

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 2 D (F)
Dr. KOKKULA PRANEETH



Shekhar,
17/07/26.

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

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Your Right to a Safe Delivery

SURGERY DETAILS

no FC Done

Date : 16/7/26

Patient Name: Baby. Busi Nikshitha Date of Birth: 14-08-2024 Age: 1Y 11M

Gender: Female Ward: P.O.T UHID No: CUV-00179009

Date of Surgery: 16/7/26 ☒ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Time of the Surgery : craniotomy and tumor excision

Time in : 10.00 Am

Time Out : 9. pm
31.36 - Tab-06

	NAME	AMOUNT
1. Surgeon	Dr. Praneeth / Dr. Sri Parth	SF - 85900
2. Anaesthetist		AF 21475
3. Assistant Surgeon	-	OT - 110000
4. OT Technician	Bapu. Amaan	SSD - 2572
5. Circulating Nurse	Sarvani	
6. Assistant Nurse	Nam. Sujata	

Special Equipment: ☐ Laparoscopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator

☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa

☒ Neuro Cusa used ☐ Others : microscope, Neuro drill → 9706778

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9706779

Order by: Kalyan

B2 - F.C

ACTIVITY RECORD FOR BILLING

Name : _____
UHID No. : _____ IP No : _____ Dept : _____
Date of Admission: _____ T _____ Charge : _____ Time: _____
Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 3 D (F)
Dr. KOKKULA PRANEETH


WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/7/26	4:30 PM	PICU	234	Vandana
24/7/26	2:00 PM	PICU	303	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Khurshid stey	18/7/26	9701196	
2				
3				
4				
5				
6				
7				
8				
9				
10				

[illegible]

Investigations

Order No.

Signature

18/7/26

RBS

26071955

Signature

217

 RBe

26/02/59

[Handwritten signature]

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
19/7	MHA	1	9711482	Rosny.

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

B2

ACTIVITY RECORD FOR BILLING

Name : _____

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 1 D (F)
Dr. KOKKULA PRANEETH

UHID No. : _____ IP No. : _____ Dept : _____

Date of Admission: _____ Tir _____ arge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/4/26	6pm	Own transport from Visayawada	Pw	<i>[Signature]</i>
15/4/26	8pm	OT Rainbow	PICU	<i>[Signature]</i>
16/4/26	9.48 pm	OT PICU	PICU OT	<i>[Signature]</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. fashan	12/4	970828	<i>[Signature]</i>
2	DR. Anurag	12/4		
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
15/7/26	CBP, RP ₂ , PT/APTT	26071054	} <u>Lamin</u>
	Blood group		
	X-ray chest	35294	
15/7	Cytology		e
15/7	ESF for analysis		e
16/7	RBS →	26071113	<u>Douva</u>
15/7/26	ABG-I	BA26071116	Douva
16/7/26	ABG-II & GRBS @ 127 mg/dl	BA26071377	Thejas
16/7/26	COB, S.G., A.S.S	26072422	Sibran
17/7	RBS	26071809	Sibran
17/7	ABG CXR	26071749 35693	} e



Sub occipital Craniotomy &
 Evacuation of posterior fossa

CONSUMABLES OF OT

Technician: J. Bagu Date: 16/7/26 Time: 10AM

Anaesthesia Disposables			Surgical Disposables			Disposables (Baby Side)		
Issued	Qty	Used	Issued	Qty	Used	Issued	Qty	Used
ET tube 3.5, 4, 4.5	144	1	Major Pack	1	1	Inj Vit.K	2	—
LMA 1 1/2, 2	14	—	Sutures PDS (3-0) (4-0)	242	241	Cord Clamp 4-0, 5-0	242	—
ECG leads : A (P/N)	54	—	2437, 5087	242	—	Suction Catheter (5087)	1	1
HME filter : A (P/N)	14	1	Monocryl 3-0, 4-0	242	—	Feeding Tube Bone wax	2	1
Syringes : 10 cc	20	60	Craniotomy drap	1	1	Vacuum Suction Set	—	—
05 cc	20	60	Gloves 6.0, 5.5, 4.5, 24242	2	2	Surgical Gloves 6.0, 5.5, 4.5	—	—
02 cc	20	7	PF 1.6 (6.5) (7.7)	242	242	Gauze Pack	—	—
01 cc	10	4	2 242	—	—	Syringe 1ml / 2ml (Taxim)	1	1
Cautery plate : A (P/N)	01	1	Surgical blade 11 # (5)	242	1	Surgical Blade # 20	—	—
IV set + blood set	34	241	NG tube Surgicell (243)	14	1	Koochies (S)	—	—
RL + 34 NS + Dextrose	144	240	Cautery pencil	1	1	NG 50cm	3	34
NS : (10ml) (100ml) (500ml) / 1000ml	24	142	Koochies	—	—	200, 100, 50, 20, 10	242	242
new spike	03	0	Ointments Mupirocin	1	—	Lox 2 Adrenalin	1	1
Gauze 154 Dextrose	034	5	Suction Catheter	—	—	Transobix	1	1
Fentanyl	01	1	Cap, Mask	8/8	10/10	D/w 10ml	2	2
Morphine	01	0	Gauze Pack (N) (4R)	44	42	GARM Cover	1	1
Ketamine	04	2	Mop Pack	1	1	Primmer blade	1	—
Propofol	05	1	Steristrip	1	1	Surgicel 2x4	1	—
Rocuronium	01	1	Underpad	1	1	Cleft Red + Blue	242	242
Glycopyrolate	01	1	Draw sheet	1	0	skin stapler	1	1
Myopyrolate + Neo	142	1	Abgel	242	2	IRS Sennexin	5	3
Ondansetron	01	1	Foleys catheter 6/8, 10	144	—	Atropine + ADR	14	14
Pencan 25g/ Spinal Needle 22	—	—	Urobag 100ml	14	—	midazol + Epidural	14	14
Bupivacaine 0.25% (Leuphili)	02	—	Chest Drainage Catheter	—	—	Lox 200 + Jellies	14	14
Bupivacaine 0.25% (Heavy)	—	—	Romodrain bag	—	—	NG tube + Suction tube	104	—
Antibiotics Taziceum 500mg	04	2	Bandage Baby 7cm (4)	1	1	Model Anesth (6)	14	1
Amikaline 125mg	01	—	Tegaderm	—	—	oral of scores	14	1
Suppositories	—	—	loban - Prologaons	54	54	Stopcock + no line	575	543
Anamol : 80mg / 250mg / 170 mg	—	—	Double J Stent	—	—	500 + prologaon	542	44
Supridol : 100mg	—	—	Vacuum Suction set	2	2	micro scope cone	01	1
Justin : 12.5 mg / 25mg / 100mg	14	—	Plastic Bed Sheet	1	1	9 Set + Splint 1/3	144	—
Tab. Misoprost : 200mg	—	—	Betadine Solution 10%	1	1	Hepaflut + Heplock	145	140
new spike + valve	04	042	Microshield	1	0	3-0 silk + Regam	—	14
Dexamethasone	14	14	Cotton Balls	1	1	With pad + Underpad	14	14
Dormicle + elowen	14	—	Latex Gloves	100	100	Gelly pad + Underpad	014	044
Label + pen	54	242	Ramdone Scrub	1	1	Gelon caule 22, 24	343	—
10cm + 100cm 300cm	545	2	Saral	—	—	Self Role 4.6	242	242

Surgeon: NC Bagu Anaesthesiologist: Tissel 2nd Nurse: 405 x 60m OT Technician: 52 x 60m

Order No.: 9706703 1 x 08 Ordered by: Klam Blanket (p) 1

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/7/26	Inv. monitor			9704918	
	Inf. pump			9704918	
	Inf. pump	6pm		9704918	
	Syr. pump			9704918	
	Syr. pump			9704918	
18/7	Inv. monitor				
	Inf. pump				
	Inf. pump			9704918	
	Syr. pump				
	Syr. pump				
	ventilator				
17/7	Inv monitor			9704918	
	Inf pump				
	Syr pump			9704918	
	Syr pump				
	Syr pump				
	Syr pump			9704918	
	ventilator				

[illegible]

Date :

Time :

Prepared By :

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor

ADMISSION SHEET

Registration Details :



Admission No : IP5-00176432

Admit Date : 15-Jul-2026

Admit Time : 05:57 PM UHID : CUV-00179009

Patient Details :

Patient Name : Baby BUSI NIKSHITHA MELVINA

Age : 1 Y 11 M 1 D

Guardian : Mr BUSI MOSES

DOB : 14-08-2024 01:00 AM

Gender : Female

Religion :

Occupation :

Marital Status : Single

Address (H) : H NO - 21-11-30, REST HOUSE ROAD , OPP
CHEEDAY SATYANARAYANA BUILDINGS,
Bhimavaram West Godavari Andhra Pradesh
INDIA 534201

Phone No : 9494911165/ 8919237534

E-mail : nomail@gmail.com

Admission Details :

Bed Type : PICU

Bed No : PICU 216

Ward Name : 2F-PICU I

Room No : PICU 216

Admission Type : First Visit

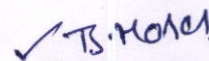
Contact Details :

Name : Mr BUSI MOSES

Relationship : Father

Contact Address : H NO - 21-11-30, REST HOUSE ROAD , OPP
CHEEDAY SATYANARAYANA BUILDINGS,
Bhimavaram West Godavari Andhra Pradesh
INDIA 534201

Phone No : 9494911165 / 8919237534


Signature

Doctor Details :

Doctor Name : Dr. KOKKULA PRANEETH

Specialisation : PEDIATRIC NEURO SURGERY

Referral Doctor : SELF

Phone No :

Co-Consultant : Dr. KAPIL BHAGWATRAO SACHANE/ Dr.
SRIPARTHA KRISHNA YERRAMILLI

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : ICICI LOMBARD GENERAL
INSURANCE CO LTD

ADMISSION SHEET

Registration Details :



Admission No : IP5-00176432

Admit Date : 15-Jul-2026

Admit Time : 05:57 PM UHID : CUV-00179009

Patient Details :

Patient Name : Baby BUSI NIKSHITHA MELVINA

Age : 1 Y 11 M 3 D

Guardian : Dr. BUSI MOSES

DOB : 14-08-2024 01:00 AM

Gender : Female

Religion :

Occupation :

Martial Status : Single

Address (H) : H NO - 21-11-30, REST HOUSE ROAD , OPP
CHEEDAY SATYANARAYANA BUILDINGS,
Bhimavaram West Godavari Andhra Pradesh
INDIA 534201

Phone No : 9494911165/ 8919437534

E-mail : nomail@gmail.com

Admission Details :

Bed Type : PICU

Bed No : PICU 210

Ward Name : 2F-PICU I

Room No : PICU 210

Admission Type : First Visit

Contact Details :

Name : Dr. BUSI MOSES

Relationship : Father

Contact Address : H NO - 21-11-30, REST HOUSE ROAD , OPP
CHEEDAY SATYANARAYANA BUILDINGS,
Bhimavaram West Godavari Andhra Pradesh
INDIA 534201

Phone No : 9494911165 / 8919237534

Signature

Doctor Details :

Doctor Name : Dr. KOKKULA PRANEETH

Specialisation : PEDIATRIC NEURO SURGERY

Referral Doctor : SELF

Phone No :

Co-Consultant : Dr. KAPIL BHAGWATRAO SACHANE/ Dr.
BANDI RAMYA/ Dr. SRIPARTHA KRISHNA
YERRAMILLI

Payment Details :

Deposit Amount : 100000.00

Payment Mode : DC/CC Card

Payor Name : ICICI LOMBARD GENERAL
INSURANCE CO LTD



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/8/24 9am	C/S/B Neuroteam	
	PF - 2ccol SP exacerbated to Intubation	
	⊗ VP shunt	POD - 4
	<u>Issues</u>	
	→ Irritability : pain	<u>plan</u>
	→ 1 fever post-op	① continue analgesics
	→ Speech improved	
	→ ⊗ acroparesthesia	② shift forward
	→ good oral intake	
0/2	Irritable	
	EOM full	
	No facial weakness	
	di tone in ⊗ LL	
	⊗ LL - 3/5	
	<u>Sripatru</u>	
		<u>Abhishek</u>



Date & Time	Progress Notes	Doctor's Order
20/1/26 4pm	clerk Neuroteam - No new issues - taking well orally. clerk: vitals stable - Hx → considerable irritability. - com full sleep 12 ESR. - @ motor examination.	Adm - - vitals, cert - inform hrs - effort to ward for. <i>[Signature]</i>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/3/26 9am	C/S/B Neuroteam PF - ICSOL s/p total excision ↑ ICP signs y (R) VP shunt <u>POD-5</u>	
	<u>Issues</u> → No fever from shunt → Good oral intake 10/2 conscious SOM full No facial weakness none (N) good ambulatory movement (R) LL weakness resolving.	<u>plan</u> ① shift to ward ② so decision Dep a ③ Not to be to remove AByr Navaneeth 21/3/26 9am W

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 15/7/26 Day of Admission : 8 Today's Date & Time : 21/7/26
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : Posterior fossa tumor s/p tumor excision & Rt VP shunt	Current Issues :
VITAL SIGNS	Today's Wt. (kg) : 10.26 Temp.:	Blood sugar issues :
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : B/L air entry @ CXR : SPO ₂ : 99% RM 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 Nebs : ICD ? ☐ Yes ☒ No, if Yes, details : Plan of care :	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam . (Heart sounds, murmur etc.) : Quality of Pulses : Good cap refill Time : < 2 sec Liver Edge : cm below Rt costal margin Blood Pressures : NIBP : IBP : 93/56 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 : Central line in situ : ☐ Yes ☒ No Place of central line & its condition : Day of arterial line : Day of Central line : Plan of Care :	
CNS	Neuro Exam : Pupils : 2+ 2+ 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 :	

Doctor's Name (Handover taken) :
Signature :
Date & Time :

Date & Time	Progress Notes	Doctor's Order
20th 9th	chilwemba	
	Port for a fe 101 s/p Mer total excretion	
	(R+) VP Shunt (POD-6)	
	(R+) Hemiparesis (arming)	
	No fever spikes	
	Accepting orally	
	Desires stop after gangrene (2) Dismiss with nurse	
	no vomiting / s/p irritability regarding review.	
	Welling & one hand support	② Encourage orally
	(R+) Hemiparesis - arm	③ Mobilise
	Stranger anxiety @ speech - improved	
	no large site edema / leakage	
	Mild Redness (VP) shunt are	
		Abdullah



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Date & Time	Progress Notes	Doctor's Order
23/7/2026	CS/B Dr. Pramulth	Ro ① Discharge today PCM SOS Smith SOS Nasoclear x 3 days Relumt x 3 day Bovans Syn. Luripil x 2 weeks Review on 30/7/2026 CEMRI Brain on 30/7/2026 Multi vitamin x 1 month
23/7/26	CS/B Neurolecan	
23/7/26	No fresh complaints	
0/2	conscious	
	com full	
	No focal weakness	
	mild hypotonia	
	gait - mild ataxia	
		plan
		① D/c today
		② cont. physiotherapy

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CROSS CONSULTATION FORM

Doctor Name: Dr. Anurag Date: 17/12/20 Time: 11 AM

Diagnosis: PEIC SOL

Hospital: PECH. B. Ranoz

Type of Referral :

☐ Emergency

☐ Urgent

☒ Non Urgent

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

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

IC SOL

Signature: Dr. Prathappa

Findings and Recommendations :

17/12/20
12:20 PM
Many thanks for reference

history noted

O/E: child is on O₂ by prongs
vitals stable

Adv: to wait for biopsy
report.

will require Radiotherapy (proton beam) if confirmed
as germinoma.
- family counselled.

normally on soft rim
dull activity
+ punctate normally } x1 day
w/o signs

mei: 5.7 x 4.0 x 3.5 cm
in 4th ventricle
(solid cystic mass)

— likely germinoma

Consultant :

Name: Dr. Anurag Signature: [Signature] Date & Time: 17/12/20
12:20 PM



CROSS CONSULTATION FORM

Doctor Name : Khushid. Shaik (PT) Date : 18/7/26 Time : 5:30pm.

Diagnosis : Posterior fossa tumor.

Hospital : RCH, Banjara.

Type of Referral :

☐ Emergency

☐ Urgent

☐ Non Urgent

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

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

chest physiotherapy

Signature: _____

Findings and Recommendations :

S/P physiotherapist

cl/- posterior fossa tumor

S/P - Tumor excision

S/P - VP shunt

b/- child suitable crying.

- Joint compressions

- encourage sitting

- VC movements

- LC movements

- chest physiotherapy

Consultant :

Name : Khushid. Shaik (PT) Signature : Khushid Date & Time : 18/7/26 ; 5:30pm



B/G/T - '0' +ve

RESULT SHEET

Date	15/7/26	16/7/26				
Time	7pm	10pm				
Hb	10.2	12.5				
PCV	31.5	37.8				
RBC	4.38	4.81				
WBC	8070	11470				
N/L	67/27	51/39				
Platelets	4.37 lakhs	2.37L				
CRP						
ESR						
ST						
RBS						
Na	131	143				
K	4	4.1				
Cl	102	112				
Ca/Mg						
Phosphate						
Urea	4					
Creatinine	0.2					
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	15/1.1					
APTT	34					
CSF Protein / Sugar						
Cells						
N/L						

[illegible]

Culture and Sensitivities : CSF analysis - cell count - 110 cells. (clear)

CSA protein - 14

CSR glucose -85

Radiology : USG :



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: PJW

Shifted to: Nasal

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	Syrup LEVITERACETAM	2ml	PO	BD	21/7/26 10am	☒ C ☐ DC
2	Syr . PARACETAMOL	3ml	PO	TID	21/7/26 2pm	☒ C ☐ DC
3	Tab- LAN80PRAZOLE	15mg	PO	OD	21/7 6am	☒ C ☐ DC
4	NASOLLEAR NAsE DROPS	2 drops	Nasal	Q Lit	21/7 2pm	☒ C ☐ DC
5	teoga drops	15 drops	PU	BD	21/7/26 10am	☒ C ☐ DC
6	Syr . SMUTH	8ml	PO	HS	20/7 10pm	☒ C ☐ DC
7	Syrp MELATONIN	3ml	PO	HS	20/7	☒ C ☐ DC
8	T-BACT Ointment	topical	LA	TDS	21/7 2pm	☒ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Jayalini (Jm)

Date & Time: 21/7/26 @ 3:30pm

Nurse Name & Signature: Praneetha

Date & Time: 21/7/26 @ 8:30pm

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Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 6 D
Dr. KOKKULA PRANEETH



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: ICU

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
	SYP LEVETRIACETAM	2ml	PO	BD	20/7/26	☒ C ☐ DC
2	INT DEXAMETHASONE	1mg	IV	BD	20/7/26	☐ C ☐ DC
3	SYP PARACETANOL	3ml	PO	TID	20/7/26	☒ C ☐ DC
4	T. LANZOL JUNIOR (1 tab = 15mg)	1 tab	PO	OD	20/7/26	☐ C ☐ DC
5	NASO CLEAR NASAL DROPS	2 drops	perianal q, u, w, y		20/7/26	☐ C ☐ DC
6	PROUQ Drops	15 drops	PO	BD	20/7/26	☒ C ☐ DC
	INT ONDANSETRON	1mg	IV	TID	20/7/26	☒ C ☐ DC
8	INT TRAMADOL	10 mg	IV	SOS	19/7/26	☒ C ☐ DC
9	SYP MEPTAL-P	3ml	PO	SOS		☒ C ☐ DC
10						☐ C ☐ DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Tyoti

Date & Time: 20/7/26 10:30 AM

Nurse Name & Signature: Brothi

Date & Time: 20/7/26 @ 12:00 PM

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Baby BUSI NIKSHITHA MELVINA
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Dr. KOKKULA PRANEETH



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: ICU

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	INT CEFOTAXIME	500mg	iv	TID	18/7/26	☒ C ☐ DC
2	S48 LEVETIRACETAM	2ml	PO	BD	18/7/26	☒ C ☐ DC
3	INT DEXAMETHASONE 1mg		IV	BD	18/7/26	☒ C ☐ DC
4	S41 IARA CEFAMOL 3ml		PO	TID	18/7/26	☒ C ☐ DC
5	T. CANIZOL JUNIOR (1 tab = 15mg)	15mg	PO	OD	18/7/26	☒ C ☐ DC
6						☐ C ☐ DC
						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Jyoti (Dr Jyoti)

Date & Time : 18/7/26 3:30pm

Nurse Name & Signature: Jyoti

Date & Time : 18/7/26 @ 3:30pm



Weight 10.2 kg Ward Plev

DRUG: <u>ING- PARACETAMOL</u>			
Dose	Route	Frequency	Start Dt.
<u>50 mg</u>	<u>IV</u>	<u>TID</u>	<u>1/7</u>

Date	17/7	18th
Time	5:05	Answer
6	✓	Sub

change to oral

Additional Instructions:

2	neg
prn	pdf
10	Sub
prn	Al

18/7/20

Daily Doctor's Endorsement by a Sign

DRUG: <u>SYP SMUTH</u>			
Dose	Route	Frequency	Start Dt.
5ml	PO	BD	17/7

Date	17/7/18
Time	10

Additional Instructions:

10:45 pm

stop
Jayashri
10/7/26
3 PM

Daily Doctor's Endorsement by a Sign

DRUG: INJ. CEFOTAXIME			
Dose	Route	Frequency	Start Dt.
500mg	IV	TID	17/07

Date $\rightarrow$ 18/7/17
Time $\rightarrow$ 18/7/17

Additional Instructions:

(50mg/kg/day)

~~Sub A~~

Daily Doctor's Endorsement by a Sign

DRUG: Symp. LEVITERACETAM			
Dose 2ml	Route PO	Frequency BID	Start Dt. 16/12/20

[illegible]

Additional Instructions:

[Handwritten notes on graph paper:]

- From Amulya's vendore.
- Rahul
- pm
- Maha
- Ashish
- Hastha
- Chaitanya
- Srinivas
- Danu

Daily Doctor's Endorsement by a Sign



Sheet No:

REGULAR PRESCRIPTIONS

Weight 10.2 kg Ward

DRUG : <u>2i. DEXAMETHASONE</u>				Date Time	18/7	19/7	20/7	21/7
Dose <u>1mg</u>	Route <u>IV</u>	Frequency <u>BD</u>	Start Dt. <u>18/7</u>					
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>								
Additional Instructions: <u>[Handwritten notes]</u>								
Daily Doctor's Endorsement by a Sign								

DRUG : <u>SYP. PARACETMOL</u>				Date Time	18/7	19/7	20/7	21/7
Dose <u>3ml</u>	Route <u>TID</u>	Frequency <u>Per oral</u>	Start Dt. <u>18/7</u>					
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>								
Additional Instructions: <u>(240mg/5ml)</u>								
Daily Doctor's Endorsement by a Sign								

DRUG : <u>T. CANISO PRAZOLE</u>				Date Time	18/7	19/7	20/7	21/7
Dose <u>15mg</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Dt. <u>18/7</u>					
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								

DRUG : <u>NASOCLEAR NASAL DROPS</u>				Date Time	18/7	19/7	20/7	21/7
Dose <u>2 drops</u>	Route <u>Per Nasal</u>	Frequency <u>Q4H</u>	Start Dt. <u>18/7</u>					
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								

VERIFIED

VERIFIED BY : Name

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
15 drops PO	BD	18/9/26		10am 18/7 15/7 20/7 21/7 22/7
Name & Signature of the Doctor Starting the Drugs:				
Dr Ramya				
Additional Instructions:				
				10pm Nihil Hanks Thach Nihil R. L. Pethua
Daily Doctor's Endorsement by a Sign				
DRUG : Tyronoanseton				
Dose	Route	Frequency	Start Dt.	Date Time
ing in 720	19/7	20/7	21/7	
Name & Signature of the Doctor Starting the Drugs:				
				10pm 19/7 20/7 21/7 22/7
Additional Instructions:				
otug mg/dl				
Daily Doctor's Endorsement by a Sign				
DRUG : SYP SMOOTH				
Dose	Route	Frequency	Start Dt.	Date Time
3ml	PO	HS	20/7	20/7 21/7 22/7
Name & Signature of the Doctor Starting the Drugs:				
Sripantre				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : SYP MELATONIN				
Dose	Route	Frequency	Start Dt.	Date Time
3ml	PO	HS	21/7	21/7 22/7
Name & Signature of the Doctor Starting the Drugs:				
dheh				
Additional Instructions:				
5ml = 3mg				
Daily Doctor's Endorsement by a Sign				

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : T-BACT OINTMENT				Date Time	21/7	22/7														
Dose	Route	Frequency	Start Dt.																	
Topical	LA	TDS	21/07																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : SyP ZIPRAK 50				Date Time	22/7															
Dose	Route	Frequency	Start Dt.																	
40mg	PO	BD	22/07																	
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 CHART

Date of Admission: 15/7/26 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 : <u>INJ PARACETAMOL</u>				Date/Time																
Dose	Route	Frequency	Start Date																	
<u>100mg</u>	<u>IV</u>	<u>SOS</u>	<u>17/07</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>			<u>[Signature]</u>																	
Additional Instructions:																				
<u>1st & 2nd 100mg</u>																				

DRUG : <u>Syr. MEFTALP</u>				Date/Time																
Dose	Route	Frequency	Start Date																	
<u>3ml</u>	<u>PO</u>	<u>SOS</u>	<u>18/7</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>																				
Additional Instructions:																				

DRUG : <u>Inj Tramadol</u>				Date/Time																
Dose	Route	Frequency	Start Date																	
<u>100mg</u>	<u>IV</u>	<u>SOS</u>	<u>19/7</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>																				
Additional Instructions:																				
<u>1st & 2nd 100mg</u>																				



REGULAR PRESCRIPTIONS

Weight. 10.2 Kg. Ward. PICU

DRUG: <u>Inj. LEVETIRACETAM</u>				Date Time	15/7	16/7	17/7													
Dose	Route	Frequency	Start Date																	
200mg	IV	BD	15/7	10AM	X	X	med													
Name & Signature of the Doctor Starting the Drugs: <u>Jayabhi</u>				Change to oral 18/7/26																
Additional Instructions: (20mg/kg/dose)				10pm 18/7/26																
Daily Doctor's Endorsement by a Sign				Te																
DRUG: <u>Inj. CEFOTAXIME</u>				Date Time	15/7	16/7	17/7													
Dose	Route	Frequency	Start Date																	
500mg	IV	BD	15/7	6AM	X	X	How													
Name & Signature of the Doctor Starting the Drugs: <u>Jayabhi</u>				Dosage changed 12/09																
Additional Instructions:				10pm 12/09																
Daily Doctor's Endorsement by a Sign				Te																
DRUG: <u>Inj. ESOMEPRAZOLE</u>				Date Time	15/7	16/7	17/7	18/7												
Dose	Route	Frequency	Start Date																	
10mg	IV	OD	15/7	6AM	X	X	How													
Name & Signature of the Doctor Starting the Drugs: <u>Jayabhi</u>				Change to oral 18/7/26																
Additional Instructions:				10pm 18/7/26																
Daily Doctor's Endorsement by a Sign				Te																
DRUG: <u>Inj. DEXAMETHASONE</u>				Date Time	15/7	16/7	17/7	18/7												
Dose	Route	Frequency	Start Date																	
1mg	IV	TID	15/7	6AM	X	X	How													
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Pradyum</u>				Change to BD dose 18/7/26																
Additional Instructions:				10pm 18/7/26																
Daily Doctor's Endorsement by a Sign				Te																



		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
15/7/26	7:00 pm	Inj PARACETAMOL	150mg	IV	[Signature]	Nishant Thya
15/7/26	6:30 pm	Inj CEFOTAXIME	500mg	IV	[Signature]	Nishant Thya Saran
16/7/26	11:05 AM	Inj CEFOTAXIME	500mg	IV	[Signature]	Bapu Saran
16/7/26	10:45 AM	Inj TRANEXAMIC ACID	150mg	IV	[Signature]	Bapu Saran
16/7/26	10 AM	Inj DEXAMETHASONE	1mg	IV	[Signature]	Saran Bapu
16/7/26	2 PM	Inj PARACETAMOL	150mg	IV	[Signature]	Bapu Saran
16/7/26	3:30 PM	Inj CEFOTAXIME	500mg	IV	[Signature]	Thya Nishant
20/7/26	3 AM	SUP. PEDICURYL	5ml	PO	pratyush	Shobhi Saran
20/7/26	4 AM	Syrp MELATONIN	5ml	PO	Jayashree	Saran Saran



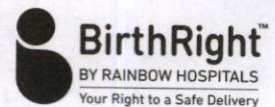
I.V. FLUIDS CHART

Weight. 10.2kg Ward. PICU

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
15/7/26	6:30pm	RINGER LACTATE	IV	100ml/hr	[Signature]	Archi	15/7	Jayal	Shruti Nandini
15/7	8pm	IVF-DNS	IV	95 ml/hr.	Jayal	Shruti Archi	15/7	[Signature]	[Signature] [Signature]
15/7	8pm	3.1. NS	IV	10 ml/hr.	Jayal	Shruti Archi	15/7	[Signature]	[Signature] [Signature]
16/7/26	10AM	RINGER LACTATE	IV	100 ml/hr	[Signature]	Archi Bapu	16/7/26	[Signature]	Bapu Archi
16/7/26	11:40 AM	PRBC	IV	50 ml/hr	[Signature]	Bapu Archi	16/7	[Signature]	Nishant Thir
16/7/26	12:30 PM	RINGER LACTATE	IV	50 ml/hr	[Signature]	Bapu Archi	16/7	[Signature]	Nishant Thir
16/7/26	4:40 PM	FFP	IV	(210 ml) 100ml/hr	[Signature]	Nishant Thir	16/7	[Signature]	Nishant Thir
16/7/26	6:30 PM	PRBC	IV	100ml	[Signature]	Nishant Thir	16/7	[Signature]	Nishant Thir
16/7/26	10pm	DNS	IV	25	[Signature]	Archi Archi	18/7	[Signature]	Archi Archi
18/7/26	8PM	IVF DNS	IV	200ml/hr	[Signature]	Archi Archi	19/7	[Signature]	Archi Archi

Signature

VERIFIED BY : Name



Name:

Weight: 10.2 kgs

Sheet No:

[illegible]

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 4 D (F)
Dr. KOKKULA PRANEETH



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

PRESCHOOL (1-5 years)
**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 : Time: 10pm 2am 6am

Doctor / Nurse / Family Concern?

Temperature
(F)

104
103
102
101
100
99
98
97
96
95
94

98.5
98.5
98.5
98.5

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

128
126
125
128
(Baby crying)
98
98
98
98

Heart Rate (Number)

128
126
125
128

Resp. Rate (bpm)
1 Minute) *

70
60
50
40
30
20
10

Resp Rate (Number)

28
26
25
26

Resp Mod/ Severe
Distress None / Mild

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

RA
99%
RA
99%
RA
100%
RA
99%

Conscious Level
Normal Altered

GCS *

15/5
15/5
15/5
15/5

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

0
0
0
0

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.

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)

EARLY WARNING SCORE: CHILDREN'S UNIT

[illegible]

Temperature (°F)

Time	Temperature (°F)
1	98.0
2	98.3
3	98.7
5	98.0
6	98.6

Heart Rate (bpm)	Blood Pressure (mmHg) *	Heart Rate (Number)
190		
180		
170		
160		
150		
140		
130		
120		
110		
100		
90		
80		
70		
60		
50		
	↑ 95 ↓ 56 ↑ 101 (81) ↓ 64 ↑ 108 (78) ↓ 69 ↑ 92 (63) ↓ 57 ↑ 100 (52) ↓ 66	128 bpm 116 bpm 112 bpm 98 bpm 104 bpm

[illegible][illegible][illegible]

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
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	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.

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

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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)

JV-00179009
by BUSI NIKSHITHA MELVINA
-08-2024 1 Y 11 M 7 D
KOKKULA PRANEETH (F)

21/7/26

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

PRESCHOOL (1-5 years)
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

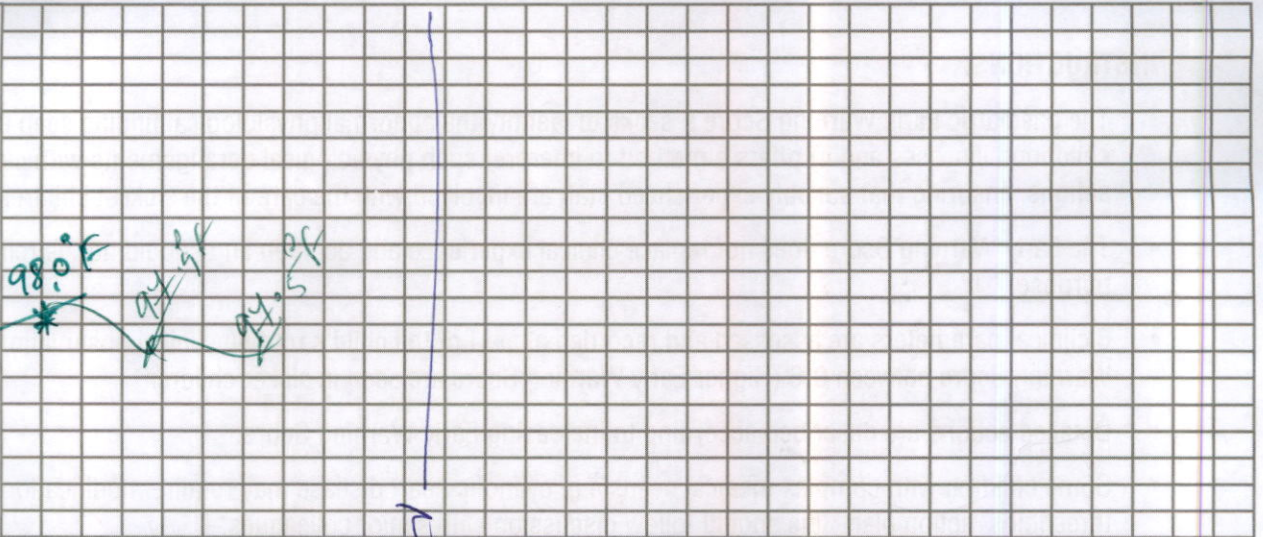
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 5pm 10pm 1am 7am

Doctor / Nurse / Family Concern?

Temperature
(F)

104
103
102
101
100
99
98
97
96
95
94



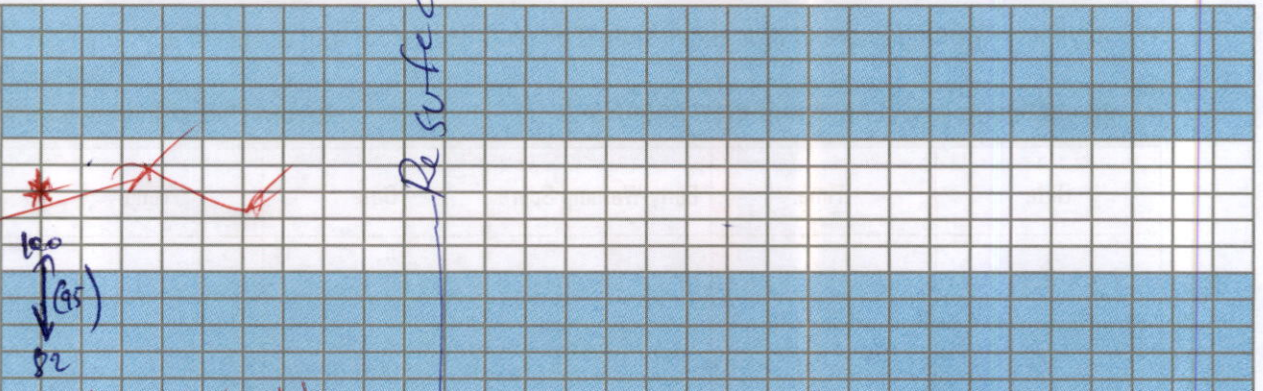
Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:
BP does not score
in early
warning scoring

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



Heart Rate (Number)

120b/m 120b/m 115b/m

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

70
60
50
40
30
20
10



Resp Rate (Number)

30b/m 30b/m 30b/m

Resp Mod/ Severe
Distress None / Mild

Receiving O₂(l/min)
O₂Saturations (%)

100% 98% 100%

Conscious Normal
Level Altered

GCS *

(15/15) (15/15) (15/15)

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

0 0 0
0 0 0
0 0 0

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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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.

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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	Time:	0AM	3PM	6PM	10PM	9AM	6AM
Doctor / Nurse / Family Concern?							
Temperature (F)		98.2F	97.8F	98.2F	98.4F	98.2F	
Heart Rate (bpm)		118	116	116	117	119	
Blood Pressure (mmHg) *		118	116	116	117	119	
Note: BP does not score in early warning scoring							
Heart Rate (Number)		118	116	116	117	119	
Rate (bpm) (Over 1 Minute) *		26	24	25	26	27	
Resp Rate (Number)		26	24	25	26	27	
Resp Distress	Mod/ Severe None / Mild						
Receiving O ₂ (l/min)							
O ₂ Saturations (%)		99%	99%	99%	99%	99%	
Conscious Level	Normal Altered						
GCS *		(15/15)	(15/15)	(15/15)	(15/15)	(15/15)	
TOTAL SCORE		0	0	0	0	0	
Number of shaded boxes		0	0	0	0	0	
Pain Score		0	0	0	0	0	
Observer's Initials							
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 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.

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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)

CUV-00179009 IP5-00176432
 Baby BUSI NIKSHITHA MELVINA
 14-08-2024 1 Y 11 M 5 D (F)
 Dr. KOKKULA PRANEETH



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

20/7/2026

FLUID CHART

Sheet No. : 3

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output			IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				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											0	gestie
	05:00 pm	NA	HO									0	gestie
	06:00 pm						✓	✓		✓		0	gestie
	07:00 pm		HO									0	gestie
Total Intake :			Total Output : 0-1 m-1										
	08:00 pm											0	Yann
	09:00 pm									✓		0	Yann
	10:00 pm											0	Yann
	11:00 pm											0	Yann
	12:00 am									✓		0	Yann
	01:00 am											0	Yann
Total Intake :			Total Output : 0-2 M-0										
	02:00 am											0	Yann
	03:00 am									✓		0	Yann
	04:00 am											0	Yann
	05:00 am											0	Yann
	06:00 am									✓		0	Yann
	07:00 am											0	Yann
Total Intake :			Total Output : 0-2 m-0										
Total 24 hrs. Intake			Total 24 hrs. Output										



FLUID CHART

Sheet No. : 22/2

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

		Intake			Output						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					1				0	small	
	09:00 am	H ₂ O				20			2	0	small	
	10:00 am									0	small	
	11:00 am								✓	0	small	
	12:00 pm	H ₂ O				1				0	small	
	01:00 pm									0	small	
Total Intake :					Total Output : 0 - 2 M.O							
	02:00 pm									0	small	
	03:00 pm	H ₂ O								0	small	
	04:00 pm					20			✓	0	small	
	05:00 pm								✓	0	small	
	06:00 pm	H ₂ O								0	small	
	07:00 pm									0	small	
Total Intake :					Total Output : 0 - 2 M.O							
	08:00 pm									0	large	
	09:00 pm	H ₂ O								0	large	
	10:00 pm					✓			✓	0	large	
	11:00 pm	H ₂ O								0	large	
	12:00 am									0	large	
	01:00 am	H ₂ O								0	large	
Total Intake :					Total Output : 0 - 2 M-1							
	02:00 am					1				0	large	
	03:00 am	H ₂ O								0	large	
	04:00 am					NP				0	large	
	05:00 am	H ₂ O							✓	0	large	
	06:00 am					1			✓	0	large	
	07:00 am	H ₂ O								0	large	
Total Intake :					Total Output : 0 - 2 M-1							

Total 24 hrs. Intake

Total 24 hrs. Output

0 - 8 M-1

CUV-00179009 IP5-00176401
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 6 D
Dr. KOKKULA PRANEETH



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: 21/7/26

Assessment: Assessed Baby condition.

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 General condition of the baby.	8:30AM	* Assessed the general condition of the baby.	All plans are implemented
9AM	* monitor vital signs.	9:30AM	* monitored vital signs.	
10AM	* maintain Ilo chart.	10:30AM	* maintained Ilo chart.	
11AM	* plan to Remove NLA tube	11:30AM	* Removed NLA tube.	
12PM	* orally allow.	12:30PM	* orally allowed.	
1PM	* Administer the medications as per doctor's order.	1:30PM	* Administered the medications as per doctor's order.	
2:30PM		5PM		
6:30PM	* plan to shift ward.	8PM	* planned to shift ward.	
7PM				

Re-Assessment:

Special Notes:

Done
w/f. fever spikes + irritability.

Nurse Signature:

[Signature]

Nurse Name:

Navaneetha

Date & Time:

21/7/26 @ 8pm



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 21/7/26

Assessment: patient is having discomfort

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 patient's general condition	8:30pm	Assessed the patient's general condition	Now patient is stable
10pm	Administer medication as per chart	10:50pm	Administered medication as per chart	
12am	Maintain fluid balance	12:50am	Maintained fluid balance	
3am	Maintain vital signs	3:10am	Maintained vital signs	
4am	Ensure safety	4:10am	Ensured safety	

Re-Assessment: Re-Assessment done every 3rd hourly

Special Notes:

Nurse Signature: [Signature]

Nurse Name: N/Ammine @ 606.m

Date & Time: 22/7/26 @ 8am

V-00179009 IP5 00176432

by BUSI NIKSHITHA MEI VINA
08-2024 1 Y 11 M 7 D (F)
KOKKULA PRANEETH



NURSING CARE RECORD

Shift: morning ☐ Night

Date: 22/7/26

Assessment: PT having Discomfort

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 PT condition.	8AM	→ Assessed the PT condition.	PT is stable
11AM	→ vital chart maintained	11AM	→ vital chart maintained	
12PM	→ Ensure safety	12PM	→ Ensured safety	
7PM	→ Encrease orally	7PM	→ NO IV fluid	
8PM	→ Doctor Rand Done	8PM		

Re-Assessment: PT is stable and comfortable

Special Notes: -nil-

Nurse Signature: S Nurse Name: sumanya Date & Time: 22/7/26 @ 8PM

Patient Sticker

NURSING CARE RECORD

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. K. P. Department: 3rd Floor Date of Admission: 25/6/26

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:			
BACKGROUND	Area	Shift Time	<u>3rd floor 9pm to 5am</u>	<u>3rd floor 5am-8pm</u>	<u>3rd floor 8pm-9pm</u>	
	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>	<u>No</u>	
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: <u>98.9 F</u>	<u>98.8 F</u>	<u>98.8 F</u>		
	Res:	<u>36bmt</u>	<u>37bmt</u>	<u>34bmt</u>		
	SpO ₂ :	<u>100+</u>	<u>99.7</u>	<u>99.1</u>		
	Pulse:	<u>132bmt</u>	<u>139bmt</u>	<u>132bmt</u>		
	BP:	<u>120/62</u>	<u>100/60</u>	<u>100/69</u>		
	Fall Risk Score:	<u>6/10</u>	<u>0/10</u>	<u>0/10</u>		
	Pain Score:	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>		
	Recommendations	Safety Needs:	<u>Side rail</u>	<u>side rail</u>	<u>Side rail</u>	
Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:		<u>NA</u>	<u>NA</u>	<u>NA</u>		
Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>	<u>NA</u>		
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>		
Handed Over By Name :		<u>Yannick</u>	<u>sumand</u>	<u>Sange</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>22/7/26</u>	<u>22/7/26</u>	<u>22/7</u>		
Time:		<u>8am</u>	<u>8pm</u>	<u>8am</u>		
Taken Over By Name :		<u>sumand</u>	<u>Sange</u>	<u>Jessie</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>22/7/26</u>	<u>22/7</u>	<u>23/7</u>		
Time:		<u>8AM</u>	<u>8am</u>	<u>8am</u>		

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

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



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	21/8	22/8	23/8		
	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					
	Female	1	1	1	1		
Diagnosis	Neurological Diagnosis	4	4	4	4		
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2	2	2	2		
	Oriented to own Ability	1					
	History of Falls or Infant - Toddler Placed in Bed	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		
	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		
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3	3	3	3		
	One of the Meds listed above	2					
	Other Medications / None	1					
TOTAL			14	11	14		

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		yes	yes	no		
Call device within reach		x	no	yes		
Wheels Locked		✓	yes	yes		
Room free of clutter		✓	yes	yes		
Adequate Lighting		✓	yes	yes		
Wheel Chair Support		✓	yes	yes		
Other Intervention(s) Specify		x	no	yes		
Nurse's Name :		Sudha	Yam	Eagle		
Signature :		(Signature)	(Signature)	(Signature)		
Date :		21/8	22/8	23/8		
Time :		6AM	7AM	8AM		



BRADEN 'Q' SCALE

					Date :	20/7	21/7	22/7	23/7
					Time :	6 AM	6 AM	5 PM	5 PM
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.	3	3	3	3	
"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.	1	1	1	1	
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.	3	3	3	3	
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.	3	3	3	5	
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."	3	3	3	3	
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 of 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.	3	3	3	3	
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.	3	3	3	3	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	19	19	15	14
					Evaluator's Name	Hanilay	Chen	Man	Laugel

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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Yanune
22/7	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Yanune
22/7	12PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Sury
22/7	7PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Sury
23/7	12AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sury
22/7	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sury
				☐ 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:

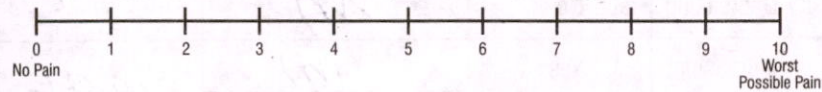
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, 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

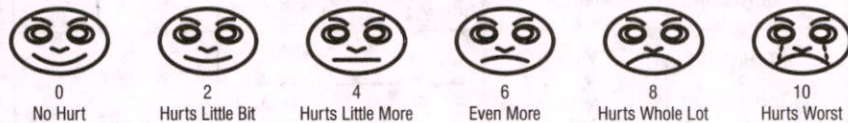
Numerical Pain Scale (Obstetric and Gynecology)



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





CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	19/7 DAY-1			20/7 DAY-2			21/7/26 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	0	0	0	0	0	0	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				Ross	Ross	Hanila	Sane	Sane	SA	Ally	Ally	Yany	

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 : Barnali Name : Barnali

Signature of Ward In Charge :

Signature : Anisha Name : Anisha



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						Sangeetha							

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 : Lorely Name : Lorely

Signature of Ward In Charge :

Signature : Anita Name : Anita



DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: Doctor's order

2. Destination Post Discharge: ☐ Home
Family Members Notified (Person Contacted)

☐ Transfer
Hospital Facility Notified (Person Contacted)

3. 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

need

do need

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: Jenire

Date and Time: 21/7/26 @ 4:30 pm

PATIENT TRANSFER FORM

CUV-00179009 IP5-00176- Baby BUSI NIKSHITHA MELVINA 14-08-2024 1 Y 11 M 6 D Dr. KOKKULA PRANEETH 		Date & Time of Admission 15/7/26 @ 5:57	Date & Time of Transfer Order 21/7/26 @ 3:30pm
Treating Consultant Name Dr. Kokkula praneeth.		Transfer Ordered by Dr. Ramesh.	Reason for Transfer Shift to ward
From Unit PICU		To Unit 3rd floor A-zone	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 60 Above		Number of Imaging Films CT Films	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.	CT films	1	
2.	x-ray.	2	
3.	ABC.	5	
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐ Dr. Jayesri			
Name & Signature of Person who is Transferring Navaneetha		Name of Person Ordered Transfer Dr. Ramesh.	
Patient & Clinical Records Received by : Jessie			
Date & Time of Patient Received : 21/7/26 @ 4:10pm			

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

303

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 22/7/26 Time: 9am

Weight: 10.2 kg Centile: 5th

Height: 50cm Centile: 5th

Inference: underweight child

RDA: - Calories: 1200 kcal/d Protein: 20 gm/d

Diet Recommendations: Soft diet

Re-Assessment: Avoid Spicy, Chilled & outside foods

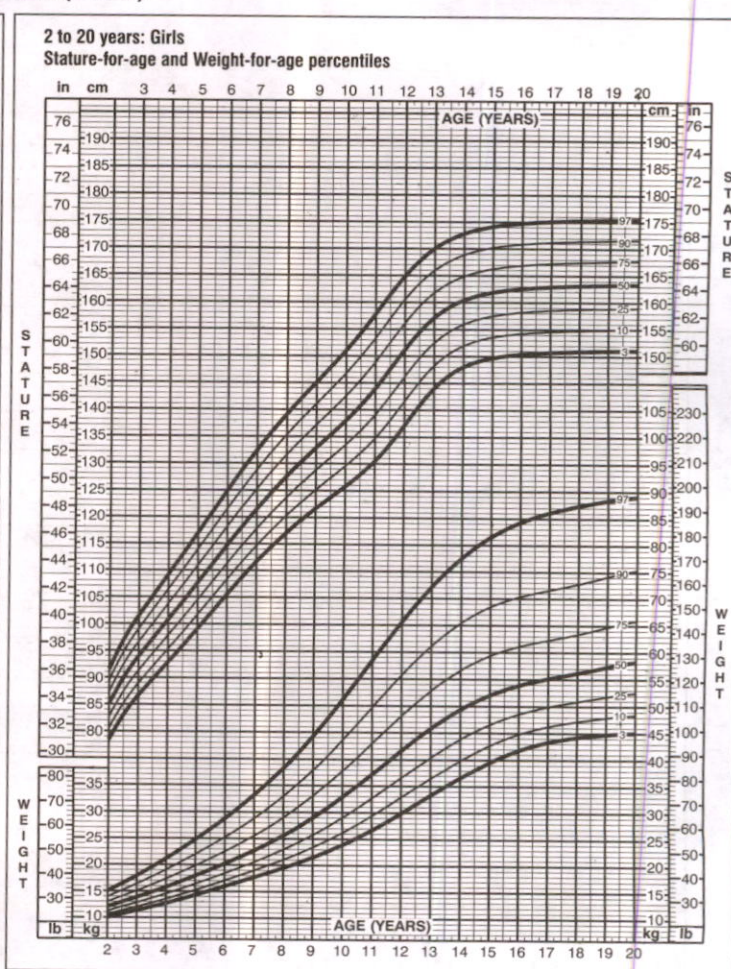
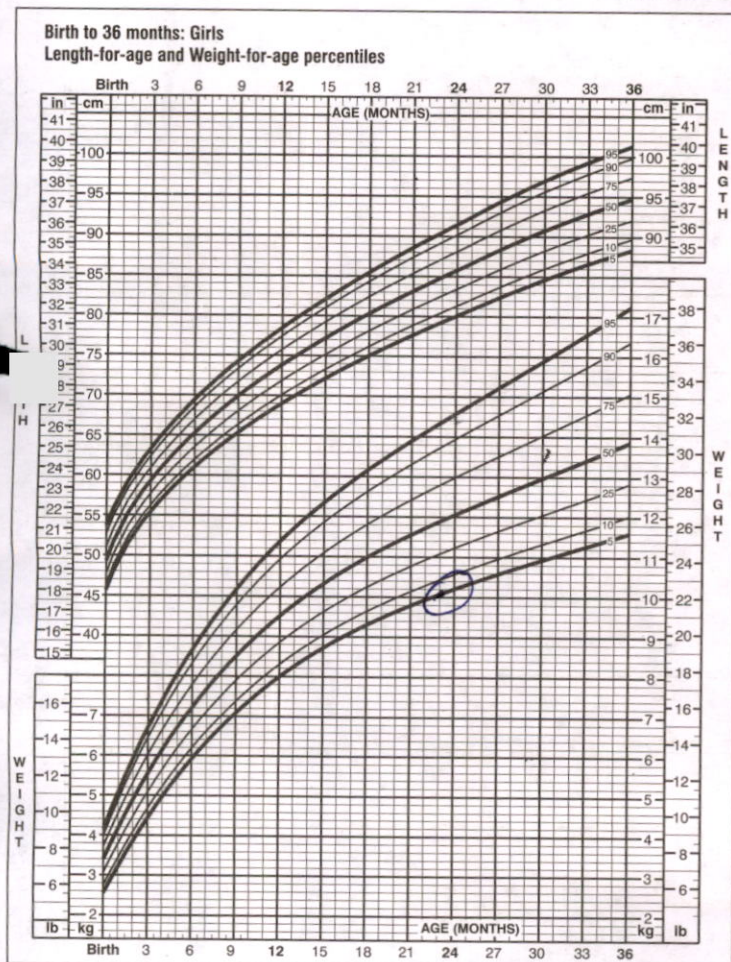
Food Allergies: No Veg/Non-veg: veg

Diagnosis: posterior fossa [pon-3] ICSOL B1p Total Excision

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: G. Nikantha

GROWTH CHART (GIRLS)



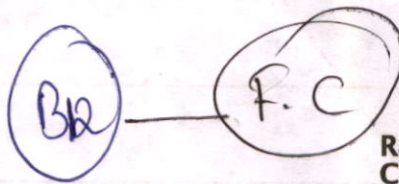
Dietician's Name: Rajma

Dietician's Signature: Rajma

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

(P.T.O.)

Daily Notes:



ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No. : _____ Dept : _____

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

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



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/7/26	4:30 PM	PICU	234	Vandana
24/7/26	midnight	PICU	303	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Khurshid stey	18/7/26	9701196	Ⓢ
2				
3				
4				
5				
6				
7				
8				
9				
10				

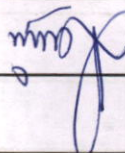
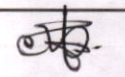
[illegible]

Signature

Signature

[Handwritten signature]

PROCEDURE

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/7/18	Juv. incubator			9704918	
	Juv. pump			9704918	
	Alpha. Bed			9708385	
	Syr. pump			9704918	
20/7/18	Juv. incubator	2:45		9711998	
	Juv. pump	am		9711998	
21/7	Juv. Monitor			9711998	

PROCEDURE				
Date	Procedure	Quantity	Order No.	Signature
19/7	MHA	1	9711482	Rosny.
ANY OTHER INFORMATION				
Date : Time : Prepared By :				
Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor	

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor

B2

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No. : _____ Dept : _____

Date of Admission : _____ Tir _____ arge : _____ Time: _____

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

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 1 D (F)
Dr. KOKKULA PRANEETH



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/4/26	6pm	Own transport	Pw	[Signature]
		from Vijayawada		
15/4/26	8pm	OT Rainbow	PICU	[Signature]
16/7/26	9.48 p	OT PICU	PICU OT	[Signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Lashan	12/7	9708238	[Signature]
2	DR. Anurag	12/7		
3				
4				
5				
6				
7				
8				
9				
10				

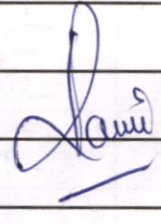
INVESTIGATIONS

Date	Investigations	Order No.	Signature
15/12	CBP, RPa, PT/APTT	26071054	Kumar
15/12	Blood group		
15/12	X-ray chest	35294	Kumar
15/12	Staging category		
15/12	CSF for analysis		Kumar
16/12	→	26071113	
15/12	ABG-I	BA26071116	Datta
16/12	ABG-II & GBS @ 127 mg/dl	BA26071377	
17/12	COB, S.G, AOS	26071422	Sinha
17/12	RBS	26071505	
17/12	ABG	26071505	Sinha
17/12	CXR	35693	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/7/26	Inv. monitor			9704918	
	Inf. pump			9704918	
	Inf. pump	6pm		9704918	
	Syr. pump			9704918	
	Syr. pump			9704918	
15/7/26	Inv. monitor				
	Inf. pump				
	Inf. pump			9704918	
	Syr. pump				
	Syr. pump				
	ventilator				
17/7	Inv monitor			9704918	
	Inf Pump				
	Syr Pump			9704918	
	Syr pump				
	Syr Pump				
	Syr Pump			9704918	
	ventilator				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/7/26	Iv placement	①	9704916	
	Arterial line	①	9704916	
	ET Intubation	①	9704916	
	catheterization	①	9704916	
15/7/26	PAC (MRI)	①	9704854	
16/7/26	Central line	①	9706268	Dr. Sami
16/7/26	Blood transfusion	①	9706273	Dr. Sami

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

ADMISSION SHEET

Registration Details :



Admission No : IP5-00176432

Admit Date : 15-Jul-2026

Admit Time : 05:57 PM UHID : CUV-00179009

Patient Details :

Patient Name : Baby BUSI NIKSHITHA MELVINA

Age : 1 Y 11 M 1 D

Guardian : Mr BUSI MOSES

DOB : 14-08-2024 01:00 AM

Gender : Female

Religion :

Occupation :

Marital Status : Single

Address (H) : H NO - 21-11-30, REST HOUSE ROAD, OPP
CHEEDAY SATYANARAYANA BUILDINGS,
Bhimavaram West Godavari Andhra Pradesh
INDIA 534201

Phone No : 9494911165 / 8919237534

E-mail : nomail@gmail.com

Admission Details :

Bed Type : PICU

Bed No : PICU 216

Ward Name : 2F-PICU I

Room No : PICU 216

Admission Type : First Visit

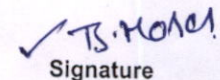
Contact Details :

Name : Mr BUSI MOSES

Relationship : Father

Contact Address : H NO - 21-11-30, REST HOUSE ROAD, OPP
CHEEDAY SATYANARAYANA BUILDINGS,
Bhimavaram West Godavari Andhra Pradesh
INDIA 534201

Phone No : 9494911165 / 8919237534


Signature

Doctor Details :

Doctor Name : Dr. KOKKULA PRANEETH

Specialisation : PEDIATRIC NEURO SURGERY

Referral Doctor : SELF

Phone No :

Co-Consultant : Dr. KAPIL BHAGWATRAO SACHANE/ Dr.
SRIPARTHA KRISHNA YERRAMILLI

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : ICICI LOMBARD GENERAL
INSURANCE CO LTD

ADMISSION SHEET

Registration Details :



Admission No : IP5-00176432

Admit Date : 15-Jul-2026

Admit Time : 05:57 PM UHID : CUV-00179009

Patient Details :

Patient Name : Baby BUSI NIKSHITHA MELVINA

Age : 1 Y 11 M 3 D

Guardian : Dr. BUSI MOSES

DOB : 14-08-2024 01:00 AM

Gender : Female

Religion :

Occupation :

Marital Status : Single

Address (H) : H NO - 21-11-30, REST HOUSE ROAD , OPP
CHEEDAY SATYANARAYANA BUILDINGS,
Bhimavaram West Godavari Andhra Pradesh
INDIA 534201

Phone No : 9494911165/ 8919437534

E-mail : nomail@gmail.com

Admission Details :

Bed Type : PICU

Bed No : PICU 210

Ward Name : 2F-PICU I

Room No : PICU 210

Admission Type : First Visit

Contact Details :

Name : Dr. BUSI MOSES

Relationship : Father

Contact Address : H NO - 21-11-30, REST HOUSE ROAD , OPP
CHEEDAY SATYANARAYANA BUILDINGS,
Bhimavaram West Godavari Andhra Pradesh
INDIA 534201

Phone No : 9494911165 / 8919237534

Signature

Doctor Details :

Doctor Name : Dr. KOKKULA PRANEETH

Specialisation : PEDIATRIC NEURO SURGERY

Referral Doctor : SELF

Phone No :

Co-Consultant : Dr. KAPIL BHAGWATRAO SACHANE/ Dr.
BANDI RAMYA/ Dr. SRIPARTHA KRISHNA
YERRAMILLI

Payment Details :

Payment Mode : DC/CC Card

Deposit Amount : 100000.00

Payor Name : ICICI LOMBARD GENERAL
INSURANCE CO LTD



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/8/24 9am	<u>of B Neuroteam</u> PF - 2ccol of excess to tr excision <u>Ⓡ VP shunt</u>	POD - 4
	<u>Issues</u>	
	→ Irritability : pain → 1 fever, rest - 9am → Speech : improved → Ⓡ acnipaule → good oral intake	<u>plan</u> ① continue analgesics ② shift forward
0/2	Irritable COM full No facial weakness done in Ⓡ LL Ⓡ LL - 3/5	
	<u>Sripaithu</u>	<u>Abhishek</u>



BirthRightTM
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Date & Time	Progress Notes	Doctor's Order
20/1/26 1pm	def Neuroteam - No new issues - taking well orally. ok: vitals stable - Ant → considerable irritability. - Team full of pupils ESR. - @ motor examination.	Adm - - vitals, cert - igam for about to wait for.

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 6 D (F)
Dr. KOKKULA PRANEETH



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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 15/7/26 Day of Admission : 8 Today's Date & Time : 21/7/26

PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : Posterior fossa tumor s/p tumor excision - Rt VP shunt.	Current Issues :
VITAL SIGNS	Today's Wt. (kg) : 10.26 Temp.:	Blood sugar issues :
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : B/L air entry @.	
	CXR : 99.1. RM.	
	SPO ₂ : 99.1. RM. 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 Nebs : ICD ? ☐ Yes ☒ No, if Yes, details : Plan of care :	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : Sm murmur: 126/min	
	Quality of Pulses : Good cap refill Time : < 2 sec Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : IBP : 93/56. 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 : Central line in situ : ☐ Yes ☒ No Place of central line & its condition : Day of arterial line : Day of Central line : Plan of Care :	
CNS	Neuro Exam : GCSM 6	
	Pupils : 2+ 2+ 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>2.4</u> ml/kg/hr Stools : <u>didn't pass stool for 3 days</u> NG output : PO intake : Feed Formula : <u>Regular diet</u> Feed Schedule : IV Fluids - Type of IVF : @ 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 K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft, NT</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 : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
	Sr. Creat : <u>0.2</u> Bld. Urea : <u>4</u> 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 :	
	Relevant Labs (CBP etc) : <u>16/2</u> Any Coagulopathy : <u>12.5</u> <u>11430</u> <u>51/39</u> <u><2.3 sec</u> 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	

Doctor's Name (Handover given) : Suby.
Signature : [Signature]
Date & Time : 21/3/26

Doctor's Name (Handover taken) :
Signature :
Date & Time :

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/24	<u>Shifting Notes</u>	
3:30 PM	4:- Posterior Fossa ICSO / s/p. total excision ② VP shunt PODS Child on room air no fever/vomiting Resp } ② Pla } ✓ CVS } ✓ Vitals stable	Plan 1) Continue oral levetiracetam Paracetamol. 2) w/t dull activity, Irritability, seizure 3) Monitor Vitals Informing
		Dr. Jayah
		n/b Jesse

Date & Time	Progress Notes	Doctor's Order
20th Jan	ch / n / v / m / b / s	
	Port for a f e l o r s / i / n e e t o t a l e x c i s i o n	
	(R) VP Hunt (POD-6)	
	(R) Hemiparesis (anxiety)	
	No focal spikes	
	Accepting orally	
	Remes stop after ganglions (2) Discuss with nurses	
	no vomiting / s / z / irritability regarding review.	
	Waking & one hand support	(2) Encourage orally
	(R) Hemiparesis - sup	(3) Mobilise
	Stranger anxiety (1) Speech - improved	
	No surgical site edema / leakage	
	Mild Restlessness (VP) Intact	
		Abbasdell

005-202
r. KOKKULA PRANEETH



Date & Time	Progress Notes	Doctor's Order
22/7/26 6pm	C/S/B Neuroteam	
	<u>Issues:</u> No fresh complaints No fever spikes Accepting feeds normally Irritability ↓	
	<u>O/E:</u> HNF - (N) B/L pupils normal size RTL Responding to commands power - walking c support (+) vitals - stable	<u>Adv</u> ① w/f vitals ② Inform SOS Noted by Summa



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/2026	CLB Dr. Praneeth	
		Ro
		① Discharge today
		↓
		PCM SOS
		Smith SOS
		Nasoclear x 3 days
		Relum x 3 day
		Bovax
		Syn. Luvipil x 2 weeks
		Revis on 30/7/2026
		CEMRI Brain on 30/7/2026
		Multi vitamin x 1 month
	CLB Neuroleu	
23/8/26	No fresh complaints	Jim
gan		Dr. Praneeth
	0/2	plan
	conscious	
	com full	① d/c today
	No focal weakness	② cont. physiotherapy
	mild hypotonia	
	gait - mild ataxia	

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Baby BUSI NIKSHITHA MELVINA

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CROSS CONSULTATION FORM

Doctor Name: Dr. Anurag Date: 17/7/20 Time: 11 am

Diagnosis: PEIC SOL

Hospital: PEH B. R. 2

Type of Referral :

☐ Emergency

☐ Urgent

☒ Non Urgent

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

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

IC SOL

Signature: Dr. Prathap

Findings and Recommendations :

17/7/20
12:20 pm

Many thanks for reference
- history noted

O/E: child is on O₂ by prongs
vitals stable

Adv : to wait for biopsy
report.

will require Radiotherapy (proton beam) if confirmed
as ependymoma.
- family counselled.

normally on soft 7-10 m
dull activity
+ punctate normally } x1 day
w/- rigors

meq: 5.7 x 4.0 x 3.5 cm
in 4th vertebra
(solid cystic mass)

- likely ependymoma

Consultant :

Name: Dr. Anurag Signature: [Signature] Date & Time: 17/7/20
12:20 pm



CROSS CONSULTATION FORM

Doctor Name : Khushid. Shaik (PT) Date : 18/7/26 Time : 5:30pm.

Diagnosis : Posterior fossa tumor.

Hospital : RCH, Banjara.

Type of Referral :

☐ Emergency

☐ Urgent

☐ Non Urgent

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

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

chest physiotherapy

Signature: _____

Findings and Recommendations :

S/P physiotherapist

cl/- Posterior fossa tumor

S/P - Tumor excision

S/P - VP shunt.

b. child ~~exitable~~ crying.

- Joint compressions.

- encourage sitting

- VC movements.

- LC movements

- chest physiotherapy

Consultant :

Name : Khushid. Shaik (PT) Signature : Khushid Date & Time : 18/7/26 ; 5:30pm

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B/G/T - '0' +ve

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RESULT SHEET

Date	15/7/26	16/7/26			
Time	7pm	10pm			
Hb	10.2	12.5			
PCV	31.5	37.8			
RBC	4.38	4.81			
WBC	8070	11470			
N/L	67/27	51/39			
Platelets	4.37 lakhs	2.37L			
CRP					
ESR					
PT					
RBS					
Na	131	143			
K	4	4.1			
Cl	102	112			
Ca/Mg					
Phosphate					
Urea	4				
Creatinine	0.2				
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	15/1.1				
APTT	34				
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: ICU 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	Syrup LEVITERACETAM	2ml	PO	BD	21/7/26 10am	☒ C ☐ DC
2	Syp. PARACETAMOL	3ml	PO	TID	21/7/26 2pm	☒ C ☐ DC
3	Tab- LAN80PRAZOLE	15mg	PO	OD	21/7 6am	☒ C ☐ DC
4	NASOLLEAR NASAL DROPS	2 drops	Nasal	Q 4hr	21/7 2pm	☒ C ☐ DC
5	pega drops	15 drops	PO	BD	21/7/26 10am	☒ C ☐ DC
6	Syp. SMUTH	3ml	PO	HS	21/7 10pm	☒ C ☐ DC
7	Syp MELATONIN	3ml	PO	HS	20/7	☒ C ☐ DC
8	T-BACT Ointment	topical	LA	TDS	21/7 2pm	☒ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Jayalini Jay

Date & Time: 21/7/26 @ 3:30pm

Nurse Name & Signature: Praneetha

Date & Time: 21/7/26 @ 8:30pm

CUV-00179009 IPS-001764
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 6 D
Dr. KOKKULA PRANEETH

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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: 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	SYP LEVETIRACETAM	2ml	PO	BD	20/7/26	☒ C ☐ DC
2	INT DEXAMETHASONE	1mg	IV	BD	20/7/26	☐ C ☐ DC
3	SYP PARACETANOL	3ml	PO	TID	20/7/26	☒ C ☐ DC
4	T. LANZOL JUNIOR (1 tab = 15mg)	1 tab	PO	OD	20/7/26	☒ C ☐ DC
5	NASO CLEAR NASAL DROPS	2 drops	perianal q 4 hrs		20/7/26	☐ C ☐ DC
6	PROUQ Drops	15 drops	PO	BD	20/7/26	☒ C ☐ DC
7	INT ONDANSETRON	1mg	IV	TID	20/7/26	☒ C ☐ DC
8	INT TRAMADOL	10 mg	IV	SOS	19/7/26	☐ C ☐ DC
9	SYP MEFTAL-P	3ml	PO	SOS		☒ C ☐ DC
10						☐ C ☐ DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr Tyoti

Date & Time: 20/7/26 10:30 AM

Nurse Name & Signature: Prashanthi

Date & Time: 20/7/26 @ 12:00 PM

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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: ICU

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	INT CEFOTAXIME	500mg	IV	TID	18/7/26	☒ C ☐ DC
2	S48 LEVETIRACETAM	2mg	PO	BD	18/7/26	☒ C ☐ DC
3	INT DEXAMETHASONE 1mg		IV	BD	18/7/26	☒ C ☐ DC
4	S41 IARA CETAMOL 3mg		PO	TID	18/7/26	☒ C ☐ DC
5	T. CANIZOL JUNIOR (1 tab = 15mg)	15mg	PO	OD	18/7/26	☒ C ☐ DC
6						☐ C ☐ DC
						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Tyoti (Dr Tyoti)

Date & Time : 18/7/26 3:30pm

Nurse Name & Signature: Tyoti

Date & Time : 18/7/26 @ 3:30pm



Weight 10.2 kg Ward Plev

DRUG: <u>SYP. LEVITERACETAM</u>				Date
Dose	Route	Frequency	Start Dt.	Time
<u>2ml</u>	<u>PO</u>	<u>BD</u>	<u>18/7/18</u>	<u>18/7/18</u> <u>20/7</u> <u>21/7</u> <u>22/7</u>
Name & Signature of the Doctor				
Starting the Drugs:				
<u>[Signature]</u> <u>Dr. Vijay</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				



Sheet No:

REGULAR PRESCRIPTIONS

Weight 10.218 Ward

DRUG : <u>2i. DEXAMETHASONE</u>				Date Time	18/7	19/7	20/7	21/7											
Dose	Route	Frequency	Start Dt.																
1mg	IV	BD	18/7/24																
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Praveen</u>																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

DRUG : <u>SIP. PARACETAMOL</u>				Date Time	18/7	19/7	20/7	21/7											
Dose	Route	Frequency	Start Dt.																
3ml	TID	Per oral	18/7/24																
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Praveen</u>																			
Additional Instructions: (240mg/5ml)																			
Daily Doctor's Endorsement by a Sign																			

DRUG : <u>T. CLANSO PRAZOLE</u>				Date Time	18/7	19/7	20/7	21/7											
Dose	Route	Frequency	Start Dt.																
15mg	PO	OD	18/7/24																
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Praveen</u>																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

DRUG : <u>NASOCLEAR NASAL DROPS</u>				Date Time	18/7	19/7	20/7	21/7											
Dose	Route	Frequency	Start Dt.																
2 drops	Per Nasal	Q4H	18/7/24																
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Praveen</u>																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

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Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : PROG Drops				Date Time	18/7	19/7	20/7	21/7	22/7
Dose 15 drops PO	Route PO	Frequency BD	Start Dt. 18/7/26		10am	10am	10am	10am	10am
Name & Signature of the Doctor Starting the Drugs: Dr Remya									
Additional Instructions:					10am	10am	10am	10am	10am
Daily Doctor's Endorsement by a Sign									

DRUG : Tylenol				Date Time	19/7	20/7	21/7
Dose 1mg	Route PO	Frequency q4h	Start Dt. 19/7		10am	10am	10am
Name & Signature of the Doctor Starting the Drugs: [Signature]							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : SYP SMOOTH				Date Time	20/7	21/7	22/7
Dose 3ml	Route PO	Frequency HS	Start Dt. 20/7		10am	10am	10am
Name & Signature of the Doctor Starting the Drugs: [Signature]							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : SYP MELATONIN				Date Time	21/7	22/7
Dose 3ml	Route PO	Frequency HS	Start Dt. 21/7		10am	10am
Name & Signature of the Doctor Starting the Drugs: [Signature]						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : T-BACT OINTMENT				Date Time	21/7	21/7														
Dose	Route	Frequency	Start Dt.																	
Topical	LA	TDS	21/07	6PM																
Name & Signature of the Doctor Starting the Drugs:				Sripaitha																
Additional Instructions:				2ml daily 2 times																
Daily Doctor's Endorsement by a Sign				[Signature]																
DRUG : Syd ZIPRAK 50				Date Time	22/7															
Dose	Route	Frequency	Start Dt.																	
40mg	PO	BD	22/07	10AM																
Name & Signature of the Doctor Starting the Drugs:				Sripaitha																
Additional Instructions:				4ml = 40mg																
Daily Doctor's Endorsement by a Sign				[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 CHART

Date of Admission: 15/7/26 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 : <u>INJ PARACETAMOL</u>				Date/Time	<u>15/7</u>
Dose	Route	Frequency	Start Date		
<u>100mg</u>	<u>IV</u>	<u>SOS</u>	<u>17/07</u>	<u>6AM</u>	
Doctor's Signature		Valid Period	Pharm.		
<u>[Signature]</u>			<u>[Signature]</u>		
Additional Instructions:					
<u>1st + 7100 mg</u>					

DRUG : <u>Syr. MEFTALP</u>				Date/Time	
Dose	Route	Frequency	Start Date		
<u>3ml</u>	<u>PO</u>	<u>SOS</u>	<u>18/7</u>		
Doctor's Signature		Valid Period	Pharm.		
<u>[Signature]</u>					
Additional Instructions:					

DRUG : <u>Tru Team ADO</u>				Date/Time	<u>19/7 20P</u>
Dose	Route	Frequency	Start Date		
<u>Wing</u>	<u>PO</u>	<u>SOS</u>	<u>19/7</u>	<u>11AM</u>	
Doctor's Signature		Valid Period	Pharm.		
<u>[Signature]</u>				<u>11AM</u>	
Additional Instructions:					
<u>single day</u>					

VERIFIED BY: Name Signature



REGULAR PRESCRIPTIONS

Weight: 10.2 kg Ward: PICU

DRUG: Inj. LEVETIRACETAM				Date Time	15/7	16/7	17/7			
Dose	Route	Frequency	Start Date							
200mg	IV	BD	15/7	10AM	X	X	med			
Name & Signature of the Doctor Starting the Drugs: Jayashri				Change to oral						
Additional Instructions: (20mg/kg/dose)				18/7/26						
Daily Doctor's Endorsement by a Sign				Te						
DRUG: Inj. CEFOTAXIME				Date Time	15/7	16/7	17/7			
Dose	Route	Frequency	Start Date							
500mg	IV	BD	15/7	6AM	X	X	How			
Name & Signature of the Doctor Starting the Drugs: Jayashri				Dose changed						
Additional Instructions:				All 12/07						
Daily Doctor's Endorsement by a Sign				Te						
DRUG: Inj. ESOMEPRAZOLE				Date Time	15/7	16/7	17/7	18/7		
Dose	Route	Frequency	Start Date							
10mg	IV	OD	15/7	6AM	X	X	How			
Name & Signature of the Doctor Starting the Drugs: Jayashri				Change to gel						
Additional Instructions:				18/7/26						
Daily Doctor's Endorsement by a Sign				Te						
DRUG: 2ly. DEXAMETHASONE				Date Time	15/7	16/7	17/7	18/7		
Dose	Route	Frequency	Start Date							
1mg	IV	TID	15/7	6AM	X	X	How			
Name & Signature of the Doctor Starting the Drugs: Dr. Pradyumn				Change to BD dose						
Additional Instructions:				18/7/26						
Daily Doctor's Endorsement by a Sign				Te						



Weight. 10.2kg Ward. puw

		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
15/7/26	7:00 pm	Inj PARACETAMOL	150mg	IV	[Signature]	Nishanth Thyja
15/7/26	6:30 pm	Inj CEFOTAXIME	500mg	IV	[Signature]	Nishanth Thyja
16/7/26	11:05 AM	Inj CEFOTAXIM	500mg	IV	[Signature]	Govardhan Bapu
16/7/26	10:45 AM	Inj TRANEXAMIC ACID	150mg	IV	[Signature]	Govardhan Bapu
16/7/26	10 AM	Inj DEXAMETHASONE	1mg	IV	[Signature]	Govardhan Bapu
16/7/26	2 PM	Inj PARACETAMOL	150mg	IV	[Signature]	Govardhan Bapu
16/7/26	3:30 PM	Inj CEFOTAXIM	500mg	IV	[Signature]	Thyja Nishanth
20/7/26	3 AM	Syrup PEDICLOXYL	5ml	PO	pratyush	Shobha Sesha
20/7/26	4 AM	Syrup MELATONIN	5ml	PO	Jayashree	Shobha Sesha



I.V. FLUIDS CHART

Weight. 10.2kg Ward. PICU

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
15/7/26	6:30pm	RINGER LACTATE	IV	100ml/hr	[Signature]	[Signature]	15/7	Jayal	[Signature]
15/7	8pm	IVF-DNS	IV	95 ml/hr	Jayal	[Signature]	15/7	[Signature]	[Signature]
15/7	8pm	3.1. NS	IV	10 ml/hr	Jayal	[Signature]	15/7	[Signature]	[Signature]
16/7/26	10AM	RINGER LACTATE	IV	100 ml/hr	[Signature]	[Signature]	16/7/26	[Signature]	[Signature]
16/7/26	11:40 AM	PRBC	IV	50 ml/hr	[Signature]	[Signature]	16/7	[Signature]	[Signature]
16/7/26	12:30 PM	RINGER LACTATE	IV	50 ml/hr	[Signature]	[Signature]	16/7	[Signature]	[Signature]
16/7/26	4:40 PM	FFP	IV	210 ml 100ml/hr	[Signature]	[Signature]	16/7	[Signature]	[Signature]
16/7/26	6:30 PM	PRBC	IV	100ml	[Signature]	[Signature]	16/7	[Signature]	[Signature]
16/7/26	10pm	DNS	IV	25	[Signature]	[Signature]	18/7	[Signature]	[Signature]
18/7/26	8PM	IVF DNS	IV	200ml/hr	[Signature]	[Signature]	19/7	[Signature]	[Signature]

Signature

VERIFIED BY: Name



Name:

Weight: 10.2 kgs

Sheet No:

[illegible]

12.40 AM

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 4 D (F)
Dr. KOKKULA PRANEETH



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

PRESCHOOL (1-5 years)
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 :	Time: 10pm 2am 6am
Doctor / Nurse / Family Concern?	
Temperature (F)	104 103 102 101 100 99 98 97 96 95 94
Heart Rate (bpm) and Blood Pressure (mmHg) *	190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
Note: BP does not score in early warning scoring	
Heart Rate (Number)	328/m 1276/m 1256/m 1224/m
Resp. Rate (bpm) 1 Minute) *	70 60 50 40 30 20 10
Resp Rate (Number)	286/m 256/m 246/m
Resp Mod/ Severe Distress None / Mild	
Receiving O ₂ (l/min) O ₂ Saturations (%)	RA 99% RA 99% RA 100% RA 99%
Conscious Level Normal Altered	
GCS *	15/15 15/15 15/15 15/15
TOTAL SCORE	
Number of shaded boxes	0 0 0 0
Pain Score	0 0 0 0
Observer's Initials	15/15 15/15 15/15 15/15

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
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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.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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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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CUV-00179009
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 4 D (F)
Dr. KOKKULA PRANEETH



IP5-00176432

o. : RCH/ FRM/ CLINICAL / 125

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 10Am 2pm 6pm 10pm 2am
Doctor / Nurse / Family Concern?

Temperature
(F)

104
103
102
101
100
99
98
97
96
95
94

98.1°F 98.3°F 98.7°F 98.0°F 98.6°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

95 101 (81) 108 (78) 92 (63) 100 (57)
56 64 69 57 66

Heart Rate (Number)

123B/m 116B/m 112B/m 98B/m 104B/m

Resp. Rate (bpm)
1 Minute) *

70
60
50
40
30
20
10

Resp Rate (Number)

26B/m 24B/m 28B/m 25B/m 24B/m

Resp Mod/ Severe
Distress None / Mild

Receiving O₂(l/min)
O₂Saturations (%)

RA RA RA RA RA
99% 99% 100% 100% 99%

Conscious Normal
Level Altered

GCS *

15/15 15/15 15/15 15/15 15/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

0 0 0 0 0
0 0 0 0 0
P P P P P

ACTIONS

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time:

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)
(Over 1 Minute) *

70
60
50
40
30
20
10

Resp Rate (Number)

Resp Mod/ Severe
Distress None / Mild

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

Conscious Level
Normal Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

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ACTIONS

NB: Scores 3 should be

considered

as a warning

score

and

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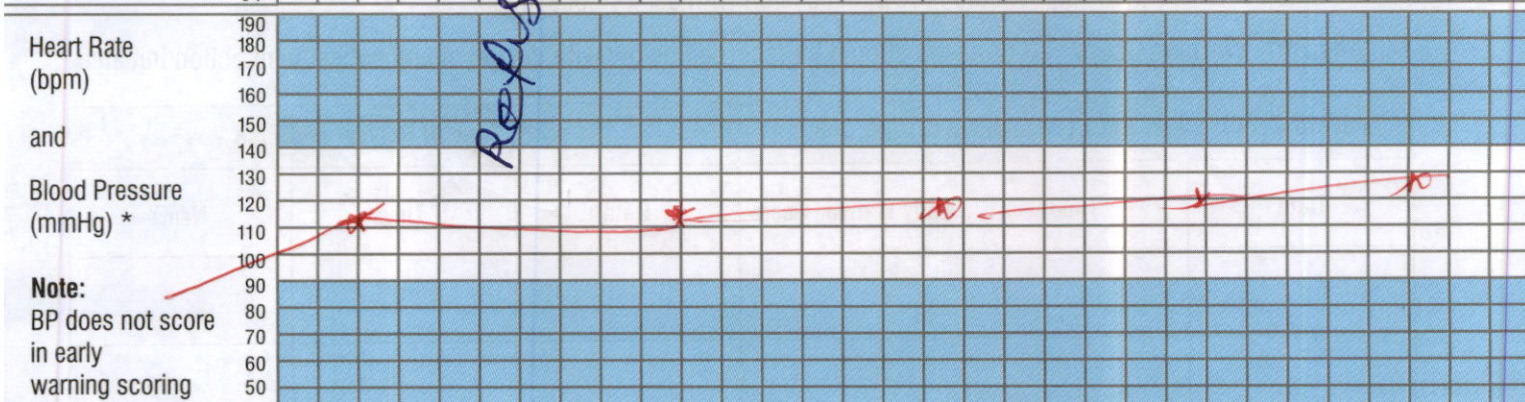
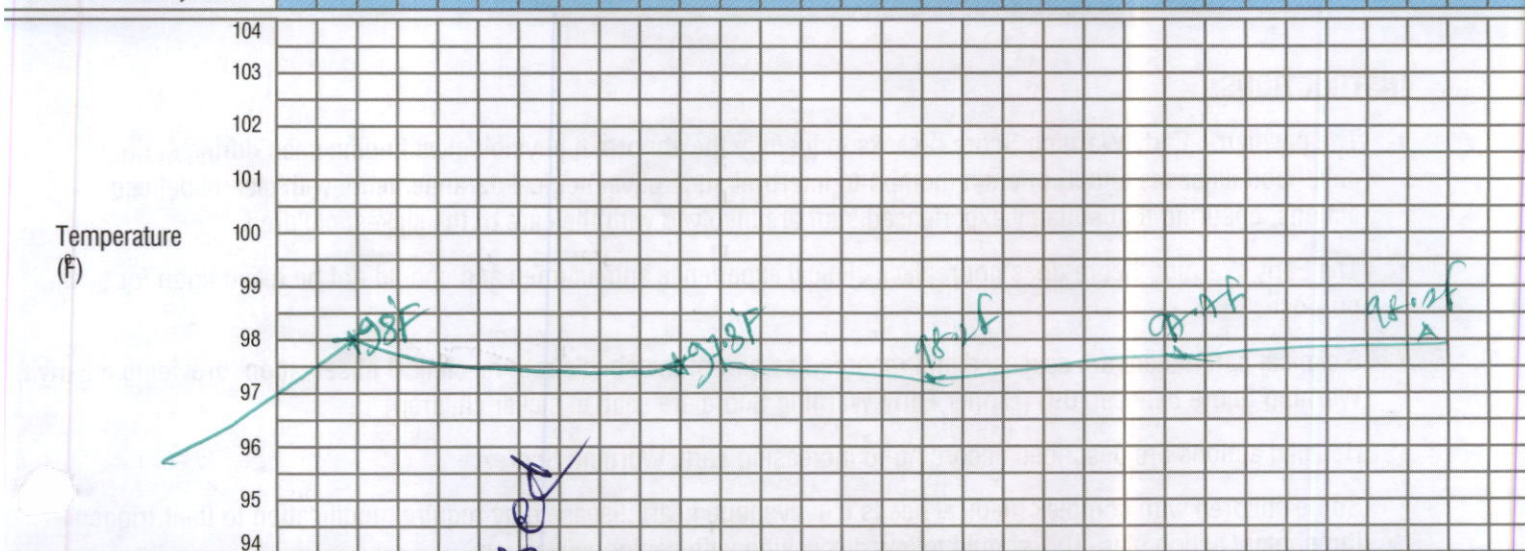
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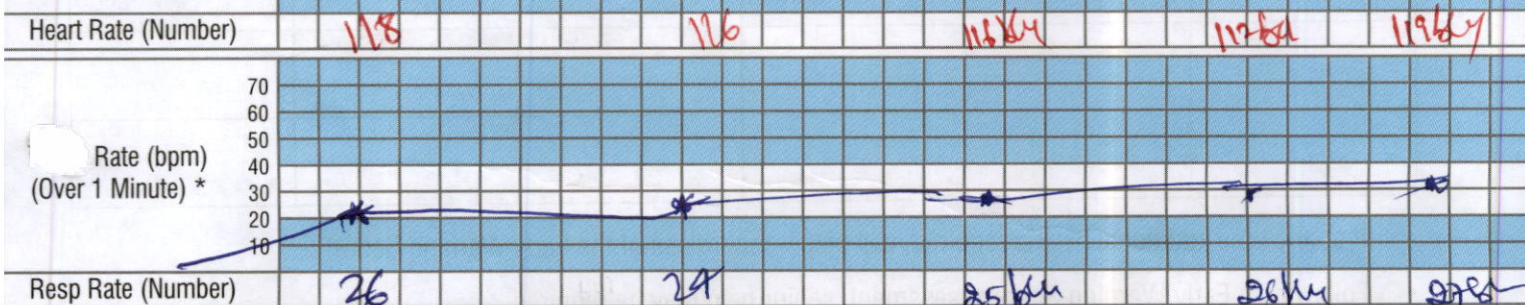
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 9AM 1PM 6PM 10PM 9AM 6AM
 Doctor / Nurse / Family Concern?



Note:
 BP does not score
 in early
 warning scoring



Rate (bpm)
 (Over 1 Minute) *

Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal Altered

GCS *

TOTAL SCORE
 Number of shaded boxes

Pain Score

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CUV-00179009 IP5-00176432
 Baby BUSI NIKSHITHA MELVINA
 14-08-2024 1 Y 11 M 5 D (F)
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 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

20/7/2026

FLUID CHART

Sheet No. : 3

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Output			IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G			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										0	gessie
	05:00 pm	NA	HRD								0	gessie
	06:00 pm						✓	X		✓	0	jenie
	07:00 pm		HRD								0	jenie
Total Intake :			Total Output : 0-1 M-1									
	08:00 pm										0	Yann
	09:00 pm									✓	0	Yann
	10:00 pm										0	Yann
	11:00 pm										0	Yann
	12:00 am									✓	0	Yann
	01:00 am										0	Yann
Total Intake :			Total Output : 0-2 M-0									
	02:00 am										0	Yann
	03:00 am									✓	0	Yann
	04:00 am										0	Yann
	05:00 am										0	Yann
	06:00 am									✓	0	Yann
	07:00 am										0	Yann
Total Intake :			Total Output : 0-2 M-0									
Total 24 hrs. Intake			Total 24 hrs. Output									



FLUID CHART

Sheet No. : 217

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 Thrombophlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am						1				0	Small
	09:00 am	H ₂ O					20			2	0	Small
	10:00 am										0	Small
	11:00 am									✓	0	Small
	12:00 pm	H ₂ O					1				0	Small
	01:00 pm										0	Small
Total Intake :						Total Output : U - 2 M - 0						
	02:00 pm										0	Small
	03:00 pm	H ₂ O									0	Small
	04:00 pm						20			✓	0	Small
	05:00 pm									✓	0	Small
	06:00 pm	H ₂ O									0	Small
	07:00 pm										0	Small
Total Intake :						Total Output : U - 2 M - 0						
	08:00 pm										0	Large
	09:00 pm	H ₂ O									0	Large
	10:00 pm						✓			✓	0	Large
	11:00 pm	H ₂ O									0	Large
	12:00 am										0	Large
	01:00 am	H ₂ O									0	Large
Total Intake :						Total Output : U - 2 M - 1						
	02:00 am						1				0	Large
	03:00 am	H ₂ O									0	Large
	04:00 am						NP				0	Large
	05:00 am	H ₂ O									0	Large
	06:00 am						1				0	Large
	07:00 am	H ₂ O									0	Large
Total Intake :						Total Output : U - 2 M - 0						

Total 24 hrs. Intake

Total 24 hrs. Output

U - 8 M - 1



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 15/7			DAY-2			18/7 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	0	.	0	0	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						Shobha	Deepa	Arjun	Arjun	Deepa	Shobha	Arjun	

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 : Name :

Signature of Ward In Charge :

Signature : Name :



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/7/26	8 AM	1/10	Surgical site	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	inj. pcm given	See
20/7/26	2 pm	1/10	surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	inj. pcm given	See
20/7/26	6 pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Re assessment done	See
20/7/26	10 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Dr.
21/7/26	2 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Dr.
21/7/26	6 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Dr.
21/7/26	10 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Dr.
21/7/26	2 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Dr.
				☐ 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:

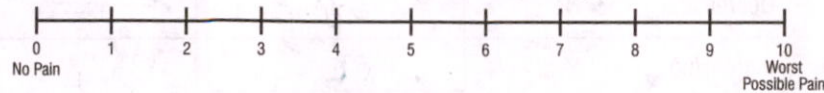
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, 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
19/7	6AM	0/10	surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Syp. moron given	Hanley
19/7	7AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Hanley
19/7/16	11AM	2/10	surgical site	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	inj Tramadol given	Rosng.
19/7/16	12pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Re Assessment done Reduc pain	Rosng.
19/7/16	2pm	2/10	surgical site	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	syp. paracetamol given	Rosng
19/7	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Re. Assessment done Reduc pain	Rosng.
19/7	7pm	2/10	surgical site	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	inj Tramadol given	Rosng.
19/7/20	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Re. Assessment done Reduc pain	Rosng.
19/7/26	10pm	0/10	surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Syp. moron given	Hanley
19/7/26	11pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Re-assessment done pain reduced	Hanley

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

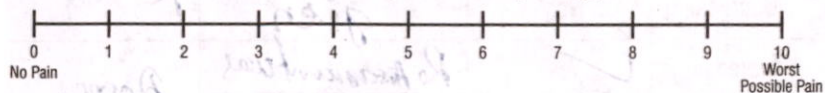
FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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, right, 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

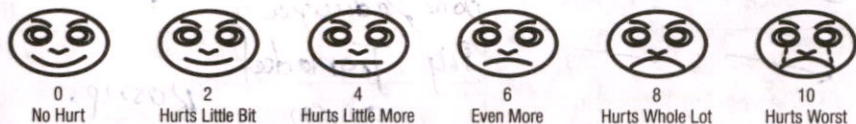
Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
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Numerical Pain Scale (Obstetric and Gynecology)



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
15/7	8AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	Shanti
15/7	2AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shanti
16/7	6AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shanti
16/7	10PM	1/10	Head	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☒ Decreasing	☒ Yes ☐ No	morphine	Py
17/7	12AM	1/10	Head	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☒ Decreasing	☐ Yes ☐ No	morphine	Py
17/7	2AM	1/10	Head	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	morphine	Py
17/7	4AM	1/10	Head	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	morphine	Py
17/7	6AM	1/10	Head	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	PCM	Py
17/7	2PM	1/10	Head	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	iv. Pen	ner
17/7	10AM	1/10	Chest	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	rotation	ner

Re-assessment Frequency:

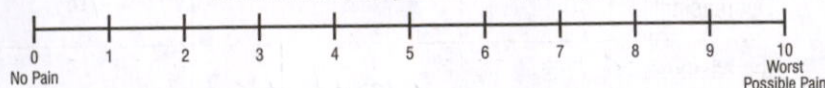
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PAIN ASSESSMENT TOOLS

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

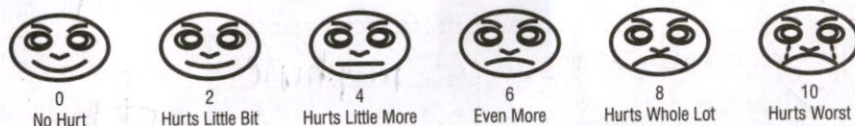
Numerical Pain Scale (Obstetric and Gynecology)



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

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	-2	-1	0	1	2
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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
12/7	12pm	1/10	chest	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	IV Pain	None
12/7	2pm	1	chest	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	postprandial	Med
12/7	4pm	1	chest	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	postprandial	Shr
12/7	6pm	1	chest	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	postprandial	Shr
14-07-20	11pm	01	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	try Paracetamol	After
18-07-20	9am	01	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	After
18/7	10am	01	Surgical site	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Comfortable position	Under
18/7	4pm	01	Surgical site	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Comfortable position	Under
18/7	10pm	01/w	Surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	IVP - morphine given	Harshly
18/7	11pm	0/w	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Re-assessment done pain reduced	Harshly

Re-assessment Frequency:

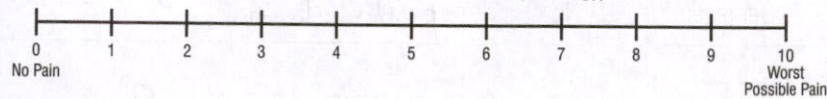
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PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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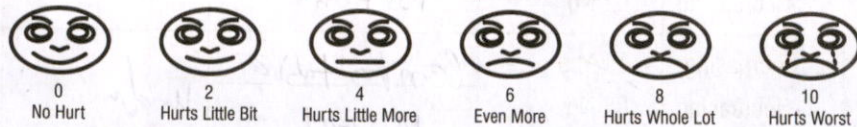
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Wong - Baker (Pediatrics) Above 7 Years





BRADEN 'Q' SCALE

					Date :	14/7	15/7	18/7	19/7
					Time :	6AM	6AM	6AM	6AM
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.	2	2	3	3	
"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.	1	1	1	1	
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.	2	2	3	3	
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.	3	3	3	3	
FRICTION-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."	3	3	3	3	
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.	1	1	3	3	
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.	2	2	3	3	
TOTAL SCORE					14	14	19	19	
Evaluator's Name					Shreyas	Shreyas	Shreyas	Shreyas	

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

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

CUV-00179009 IP5-00176432
 Baby BUSI NIKSHITHA MELVINA
 14-08-2024 1 Y 11 M 4 D (F)
 Dr. KOKKULA PRANEETH



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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:				
	<i>Δ Postoperative fossa - tumor</i>						
BACKGROUND	Area	Shift Time	<i>8ED unit 8pm-8pm</i>	<i>10 unit 8pm-8am</i>	<i>8ED unit 8pm-8am</i>	<i>10 unit 8pm-8am</i>	<i>3rd floor 8pm-8pm</i>
	Medical Condition (Any special condition to be noted):		<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>
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: <i>98.6</i>	<i>98.2</i>	<i>98.3</i>	<i>98.6</i>	<i>98.4</i>
	Res:		<i>26b/m</i>	<i>24b/m</i>	<i>26b/m</i>	<i>25b/m</i>	<i>25b/m</i>
	SpO ₂ :		<i>100%</i>	<i>99%</i>	<i>100%</i>	<i>99%</i>	<i>99%</i>
	Pulse:		<i>122b/m</i>	<i>125b/m</i>	<i>121b/m</i>	<i>123b/m</i>	<i>120b/m</i>
	BP:		<i>106/60</i>	<i>101/67</i>	<i>100/67</i>	<i>98/53</i>	<i>98/53</i>
	Fall Risk Score:		<i>1</i>	<i>1</i>	<i>4</i>	<i>1</i>	<i>1</i>
Recommendations	Pain Score:		<i>0/10</i>	<i>0/10</i>	<i>0/10</i>	<i>0/10</i>	<i>0/10</i>
	Safety Needs:		<i>side rails</i>	<i>side rails</i>	<i>side rails</i>	<i>side rails</i>	<i>side rails</i>
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Others Specify:		<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Other Special Orders / Medications:		<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>
Post Operative Procedure Special Orders:		<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>	
Handed Over By Name :		<i>Rasmi</i>	<i>Rasmi</i>	<i>Rasmi</i>	<i>Rasmi</i>	<i>Jessie</i>	
Signature :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date:		<i>18/7/26</i>	<i>19/7/26</i>	<i>19/7/26</i>	<i>20/7/26</i>	<i>21/7</i>	
Time:		<i>8pm</i>	<i>@ 8am</i>	<i>@ 8pm</i>	<i>@ 8am</i>	<i>8pm</i>	
Taken Over By Name :		<i>Rasmi</i>	<i>Rasmi</i>	<i>Rasmi</i>	<i>Rasmi</i>	<i>Rasmi</i>	
Signature :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date:		<i>18/7/26</i>	<i>19/7/26</i>	<i>19/7/26</i>	<i>20/7/26</i>	<i>20/7/26</i>	
Time:		<i>@ 8pm</i>	<i>@ 8am</i>	<i>@ 8pm</i>	<i>8am</i>	<i>8am</i>	

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:						
BACKGROUND	Area	Shift Time							
	Medical Condition (Any special condition to be noted):								
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ 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	☐ 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	☐ Yes ☐ No	☐ Yes ☐ No	
Others Specify:									
Special Diet:		☐ Yes ☐ No	☐ Yes ☐ No	☐ 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:									



NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 15/7/26 @ 6pm
 Source of Admission: ☐ OPD ☐ Ward ☒ Other: Transportation
 Reason for Admission: _____
 Admission Diagnosis: Δ- Posterior fossa SOL
 Accompanied By: ☒ Parent ☐ Guardian ☐ Other Name: _____
 Primary Language: ☒ Telugu ☐ English ☐ Hindi ☐ Other Specify _____
 Do you require an interpreter? ☐ Yes ☐ No
 Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: _____
 If yes, identify _____

Source of Information : ☒ Family ☐ Patient ☐ Others, Specify _____			
SIGNIFICANT HISTORY	Past Medical History	Past Surgical History	Last Hospital Admission
	<u>No Past Medical History</u>	<u>No Past Surgical History</u>	<u>RCH Vijayawada Hospital</u>
	Family History: <u>Not significant</u>		
	Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☒ No If yes please list, _____ Was the child's birth normal? ☒ Yes ☐ No If No, please describe problems: _____ _____ Are the child's immunization up to date? ☒ Yes ☐ No		
CURRENT MEDICATIONS	Taking Medications? ☐ Yes ☒ No If yes, Fill the reconciliation form Medicine brought to the hospital? ☐ Yes ☐ No		
Observations: Weight: <u>10.2kg</u> Length: _____ Head Circumference (< 2 years): _____ Temp.: <u>97.4°F</u> HR: <u>98</u> RR: <u>30</u> BP: <u>112/70</u> Pain Score: <u>1</u> Specify Site: <u>Yes</u> (Follow Pain Assessment Sheet & Document) Fall Risk Assessment: ☐ Yes ☐ No Score: <u>13</u> (Document in the Humpty Dumpty Sheet) Risk of Pressure Sore (Braden Q Score <u>-14</u>) (Document in the Braden Q Assessment Sheet)			



Behavioural Status on Admission :

☒ Sleeping ☐ Crying ☐ Calm ☐ Distressed/Console ☐ Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☒ No Abnormality Detected
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Underweight ☐ Overweight ☐ Special Feeding Method
☐ Feeding Problem ☐ Special diet ☒ No Abnormality Detected

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?)

Orientation has been given regarding the following aspects:

- ☒ ID Band in situ
☒ Bedside safety explained
☒ PICU Routine: Doctor's rounds/Medication time
☒ Visiting policy explained

Orientation given to: ☐ Family ☐ Others specify

Name of Person Orientation was given to: father moose

Orientation not given Reason:

Nurse Name: Shonty Nurse Signature: Shonty

Date & Time: 1st Aug @ 6:15pm

DISCHARGE PLAN

Source of Information: ☒ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☒ No

Will Physiotherapy require at home: ☐ Yes ☒ No

Is home medical equipment anticipated: ☐ Yes ☒ No

Is home oxygen therapy anticipated: ☐ Yes ☒ No

Are dressing needs at home anticipated: ☐ Yes ☒ No

Any other needs anticipated: ☐ Yes ☒ No If Yes Specify

Discharge Medications: ☐ Yes ☒ No

Details:

Final Diagnosis: Posterior fossa 1st

Nurse Name: Shonty Nurse Signature: Shonty

Date & Time: 1st Aug @ 6:20pm

CUV-00179009 IP5-00176432
 Baby BUSI NIKSHITHA MELVINA
 14-08-2024 1 Y 11 M 6 D (F)
 Dr. KOKKULA PRANEETH



NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA : 15/7/26		Diagnosis : Posterior Fossa		Surgery / Procedures : -	
	Allergies : NO				Post OP Day : -	
	Date :	20/7/26	21/7/26			
	Area	PIU Night	PIU Day			
	Shift Time					
	Diet :	orally	orally			
	Ventilation (RA, NP, NIV, VENTI)	RA	RA			
INVASIVE L	1.	cannula	cannula			
	2.	①	①			
	3.					
	4.					
ASSESSMENT	Infusions / Transfusions		NA	NA		
	PU Prophylaxis		NA	NA		
	DVT Prophylaxis		NA	NA		
	Vitals	BP	100/60 mmHg	73/56		
		PR	102 bpm	102		
		RR	28 bpm	26		
		SpO ₂	100%	100%		
		Temp	98.4°F	98.2°F		
	Pain Score		0	0/10		
	LOC (Alert, Conscious, Confusion, Unconscious)		Alert	Alert		
	Skin Integrity (Intact / Bedsore / Any other condition)		Intact	Intact		
	Restraints If any	Physical	NA	NA		
		Chemical	NA	NA		
	Fall Risk (Vulnerable (Y/N) if yes score)		Yes	Yes		
	(Ambulation, walking, moving with assistance, bed ridden)		moving	moving		
ADL (Dependent / Non-Dependent)		Dependent	Dependent			
Critical Lab Test / Values (if any)		NA	NA			

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

RECOMMENDATIONS	Investigations Procedures	Date :	20/7/26	21/7/26					
		Area	Plu	Plu					
		Shift Time	Night	Day					
		Ordered / Planned	Followed	Followed					
			doctor's	doctor's					
			order	order					
		Due	No	No					
			due	due					
		Reports Pending	No	No					
			Report	Report					
			Pending	Pending					
		Referrals (If any)	No	No					
			Referrals	Referrals					
		Remarks (Special Interventions like, Drainage Tube flushing etc.)	No Remarks	No Remarks					
		Handed Over By Name :	Sybil	Navaneetha					
		Signature :	[Signature]	[Signature]					
Date :	21/7/26	21/7/26							
Time :	8 AM	5:30 PM							
Taken Over By Name :	Navaneetha	Jessie							
Signature :	[Signature]	[Signature]							
Date :	21/7/26	21/7							
Time :	8 AM	4:10 PM							



NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND		DOA : 15/7/26		Diagnosis : Posterior fossa Sol		Surgery / Procedures :		
		Allergies : NA		Post OP Day :				
Date :		15/7	16/7	17/7	17-07-26	18/7/26	20/7/26	
Area		PIU Night	PIU night	PIU D	PIU Night	PIU day.	PIU Day	
Shift Time								
Diet :		NPO	NPO	NPO	NG	NG	NG	
Ventilation (RA, NP, NIV, VENTI)		Venthi	Vent	Vent	RA	RA	RA	
INVASIVE LINES	1.	Cannula	Cannula	cannula ①	Cannula	Cannula	Cannula ①	
	2.	③	Arterial	Arterial ①	②	②		
	3.	Arterial line	Central line	Central line ①				
	4.							
ASSESSMENT	Infusions / Transfusions	DNS	DNS	DNS	DNS	NA	NA	
		3% NS	not admin	ABP flush	ABP			
		Morphine	ABP flush	CVR flush	Flush			
		ABP						
		FLUSH						
	PU Prophylaxis	NA	NA	YES	YES	NA	NA	
	DVT Prophylaxis	NA	as per	NA	NA	NA	NA	
	Vitals	BP	117/74	100/62	102/64	113/71	94/58	103/50
		PR	101	120	120	136	108	116 b/m
		RR	27	25	26	24	24	26
		SpO ₂	100%	100%	100%	100%	99%	99%
		Temp	97.4°F	98.4°F	98.4°F	98.6°F	98.6°F	98.7°F
	Pain Score	1	1	0/10	2	0	0	
	LOC (Alert, Conscious, Confusion, Unconscious)	Unconscious	unconscious	conscious	conscious	Alert	Alert	
	Skin Integrity (Intact / Bedsores / Any other condition)	Intact	Intact	Redness	Redness	Intact	Intact	
Restrains If any	Physical	NA	NA	NA	NA	NA	NA	
	Chemical	Ins Morphine		NA	NA	NA	NA	
Fall Risk (Vulnerable (Y/N) if yes score)	YES	yes	yes	yes	yes	yes		
(Ambulation, walking, moving with assistance, bed ridden)	Moving	bed ridden	moving	moving	moving	moving		
ADL (Dependent / Non-Dependent)	Dependent	dep	dependent	dependent	moving	dependent		
Critical Lab Test / Values (if any)	NA	Nil	nil	NA	NA	NA		

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

RECOMMENDATIONS	Investigations Procedures	Date :	15/7/26	16/7/26	17/7	17-07-26	18/7/26	20/7/26
		Area Shift Time	PICU Night	PICU night	PICU D	PICU Night	PICU day	PICU Day
	Ordered / Planned		Follow the D.R. Order	Follows doctors order	Followed doctors order	Encourage orally	Followed doctors order	Followed doctors orders
	Due		NO Due	no due	NO due	no due	NO due	NO due
	Reports Pending		Blood C/S	Blood C/S	NO reports pending	NO Reports pending	NO reports pending	NO reports pending
	Referrals (If any)		NO Referrals	NO Referrals	NO Referrals	NO Referrals	NO Referrals	NO Referrals
Remarks (Special Interventions like, Drainage Tube flushing etc.)			NO Remarks	NO Remarks	VP Shunt	NO Remarks	NO Remarks	NO Remarks
Handed Over By Name :			Shority	Pravdika	Pushy	Aiven	Vandana	Sona
Signature :			[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date :			16/7/26	17/7/26	17/7	18/7/26	18/7/26	20/7/26
Time :			8 AM	8 AM	8 PM	8 PM	@ 8 PM	@ 8 PM
Taken Over By Name :			Blawini	Pushy	Aiven	Vandana	Vandana	Pushy
Signature :			[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date :			16/7/26	17/7	17-07-26	18/7/26	18/7/26	20/7/26
Time :			@ 8 PM	8 PM	8 PM	@ 8 AM	12 PM	8 PM

CUV-00179009 IP5-00176432
 Baby BUSI NIKSHITHA MELVINA
 14-08-2024 1 Y 11 M 5 D (F)
 Dr. KOKKULA PRANEETH

NURSING CARE RECORD

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Shift: ☐ Morning ☒ Afternoon

Date: 20/07/20

Assessment: ~~ass~~ Assess the baby condition

Goals

- | | | | | | |
|---|--|---|---|---|---|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve | ☐ 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
8 PM	→ Assess the Baby general condition.	9 AM	→ Assessed the baby general condition	All plans are fulfilled.
12 AM	→ monitor the vital signs	2 AM	→ monitoring vital signs.	
	→ maintain S/O chart		→ maintaining S/O chart	
4 AM	→ Provide Comfort position	5 AM	→ Provided comfort position	
	→ monitoring nutritional status	7 AM	→ Administer the medication	
6 AM	→ Educated the family members		All Per drug chart	

Re-Assessment: Re-assessment done

Special Notes: w/f given spikes

Nurse Signature: [Signature] Nurse Name: Jyotha Date & Time: 21/07/20 @ 8 AM

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 Baby BUSI NIKSHITHA MELVINA
 14-08-2024 1 Y 11 M 5 D (F)
 Dr. KOKKULA PRANEETH

NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 20/7/26

Assessment: Baby having irritability

- 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
8 AM	⇒ Assess the baby general condition	9 AM	⇒ Assessed the baby general condition	⇒ All plans are implemented.
10 AM	⇒ monitor vital signs	11 AM	⇒ monitored vital signs	
12 pm	⇒ maintain i/o chart	1 pm	⇒ maintained i/o chart.	
2 pm	⇒ provide comfortable position	3 pm	⇒ provide comfortable position.	
4 pm	⇒ Administered medication as per doctors order	5 pm	⇒ Administered medication as per doctors order	

Re-Assessment: Re assessment done

Special Notes: w/f fever spikes, irritability

Nurse Signature: Sona Nurse Name: Sona Date & Time: 20/7/26 @ 8 pm

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 17-07-26

Assessment: pain related to surgery

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	⇒ To Assess the Baby condition	9pm	⇒ Assessed Baby condition	All goals are implemented
10pm	⇒ To monitor vitals of baby	11pm	⇒ Monitored vitals of baby	
12Am	⇒ plan to keep NG tube	1Am	⇒ Placed NG tube	
2Am	⇒ plan to start NG feed	4Am	⇒ Started NG Feed	
6Am	⇒ Administer medicine as plan	7Am	⇒ Administered medicine as plan	

Re-Assessment: Re-Assessment done

Special Notes:

Nurse Signature: [Signature] Nurse Name: Aiven. C. Agy Date & Time: 18-07-26 8Am

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NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Assessment:

Pain at surgical site / Right sided limb weakness

Date: 17/7/20

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
8 AM	provide comfortable position	8:20 AM	positioned the child	- Child comfortably slept - Ready for extubation - Extubated
9 AM	Send cef for malignant cells in intra op sample.	10 AM	waiting for lab confirmation	
11 AM	Add IV Pcm in regular medication	12 PM	Added IV Pcm in regular med.	
11 AM	Plan to extubate	11:05 AM	Ready for extubation. - Extubated	
12 PM	Keep extubation dressing.	12 PM	Things kept bedside	

Re-Assessment:

Pain relieved. E position & analgesia.

Special Notes:

Watch for hypotension

Nurse Signature:

Nurse Name:

Shreshth

Date & Time: 17/7/2020



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 17/7/26

Assessment: ~~posterior fossa~~ Pain related to 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
10pm	Assess the general condition	11pm	Assessed the baby condition	All plans are implemented
12AM	monitor the vital signs	12AM	monitored the vital signs	
	maintained T to chart	1AM	single	
2AM	antibiotics given	3AM	maintained T to chart	
4AM	continue ventilation	5AM	antibiotics given	
6AM	antibiotics given	7AM	givened comfort position	

Re-Assessment: Pain relieved on analgesics

Special Notes: done Watch for hypotension

Nurse Signature:

Nurse Name: praneetha

Date & Time: 17/7/26 8am



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 15/7/26 8PM

Assessment: Hydrocephalus

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 Baby Condition	9PM	Assessed the baby condition	* Now baby condition better
10PM	Plan to Insert Foley Catheter	11PM	BFA Foley Catheter Done	
12AM	Plan to Ins Morphine	1AM	Ins Morphine Infusion Steady	
2AM	Monitor the vital	3AM	Monitored the vital	
4AM	Maintain the ILO chest	5AM	Maintained the ILO chest	
6AM	Provide the comfortable position	6:30AM	Provided the comfortable position	
7AM	Administer the medication as per D.A. Order	8AM	Administered the medication as per D.A. Order	

Re-Assessment:

Special Notes: (Tim 8AM MRT Ep 10AM CT)

Nurse Signature: Shonty

Nurse Name: Shonty

Date & Time: 16/7/26 8AM

CUV-00179009 IP5-00176432
 Baby BUSI NIKSHITHA MELVINA
 14-08-2024 1 Y 11 M 5 D (F)
 Dr. KOKKULA PRANEETH



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: 20/8/2024

Assessment: patient having pain

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 patient general condition.	8pm	Assessed the patient general condition.	All plans are Implemented as per doctor order,
↓	Monitor the vital signs.	↓	Monitored the vital signs.	
10pm	Maintain I/O chart.	10pm	Maintained I/O chart.	
↓	Administer the medication as per doctor order.	↓	Administered the medication as per doctor order.	
2am	provide comfortable position.	2am	provided comfortable position.	
↓	Maintain fluid balance.	↓	Maintained fluid balance.	
8am		8am		

Re-Assessment: Re-assessment was done

Special Notes: w/f fever spikes, seizures

Nurse Signature:

Nurse Name: Hemilca

Date & Time: 20/8/2024 @ 3am



NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 19/7/26

Assessment: Baby having pain

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	7 Assess the baby General condition	8:10Am	7 Assessed the baby General condition	7 Baby vital stable.
10Am	7 Monitor vital signs	10:15Am	7 Monitor vital and Recorded	
2pm	7 provide comfortable position	2:10pm	7 provided comfortable position	
6pm	7 Maintain personal Hygiene	6:10pm	7 Explained about Hand Hygiene.	
7pm	7 Administer Medication as per doctor advice	7:30pm	7 Administered Medication as per drug chart.	

Re-Assessment: Reduce the pain

Special Notes: W/F coming

Nurse Signature: Rosnoor

Nurse Name: Rosnoor

Date & Time: 19/7/26 @ 8pm

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 Baby BUSI NIKSHITHA MELVINA
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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 19/8/2026

Assessment: patient having NG feeding

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 ↓ 10pm ↓ 2am ↓ 8am	Assess the patient condition. Monitor the vital signs. Maintain Ilo chart. Administer the medication as per. provide comfortable position. Maintain fluid balance.	2pm ↓ 10pm ↓ 2am ↓ 8am	Assessed the patient condition. Monitored the vital signs. Maintained Ilo chart. Administered the medication as per doctor order. provided comfortable position Maintained fluid balance	All plans are implemented as per doctor order.

Re-Assessment: Re-Assessment was done

Special Notes: wlf scietures

Nurse Signature: Hy

Nurse Name: Anila

Date & Time: 19/8/26 @ 8am



NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 18/7/26

Assessment: Pain

- 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	- To Assess the child general condition	8:30	- Assessed the child general condition	All the plans are Implemented
10am	- To monitor vitals and recorded	10:30	- monitored vitals and recorded	
2pm	- To Administer medications as per doctor's order	2:30	- Administered medications as per doctor's order	
4pm	- To provide comfortable position	4:30	- provided comfortable position	
7pm	- To maintain I/O chart	7:30	- maintaining I/O chart	

Re-Assessment:

Special Notes: Re-assessment done as per bowel spikes

Nurse Signature: [Signature]

Nurse Name: Vandana

Date & Time: 18/7/26 @ 8pm

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 Baby BUSI NIKSHITHA MELVINA
 14-08-2024 1 Y 11 M 4 D (F)
 Dr. KOKKULA PRANEETH



FLUID CHART

Sheet No. : 18/12/26

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											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm		20ml								0	Hardly
	09:00 pm		20ml								0	Hardly
	10:00 pm	Diis	-	100ml							0	Hardly
	11:00 pm		20ml				✓			✓	0	Hardly
	12:00 am		20ml				✓				0	Hardly
	01:00 am		20ml				✓			✓	0	Hardly
Total Intake : 160ml						Total Output : m-3 u-2						
	02:00 am		40ml								0	Hardly
	03:00 am		40ml				✓			✓	0	Hardly
	04:00 am	Diis	40ml								0	Hardly
	05:00 am		40ml								0	Hardly
	06:00 am		-	100ml							0	Hardly
	07:00 am		-								0	Hardly
Total Intake : 160ml 100ml						Total Output : m-1 u-1						
Total 24 hrs. Intake		320ml										
Total 24 hrs. Output												



FLUID CHART

Sheet No. : 9

19/8/2026.

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							
19/8/26	08:00 am	↓	FBM	20ml						✓	0	Rosang
	09:00 am	↓	FBM	20ml				✓			0	Rosang
	10:00 am	↓	FBM	20ml				NP			0	Rosang
	11:00 am	↓	FBM	20ml							0	Rosang
	12:00 pm	↓	FBM	-						✓	0	Rosang
	01:00 pm	↓	FBM	20ml							0	Rosang
Total Intake :			100ml			Total Output :			M-0 U-2			
19/8	02:00 pm	↓	FBM	20ml							0	Rosang
	03:00 pm	↓	FBM	20ml						✓	0	Rosang
	04:00 pm	↓	FBM	-				NP			0	Rosang
	05:00 pm	↓	FBM	20ml						✓	0	Rosang
	06:00 pm	↓	FBM	20ml						✓	0	Rosang
	07:00 pm	↓	FBM	20ml							0	Rosang
Total Intake :			100ml			Total Output :			M-0 U-2			
19/8	08:00 pm	↓	FBM								0	Hanley
	09:00 pm	↓	FBM								0	Hanley
	10:00 pm	↓	FBM							✓	0	Hanley
	11:00 pm	↓	FBM								0	Hanley
	12:00 am	↓	FBM								0	Hanley
	01:00 am	↓	FBM								0	Hanley
Total Intake :						Total Output :			M-0 U-1			
20/8	02:00 am	↓	FBM								0	Hanley
	03:00 am	↓	FBM								0	Hanley
	04:00 am	↓	FBM							✓	0	Hanley
	05:00 am	↓	FBM								0	Hanley
	06:00 am	↓	FBM							✓	0	Hanley
	07:00 am	↓	FBM								0	Hanley
Total Intake :						Total Output :			M-0 U-2			

Total 24 hrs. Intake

Total 24 hrs. Output M-0 U-2



ATION CHART (SEDATION & PARALYTICS)

ing to "High Risk / High Alert" medicines.

Please watch for bradycardia, hypotension and respiratory depression while administering these drugs)

Patient Name : Age : Gender : ☐ Male ☐ Female

Weight : UHID No. : Sheet No. :

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.	Stop Date	Dr's Sign.	Nurse Sign.
15/7	8 PM	Inj MORPHINE	10mg in 50ml 5% Dextrose	1-3 ml/hr (20-60 mcg/kg/hr)	Jayabhi	Shy Jandy	16/7	✓	ⓧ
15/7	12:30 AM	Inj DEXMEDETOMEDINE	1ml in 24 ml NS	0.05-0.2 ml/kg/hr 0.2-0.7 mcg/kg/hr	Jayabhi	Shy Jandy	16/7	✓	ⓧ

CALCULATIONS FOR SOME COMMONLY USED DRUGS :

Fentanyl : 1ml = 50mcg vial, take 4ml in 16 ml NS thus 1ml = 10mcg ; 0.1-0.4 ml/kg/hr (1-4mcg/kg/hr)
 NOTE : In older children more than 20kg weight, take 8ml in 12ml of NS thus 1ml=20 mcg; 0.2-0.8ml/kg/hr (1-4 mcg/kg/hr)
 Midazolam : (Undiluted) 1ml = 1mg ; 0.1-0.5 ml/kg/hr (1.6-8 mcg/kg/min)
 Ketamine : Weight x 30 mg/kg in 50ml NS ; 1-4ml/hr (10-40mcg/kg/min)
 Dexmedetomidine : 1ml (100mcg) in 24 ml NS ; 1ml = 4mcg ; 0.05-0.2 ml/kg/hr (0.2 - 0.7 mcg/kg/hr)

Morphine : Weight x 1 mg/kg in 50ml 5% Dextrose 1-3 ml/hr - 20-60 mcg/kg/hr
 Propofol : 1ml = 10mg ; 0.1-0.4 ml/kg/hr (1-4mg/kg/hr)
 Vecuronium Powder : 4mg, diluted with 4ml NS (1ml-1mg), take 2ml in 8ml NS (1ml-0.2mg)
 0.25 ml/kg/hr - 1.3 ml/kg/hr (0.05-0.15mg/kg/hr)
 Pancuronium : (1ml -2mg) take 1ml in 9ml NS (1ml-0.2mg) 0.1ml/kg/hr-0.3ml/kg/hr (0.02-0.06mg/kg/hr)

IV INFUSION MEDICATION CHART (INOTROPES & VASOPRESSORS)

(All the drugs in this category belong to "High Risk / High Alert" medicines. Please watch for tachycardia / bradycardia, hypertension / hypotension any cardiac arrhythmia, patency of IV line, status of skin at IV site and color and perfusion of the fingers and toes while administering these drugs)



Patient Name : Age : Gender : ☐ Male ☐ Female

Weight : UHID No. : Sheet No. :

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.	Stop Date	Dr's Sign.	Nurse Sign.

CALCULATIONS FOR SOME COMMONLY USED DRUGS :

Dopamine : Wt. x 30 mg in 50ml of 5% Dextrose ; 0.5 - 1ml/hr - 5-10mcg/kg/min
Dobutamine : Wt X 30mg in 50ml of 5 Percent Dextrose 0.5-1ml/hr; 5-10 mcg/kg/min
Epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 0.1-0.5mcg/kg/min - 1-5ml/hr
Nor-epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 1-5ml.hr - 0.1-0.5mcg/kg/min

Milrinone : Wt. X 1.5mg in 50ml of 5% Dextrose ; 1ml/hr - 1.5ml/hr - 0.5-0.75mcg/kg/min
Sodium Nitroprusside : 3mg/kg in 50ml D5 ; 0.5ml/hr - 4ml/hr (0.5-4mcg/kg/hr)
Nitroglycerine : 3ml/kg in 50ml D5 ; 0.5ml/hr - 5ml/hr (0.5-mcg/kg/min)
Labetalol : 0.25 - 3mg/kg/hr ; (1ml=5mg) ; take 2ml in 18ml NS(1ML-0.5 MG) 0.5- 1.5ml/kg/hr (0.25 - 3mg/kg/hr)



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Nursing ☐ Others:
17/7	☐ Medical ☒ Nursing ☐ Others:	☐ Initial ☒ Modified ☐ Per-Op ☐ Post Op	Pain at surgical site	To relieve Pain	- provide comfortable position	[Signature]	☒ Medical ☐ Others:
17/7 2pm	☐ Medical ☐ Nursing ☒ Others: Dietitian	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	post fossa SOL	Child is on NPO	NPO till further advise	[Signature]	☐ Medical ☐ Nursing ☒ Others:
18/7/26 5:30pm	☐ Medical ☐ Nursing ☒ Others: physiotherapy	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Post-fossa SOL	Improve lung function.	chest + limb physiotherapy	[Signature]	☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

Patient Sticker

MULTI-DISCIPLINARY PLAN OF CARE FORM



Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ 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:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

INTE

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 1 D (F)
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PARENT / FAMILY EDUCATION RECORD

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Part - I

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

Identified Education Needs :

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Terapy (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 Barries	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
12/2	8am	3	Positioning & Pain management	F	1	0	1	1	-	Mish
11/26	2am	9	Child is on NPO	F	1	0	1	1	-	Alouice
12/26	5:30pm	5	chest + limb physiotherapy	M/F	1	0	1	1	-	thushy

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 Barries 2. Physical Impairment 3. Emotional Barries 4. Language Barrier 5. Educational Level 6. Desire / Motivate to Learn 7. Impaired Thought Process / Cognitive limitations 8. Responsibilities at Home 9. Cultural Difference 10. Financial Difficulties 11. Beliefs and Values 12. Impaired Vision / or Hearing 13. Cultural / Religion Practice 14. Others (Specify)							
Teaching Tools Used : A : Audio D : Demonstration V : Video O : Oral P : Printed							
Mechanism/s to overcome barrier/s : 1. None 2. Obtain translator 3. Reassurance & Support 4. Teach Family / others 5. Respect values & beliefs 6. Respect Cultural / Religion Preference 7. Other, Specify.....							
Understanding : 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review							



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
20/8/2024	00.00	Syp. Jentripil (2ml) 10AM		
	01.00	10pm		
	02.00	Inj. Dexamethasone (1mg) 6AM + Hantika		
	03.00	6pm		
	04.00	Syp. paracetamol (3ml) 6AM Hantika		
	05.00	2pm		
	06.00	10pm		
	07.00	T. Jantrol (15mg) 6AM Hantika		
	08.00	pro G6 drops (5 drops) 10AM		
	09.00	10pm		
	10.00	Inj. ondansetron (1mg) 6AM Hantika		
	11.00	2pm		
	12.00	10pm		
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			



ADMISSION CRITERIA – PICU

Admission / Transfer from:

☐ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others:

Tick (✓) any of the following criteria requiring admission / transfer to PICU

- ☐ All patients requiring mechanical ventilation;
 - ☐ Patients with impending respiratory failure;
 - ☐ Upper airway obstruction;
 - ☐ Lower airway obstruction;
 - ☐ Alveolar disease; and
 - ☐ Unstable airway;
 - ☐ All Paediatric patients after successful resuscitation;
 - ☐ **Comatose Patients;**
 - ☐ Meningitis, encephalitis; ☐ Hepatic encephalopathy; ☐ cerebral malaria;
 - ☐ Head injury; ☐ Poisonings; and ☐ Status epilepticus;
 - ☐ **All types of shock/hemodynamic instability:**
 - ☐ Septic shock;
 - ☐ Hypovolemic shock; (Bleeding emergencies such as gastrointestinal bleeding, bleeding diathesis, disseminated intravascular coagulation; Cardiogenic shock; myocarditis, cardiomyopathy, congenital heart disease; Neurogenic shock; and Multiple trauma;
 - ☐ Cardiac arrhythmias after consulting with the treating consultant
 - ☐ Hypertensive Emergencies;
 - ☐ Severe acid base disorders;
 - ☐ Severe electrolyte abnormalities;
 - ☐ Diabetic ketoacidosis (Ph < 7.2, altered sensorium, hyperglycemia)
 - ☐ Acute renal failure; Patients requiring acute hemodialysis, hemofiltration and peritoneal dialysis;
 - ☐ **Post-Operative Patients;**
 - ☐ Requiring ventilation;
 - ☐ Unstable patients; and
 - ☒ Post-operative patients after open heart surgery, neurosurgery, thoracic surgery and other patients after major general surgery with potential for respiratory/haemodynamic instability;
 - ☐ Patients requiring nitric oxide therapy;
 - ☐ Malignant hyperpyrexia;
 - ☐ Acute hepatic failure
 - ☐ Severe dehydration with mental status change;
 - ☐ Asthma requiring hourly nebulization/getting tired with increasing oxygen requirement/mental status change.
- “UNSTABLE” PATIENT IS DEFINED AS**
- ☐ HR < 50 or > 160 per minute or more than upper normal limit according to age. BP < 90 systolic and < 50 diastolic and/or requiring inotropic support. Arrhythmia or risk of sudden arrhythmia.
 - ☐ Signs of peripheral poor perfusion or suspicion of any type of shock.
 - ☐ Capillary refill time > 4 seconds.
 - ☐ Children Blood pressure (Syst.) < [70 + (2 × age “Years”)].
- Respiratory failure or high risk of failure or airway obstruction:**
- ☐ Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
 - ☐ O2 Saturation < 90 % or need for O2 > 4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
 - ☐ Distress and risk of exhaustion
 - ☐ **Change of level of consciousness: GCS < 13.**
 - ☐ **Persistent oliguria with acidosis.**

Signature of the Doctor: Dr. Kokkula Praneeth Name of the Doctor: Dr. Kokkula Praneeth Date & Time: 15/07/24

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DISCHARGE CRITERIA – PICU

Discharge to:

- ☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☐ Others:

Tick (✓) any of the following criteria requiring discharge / transfer from PICU

- ☐ Stable hemodynamic parameters.
- ☐ Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency at least for 24 hours with no respiratory distress needing continuous monitoring.
- ☐ Minimal oxygen requirements that do not exceed patient care unit guidelines.
- ☐ Intravenous inotropic support, vasodilators, and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.
- ☐ Cardiac dysrhythmias are controlled.
- ☐ Neurologic stability with control of seizures.
- ☐ Removal of all hemodynamic monitoring catheters.
- ☐ Routine peritoneal or hemodialysis with resolution of critical illness not exceeding general patient care unit guidelines.
- ☐ Patients with mature artificial airways (tracheostomies) who no longer require excessive suctioning.

Signature of the Doctor:

Name of the Doctor :

Date & Time:

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PEDIATRIC INTENSIVE CARE ADMISSION RECORD

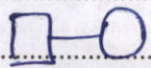
Date: 15/9/26 Time: 6pm

Patient Assessment Form:

Informant: ☐ Father ☐ Mother ☐ Other

Presenting Complaints / Chief Complaints : +/o vomiting on & off :: 1 month
+/- dull activity, persistent vomiting :: 1 day
↓ +/o seizure - 1 episode today morning
CT done in nearby hospital → s/o posterior fossa lesion
↓ = hydrocephalus
transported from RCH, Vijayawada by Vijayawada
team for surgical management

Past History (Including previous treatment and investigations) : +/o vomiting :: 1 month

Birth and Developmental History :  FT/ UCL. / BW = 1
Nice

Immunization History : up to date

H / O Allergy : -

Family History : not significant

INITIAL ASSESSMENT

RBS : Temperature : Weight (kg) :

Respiratory System Findings:

Air Way: ☒ Open ☒ Maintainable ☐ Not Maintainable ☐ Intubated, If Intubated, size & position of ETT :

Respiratory Examination Finding: (Air entry, breath sounds, s/o distress etc.): Respiratory Rate : 36/min

SPO₂ : 100% O by NC / FM / NRB mask / Oxyhood, at room air L / min

Ventilatory Support : Yes ☒ No ☐ Day # of Vent : Respiratory Efforts :

Ventilatory Settings : Leak around ETT : Delivered Vt :

ABG : EtCO₂ : P/F ratio : O.I. :

Any Nebs : ICD? Yes ☒ No ☐ If Yes, details :

CXR : Cardio Vascular System Clinical Exam : Heart Rate : 80/min Cardiac Rhytho : regular

(Heart sounds, murmur etc.) : 2/2 Quality of Pulses : good vol regular cap refill Time : 2 s

Blood Pressures : NIBP : 110/64 mmHg Liver Edge : cm below Rt costal margin

Infusion of any Inotropes? : Yes ☒ No ☐ If yes, then details : CVP :

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 :

Central line in Situ : Yes ☒ No ☐ Place of central line & its condition :

Infection and Antibiotics :

Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) :

Cultures Done outside? Yes ☒ No ☐ If yes, details :

Describe c/s Reports :

Other Labs (Latex, Serology, etc) :

Ongoing Antibiotics :

Abdominal Exam : soft

ENT Exam : (N)

Central Nervous System :

Level of Consciousness : AVPU / GCS score : E4V3M6

Neurological Findings : pupils - R/L 3mm, reactive to light

irritable

Relevant data from outside (Neuro imaging any ongoing medications etc) :

.....

.....

.....

.....

Special Needs Screening: (If any of the below are Positive, Please fill "Cross Consultation Form" to Concerned Department)
(Please select and 'tick mark' [✓] the boxes as applicable)

a. Nutritional Screening Criteria: Screening is

- ☐ Diabetes Mellitus
- ☐ Overweight
- ☐ Under Weight
- ☐ Poor Appetite > 3days

- ☐ Needs Therapeutic Diet.
- ☐ Psychological Eating Disorder
- ☐ Difficulty swallowing / Chewing
- ☐ Unplanned Change in Weight

☒ Positive ☐ Negative

- ☐ Diarrhoea > 4days
- ☐ Major Surgery
- ☐ Hyperemesis gravidarum

- ☐ Food Allergy
- ☒ Patient in ICU
- ☐ Tube Feeding

b. Psychological Screening Criteria: Screening is

- ☐ Non-compliance to offered treatment Over weight
- ☐ Emotional / Behavioural Problem (Tearful, uncooperative)

☐ Positive ☒ Negative

- ☐ Suspected Drug Abuse

c. Functional Screening Criteria: Screening is

- ☒ Patient cannot position himself in bed
- ☐ Restricted ROM

☒ Positive ☒ Negative

- ☒ Change in Muscle Power
- ☐ Impaired Daily Living Activities

d. Socio-economic Screening Criteria: Screening is

- ☐ Living alone
- ☐ Cultural or religious background that would need to know for the plan of care

☐ Positive ☒ Negative

- ☐ Suspected abuse or neglect
- ☐ Unable to assess due to lack of family

e. Need for Interpretar Screening is

☐ Yes ☒ No

If Yes then plan

6. Patient needs additional specialized assessments: ☐ Yes ☒ No

If yes, Please fill Individualized Initial Assessments Form for Special Populations

Others

Pain Screening:

Pain Scale used Wong Baker (Scale 0-10) FLACC (Scale 0-10)

Pain Score "Whenever Applicable"

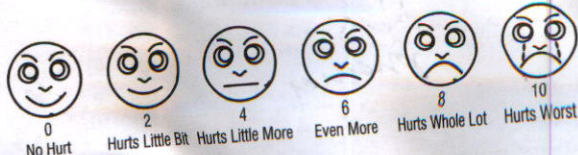
Location:

Duration: days / weeks / months (Strike Out that is not applicable)

Character: ☐ localized ☐ diffuse ☐ sharp ☐ aching ☐ referred

Frequency: ☐ constant ☐ intermittent ☐ occasional

Pain Management done ☐ Yes ☐ No



Nutritional Evaluation:

Current Medications:

well nourished

not applicable

burning

Provisional Diagnosis : posterior fossa tumor & hydrocephalus

Prism III score at 24 hrs of admission :
Worse SOFA Score :

☐ Referred Patient - ☐ Self Referral - ☒ Rainbow Patient

Transferring Unit : ☐ Ward ☐ OT - Transported? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

Referring Consultant :
Admitting Consultant : Dr. Praneeth / Dr. Kapil

Indication for PICU referral : raised ICP

PLAN OF CARE

Preventive aspects of the treatment : seizures, raised ICP

Desired goals of the treatment : hemodynamic stability

PLANNED INVESTIGATIONS

- CBP
- RP-2
- BL/GIT
- PT/INR
- ABG

N.S
Praneeth

PLANNED MANAGEMENT

- 1) anti. levipil
- 2) anti. Cefotaxime
- 3) morphine for sedation
- 4) IVP DMS @ 25 ml/hr
- 5) MRI brain @ 8am tomorrow morning
- 6) anti. Isomeprazole
- 7) shift to OT now for CEF shunting

N.S
Praneeth

Signature :

Dr. KOKKULA PRANEETH
REG. NO: APNC/FMR/92741

Special Needs Screening: (If any of the below are Positive, Please fill "Cross Consultation Form" to Concerned Department)
(Please select and 'tick mark' [✓] the boxes as applicable)

- a. Nutritional Screening Criteria: Screening is ☒ Positive ☐ Negative
- | | | | |
|--|--|---|--|
| ☐ Diabetes Mellitus | ☐ Needs Therapeutic Diet. | ☐ Diarrhoea > 4days | ☐ Food Allergy |
| ☐ Overweight | ☐ Psychological Eating Disorder | ☐ Major Surgery | ☒ Patient in ICU |
| ☐ Under Weight | ☐ Difficulty swallowing / Chewing | ☐ Hyperemesis gravidarum | ☐ Tube Feeding |
| ☐ Poor Appetite > 3days | ☐ Unplanned Change in Weight | | |

- b. Psychological Screening Criteria: Screening is ☐ Positive ☒ Negative
- | | |
|--|---|
| ☐ Non-compliance to offered treatment Over weight | ☐ Suspected Drug Abuse |
| ☐ Emotional / Behavioural Problem (Tearful, uncooperative) | |

- c. Functional Screening Criteria: Screening is ☒ Positive ☒ Negative
- | | |
|--|--|
| ☒ Patient cannot position himself in bed | ☒ Change in Muscle Power |
| ☐ Restricted ROM | ☐ Impaired Daily Living Activities |

- d. Socio-economic Screening Criteria: Screening is ☐ Positive ☒ Negative
- | | |
|--|---|
| ☐ Living alone | ☐ Suspected abuse or neglect |
| ☐ Cultural or religious background that would need to know for the plan of care | ☐ Unable to assess due to lack of family |

- e. Need for Interpretar Screening is ☐ Yes ☒ No If Yes then plan
6. Patient needs additional specialized assessments: ☐ Yes ☒ No
- If yes, Please fill Individualized Initial Assessments Form for Special Populations
- Others

Pain Screening:

Pain Scale used Wong Baker (Scale 0-10) FLACC (Scale 0-10)

Pain Score "Whenever Applicable"

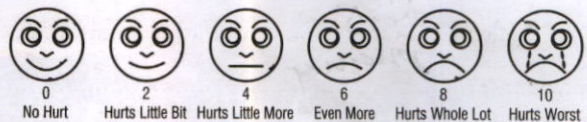
Location:

Duration: days / weeks / months (Strike Out that is not applicable)

Character: ☐ localized ☐ diffuse ☐ sharp ☐ aching ☐ referred ☐ vague ☐ burning / soreness

Frequency: ☐ constant ☐ intermittent ☐ occasional

Pain Management done ☐ Yes ☐ No



Nutritional Evaluation: well nourished

Current Medications:

Provisional Diagnosis : posterior fossa tumor = hydrocephalus

Prism III score at 24 hrs of admission : Worse SOFA Score :

☐ Referred Patient - ☐ Self Referral - ☒ Rainbow Patient

Transferring Unit : ☐ Ward ☐ OT - Transported? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

Referring Consultant :

Admitting Consultant : Dr. Praneeth / Dr. Kapil

Indication for PICU referral : raised ICP

PLAN OF CARE

Preventive aspects of the treatment : seizures, raised ICP

Desired goals of the treatment : hemodynamic stability

PLANNED INVESTIGATIONS

CBP
RP-2
B/C/T
PT/INR
ABG

N.B
Praneeth

PLANNED MANAGEMENT

- 1) 2mg Levipil
- 2) 2mg Cefotaxime
- 3) Morphine for sedation
- 4) IVF D5S @ 25 ml/hr
- 5) MRI brain @ 8am tomorrow morning
- 6) 2mg Esomeprazole
- 7) Shift to OT now for CSF shunting

N.B
Praneeth

Final Diagnosis:

Doctor's Signature :

Name : Dr. Praneeth

Date : 15/1/26

Time: 6:17 pm

Consultant's Signature :

Name : Dr. KOKKULA PRANEETH

Date : Reg. No: APMC/FMR/92741

Time:



OPERATION THEATER NOTES

Patient's Name : Baby BUSI NIKSHITHA Age : 1Y Gender : ☐ Male ☒ Female

UHID No.: CUV-00179009 Weight : 10.5 Kg Height : —

Surgeon : Dr. Praneeth Kokkula

Asst. Surgeon : Dr. Sripartha

Anesthetist : Dr. Shilpa

OT Nurse : Sravani Alam Sarda

OT Technician : Bapu

Pre-Operative Diagnosis: POSTERIOR FOSSA SOC S/P VP SHUNT

Surgical Procedure :

MSO craniotomy and GTR

Indications for Surgery :

Tumour

Date : 16/7/26

Start Time : 11.01 AM

End Time : 9.00 PM

Pre Operative Preparations:

Post Operative Diagnosis:

Same

Peri-Operative Complications:

Blood loss

Operation Notes: ① Midline skin incision given

② Suboccipital craniotomy done

③ Dura opened in 'Y' shape

④ Tumour - greyish white, vascular, areas of necrosis + ha

⑤ Tumour adherent to Inferior medullary velum and encasing PICA

⑥ GTR done

⑦ Haemostasis secured

⑧ Dura ~~is~~ closed with pericranial patch and reinforced with glue

- (9) Bone flap replaced
(10) Wound closed in layers

Amount of Blood Loss: 500ml

Name and Number of Surgical Specimen sent for examination:

Blood Transfused (in ML) 380ml PRBC
210ml FFP

Peri-Operative Complications:

Tumour

Nil

Name of the Surgeon: Dr. Praveen

Signature of the Surgeon: [Signature]

Date & Time: 16/7/2026



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 7pm	c/s/B PICU team	<u>Plan</u>
	As:- posterior fossa USOL = hydrocephalus	1) Intubation now & mechanical ventilation
	O/E. child had an episode of posturing with HR - 60/min	2) arterial line
	BP - 130/80 mmHg. lasted for ~ 30-60 seconds	3) send CBP, BGLT, RP-2, PT/INR, ABG
	SpO ₂ - 100% on room air	4) Shift to OT now for CSF the diversion
	CVS - 2/2 (-)	5) MRI brain tomorrow morning @ 8am
	PE - RAE (+) clear	6) NPO
	PA - soft.	7) IVF DMS @ 25 ml/hr
	CNS - E4 V3 M6	8) Definitive surgery tomorrow
	pupils - B/L 3mm, reacting to light	
15/7/26 7pm	Intubation notes	
	child intubated with 4.5 mm cuffed ET tube, fixed at 12cm.	
	position confirmed by CXR	<u>Plan</u>
	vitals :- HR - 112/min	1) Shift to OT
	BP - 120/80 mmHg	
	SpO ₂ - 100%.	
	ETCO ₂ - 28	

Dr. Pradyumn

Dr. Pradyumn



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/2/26	C/S/B Dr. Praneeth	
	Δ: Posterior fossa SOL	Advice
	= Hydrocephalus	- Plan
	s/p (R) programmable	1) CEMRI Brain with spine
	parietal. VP shunt	screening
		(reporting By Dr. Sudheer)
	On AC/PC, $FiO_2 = 40\%$	at 8 AM
	PEEP = 5, PIP = 11	↓
	rate = 30/min, MAP = 7	2) Followed by Surgery
	$V_T = 8ml/kg$	at 10 AM
	Vitals: HR = 117/min	3) Continue 3% NS,
	BP = 119/67 mmHg	Dexa
	$SpO_2 = 100\%$	Levipil
	pupils: B/L equal reactive	4) Reserve 20ml/kg PRBC
		5) Financial clearance
		6) Review PAC
		Noted by
		Shruti
		Dr. Praneeth

Date & Time	Progress Notes	Doctor's Order
15/7/26 8:30 pm	d/s/B PICU team	<u>Plan</u>
	AS:- posterior fossa ICSOL = hydrocephalus B/P right programmable VP shunt	1) Replete 20 ml/kg PRBC 2) CE-MRI brain with spine screening at 8am tomorrow morning ↓ definitive surgery @ 10 am
	No intraoperative events minimal blood loss on AC/PC:- FiO_2 - 40% pressures - 11/5, rate - 25/min, V_{TE} - 8 ml/kg. Hemodynamically stable HR - 102/min SpO_2 - 100% BP - 104/61 (82) $ETCO_2$ - 34	3) Review PAC tomorrow morning 4) continue mechanical ventilation 5) continue 3% NS 6) morphine for sedation. 7) Strict neuroprotective measures.
	CNS - pupils B/L 2mm, reacting to light	Noted by Shubh Dr. Prady



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Date & Time	Progress Notes	Doctor's Order
	<u>Intubation Notes</u>	
5/12/26 6 PM	After taking consent child was placed in proper position, preoxygenated and with 4.5 cuffed ET (Endotracheal tube was inserted orally and secured at 12.5 cm B/c equal breath sounds equal chest rise @. Procedure uneventful. Vitals:- stable. HR - 118/min BP - 122/80 mm Hg SpO₂ - 100%. ETCO₂ - 26.	<u>Plan</u> 1) chest x-ray 2) Shift to OT immediately <i>[Signature]</i>

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA (F)
14-08-2024 1 Y 11 M 2 D
Dr. KOKKULA PRANEETH



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



Bed 2

PROGRESS NOTES AND DOCTOR'S ORDER

Dr. Praneeth / Dr. Arinash

Date & Time	Progress Notes	Doctor's Order
<u>14/8/24</u> <u>8 AM</u>	<u>Counselling Notes</u>	
	Parents were explained and counselled regarding the need of	
	1) - Shunt for Hydrocephalus	
	2) - Contrast enhanced MRI of spine to see the extent of Tumor (Posterior fossa) & b Craniotomy.	
	3) - After Surgery - Biopsy & Histopathology will be done.	
	4) - Surgery might take around 6-8 hours	
	- Extubation & post-op ventilation, neurological deficits like Brainstem, limb weakness, Swallowing difficulties, lower cranial nerve palsies, can happen	
	5) Huge Tumor - Cerebellar medulloblastoma (which is reversible)	
	6) Once child is extubated & taken orally then only child can be shifted	
	7) Repeat MRI after 2 weeks will be done, Biopsy reports also taken 2 weeks CSF cytology we will get & see the CSF spread of tumor - so that we will know nature of Tumor & decide if whether Chemotherapy / Radiotherapy to be given later to treat the tumor after 2 weeks.	
	8) Long time Outcomes - Based on the treatment, Radiation - might have hormonal effects, chemo. will have some other adverse effects.	
	9) Child might need central line placement	
	10) Basic blood tests ICP monitoring, Sodium levels should be monitored.	

di un'isola di L'Espresso

Sayam

G.N. Keethi
(maths)

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 1 D (F)
Dr. KOKKULA PRANEETH

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 15/7/26 Day of Admission : Day 1 Today's Date & Time : 16/7/26 @ 7AM
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : Posterior Fossa SOL with Hydrocephalus / s/p @ programmable VP shunt	Current Issues : En
VITAL SIGNS Today's Wt. (kg) : 10.2kg Temp.: 97.3°F Blood sugar issues :		
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : RR - 25/min. SpO2 94%+	
	CXR :	
	SPO ₂ : O ₂ by NC / FM / NRB mask / Oxyhood, at L / min	
	Ventilatory Support ☒ Yes ☐ No - Day # of Vent : 2 Nitric Oxide : ☐ Yes ☒ No - If Yes, details : AC/PC - FiO ₂ 40% - Pressure = 11/5 map - 7, rate = 25/min	
	Ventilatory Settings : Leak around ETT : - Delivered Vt : 8ml/kg	
	ABG : pH 7.40 / HCO ₃ 20.8 / Lac 0.9 EtCO ₂ : 34 P/F ratio : 502 O.I. : 1.39	
	Chest Physiotherapy Plan : - Suctioning Needs :	
	Any Nebs : ICD ? ☐ Yes ☒ No, if Yes, details :	
	Plan of care : -	
		
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) :	
	Quality of Pulses : Good cap refill Time : < 3 sec Liver Edge : - cm below Rt costal margin	
	Blood Pressures : NIBP : 92/53 mmHg 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 : (R) Hand 22G	
Central line in situ : ☐ Yes ☒ No Place of central line & its condition :		
Day of arterial line : D2 Day of Central line :		
Plan of Care :		
CNS	Neuro Exam : E V M	
	Pupils : B/L 2mm, reacting to light Sedation Used ? ☒ Yes ☐ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : morphine 2mg/hr. Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. ? MRI Today at 8AM	
	Plan of Care : Dexmedetomidine	
Ramsay Sedation Score :		

Doctor's Name (Handover taken) : Ward

Signature : SE Vani

Date & Time : 16/3/12 @ 3pm

[illegible]

CUV-00179009
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 2 D (F)
Dr. KOKKULA PRANEETH

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/24 @ 9:50pm	SIB New team	
	Child shifted Res opmbic of Cardio total reaction of Intracranial for occupying lesion	
	Started at 70 AM consult at - 9:50pm.	Adv
	Intra op:	① Continue ventilation
	- Hypotension - required	FiO ₂ : 40% PIP: 12
	highest inhales of omegalin 1000 5 Rate 20.	
	- Transient.	
	- Highest heart rate - 2.2	② Wean noradrenaline
	- Fluid - Total Input	by targeting MAP > 55 mmHg
	RI - 930ml	
	RA - 210ml	
	PAB - 390ml	③ Continue cefotaxime
	1530ml	and heparin
	- output 300ml - urine	④ Di Dexamethasone TID
	Blood - 400ml	
	Plasma: 400ml	⑤ - Inu @ 60% MF
	1180ml	- Neuroprotection measures
	+ 480ml +ve.	to continue
	- Continue on Norad at 0.2mcg/kg	- continue morphine at
	- morphine at 2mcg/kg	2mcg/kg
	- 8 Dns.	⑥ Popli 4 AND monitor
		⑦ collect et reports

T.S. mane Chench

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes					Doctor's Order				
16/08/24 @ 10:30pm	PREGNANT TITRATION									
	PPAP	PIR	PPAP	DP	CP	HR	SpO2	BP	AB	SR
5	14	11	6	15	146	100%	120/80	4.5		
7	16	13	6	15	146	100%	120/80	4.6		
9	18	15	6	15	146	100%	120/80	4.7		
	Optimal PPR 5 cm H2O									

CUV-00179009
 Baby BUSI NIKSHITHA MELVINA
 14-08-2024 1 Y 11 M 3 D (F)
 Dr. KOKKULA PRANEETH



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 15/08/24 Day of Admission : 1 Today's Date & Time : 17/08/24

PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : Posterior fossa tumor Epidermoidoma s/p CRT & CO up approach (R) Suprameatal (L)		Current Issues : 1) Ventilatory Support 2)	
VITAL SIGNS	Today's Wt. (kg) :		Temp.:	Blood sugar issues :
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : Auscultable wheezes found @			
	CXR : WNL			
	SPO ₂ : 100% on 40% R. O ₂ by NC / FM / NRB mask / Oxyhood, at L / min			
	Ventilatory Support : ☒ Yes ☐ No - Day # of Vent : 1 Nitric Oxide : ☐ Yes ☒ No - If Yes, details :			
	Ventilatory Settings : Leak around ETT : Delivered Vt : 110ml/min			
	ABG : EtCO ₂ : P/F ratio : O.I. :			
	Chest Physiotherapy Plan : Suctioning Needs :			
	Any Nebs : ICD ? ☐ Yes ☒ No, if Yes, details :			
	Plan of care : -> Plan extubation if neurologically appropriate			
	CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : No murmur		
Quality of Pulses : well felt cap refill Time : 2 sec Liver Edge : cm below Rt costal margin				
Blood Pressures : NIBP : IBP : 112/60 mmHg 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 : (4) Radial				
CNS	Central line in situ : ☒ Yes ☐ No Place of central line & its condition : (4) IJV			
	Day of arterial line : (2) Day of Central line : (1)			
	Plan of Care : -> if same			
	Neuro Exam : Open eyes spontaneously & no tracking			
	Pupils : 3L 2mm R (4) Sedation Used ? ☒ Yes ☐ No Any paralysis ? ☐ Yes ☒ No			
Types of Sedation : Morphine 20mg/11kg Types of Paralysis :				
Relevant CT Scan, MRI EEG, Neurosonogram etc. :				
Plan of Care : All sedation : 6:00am				
Ramsay Sedation Score :				

FLUIDS STATUS NUTRITION AND G.I.	☒ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds	
	I / O / Balance: <u>Balance</u> (+/-) Input: <u>235</u> ml/kg/d UO: <u>2.9</u> ml/kg/hr Stools:	
	NG output: PO intake:	
	Feed Formula: Feed Schedule:	
	IV Fluids - Type of IVF: <u>DNS</u> @ <u>25</u> ml/hr (<u>60+</u> 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>141</u> K <u>4.1</u> Cl <u>112</u> Ca Mg P HCO3 Sr. Amylase: Sr. Lipase:	
	Latest LFT:	
Abd Exam: <u>Soft NT No organomegaly.</u>		
Any organomegaly? ☐ Yes ☒ No - If yes, describe:		
Plan (G.I. & Liver):		
INFECTION	☒ Febrile ☐ Afebrile Current Antibiotics Details (antibiotic name and day #):	
	Cultures Sent? ☐ Yes ☐ No - If yes, details: <u>One febrile @ Day 4 (cefotaxime)</u>	
	Describe c/s Reports:	
	Other Labs (Latex, Serology, etc):	
Ongoing Antibiotics:		
NEPHROLOGY ISSUES	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):	
	Any Coagulopathy: <u>12.5 / 11.7 / 2.37L</u>	
	Relevant Transfusion History: <u>5/29</u>	
	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>Stop sedation & assess neurologic status / speech & extubate based on neurologic status</u>	

Doctor's Name (Handover given): [Signature]

Signature: [Signature]

Date & Time: 17/07/2020

Doctor's Name (Handover taken): [Signature]

Signature: [Signature]

Date & Time: 17/07/2020



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/08/24 8:00a	S/B Dr PRANEETH	
	Δ: Post-facial tumor (S/D) GTE	
	(14) Inoperable shut	PLAN
	On Examination of	1. Dependent
	Reduction	2. Plan to Extubate today
	1) Eye opening & tracking ⊕	3) Add IV Paracetamol.
	2) move all four limbs	4) Test if same
	3) Pupil 6/6 3mm ⊕	5) Return NG tube
		6) Post Extubation if tolerated add oral Sips
		7) Will continue in PICU today.
		noted by <u>mesh</u> 17/08/24
		<u>apw</u>

CUV-00179009
 Baby BUSI NIKSHITHA MELVINA (F)
 14-08-2024 1 Y 11 M 2 D
 Dr. KOKKULA PRANEETH

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/8/24 9am	o/s B Neuro team PF - 1080L - Raised 2ep signs o/s (P) VP shunt - total excision of tumor	
		PODL
	<u>Issues</u>	
	→ No fever	<u>plan</u>
	→ Sensation good	(1) Extubation trial
	o/s	
	o/s Vp M5 B4 R4 Be pop U 2 and TL som full No facial weakness cough (+) localizing path DTR weak	(2) Hematology opinion
		Trace (3) EST for malignant cells
		Noted by Neu theam

Date & Time	Progress Notes	Doctor's Order
17/06/26. 9:50pm	Bed 2 counselling	
		Dr. Rameh Konehci Dr. Sri Partha.
	child is off sedation. Spontaneous eye opening (+) Today Today we are planning to extubate the child. we should look for Snidor, feeding difficulties post that. Repeat CT scan after surgery showing mild post operative changes. Histopathology report is awaited. Today we are taking Hematology reports. Opinion.	
	<u>Father</u> TB notes.	<u>Boony</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/24	C/S/R Dr. Farhan Sir	
11 AM	Δ: posterior fossa tumor / slp excision / slp (R) VP shunt - Issues - - ventilatory support - Child is opening eyes spontaneously, tracking ⊕ - NO seizures - no fever spikes O/E: HR - 137/min RR - 33/min TRP - 102/68(84) mmHg SpO₂ - 100% on 40% FIO₂ SMMV PC - FIO₂ : 40% PEEP : 5 PIP : 5 P_s : 5 Neuro: B/L AE ⊕ PA : Soft CNS - EY V M, B/L pupil 2mm equal, reactive to light no focal neurological deficits.	Plan - - Extubation - monitor vitals - Continue Antibiotics Noted by nurse 17/7 11 AM Chg Farhan

CUV-00179009 IP5-00176432
 Baby BUSI NIKSHITHA MELVINA (F)
 14-08-2024 1 Y 11 M 2 D
 Dr. KOKKULA PRANEETH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/2024 11:00 AM	<u>Examination Notes</u> After successful spontaneous Breathing trial chest was expanded - no chest indentations expansion well	
	<u>phys</u> ① ARY after 1 hour ② ARY after 4 hours	
	noted by MSH 17/7c 11:30	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/8/26 5:00pm	CLS/B Dr Praneeth. Sri Asis - Post-fona ICSOL & Hydrocephalus s/p excision of tumor + 1st programmable ventriculostomy	Plan - 1) chest physiotherapy 2) Start feeds. 3) Remove foley's 4) semisolid diet to encourage. 5) Add laxative.
	on Room Ais HR - 164/min SpO₂ - 100% BP - 114/70 mmHg RR - 35/min	not by mth 17/7c GP -
12/8/26	Ch/B neurology Extubated around 10am No fever / vomiting Sensorium - improved for eye & touch recog. parents follow commands, reaching for objects no focal asymmetry	① chest pt ② monitor vitals ③ plan to shift to ward 10am

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26 8am	<u>NUTRITION REVIEW</u>	STOOL PASSED=0
	PBW: 10.2 kg (>10th centile)	
	REE: 571.2 Kcal/d	Hb: 12.5 Plt: 2-37L
	RDA: 720 Kcal/d	
	NG Feeds	
	Peptamen junior	
	C1: 35 ml dilution	Recall vol = 350 ml/d
	100 ml @ 3rd haly	
	16 scoops For REE	10 scoops For Recall
	Vol = 560 ml/d For REE	
	70 ml @ 3rd haly For REE	
	<u>MACROS (REE)</u>	<u>MACROS (RECALL)</u>
	Cal: 584 ; 57.2 Kcal/kg/d	Cal: 365 ; 35.7 Kcal/kg/d
	Prt: 16 ; 1.56 g/kg/d	Prt: 10 ; 10.98 g/kg/d
	Carbs: 81.6 ; 8 g/kg/d	Carbs: 51 ; 5 g/kg/d
	Fat: 20.8 ; 2 g/kg/d	Fat: 13 ; 1.27 g/kg/d
		<u>Present Feed: 100ml/3rd haly</u>
		Diitian Mounice

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 3 D (F)
Dr. KOKKULA PRANEETH




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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 15/7/20 Day of Admission : 3 Today's Date & Time : 18/7/20 8AM

PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : posterior fossa tumour ? epidermoid / s/p excision s/p upstunt (R)	Current Issues : - oral feeds - new onset fever.
	VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : B/L AE @, R/LRS	
	CXR : WNL	
	SPO ₂ : 98% on 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 Nebs : NO ICD ? ☐ Yes ☐ No, if Yes, details :	
	Plan of care : prevent hypoxia	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam . (Heart sounds, murmur etc.) : S1S2 @, normal	
	Quality of Pulses : good cap refill Time : 1.3 sec Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : (IBP) 98/55(70) 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 : (R) Raised	
CNS	Central line in situ : ☐ Yes ☐ No Place of central line & its condition :	
	Day of arterial line : 3 Day of Central line :	
	Plan of Care :	
CNS	Neuro Exam : 6/15-15/15, moving all 4 limbs no focal neurological deficits	
	Pupils : B/L 2mm Reactive to light 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 : ml/kg/hr Stools :	
	NG output : PO intake :	
	Feed Formula : <u>Peptamin Jr</u> Feed Schedule : <u>100 ml 3-2 hr</u>	
	IV Fluids - Type of IVF : @ 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>143</u> K <u>4.1</u> Cl <u>112</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase :	
	Latest LFT :	
Abd Exam : <u>Soft, no organomegaly</u>		
Any organomegaly ? ☐ Yes ☒ No - If yes, describe :		
Plan (G.I. & Liver) : <u>Increase oral feeds</u>		
.....		
INFECTION	☒ Febrile ☐ Afebrile Current Antibiotics Details (antibiotic name and day #) : <u>1 Level spike at 4Am - 100%</u>	
	Cultures Sent ? ☐ Yes ☐ No - If yes, details : <u>Big - Cefo TAXIME Day 3</u>	
	Describe c/s Reports :	
	Other Labs (Latex, Serology, etc) :	
	Ongoing Antibiotics :	
NEPHROLOGY ISSUES	Sr. Creat : <u>0.2</u> Bld. Urea : <u>4</u> 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) :	
	Any Coagulopathy : <u>12.5 - 11.470 - 2.3 L</u>	
	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 : <u>CSF malignant cells</u> Pending Consultations : ☐ Yes ☐ No If yes, then details :
		
		
		
FINAL COMMENTS	<u>Increase oral feeds</u>	

Doctor's Name (Handover given) : Dr. Pratyusha
 Signature : [Signature]
 Date & Time : 18/12/20 8AM

Doctor's Name (Handover taken) : Dr. Pratyusha
 Signature : [Signature]
 Date & Time : 18/12/20 8AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/2/26 gan	<u>C/S/B Neuroteam</u> PF - 2 CLOC - raised ICP signs C/R hemiparesis S/P (R) VP shunt & total excision of ICSOL (POD-2) <u>Issues</u> 1. fever spike sensorium good <u>o/z</u> conscious EOM - full No facial weakness B/L pupils equal (R) LL hypotonia Good autogravity move. on (H) UL & LL (R) UL & LL	<u>plan</u> ① Shift to ward ② cont. scan R

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 4 D
Dr. KOKKULA PRANEETH



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>clownelling note</u>	
18/8/26 gan		Dr. Ramesh <u>Bed 2</u>
	There is weakness of (R) lower limb. Lever can be there post operatively. otherwise child is stable. we'll shift to ward today.	
		Dr. Harika

Date & Time	Progress Notes	Doctor's Order
Plotting 1:00pm	c/s/B Dr Sandeep kreddy A: Poster for a tumor - slip GTR I Prognosis V.P. fluid → one few spikes 8:00am Yesterday e 4:00am → thermodynamically stable → off O ₂ Vital signs stable GCS = 15/15. Eye tracking (+) No focal deficits Vocalization (+)	PURU if flit towards noted by nurse

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26	CLS/B Dr Ramesh	
	D: Posterior fossa tumor sp tumor excision <u>sp VP shunt.</u> <u>Issue:</u> - 2 fever spikes ⊕ - clinically better - (R) LL hypotonia ⊕	<u>plan?</u> - Remove 1 iv line - oral levofloxacin - shift out - Continue iv Antibiotics noted by neurologist @ 1pm 18/7/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/2/20 3:30pm	<u>Shifting Notes</u>	
	patient is currently on Room Air, accepting NG & oral feeds well	
	<u>Plan</u>	
	<u>shifting vitals</u>	1.) Chest physiotherapy
	HR - 144/min	2.) continue IV antibiotics & oral Paracetamol
	SpO ₂ - 100%	
	BP - 101/60 mmHg	3.) Trace CSF for Malignant cell
	RR - 34/min	4.) continue NG & oral feeds
		5.) no motor stimulation
	Noted by Vandana	<u>1/20/20</u>
18/7/26 8pm	<u>C/D/W or parsha man</u>	
	<u>Issue:-</u>	<u>plan.</u>
	100% stools 10 episodes since morning.	1. IVF DNS 20ml/hr 1/2 maintenance
		2. stool output monitoring
		3. w/F signs of dehydration
		4. If loose stool persist change formula to Isomol.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/11/24 9:05 AM	<u>Posterior Fossa - ICSOL</u> Ⓡ hemiparesis s/p Ⓡ VP shunt & total excision of ICSOL POD-3	
	<u>Issues:</u> c/o excessive cry due to pain Consciousness - Good	
	<u>O/E:</u> Child conscious EDM - full No facial weakness B/L pupils NSRL Ⓡ LL hypotonia (+) Good antigravity movements Ⓡ - UL > LL LL UL < LL	<u>Adv:</u> stop Nefedol - Give oral feeds - vitals - stop Abx. - vitals - SOS Tramadol
		Dr. Praneeth



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 9pm	C/S/B Neuroteam Posterior fossa - ICSOL $\bar{c}$ $\uparrow$ ICP $\bar{c}$ (R) hemiparesis s/p (R) VP shunt & total excision of ICSOL POD - 3 <u>Issues:</u> - No fever spikes ; pharyngitis - Sensorium - Good. <u>O/E:</u> Child conscious A EOM - full B/L pupils normal size reacting to light vitals - stable	
20/7/26 2pm	C/o excessive cry (+) ; irritability (+) <u>Plan</u> Accepting oral feeds Responding to commands Pv/peri - N/warm HR - 102/min RR - 28/min SpO₂ - 99% $\downarrow$ RA	<u>Adv</u> 1) w/f vitals 1) Shift to PICU for observation



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 15/08/26 Day of Admission : 7 Today's Date & Time : 20/08/26

PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : Posterior fossa tumor csp. ATR of tumor @ hemiparesis @ VP shunt		Current Issues : > Irritability > 7/20 movement	
	Today's Wt. (kg) :		Temp. :	
VITAL SIGNS				
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : ATR @ chest clear			
	CXR : 9/11 LRA			
	SPO ₂ : 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 Nebs : ICD ? ☐ Yes ☒ No, if Yes, details :			
	Plan of care : 7 ct care			
	CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : No murmur		
Quality of Pulses : good cap refill Time : 2 sec Liver Edge : cm below Rt costal margin				
Blood Pressures : NIBP : 89/60 mmHg 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 :				
Central line in situ : ☐ Yes ☒ No Place of central line & its condition :				
Day of arterial line : Day of Central line :				
Plan of Care :				
CNS	Neuro Exam : GCS = 15/15 Irritability @ ? involuntary movements			
	Pupils : 4/4 Pupils R @ 2mm Sedation Used ? ☐ Yes ☐ No Any paralysis ? ☐ Yes ☐ No			
	Types of Sedation : Types of Paralysis :			
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :			
	Plan of Care : > Review - neurologist > Assess involuntary movements 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 : ml/kg/hr Stools :	
	NG output : PO intake :	
	Feed Formula : Feed Schedule :	
	IV Fluids - Type of IVF : @ 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 K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase :	
	Latest LFT : Abd Exam : Any organomegaly ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) :	
INFECTION	☐ Febrile ☐ Afebrile Current Antibiotics Details (antibiotic name and day #) :	
	Cultures Sent ? ☐ Yes ☒ No - If yes, details : <i>Afebrile</i>	
	Describe c/s Reports : <i>Not on Antibiotics</i>	
	Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
NEPHROLOGY ISSUES	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) :	
	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	
FINAL COMMENTS	If yes, then details :	
	Pending Lab Results : ☐ Yes ☐ No If yes, then details : Pending Consultations : ☐ Yes ☐ No If yes, then details :	
<i>-> Review neurologist for assessment of movement</i> <i>-> Control pain.</i>		

Doctor's Name (Handover given) : *Wahid*

Signature : *[Signature]*

Date & Time : *20/11/2021*

Doctor's Name (Handover taken) :

Signature :

Date & Time :



THE HUMPTY DUMPTY SCALE

14/7 15/7 18/7 19/7 20/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	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					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4			4	4	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	2	2		2	2
	Oriented to own ability	1			1		
	History of Falls or Infant-Toddler Placed in Bed	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	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	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3	3	3		3	3
	One of the Meds listed above	2					
	Other Medications / None	1			1	1	1
Total			13	13	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
Call device within reach		✓	✓	✓	yes	yes
Wheels Locked		✓	✓	✓	yes	yes
Room free of clutter		✓	✓	✓	yes	yes
Adequate lighting		✓	✓	✓	yes	yes
Wheel chair support		✓	✓	no	no	no
Other Intervention(s) Specify		✓	✓	no	no	no
Nurse's Name:		Shruti	prema	Airon	hanila	hanila
Signature:		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		15/7	16/7	18/7	19/7	20/7
Time:		6AM	6AM	6AM	6AM	6AM



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 15/7/20

Date of Removal: 17-07-20

Parameters	Date	Shift Time	15/7/20 Night	16/7 Night	17/7 D				
Need for the Catheter			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?			☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever			☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion			☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse			Shanty	manu	Shan				
Signature of the Nurse									



VENTILATOR CARE BUNDLE CHECK LIST

Date of Intubation: 15/7/26

No of Days on Ventilation: 3

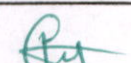
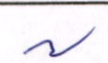
Date of Tracheostomy:

Parameters	Date	Shift Time	15/7 Night	16/7 Morning	17/7			
Ready for Extubation today? (Discuss during the clinical round)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Sedation holiday discussed? (Discuss during the clinical round)			☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Ventilator Circuit visibly soiled? (If Yes - Please Change)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Suction container visibly Soiled? (If Yes - Please Change)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Inline Suction Used?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is AMBU bag soiled? (If Yes - Please Change)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check AMBU bag kept in a clean, Non-Sealed plastic bag? (If No - please change)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is there condensate in the ventilatory circuit? (If Yes - drain away from the patient)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Head End elevated by 15°-30° (for neonates 10°-15°)? (If No - please change)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Oral and Nasal Care every 4 Hrs			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Mouth Care with EBM (Only for Neonatal Patient)			☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is ET / Oral Suction needed (2nd hrly)			☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Sterile Suctioning Done			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse			Shruti	manu	Shruti	Extubated		
Signature of the Nurse						12/7/26		

CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☐ PICC Line ☐ UAC ☐ UVC ☐ Other ISV Date of Initial Line Insertion: 16/7/20 Duration of Central Line: 1

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date	Shift Time						
Can we remove Central Line today (Discuss in the clinical round)	16/7	night	☐ Yes ☒ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Blood at insertion site (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Any peeling of dressing? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is dressing clean and dry? (If no inform the doctor)			☒ Yes ☒ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing intact and labelled properly			☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Central line changed on			NO	-				
Name of the Nurse			praveen	shree				
Signature of the Nurse					Removed 17/7/20 11 AM			



BED SIDE CHECK LIST FOR NURSES

Date:	15/7/20	15/7	15/7						
Doctor's Orders	Follow	Followed	Followed						
Carried out or not	Carried	Carried	Carried						
Bed Side									
Structured Handover done	Done	Done	Done						
IV Site	Yes	Yes	Yes						
Central Lines	NA	NA	NA						
Arterial Lines	Yes	Yes	Yes						
Feeding Catheter	Yes	Yes	Yes						
Urinary Catheter	Yes	Yes	Yes						
Skin Care	Given	Given	Yes						
Eye Care	Given	Given	Yes						
Mouth Care	Given	Given	Yes						
Sterillum Bottle, Stethoscope	Bed Side	Bed Side	Yes						
Suction Bottle (Should be clean & empty)	Empty	Empty	Empty						
Intubation Tray	Ready	Ready	NA						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	Loaded	Loaded	Loaded						
Ventilator Tubing, (Any Water, Blood)	NA	NA	NA						
Humidification	Yes	Yes	NA						
Check all Infusion (Labelling, Correct Preparation)	Labelling	Labelling	Labelling						
Chest Physio & Neb	NA	NA	NA						
Handed Over By Name :	Shanti	Shanti	Shanti						

Checked & Handover given by

Name of the Nurse : Shanti

Signature : [Signature]

Date & Time : 15/7/20 11PM

Checked & Handover taken by

Name of the Nurse : Shavani

Signature : [Signature]

Date & Time : 15/7/20 8 PM

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Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 6 D (F)
Dr. KOKKULA PRANEETH




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BED SIDE CHECK LIST FOR NURSES

Date:	21/8								
Doctor's Orders	Followed								
Carried out or not	Carried out								
Bed Side	clean								
Structured Handover done	yes								
IV Site	yes								
Central Lines	no								
Arterial Lines	no								
Feeding Catheter	yes								
Urinary Catheter	no								
Skin Care	Given								
Eye Care	Given								
Mouth Care	Given								
Sterillum Bottle, Stethoscope	Bed side								
Suction Bottle (Should be clean & empty)	Empty								
Intubation Tray	NO								
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	loaded								
Ventilator Tubing, (Any Water, Blood)	NO								
Humidification	NO								
Check all Infusion (Labelling, Correct Preparation)	Labelling								
Chest Physio & Neb	NO								
Handed Over By Name :	Dr. Kokkula								

Checked & Handover given by

Name of the Nurse : Dr. Kokkula

Signature : [Signature]

Date & Time : 21/07/26 @ 8AM

Checked & Handover taken by

Name of the Nurse : Navaneetha

Signature : [Signature]

Date & Time : 21/7/26 @ 8AM

Doc. No. : RCHBH/FRM/GENERAL /088

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Dr. KOKKULA PRANEETH



PATIENT ASSESSMENT ON RESTRAINT

Doctor Ordered : ☒ Yes ☐ No

Consent Obtained : ☒ Yes ☐ No

Nursing Incharge Notified :

Type of Restraint : ☐ Physical ☒ Chemical

Drug Name: Morphine Dose:

PATIENT RISK FACTORS: (to be filled by Doctor)

Indicate any that could possibly make the patient a higher risk during seclusion / restraints notify the physician:

Heart Problems : Bradycardia

Others : Hypotension

Respiratory Problems : Respiratory depression

Others :

Other Medical Problems :

Others :

Psychological Risk Factors :

Comments :

Patient Behaviour :

Reasons explained to patient \ Attender : yes

Comments :

Less Restrictive Measure :

Reason for Discontinuation :

Doctor Signature: [Signature]

Doctor Name: Sayabr

Date & Time: 15/12/24

Restraint Monitoring (to be filled by Nurse)

Parameters	Date	Time	Date	Time	Date	Time	Date	Time
		12/7/26	8AM	12/7/26	8AM			
Pulse	99		108					
Respiration	25		30					
Circulation	Good		good					
Patient Response								
Calm								
Sleeping	✓		✓					
Unaware								
Restless								
Skin								
Redness	NA		NA					
Swelling at Restrained Area	NA		NA					
Need for Continuous Restraint								
Yes	✓		✓					
No								
Restraint Released Time	Continue		continue					
Restraint Re-applied Time	Continue		continue					
Restraint Discontinued Time	Continue		continue					

Signature of the Nurse: Shanty

Name of the Nurse: Shanty

Date & Time: 12/7/26 8AM



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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 19/7/26 Time: 8am

Weight: 10.2 kgs Centile: 25th

Height: 80 cm Centile: 25th

Inference: Underweight child

RDA: - Calories: 1200 kcal/d Protein: 20g/d

Diet Recommendations: NG peptamen jr (1.35ml) feeds (450ml/30hly) + soft diet

Re-Assessment: Avoid spicy, chilled, outside foods

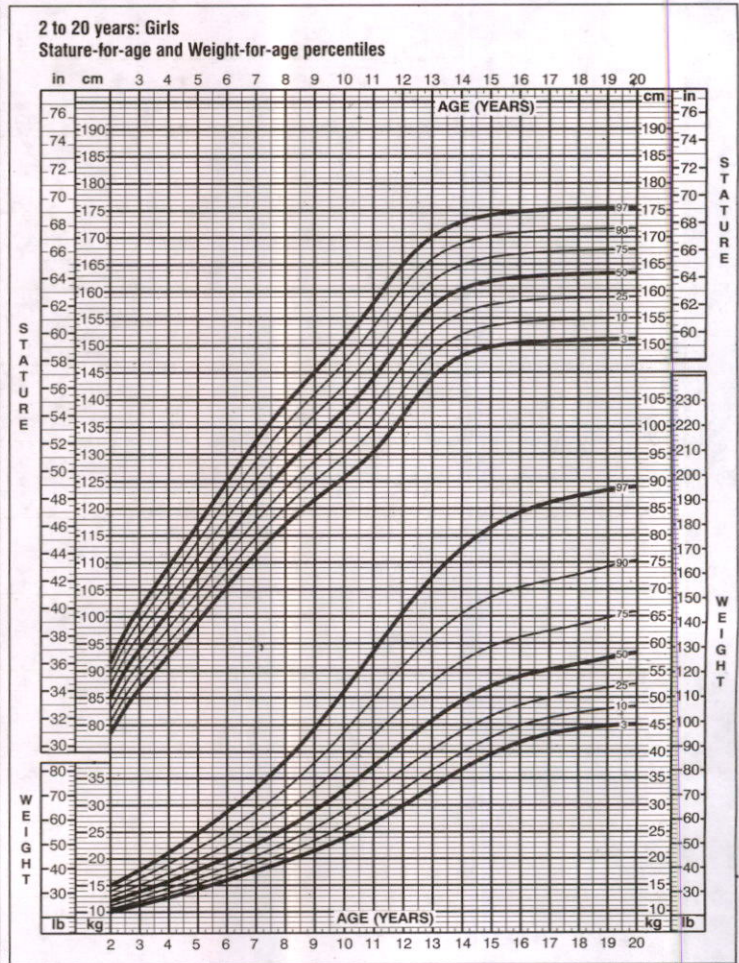
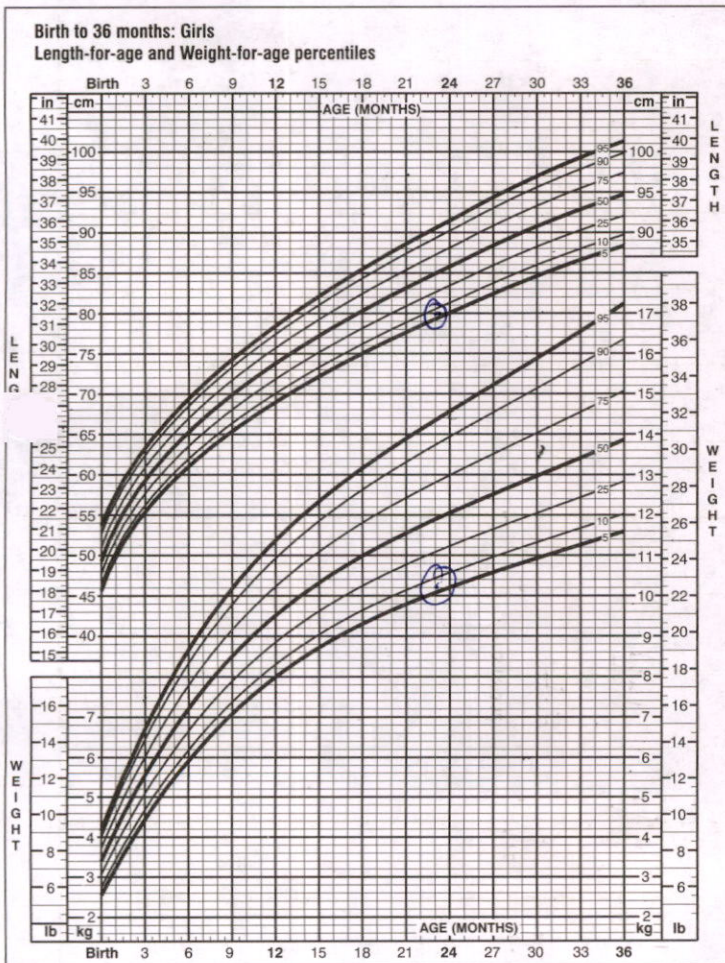
Food Allergies: No Veg/Non-veg: Non-veg

Diagnosis: Posterior fossa tumor, s/p tumor excision, s/p VP shunt

Nutritional Intervention - ☒ Oral ☒ Enteral ☐ Parenteral

Patient's Signature: TS makes

GROWTH CHART (GIRLS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

Daily Notes:

[illegible]

PATIENT TRANSFER FORM

Patient Name & UHID No. CUV-00179009 IP5-00176432 Baby BUSI NIKSHITHA MELVINA 14-08-2024 1 Y 11 M 4 D (F) Treat Dr. KOKKULA PRANEETH 		Date & Time of Admission 15/7/26 @ 9pm	Date & Time of Transfer Order 15/7/26 4:30pm
Transfer Ordered by Dr. Praneeth		Reason for Transfer Stable	
From Unit PWO	To Unit 234	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 80	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If Yes, what?	Patient shifted with ID band: Yes ☒ No ☐ If No:	
Number of Imaging Films X-ray - 2			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Kokkula Praneeth 15/7/26 @		Name of Person Ordered Transfer Dr. Praneeth	
Patient & Clinical Records Received by : Kokkula Praneeth 15/7/26 4:30pm			
Date & Time of Patient Received :			

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

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CONSENT FORM FOR RESTRAINT

Patient Name : Busi Nikshitha Melvina UHID No :

Gender: ☐ Male ☒ Female Age : 1 year 11 months Date of Restraint : 16/7/26 Time of Restraint :

Type of Restraint:

Physical :

Chemical : MORPHINE

Duration of Restraint :

Any likely complications: ☒ Hypotension ☒ Bradycardia ☐ Injury to skin

Any alternatives: ☐ Yes ☐ No if 'Yes' Specify:

I have been explained the risk, benefits and alternatives of the same in the language that I know.

Patient Attendant :

Signature : G.N. Keerthi

Name : G. Nagma Keerthi

Relationship with Patient: Mother

Date & Time : 16/7/26 8am

Witness :

Signature : Shanty

Name : Shanty

Address : RCI

Contact No:

Date & Time: 16/7/26 8AM

Doctor (who is taking the consent) :

Signature : Jyoti

Name : Jyoti

Date & Time : 16/7/26 8AM

నియంత్రణ కోసం సమ్మతి ఫారమ్

రోగి పేరు యు.హెచ్.ఐ.డి

వయస్సు లింగం పు స్త్రీ నియంత్రణ సమయం నియంత్రణ రకం:

నియంత్రణ రకాలు:

భౌతిక

రసాయన

నియంత్రణ యొక్క వ్యవధి

ఏదైనా సమస్యలు సంభవించే ఆస్కారం: అధిక రక్తపోటు గుండె తక్కువ వేగం తో కొట్టుకొనుట (బ్రాడీకార్డియా)

చర్మానికి గాయం

ఏదైనా ప్రత్యామ్నాయాలు అవును కాదు

నాకు తెలిసిన భాషలో వాటి వల్ల కలిగే నష్టాలు ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు వివరించబడ్డాయి

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము



CONSENT FOR SPECIAL PROCEDURES

Patient Name : Busi Nikshitha Melvina Gender: ☐ Male ☒ Female

UHID No : CUV-00179009 Department : PECC Date : 15/7/26

I S/D/W/O

Here by give consent for procedure of : Foley's Catheter

For my patient, Named :

The doctors have clearly explained to me that the procedure has following possible complications:

Injury, Trauma, Phlebotomy

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

Nil.

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: OT

Patient Attendant :

Signature : G. N. Keerthi

Name : G. Navya Keerthi

Relationship with Patient: Mother

Date & Time : 15/7/26 8pm

Witness :

Signature : Shonty

Name : Shonty

Date & Time : 15/7/26 8pm

Doctor (who is taking the consent) :

Signature : J1

Name : Jayale

Date & Time : 15/7/26 8pm

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 Baby BUSI NIKSHITHA MELVINA
 14-08-2024 1 Y 11 M 2 D (F)
 Dr. KOKKULA PRANEETH



HANDOVER FORM

from ☒ PICU / ☐ NICU to Operation Theatre

Date: 15/7/26 Time: 6:22 pm

Procedure: CEF shunting for hydrocephalus

Diagnosis: posterior fossa lesion & hydrocephalus

Gestational Age: Post Conceptional Age:

Time of Reaching OT: 6:22 pm Time of Leaving ICU: 6:20 pm

Brief History / Events:

GCS: ☐ E ☐ V ☐ M ☐ Y ☐ VT A/V/P/U Temperature 98.6°F Pupils B/L 2mm, reacting to light

Pulse Rate: 118/min RHYTHM: regular CRT: 2 seconds MURMURS: nil BP: 120/80 mmHg Peripheral Pulses - Good Volume / No good volume

Resp. Rate: on ambu bagging Breathing Pattern: regular bagging SpO₂: 100% O₂ Support: ET-ambu NIV: ventilation

ETT		VENTILATORY SETTINGS:	
Cuffed / Uncuffed		PIP:	PEEP:
Size	4.5 mm	RR:	FI _{O₂} :
Length of Fixation	12 cm	INSPIRATORY TIME:	

NG LENGTH OF FIXATION	LAST FEED	LAST GRBS	OTHER DRAINS	FOLEY'S	OTHER OBSERVATIONS

CENTRAL / PICC LINE	SITE	SIZE	No. of Lumens	Free Flow - Yes/No
ARTERIAL LINE	SITE	GAUGE	Back Flow - Yes / No	
PERIPHERAL LINES	SITE	SIZE	Free Flow - Yes / No	
	SITE	SIZE	Free Flow - Yes / No	
	SITE	SIZE	Free Flow - Yes / No	

IV Fluids:	Solution:	Rate:	CBP:	Hb	WBC	Platelets
Other Infusions:			S Electrolytes:	Na	K	Cl HCO ₃
Rate of Flow:			Coagulation:	PT	APTT	
Other Infusions:			ABG / VBG / CBG:	pH 7.56	PaO ₂ 123	PaCO ₂ 15 B.E 19 Lac 3

Antibiotics -	DRUG:	DOSE:	TIME OF LAST DOSE:	OTHERS:

Note (If any):

HANDOVER TAKEN BY

Signature: _____

Doctor Name: _____

Date & Time: _____

Docu. No. : RCHBH / FRM / CLINICAL / 030

* A - Alert / V - Verbal / P - Pain / U - Unresponsive

HANDOVER GIVEN BY

Signature: _____

Doctor Name: Dr. Prathap

Date & Time: 15/7/26, 6:26 pm



INFORM HIGH RISK PROCEDURE / SURGERY

Name: BUSI NIKSHITHA MELVINA Age: 1y 11m Gender: ☐ Male ☒ Female

UHID.No: CUV-00179009 Date: 15/7/2026

I / We A. MOSES have been explained by Dr. Praneeth about the medical condition and the proposed procedure.

I / We have been told that our patient BUSI NIKSHITHA MELVINA has the following Medical Conditions / Diagnosis:

POSTERIOR FOSSA SOL E HYDROCEPHALUS

Proposed Treatment / Procedure / Operation:

MSO craniotomy and excision of tumour

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

Bleeding, Blood transfusion, Residual, Need for adjuvant therapy, limb weakness, lower cranial nerve palsy, post-op mechanical ventilation

I / We have been explained risk, benefits and alternatives of the procedure. Tracheostomy, life risk, ICU stay

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.

I / We also indemnify the hospital, the concerned Doctors and the hospital staff in case of any adverse consequences arising from the treatment.

Patient (Or Patient Relative / Guardian):

Signature: A. Moses

Name: BUSI. MOSES

Date & Time: 15/7/2026

Doctor (Who is talking the consent)

Signature: Dr. Praneeth

Name: Dr. Praneeth

Date & Time: 15/7/2026

Witness

Signature: G. Navya Keerthi

Relative / Legal Guardian: (Relationship with Patient)

Address: Bimavaram

Date & Time: 15/7/2026

Name: G. Navya Keerthi

Relationship: Mother

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Praneeth
Asst. Surgeon : Dr. Sripathi
Anaesthetist : Dr. Shilpa
Scrub Nurse : Alam. Sujata

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 2 D
Dr. KOKKULA PRANEETH

Patient Name :
UHID No. :



Gender : IV
Craniotomy

Date : 16/7/26 In-time : 10:45 am Out-time : 9:00 pm

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Before Induction of Anaesthesia >>

SIGN IN

Time: 9:40 am

Patient Has Confirmed

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

Site Marked

☐ Yes ☐ No ☒ NA

Anaesthesia Safety Check Completed

☒ Yes ☐ No

Pulse Oximeter on Patient & Functioning

☒ Yes ☐ No

Does Patient have a:

Known Allergy? ☐ Yes ☒ No

Difficult Airway / Aspiration Risk?

Yes, & Equipment / Assistance Available ☐ Yes ☒ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?

Yes, and Adequate Intravenous Access and Fluids Planned ☒ Yes ☐ No ☐ NA
Blood Units Reserved ☒ Yes ☐ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes?

☒ Yes ☐ No ☐ NA

Signature : Dr. Tejaswini

Name : Dr. Tejaswini

Before Skin Incision >>

TIME OUT

Time: 11 Am

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

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

Anticipated Critical Events

Surgeon Reviews:

What are the Critical or Unexpected Steps, Operative Duration, 8 hrs 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 : Dr. Praneeth

Name : Dr. Praneeth

Before Patient Leaves Operating Room

SIGN OUT

Time: 20:55 pm

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) Biopsy to Nimbhans ☒ 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

Intubated

Signature : Dr. Praneeth

Name : Dr. Praneeth



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 16/7/26

Department : P.OT Duration of Procedure : 5 hours

Name of Surgeon : Dr. Praneeth Date of Admission : 15/7/26

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 : Inj. cefalexim 6Am	Sravani
2.	Hair Removal ☒ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☒ Operating Room ☐ Other : Nil Skin preparation done (cleanse surgical area with antiseptic agent)? ☒ Yes ☐ No	Sravani
3.	Patient's body temperature immediately post operation (Recovery Room) 38.9 °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	Sravani
4.	Name of doctor or staff administering the antibiotic : Sravani.D Date & Time of antibiotic administration : 16/7/26 @ 10Am Date & Time procedure started : 16/7/26 @ 11Am	Sravani

- 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

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 2 D (F)
Dr. KOKKULA PRANEETH

Rainbow
Children's
Hospital
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Your Right to a Safe Delivery

POST-SURGICAL CARE PLAN FORM

Procedure Done: MEO craniotomy + tumour excision

Post-Surgical Diagnosis: P. fossa Soc

Post-Operative Monitoring Parameters /Frequency:

q4s, vitals, I/O

Wound Care:

Drain /Special Lines/Catheters:

artificial, Central line

Special Patient Positioning and Requirements:

Prop up

Nutritional Instructions:

NPG

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)

Date: 16/7/2020 Time:

Note: Plan of care will be readjusted if necessary.

POST-SURGICAL CARE PLAN FORM

Operating Room

Post-Operative M. J. Jones

Post-Operative M. J. Jones

Post-Operative M. J. Jones

Post-Operative M. J. Jones

Post-Operative M. J. Jones

Post-Operative M. J. Jones

The new owner of the hospital is a doctor who is a member of the American Medical Association.

Post-Operative M. J. Jones

Post-Operative M. J. Jones

Post-Operative M. J. Jones

The new owner of the hospital is a doctor who is a member of the American Medical Association.



REQUEST FOR CREDIT FACILITY

To,
The Credit Billing,
Tenet Diagnostics,
Banjara Hills, Hyderabad.

Patient details:
CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 1 D (F)
Dr. KOKKULA PRANEETH


Dear Sir/Madam,

We are sending the above mentioned patient for the diagnostic test Contrast enhanced MRI
Brain with spine screening under sedation in your diagnostic center on credit basis. Request
you to kindly do the needful. The bill will be settled by Rainbow Hospital, billing department as per the agreement. For
any further queries, please contact the billing manager.

Order ID: 50009704223

Thanking you,
Department of Inpatient Billing

Coordinator:

Signature: Menag AL

Name: Menag AL

Date & Time: 15/08/2024 @ 6:30 pm

Billing Executive:

Signature: Abdul HUSSAIN

Name: Abdul HUSSAIN

Date & Time: 15/08/2024 @ 6:52 PM

Mobile (Billing Manager): 9247505898

Billing Department
Rainbow Children's Medicare Ltd
Banjara Hills, Hyderabad

Manager on Duty (MOD):

Signature: R. Reshmi

Name: R. Reshmi

Date & Time: 15/08/2024 6:35 PM

Mobile: 9676838787

Docu. No: RCH/ FRM/ GENERAL/ 663

PATIENT TRANSFER FORM

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 5 D (F)
Dr. KOKKULA PRANEETH



Date & Time of Admission 15/7/26 5:57 PM	Date & Time of Transfer Order 20/7/26 10 AM
Treating Consultant Name DR. Kokkula Praneeth	Transfer Ordered by DR. Harika
Reason for Transfer Now Condition - Stable	
From Unit PICU	To Unit 234
Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 30	Number of Imaging Films X-Ray - 3
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.	Syb Lcvepi	1
2.	Doop Progg	1
3.	Nasoclear Nasal Drops	1
4.	Syb Paracetamol	1
5.		

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

Name & Signature of Person who is Transferring Sona.	Name of Person Ordered Transfer DR. Harika
---	---

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 6 D (F)
Dr. KOKKULA PRANEETH
UHID.No : 

Age: Gender: Male ☐ Female ☐

Date:

I S/o, D/o, W/o, hereby

declare that our patient Master/Baby who is related to me as

is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on

The doctors have explained to me in a language understood by me that my child has following health related issues :

IC SOL sip excision of tumor.

The doctors have clearly explained to me that my patient Master / Baby during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child. I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby :

..... in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: *G. N Keerthi*

Name: *G. N. Navya Keerthi*

Relationship with Patient: *Mother*

Date & Time: *21/7/26 @ 8pm*

Witness :

Signature: *Navaneetha*

Name: *Navaneetha*

Date & Time: *21/7/26 @ 8pm*

Doctor (who is taking the consent) :

Signature: *Dr. Kokkula Praneeth*

Name: *Dr. Kokkula Praneeth*

Date & Time: *21/7/26*

Docu. No. : RCHBH / FRM / CLINICAL / 013

**పిల్లల ఇంటర్నల్ కేర్ యూనిట్ లో
అడ్మిషన్ కొరకు సమ్మతి**

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Hospital**
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రోగి పేరు

యు.పా.బి.డి

నేను

s/o. d/o. w/o .

వయస్సు

లింగం ☐ పు ☐ స్త్రీ

..... అనే బాలుడు / బాలిక యొక్క బికిత్తు మేరకు రెయిన్ బోవ్ పిల్లల అనుపత్తి లోని పిల్లల ఇంటర్నల్ కేర్ యూనిట్
తేదీ నాడు పూర్తి సమ్మతితో చేర్చితిని.

మా బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.
.....
.....

రెయిన్ బోవ్ బిల్డిన్గ్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటర్నల్ కేర్ విభాగం లో చేరించి జడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి _____ పీడియాట్రిక్ ఇంటర్నల్ కేర్ విభాగం మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిఫెరల్ ఇన్సర్ట్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్థో లైన్ ప్లేస్ మెంట్, ఛాతీ డ్రైయిన్ లేదా పెరిటోనియల్ డ్రైయిన్ ఇన్సర్ట్ మొదలైనవి. అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా జడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటర్నల్ కేర్ విభాగం లో అనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది. ఒక జడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటర్నల్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమె పై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రబికిత్తా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు సస్థాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు. డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ను ఇంటర్నల్ కేర్ యూనిట్ (పి.బి.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము



CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 1 D (F)
Dr. KOKKULA PRANEETH

CONSENT
IN PEDIA



NIT

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Name: Baby Busi Nikshitha Melvina Age: 1y 11 months Gender: Male ☐ Female ☒
UHID.No: CUV-00179009 Date: 15/7/26

I S/o, D/o, W/o, hereby
declare that our patient Master/Baby who is related to me as
is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on

The doctors have explained to me in a language understood by me that my child has following health related issues :

Posterior fossa Intracranial SOL - with Hydrocephalus -
for VP shunt & definitive surgery

The doctors have clearly explained to me that my patient Master / Baby during his /
her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management,
mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain,
or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure
shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied
that I give consent for various invasive procedure to save the life of my child. I understand that a sick child in Pediatric Intensive Care
Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed
upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections,
bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby :
..... in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved
from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all
necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: G. N. Keerthi
Name: G. Navya Keerthi
Relationship with Patient: Mother
Date & Time: 15/7/26

Witness :

Signature: [Signature]
Name: Shwani
Date & Time: 15/7/26 6AM

Doctor (who is taking the consent) :

Signature: [Signature]
Name: Jayashree
Date & Time: 15/7/26 6AM

Docu. No. : RCHBH / FRM / CLINICAL / 013

Birthright



Rainbow
Children's
Hospital

Consent for Special Procedures

Gender: ☐ Male ☐ Female

Date: 12/12/12

Signature

The doctor has clearly explained to me the procedure as follows: I hereby consent.

Dr. Patel

Signature
12/12/12

Signature

Signature

Signature
12/12/12

(When filled in)

Signature

Signature

Signature

CONSEN

PROCEDURES



Patient Name : Gender: ☐ Male ☐ Female

UHID No : Department : Date : 15/8/26

I S/D/W/O

Here by give consent for procedure of : arterial line.

For my patient, Named :

The doctors have clearly explained to me that the procedure has following possible complications:

Bleeding, Trauma, Infection, Thrombosis

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Pratyusha

Patient Attendant :

Signature : G.N. Keerthi

Name : Keerthi

Relationship with Patient: Mother

Date & Time : 15/8/26 @ 6 PM

Witness :

Signature : Shanani

Name : Shanani

Date & Time : 15/8/26 @ 6 PM

Doctor (who is taking the consent) :

Signature : JM

Name : Jayah

Date & Time : 15/8/26 @ 6:00 PM



CONSENT FOR SPECIAL SEDATION

Patient Name: Busi Nikshitha melvina Gender: ☐ Male ☒ Female

UHID No: CUV 00179009 Department: Anaesthesia Date: 16/7/2026

I S/D/W/O

Here by give consent for procedure for my patient : Nikshitha melvina

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation :
- Possible complications from the procedure of sedation:

Desaturation, Bronchospasm, Laryngospasm

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

Patient Attendant :

Signature : G. Nayya Keerthi

Name : G. Nayya Keerthi

Relationship with Patient: Mother

Date & Time : 16/7/2026 @ 7:00 am

Witness :

Signature : Bhemi

Name : Bhemi

Date & Time : 16/7/2026 @ 7:00 am

Doctor (who is taking the consent) :

Signature : Dr. Shabana

Name : Dr. Shabana

Date & Time : 16/7/2026 7:40 am

ప్రత్యేక మత్తు కోసం సమ్మతి

రోగి పేరు : వయస్సు లింగం పు ☐ స్త్రీ ☐

యు.హెచ్.ఐ.డి. విభాగము

తేదీ

నేను కుమారుడు / కుమార్తె / భార్య

..... అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

వైద్యులు నాకు తెలిసిన భాషలో మత్తుమందు వివరాలను ఈ క్రింది విధంగా వివరించారు:

● సెడేషన్ రకం

● మత్తు ప్రక్రియ నుండి తలెత్తు సమస్యలు:

.....
.....

ప్రక్రియ యొక్క ప్రయోజనాలు, ప్రమాదం, ప్రత్యామ్నాయం గురించి వైద్యులు నాకు వివరించారు.

నేను పైన పేర్కొన్న విషయాన్ని నాకు తెలిసిన భాషలో అర్థం చేసుకున్నాను మరియు మత్తుమందు ఇవ్వడానికి సమ్మతిని ఇచ్చాను.

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☒ Patient Attendant

Operative Procedure: Post cranial fossa ICSOL.

Anaesthesiologist: Dr. SHOBANA

Surgeon: Dr. Praneeth

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 Bleeding, Dehydration, Blood transfusion, Post op ventral

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: G. N. Keerthi
 Name: G. Nanya Keerthi
 Relationship with patient: Mother
 Date & Time: _____

Witness:

Signature: (Bheem)
 Name: (Bheem)
 Date & Time: 16/7/2026

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Shobana Date 16/7/2026 Time: 7:42 am

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

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 రిస్క్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అది 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 ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సింగిల్ వెనస్ 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:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



Moderate Sedation Flow-Sheet

Immediate Pre-Sedation Assessment

B.P	P.R	R.R	Temp	SPO ₂	Pain Score	Weight
88/60	112	14	36.5°C	100%		10kgs

Diagnosis: Posterior fossa tumor.

Procedure: ARI Brain Contrast + spine

Comorbidities: nil

☒ Risk, benefits & alternatives discussed;
☒ Patient understand & elects to proceed
☒ Consents for procedure and sedation signed and dated

ASA Physical Status

☐ ASA PS 1: Healthy Patient
☒ ASA PS 2: Mild Systemic Disease, no functional limitations
☐ ASA PS 3: Severe Systemic Disease, functional limitations
☐ ASA PS 4: Severe Systemic Disease, constant threat to life
☐ ASA PS 5: Moribund Patient unlikely to survive 24 hrs.
☐ ASA PS 6: A declared braindead patient whose organs are being removed for donor purposes

☐ E: Emergency procedure

AS: E 1 M 2 VT

☒ IV Site: Gauge:

Sedation Plan: MAC Tdruas

Allergies: nil

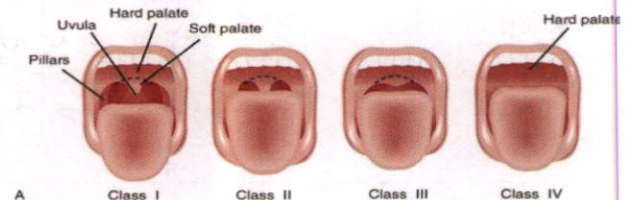
AIRWAY EVALUATION

Mouth:

- ☐ Normal
☐ Loose Teeth
☐ Small Mouth
☐ Protruding Incisors
☐ Receding Lower Jaw
☐ Dentures

Neck:

- ☐ Normal
☐ Decreased ROM
☐ Thyromental Distance Less Than 6 cm
☐ Short Neck



Mallampati Class: ☐ I ☐ II ☐ III ☐ IV

Monitoring of Patient Intra – Procedure

Procedure Monitoring

Heart Rate (HR), Respiratory Rate (RR), Oxygen Saturation (O₂ Sat) continuously monitored, and Level of Consciousness (LoC) to be monitored and recorded minimally every 15 minutes until 15 minutes after the last administration of any sedation, then every 30 minutes, then every 1 hour until stable. Respiratory status to be monitored continuously.

Level of Consciousness (LOC):

- ☐ A - Alert
☐ V - Verbally Responsive
☒ P - Painfully Responsive
☐ U - Unresponsive

on mv.

TIME	BP	PR	RR	O ₂ Sat%	O ₂ Supplementation	Comments / Initials
Baseline						
8:00 AM	138/82	94	14	100%	5L	
8:15	138/82	95	15	n	n	
8:30	n	96	15	n	n	
8:45	n	95	16	n	n	

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME
Inj. MIDAZOLAM	IV	mg	8:10 AM	
Inj. PROPOFOL	IV	10mg	8:20 AM	10mg 8:30 AM 10mg 8:40 AM

Doctor Notes:

Time of transportation to post sedation care room: 9:15 AM LOC: _____

Doctor Name: Dr. Anshika K Signature: [Signature]

Post Sedation Care Room

[illegible]

TOTAL ALDRETTE SCORE AT DISCHARGE =

(If 9 and more patient can discharge from post Sedation care unit

Activity :	Consciousness:	Respiration:	Oxygen Saturation:	Circulation:
Four extremities = 2	Fully awake = 2	Breathe Deep= 2	Sat O ₂ >92 % on room air = 2	BP +/- 20 mm hg of pre-op = 2
Two extremities = 1	Arousal on calling=1	Dyspnea, limited breathing = 1	Needs oxygen to maintain Sat O ₂ >90% = 1	BP +/- 20-50 mm hg of pre-op = 1
No extremities = 0	Unresponsive=0	Apnea = 0	Saturation <90% with oxygen = 0	Bp +/-50 mm hg of Pre-Op = 0

Patient Discharge Time:

Nurse Name:

Signature:

Date: Time:

Consultant Name:

Signature:

Stamp

CONSENT FOR BLOOD TRANSFUSION

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 2 D (F)
Dr. KOKKULA PRANEETH
ight
HOSPITALS
e Delivery

Name: Baby Busi Nikshitha Melvina Age: 1Y 11M Gender: Male ☐ Female ☒
UHID.No: CUV-00179009 Date: 16/7/26

Type of Blood Product: ☒ Fresh Frozen Plasma ☒ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☐ Others

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: G. N. Keerthi
Name: G. N. Keerthi
Date & Time: 16/7/26 @ 11:15 AM

Doctor (Who is talking the consent)

Signature: Dr. Tejaswini
Name: Dr. Tejaswini
Date & Time: 16/7/26 11:15 AM

Witness

Signature: G. John Kishore (Doctor)
Name: G. John Kishore
Date & Time: 16/7/26 @ 11:15 AM

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- | | | |
|---|---|---|
| ☐ తాజా ఘనీభవించిన ప్లాస్మా | ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | ☐ Random Donor Platelets |
| ☐ క్రయోప్రెసిపిటేట్ | ☐ ఒకే ధాత ఫ్లేట్‌లెట్స్ | ☐ Whole Blood |
| ☐ మొత్తం రక్తం | ☐ ఎర్ర రక్త కణం | ☐ ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ జి సర్వేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ఫ్లేట్‌లెట్స్, ప్లెష్ ప్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 2 D (F)
Dr. KOKKULA PRANEETH



Patient

PRBC I

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 16/7/26 Time: @

Blood Group of the Patient: O+ve Blood Group on the Blood Bag: O+ve

Blood Bank Issue No: 16/July/26 BAH26-01432 Date of Collection: 16/Jul/26 Date of Expiry: 26/Jul/26

Date & Time of Starting Transfusion: 16/7/26 @ 11:40 AM Planned duration of Transfusion: 16/7/26

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Sravani Nurse 2: Bapu

Before starting transfusion vitals: Temp: 98.81 HR 101 RR: 28 BP: 98/70 SpO2 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
16/7	15 Min	101	98.81	92/60	100%	-	-	-	-
16/7	15 Min	104	98.81	98/65	100%	-	-	-	-
16/7	30 Min	108	98.71	97/60	100%	-	-	-	-
16/7	30 Min	103	98.61	98/70	100%	-	-	-	-
	30 Min								
	1 Hr								
	1 Hr								

Comments:

Nil

Name of the Incharge-Nurse: Kumari

Name of the Nurse: Sravani

Signature of the Incharge-Nurse: Kumari

Signature of the Nurse: Sravani

Date & Time: 16/7/26 @ 11 AM

Date & Time: 16/7/26 @ 3 PM

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LEUCO REDUCED BLOOD CELLS I.P

Qty. 170 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D.A.
Solution.



Rh Positive

HIV I & II/ HBsAG/ HCV - Non
reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non
reactive

Unit No.: BAH26-01432
Blood Group: O Rh Positive
Collection Date: 16/Jun/2026
Expiry Date: 28/Jul/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not
Add Any M... 4) Check Blood Group on Label & Recipient's

Group and... **Issue Label / Cross Matching Report** ... Set if

With Filter Patient: Baby BUSI NIKSHITHA MELVINA.
There is A Patient's Blood Group: O Rh Positive
Appropriat Hosp/Dr: Rainbow Childrens Hospital, DR KOKKULA
Antibodic UHID No.: CUV-00179009 Wd-Bed No.:

Product: LR-PRBC
Blood Group: O Rh Positive

Unit No.: EAH26-01432
X Matching Report: Compatible

X-matched by: B.Abbishek

Issue Dt: 16/Jul/2026
Colln. Dt: 16/Jun/2026
Exp. Dt: 28/Jul/2026
Issued By: Premalatha

**Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital**

D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA (F)
14-08-2024 1 Y 11 M 2 D
Dr. KOKKULA PRANEETH

PRBC-D

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 14/8/26 Time: 6.25 pm

Blood Group of the Patient: O+ve Blood Group on the Blood Bag: O+ve

Blood Bank Issue No: BAH26-01551 Date of Collection: 29/mar/26 Date of Expiry: 10/8/2026

Date & Time of Starting Transfusion: 16/7/26 Planned duration of Transfusion: 6.30 pm

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Thijas Nurse 2: Nishanth

Before starting transfusion vitals: Temp: 38 HR: 150 RR: 22 BP: 68/36 SpO₂: 100

PLEASE MONITOR THE FOLLOWING:

@ 6.25 pm

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
16/7	15 Min 6.45 pm	140	37.9	83/43	100	-	-	-	-
16/7	15 Min 7.00 pm	139	37.9	86/48	100	-	-	-	-
16/7	30 Min 7.30 pm	148	38.1	54/34	100	-	-	-	-
16/7	30 Min 8.00 pm	135	38.1	83/47	100	-	-	-	-
	30 Min								
	1 Hr								
	1 Hr								

Comments:

Name of the Incharge-Nurse: Ratna kumari Name of the Nurse: Thijas

Signature of the Incharge-Nurse: Ratna kumari Signature of the Nurse: Thijas

Date & Time: 16/7/26 Date & Time: 16/7/26

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LEUCO REDUCED BLOOD CELLS I.P

Qty. 220 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D.A.
Solution.



Rh Positive

HIV I & II/ HBsAG/ HCV - Non
reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non
reactive

Unit No.: BAH26-01551
Blood Group: O Rh Positive
Collection Date: 29/Jun/2026
Expiry Date: 10/Aug/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not
Add Any Medication. 4) Check Blood Group on Label & Recipient's
Group and Name Before Use.

With: **Issue Label / Cross Matching Report**

Ther: Patient: Baby BUSI NIKSHITHA MELVINA.
App: Patient's Blood Group: O Rh Positive
Anti: Hosp/Dr: Rainbow Childrens Hospital, DR KOKKULA

HID No.: CUV-00179009 Wd-Bed No.:
Product: LR-PRBC

Blood Group: O Rh Positive
Unit No.: BAH26-01551
Matching Report: Compatible
C-matched by: Premalatha

Issue Dt: 16/Jul/2026
Colln. Dt: 29/Jun/2026
Exp. Dt: 10/Aug/2026
Issued By: Nachiket
**Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital**
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

sion Set
it Use if
9)
!



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 16/7/26 Time: 4:40pm

Blood Group of the Patient: O+ve Blood Group on the Blood Bag: O+ve

Blood Bank Issue No: BAH28-0483 Date of Collection: 16/5/26 Date of Expiry: 16/5/27

Date & Time of Starting Transfusion: 16/7/26 @ 4:40pm Planned duration of Transfusion: 2 hrs.

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Thy's Nurse 2: Nishanth

Before starting transfusion vitals: Temp: 38.2 HR 148 RR: 20 BP: 55/37 SpO₂ 100

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
16/7	15 Min 5:00pm	146	38	58/36 to 100	—	—	—	—	—
16/7	15 Min 5:15pm	151	38	58/36 100	—	—	—	—	—
16/7	30 Min 5:30pm	147	38	54/34 100	—	—	—	—	—
16/7	30 Min 5:45pm	152	38	50/34 100	—	—	—	—	—
	30 Min								
	1 Hr								
	1 Hr								

Comments:

Name of the Incharge-Nurse: Patnakumar

Signature of the Incharge-Nurse: Patnakumar

Date & Time: 16/7/26 @ 6:30pm

Name of the Nurse: Thy's

Signature of the Nurse: Thy's

Date & Time: 16/7/26 @ 6:30pm

The human blood collected in 63 ml. of C.P.D./

Unit No.: BAH26-01183
Blood Group: O Rh Positive
Collection Date: 16/May/2026
Expiry Date: 16/May/2027

D.No.8-2-120/103/1,2,3,4, 5, 1st floor, Sy.No 403/P, Road
No.2, Banjara Hills, Hyderabad, Te
46/HD/TS/2018/R
Lic No

PATIENT TRANSFER FORM

Patient Name & UHID No. CUV-00179009 IP5-00176432 Baby BUSI NIKSHITHA MELVINA 14-08-2024 1 Y 11 M 2 D (F) Dr. KOKKULA PRANEETH 		Date & Time of Admission 15/7/26 @ 5.57 pm	Date & Time of Transfer Order 16/7/26 @ 9.45 pm
		Transfer Ordered by Dr. Praneeth	Reason for Transfer Post-operative Recovery
From Unit OT	To Unit PICU	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File (30+)	Number of Imaging Films MRI-8 E Report	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.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Thejas		Name of Person Ordered Transfer Dr. Praneeth	
Patient & Clinical Records Received by : praveen 15/7/26 10pm			
Date & Time of Patient Received :			

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

Department of Anaesthesiology PRE-ANAESTHETIC EVALUATION

Name: Age: Sex: UHID.No :
Date: Time: Proposed Operation:
Diagnosis:
B.P / CRT: H.R: Weight: ASA Physical Status: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:
Hgb: Glucose: Protein:
PCV: Urea: Alb:
WBC: Creat: Total Bill:
Plate: Na: Dir. Bill:
PT: K: LDH:
PTT: Ca++: Alk phos:
INR: Mg++: Amylase:
Cl -: SGOT/SGPT:

X-Ray:
ECG:
2D Echo:
Stress/Angio:
Other:
HIV:
HBS Ag:
HCV:
Blood group:
T3
T4
TSH

Allergies:

Medical History: CVS: Diabetes:
RESP:
CNS:
Renal:
Hepatic / GE:
Others:
Physical Activity:

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4

Mouth Opening:

Mentohyoid Distance:

Neck:

Teeth:

Lungs:

Heart:

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

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: Name:

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 2 D (F)
Dr. KOKKULA PRANEETH



ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition:

☐ Yes ☐ No

Physical Status:

☐ Patient Identified

Fasting Status:

☐ Consent Present

☐ Chart Reviewed

H.R:

B.P / CRT:

SpO₂:

R.R:

Last Feed:

Pre-OP Diagnosis:

Operation:

Date:

Surgeon:

Technician:

N₂O / AIR / O₂ LPM

HALO / SO / SEVO

Drugs:

NOR-ADRENALINE 2mg/kg

MORPHINE Infusion 0.2mg/kg

ROCURONIUM

Anaesthesiologist:

Date:

Antibiotic
Suppository

Blood Loss

NOTES

FIO₂ / SaO₂

ETCO₂

ECG

Temperature

Urine Output

Fluids

Blood

BP

V Systolic

A Diastolic

X Mean

Heart Rate

Tourniquet on Time

Tourniquet off Time

Throat Pack In

Throat Pack Out

LAB Values

ABG

GRBS

Others

Temp:

Times:

Anaes Start:

OP Start:

OP End:

Leave OR:

Anaesthesia:

GA

Monitored Anaesthesia Care

Regional

Line (Site & Location)

CVP

AST

Induction

IV

Pre O₂

Others

Mask

Airway

ETT #

Oral

Tracheostomy

Drug:

Awake

Video Laryngoscopy

Fiberoptic

Blade #

Attempts:

Difficulty Why?

Difficult = BS

Semi-Closed Circle

Closed Circle

Other

Regional:

Extremity

Spinal

Others:

Position:

Site:

Needle Size:

Parasthesia

Catheter at skin

Drug Name & Conc:

Bolus:

Infusion:

Block Level:

Comments:

Transportation to

PACU

ICU

Relaxant Reversed

Yes

Other

No

NA

Name of the Doctor:

Signature of the Doctor:



ANAESTHESIA CHART

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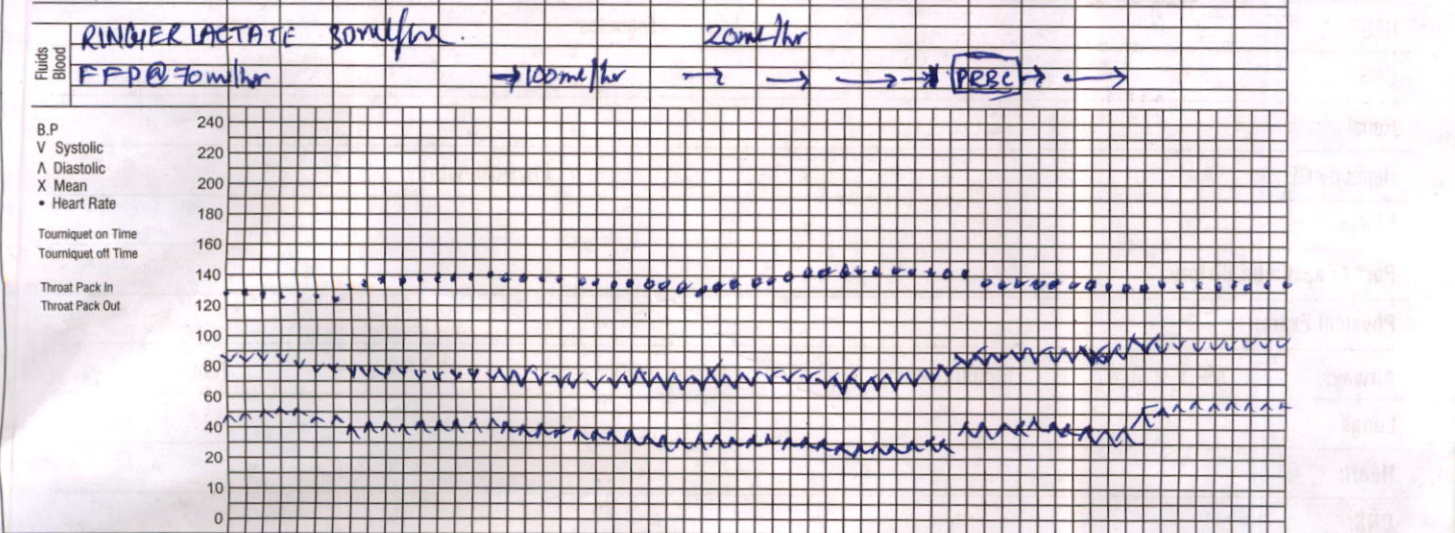
BirthRight
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Pre Induction Assessment:

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

H.R:	B.P / CRT:	SpO ₂ :	R.R:	Last Feed:
Pre-OP Diagnosis: Operation: Date :				
Surgeon: Anaesthesiologist: Technician:				

TIME	3pm	3:30	4:00	4:30	5:00	5:30	6:00	6:30	7:00	7:30	8:00
N ₂ O / AIR / O ₂ LPM	0.65 / min										
HALO / SO / SEVO	2.1										
Drugs:											
NOR-ADRENALINE	2ml/hr										
MORPHINE Infusion	0.2mg/h										
ROCURONIUM				2mg					2mg		
Antibiotic											CERO-TAXIM 500mg
Suppository											
Blood Loss											
FiO ₂ / SaO ₂	100	100	100	100	100	100	100	100	100	100	100
ETCO ₂	40	40	45	45	45	45	45	45	45	45	45
ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
Temperature	38.3	38.2	38.2	38.2	38.1	38.1	38.1	38	38	38	38
Urine Output											



LAB Values	ABG	
	GRBS	
	Others	

☐ Equipment Checked and Functional ☐ BP ☐ Cuff Site: ☐ Art Site: ☐ EKG Lead ☐ Temp Site ☐ FIO ₂ Monitor ☐ Agent Monitor ☐ Pulse Oximeter ☐ Capnograph ☐ Ventilator ☐ Nerve Stimulator Position: ☐ Pressure Points Checked Eye Care: ☐ Oint ☐ Tape ☐ Padding ☐ Awake	Temp: ☐ HME ☐ Fluid Warmer ☐ Cling Film ☐ OH Warmer ☐ Hugger's ☐ Cotton Wool ☐ Other Times: Anaes Start: OP Start: OP End: Leave OR: Anaesthesia: ☐ GA ☐ Monitored Anaesthesia Care ☐ Regional Line (Size & Location) ☐ CVP: ☐ ART: ☐ IV: ☐ IV: ☐ IV:	Induction ☐ IV ☐ Inhal ☐ Pre O ₂ ☐ RSI ☐ Others ☐ Mask ☐ SGA ☐ Airway ☐ Oral ☐ Nasal ETT# at cm ☐ Oral ☐ Nasal ☐ Cuff ☐ Tracheostomy ☐ Topical ☐ Drug: ☐ Awake ☐ Direct Vision ☐ Video Laryngoscopy ☐ Stylette / Bougie ☐ Fiberoptic Blade# Attempts: Difficulty Why?	Regional: Extremity Specify: ☐ Spinal ☐ Epidural ☐ Caudal Others: Position: Site: Needle Size: Depth: Parasthesia ☐ Yes ☐ No Catheter at skin cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to ☐ PACU ☐ ICU ☐ Other Relaxant Reversed ☐ Yes ☐ No ☐ NA Name of the Doctor : Signature of the Doctor :
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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Age: Sex: UHID.No :

Date: Time: Proposed Operation:

Diagnosis:

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

Laboratory Data:

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

Allergies:

Medical History: CVS :

RESP : Diabetes :

CNS :

Renal :

Hepatic / GE : Physical Activity:

Others :

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs :

Heart:

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

Pre-Operative Instructions:

- DVT Prophylaxis :
- NIL ORAL $\left\{ \begin{array}{l} \rightarrow \text{Water / ORS 2 Hours} \\ \rightarrow \text{Others 6 Hours} \end{array} \right.$
- Informed Consent: ☐ Standard ☐ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions:

Signature: Name:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Mastee Age: Sex: UHID.No :

Date: Time: Proposed Operation:

Diagnosis:

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

Laboratory Data:

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

Allergies:

Medical History: CVS :

RESP : Diabetes :

CNS :

Renal :

Hepatic / GE : Physical Activity:

Others :

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: MentoHyoid Distance: Neck: Teeth:

Lungs :

Heart:

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

Pre-Operative Instructions:

- DVT Prophylaxis :
- NIL ORAL $\begin{cases} \rightarrow \text{Water / ORS 2 Hours} \\ \rightarrow \text{Others 6 Hours} \end{cases}$
- Informed Consent: ☐ Standard ☐ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions:

Signature: Name:

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

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 2 D (F)
Dr. KOKKULA PRANEETH



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Name: Busi Nikshitha melvin Age: 1y Sex: Female UHID.No: CUV 00179009

Date: 15/7/2026 Time: 7:30 am Proposed Operation: MRI - Iliac craniotomy

Diagnosis: posterior fossa tumor

B.P / CRT: 108/2 H.R: 108 Weight: 10.15g ASA Physical Status: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 10.2
PCV: 31.5
WBC: 4.37
Plate: 15
PT: 34
PTT: 34
INR: 1.01

Glucose: 0.2 Protein: 13.1
Urea: 4.0 Alb: 4.0
Creat: 1.31 Total Bill: 4.0
Na: 131 Dir. Bill: 4.0
K: 4.0 LDH: 4.0
Ca++: 1.31 Alk phos: 4.0
Mg++: 4.0 Amylase: 4.0
Cl-: 101 SGOT/SGPT: 4.0

HIV: Opinion X-Ray: Opinion
HBS Ag: Opinion ECG: Opinion
HCV: Opinion 2D Echo: Opinion
Blood group: Opinion Stress/Angio: Opinion
T3: Opinion Other: Opinion
T4: Opinion
TSH: Opinion

Allergies: nil

Medical History:

CVS: ⊕

RESP: posterior cranial fossa tumor Diabetes: ⊕

CNS: pericardial with surgery 2 days back

Renal: underwent VP shunt on 15/7/2026

Hepatic / GE: on ventilator Physical Activity: ⊕

Others: FrO₂ - 40% PEEP - 5, PIP 11, Rate - 25/min

Past Anaesthetic History: → pupils → bilateral equal reacting to light.

Physical Exam: on morphine and dexmedetomidine

Airway: MP 1 2 3 4 Mouth Opening: ⊕ Mento-hyoid Distance: ⊕ Neck: ⊕ Teeth: ⊕

Lungs: - SpO₂ - 100% ; Intubated with 4.5 sized tube.

Heart: - S1S2, N1B0 - 98/58.

CNS: - pupils

Pregnant: ☐ Yes ☐ No ☒ NA Venous Access Site: ⊕ Spine Exam for regional: ⊕

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

- 20ml/kg blood reserve

Signature: [Signature] Name: Dr. SHABANA

MABL = 170ml Transfusion trigger 8 g/dl = 10).

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition:

☐ Yes ☒ No

Fasting Status: confirmed

Physical Status:

☒ Patient Identified

☒ Consent Present

☒ Chart Reviewed

H.R: 134/min B.P / CRT: 98/60mmHg SpO₂: 99-1 R.R: 24/min Last Feed: > 6hrs

Pre-OP Diagnosis: Posterior Fossa Tumor Operation: Craniotomy + occipital Tumor Date: 16/7/26

Surgeon: Dr. Praneeth / Dr. Partha Anaesthesiologist: Dr. Shilpa / Dr. Tejashwini Technician: Bapu / Aman

TIME: 10 10:30 11 11:30 12pm 12:30 1 1:30 2 2:30 3pm

N₂O AIR / O₂ LPM: 0.8 L/min

HALO / SO / SEVO: 8-1-2-5-1-4-3-1

Drugs: ROCURONIUM 6mg 2mg 2mg 2mg 2mg 2mg

DEXAMETHASONE 1mg 150mg

TRANEXAMIC ACID 0.2mg/kg 100mg

MORPHINE Infusion 2mg/hr 1.5mg/hr 150mg

FENTANYL 150mg

PARACETAMOL 150mg

NORADRENALINE Infusion 2mg/hr 1.5mg/hr 150mg

FiO₂ / SaO₂: 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100

ETCO₂: 40 41 40 41 42 40 38 38 36 36 36 36 38 38 39 39

ECG: SR SR SR SR SR SR SR SR SR SR SR SR SR SR SR SR SR SR SR

Temperature: 36.2 36.2 35.1 35.1 35.6 35.6 35.8 36.1 36.3 36.5 36.7 36.7 37.1 37.3 37.6

Urine Output: 40ml 10ml 40ml 15ml 5ml

Fluids: RINGER LACTATE 100ml/hr + 100ml bolus + 100ml bolus

PRBC 50ml/hr

B.P: 240

V Systolic: 220

A Diastolic: 200

X Mean: 180

Heart Rate: 160

Tourniquet on Time: 140

Tourniquet off Time: 120

Throat Pack In: 100

Throat Pack Out: 80

ABG: 127mg/dl

LAB Values: 127mg/dl

GRBS: 127mg/dl

Others: 127mg/dl

Equipment Checked and Functional: ☒ BP ☒ Cuff Site: UL ☒ Art Site: UL ☒ EKG Lead: 3 leads ☒ Temp Site: axillary ☒ FiO₂ Monitor: axillary ☒ Agent Monitor: axillary ☒ Pulse Oximeter: axillary ☒ Capnograph: axillary ☒ Ventilator: axillary ☒ Nerve Stimulator: axillary

Position: Prone

Pressure Points Checked: ☒

Eye Care: ☒ Qint ☒ Tape ☒ Padding ☒ Awake

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

Times: 10 AM 11:05 AM 9:00 AM 9:00 PM

Anaesthesia Start: 10 AM

OP Start: 11:05 AM

OP End: 9:00 AM

Leave OR: 9:00 PM

Anaesthesia: ☒ GA ☐ Monitored Anaesthesia Care ☐ Regional

Line (Size & Location): CVP: UL ART: UL IV: UL IV: UL IV: UL

Induction: ☒ IV ☐ Inhal ☐ Pre O₂ ☐ RSI ☐ Others

Mask: ☐ SG ☐ Airway: ☐ Oral ☐ Nasal

ETT#: 15 at 15 cm

Oral: ☐ Nasal: ☐ Cuff: ☐ Tracheostomy: ☐ Topical: ☐ Drug: ROCURONIUM

Awake: ☐ Direct Vision: ☐ Video Laryngoscopy: ☐ Stylette / Bougie: ☐ Fiberoptic: ☐ Blade#: 15 Attempts: 15 Difficulty Why? Intubated in ER

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

Regional: ☐ Extremity ☐ Spinal ☐ Epidural ☐ Caudal

Others: ☐ Position: Prone Site: UL Needle Size: 22 Depth: 15 Parasthesia: ☐ Yes ☐ No Catheter at skin: 15 cm Drug Name & Conc: ROCURONIUM Bolus: 150mg Infusion: 150mg Block Level: 15 Comments: Intubated in ER Transportation to: ☐ PACU ☐ ICU ☐ Other Relaxant Reversed: ☐ Yes ☐ No ☐ NA Name of the Doctor: Dr. Shilpa Signature of the Doctor: Dr. Shilpa

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 ← RESP • PULSE → BLOOD PRESSURE			IV Cannula Site : ☐ O₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway Vomiting : ☐ Yes ☐ No Drug : NG Tube : ☐ Yes ☐ No Drain : ☐ Yes ☐ No Urinary Catheter : ☐ Yes ☐ No Chest Tube : ☐ Yes ☐ No Nil Oral ☐ Yes ☐ No IV Fluids : Oral Feeds :	
	POST ANAESTHESIA SCORE (Modified Aldrete Score)		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		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0		RESPIRATION		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0		CIRCULATION		
Fully awake = 2 Arousable on calling = 1 Not responding = 0		CONSCIOUSNESS		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0		COLOR		
TOTAL		8 6 8		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
15/7/16	10pm	1/10	PCM	[Signature]

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

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

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

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 :

CUV-00170000
IP5-00170432
BABY RUSH NIKSHITHA MELVINA
14-08-2024
Dr. KOKKULA PRANEETH



POST OPERATIVE - DOCTORS HANDOVER FORM

OT to ☒ PICU ☐ NICU ☐ MICU ☐ WARD

Date: 16/07/2026 Time: 9:50pm

Name of the Surgery: Posterior cranial Foramen Tumour excision

Drugs used for sedation during surgical procedure: MORPHINE Infusion 1mc/kg/hr; FENTANYL = 10mcg
ROCURONIUM

V Fluids type / amount used using surgical procedure: RINGER LACTATE: 930ml
FFP: 210ml

Input ml Output 300 ml Blood Loss ~400 ml

Blood Transfusion if any PRBC = 170ml + 220ml

Any intra operative event: Hypotension NOR-ADRENALINE Infusion 0.5 to 2mc/kg/hr

On arrival to PICU / NICU / MICU / WARD:

Temp: HR: 123/min RR: 25/min BP: 115/64 mmHg CRT:
Peripheries: warm SpO2:

Drains:

ET Tube: ☒ Cuffed ☐ Uncuffed

Size of ETT:

Length of Fixation of ETT:

Surgeon's Notes: ☒ Yes ☐ No

Time of Arrival to Unit: 9:50pm

Handover given by:

Anesthesiologist's Name Dr. Tejaswini

Signature: [Signature] Date & Time: 16/7/26 9:50pm

Handover taken by:

Doctor's Name [Signature]
Signature: [Signature]

Date & Time: 16/07/26 @ 9:50pm

10/1/50
[Signature]

10/1/50
[Signature]

10/1/50

10/1/50

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10/1/50

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Basi Nikshitha mclm Age: 1y'm Sex: Female UHID.No: CUV.00179009

Date: 15/7/2025 Time: 6:15pm Proposed Operation: VP shunt → Emergency

Diagnosis: Posterior cranial fossa tumour / hydrocephalus

B.P / CRT: H.R: Weight: 10.2kg ASA Physical Status: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: <u>10.8</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV: <u>34</u>	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate: <u>4.38</u>	Na: <u>136</u>	Dir. Bill:	Blood group: <u>O+</u>	Stress/Anglo:
PT: <u>15</u>	K: <u>4</u>	LDH:	T3:	Other:
PTT: <u>28.5</u>	Ca++: <u>9.8</u>	Alk phos:	T4:	
INR: <u>1.07</u>	Mg++:	Amylase:	TSH:	
	Cl-:	SGOT/SGPT:		

Allergies: nil

Medical History: CVS: apparently normal - Term / LSCS / 2.6kg / C/NB / NICU admission for jaundice

RESP: kill yesterday Diabetes: - all milestones

CNS: ↓

Renal: 2 episodes of seizure tonic posturing.

Hepatic / GE: shifted to our centre from vijayawada. Physical Activity: No oral intake from yesterday 12am

Others: vijayawada.

Past Anaesthetic History: (-)

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs: Intubated, chest clear

Heart: S/S

CNS: deasy intubated in PKU

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

Pre-Operative Instructions:

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

Signature: [Signature] Name: Dr. SHARAN

Patient Sticker

ANAESTHESIA CHART

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pre Induction Assessment:

Change in Patient Condition:

☐ Yes ☒ No
Fasting Status: adequate

Physical Status:

☐ Patient Identified

☒ Consent Present

☒ Chart Reviewed
H.R: 100B.P / CRT: 119/SpO₂: 100R.R: 18Last Feed: >12hPre-OP Diagnosis: Post cranial fossa tumorOperation: VP ShuntDate: 15/7/2026Surgeon: Dr. PraveenAnaesthesiologist: Dr. Sanjay / Dr. ShobhaTechnician: NishantTIME: 6:30 X 7:30N₂O / AIR / O₂ LPM

HALO / SO / SEVO

Drugs:

by midazolam 0.6mg
1 FENTANYL 30mcg
PROPOFOL 40mcg
ROCURONIUM 10mg
PARACETAMOL 150mg

Antibiotic

Suppository

Blood Loss

FIO₂ / SaO₂ETCO₂

ECG

Temperature

Urine Output

NOTES

Fluids Blood
RINGER LACTATE 100ml/hr

B.P

V Systolic

A Diastolic

X Mean

• Heart Rate

Tourniquet on Time

Tourniquet off Time

Throat Pack In

Throat Pack Out

LAB Values

ABG

GRBS

Others

☒ Equipment Checked and Functional

☒ BP

☐ Cuff Site:

☒ Art Site: @ radial
☒ EKG Lead

☒ Temp Site skin
☒ FIO₂ Monitor

☒ Agent Monitor

☒ Pulse Oximeter

☒ Capnograph

☒ Ventilator

☐ Nerve Stimulator

☐ Position: Supine
☒ Pressure Points Checked

☐ Eye Care:

☐ Oint

☐ Tape

☐ Padding

☐ Awake

Temp:

☒ FIME

☐ Cling Film

☒ Hugger's

☐ Other

☐ Fluid Warmer

☒ OH Warmer

☒ Cotton Wool

☐ Times:

☐ Anaes Start: 6:30 pm
☐ OP Start:

☐ OP End:

☐ Leave OR:

☐ Anaesthesia: 8:00 pm
☒ GA

☐ Monitored Anaesthesia Care

☐ Regional

☐ Line (Size & Location)

☐ CVP:

☒ ART: @ Radial 22g
☒ IV:

☐ IV:

☐ IV:

Induction

☒ IV

☐ Pre O₂
☐ Others

☐ Inhal

☐ RSI

☐ Mask

☐ Airway

☐ ETT# 4 at 12 cm

☒ Oral

☐ Nasal

☒ Cuff

☐ Tracheostomy

☐ Topical

☐ Drug:

☐ Awake

☐ Video Laryngoscopy

☐ Fiberoptic

☐ Blade#

☐ Attempts:

☐ Difficulty Why?

☐ Bilat = BS

☐ Semi-Closed Circle

☒ Closed Circle

☐ Other

Regional

Extremity

☐ Spinal

☐ Others:

☐ Position:

☐ Site:

☐ Needle Size:

☐ Depth:

☐ Paresthesia ☐ Yes ☐ No

☐ Catheter at skin ☐ cm

☐ Drug Name & Conc:

☐ Bolus:

☐ Infusion:

☐ Block Level:

☐ Comments:

☐ Transportation to

☒ PACU

☐ ICU

☐ Other

☐ Relaxant Reversed ☐ Yes ☐ No ☐ NA

☐ Name of the Doctor:

☐ Signature of the Doctor:



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO ₂	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site : ☐ O ₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway
		Vomiting : ☐ Yes ☒ No Drug: NG Tube : ☒ Yes ☐ No Drain : ☐ Yes ☒ No Urinary Catheter : ☒ Yes ☐ No Chest Tube : ☒ Yes ☐ No Nil Oral ☐ Yes ☐ No IV Fluids : Oral Feeds :

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES			OUT	SCORING INTERPRETATION
			30	60	90		
Able to move 4 extremities voluntary or on command	= 2	2	2	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:	
Able to 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	2	2	2	2		
Dyspnea or limited breathing	= 1						
Apneic	= 0						
BP $\pm$ 20 of Pre Anaesthetic level	= 2	2	2	2	2		
BP $\pm$ 20-50 of Pre Anaesthetic level	= 1						
BP $\pm$ 50 of Pre Anaesthetic level	= 0						
Fully awake	= 2	2	2	2	2		
Arousable on calling	= 1						
Not responding	= 0						
Pink	= 2	2	2	2	2		
Pale, dusky, blotchy, jaundiced, other	= 1						
Cyanotic	= 0						
TOTAL		6	6	6	6		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
15/7/25	7pm	0/10	PCM	[Signature]

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

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

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:

EPIDURAL ANALGESIA RECORD

Date and Time :



CONSENT FORM FOR ANAESTHESIA

Patient Name : Busi Nikshitha melvina Age : 1y 11m Gender : Male ☐ Female ☒
UHID NO: CUV 00179009 Surgeon Name: Dr. Maneeth
Anaesthesiologist : Dr. Shabana Operative procedure planned : V.P. Shunt

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 without numbness can be achieved by infusing weak solutions of local anesthetics 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 mellitus | ☐ Renal failure |
| ☐ Hepatic disorders | ☐ Shock | ☐ Multiple organ failure | ☐ Polytrauma / Renal Tubular Acidosis |
| ☐ Incapacitating Chronic Obstructive Pulmonary Disease ☐ Others : | | | |

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient the above mentioned operation / Diagnostic / Therapeutic procedures.

I authorize and give consent for anaesthesia (☐ Regional / ☒ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthesia team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anaesthesia.

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, asthmatic reactions, headaches.

I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I 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 in need arises.

I understand that the above mentioned consultant anaesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

I have been explained all my queries in the language understood by me.

Patient / Patient Attendant :

Signature : G. N. Keerthi
Name : G. Naga Keerthi
Relationship with Patient : Mother
Date & Time : 15/7/2026 6:15pm

Witness :

Signature : B. Moses
Name : BUSI MOSES
Date & Time : 15/7/2026 6:15pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : DR SHABANA

Date & Time : 15/7/2026 6:15pm



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. RIGHT PARIETAL PROGRAMMABLE V.P. SHUNT

2. _____

I acknowledge the following:

- I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
- 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)
↓ ICP	—

- 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:

- Need for definitive surgery, shunt block, shunt infection
- upward transtentorial herniation

- I authorize Dr. Praneeth and his / her team to perform the procedural sedation upon the patient / myself.
- 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.
- 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: B. MOSES

Name: B. MOSES

Relationship with patient: Father

Date & Time: 15/7/2026 6:30pm

Witness:

Signature: G. N. Keerthi

Name: G. N. Keerthi (Mother)

Date & Time: 15/7/2026 6:30pm

Doctor (who is taking consent):

Signature: [Signature] Name: D. Praneeth

Date: 15/7/2026 Time: 6:30pm

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

 అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

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

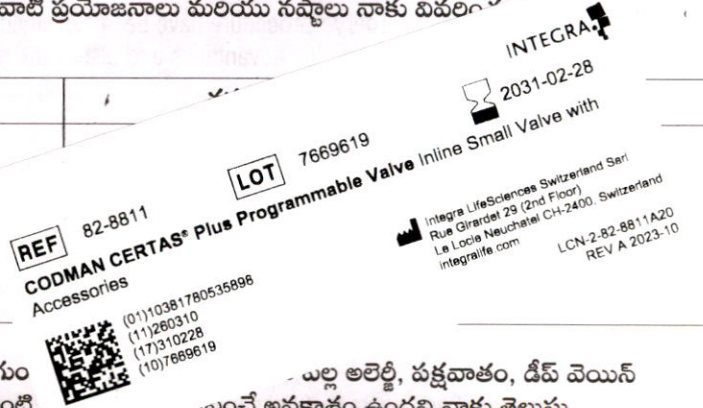
1

2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:



- ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ గానీ, రక్తస్రావం, ఇన్ఫెక్షన్, గుండ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్ నేను ఇచ్చే అనుమతితో పాటు, అర్హత ఉన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినప్పుడు, 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.

4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్ ను చేయడానికి నేను అనుమతిస్తున్నాను.

- వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.

- 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. Praneeth
Asst. Surgeon: Dr. Susha
Anaesthetist: Dr. Susha
Scrub Nurse: Susha

Patient Name: Baby NIKSHITHA Age: 1Y Gender: F
UHID No. 179009 Surgery Name: V.P. Shunt
Date 15/11/26 In-time: 6:40pm Out-time:

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1Y 11M 1D (F)
Dr. KOKKULA PRANEETH


Before Induction of Anaesthesia ➤ ➤

Before Skin Incision ➤ ➤

Before Patient Leaves Operating Room

SIGN IN		Time: <u>6:15pm</u>
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: <u>[Signature]</u>		
Name: <u>ASHOK WA.</u>		

TIME OUT		Time: <u>6:50pm</u>
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? <u>1hr</u>		
☐ Yes ☒ No ☐ NA		
Anaesthesia Team Reviews: <u>post op ventilation</u>		
Are There Any Patient-specific Concerns? <u>hypotension</u>		
☐ 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: <u>[Signature]</u>		
Name: <u>Som</u>		

SIGN OUT		Time: <u>7:30pm</u>
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: <u>[Signature]</u>		
Name: <u>D. Praneeth</u>		

Patient Sticker

CUV-00179009 IP5-00176432
Baby BUSI NIKSHITHA MELVINA
14-08-2024 1 Y 11 M 1 D (F)
Dr. KOKKULA PRANEETH

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

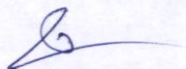
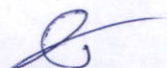
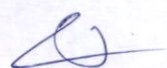
To Be Filled In By Assigned Nurse :

Date : 15/7/26

Department : P-57 Duration of Procedure : 1 hr.

Name of Surgeon : Dr. Praneeth Date of Admission : 15/7/26

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>Amoxicillin 500mg</u>	
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	
3.	Patient's body temperature immediately post operation (Recovery Room) <u>36.1</u>°C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : <u>Nishu</u> Date & Time of antibiotic administration : <u>6:30 pm, 15/7/26</u> Date & Time procedure started : <u>6:55 pm, 15/7/26</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

Docu. No. : RCHBH/ FRM / CLINICAL / 038

Patient Stick

OPERATION THEATER NOTES

Patient's Name : Age : 14 Gender : ☐ Male ☒ Female

UHID No.: Weight : Height :

Surgeon : Dr. Praneeth		Asst. Surgeon :	
Anesthetist : Dr. Shabna	OT Nurse: Sujata, Boki	OT Technician: Arshant	
Pre-Operative Diagnosis: Posterior fossa SOL & Hydrocephalus			
Surgical Procedure : Right Parietal Programmable VP Shunt			
Indications for Surgery : Raised ICP			
Date : 15/7/2026	Start Time : 6:55 PM	End Time :	
Pre Operative Preparations:			
Robacrob → Set Chlorhexidine → Betadine x 3			
Post Operative Diagnosis: Same			
Peri-Operative Complications: Nil			
Operation Notes:			
① Right parietal 'V' shape scalp flap raised			
② Burr hole made			
③ Tunneling done and shunt assembly placed			
④ Ventricle hit at 5cm and advanced till 8.5cm			
⑤ Shunt assembly completed and free flow of CSF seen at abdominal end			
⑥ Abdominal end internalized and			
⑦ wound closed in layers			
Hardware: Codman Certas plus			
Pressure setting → 3			

Patient Sticker



POST-SURGICAL CARE PLAN FORM

Procedure Done: Programmable VP shunt

Post-Surgical Diagnosis: P for a soc & Hydrocephalus

Post-Operative Monitoring Parameters /Frequency:

vitals, ACS

Wound Care:

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

Prop up

Nutritional Instructions:

NPO

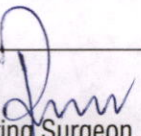
When to Start Mobilization:

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)

Date: 15/7/2026 Time: 8 pm

Note: Plan of care will be readjusted if necessary.