT : May receive care when convenient

CTAS

☐ Immediate

☐ < 15 min

☐ 30 min

☐ 60 min

☒ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.

All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Communicable Disease Triage Screening

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

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☒ No

2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☒ No

3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☒ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☒ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☒ No

If yes, State Location:

2. Are your parents / close contacts at home healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☒ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough

☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.

☐ The patient should be given a surgical mask immediately, if not already wearing one.

☐ Both patient and triage staff should perform hand hygiene.

☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Javanya

Signature of Triage Nurse : Javanya

Date & Time : 03/07/26 @ 2:12pm

Docu. No. : RCHBH / FRM / CLINICAL / 085

WILLIAM (10/11/1911)

29/10

12/10/1911-1912

Children's Hospital
Rainbow
Bristol

ROOM THREE FORM

Admission Ticket

12/10/1911

29/10

12/10/1911

Name		Age		Sex		Date		Time		Place	
WILLIAM (10/11/1911)		10/11/1911		M		12/10/1911		12/10/1911		12/10/1911	
Address		Occupation		Education		Religion		Marital Status		Notes	
Rainbow, Bristol										Admission Ticket	
Parent's Name		Parent's Address		Parent's Occupation		Parent's Education		Parent's Religion		Parent's Marital Status	
Rainbow, Bristol											
Child's Name		Child's Address		Child's Occupation		Child's Education		Child's Religion		Child's Marital Status	
WILLIAM (10/11/1911)											
Child's Date of Birth		Child's Place of Birth		Child's Date of Admission		Child's Date of Discharge		Child's Date of Death		Child's Date of Burial	
10/11/1911				12/10/1911							
Child's Date of Death		Child's Place of Death		Child's Date of Burial		Child's Date of Cremation		Child's Date of Interment		Child's Date of Exhumation	
Child's Date of Interment		Child's Place of Interment		Child's Date of Exhumation		Child's Date of Reinterment		Child's Date of Reinterment		Child's Date of Reinterment	

WILLIAM

12/10/1911

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 3/7/26 Time of arrival : 2:13 pm
Chief Complaints : Come for surgical procedure - VP Shunt placement, Endoscopy, RBS: Nil
Height : Weight : 6.4 kg BMI : Head Circumference (<2 years)
Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes, identify

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: A Pain Tool Used: ☐ N Pass ☒ FLACC ☐ Wong Baker
☐ Character nil ☐ Location nil ☐ Frequency nil ☐ Duration nil

RISK FOR FALL:

- ☒ If patient is < 6 years
tick below fall risk intervention directly
☐ If Patient is > 6 years
Assess the below parameters
- History of Falling: within past 3 months ☐ Yes ☐ No
- Ambulatory Aids:**
- Wheelchair ☐ Yes ☐ No
 - Uses furniture for support ☐ Yes ☐ No
- Gait/Transferring:**
- Bedrest / immobile ☐ Yes ☐ No
 - Weak ☐ Yes ☐ No
 - Impaired ☐ Yes ☐ No
- Mental Status:** Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

- ☒ Escort while ambulating
☒ Assist Patient
☒ Educate patient and family on fall precautions/prevention

Functional Screening: ☒ No Abnormalities Detected

- ☐ Mobility Problem
- ☐ Walking Problem
- ☐ Developmental Delay
- ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening: ☒ No Abnormalities Detected

- ☐ Underweight
- ☐ Overweight
- ☐ Feeding Problem
- ☐ Special diet
- ☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☒ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☒ No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With family

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

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

Time of Initial assessment completed by ER Nurse : 3/7/26 @ 2:14 pm

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

Time	Nursing Notes
2:15pm	Seen by dr Akhila, - Assess pt vital checked & Record.

Samples collected by: /
Samples sent by : /

Time: /
Time: /

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 146b/m BP: CFT: <2Sec RR: 20b/m SPO ₂ : 98% GCS: 15/15 Temperature : 97.9°F Pain Score: 0 Repeat RBS (if applicable): Nil.	Shift - out from ER to: OT Time of Shift - out: 2:50pm Handover given to: Deven (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Mr. Desmita, Signature of the Nurse : [Signature]
Date & Time : 3/7/26 @ 2:15pm



PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission 3/7/26 @ 2:50 pm	Date & Time of Transfer Order 3/7/26 @ 2:50 pm
Treating Consultant Name	Transfer Ordered by Dr. Akhila	Reason for Transfer Admission
From Unit ER	To Unit OT	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 20	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant op file Yes ☒ No ☐ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.	Gown	①
3.	6 - op file	①
4.		
5.	CT - ③	
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐		Handed over to
Name & Signature of Person who is Transferring Mr. Susmita		Name of Person Ordered Transfer Dr. Akhila
Patient & Clinical Records Received by : Deva		
Date & Time of Patient Received : 3/7/26 @ 3 pm		

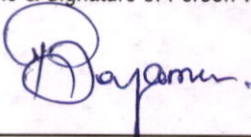
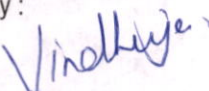
If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00652766 IP5-00175927 Master RISHI TIWARI 11-01-2026 0 Y 5 M 22 D (M) Dr. VISHAKHA BASAVRAJ KARPE 		Date & Time of Admission 3/7/26 @ 2:50 PM	Date & Time of Transfer Order 3/7/26 @ 9 PM
		Transfer Ordered by Dr. Shabnam	Reason for Transfer Post Surgen
From Unit OT	To Unit PICU	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 28	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Old file & films.		
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Shabnam	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : 27-2026 9 PM			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- ☐ Unavailable Bed
 ☐ Nurse not Available
 ☐ Available Bed not ready

PATIENT TRANSFER FORM

Master RISHI TIWARI
11-01-2026 0 Y 5 M 22 D (M)
Dr. VISHAKHA BASAVRAJ KARPE



Date & Time of Admission 3/7/26 @ 2:16pm	Date & Time of Transfer Order 4/7/26 @ 3:30pm
Treating Consultant Name Dr. Vishaka Basavraj. Karpe	Transfer Ordered by Dr. Vishaka
Reason for Transfer Shift to ward	
From Unit PICU	To Unit 1st floor
Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File Above 40	Number of Imaging Films ABG - 1
Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	ABG	1
2.	CT films	1
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring Navaneetha	Name of Person Ordered Transfer Dr. Vishaka.
Patient & Clinical Records Received by : Chenelou	
Date & Time of Patient Received : 4/7/26 @ 5pm	

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready