BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN
14-09-2019 6 Y 7 M 26 D (M)
Dr. UJJWALA DESAI

ENTERED

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SURGERY DETAILS

Date : 10/5/26

Patient Name: Mast. MD. YOUSUF MOHIUDDIN Date of Birth: 14-09-2019 Age: 6Y

Gender: M Ward : P.O.T UHID No.: 123644

Date of Surgery: 10/5/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Laparoscopic Appendectomy

Master MD YOUSUF MOHIUDDIN (6 Y 7 M 26 D/ M)
OTHERS
NINV00212
BA26047615032
BAH-00655936

Time in : 3:15 PM Time Out : 5:30 PM

	NAME	AMOUNT
1. Surgeon	Dr Nabeel Qadri.	
2. Anaesthetist	DR. APNA	
3. Assistant Surgeon		
4. OT Technician	Prashanth	
5. Circulating Nurse	ANNI	
6. Assistant Nurse	Anas ANNI	

Special Equipment: ☑ Laparascopy 960672 ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 960671 Order by:

Docu. No. : RCHBH/FRM/GENERAL/114

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ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No : BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN
14-09-2019 6 Y 7 M 26 D (M)
Dr. UJJWALA DESAI
_____ Dept : _____

Date of Admission: _____ T harge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/5/26	2:20Pm	ER	Ward (OT)	Abhishek
10/5/26		OT		
10/5/26	7:00Pm	OT	ICU	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
10/04.	Ultrasound abdomen (stat)	23635.	Israr
	CBP, CRP, S/E, (blood c/s.	47567	Israr
	LFT, widal),		

BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN
14-09-2019 6 Y 7 M 26 D (M)
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Lap. Appendectomy

CONSUMABLES OF OT

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3601

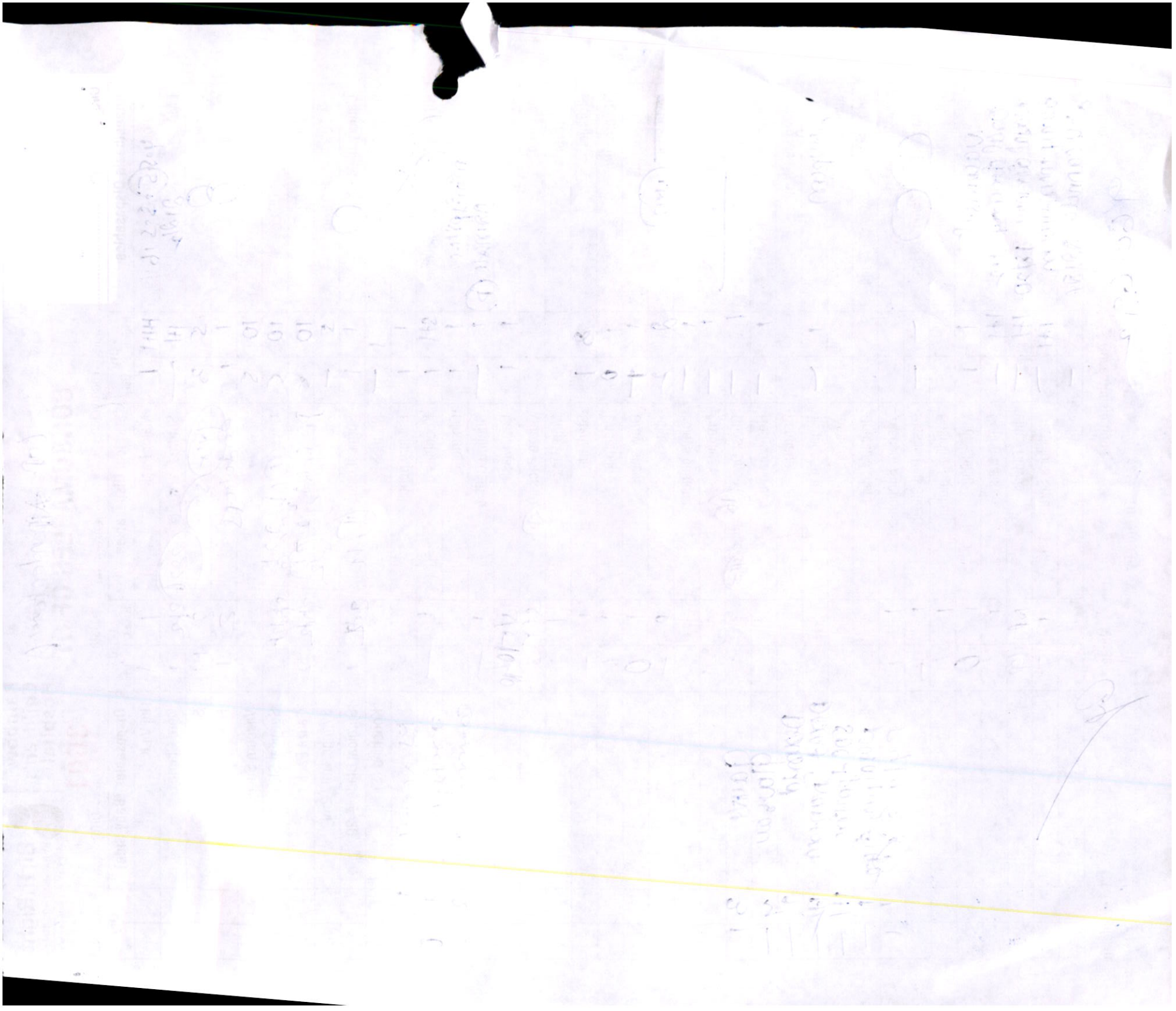
.... Technician : .... Date : .... Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 4.5 (5) 5.5 16	HIH	1	Major Pack	1	1	Inj Vit.K		
LMA 2 1/2	1H	—	Sutures 3-0 (2826) 9415 5003 Endoloops	2/2 2 2	1 H1 1	Cord Clamp		
ECG leads : A / (P) / N	5	3				Suction Catheter		
HME filter : A / (P) / N	1	1				Feeding Tube		
Syringes : 10 cc	10	5				Vaccum Suction Set		
05 cc	10	5	Gloves (6) 6 1/2, 7, 7 1/2	2/2/2/1	1	Surgical Gloves		
02 cc	10	5	Pf 6, 6 1/2, 7, (7 1/2)	2/2/2	2	Gauze Pack		
01 cc	5	—				Syringe 1ml / 2ml		
Cautery plate : A / (P) / N	1	1	Surgical blade (11) 15	2/2	1	Surgical Blade # 20		
IV set	1	—	NG tube			Koochies (S)		
RL	1	1	Cautery pencil			PJ Stomy	1	1
NS (10ml) / (100ml) / 500ml / 1000ml	5H	1	Koochies	1	—	Transfer	1	0
Minispike	1	1	Ointments			Camera covers	2	2
Odmale (P)	1	—	Suction Catheter	1	—			
Fentanyl	1	1	Cap, Mask	5/5	10/10			
Morphine			Gauze Pack (XH)	5/5	3			
Ketamine			Mop Pack	1	1			
Propofol	3	1	Steristrip	1	—			
Rocuronium	1	0	Underpad	1	1			
Glycopyrolate	1	1	Draw sheet	1	0			
~~Myopyrolate~~ (Neo)	2	2	Abgel	0	—			
Ondansetron	1	—	Foleys catheter					
Pencan 25g/ Spinal Needle 22	1	—	Urobag	1	1			
Bupivacaine 0.25%	1	—	Chest Drainage Catheter (16) (16F)	1	1	Gauze	3	1
Bupivacaine 0.25%(Heavy)	1	—	Romodrain bag			Glass cell	4	—
Antibiotics			Bandage			Dexamed	7	—
Doupem	1	—	Tegaderm			Dexat Tranexa	1H	—
Suppositories			Ioban			SOC Hpmine	1H	—
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Nasal prong Fi...	1	—
Supridol : 100mg			Vaccum Suction set	1	1	Ryle's (8) F	1	1
Justin : (12.5 mg) / (25mg) / 100mg	—	—	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
Vacuum set	1	1	Microshield	1	0			
Oral airway 1/2	1H	—	Cotton Balls	1	1			
Nasal airway 18/20	1H	—	Latex Gloves	1P	10P			
3 way 10cm+100cm	1H	—	Ramdione Scrub	1	—			
IV cannula 22/24		—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 960692 Ordered by : ....

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



MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
10/5/26	Infusion pump	7: pm		96018648	Anupama

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/5	Tylacement	1	1345	Ismail
10/5	PAC	1	1352	
11/5	MHA	1	603910	Heelth

Prophylaxis 11/5/25

ANY OTHER INFORMATION

Date : 13/5 Time : 10:15am Prepared By : Sri

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sri	12		

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00173644 **Admit Date** : 10-May-2026 **Admit Time** : 12:05 PM **UHID** : BAH-00655936

Patient Details :

Patient Name	: Master MD YOUSUF MOHIUDDIN	**Age**	: 6 Y 7 M 26 D
Guardian	: Mr MD AHTESHAM MOHIUDDIN	**DOB**	: 14-09-2019
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 9-4-62/24, NIZAM COLONY, NEAR NIZAM CLY MASJID, TOLI CHOWKI, Golconda Hyderabad Telangana INDIA 500008	**Phone No**	: 9032101923/ 7901451923
		E-mail	: AHTESHAM_1972@YAHOO.COM

Admission Details :

Bed Type : GENERAL WARD **Bed No** : GW 120 **Ward Name** : 1F-GENERAL WARD I

Room No : GW 120 **Admission Type** : First Visit

Contact Details :

Name : Mr MD AHTESHAM MOHIUDDIN **Relationship** : Father

Contact Address : H NO 9-4-62/24, NIZAM COLONY, NEAR NIZAM CLY MASJID, TOLI CHOWKI, Golconda Hyderabad Telangana INDIA 500008 **Phone No** : 9032101923 / 7901451923

Signature

Doctor Details :

Doctor Name : Dr. UJJWALA DESAI **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

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

Payor Name : SELFPAY

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN
14-09-2019 6 Y 7 M 26 D (M)
Dr. UJJWALA DESAI

Patient Name: MD- Yousuf Mohiuddin

UHID ID:

Department:

Consultant:

BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN
14-09-2019 6 Y 7 M 26 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Name : MD. Yousuf Mohiuddin Age/Sex

Information given by: Mother Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o abdominal pain :- 1 week
Vomiting :- 3 days
Fever :- 2 days

History of present illness :

child was apparently well - then had

1) Abdominal pain - since 1 week
more in night time
tenderness around umbilical region, right iliac fossa
(R) Hypochondriac region

2) Vomitings :- 3 days
5-6 episodes initially
non projectile, non-bilious containing watery
non blood stained

3) Fever :- 2 days
high grade - not a/w chills
relieved with medications

a/w poor oral Intake
& dull active activity

H/o gathering (-) with family (+)
H/o similar complaints in family (+).
cousins (+).

9/5
CRP :- 31, Na/K/Cl :- 134/3.5/101 LFT-(N)
CBP :- 12.5 / 15,200 / 84/09 / 3.17, widal :- positive
(slide) (1:160) → Typhi O
1:80 - Typhi H

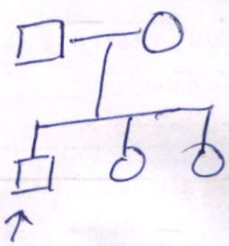
BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN
14-09-2019 6 Y 7 M 26 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Term | NVD | 2.6kg
No NICU stay



Birth & Socio Economic History:

About Father : middle.
About Mother :
Any additional Information :

Developmental History :

Attained appropriate for age

Immunization History :

Immunised till date

(P.T.O.)

BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN
14-09-2019 6 Y 7 M 26 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))_16.3kg_(Centile _____)

On Examination :

Temperature : 100.4°F Pulse Rate :_____ B.P. 99/72 SPO2 98% @RA

Resp.rate and type of breathing : 26/min
regular

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BAE (+), clear

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S_1S_2 Heard -

Any murmur :

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

Per Abdomen :

Inspection (N)

Palpation : Soft, tenderness in RIF & umbilical region & hypochondriac region

Ausculation :

Spine : (N) External Genitelia : (N)

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

Pediatric Multiorgan Histo., & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert/Active

Cranial Nerves : Intact

Motor System:

Nutriton : Good

Tone: N Power 5/5

Co-ordinator :

Posture :

Involuntary Movements : Nil

Reflexes :

DTR N **Superficials:**

Plantars

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Acute Febrile Illness ? Acute Abdominal pain
? Enteric fever
? Appendicitis

(P.T.O.)

BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN
14-09-2019 6 Y 7 M 26 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment : For Hemodynamic stability.

Planned Labs:

- CBP
- CRP
- Sr-electrolytes
- ~~Blood c/s~~
- LFT
- Widal

USG Abdomen – Enteric
Appendix
N/B
Temp

Planned Management

1) Inj Paracetamol
2) Inj ceftriaxone
3) Inj Pantoprazole

N/B
Renuka
10/05/26

Signature of the Doctor: .....
Name of the Doctor: Tayab
Date & Time: 10/5/26 @ 11:30AM

Signature of the Consultant: .....
Dr. NABEEL ALAM QADRI
Reg. No: 75241
Name of the Consultant: Dr Naseel Qadri
Date & Time: 10/5/26 @ 3pm

Patient Sticker

BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN
14-09-2019 6 Y 7 M 26 D (M)
Dr. UJJWALA DESAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/05/26 1:10 PM	USG: Abdomen S/O Acute Appendicitis 8mm	D/w Dr. Nabeel (Ped Surgeon)
		→ NPO
		→ PAC
		→ Plan for Laparoscopic Appendicectomy.
		→ IV fluids.
		→ Send CBP, CRP.
		→ R/v LFT, widal + Blood c/s.
		N/B Renuka 10/5/26 — Jayasri

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 9:15 AM	C/S/B Dr. Maliha	
	POD - (1)	
	Afebrile	Adv
	Vitals stable.	
	P/A - Soft.	1) NPO - Allow sips of water/ORS.
	D.O - 11ml.	2) Continue IV fluids
	Dr. NABEEL ALAM QADRI Reg. No: 75241 Checked 1115 11am	Maliha 11/5/26 9:15 AM

BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN
14-09-2019 6 Y 7 M 26 D (M)
Dr. UJJWALA DESAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 5pm	C/S/B Dr. Harish POD - (1) afebrile Vitals stable. P/A - soft. DR. HARISH JAYARAM Registration No: 66254 11/5/26 5pm	Adv 1) ~~Soft diet~~ 1) Liquid diet → Soft diet as tolerated Dr. NABEEL ALAM QAD Reg. No: 75241 11/5 5:30pm Malitha 4/5/26 5pm
12/5/26 9 AM	C/S/B Dr. Harish. POD - (2) afebrile Vitals stable P/A - soft D-O - 3ml. DR. HARISH JAYARAM Registration No: 66254 12/5/26 9AM	Adv 1) Soft diet 2) Remove drain. Malitha 12/5/26 9AM

BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN (M)
14-09-2019 6 Y 7 M 26 D
Dr. NABEEL ALAM QADRI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 5:30 pm	C/S/B Dr. Maliha	
	POD - (2).	Adv
	Afebrile Vitals stable.	1) Sft diet
	P/A - Soft.	
	Dr. NABEEL ALAM QADRI Reg. No: 75241 12/5 6pm	Maliha 12/5/26 5:30 pm.
13/5/26 8:30 am	C/S/B Dr. Maliha.	
	POD - (3)	Adv
	Afebrile Vitals stable	1) Full feeds.
	P/A - Soft did not pass stool.	2) DC today
	Dr. NABEEL ALAM QADRI Reg. No: 75241 13/5 10am	Maliha Dr. Maliha 13/5/26 8:30 AM

Patient

BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN
14-09-2019 8 Y 7 M 26 D (M)
Dr. UJJWALA DESAI

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RESULT SHEET

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

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00655936 IP5-00173644
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Patien

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER Shifted to: 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						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Sreyahi

Date & Time : 10/9/26 & 12:55 pm

Nurse Name & Signature: Renuka

Date & Time : 10/9/26 & 1:00 pm

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14-09-2019 6 Y 7 M 26 D (M)
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VERIFIED

REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

DRUG : INJ METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
120mg	IV	TID	10/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	10/5	11/5	12/5	13/5
6am	X	(signed)	(signed)	(signed)
2pm	X	(signed)	(signed)	
10pm	(signed)	(signed)	(signed)	
Daily Doctor's Endorsement by a Sign	(signed)	(signed)	(signed)	(signed)

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

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

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				

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				

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DRUG CHART

Date of Admission: 10/5/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

Master MD YOUSUF MOHIUDDIN
14-09-2019 6 Y 7 M 26 D (M)
Dr. UJJWALA DESAI

REGULAR PRESCRIPTIONS

Weight. 16.3 kg Ward. ....

VERIFIED

DRUG : Inj CEFTRIAXONE				Date ▸ / Time
Dose	Route	Frequency	Start Date	2:30 pm
800mg	IV	BD	10/5	
Name & Signature of the Doctor Starting the Drugs: Jayasri				Stop
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED

DRUG : Inj PANTOPRAZOLE				Date ▸ / Time	10/5	11/5	12/5	13/5
Dose	Route	Frequency	Start Date					
15mg	IV	OD	10/5	6AM	2pm OT	MR / A	praveely merlin	pranly priyela
Name & Signature of the Doctor Starting the Drugs: Jayasri								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign					Mal	mal	Mal	Mal

VERIFIED

DRUG : Inj PARACETAMOL				Date ▸ / Time	10/5	11/5	12/5	13/5
Dose	Route	Frequency	Start Date	6AM	X	MR / A	praveely merlin	pranly priyela
250 mg	IV	TID	10/5					
Name & Signature of the Doctor Starting the Drugs: Jayasri				2PM	OT 1:22 PM	Sona sri	Sona	Priya
Additional Instructions:				10pm	MR	Anupriya	praveely merlin	pranly priyela
Daily Doctor's Endorsement by a Sign					Mal	Mal	Mal	Mal

VERIFIED

DRUG : INJ PIPTAZ				Date ▸ / Time	10/5	11/5	12/5	13/5
Dose	Route	Frequency	Start Date	6am	X	MR / A	praveely merlin	pranly priyela
1.6gm	IV	TID	10/5					
Name & Signature of the Doctor Starting the Drugs: Dr. Dwobeel				2pm	X	Sona sri	Sona	Priya
Additional Instructions:				10pm	MR	Anupriya	pranly merlin	priyela
Daily Doctor's Endorsement by a Sign					Mal	Mal	Mal	Mal

Dr. UJJWALA DESAI

Weight. 16·3kg Ward. .....

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

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

Signature .....

VERIFIED BY : Nam

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/5/21	3.20	DICLOFENAK	12-5	PR	Adil	OT

Master MD YOUSUF MOHIUDDIN
14-09-2019 6 Y 7 M 27 D (M)
Dr. NABEEL ALAM QADRI

IPS-00173644 BAH-00655936

I.V. FLUIDS CHART

Weight. 16.3kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/05	8PM	IVF-DNS	IV	50	Jayasri	Anwer / Anw	12/5/20	Malika	[signature] / [signature]
10/5/20	5.16	RINGER LACTATE	IV	60ml	Adil	Sharon / Simon	9/5	[signature]	[signature] / [signature]
12/5/20	9 AM	IVF DNS (½ maintainance)	IV	25 ml/hr	Malika	Simi / Divya	13/5/20	Malika	[signature]

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

BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN
14-09-2019 6 Y 7 M 27 D (M)
Dr. NABEEL ALAM QADRI

c. No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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

Date : 11/9 Time: 10AM 2AM 6AM

Doctor / Nurse / Family Concern? 10AM 4P 6 PM

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

98.2F 97.0F 98.4F 97.8F 98.4F 97.0F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

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

101/69 99/65 93/61 96/69 100/69

Heart Rate (Number) 110 bpm 128 bpm 100 bpm 112 bpm 114 bpm 87 bpm

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

28 22

Resp Rate (Number) 28 bpm 22 bpm 28 bpm 26 bpm 21 bpm 26 bpm

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%) 99% 99% 100% 100% 99% 100%

Conscious Level: Normal | Altered

GCS * 15/15 15/15 15/15 15/15 15/15 15/15

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

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN
14-09-2019 6 Y 7 M 26 D (M)
Dr. NABEEL ALAM QADRI

Doc. No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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BY RAINBOW
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/5/26

Time:	6pm	10pm	2AM	6Am
Doctor / Nurse / Family Concern?				
Temperature (F) (scale 94–104)	97.2°F	96.8°F	97°F	95.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	94/72 (81)	97/73 (83)	99/50 (65)	108/73 (80)
Heart Rate (Number)	101	90bm	99bm	99b/m
Resp. Rate (bpm) Over 1 Minute) * (scale 10–70)				
Resp Rate (Number)	26b/m	26bm	27b/m	26bm
Resp Distress: Mod/ Severe				
Resp Distress: None / Mild				
Receiving O_2(l/min)				
O_2Saturations (%)	98%	98%	99%	100%
Conscious Level: Normal				
Conscious Level: Altered				
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	0	0	0
Pain Score		0	0	0
Observer's Initials				

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score	Action
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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Score 5 & 6	Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Master MD YOUSUF MOHIUDDIN
14-09-2019 6 Y 7 M 26 D (M)
Dr. NABEEL ALAM QADRI

Doc. No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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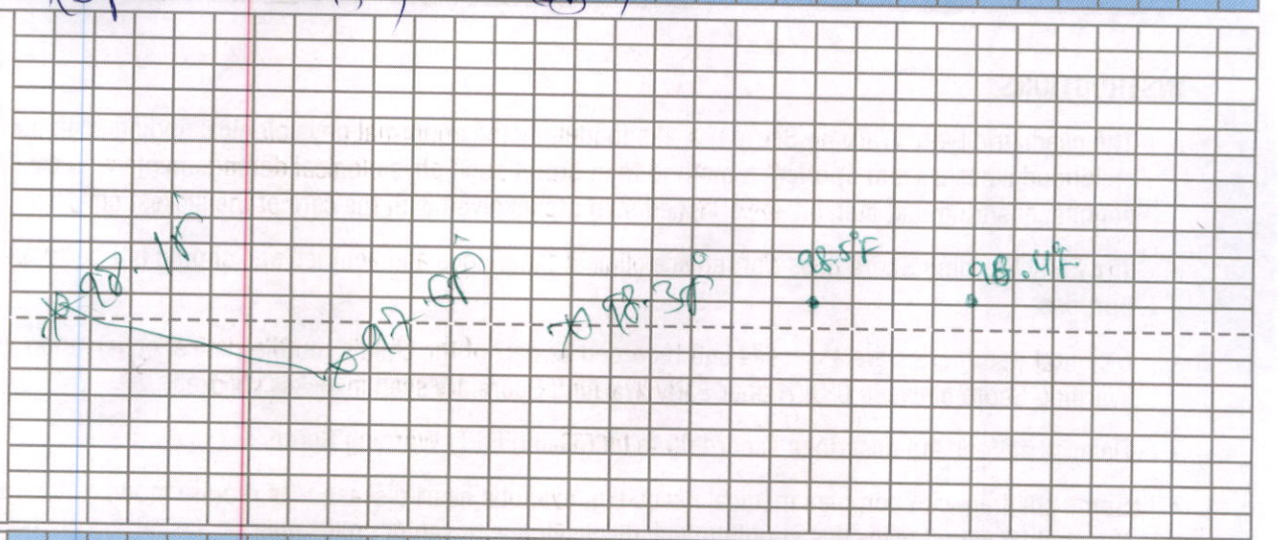
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/5 Time: 10pm 2AM 6AM 10AM 2PM

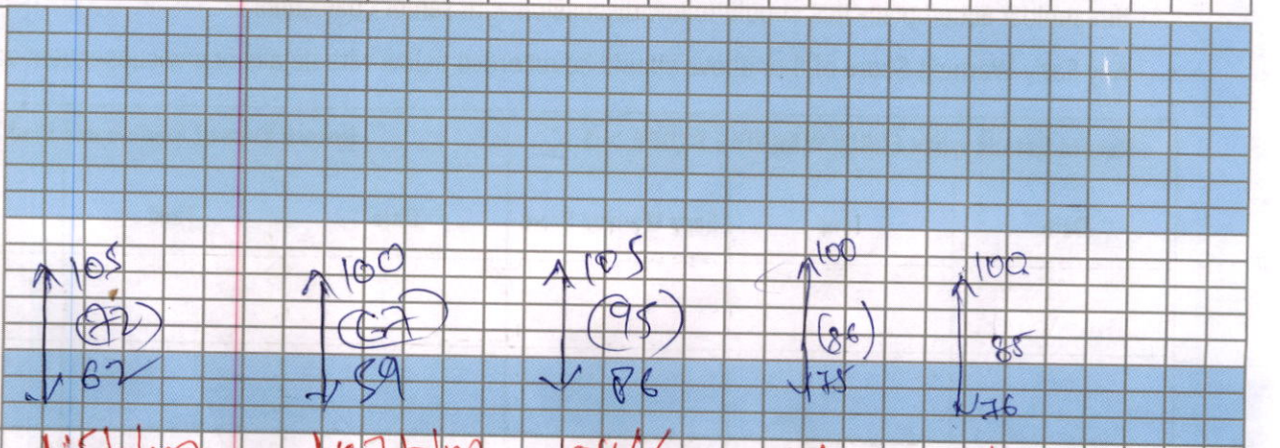
Doctor / Nurse / Family Concern?

Temperature (F)



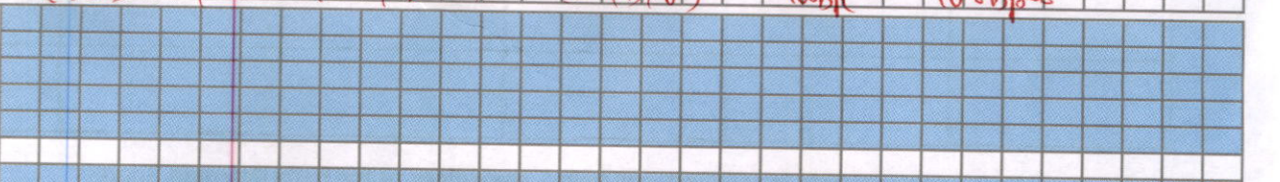
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number) 115b/m 107b/m 104b/m 100bpm 108bpm

Resp. Rate (bpm) over 1 Minute) *



Resp Rate (Number) 28b/m 26b/m 28b/m 26bpm 26bpm

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%) 99.1. 99.1. 99.1. 100.1. 100%

Conscious Level: Normal | Altered

GCS * 15/15 15/15 15/15 15/15 15/15

TOTAL SCORE
Number of shaded boxes 1 1 1 1 1

Pain Score 0 1 1 0 0

Observer's Initials

ACTIONS
NB: Scores 3 should be recorded overleaf

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Patient Sticker

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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.
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)

Patient Sticker

BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN
14-09-2019 6 Y 7 M 26 D (M)
Dr. UJJWALA DESAI

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FLUID CHART

Sheet No. : 1

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
10/5	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm	1		50 ml		1	1				0	Anup
	09:00 pm	1		50 ml		10°	1				0	
10/5	10:00 pm	DNS		50 ml			2			✓	0	
	11:00 pm	1		50 ml			1				0	
	12:00 am	1		50 ml		1				✓	0	Anup
	01:00 am			50 ml							0	
Total Intake :						**Total Output :**						
	02:00 am	1		50 ml							0	
	03:00 am	1		50 ml							0	
11/5	04:00 am	DNS		50 ml			1			✓	0	Anup
	05:00 am	1		50 ml		10°	2				0	
	06:00 am			50 ml		1	1				0	
	07:00 am			50 ml						✓	0	Anup
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Abdomen drain Total = 11 ml

BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN (M)
14-09-2019 6 Y 7 M 26 D
Dr. NABEEL ALAM QADRI

FLUID CHART

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Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
11/5/26	08:00 am			50ml								
	09:00 am			50ml								Sreev
	10:00 am	DNS	SIP	50ml				NA				
	11:00 am		SIP	50ml								Sravs
	12:00 pm			50ml								
	01:00 pm											Sravs
Total Intake :						Total Output :						
11/5/26	02:00 pm			-								Aruna
	03:00 pm			-								
	04:00 pm			50ml								Aruna
	05:00 pm	DNS		-			NA					
	06:00 pm			-								Aruna
	07:00 pm			-								
Total Intake :						Total Output :						
11/5/26	08:00 pm		4pm	50ml								
	09:00 pm			50ml								Neelu
	10:00 pm			50ml			NB					
	11:00 pm	DNS		-								
	12:00 am			-								neelu
	01:00 am			50ml								
Total Intake :						Total Output :						
12/5/26	02:00 am			50ml								
	03:00 am			50ml								neelu
	04:00 am	DNS		50ml			NB					
	05:00 am			50ml								neelu
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

Drain = 3ml

Docu. No. : RCHBH/FRM/CLINICAL/092

BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN (M)
14-09-2019 5 Y 7 M 27 D
Dr. NABEEL ALAM QADRI

FLUID CHART

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Sheet No. : .....

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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
12/5	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
12/5	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
12/5	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
13/5	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN
14-09-2019 6 Y 7 M 28 D (M)
Dr. NABEEL ALAM QADRI

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FLUID CHART

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

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

BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN
14-09-2019 6 Y 7 M 26 D (M)
Dr. UJJWALA DESAI

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OPERATION THEATER NOTES

Patient's Name : MD Yousuf Mohiuddin Age : 6y Gender : ☑ Male ☐ Female

UHID No.: BAH-655936 Weight : 16.315 Height : .....

Surgeon : Dr Naseel Qadri	Asst. Surgeon :	
Anesthetist : Dr Aarti	OT Nurse: Anas / Akhil	OT Technician: prashant
Pre-Operative Diagnosis:	Acute Appendicitis	
Surgical Procedure :	Laparoscopic Appendectomy	
Indications for Surgery :	pain Abdomen	
Date : 10/5/26	Start Time : 3:30pm	End Time : 5:30pm

Pre Operative Preparations:

Betadine

Post Operative Diagnosis: Acute perforated Appendicitis

Peri-Operative Complications: Nil

Operation Notes: Findings - perforated Appendix
Adherent to caecum which
was subhepatic in position
- pus in pelvis & subhepatic
Region

- 5mm umbilical port placed & two 5mm working ports placed
- above said findings noted

- collection of pus drained
- Appendix seperated from surrounding Adhesions
- Meso appendix cauterised
- base doubly ligated & Endoloop & cut & Excised
- Appendix specimen Retrieved by changing umblical port to 10mm port
- Thorough wash given & 1 Litre NS
- 16 Fr ~~tube~~ placed as abdominal drain

Amount of Blood Loss: ~~5~~ 5cc	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Appendix

Peri-Operative Complications:

Name of the Surgeon: Dr. NABEEL ALAM QADRI

Dr. NABEEL ALAM QADRI
Reg. No: 75241

Signature of the Surgeon: Dr Naseel

Date & Time: 10/5/26 @ 5:30 pm

BAH-00655936 IP5-00173644
Master MD YOUSUF MOHIUDDIN
14-09-2019 6 Y 7 M 26 D (M)
Dr. UJJWALA DESAI

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Laparoscopic Appendectomy

Post-Surgical Diagnosis: perforated Appendicitis

Post-Operative Monitoring Parameters /Frequency:
TPR chart Every 15 min for 1st hour

Wound Care: Dressing

Drain /Special Lines/Catheters: Abdominal Drain – 12 Fr

Special Patient Positioning and Requirements: Supine

Nutritional Instructions: NPO till further orders

en to Start Mobilization: As Early

Special Referrals: NIL

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 NIL

Dr. NABEEL ALAM QADRI
Reg. No. 75241

Treating Surgeon
(Signature & Stamp)

Date: 10/5/26 Time: 5:30 pm

Note: Plan of care will be readjusted if necessary.

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: .... Age: .... Sex: .... UHID.No : ....

Date: 10/5/2026 Time: 2.31 Proposed Operation: Appendicectomy

Diagnosis: Appendicitis

B.P / CRT: 99/72 H.R: .... Weight: 18Kg ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

98 on RA

Laboratory Data:

Hgb: 12.1	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 14.56	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 336	Na: 131	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K: 4.4	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
CRP: 63	Cl -:	SGOT/SGPT:		

Allergies: No known allergy.

Medical History: CVS : —

RESP : — fever 2days

Diabetes :

CNS : vomiting yest day before yst

Renal : —

Hepatic / GE : —

Physical Activity: Playful Active

Others : —

Past Anaesthetic History: no H/O of anasthesia in past

Physical Exam:

Airway: MP 1 ② 3 4 Mouth Opening: Adeq Mentohyoid Distance: Ⓝ Neck: Ⓝ Teeth: Missing incisors

Lungs :

Heart:

CNS:

Pregnant: ☐ Yes ☐ No ☑ NA Venous Access Site : RVL Spine Exam for regional :

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

FOOD - 7am Ponngaal
WATER - 9:0

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

Signature: [signature] Name: Dr. Adithi N

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

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ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 128/min	B.P / CRT: 80/50	SpO₂: 100%	R.R: 18	Last Feed: 76 hrs

Pre-OP Diagnosis: Acute Appendicitis · Operation: Laparoscopic Appendicectomy · Date: 20/9/26

Surgeon: Dr Naveed · Anaesthesiologist: Dr Aditi · Technician: Prashant

TIME: 3.15 ... 4.15 ... 5.15

N_2O /AIR /O_2 LPM: 1:1

HALO /ISO /SEVO

Drugs:
INJ MIDAZ 0.8 MG
INJ FENTANYL 30 MCG
INJ PROPOFOL 40 MG
INJ ROCURONIUM 6 MG + 5 MG
Inj Neostigmine 0.8 mg
Inj Glyco 160 mcg
Antibiotic

Antibiotic: —

Suppository: Diclofenac 12.5

Blood Loss: —

NOTES

FIO_2 / SaO_2	100	100	100	100	100	100	100	100	100
$ETCO_2$	40	43	45	49	47	43	35	35	37
ECG	SR	SR	SR	SR	SR	SR	SR	SR	
Temperature									
Urine Output									

Fluids / Blood: IVF RL 160 ml/hr

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values: ABG · GRBS · Others

☑ Equipment Checked and Functional	**Temp:** ☐ HME ☐ Fluid Warmer	**Induction** ☑ IV ☐ Inhal	**Regional:**
☑ BP	☐ Cling Film ☐ OH Warmer	☐ Pre O_2 ☐ RSI	Extremity Specify:
☑ Cuff Site:	☑ Hugger's ☐ Cotton Wool	☐ Others	☐ Spinal ☐ Epidural ☐ Caudal
☐ Art Site:	☐ Other	☐ Mask ☐ SGA	Others:
☐ EKG Lead	**Times:**	☐ Airway ☐ Oral ☐ Nasal	Position:
☑ Temp Site	Anaes Start: 3.15	ETT# 5 at 14 cm	**Site:**
☐ FIO_2 Monitor	OP Start: 3.25	☐ Oral ☐ Nasal ☐ Cuff	Needle Size: Depth:
☐ Agent Monitor	OP End: 5.15	☐ Tracheostomy ☐ Topical	Parasthesia ☐ Yes ☐ No
☑ Pulse Oximeter	Leave OR: 5.30	☐ Drug: Rocuronium	Catheter at skin cm
☑ Capnograph	**Anaesthesia:**	☐ Awake ☐ Direct Vision	Drug Name & Conc:
☑ Ventilator	☑ GA	☐ Video Laryngoscopy ☐ Stylette / Bougie	Bolus:
☐ Nerve Stimulator	☐ Monitored Anaesthesia Care	☐ Fiberoptic	Infusion:
Position:	☐ Regional	Blade# 2 Attempts: 1	Block Level:
☐ Pressure Points Checked		Difficulty Why?	Comments:
Eye Care:	**Line (Size & Location)**		Transportation to
☐ Oint	☐ CVP:	☐ **Bilat = BS**	☑ PACU ☐ ICU ☐ Other
☑ Tape	☐ ART:	☐ Semi-Closed Circle	Relaxant Reversed ☑ Yes ☐ No ☐ NA
☐ Padding	☑ IV: Rt L - 20G	☑ Closed Circle	Name of the Doctor: Dr Aditi N.
☐ Awake	☐ IV: ☐ IV:	☐ Other	Signature of the Doctor: Aditi

Patient Sticker

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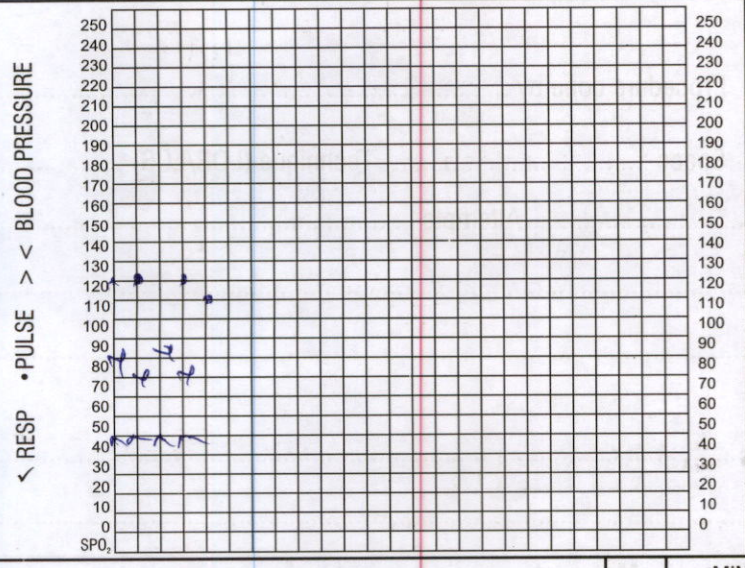
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : 5:30pm Time Received : 5:30pm Time Discharged : .....



IV Cannula Site : Rt. Hand 20G

☐ O_2Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: .....
NG Tube : ☐ Yes ☑ No
Drain: ☑ Yes ☐ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☑ Yes ☐ No
IV Fluids: continue
Oral Feeds: NO

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

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

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : Amit
PACU Nurse Signature: Amit
Date & Time: 10/5/26

Transferred to Unit by (PACU): 1st floor 2.00pm
Date & Time: 10/5/26

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EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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120

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 11/5/26 Time: 8 AM

Weight: 16.3kg Centile: <5th

Height: 110 cm Centile: <5th

Inference: Underweight child

RDA: - Calories: 1450kcal/d Protein: 25g/d

Diet Recommendations: child is on NPO

Re-Assesment:

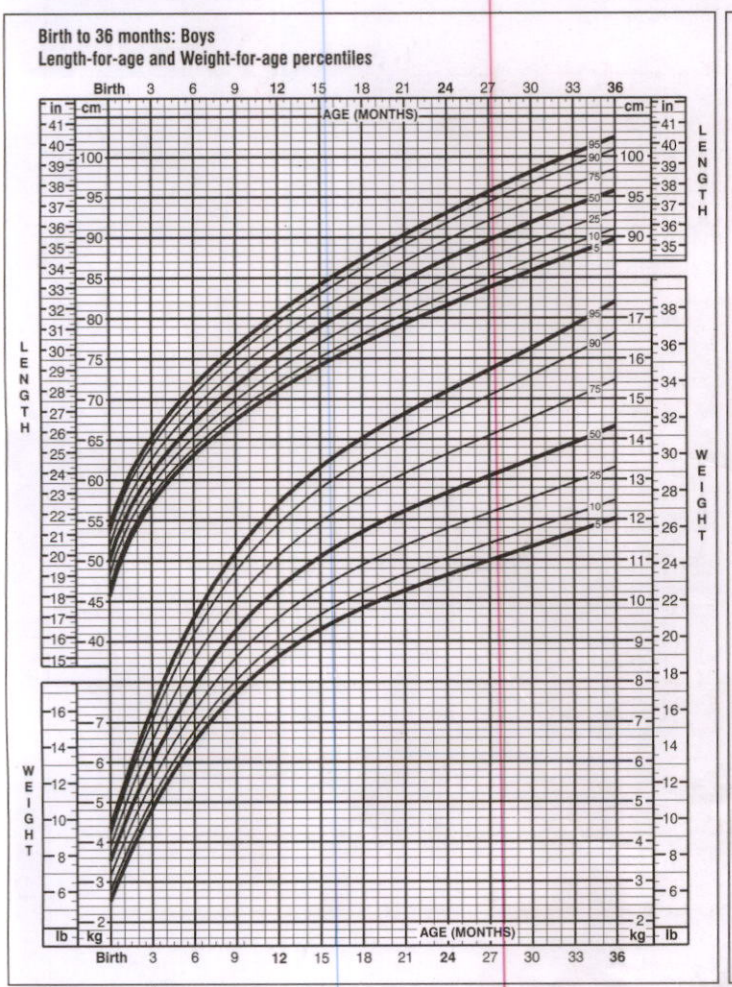
Food Allergies: NO Veg/Non-veg Non-veg

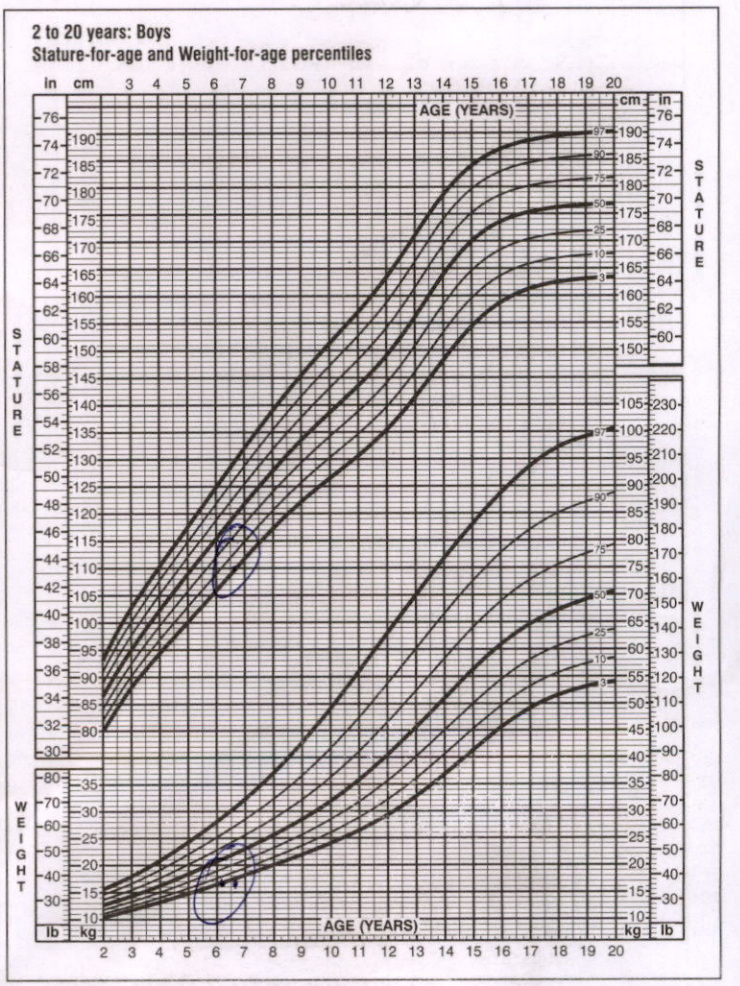
Diagnosis: Laproscopic Appendectomy

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Mounica Dietician's Signature Mounica

Docu. No. : RCHBH /FRM / CLINICAL / 160

(P.T.O.)

Daily Notes:

12/5/26 10AM	Child is stable. Oral intake is optimal
	Continue c̄ soft diet. NPKether