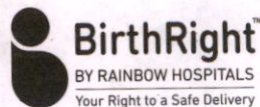


Patient Sticker

BAH-00627106 IP5-00174588  
Master MOHAMMED ABDUL WASI  
09-06-2023 2 Y (M)  
Dr. NABEEL ALAM QADRI



80447

### SURGERY DETAILS

Date : 01-06-2026

Patient Name: MD Abdull wasi Date of Birth: 09-06-2026 Age: 2Y

Gender: Male Ward: P.OT UHID No: BAH-00627106

Date of Surgery: 01-06-26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : Chordee correction

Time in : 9 Am

Time Out : 11:5 Am

	NAME	AMOUNT
1. Surgeon	Dr. Nabeel Alam	
2. Anaesthetist	Dr. Ravi Chandra	
3. Assistant Surgeon		
4. OT Technician	Bapu	
5. Circulating Nurse	Bikhlai	
6. Assistant Nurse	Benjamin	

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

Signature of the Surgeon *Dr. Nabeel*

Signature of Circulating Nurse

Order No: 9637606

Order by: *[Signature]*

IP5-0011  
 BAH-00627106  
 Master MOHAMMED ABDUL WASI  
 09-06-2023 2 Y (M)  
 Dr. NABEEL ALAM QADRI



Chordee correction



CONSUMABLES OF OT

It takes a lot to treat the little.

BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

Circulating staff : ..... Technician: J. Bapu Date: 01/06/26 Time: .....

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 3.5, 4, 4.5	HH	1	Major Pack Drape	1	1	Inj Vit.K		
LMA 1 1/2, 2	1+1	—	Sutures PDS 0, 7-0	2+2	2	Cord Clamp		
ECG leads : A/P/N	05	3	Prolen 5-0	2	1	Suction Catheter		
HME filter : A/P/N	01	1				Feeding Tube		
Syringes : 10 cc	10	6				Vaccum Suction Set		
05 cc	10	6	Gloves 6.6 1/2, 7, 7 1/2	2+2+2	—	Surgical Gloves		
02 cc	10	4	Pf. 6.6 1/2, 7, 7 1/2	2+2+2	1+1	Gauze Pack		
01 cc	05	3				Syringe 1ml / 2ml		
Cautery plate : A/P/N	01	—	Surgical blade 15	1	1	Surgical Blade # 20		
IV set	01	1	NG tube 7	1	1	Koochies (S)		
RL	01	1	Cautery pencil			NS 500ml	2	4
NS : 10ml / 100ml / 500ml / 1000ml	01	1	Koochies XL	2	2	transofix	1	—
Mini Spike	01	1	Ointments			Jelly	1	1
O2 mask (P)	01	—	Suction Catheter			10cc + 20cc + 5cc	2+2+1	0
Fentanyl	01	1	Cap, Mask	5	2+5	26 g needle	1	1
Morphine			Gauze Pack	5	2	<del>26 g needle</del>	1	1
Ketamine			Mop Pack	1	1	Cuticell box 10	2	1
Propofol	03	1	Steristrip					
Rocuronium	01	1	Underpad					
Glycopyrolate	01	1	Draw sheet					
Myopyrolate (NIO)	1+2	2	Abgel			Gauze + Gloves all	4+4	1+0
Ondansetron	01	0	Foleys catheter 6.8.10	1+1+1	—	Dexa + Tranexa	1+1	—
Pencan 25g/ Spinal Needle 22	01	1	Urobag Meter	1	—	Dexmed 50	01	+
Bupivacaine 0.25%	01	1+	Chest Drainage Catheter			50cc + pro line	1+1	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			Adrenaline + Atropine	1+1	1+
Antibiotics IV pen	01	1	Bandage			Ephedrine	01	—
			Tegaderm			Lot + Telly	1+1	1
Suppositories			Ioban	1	—	Midazolam	01	1
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Nasal prosecton (p)	01	—
Supridol : 100mg			Vaccum Suction set	2	1	Orite + Splint 1,3	1+1	—
Justin : 12.5 mg / 25mg / 100mg	1+1	—	Plastic Bed Sheet	1	—	NG tubes all	6	—
Tab. Misoprost : 200mg			Betadine Solution	1	1	Suction catheter all	1+1	—
Vaccum Set	01	1	Microshield	1	1			
Oral airway 0,1	1+1	—	Cotton Balls	1	1			
Nasal airway 16,18	1+1	1+1	Latex Gloves	10P	10P			
IV cannula 22,24	1+1	—	Ramdione Scrub	1	—			
Zwey 10cm + 100cm	1+1	—	Saral					

Surgeon

Dr. Ramchandra  
 Anaesthesiologist

Nurse  
 Boyama

Gowthami  
 OT Technician

Order No. : 9637692

Ordered by : [Signature]

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

# ESTIMATION SLIP

80447

Date: 25/ May/26 UHID / IP No.: IRAH-00627106 SI No. 7:10 pm  
 Name of Patient: Mrs. Mohammed Abdul Wasil Age: 24 Gender: M  
 Father's / Husband's Name: M. Md. Sami Corporate / Occupation: \_\_\_\_\_  
 Address: Hyd Phone: 9618654060 Email: \_\_\_\_\_  
 Procedure / Plan: Chordee Coarctosis - 2 day 2th.

MODE OF PAYMENT:  SELF  TPA: Dr. Nabeel Akram  GIPSA: (PU-79)  OTHERS Jun

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
(Day) Room Rent & Nursing Charges										
Doctor's Fee		<u>12750</u>								
L. Tax										
PARTICULARS						AMOUNT (₹)				
Surgeon's / Anesthetists's Fee / O.T. Charges						<u>51986 + 28,904 + 37808</u>				
O.T. Consumables						<u>9500</u> Subject to approval by TPA / Insurance Company				
Instrument Charges						Not Covered by TPA / Insurance company				
Pharmacy, Consumables & Investigations						<u>2400</u> As per actual <u>Not Included in Estimation</u>				
Equipment Charges	Monitor :		Oxygen :			Infusion pump / Syringe pump :				
	Ventilator :	Conventional :	HFO-SLE 5000 :			HFO Sensormedix :				
	Phototherapy :	Single Surface :	Double Surface :			Triple Surface :				
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.						<u>As per actual Not Included in Estimation</u>				
Package										
Others										
Initial Minimum Deposit						<u>Rs. 175000 + 7 bond dues</u>				

- REMARKS:**
- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
  - The estimated surgical charges may vary subject to surgeon's decisions / Complications / Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.
  - In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
  - Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
  - Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
  - For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
  - During Non-working hours of O.T (8:00 PM to 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
  - Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
  - Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs. Kindly check your billing status on day to day basis at IP Billing Department.

**DECLARATION**  
 I have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

Signature of the Client: Md. Sami  
 Signatory Relationship: Father  
 Signature of the Financial Counselor: (Signature)

**ACTIVITY RECORD FOR BILLING**

Name : \_\_\_\_\_ BAH-00627106 IP5-00174588  
 Master MOHAMMED ABDUL WASI  
 09-06-2023 2 Y (M)  
 UHID No. : \_\_\_\_\_ IP No : \_\_\_\_\_ Dept : \_\_\_\_\_  
 Dr. NABEEL ALAM QADRI  
 Date of Admission: \_\_\_\_\_ 1 charge : 216126. Time: \_\_\_\_\_  
 Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
01/6/26	8:00 AM	ER	OT	[Signature]
01/6/26	11:05 AM	OT	postop	[Signature]
1/6/26	1 PM	postop.	145	[Signature]

**Cross Consultation Visit**

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







### ADMISSION SHEET

**Registration Details :**


Admission No : IP5-00174588      Admit Date : 01-Jun-2026      Admit Time : 07:10 AM      UHID : BAH-00627106

**Patient Details :**

Patient Name	: Master MOHAMMED ABDUL WASI	Age	: 2 Y
Guardian	: Mr MD.ABDUL SAMI	DOB	: 09-06-2023
Gender	: Male	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: #H.NO:9-4-110/3/90 AKBARPURA Tolichowki Hyderabad Telangana INDIA 500008	Phone No	: 9618654060/ 7093401025
		E-mail	: nomailid@gmail.com

**Admission Details :**

Bed Type : DAY CARE      Bed No : PRE OP 402      Ward Name : 4F-OT COMPLEX  
 Room No : PRE OP 402      Admission Type : First Visit

**Contact Details :**

Name : Mr MD.ABDUL SAMI      Relationship : Father  
 Contact Address : #H.NO:9-4-110/3/90 AKBARPURA Tolichowki      Phone No : 9618654060  
 Hyderabad Telangana INDIA 500008



Signature

**Doctor Details :**

Doctor Name : Dr. NABEEL ALAM QADRI      Specialisation : PEDIATRIC SURGERY  
 Referral Doctor : Self      Phone No :  
 Co-Consultant :

**Payment Details :**

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



# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

Abdul wasi

UHID ID:

BAH-00627106 IP5-00174588

Master MOHAMMED ABDUL WASI

09-06-2023 2 Y (M)

Dr. NABEEL ALAM QADRI



Department:

Consultant:



### Pediatric Multiorgan History & Physical Examination

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_ Relationship \_\_\_\_\_

#### Chief Presenting Complaints & Duration (Chronologically)

glandular hypospadias  
± torsion of testes.

#### History of present illness :

K/K/O glandular hypospadias  
with torsion of penis.

planned for degloving of penis with  
circumcision :

No fever/ Cough/ loose stools  
oral intake normal  
urine output adequate

### Pediatric Multiorgan History & Physical Examination

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

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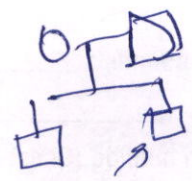
**Birth & Neonatal History:**

⊖ FT / LSCS / 2.25kg / CIAB

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**Birth & Socio Economic History:**

About Father : \_\_\_\_\_  
About Mother : \_\_\_\_\_  
Any additional Information : \_\_\_\_\_

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**Developmental History :**

Developed as per age

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**Immunization History :**

Immunised as per age

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### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile) \_\_\_\_\_

Weight (kgs) ) 9.7 kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 98.1° F Pulse Rate : 90/min B.P. 94/62 (70) mm Hg SPO2 100% ↓ RA

Resp. rate and type of breathing : 26/min

Rash \_\_\_\_\_

Lymphadenopathy ⊖

Oedema : \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

#### Respiratory System :

Inspection (any s/o distress) : \_\_\_\_\_

Air entry & breath sounds : BACE ⊕

Any addes sounds : ⊖

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

#### Cardiovascular System :

Inspection of procordium : \_\_\_\_\_

Heart Sounds : S1S2 ⊕

Any murmur : ⊖

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

#### Per Abdomen :

Inspection \_\_\_\_\_

Palpation : Soft . NR

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 : 15/15

Cranial Nerves : (N)

#### Motor System:

Nutriton : \_\_\_\_\_

Tone: \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : NAD

Involuntary Movements : \_\_\_\_\_

#### Reflexes :

DTR

Superficials:

Plantars \_\_\_\_\_

#### Sensory System :

Intact

Bladder / Bowel : Regular

#### Clinical Summary & Diagnostic:

Glansular hypospadias for chordes correction



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: prevent complications

Desired goals of the treatment : hemodynamic stability

**Planned Labs:**

~~CBP~~  
Noted by  
Kobrin  
1/6 @ 7A

**Planned Management**

inj AUGMENTIN  
inj AMIKACIN

Signature of the Doctor: [Signature]

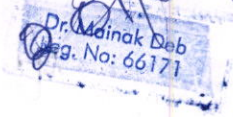
Name of the Doctor: Sahini

Date & Time: 1/6/23 7 AM

Signature of the Consultant: [Signature]

Name of the Consultant: [Signature]

Date & Time: [Signature]



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 5:00pm	C/S/B Dr. Nikhita	
	[POD-0] Cherdee conuli-	
	No of vomiting Afebrile vitals - stable P/A - soft,	Adv ① Full feeds as tolerated ② U/o monitoring Bth hly by diaper weight
	Dressing intact Uo - adequate.	Dr. Nikhita 1/6/26
	Dr. Mainak Deb Reg. No: 66171 C/S/B Dr. Harish.	
2/6/26 9:10 AM	POD (1)	Adv
	Afebrile Vitals stable	1) Full feeds 2) Remove catheter 3) Plan discharge.
2/6/26 9:10 AM	Dressing - intact - minor to allage DR. HARISH JAYARAM Registration No: 66254	malika 2/6/26 9:10 AM (P.T.O)



BAH-00627106 IPS-00174588  
 Master MOHAMMED ABDUL WASI  
 09-06-2023 2 Y (M)  
 Dr. NABEEL ALAM QADRI



## RESULT SHEET

Date	1/6/26				
Time					
Hb	12.7				
PCV	38.8				
RBC	5.13				
WBC	5.69				
N/L	33.4/58				
Platelets	258				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					



BAH-00627106 IPS-00174588  
 Master MOHAMMED ABDUL WASI  
 09-06-2023 2 Y (M)  
 Dr. NABEEL ALAM QADRI



## 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: ..... *BR* .....

Shifted to: ..... *Wards* .....

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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input 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 : ..... *Saheli* ✓ .....

Date & Time : ..... *1/6/20 7 Am* .....

Nurse Name & Signature: ..... *Kathare* ✓ .....

Date & Time : ..... *1/6/20* .....



# DRUG CHART

Date of Admission: 1/6/26 Drug Allergies:  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

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

## SOS / PRN (As Required Medication)

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

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

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

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



REGULAR PRESCRIPTIONS

Weight ..... 9.7kg ..... Ward .....

<b>DRUG :</b> 1kg AUGMENTIN				Date Time	1/6 2/6
Dose	Route	Frequency	Start Date		
300mg	iv	Q&H	1/6/26		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
<b>Daily Doctor's Endorsement by a Sign</b>					
<b>DRUG :</b> 1kg AMIKACIN				Date Time	1/6
Dose	Route	Frequency	Start Date		
150mg	iv	Q24hr	1/6/26		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
<b>Daily Doctor's Endorsement by a Sign</b>					
<b>DRUG :</b> 1g PARACETMOL				Date Time	1/6 2/6
Dose	Route	Frequency	Start Date		
150mg	iv	Q&H	1/6/26		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
<b>Daily Doctor's Endorsement by a Sign</b>					
<b>DRUG :</b>				Date Time	
Dose	Route	Frequency	Start Date		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
<b>Daily Doctor's Endorsement by a Sign</b>					

Patient Sticker

Weight. .... 91.7kg .... Ward. ....

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

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
1/06/2026	8:32am	Inj AUGMENTIN	300mg	iv		Bapu Bikula
1/06/2026	8:32am	Inj AMIKACIN	150mg	iv		Reva Bikula
01/6/26	10 <sup>50</sup> AM	PARACETAMOL	150mg	iv	Re	Reva Bikula

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





## 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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-00627106 IP5-00174588  
 Master MOHAMMED ABDUL WASI  
 09-06-2023 2 Y (M)  
 Dr. NABEEL ALAM QADRI



: RCHBH/ FRM / CLINICAL / 126

4-5 year  
**SCHOOL AGE (5-12 years)**  
**Children's Observation & Early Warning Scoring Chart**

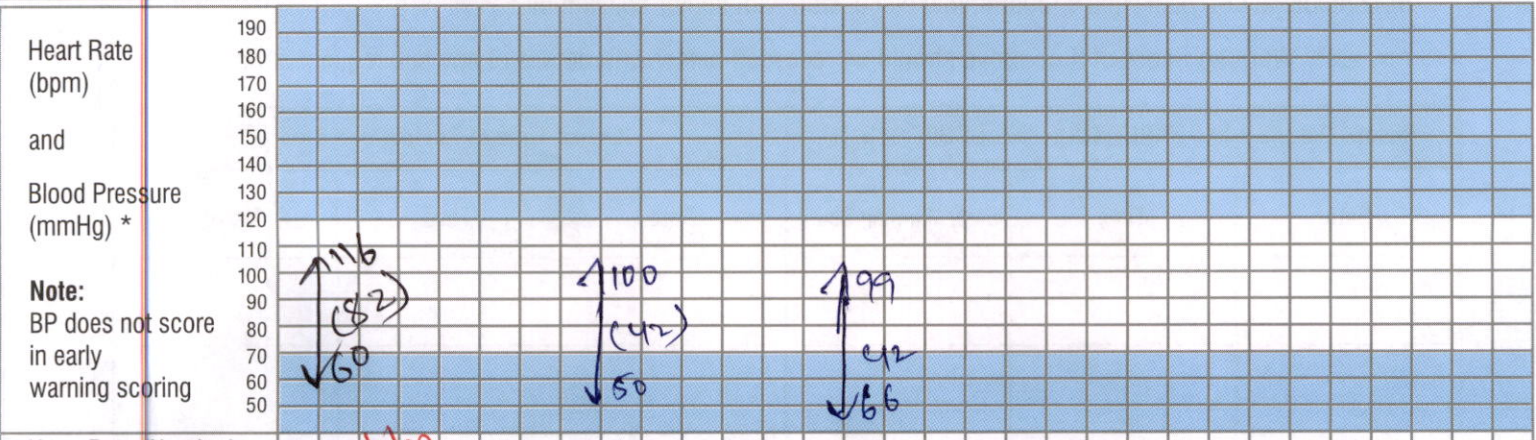
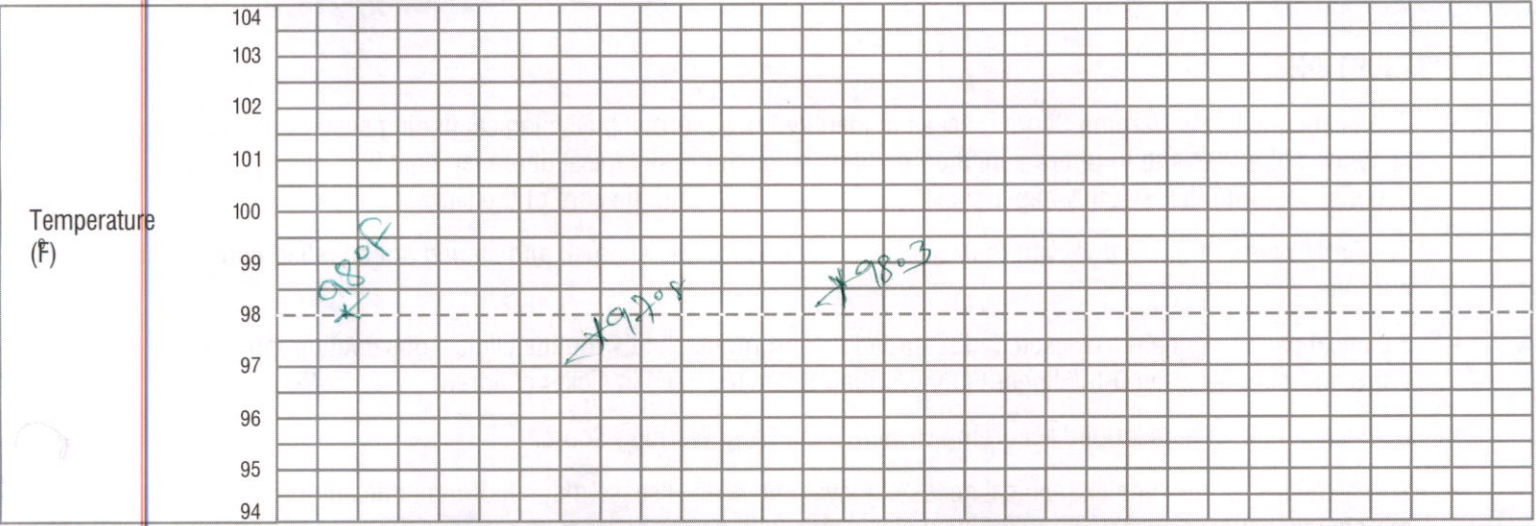
Rainbow Children's Hospital  
 It takes a lot to treat the little.

BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

**EARLY WARNING SCORE: CHILDREN'S UNIT**

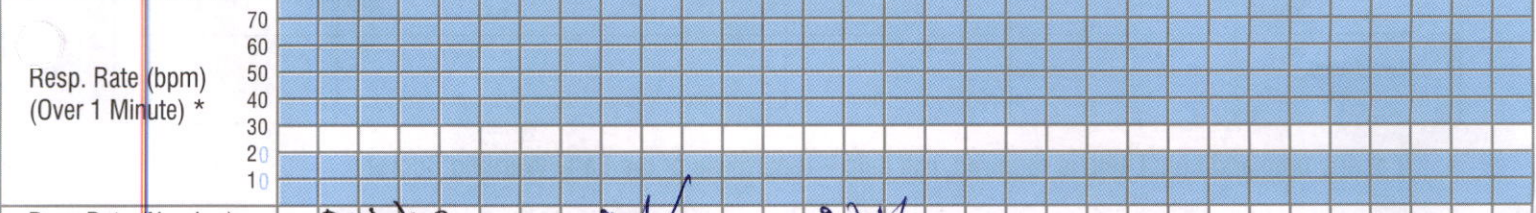
Date: 1/6 ..... Time: 5pm 10pm 2am

Doctor / Nurse / Family Concern?



**Note:**  
 BP does not score in early warning scoring

Heart Rate (Number) 109 bpm



Resp Rate (Number) 20 bpm, 21 bpm, 23 bpm

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 98%, 99%, 100%

Conscious Level Normal / Altered 15/15, 13/15, 13/15

GCS \* 15/15, 13/15, 13/15

**TOTAL SCORE** 1, 0, 0

Number of shaded boxes 1, 0, 0

Pain Score 0, 0, 0

Observer's initials O, O, O

**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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

Patient S



# 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	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
1/6	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	Also										
	12:00 pm	food										
	01:00 pm											
<b>Total Intake :</b>					<b>Total Output :</b>							
1/6	02:00 pm											
	03:00 pm	eye										
	04:00 pm	kidney										
	05:00 pm											
	06:00 pm	DNS	water	20ml					43ml			
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>					<b>Total Output :</b>							
1/6	08:00 pm											
	09:00 pm											
	10:00 pm	NO										
	11:00 pm	ENTF										
	12:00 am											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							
2/6	02:00 am											
	03:00 am											
	04:00 am	NO										
	05:00 am	ENTF										
	06:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

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 Dr. NABEEL ALAM QADRI

# FLUID CHART



Sheet No. : .....

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

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

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



## CONSENT FOR ANAESTHESIA

Authorization By:  Patient  Patient Attendant

Operative Procedure: DEVELOPMENT OF PENIS WITH CIRCUMCISION

Anaesthesiologist: DR ADITI Surgeon: DR NABEEL

### 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 DESATURATION, BRADYCARDIA, LARYNGOSPASM

### 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: Rakia

Name: Syeda Rakia Sultana

Relationship with patient: SELF - MOTHER

Date & Time: 30/5/24 11 AM

### Witness:

Signature: Mohammed Abdul Sami

Name: MOHAMMED ABDUL SAMI

Date & Time: 30/5/24 4:00

### Doctor (who is taking consent):

Signature: Aditi Name: Dr Aditi N

Date: 30/5/24 Time: 4:00

## 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 శిరస్థావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లీజనల్ 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 నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

హృదయ వ్యాధి  రక్తపోటు  మధుమేహం  మూత్రపిండాల వైఫల్యం  బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు  షాక్  ఊబకాయం  దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.  
 లీజనల్ 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 సింట్రల్ వెనెస్ యాక్సెస్, ఆర్థిలయల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లీజనల్ 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: .....

Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**

Name: MASTER MO W. Age: ..... Sex: ..... UHID.No: .....

Date: 30/5/26 Time: 4:00 Proposed Operation: DEGLOVING OF PENIS WITH CIRCUMCISION

Diagnosis: GLANULAR HYDROSPADIAS WITH DILATION OF PENIS

B.P / CRT: 130/80 H.R: 108 Weight: 10kg 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: No known allergy

Medical History: CVS: —

RESP: — from 3 days back Diabetes: c-section without 225 C/P/B NO NICU

CNS: —

Renal: — Physical Activity: —

Hepatic / GE: —

Others: —

Past Anaesthetic History: —

Physical Exam:

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

Lungs: AEBE

Heart: S1S2

CNS: normal

Pregnant:  Yes  No  NA Venous Access Site: LUL RUL Spine Exam for regional: SPACES WELL P22

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
  - Others 6 Hours
- NIL ORAL
- Informed Consent:  Standard  High Risk
- Post Operative Pain Management:  Discussed with Patient
- Other Instructions:

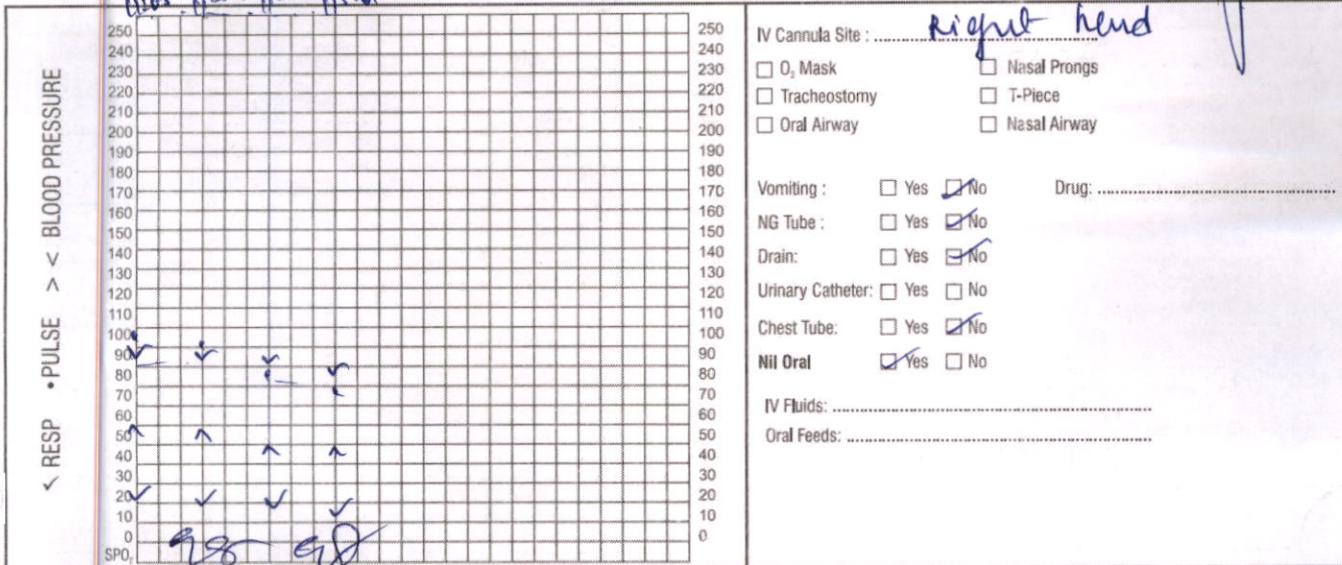
Signature: [Signature] Name: Nabeel Alam Qadri CBC, IV cumulation





POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Dr. Neeraj Time Received: 11:05 AM Time Discharged: 11:20 AM



IV Cannula Site: right hand

O<sub>2</sub> 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 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	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 deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP $\pm$ 20 of Pre Anaesthetic level = 2 BP $\pm$ 20-50 of Pre Anaesthetic level = 1 BP $\pm$ 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	1	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		8	9	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
1/6/23	11:05 AM	11:05 9/10	on sedation	Neeraj

Pain Tool Used:  N PASS  ELACC  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: Dr. Tejaswini  
 Anaesthesiologist Signature: [Signature]  
 Date & Time: 1/6/23 @ 11:05 AM  
 PACU Nurse Name: Neeraj  
 PACU Nurse Signature: [Signature]  
 Date & Time: 01/06/23 at 11:05 AM

Transferred to Unit by (PACU): [Signature]  
 Date & Time: 1/6/23 @ 11:20 AM



BAH-00627106 IP5-00174588  
Master MOHAMMED ABDUL WASI  
09-06-2023 2 Y (M)  
Dr. NABEEL ALAM QADRI



## OPERATION THEATER NOTES

Patient's Name : Mohd. Abdul Wasil ..... Age : 2y ..... Gender :  Male  Female  
UHID No. : BAH- 627106 ..... Weight : 10kg ..... Height : .....

Surgeon : Dr Naseed ..... Asst. Surgeon : .....

Anesthetist : Dr Ravi ..... OT Nurse : Benjamin ..... OT Technician : .....

Pre-Operative Diagnosis: Chordee sans Hypospadias

Surgical Procedure :  
Chordee correction

Indications for Surgery :  
Chordee

Date : 11/6/26 ..... Start Time : 9:30 Am ..... End Time : 11 Am .

Pre Operative Preparations:

S-I - betadine

Post Operative Diagnosis:

Chordee sans Hypospadias

Peri-Operative Complications:

Operation Notes: Findings -> 90° torsion to left

-> glaucular meatus (gang stage shown)

- ~~find~~ mild glans tilt

Procedure:-

- ① Circum coronal incision taken,
- ② Penile degloving done.
- ③ Biarr's flaps raised & brought ventrally to correct penile torsion.
- ④ Skin sutured.
- ⑤ Hemostasis secured
- ⑥ ASD done.

Amount of Blood Loss:  $\approx$  1ml

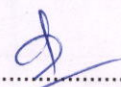
Blood Transfused (in ML) —

Name and Number of Surgical Specimen sent for examination:

— Nil —

Peri-Operative Complications:

Name of the Surgeon: Dr. Nabeel Alan

Signature of the Surgeon: 

Date & Time: 1/8/26  
11:10 am



**PRE - OPERATIVE CHEI**

Date : 1/6/26

Patient's Name : MD Abdul wasi Age : 24 Gender :  M  F

Blood Group : - UHID : BAH-00627106

Planned Surgery : Chordee collection Surgeon : Dr. Nabeel Alam

Anesthetist : Mr. Subraman Date & Time of Operation : 1/6/26 @ 9 AM

Tick Appropriate Boxes, To be filled by Nurse Incharge / Senior Nurse :

S.No.	INSTRUCTIONS	ER/Ward,Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1	Weight checked recorded ? 10kg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is the patient fasting for over 6 hours Pre-Operatively ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Check Pre-OP Investigations & Results (CBC, Blood Group, BT, CT, PT, APTT, Viral Screening, CXR etc) Available before starting the procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Enema given / Bowel Preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Sterile Gown Given	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Is Blood arranged as required ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	If Blood has been ordered - is Blood bag ready ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	IV Cannula to be placed / IV fluids if Indicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Pre Anesthetic consultation with anesthesiologist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Pre Medications Given ? (Sedatives / etc)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Skin Preparation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Site is marked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Surgery Consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Implants are available	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Equipment is available	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Antibiotic Prophylaxis is given within the last 60 minutes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	Other (if any)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTE : if any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance Taken :  Yes  No

Billing Executive Name : [Signature] OT Nurse Name : [Signature] ER/Ward Nurse Name : [Signature]

Billing Executive Signature : [Signature] Signature of OT Nurse : [Signature] Signature of ER/Ward Nurse : [Signature]

Date & Time : 01/6/26 Date & Time : 1/6/26 @ 7:50 Date & Time : 1/6/26 @ 9:10 AM



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# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 1/6/26 Time: 1pm

Weight: 9.7kgs Centile: 5th

Height: 78cm Centile: 5th

Inference: under weight child

RDA: - Calories: 1250kcal/d Protein: 2g/d

Diet Recommendations: Soft diet

Re-Assesment: Avoid spicy, chilled, and outside foods.

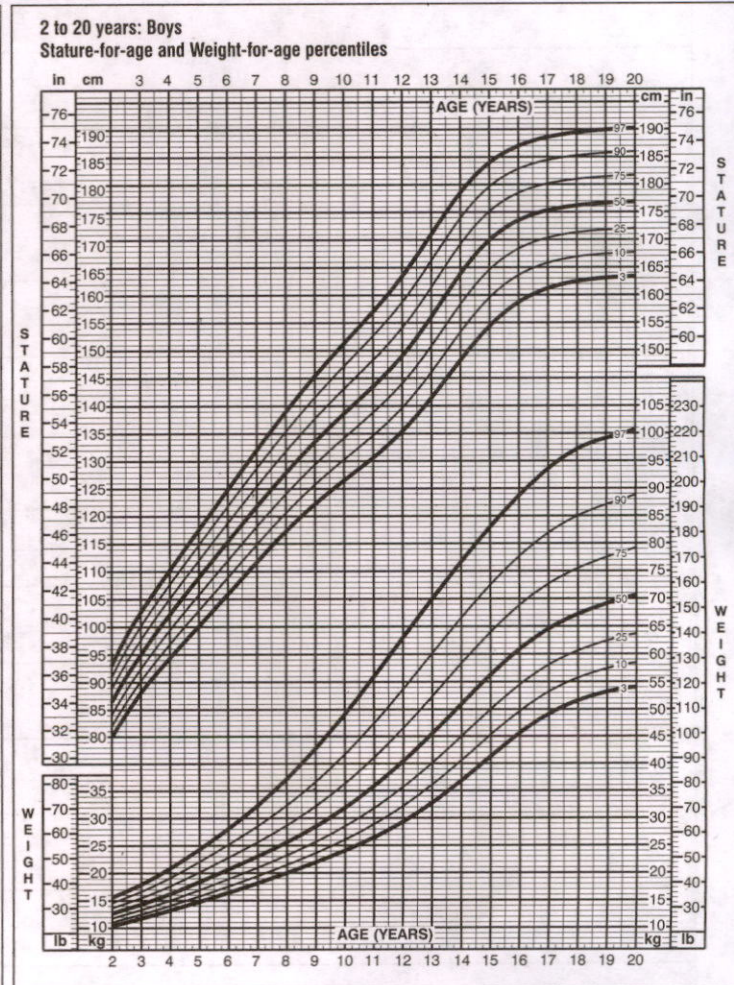
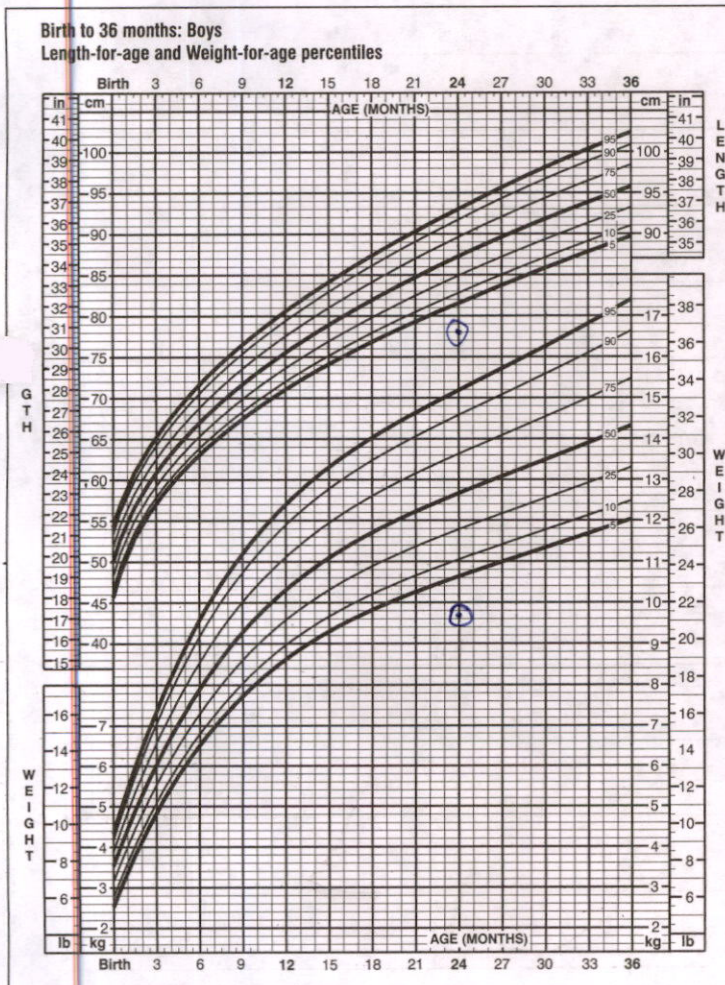
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: Chondro Cornection

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: *Rashed*

## GROWTH CHART (BOYS)



Dietician's Name: *Nikitha* Dietician's Signature: *Nikitha*

