

BAH-00649775 IP5-00174350
 Master OJAS JAISWAL
 20-07-2025 0 Y 10 M 7 D (M)
 Dr. HARISH JAYARAM



SURGERY DETAILS

Date : 27/5/26

Patient Name: Mr. Ojas Jaiswal Date of Birth: 20/7/2025 Age: 10 months

Gender: male Ward: P.O.T UHID No.: BAH-00649775

Date of Surgery: 27/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Ileostomy Closure

Cash sent

Time in: 11:33 AM

Time Out: 2:00 PM

PGT-50

| | NAME | AMOUNT |
|----------------------|--------------------|-----------|
| 1. Surgeon | Dr. Harish Jayaram | SF 47260 |
| 2. Anaesthetist | Dr. Theashwini | A 14128 |
| 3. Assistant Surgeon | | OT 37808 |
| 4. OT Technician | Anisha | CSSD 1418 |
| 5. Circulating Nurse | Benjamin | |
| 6. Assistant Nurse | Alan | |

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

[Signature]
 Signature of the Surgeon

[Signature]
 Signature of Circulating Nurse

Order No: 9629785

Order by: Benjamin

BAH-00649775 IP5-00174350
 Master OJAS JAISWAL
 20-07-2025 0 Y 10 M 7 D (M)
 Dr. HARISH JAYARAM

Theatrical closure

CONSUMABLES OF OT



Circulating staff : Technician : Date : 24/5/20 Time : 11 AM

| Anaesthesia Disposables | Qty | | Surgical Disposables | Qty | | Disposables (Baby Side) | Qty | |
|------------------------------------|--------|------|--------------------------------|------------|------------|-----------------------------|------------|------------|
| | Issued | Used | | Issued | Used | | Issued | Used |
| ET tube 2.5, 3, 3.5 4 | 1111 | 01 | Major Pack <i>large</i> | 1 | 1 | Inj Vit.K | | |
| LMA 1, 1 1/2 | 111 | — | Sutures <i>2302, 2304</i> | 2+2 | 3 | Cord Clamp | | |
| ECG leads : A (P/N) | 05 | 03 | 2407 (2317) | 2+2 | 1 | Suction Catheter <i>8no</i> | 1 | 1 |
| HME filter : A / P (N) | 01 | 01 | 2407 (9915) | 2+2 | 2 | Feeding Tube | | |
| Syringes : 10 cc | 10 | 02 | <i>5081</i> | | 1 | Vaccum Suction Set | | |
| 05 cc | 10 | 02 | Gloves <i>6165, 775 2-pair</i> | | | Surgical Gloves | | |
| 02 cc | 10 | 02 | <i>6165, 775 2-pair</i> | | | Gauze Pack | | |
| 01 cc | 05 | 01 | | | | Syringe 1ml / 2ml | | |
| Cautery plate : A (P/N) | 01 | 01 | Surgical blade <i>15</i> | 1 | 2 | Surgical Blade # 20 | | |
| IV set | 01 | 01 | NG tube <i>all sizes</i> | | — | Koochies (S) | | |
| RL <i>+ dextrose</i> | 01 | 01 | Cautery pencil | 1 | 1 | <i>NG spony</i> | 2 | 1 |
| NS : 10ml / 100ml / 500ml / 1000ml | 01 | 00 | Koochies <i>XL</i> | 1 | 1 | <i>1000cc</i> | 2+2 | 1 |
| Mini Spike | 01 | 01 | Ointments | | | <i>Jelly</i> | 1 | 1 |
| O ₂ mask (p) | 01 | — | Suction Catheter | | | <i>Analgin 0.25%</i> | 1 | — |
| Fentanyl | 01 | 01 | Cap, Mask | <i>2+2</i> | <i>2+2</i> | <i>26 g needle</i> | 1 | — |
| Morphine | | | Gauze Pack <i>1+2</i> | <i>2+2</i> | <i>2+2</i> | <i>Dorsolum</i> | 1 | 1 |
| Ketamine | | | Mop Pack | 1 | 1 | | | |
| Propofol | 02 | 01 | Steristrip | | | <i>DNS</i> | 1 | 1 |
| Rocuronium | 01 | 01 | Underpad | 1 | 1 | | | |
| Glycopyrolate | 01 | 01 | Draw sheet | 1 | 1 | | | |
| Myopyrolate <i>/ Neo</i> | 02 | 02 | Abgel | | | | | |
| Ondansetron | 01 | 01 | Foleys catheter | | | | | |
| Pencan 25g/ Spinal Needle 22 | 01 | 01 | Urobag | | | | | |
| Bupivacaine 0.25% | 01 | 01 | Chest Drainage Catheter | | | <i>Gauze + Goggles</i> | <i>4+4</i> | <i>3+1</i> |
| Bupivacaine 0.25% (Heavy) | | | Romodrain bag | | | <i>Dexa + Tranexa</i> | <i>1+1</i> | — |
| Antibiotics <i>Ivpcm</i> | 01 | — | Bandage | | | <i>Dexmed romex</i> | 01 | — |
| | | | Tegaderm | | | <i>Pmo line + sole</i> | <i>1+2</i> | <i>1+1</i> |
| Suppositories | | | loban | | | <i>Stop colle</i> | 1 | 01 |
| Anamol : 80mg / 250mg / 170 mg | | | Double J Stent | | | | | |
| Supridol : 100mg | | | Vaccum Suction set | 1 | 1 | | | |
| Justin : 12.5 mg / 25mg / 100mg | 01 | — | Plastic Bed Sheet | 1 | — | | | |
| Tab. Misoprost : 200mg | | | Betadine Solution | 1 | 1 | | | |
| <i>Vaccum Set</i> | 01 | 01 | Microshield | 1 | 1 | | | |
| <i>Oral airway 000, 000, 11/1</i> | — | — | Cotton Balls | 1 | 1 | | | |
| <i>Nasal airway 12, 14</i> | 1+1 | — | Latex Gloves | <i>10p</i> | <i>10p</i> | | | |
| <i>IV cannula 22, 24</i> | 1+1 | — | Ramdione Scrub | | | | | |
| <i>3way 10cm + 100cm</i> | 1+1 | — | Saral | | | | | |

Surgeon : Anaesthesiologist : 9629672 Nurse : *[Signature]* OT Technician : *[Signature]*
 Order No. : Ordered by :
 Doc. No. : RCH / FRM / GENERAL / 125

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ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

Date of Admission: _____

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

Consultant: _____ Dept : _____

Date of Discharge : 16/08 Time: 9am

BAH-00649775 IPS-00174350
 Master OJAS JAISWAL
 20-07-2025 0 Y 10 M 8 D (M)
 Dr. HARISH JAYARAM



WARD TRANSFERS

| Date | Time | From | To | Signature of Nurse |
|------|--------|------|-----|--------------------|
| 26/5 | 7am | ER | 103 | Brunoy |
| 27/5 | 10 AM | 103 | OT | Priyanka |
| 28/5 | 2:55pm | OT | 103 | Quail |
| | | | | |

Cross Consultation Visit

| | Doctors Name | Date | Order No. | Signature |
|----|--------------|------|-----------|-----------|
| 1 | | | | |
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PROCEDURE

| Date | Procedure | Quantity | Order No. | Signature |
|--------------------|--------------|----------|-----------|-------------|
| 26/5/26 | 16 placement | ① | 28118 | [Signature] |
| 26/5/26 | PAC | ① | 064713 | [Signature] |
| 27/5 | NHA | ① | 0937198 | Pmyanka |
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ANY OTHER INFORMATION

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D/C

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Date : 26/6/26 Time : 9am Prepared By : [Signature]

| | | | |
|---------------------------------------|--|--------------------------|---------------------------|
| <p>Staff Nurse</p> <p>[Signature]</p> | <p>Shift / Ward</p> <p>[Signature]</p> | <p>Billing Assistant</p> | <p>Billing Supervisor</p> |
|---------------------------------------|--|--------------------------|---------------------------|

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174350 Admit Date : 26-May-2026 Admit Time : 05:58 PM UHID : BAH-00649775

Patient Details :

Patient Name : Master OJAS JAISWAL Age : 0 Y 10 M 6 D
Guardian : Mr SHUBHAM JAISWAL DOB : 20-07-2025 11:48 AM
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H NO 116, BHAGAWAN MANDIR KE PICHE,
BARAMKELA, WARD NO3, RAIGARH (DIST)
BAREMKALA CHHATTISGARH INDIA 496551 Phone No : 8982959809 / 7974032600
E-mail : menkadarshan@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE Bed No : SPVT 103 Ward Name : 1F-VIBGYOR
Room No : SPVT 103 Admission Type : First Visit

Contact Details :

Name : Mr SHUBHAM JAISWAL Relationship : Father
Contact Address : H NO 116, BHAGAWAN MANDIR KE PICHE,
BARAMKELA, WARD NO3, RAIGARH (DIST)
BAREMKALA CHHATTISGARH INDIA 496551 Phone No : 8982959809 / 7974032600

Signature

Doctor Details :

Doctor Name : Dr. HARISH JAYARAM Specialisation : PEDIATRIC SURGERY
Referral Doctor : Self - *Dr. Anand, Raipur* Phone No :
Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 200000.00
Payor Name : SELFPAY



DEFICIENCY CHECK LIST OF CASE SHEET

| Sl.No. | List of Records | No. of Pages | Legibility | Completeness | Remarks |
|---------------------------|--|--------------|------------|--------------|---------|
| 1 | Admission sheet | 1 | | | |
| 2 | Discharge Summary | 1 | | | |
| 3 | Nursing Initial assessment | 1 | | | |
| 4 | Patient Transfer form | 2 | | | |
| 5 | In-patient Medical record | 1 | | | |
| 6 | Doctors progress sheets | 3 | | | |
| 7 | Nursing plan of care and handover sheets | 10 | | | |
| 8 | Consultation sheet | | | | |
| 9 | General consent for treatment | 1 | | | |
| 10 | Consent for Surgery | 1 | | | |
| 11 | Consent for blood transfusion | | | | |
| 12 | Consent for chemotherapy | | | | |
| 13 | Consent for high risk | | | | |
| 14 | Consent for Restraint | | | | |
| 15 | LAMA consent | | | | |
| 16 | Consent for special procedure / Sedation | 2 | | | |
| 17 | Consent for Formula feed | | | | |
| 18 | Consent for MTP | | | | |
| 19 | Consent for Radiological Investigations | | | | |
| 20 | Consent for HIV test | | | | |
| 21 | Anaesthesia notes (Pre Anaesthesia & post) | 1 | | | |
| 22 | Neonatal Admission/Delivery/Physical Exam | | | | |
| 23 | Medication Reconciliation | 1 | | | |
| 24 | Emergency Triage record | 1 | | | |
| 25 | Pre operative check list | 1 | | | |
| 26 | Surgical safety checklist | 1 | | | |
| 27 | Operation Theatre notes | 1 | | | |
| 28 | Nurses clinical Presentation | | | | |
| 29 | TPR & BP chart | 6 | | | |
| 30 | Intake and Out take chart (fluid chart) | 3 | | | |
| 31 | Drug chart (Regular Prescription) | 1 | | | |
| 32 | Investigation Values (result sheet) | 1 | | | |
| 33 | Nebulization chart | | | | |
| 34 | Nutritional review chart | 1 | | | |
| 35 | Intensive care unit (ICU Charts) | | | | |
| 36 | Consent for Admission in PICU / NICU | | | | |
| 37 | The Humpty dumpty scale | 1 | | | |
| 38 | Braden Q Scale | 1 | | | |
| 39 | Bed side check list <i>theombrogn</i> | 1 | | | |
| 40 | PICU bed formula Dilution feeds | | | | |
| 41 | Gastro monitoring chart | | | | |
| 42 | Rch ED doctors note | | | | |
| 43 | BP Monitoring chart | | | | |
| 44 | RBS monitoring chart | | | | |
| 45 | <i>Extra</i> | 4 | | | |
| Total No. of Pages | | 52 | | | |

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

Ojas Jaiswal

UHID ID: _____

Department: _____

Consultant: _____

Dr. Harish Jayaram

BAH-00649775

IPS-00174350

Master OJAS JAISWAL

20-07-2025

0 Y 10 M 6 D

(M)

Dr. HARISH JAYARAM





Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____
Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Child NEC with stp ileostomy
now came for ileostomy closure

History of present illness :

Late preterm (36 week) with POC / culture positive sepsis
in neonatal course with perforation peritonitis
Resection of ileum 1 feet done & end ileostomy
done at 20 days of life



Now baby was brought for ileostomy closure

NO H/o cough, NO H/o fever
NO H/o abdominal distention
NO H/o vomiting



Pediatric Multiorgan History & Physical Examination

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

I&D done on 27/11/25 (Collection over left occipital region)

Birth & Neonatal History:

Late preterm / CIAB / RDS / culture positive sepsis / neonatal meningitis
NNT / Rpl / NEC → stereotyping done

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional information : _____

Developmental History :

Appropriate for age

Immunization History :

Immunized till date

BAH-00849775

IP5-00174350

Master OJAS JAISWAL

20-07-2025

0 Y 10 M 6 D

(M)

Dr. HARISH JAYARAM



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 5.37 kg (Centile _____)

On Examination :

Temperature : 98.2^of Pulse Rate : 126/min B.P. 96/40 (54) ~ Hg SPO2 99.1. 2RA

Resp. rate and type of breathing : 32/min
Regular

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

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

Air entry & breath sounds : RACD

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2

Any murmur : NO

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

Per Abdomen :

Inspection (N)

Palpation : soft

Ausculation : BS

Spine : _____ External Genitalia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

| (N)

Motor System:

Nutrition : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____ flexor

Sensory System :

(N)

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

frdo NEC with sp Anastomy
now for gastrostomy closure



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment: Hemodynamic stability

Planned Labs:

CBP, S. Electrolytes
C. creatinine, S. Albumin
Blood grouping
Cross matching

Noted by Pranjali

Planned Management

- 1) PAC to be done
- 2) NPO according to PAC
- 3) 27/5/26 -> Ixipiphat room
1 hour before procedure
- 4) Ixif-DNS @ 20ml/hr during NPO
- 5) vital monitoring 2 hourly

Signature of the Doctor: [Signature]
Name of the Doctor: Sai
Date & Time: 26/5/26 @ 6 PM

Signature of the Consultant: [Signature]
Name of the Consultant: DR. HARISH JAYARAM
Registration No: 662530 PM
Date & Time: 27/5/26



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|---|--------------------------------------|
| 27/5 | CSb Dr Harish Jayaram | |
| 5:30 pm | POD 0 sip ileostomy | closure |
| | Vitals stable | |
| | P/A safe. | |
| | dressing dry. | |
| | | Plan |
| | | - 2 wly NG aspiration |
| | | - cont IV fluids |
| | | - monitor urine o/p. |
| | | Dr. Harish Jayaram |
| | | 28/5/26 |
| | | BPM |
| 28/5/26 | c/s Dr Harish | |
| 8:20 am | [POD-1] Ileostomy clon | |
| | Aptn | Plan |
| | - Febrile spikes. | - Oral sips of clear fluids |
| | - UOP - adequate. | allowed. |
| | - NG - minimal | - Dressing change. |
| | O/E - Vitals stable | - CBP/SE. |
| | Abd - Soft | |
| | DR. HARISH JAYARAM Registration No. 6254 | |
| | - scabage seen (drain) | Noted by Rajyal 28/5/26 BPM |

BAH-00649775 IP5-00174350
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 20-07-2025
 Dr. HARISH JAYARAM

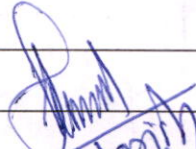

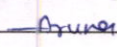
PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|--|--|--|
| 29/5/26 8:40 AM | O/E Dr Harish | |
| | POD-2 Stomach closure | |
| | <p>Afebrile</p> <p>Vitals - stable</p> <p>P/A - soft</p> <p>U/O NG - 18ml (light green)</p> <p>U/O - adequate</p> <p>passed stools</p> | <p>Adv</p> <p>① Clamp NG tube SIPS of</p> <p>② Allow clear liquids (water, ORS, coconut water)</p> <p>③ Dr. Nallikanth cross consultation if U/O developmental delay</p> |
| <p>Dr. Harish</p> <p>29/5/26 8:40 AM</p> | | |
| 29/5/26 | <p>465</p> <p>Late Preterm Sepsis / NEC / Stomach</p> <p>Admitted for Stomach closure</p> | |
| | <p>↓</p> <p>FTT</p> <p>O/E =</p> <p>microcephals</p> <p>LL - hypertonia</p> <p>parents concern about Speech</p> | <p>→ measure length / HC</p> <p>→ BERA @ time of discharge</p> <p>→ FLU - in developmental Clinic after discharge</p> |
| | <p>13</p> <p>29/5</p> | |

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 20-07-2025 0 Y 10 M 7 D (M)
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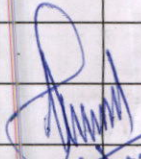
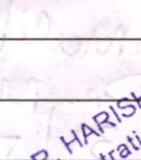
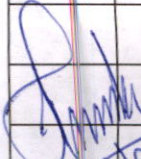
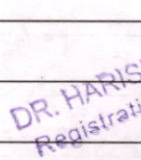


PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|--------------------|--|---|
| 29/5/26 4:05 PM | c/s / B Dr Nikhita | |
| | [POD-2] Ileostomy closure No c/o vomiting / abd distension / fever afebrile | |
| | Vitals - stable | Adv |
| | P/A - soft NG - clamped. v/o adequate Dtd not pass stool. | <ol style="list-style-type: none"> ① Remove NG. ② Allow sips of clear liquids (ORs, water, coco nut water) |
| |  Dr. Harish Jayaram 29/5/26 6:20 PM. |  Dr. Nikhita 29/5/26 Noted by  |
| | DR. HARISH JAYARAM Registration No: 66254 | |
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PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 30/5/26 9 AM | SIB Dr. Harish POD-3 Ileostomy down | |
| | No of vomiting / abd distension / fever | |
| | Afebrile Vitals - stable | <u>Adv</u> |
| | P/A - soft | ① Allow liquid diet (start breast feeding) |
| | NG - removed %o adegual | ② Continue 1/2 maintenance IVF |
|  Dr. Harish 30/5/26 9 AM |  DR. HARISH JAYARAM Registration No: 66254 | ③ Change dress NB by sis APM |
| 30/5/26 5:15 PM | SIB Dr. Harish POD-3 Accepting feeds Passing stool | <u>Plan</u> - Continue oral feeding |
| | O/E - Vitals stable Abd - soft - Wound healthy | |
|  Dr. Harish 30/5/26 5:15 PM |  DR. HARISH JAYARAM Registration No: 66254 | |

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|--|---|
| 31/5/26 10:10 AM | <p style="text-align: center;"><u>cls/B Dr. Lavanya</u></p> <p>POD - (4)</p> | <p style="text-align: center;"><u>Adv</u></p> |
| | <p>Afebrile Vitals stable.</p> <p>P/A - soft Perineal rash.</p> | <p>1) Full feeds To increase oral feeds. Target - 60 ml / 2nd hourly</p> <p>2) Adapt Stoma powder for Y/A</p> <p style="text-align: right;">Malika Dr. Malika 31/5/26 10:10 AM</p> |
| 1/6/2026 8:50 AM | <p style="text-align: center;"><u>cls/B Dr. Nikhita</u></p> <p style="text-align: center;">POD - 5</p> <p>Afebrile vitals - Afebrile</p> <p>P/A - soft passing stool</p> | <p style="text-align: center;"><u>Adv</u></p> <p>① Full feeds</p> <p>② Adapt stoma powder for Y/A</p> <p style="text-align: right;">Dr. Nikhita 1/6/26 8:50 AM</p> |

BAH-00649775 IP5-00174350
Master OJAS JAISWAL
20-07-2026 0 Y 10 M 6 D (M)
Dr. HARISH JAYARAM



B+ve

RESULT SHEET

| | | | | |
|---------------------|---------|--|--|--|
| Date | 26-5-26 | | | |
| Time | 18:33 | | | |
| Hb | 12.1 | | | |
| PCV | 35.7 | | | |
| RBC | 4.64 | | | |
| WBC | 14.49 | | | |
| N/L | 2667 | | | |
| Platelets | 424 | | | |
| CRP | | | | |
| ESR | | | | |
| PCT | | | | |
| RBS | | | | |
| Na | 138 | | | |
| K | 4.2 | | | |
| Cl | 104 | | | |
| Ca/Mg | | | | |
| Phosphate | | | | |
| Urea | | | | |
| Creatinine | 0.3 | | | |
| ALP | | | | |
| SGPT | | | | |
| SGOT | | | | |
| T.Bill/Conj | | | | |
| T.Protein | | | | |
| S.Albumin | 3.9 | | | |
| S.Globulin | | | | |
| A/G Ratio | | | | |
| Uric Acid | | | | |
| S.Amylase | | | | |
| Sr.Lipase | | | | |
| Blood Lactate | | | | |
| S.Cholesterol | | | | |
| PT/INR | | | | |
| APTT | | | | |
| CSF Protein / Sugar | | | | |
| Cells | | | | |
| N/L | | | | |

BAH-00649775 IP5-00174350
 Master OJAS JAISWAL
 20-07-2025 0 Y 10 M 6 D (M)
 Dr. HARISH JAYARAM



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 | Drop-vitamin | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 2 | Drop- VITAMIN D3 | 0.5ml | PO | OD | | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 3 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 4 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 5 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 6 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 7 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 8 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 9 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 10 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Sai

Date & Time : 26/05/26 at 6:45pm

Nurse Name & Signature: Parvati

Date & Time : 26/05/26 at 6:45pm

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. Jeostomy closure
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) |
|---|---|
| <u>Restoration of bowel continuity</u> | <u>nil</u> |

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

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

- Bleeding, anastomotic leak, wound infection, Adhesive Obstruction
- Need for re-exploration.

- I authorize Dr. Harish Jayaram 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: _____
 Name: SHUBHAM JAISWAL
 Relationship with patient: FATHER
 Date & Time: 27/5/20 @ 11:26 Am

Witness:
 Signature: Menka
 Name: MENKA JAISWAL
 Date & Time: 27/5/20 @ 11:26 Am

Doctor (who is taking consent):
 Signature: _____ Name: D.M. Deb
 Date: 27/5/20 Time: 11:15 am

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్ఫో చిల్డ్రెన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స (లు) / ప్రాసీజర్ (లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాలు వాడవద్దు మరియు ఖాళీ 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 సవ్యాలు నాకు వివరించబడ్డాయి.

| శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు: | శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు |
|---------------------------------------|---|
| | |

- ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ లాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీసియా వల్ల అలెర్జిక్ పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మానరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు. అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్ నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న 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. Hari Jayaram
 Asst. Surgeon : Dr. P. Ravi
 Anaesthetist : D. Thejaswini
 Scrub Nurse : Alam

Patient Name : Madhavi Saiswal Age : 10y Gender : Female
 UHID No. : BH-064975 Surgery Name : Illeostomy Closure
 Date : 27/5/26 In-time : 11:33 AM Out-time : 2:00 PM

BAH-00649775 IP5-00174
 Master OJAS JAISWAL
 20-07-2025 0 Y 10 M 7 D
 Dr. HARISH JAYARAM


Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN Time: 11:30 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 : [Signature]
 Name : Ravi

TIME OUT Time: 12:05 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, Anticipated Blood Loss? Change
 Yes No NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? Yes No NA

Nursing Team Reviews: Blood transfusion, seizure

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 : [Signature]
 Name : Benjamin Perin

SIGN OUT Time: 1:03 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) 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
NPO workflow

Signature : [Signature]
 Name : D. P. Ravi

BAH-00649775 IP5-00174350
 Master OJAS JAISWAL
 20-07-2025 0 Y 10 M 7 D (M)
 Dr. HARISH JAYARAM



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 27/5/26.....

Department : P.O.T Duration of Procedure : 2 hrs.....

Name of Surgeon : Dr. Harish Jayaram Date of Admission : 26/5/26.....

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

| | | Staff Signature |
|----|--|-----------------|
| 1. | Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic or <input checked="" type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : inj. piptaz 500mg..... | |
| 2. | Hair Removal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if Yes : Surgical Clipper Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | Patient's body temperature immediately post operation (Recovery Room) 37.6°C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C) | |
| 4. | Name of doctor or staff administering the antibiotic : Dr. Teem..... Date & Time of antibiotic administration : 27/5/26 @ 10:00 AM..... Date & Time procedure started : 27/5/26 @ 12:06 PM..... | |

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

BAH-00649775 IP5-00174350
Master OJAS JAISWAL
20-07-2025 0 Y 10 M 7 D (M)
Dr. HARISH JAYARAM



OPERATION THEATER NOTES

Patient's Name : OJAS JAISWAL Age : 10m Gender : Male Female

UHID No : BAH-00649775 Weight : 5.3kg Height :

Surgeon : Asst. Surgeon :

Anesthetist : Dr. Thejashwini OT Nurse : Alam Benjamin OT Technician : Shrishta

Pre-Operative Diagnosis: NEC s/p ileostomy

Surgical Procedure : ileostomy closure

Indications for Surgery : ileostomy

Date : 27/5/26 Start Time : 12.06 AM End Time : 1.35 PM

Pre Operative Preparations:

Post Operative Diagnosis: NEC s/p ileostomy

Peri-Operative Complications:

Operation Notes:

FINDINGS :- End ileostomy in right lower quadrant
- distal ileal stump closed and intra-peritoneal
- Blind ileal stump (measuring ~2cm), appendix & caecum presented
- end-to end ileo-ascending anastomosis done with vicryl 5-0 interrupted sutures in 2 layers.
- free flow of bowel contents across anastomosis.

Steps 1 (1) supine position, abdomen painted & draped

- 2) Peri-stomal skin incision made & extended transversely
- 3) Ileostomy taken down circumferentially
- 4) distal blind ileal stump identified
- 5) Distal stump, appendix & caecum resected
- 6) End-to-end ileo ascending anastomosis done in 2 layers \bar{z} 5-0 vicryl
- 7) incision closed in layers \rightarrow sheath with vicryl 2-0 interrupted, subcutaneous & skin with vicryl rapid 5-0.

Amount of Blood Loss: 2 ml

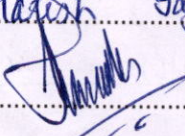
Blood Transfused (in ML) —

Name and Number of Surgical Specimen sent for examination:

—

Peri-Operative Complications: —

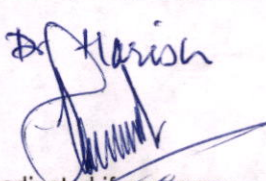
Name of the Surgeon: Dr. Harish Jayaram

Signature of the Surgeon: 

Date & Time: 27/5/26



POST-SURGICAL CARE PLAN FORM

| | |
|--|---|
| Procedure Done: | ileostomy closure |
| Post-Surgical Diagnosis: | NEC sp ileostomy |
| Post-Operative Monitoring Parameters /Frequency: | vitals charting @ 15 mins x 2 hrs monitor urine output |
| Wound Care: | watch for soakage of dressing |
| Drain /Special Lines/Catheters: | - |
| Special Patient Positioning and Requirements: | - |
| Nutritional Instructions: | - NPO - NGT on free drainage + OAT aspiration |
| When to Start Mobilization: | - as soon as fully awake. |
| Special Referrals: | |
| The new order for all required medications documented in the doctor order/medication sheet: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Any Other Post-Operative Care Needed including Required Follow Up | |
| Treating Surgeon (Signature & Stamp) |  |
| Note: Plan of care will be readjusted if necessary. | Date: 27/5/26 Time: 1:50 PM |

BAH-00649775 IP5-00174350
 Master OJAS JAISWAL
 20-07-2025 0 Y 10 M 6 D (M)
 Dr. HARISH JAYARAM



DRUG CHART

Date of Admission: 26/05 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Sigma



I.V. FLUIDS CHART

Weight. 5.37kg Ward. 3PVT

| 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 |
|--------------------|---------|---|-------|--------------------|----------------|--------------------|---------------------|----------------|--------------------|
| 27/5/26 | | IVF DNS | IV | | | | | | |
| 27/5/26 | 5AM | IVF. DNS | IV | 20ml/hr | Sai | Asura soma | 29/5/26 | | pramech pramech |
| 27/5/26 | 11:45AM | RINGER LACTATE + 1% DEXTROSE | IV | 50 ml/hr | | | 27/5/26 | | Boya Olman |
| 29/5/26 | 8:45am | IVF 1/2 DNS | iv | 20ml/hr | | pramech pramech | 29/5/26 | | Appu |
| 29/5/26 | 4:05PM | IVF 1/2 DNS + 5cc KCl | iv | 20ml/hr | | swamy Arung | 30/5/26 | | Appu |
| 30/5/26 | 9:00am | IVF 1/2 DNS + 5cc KCl | iv | 10ml/hr | | gona Appu | 31/5/26 | | malin |
| 31/5/26 | 10AM | IVF 1/2 DNS | IV | 10 ml/ hr | malin | gona soorathi | 1/6/26 | | Appu Appu |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Signature

VERIFIED BY: Name



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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 3/8/25 Time: 11:16/26

Doctor/Nurse/Family Concern? 19pm 11/6/26 2AM 6AM

| | | | | |
|-----------------|-----|---------------|---------------|---------------|
| Temperature (F) | 104 | | | |
| | 103 | | | |
| | 102 | | | |
| | 101 | | | |
| | 100 | | | |
| | 99 | | | |
| | 98 | | | |
| | 97 | <u>96.8°F</u> | <u>97.9°F</u> | <u>96.7°F</u> |
| | 96 | | | |
| | 94 | | | |

| | | | | |
|------------------|-----|--|--|--|
| Heart Rate (bpm) | 190 | | | |
| | 180 | | | |
| | 170 | | | |
| | 160 | | | |
| | 150 | | | |
| | 140 | | | |
| | 130 | | | |
| | 120 | | | |
| | 110 | | | |
| | 90 | | | |

Heart Rate (Number) 116b/m 120b/m 112b/m

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

Resp Rate (Number) 28b/m 29b/m 28b/m

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 99% 98%

Conscious Level Normal Altered

GCS * 15/15 15/15 15/15

TOTAL SCORE Number of shaded boxes 1 1 1

Pain Score 0 0 0

Observer's Initials O B O

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

* NB: 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

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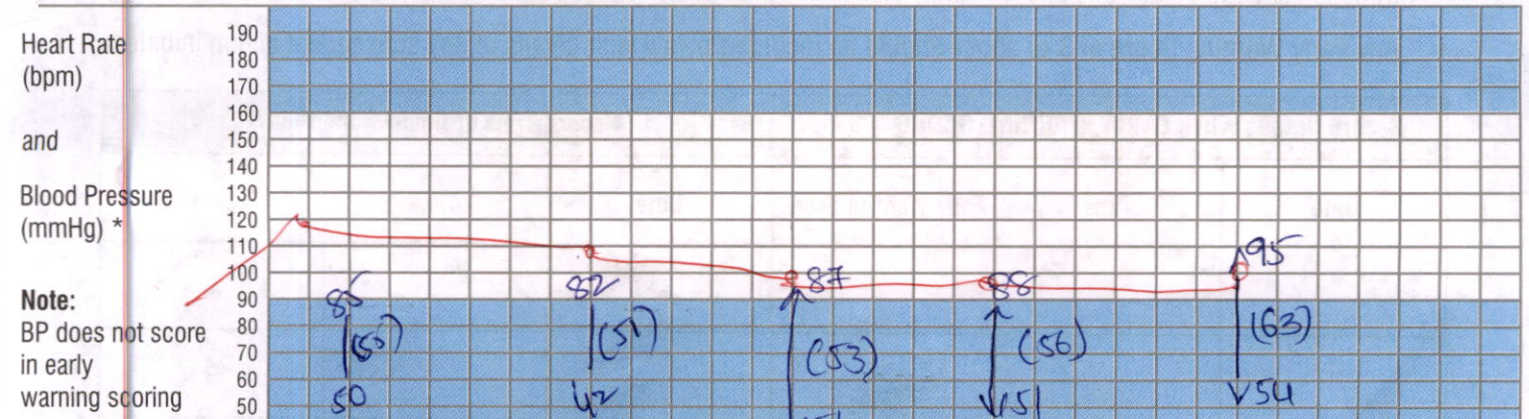
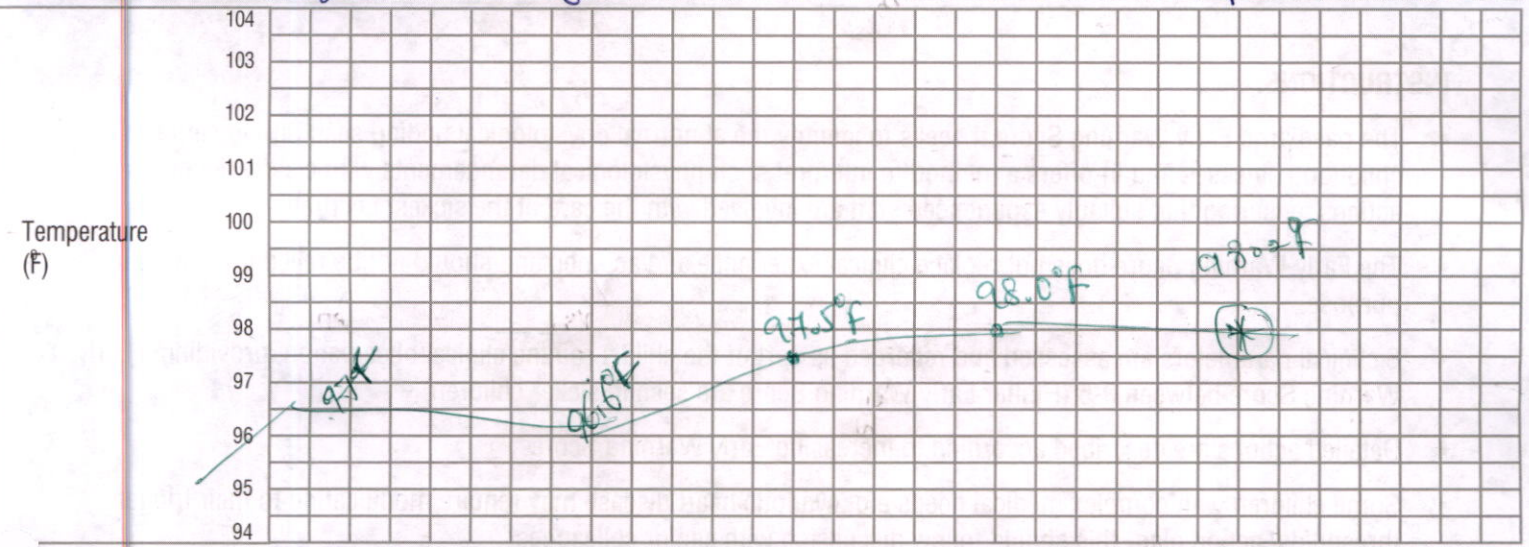
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|----------|--|
| I | IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X) |
| S | SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX) |
| B | 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) |
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| R | RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation) |



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 31/7/25 Time: 10am 1pm 6pm

Doctor/Nurse/Family Concern? 2pm 6am 10am 1pm 6pm



Heart Rate (Number) 126b/m 110b/m 115bpm 118bpm 139b/m



Resp Rate (Number) 26b/m 28b/m 26bpm 26bpm 30b/m

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 0.5 0.5 0.5 0.6 1.0

Conscious Level Normal / Altered

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

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

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

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| B | BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free) |
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| R | RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation) |

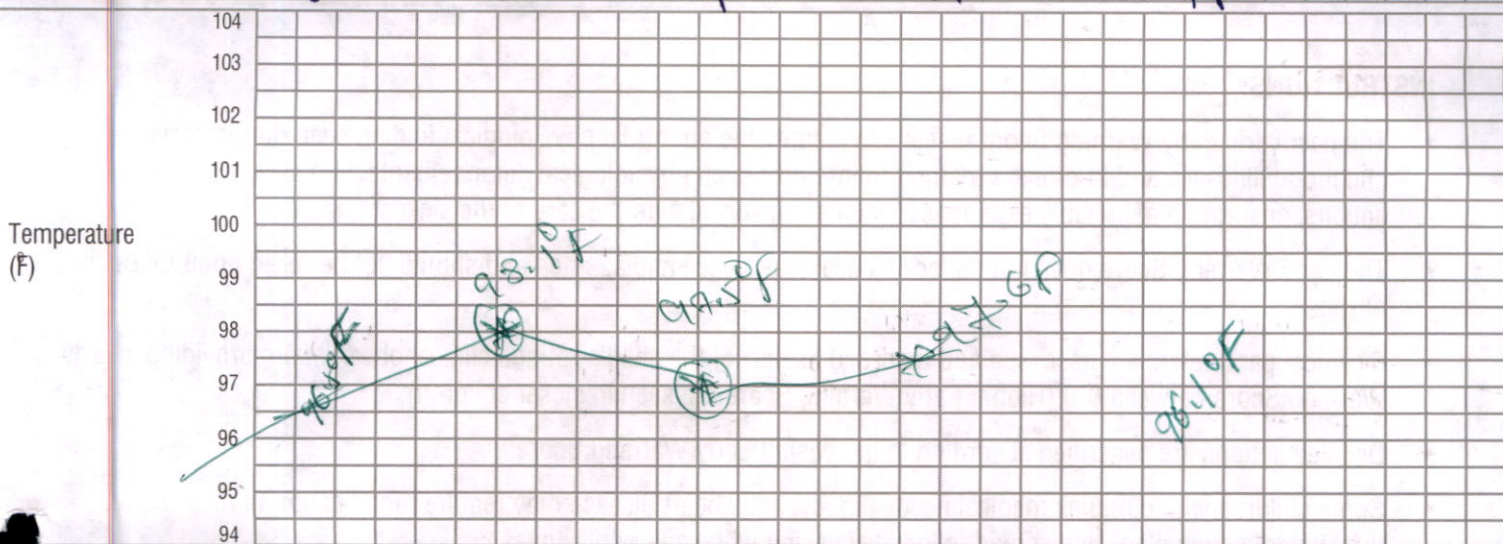


INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 20/7/26... Time:

Doctor/Nurse/Family Concern? 6AM 10AM 1PM 6PM 10PM



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

Note: BP does not score in early warning scoring

| Time | Heart Rate (bpm) | Blood Pressure (mmHg) |
|------|------------------|-----------------------|
| 6AM | 106 | 76/83 |
| 10AM | 128 | 71/98 |
| 1PM | 129 | 58/69 |
| 6PM | 121 | 63/91 |
| 10PM | 132 | 63/95 |

Heart Rate (Number) 106b/m 128b/m 129b/m 121b/m 132b/m

Resp. Rate (bpm) 1 Minute *

| Time | Resp. Rate (bpm) |
|------|------------------|
| 6AM | 28 |
| 10AM | 30 |
| 1PM | 32 |
| 6PM | 28 |
| 10PM | 28 |

Resp Rate (Number) 28b/m 30b/m 32b/m 28b/m 28b/m

Resp Distress Mod/ Severe None / Mild

Receiving O₂(l/min) O₂Saturations (%) 98% 100% 99% 99% 98%

Conscious Level Normal Altered

GCS * 15/15 15/15 15/14 15/15 15/15

TOTAL SCORE

| Parameter | 6AM | 10AM | 1PM | 6PM | 10PM |
|------------------------|-----|------|-----|-----|------|
| Number of shaded boxes | 1 | 1 | 1 | 1 | 1 |
| Pain Score | 0 | 0 | 0 | 0 | 0 |
| Observer's Initials | O | O | O | O | O |

ACTIONS

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

NB: Scores 3 should be recorded overleaf

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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- Following a Early Warning Score assessment, senior help may be required

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| B | BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free) |
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| R | RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation) |

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

EARLY WARNING SCORE: CHILDREN'S UNIT

| | | | |
|--|---------|--------|--------|
| Date: | 20/5/25 | Time: | |
| Doctor/Nurse/Family Concern? | 16AM | 1PM | 5PM |
| | | | 10PM |
| | | | 6PM |
| Temperature (F) | 98.3°F | 98.5°F | 98.0°F |
| | | | 98.5°F |
| Heart Rate (bpm) | 139b/m | 121m | 139b/m |
| and | | | |
| Blood Pressure (mmHg) * | 117/63 | 109/60 | 97/41 |
| Note: BP does not score in early warning scoring | | | |
| Heart Rate (Number) | 139b/m | 121m | 139b/m |
| | | | 131b/t |
| Resp. Rate (bpm) (Over 1 Minute) * | 27b/m | 29b/m | 23b/m |
| Resp Rate (Number) | 27b/m | 29b/m | 23b/m |
| Resp Mod/ Severe Distress | | | |
| None / Mild | | | |
| Receiving O ₂ (l/min) | | | |
| O ₂ Saturations (%) | 100% | 99% | 100% |
| Conscious Level | | | |
| Normal / Altered | | | |
| GCS * | 15/15 | 15/15 | 15/15 |
| TOTAL SCORE | | | |
| Number of shaded boxes | 1 | 1 | 1 |
| Pain Score | 0 | 0 | 0 |
| Observer's Initials | H | H | H |

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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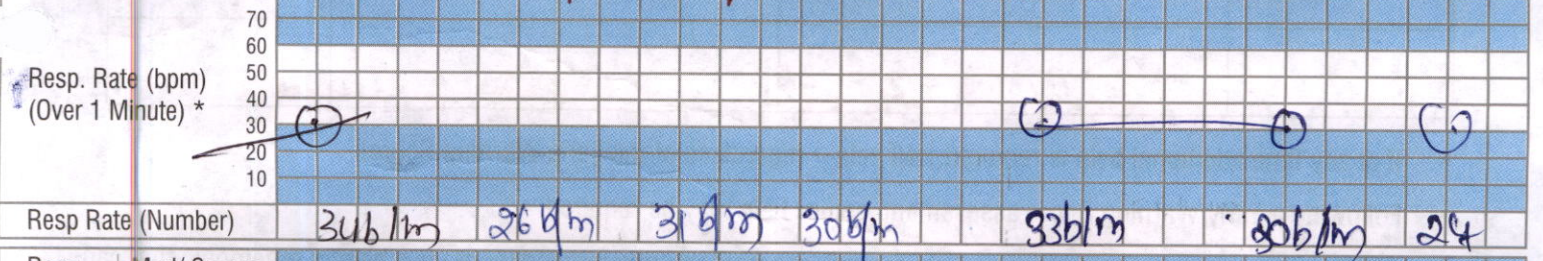
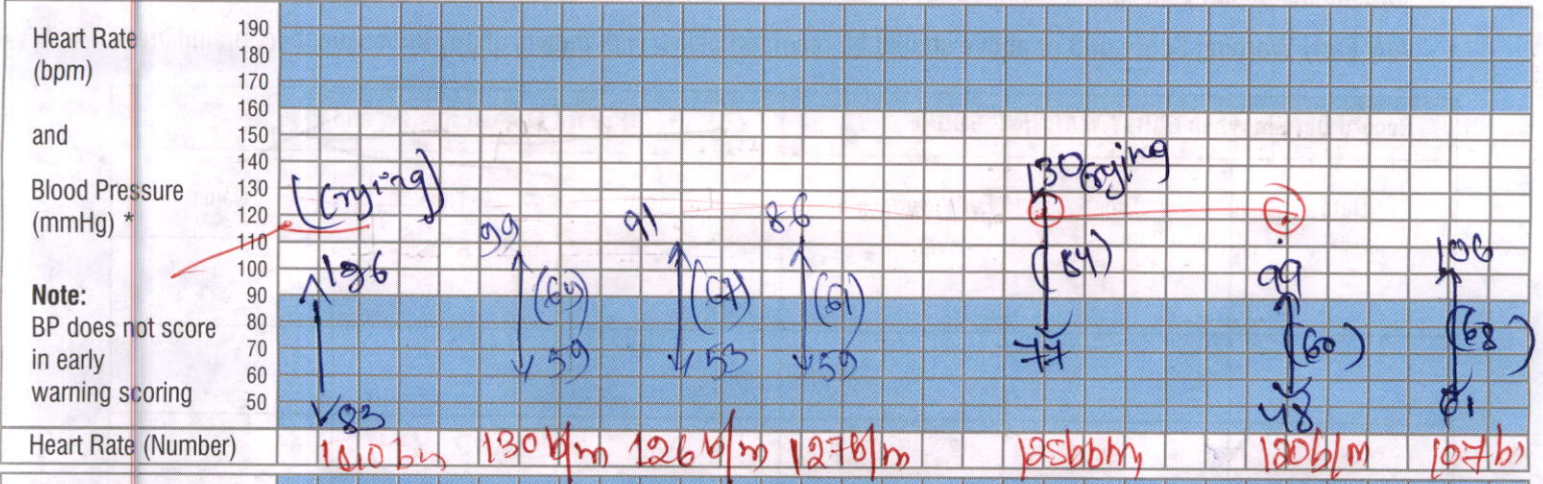
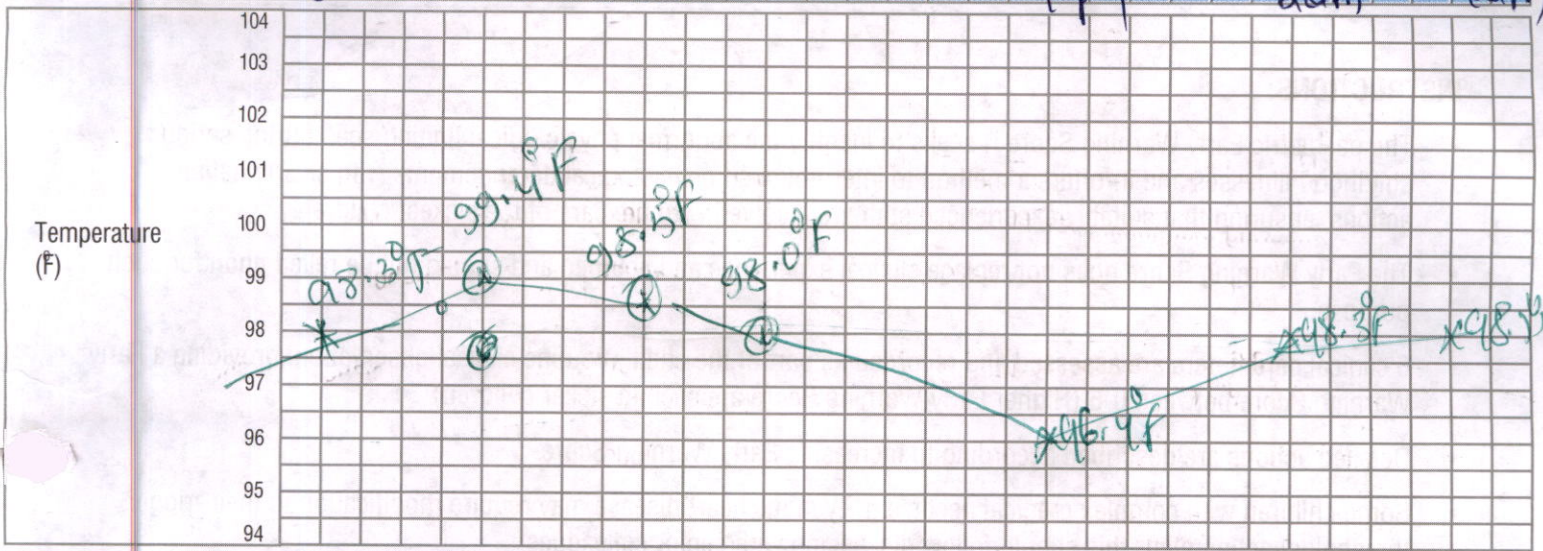
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INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/5 Time: 10AM 2PM 6PM 10PM 2AM 6AM
 Doctor/Nurse/Family Concern? 6am 10am 2pm 6pm 10pm 2am 6am



| | | | | | | | |
|----------------------------------|--------------------------------|-------|-------|-------|-------|-------|-------|
| Resp Mod/ Severe Distress | None / Mild | | | | | | |
| Receiving O ₂ (l/min) | O ₂ Saturations (%) | 98% | 100% | 99% | 100% | 100% | 100% |
| Conscious Level | Normal / Altered | | | | | | |
| GCS * | | 15/18 | 15/15 | 15/15 | 15/15 | 15/15 | 15/15 |
| TOTAL SCORE | Number of shaded boxes | 1 | 1 | 1 | 1 | 1 | 1 |
| Pain Score | | 0 | 0 | 0 | 0 | 0 | 0 |
| Observer's Initials | | b | r | r | o | o | o |

- Score 1 : Continue normal observation by staff nurse
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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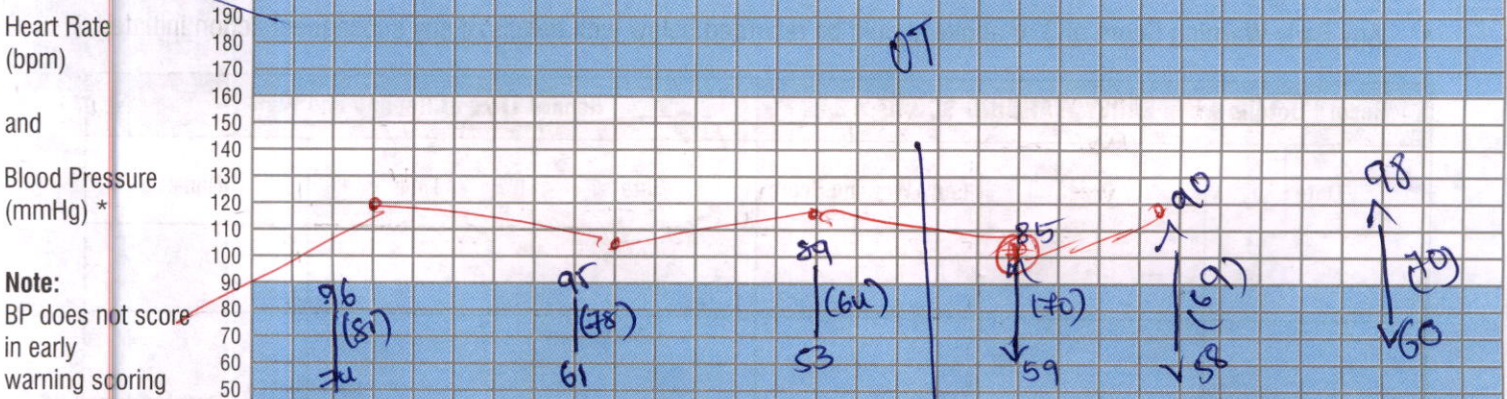
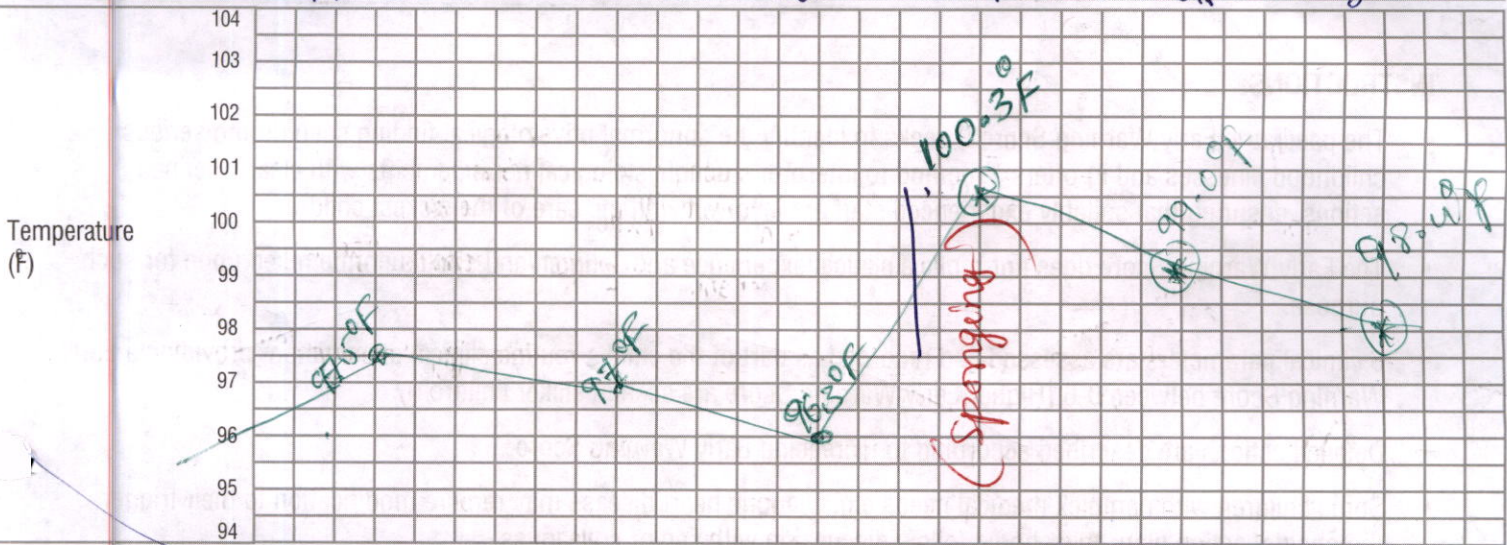
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 26/7/25 Time: 10:30 AM

Doctor/Nurse/Family Concern? 10pm 27/7/25 2AM 6AM 6:30 PM 9pm 28/7/25 2:40 PM



Heart Rate (Number) 120b/m 107b/m 118b/m 135b/m 130b/m 127b/m



Resp Rate (Number) 30b/m 28b/m 28b/m 21b/m 28b/m 31b/m

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 0 0 0 0 0 0

Conscious Level Normal / Altered

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

TOTAL SCORE Number of shaded boxes 0 0 0 0 0 0

Pain Score 0 0 0 0 0 0

Observer's Initials O O O O O O

- ACTIONS**
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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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) |

BAH-00649775 IP5-00174350
 Master OJAS JAISWAL
 20-07-2025 0 Y 10 M 7 D (M)
 Dr. HARISH JAYARAM

FLUID CHART



Serial No. : 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.

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse |
|----------------------|----------|-----------------|--------|------|-----------------------|--------|-----------|-------|----------|-------|--------------------------------|-------------|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | |
| 27/5 | 08:00 am | DNS | NPO | 50ml | | | | | | ✓ | 0 | Pratyanka |
| | 09:00 am | DNS | NPO | 20ml | | | | | | ✓ | 0 | |
| | 10:00 am | | | | | | | | | | 0 | |
| | 11:00 am | RL | | 50ml | | | | | | | 0 | |
| | 12:00 pm | RL | | 50ml | | | | | | | 0 | |
| | 01:00 pm | RL | | 50ml | | | | | | | 0 | |
| Total Intake : | | | | | Total Output : | | | | | | | |
| 27/5 | 02:00 pm | RL | N | 50ml | | | | | | | 0 | Pratyanka |
| | 03:00 pm | | N | 20ml | | | | | | | 0 | |
| | 04:00 pm | DNS | P | 20ml | | 0.5ml | | | | | 0 | |
| | 05:00 pm | | | 20ml | | | | | | | 0 | |
| | 06:00 pm | | O | 20ml | | | | | | 66ml | 0 | |
| | 07:00 pm | | | 20ml | | 0.1ml | | | | | 0 | |
| Total Intake : | | | | | Total Output : | | | | | | | |
| 27/5 | 08:00 pm | | | 20ml | | | | | | | 0 | Pratyanka |
| | 09:00 pm | | | 20ml | | 0.2ml | | | | | 0 | |
| | 10:00 pm | DNS | | | | | | | | | 0 | |
| | 11:00 pm | | | | | 0.5ml | | | | | 0 | |
| | 12:00 am | | | 20ml | | | | | | 86ml | 0 | |
| | 01:00 am | | | 20ml | | 0.1ml | | | | | 0 | |
| Total Intake : | | | | | Total Output : | | | | | | | |
| 28/5 | 02:00 am | | | 20ml | | | | | | | 0 | Pratyanka |
| | 03:00 am | | | 20ml | | 0.5ml | | | | | 0 | |
| | 04:00 am | DNS | | 20ml | | | | | | | 0 | |
| | 05:00 am | | | 20ml | | 0.2ml | | | | 99ml | 0 | |
| | 06:00 am | | | | | | | | | | 0 | |
| | 07:00 am | | | | | 0.2ml | | | | | 0 | |
| Total Intake : | | | | | Total Output : 251 ml | | | | | | | |
| Total 24 hrs. Intake | | | | | Total 24 hrs. Output | | | | | | | |

251 ml Urine

NG Aspiration = ~~0.2ml~~

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 | | | Output | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse |
|-----------------------------|----------|-----------------|------------|-----------|--------------------|-----------------------|-------|-------|--|---------------------------------|-------------|
| | | | Route | Diarrhoea | Vomit | Drainage | Urine | | | | |
| | | | Mouth | I.V | NG | | | | | | |
| 28/5 | 08:00 am | ↑ | ↑ | 20ml | | | / | | | 0? | Priyanka |
| | 09:00 am | | N | 20ml | | | / | | | 0 | Priyanka |
| | 10:00 am | DNS | P | - | | 2ml | | | | 0? | Priyanka |
| | 11:00 am | | O | 20ml | | | / | 66ml | | 0 | Priyanka |
| | 12:00 pm | | O | 20ml | | | / | | | 0? | Priyanka |
| | 01:00 pm | ↓ | ↓ | - | | 2ml | | / | | 0 | Priyanka |
| Total Intake : | | | | | 4ml | Total Output : | | | | | |
| 28/5 | 02:00 pm | ↑ | NPO | 20ml | | | / | | | 0 | Priyanka |
| | 03:00 pm | | NPO | 20ml | | 1ml | | | | 0 | Priyanka |
| | 04:00 pm | DNS | NPO | - | | | | 100ml | | 0? | Priyanka |
| | 05:00 pm | | Water sips | 20ml | | 1ml | | | | 0 | Priyanka |
| | 06:00 pm | | Water sips | - | | | | | | 0? | Priyanka |
| | 07:00 pm | ↓ | Water sips | 20ml | | 0ml | | / | | 0 | Priyanka |
| Total Intake : | | | | | | Total Output : | | | | | |
| 28/5 | 08:00 pm | | | 20ml | | | / | 130ml | | 0 | |
| | 09:00 pm | ↑ | sips | 20ml | | 8ml | | | | 0 | Seemil |
| | 10:00 pm | DNS | Water | - | | 0ml | no | | | 0 | Seemil |
| | 11:00 pm | ↓ | | 20ml | | | / | | | 0 | Seemil |
| | 12:00 am | | | 20ml | | | / | | | 0 | Seemil |
| | 01:00 am | | | 20ml | | 0.5ml | | / | | 0 | Seemil |
| Total Intake : | | | | | | Total Output : | | | | | |
| 29/5 | 02:00 am | | | 20ml | | | / | | | 0 | |
| | 03:00 am | ↑ | sips | 20ml | | nil | | 28ml | | 0 | Seemil |
| | 04:00 am | DNS | Water | 20ml | | | | | | 0 | Seemil |
| | 05:00 am | | Water | 20ml | | 4ml | | | | 0 | Seemil |
| | 06:00 am | ↓ | | - | | | / | | | 0 | Seemil |
| | 07:00 am | | | - | | nil | | 50ml | | - | Seemil |
| Total Intake : | | | | | NG Aspiration 18.5 | Total Output : | | | | | 438 |
| Total 24 hrs. Intake | | | | | | | | | | | |
| Total 24 hrs. Output | | | | | | | | | | | |



FLUID CHART

Sheet No. : (u)

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.

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | | |
|-----------------------|----------|-----------------|---------------|------|-----|-----------------------|-----------|-------|----------|-------|--------------------------------|-------------|---|---------|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | | |
| 29/5 | 08:00 am | | | 20ml | / | / | / | / | / | 0 | pranali | | | |
| | 09:00 am | DRG | water 5ml | 20ml | | | | | | ✓ | | ✓ | 0 | pranali |
| | 10:00 am | | | 20ml | | | | | | ✓ | | ✓ | 0 | pranali |
| | 11:00 am | | | - | | | | | | ✓ | | ✓ | 0 | |
| | 12:00 pm | | coconut water | - | | | | | | ✓ | | ✓ | 0 | |
| | 01:00 pm | 1/2 DRG | | 20ml | | | | | | ✓ | | ✓ | 0 | pranali |
| Total Intake : | | | | | | Total Output : | | | | | | | | |
| 29/5 | 02:00 pm | ↑ | | - | / | / | / | / | / | 0 | shrishe | | | |
| | 03:00 pm | ↑ | ORS | 20ml | | | | | | ✓ | | ✓ | 0 | shrishe |
| | 04:00 pm | 1/2 | | 20ml | | | | | | ✓ | | ✓ | 0 | shrishe |
| | 05:00 pm | DRG | water | 20ml | | | | | | ✓ | | ✓ | 0 | shrishe |
| | 06:00 pm | ↓ | water | 20ml | | | | | | ✓ | | ✓ | 0 | shrishe |
| | 07:00 pm | ↓ | | | | | | | | | | ✓ | ✓ | 0 |
| Total Intake : | | | | | | Total Output : | | | | | | | | |
| 29/5 | 08:00 pm | | | - | / | / | / | / | / | 0 | Anura | | | |
| | 09:00 pm | 1/2 DRG | | 20ML | | | | | | ✓ | | ✓ | 0 | Anura |
| | 10:00 pm | SKCL | | - | | | | | | ✓ | | ✓ | 0 | Anura |
| | 11:00 pm | | | - | | | | | | ✓ | | ✓ | 0 | Anura |
| | 12:00 am | | | 20ML | | | | | | ✓ | | ✓ | 0 | Anura |
| | 01:00 am | | | 20ML | | | | | | ✓ | | ✓ | 0 | Anura |
| Total Intake : | | | | | | Total Output : | | | | | | | | |
| 30/5 | 02:00 am | | | 20ML | / | / | / | / | / | 0 | Anura | | | |
| | 03:00 am | 1/2 DRG | | 20ML | | | | | | ✓ | | ✓ | 0 | Anura |
| | 04:00 am | SKCL | | - | | | | | | ✓ | | ✓ | 0 | Anura |
| | 05:00 am | | | - | | | | | | ✓ | | ✓ | 0 | Anura |
| | 06:00 am | | | - | | | | | | ✓ | | ✓ | 0 | Anura |
| | 07:00 am | | | - | | | | | | ✓ | | ✓ | 0 | Anura |
| Total Intake : | | | | | | Total Output : | | | | | | | | |

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. :

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse |
|------|----------|-----------------|--------|------|-----|--------|-----------|-------|----------|-------|---------------------------------|-------------|
| | | | Route | | | NG | Diarrhoea | Vomit | Drainage | Urine | | |
| | | | Mouth | I.V | N.G | | | | | | | |
| 30/5 | 08:00 am | ↑ | | 10ml | | | | | | 0 | Appu | |
| | 09:00 am | ↓ | 10ml | | | ✓ | | | 0 | Appu | | |
| | 10:00 am | 1/2 DNS + | | | | | | | 0 | | Appu | |
| | 11:00 am | 5ml | | | | | | | 0 | Appu | | |
| | 12:00 pm | ↓ | 10ml | | | ✓ | | | 0 | | Appu | |
| | 01:00 pm | ↓ | 10ml | | | | | | 0 | | | |

Total Intake :

Total Output :

| | | | | | | | | | | | |
|------|----------|-----|------|--|--|---|--|--|---|-------|-------|
| 30/5 | 02:00 pm | ↓ | | | | | | | | 0 | Anura |
| | 03:00 pm | ↓ | | | | | | | 0 | Anura | |
| | 04:00 pm | ↓ | 10ml | | | ✓ | | | 0 | | Anura |
| | 05:00 pm | 5ml | | | | | | | 0 | Anura | |
| | 06:00 pm | ↓ | 10ml | | | | | | 0 | | Anura |
| | 07:00 pm | ↓ | 10ml | | | | | | 0 | | |

Total Intake :

Total Output :

| | | | | | | | | | | | |
|------|----------|-----------|------|--|--|--|--|--|---|-------|-------|
| 30/5 | 08:00 pm | ↓ | 10ml | | | | | | | 0 | Anura |
| | 09:00 pm | ↓ | 10ml | | | | | | 0 | Anura | |
| | 10:00 pm | 1/2 DNS + | | | | | | | 0 | | Anura |
| | 11:00 pm | 5ml | | | | | | | 0 | Anura | |
| | 12:00 am | ↓ | 10ml | | | | | | 0 | | Anura |
| | 01:00 am | ↓ | 10ml | | | | | | 0 | | |

Total Intake :

Total Output :

| | | | | | | | | | | | |
|------|----------|---------|------|--|--|--|--|--|---|-------|-------|
| 30/5 | 02:00 am | ↓ | 10ml | | | | | | | 0 | Anura |
| | 03:00 am | 1/2 DNS | 10ml | | | | | | 0 | Anura | |
| | 04:00 am | ↓ | | | | | | | 0 | | Anura |
| | 05:00 am | 5ml | | | | | | | 0 | Anura | |
| | 06:00 am | ↓ | | | | | | | 0 | | Anura |
| | 07:00 am | ↓ | | | | | | | 0 | | |

Total Intake :

Total Output :

| | |
|----------------------|--|
| Total 24 hrs. Intake | |
|----------------------|--|

| | |
|----------------------|--|
| Total 24 hrs. Output | |
|----------------------|--|

FLUID CHART

Sheet No. :

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse |
|-----------------------|----------|-----------------|--------|-----|-----|-----------------------|-----------|-------|----------|---------|---------------------------------|-------------|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | |
| 31/05/20 | 08:00 am | milk | 10ml | | | | | | | Emolter | 0 | Sravya |
| | 09:00 am | | 10ml | | | | | | | | 0 | |
| | 10:00 am | 1/2 milk | 10ml | | | | | | | Emolter | 0 | Sravya |
| | 11:00 am | 1/2 milk | 10ml | | | | | | | | 0 | |
| | 12:00 pm | 1 milk | - | | | | | | | Emolter | 0 | Sravya |
| | 01:00 pm | | - | | | | | | | | 0 | |
| Total Intake : | | | | | | Total Output : | | | | | | |
| 31/5 | 02:00 pm | | 10ml | | | | | | | | 0 | Arav |
| | 03:00 pm | milk | 10ml | | | | | | | Emolter | 0 | Arav |
| | 04:00 pm | 1/2 milk | 10ml | | | | | | | | 0 | Arav |
| | 05:00 pm | 1/2 milk | 10ml | | | | | | | | 0 | Arav |
| | 06:00 pm | 1 milk | - | | | | | | | Emolter | 0 | Arav |
| | 07:00 pm | | - | | | | | | | | 0 | |
| Total Intake : | | | | | | Total Output : | | | | | | |
| 31/5 | 08:00 pm | | | | | | | | | | 0 | Arav |
| | 09:00 pm | | | | | | | | | | 0 | |
| | 10:00 pm | 1/2 milk | | | | | | | | | 0 | Arav |
| | 11:00 pm | 1/2 milk | 10ml | | | | | | | Emolter | 0 | Arav |
| | 12:00 am | 1 milk | 10ml | | | | | | | | 0 | Arav |
| | 01:00 am | | 10ml | | | | | | | | 0 | |
| Total Intake : | | | | | | Total Output : | | | | | | |
| 1/6 | 02:00 am | | 10ml | | | | | | | | 0 | Arav |
| | 03:00 am | | 10ml | | | | | | | | 0 | |
| | 04:00 am | 1/2 milk | | | | | | | | | 0 | Arav |
| | 05:00 am | 1/2 milk | | | | | | | | | 0 | |
| | 06:00 am | 1 milk | | | | | | | | | 0 | Arav |
| | 07:00 am | | | | | | | | | | 0 | |
| Total Intake : | | | | | | Total Output : | | | | | | |

Total 24 hrs. Intake

Total 24 hrs. Output

Daily Notes:

28/5/26
10:20am

child is on NPO - Mounica

29/5/26
11am

child is on NPO - Niritha

30/5/26
11am

child is on ~~clear~~ - Mounica.
liquids, Can Give Breast Milk as advised.

31/5/26
8am

Child is stable, continue \bar{c} Breast milk
as advised Niritha



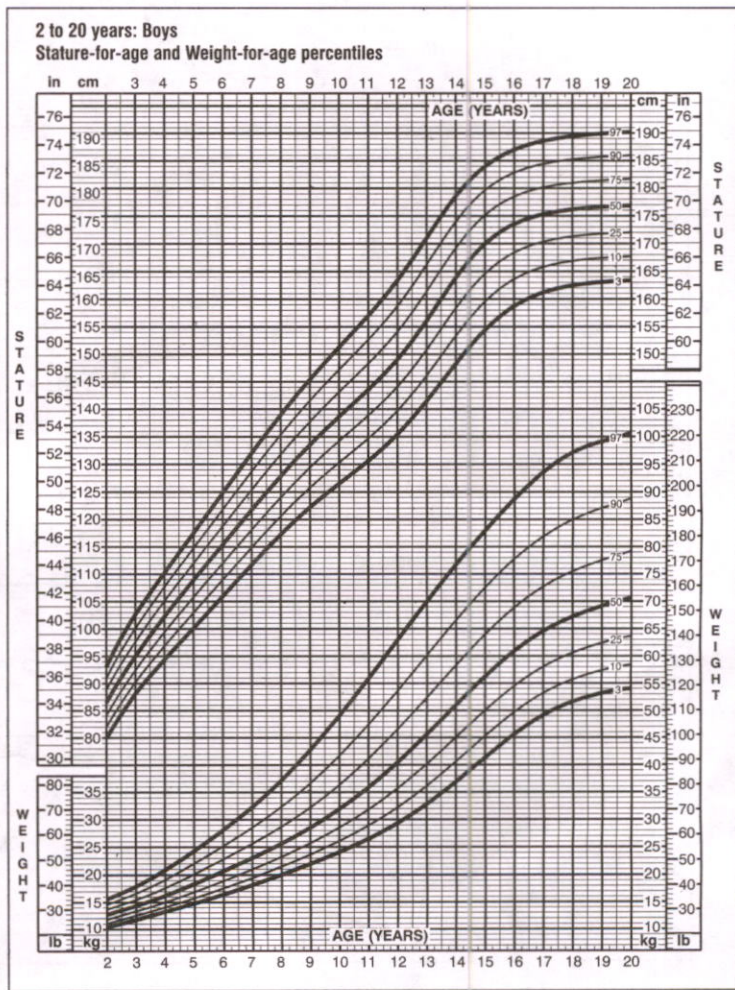
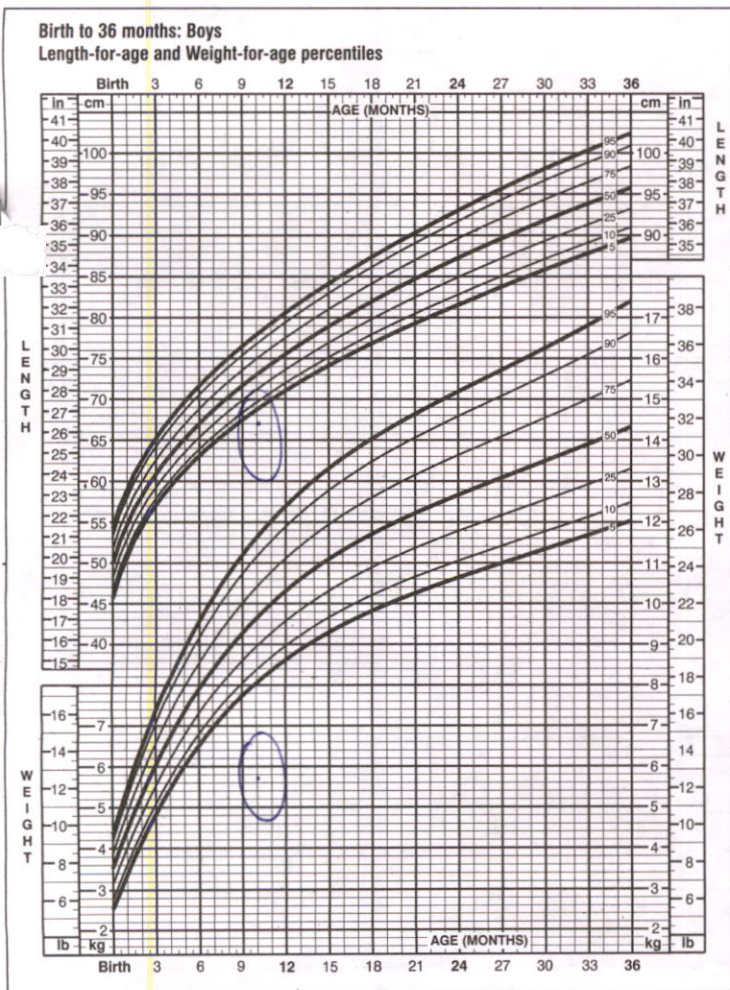
103

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 27/5/26 Time: 9 AM

Weight: 5.37 kgs Centile: <5th
 Height: 63 cms Centile: <5th
 Inference: underweight child
 RDA: - Calories: 98 kcal/kg/d Protein: 1.8g/kg/d
 Diet Recommendations: child is on NPO
 Re-Assesment:
 Food Allergies: NO Veg/Non-veg: veg
 Diagnosis: Fido nec & slp Neostomy now for ileostomy. cloaca.
 Nutritional Intervention - Oral Enteral Parenteral
 Patient's Signature: [Signature]

GROWTH CHART (BOYS)



Dietician's Name: Nishi

Dietician's Signature: Nishi