BAH-00660991 IP5-00176696
Ms MONDGIRE SRUSHTI SANDEEP
19-12-2014 11 Y 7 M 2 D (F)
Dr. BATTU DINESH CHANDRA

Patient Sti

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20/7/26

SURGERY DETAILS

Date : 21/7/2026

Patient Name: mondgire srushti Sandeep Date of Birth: 19-12-2014 Age: 11 Y

Gender: Female Ward : P.O.T UHID No.: BAH-00660991

Date of Surgery: 21/7/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : (R) Side Osteochondroma Growth Excision + Fibular Nerve De Compression + Neurolysis + UCTT - Dr Sripantha

Time in : 12.15pm Time Out : 3pm

		NAME	AMOUNT
1.	Surgeon	: Dr. Dinesh / Dr. Sripantha	
2.	Anaesthetist	: Dr. Himabindu	
3.	Assistant Surgeon	:	
4.	OT Technician	: Venkat	
5.	Circulating Nurse	: Thejas	
6.	Assistant Nurse	: Abdul	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9714708 / 709 Order by: Jyothi.

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Nerve decompression + [illegible] excision

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CONSUMABLES OF OT

...ating staff : .... Technician : .... Date : .... Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 5 5.5 6 6.5	1+1	01	Major Pack + Drape	1	1	Inj Vit.K		
LMA 2 1/2 3 1/2	1+1	—	Sutures (2-0 4-0)	1	1	Cord Clamp		
ECG leads : A / P / N	5	06	Vicryl 3, 4, 5	2+2	—	Suction Catheter		
HME filter : A / P / N	1	01	Monocryl 3, 4, 5	2+2	1	Feeding Tube		
Syringes : 10 cc	10	5				Vaccum Suction Set		
05 cc	10	5	Gloves 6, 6.5, 7, 7.5	2+2	2+2	Surgical Gloves		
02 cc	10	3	PF 6, 6.5, 7, 7.5	2+2	2+2	Gauze Pack		
01 cc	5	1				Syringe 1ml / 2ml		
Cautery plate : A / P / N	1	—	Surgical blade 11, 15	2+2	1	Surgical Blade # 20		
IV set	1	01	NG tube			Koochies (S)		
RL	1	01	Cautery pencil	1	1	NS 500ml	1	1
NS 10ml / 100ml / 500ml / 1000ml	5+1	3+1	Koochies ~~Red~~	1	0	Transofix	1	1
minispike	1	01	Ointments			Jelly	1	—
O2 mask (A)	1	—	Suction Catheter			10cc 5cc 2cc	2+2	1
Fentanyl	1	01	Cap, Mask	5+5	10/10	ABGel	1	—
Morphine			Gauze Pack (N+R)	2+2	8+8	Bone wax	1	1
Ketamine			Mop Pack	1	2	Inj. Taxim 1gm	1	1
Propofol	3	01+2	Steristrip			Pop 6inch	7	7
Rocuronium	1	01	Underpad	1	1	Soft roll 6inch	1	1
Glycopyrolate	1	—	Draw sheet	1	1	Soft roll 4inch	1	1
Myopyrolate	1	—	Abgel ~~10, 12~~	1+1				
Ondansetron	1	—	Foleys catheter 10, 12	1+1	—			
Pencan 25g/ Spinal Needle 22 25	1	01	Urobag 1meter	1	—	Gauze	3	01
Bupivacaine 0.25%	1		Chest Drainage Catheter			Gloves	4	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			Debarold	1	—
Antibiotics			Bandage 6inch	10	8	Dexa + Tranex	1+1	—
Toupam	1	01	Tegaderm			Sociprine	1+1	—
Suppositories			Ioban	1	—	Tegadam plaster	1	—
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Naloxone	01	1
Supridol : 100mg			Vaccum Suction set	2	1			
Justin : 12.5 mg / 25mg / 100mg	1+2	01	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
Vacuum set	1	01	Microshield	1	1			
Oral airway 0 1 2	1+1	—	Cotton Balls	1	0			
Nasal airway 24/26	1+1	—	Latex Gloves	1 op	10			
Suction 10cm + 100cm	1+1	—	Ramdione Scrub	1	1			
IV cannula 20/18	1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 971475 Ordered by : ....

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

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP

BAH-00660991 IPS-00176696
Ms MONDGIRE SRUSHTI SANDEEP
19-12-2014 11 Y 7 M 2 D (F)
Dr. BATTU DINESH CHANDRA

ant: _____ Dept : _____

Date of Admission: _____

Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/07/26	11:10 am	ER.	OT	Sharmila
21/7/26.	7.30pm	OT	119	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr :- Ujjwala Desai	22/07/26	921599 2	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
21/7/24	CBP	3069	Chavan
21/2	CXR	31091	Dr yyg

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7/26	IV placement PAC op	(1)	3959	Chowdhury
22/7	NHA	(1)	9715992	Sej

ANY OTHER INFORMATION

CXR – 2

Date : 22/7/26 Time : 10am Prepared By : Aparanji Dey

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Aparanji Dey	ICU		

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 : IP5-00176696 **Admit Date** : 21-Jul-2026 **Admit Time** : 09:51 AM **UHID** : BAH-00660991

Patient Details :

Patient Name	: Ms MONDGIRE SRUSHTI SANDEEP	**Age**	: 11 Y 7 M 2 D
Guardian	: Mr M.SANDEEP	**DOB**	: 19-12-2014
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: VILLAGE BALAPUR, THALUKA DHARMABAD, VITTALESHWAR Dharmabad Nanded Maharashtra INDIA 431809	**Phone No**	: 9767669950
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : POST OP 409 **Ward Name** : 4F-OT COMPLEX

Room No : POST OP 409 **Admission Type** : First Visit

Contact Details :

Name : Mr M.SANDEEP **Relationship** : Father

Contact Address : VILLAGE BALAPUR, THALUKA DHARMABAD, VITTALESHWAR Dharmabad Nanded Maharashtra INDIA 431809 **Phone No** : / 9767669950

Signature

Doctor Details :

Doctor Name : Dr. BATTU DINESH CHANDRA **Specialisation** : ORTHOPEDICS

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Deposit Amount : 0.00

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

Ms: Ma Srushti Sandeep.
BAHL00660991
119

Patient Sticker

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	2			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	1			
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	Anaestesia 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	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list Thrombo				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Extra	4			
	Total No. of Pages	32			

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

Signature and Date : [signature] 2/1/26

(P.T.0)

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00660991 IP5-00176696
Ms MONDGIRE SRUSHTI SANDEEP
19-12-2014 11 Y 7 M 2 D (F)
Dr. BATTU DINESH CHANDRA

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00660991 IP5-00178696
Ms MONDGIRE SRUSHTI SANDEEP
19-12-2014 11 Y 7 M 2 D (F)
Dr. BATTU DINESH CHANDRA

Pediatric Medicine History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Weakness in left leg } 2 months
difficulty in walking

History of present illness :

Child was apparently normal 2 months back
↓
Later she developed weakness in left leg
which was gradual in onset
↓
& she ~~developed~~ had difficulty in walking from 2 months
↓
Above complaints
↓
Advice of X-ray
↓
MRI spine
↓
for nerve decompression & Lesion Resection & Biopsy

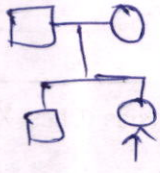
BAH-00660991 IP5-00176696
Ms MONDGIRE SRUSHTI SANDEEP
19-12-2014 11 Y 7 M 2 D (F)
Dr. BATTU DINESH CHANDRA

Pe ...rgan History & Physical Examination

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

Birth & Neonatal History:

Term | LSCS | ~2kgs



Birth & Socio Economic History:

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

Developmental History :

Attend as per age in all readers

Immunization History :

Vaccinated All vaccines as per IAP

(P.T.O.)

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Mo MONDQIRE SRUSHTI SANDEEP
19-12-2014 11 Y 7 M 2 D (F)
Dr. BATTU DINESH CHANDRA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 32.1 Kg (Centile _____)

On Examination :

Temperature : 97.9°F Pulse Rate : ~~88~~ B.P. 92/54 (67) SPO2 ~~100~~ 100%

Resp.rate and type of breathing : 22/min, NAD RA

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : BAE(+) clear

Air entry & breath sounds :

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium : S1S2(+)

Heart Sounds :

Any murmur : No murmur

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

Per Abdomen :

Inspection Soft

Palpation : non tender

Ausculation :

Spine : External Genitelia :

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

BAH-00660991 IP5-00176696
Ms MONDGIRE SRUSHTI SANDEEP
19-12-2014 11 Y 7 M 2 D (F)
Dr. BATTU DINESH CHANDRA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : N

Motor System:

Nutriton : N

Tone: N Power N

Co-ordinator : N

Posture : N

Involuntary Movements : N

Reflexes : O/O knee - bony swelling on distal femur & fibular region hard swelling, multiple

DTR Ankle - cracles - 3/5

Superficials:

Plantars Flexor - 4/5
Invertor, evertor - good

Sensory System :

N

Bladder / Bowel : Normal

Clinical Summary & Diagnostic:

Osteochondroma lesions on fibular head & med & distal femur

(P.T.O.)

BAH-00660991 IP5-00176696
Ms MONDGIRE SRUSHTI SANDEEP
19-12-2014 11 Y 7 M 2 D (F)
Dr. BATTU DINESH CHANDRA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Weakness

Desired goals of the treatment : Resolution of Symptoms

Planned Labs:

CBP

w/B Amuls
21/7/26
11AM

Planned Management

- NPO as advised
- RR ONS
- VBG Monitoring

w/B Amuls
21/7/26
11 AM

Signature of the Doctor: .....
Name of the Doctor: Dr. Balaji
Date & Time: 21/07/26 ; 10 AM

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

GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/O Dr. Dinesh	
	(1) Sode Osteoclerotic lesion c	
	(2) Sode fibrous Nerve Compression Footdrop	
POD-1	Sy - Lesion Resected & Nerve decompression	
	OK	
	- Temp - (N)	
	- Treatment - Plaster	
	- Sensation ok	
	- Pedal - Broken	
		Advice
		plan for discharge today
		- inj. B_{12} 2cc IV stat.
	Advice	
	- T. Chymoral forte 1-1-1 x (4) days	
	- T. Naproxen 250mg 1-0-1 - (5) days	
	- Sup. Uprise D3 60K IU weekly Once x 4 weeks	
	- Tab. Neurobion forte daily Once x 1 month	
	- Tab Taxim 'O' 200mg 1-0-1 x (4) days	

IP5-00176696
TI SANDEEP
7 M 2 D (F)
ANDRA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Ms MONDGIRE SRUSHTI SANDEEP
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	- Review after 15 days day for	
	Suture removal -	

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

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CROSS CONSULTATION FORM

Doctor Name : Dr. Ujjwala Date : .... Time : ....

Diagnosis : ....

Hospital : ....

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

d/: Lt side Osteochondrome lesion c̄ foot drop

s/p - (Lt) side osteochondrome lesion excision distal femur (+) fibula resect (+) common peroneal n/v decompression

c/o No fresh complaints

o/e
- vitals stable
- CVS/RS (+)
P/A - BABT ide

Rem
Ct same

Consultant :

Name : Dr Ujjwala Signature : .... Date & Time : 22/9/2C

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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.,) : .....

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

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

Shifting From: ER ..... Shifted to: OT .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Balaji

Date & Time : 21/7/26 ; 9:55 AM

Nurse Name & Signature: Arsad

Date & Time : 21/7/26 10:17

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DRUG CHART

Date of Admission: 21/7/26 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 .....

BAH-00650991 IP5-00176696
Ms MONDGIRE SRUSHTI SANDEEP
19-12-2014 11 Y 7 M 2 D (F)
Dr. BATTU DINESH CHANDRA

REGULAR PRESCRIPTIONS

Weight. 32.5 kgs Ward. ....

DRUG : Inj PARACETAMOL				Date / Time: 21/8
Dose	Route	Frequency	Start Date	
350mg	IV	Q12H	21/07	10AM
Name & Signature of the Doctor Starting the Drugs: T. Pavani				
Additional Instructions:				10PM
Daily Doctor's Endorsement by a Sign				

DRUG : Inj TAXIM				Date / Time: 21/8
Dose	Route	Frequency	Start Date	
500mg	IV	Q12H	21/07	10AM
Name & Signature of the Doctor Starting the Drugs: T. Pavani				
Additional Instructions: (200-300mg/kg/day)				10PM
Daily Doctor's Endorsement by a Sign				

DRUG : T. CHYMORAL FORTE				Date / Time: 21/8, 22/8
Dose	Route	Frequency	Start Date	
1 tab	oral	Q8H	21/07	6AM
Name & Signature of the Doctor Starting the Drugs: T. Pavani				2PM
Additional Instructions: 1 tab — 1 Lakh Armour Units				10PM
Daily Doctor's Endorsement by a Sign				

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

BAH-00660991 IP5-00176696
Mr. MONDGIRE SRUSHTI SANDEEP
19-12-2014 11 Y 7 M 2 D (F)
Dr. BATTU DINESH CHANDRA

Weight. 32.1 kg Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/12/14	12:15 pm	Inj. Tramin 50mg	IV SOS			Teena Thejus
22/12		Inj Vitamin B12	2ml	iv		

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

BAH-00660991 IP5-00176696
Ms MONDGIRE SRUSHTI SANDEEP
19-12-2014 11 Y 7 M 2 D (F)
Dr. BATTU DINESH CHANDRA

I.V. FLUIDS CHART

Weight 32.1 kgs Ward. .....

		Composition of I.V. Fluid (Mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
21/12/26		2VF-DNS	IV	70 ml/hr		NO IV connected			
21/12/26	12:20 pm	RINGER LACTATE	IV	31 ml/hr			21/12/26		

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

BAH-00660991 IP5-00176696
Ms MONDGIRE SRUSHTI SANDEEP
19-12-2014 11 Y 7 M 2 D (F)
Dr. BATTU DINESH CHANDRA

: RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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

Date : 24.6 Time:

Doctor / Nurse / Family Concern? Gan

Temperature (F)
104 103 102 101 100 99 98 97 96 95 94
98.2

Heart Rate (bpm)
and
Blood Pressure (mmHg) *
190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
105 / 82 / 69

Note: BP does not score in early warning scoring

Heart Rate (Number) 102

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

Resp Rate (Number) 28

Resp Distress | Mod/ Severe / None / Mild

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

Conscious Level | Normal / Altered

GCS * 15

TOTAL SCORE Number of shaded boxes	1
Pain Score	6
Observer's Initials	A

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-00660991 IP5-00176696
Ms MONDGIRE SRUSHTI SANDEEP
19-12-2014 11 Y 7 M 2 D (F)
Dr. BATTU DINESH CHANDRA

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 : 21/7 Time: 7:30pm

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.4°F * 98.0°F * 97.3°F *

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

105 / 50 / 35 | 110/63 (72) | 110/69 (73)

Heart Rate (Number)

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

70 60 50 40 30 20 10

Resp Rate (Number) 28 brs/mt | 28 | 28

Resp Distress	Mod/ Severe		
	None / Mild		
Receiving O_2(l/min)			
O_2Saturations (%)	97%	97%	97%
Conscious Level	Normal		
	Altered		
GCS *	13/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1
Pain Score	0	0	0
Observer's Initials	D	C	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:

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

BAH-00660991 IP6-00176696
Ms MONDGIRE SRUSHTI SANDEEP
19-12-2014 11 Y 7 M 2 D (F)
Dr. BATTU DINESH CHANDRA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :							**Total Output :**					
21/12	02:00 pm			IOL								
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm	water	30 ml	-	-	-	-	-	-	-	0	R.
	07:00 pm											
Total Intake :							**Total Output :**					
21/12	08:00 pm	1						✓			0	
	09:00 pm	1		1	/			1	1		0	Priya
	10:00 pm	NO									0	
	11:00 pm	RUF								-	0	
	12:00 am										0	Priya
	01:00 am	1									0	
Total Intake :							**Total Output :**					
22/12	02:00 am	1		1	/		1	1	1		0	
	03:00 am	1									0	
	04:00 am	NO					NP				0	Priya
	05:00 am	RUF					1			-	0	
	06:00 am										0	Priya
	07:00 am	1									0	
Total Intake :							**Total Output :**					

Total 24 hrs. Intake		Total 24 hrs. Output	

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Ms MONDGIRE SRUSHTI SANDEEP
19-12-2014 11 Y 7 M 2 D (F)
Dr. BATTU DINESH CHANDRA

FLUID CHART

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Sheet No. : .....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00660991 IP5-001/6650
Ms MONDGIRE SRUSHTI SANDEEP
19-12-2014 11 Y 7 M 2 D (F)
Dr. BATTU DINESH CHANDRA

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INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: ☐ Patient ☐ Patient Attendant

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

1 Osteochondroma Lesion Excision + Nerve Decompression (Rt) Leg.

2 .....

I acknowledge the following:

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

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
- Nerve Compression - Decompression - Improve movents, muscle power - Functional Correction, Obvious	

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

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

a. ~~Need~~ Neurovascular inj. , Prolong Physio & Tendon Transfer
b. Foot drop , Non-Improvement of Neurological Condition

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

Patient / Patient Attendant:

Signature: Sandeep
Name: Sandeep Mondgire
Relationship with patient: Father
Date & Time: 21/7/26, 12:03pm

Witness:

Signature: Smita
Name: Smita
Date & Time: 21/7/26, 12:03pm

Doctor (who is taking consent):

Signature: ..... Name: Dr. Dixit Date 21/7/26 Time: 12 pm

Patient Sticker

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శస్త్రచికిత్స / ప్రాసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

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

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

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

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

a.

b.

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

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Dinesh/Dr. Partha
Asst. Surgeon :
Anaesthetist : Dr. Hemabindu
Scrub Nurse : Akhil

Patient Name : mondgire srushti Sandeep Age : 14 Gender : F
UHID No. : BAH-00660991 Surgery Name : Osteochondroma region excision n.t. nerve decompression
Date : 21/7/26 In-time : 12.15 p.m. Out-time : 3 p.m.

BAH-00660991 IP5-00176696
Ms MONDGIRE SRUSHTI SANDEEP
19-12-2014 11 Y 7 M 2 D (F)
Dr. BATTU DINESH CHANDRA

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 12.10 pm

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

Site Marked ☑ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : Dr. Dinesh Chandra Battu
Name :

Before Skin Incision ➤➤

TIME OUT Time: 1.03 p.m.

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, 1½ hr Anticipated Blood Loss? 20 ml Neuro vascular injury ☑ Yes ☐ No ☐ NA

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

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

Signature :
Name : J. Rajan.

Before Patient Leaves Operating Room

SIGN OUT Time: 2.45 p.m.

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

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

Signature :
Name : Dr. Dinesh

SURGICAL SAFETY CHECKLIST

Surgeon : .....
Asst. Surgeon : .....
Anaesthetist : .....
Scrub Nurse : .....

Patient Name : ..... Age : ..... Gender : .....
UHID No. : ..... Surgery Name : .....
Date : ..... In-time : ..... Out-time : .....

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Before Induction of Anaesthesia ➤➤

SIGN IN Time:.....

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

Site Marked ☐Yes ☐No ☐NA

Anaesthesia Safety Check Completed ☐Yes ☐No

Pulse Oximeter on Patient & Functioning ☐Yes ☐No

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

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

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

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

Signature :.....

Name :.....

Before Skin Incision ➤➤

TIME OUT Time:.....

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

Is Essential Imaging Displayed? ☐Yes ☐No ☐NA

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

Signature :.....

Name :.....

Before Patient Leaves Operating Room

SIGN OUT Time:.....

Nurse Verbally Confirms with the Team:

The Name of the Procedure Recorded ☐Yes ☐No

That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☐Yes ☐No ☐NA

The Specimen is Labelled (including patient name) ☐Yes ☐No ☐NA

Whether there are any Equipment Problems to be addressed ☐Yes ☐No ☐NA

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient? ☐Yes ☐No

Signature :.....

Name :.....

[redacted] Patient Sti

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 21/7/26

Department : R.OT Duration of Procedure : 1½ hr

Name of Surgeon : Dr.Dinesh / Dr.Partha Date of Admission :

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☑ Yes ☐ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☑ Yes ☐ No Name of the Antibiotic : Inj. Cefotaxim 1gm	Thijas
2.	Hair Removal ☐ Yes ☑ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : Skin preparation done (cleanse surgical area with antiseptic agent)? ☑ Yes ☐ No	Thijas
3.	Patient's body temperature immediately post operation (Recovery Room) 37.6 °C ☐ Oral Or ☐ Axilla (Goal : 36-37 °C)	Thijas
4.	Name of doctor or staff administering the antibiotic : Teena Date & Time of antibiotic administration : 21/7/26 @ 12:15 pm Date & Time procedure started : 21/7/26 @ 1:05 pm	Thijas.

- 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-00550991 IP5-00176696
Ms MONDGIRE SRUSHTI SANDEEP
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Dr. BATTU DINESH CHANDRA

Patient

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OPERATION THEATER NOTES

Patient's Name : .... Age : .... Gender : ☐ Male ☐ Female

UHID No.: .... Weight : .... Height : ....

Surgeon :	Asst. Surgeon :	
Anesthetist : Dr. Himabindu	OT Nurse: Akhil	OT Technician: Ravi
Pre-Operative Diagnosis: (L) Side Osteochondroma Lesion with foot drop.		
Surgical Procedure : (L) Side Osteochondroma Lesion Excision Distal femur & Fibula Neck + Common Peroneal Nerve decompression + Neurolysis		
Indications for Surgery :		
Date :	Start Time : 1:05 pm	End Time :
Pre Operative Preparations:		
Post Operative Diagnosis: Pt under GA in Supine Position		
Peri-Operative Complications:		
Operation Notes:		

(L) Leg KAP in Supine position. pos
& tourniquet Control (L) Leg draping done
Incision was given on the Medial aspect of the distal femur site, over the Bony overgrowth
Skin, fascia Cut & retracted (2) pedunculated Bone growth at the Distal femur Site extending to the posterior aspect of the distal femur was identified. and using Osteotomy and mallet Pedunculated bone growth was taken up from the base. and ~~wound~~ ends were nibbled and bone wax was applied. Wound wash given Wound Closed in layers
- outer Incision was given over the Fibular aspect 7cm Incision Centering the fibular head

was made. Skin, fascia was cut & retracted
Fibular (CPN) was identified found to be
Stretched. and Nerve was decompressed and
Neurolysis done proximal & distal of the Nerve
Osteochondroma was resected. Wound washed
Wound closed in layers
- Neuromonitory Shows weaken and absent
Dorsiflexion.

Amount of Blood Loss: | Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

NBM as per Anesthetic order

- Pillow Elevation
-
- inj. Paracetamol 350g IV BD.
- inj. Taxim 500g IV BD
- Tab. Cyral forte HH - (4) days.
- Xray (L) knee - AP/Lat

Name of the Surgeon: Dr. B. Das

Signature of the Surgeon:

Date & Time:

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POST-SURGICAL CARE PLAN FORM

Procedure Done: .....

Post-Surgical Diagnosis: .....

Post-Operative Monitoring Parameters /Frequency:

Wound Care:

- Dressing q1w (2) days.

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

- Limb Elevation pillow

Nutritional Instructions:

When to Start Mobilization:

- Toe movements Immediately

Special Referrals:

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

☐ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon
(Signature & Stamp)

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

Note: Plan of care will be readjusted if necessary.

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 22/7/26 Time: 8 Am

Weight: 32.8 kgs Centile: >10th

Height: 143 cms Centile: 25th

Inference: underweight child

RDA: — Calories: 1700 kcals/d Protein: 30g/d

Diet Recommendations: Normal diet

Re-Assesment: Avoid spicy, chilled and outside foods

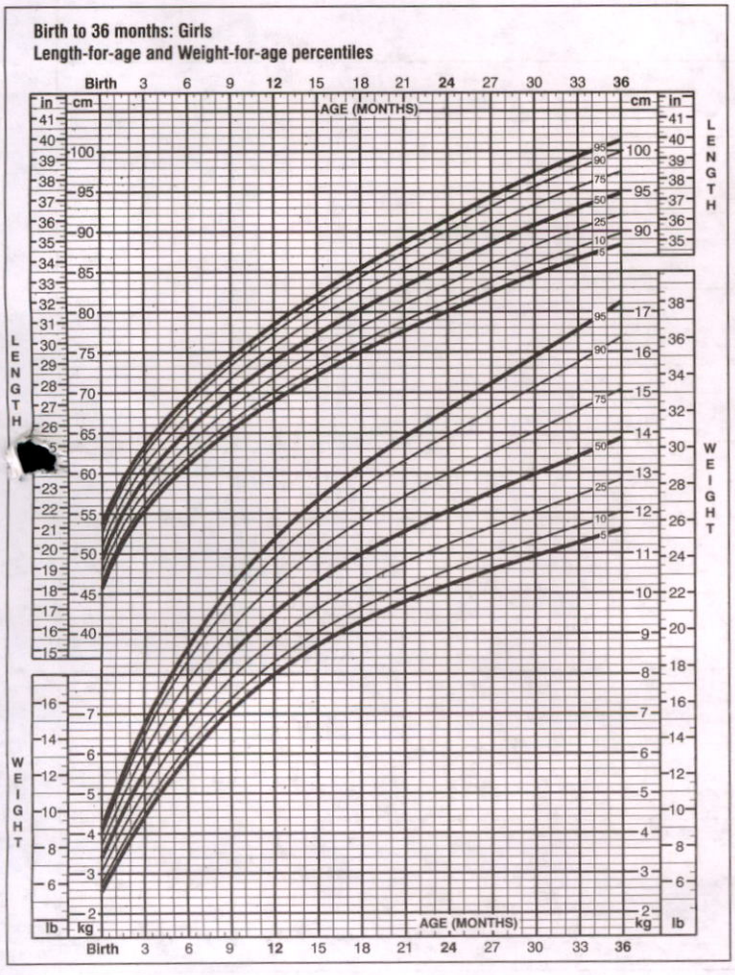
Food Allergies: ND Veg/Non-veg veg

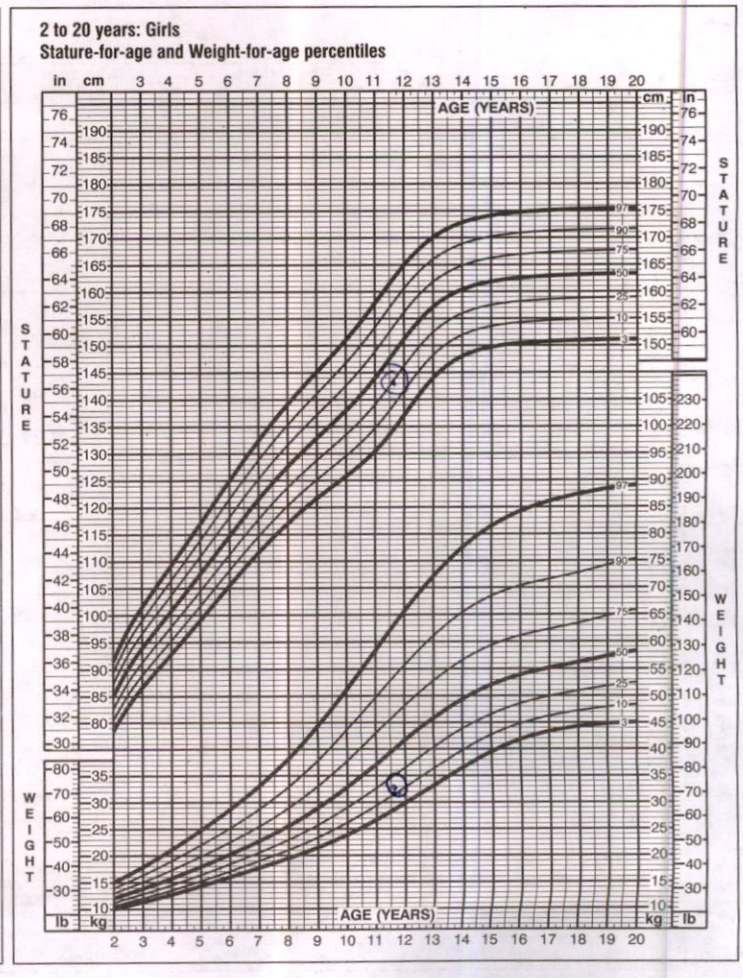
Diagnosis: Osteochondroma lesion in fibular & distal femur

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name Mounika Dietician's Signature Mounika

Docu. No. : RCHBH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes: