RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 16 D (F)
Dr. Prashant Bachina

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 7-07-26

Patient Name: Baby. Miryala Date of Birth: 21-01-2013 Age: 13y

Gender: Female Ward : OT UHID No.: RCWH.0000200767

Date of Surgery: 07-07-26 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Colonoscopy + Biopsy ±

Time in : 1:20pm Time Out : 2:40pm

		NAME	AMOUNT
1.	Surgeon	Dr. Prashant. B	
2.	Anaesthetist	Dr. Sunidhana	
3.	Assistant Surgeon		
4.	OT Technician	Gopi	
5.	Circulating Nurse	Sujata	
6.	Assistant Nurse	Suman	

Special Equipment:
☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Colonoscopy used ± 9692037

for

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9692037 Order by: Sujata

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

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 16 D (F)
Dr. Prashant Bachina

[illegible] F

Colonscopy

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : ✓ Technician : ✓ Date : 7/7/26 Time : 12:00 PM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube (5.5 · 6.0 · 6.5	1+1+1	—	Major Pack			Inj Vit.K		
LMA 2½ 3,	1+1	/	Sutures			Cord Clamp		
ECG leads : A / P / N	5	03				Suction Catheter		
HME filter : A / P / N	01	—				Feeding Tube		
Syringes : 10 cc	10	02				Vaccum Suction Set		
05 cc	10	02	Gloves 6, 6½, 7, 7½	2+2	—	Surgical Gloves		
02 cc	10	02	PF 6, 6½, 7, 7½	2+2	[illegible] 1+2	Gauze Pack		
01 cc	5	02				Syringe 1ml / 2ml		
Cautery plate : A / P / N	01	—	Surgical blade			Surgical Blade # 20		
IV set	01	—	NG tube			Koochies (S)		
RL	01	01	Cautery pencil			NS 500ml	2	1
NS : 10ml / 100ml / 500ml / 1000ml	1+1	1	Koochies			Foam stik	1	1
mini spike	01	01	Ointments			10 cc / 50 cc	2+2	1+1
Vcary set	01	01	Suction Catheter			Jelly	1	1
Fentanyl	01	01	Cap, Mask	5/5	5/5	Plastic Apron	2	2
Morphine			Gauze Pack (2+1)	5/5	2			
Ketamine			Mop Pack					
Propofol	04	07	Steristrip					
Rocuronium	01	0	Underpad	1	1			
Glycopyrolate	01	—	Draw sheet	1	1			
Myopyrolate	01	—	Abgel					
Ondansetron	01	01	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%	01	—	Chest Drainage Catheter			OPA 1,2	1+1	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			NPA 22,24	1+1	—
Antibiotics			Bandage			$EtCO_2$ sampling line (A)	01	01
Supcon	01	—	Tegaderm			O_2 mask (A)	01	—
Suppositories			Ioban			SUCC + PMOL	1+1	1+1
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Dexmed [illegible] (100)	01	01
Supridol : 100mg			Vaccum Suction set	1	1			
Justin : 12.5 mg / 25mg / 100mg	01	—	Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution					
3way 10cm + 100cm	1+1	—	Microshield	1	—			
Gauze + Gloves	Start	3+0	Cotton Balls					
Dexa + Tan lat	1+1	—	Latex Gloves	10p	5p			
IV cath. 22,20	1+1	—	Ramdione Scrub					
Q-cath splint 1B	1+1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9691891 Ordered by :

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

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176040 **Admit Date** : 06-Jul-2026 **Admit Time** : 02:57 PM **UHID** : RCWH.0000200767

Patient Details :

Patient Name	: Baby MIRYALA VDHATHRI	**Age**	: 13 Y 5 M 15 D
Guardian	: Mr MIRYALA BANGALORE TARAKARAM	**DOB**	: 21-01-2013
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO 101, KAVERI BLOCK, DIVYA SHAKTI HOUSE, NEAR USHA ENCLAVE Srinagar Colony Hyderabad Telangana INDIA 500073	**Phone No**	: 9393329723/ 9885702314
		E-mail	: ANJALIVDHATHRI@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 112 **Ward Name** : 1F-VIBGYOR

Room No : SPVT 112 **Admission Type** : First Visit

Contact Details :

Name : Mr MIRYALA BANGALORE TARAKARAM **Relationship** : Father

Contact Address : FLAT NO 101, KAVERI BLOCK, DIVYA SHAKTI HOUSE, NEAR USHA ENCLAVE Srinagar Colony Hyderabad Telangana INDIA 500073 **Phone No** : 9393329723

Signature

Doctor Details :

Doctor Name : Dr. Prashant Bachina **Specialisation** : PEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. M N V POUSHYA SAI

Payment Details :

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

Payor Name : Manipal Cigna Health Insurance Company Limited

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name : ______________________________

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

UHID No. : ________ Consultant: ____________ Dept : __________

Date of Admission: __ Date of Discharge : _________ Time: _________

Room / Bed No : __________ Ward : ______ Suggested Billable bed type : ______________

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	4pm	ER	308	[signature]
7/7/26	12:10pm	308	OT	Suchi
7/7/26	3:30pm	OT	308 'A'	[signature]

Cross Consultation Visit

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

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
06/07	RP, CRP, ESR, ANA profile	67667	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/2	Infusion pump.	6pm			[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
06/07	IV placement	1	690778	
7/7/26	PAC.	①	9691163	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Vdhathri

UHID ID:

Department:

Consultant:

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Blood in stools since 15days.
Pain abdomen intermittent since 15days
Mild cold since 4-5days
Poor oral intake since 15days

History of present illness :

• ~~Blood~~ :
Child was apparently normal 15 days ago, child developed above mentioned Complaints.

• Blood in stools since 15 days.
→ Blood Mixed with stools
→ 5-6episodes/day.
→ Occasionally Pby pain abdomen.
→ Burning sensation after passing stool @ anal region

• Pain abdomen since 15days
→ 5-6episodes/day
→ 30min duration (or) so
→ Decreases on its own.

• 1/2 Kg wt loss.

• Mild cold since 4-5days
• Poor oral intake since 15days

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

2.8 kg / LSCS IVO PIH ?, IUGR / NO H/O NICU Stay / (N) transition.

Birth & Socio Economic History:

About Father : Upper middle class

About Mother :

Any additional Information :

Developmental History :

(N) development.

Immunization History :

Vaccinations as per IAP schedule till date

(P.T.O.)

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 46.5kg (Centile _____)

On Examination :

Temperature : 97.8°F Pulse Rate : 88/min B.P. 103/58(70) SPO2 99% on RA

Resp.rate and type of breathing : RR = 20/min

Rash

Lymphadenopathy

Oedema : Nil

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L AE (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : $S_1 S_2$ (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft, NT, tenderness in Rt iliac fossa, pericumbilical region,

Ausculation :

Spine : External Genitelia :

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

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____ (N)

_____

_____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____ (N)

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials:**

Plantars _____

Sensory System : (N)

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Frank Blood in stools Under Evaluation.
? Polyp.
? IBD.

(P.T.O.)

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

- RP1
- CRP
- ESR
- ANA & Autoimmune profile

N/B
Tcw

Planned Management

- Colonoscopy – T/m ± Polypectomy
- Bowel prep
- Inj Ciprofloxacin
- IV Metronidazole

Signature of the Doctor: Ramya
Name of the Doctor: Dr. RAMYA
Date & Time: 6/7/26; 2pm

Signature of the Consultant: [signature]
Name of the Consultant:
Date & Time:

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 6/7/26 Time of arrival : 12:33pm

Chief Complaints: Blood in stool x 15 days. RBS: /NIL

Height : 155cms Weight : 46.5kg BMI : Head Circumference (<2 years) /

Allergies: ☐ Yes ☐ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes , identify —

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 9 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character ☐ Location Abdominal ☐ Frequency — ☐ Duration 15 days.

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☑ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☑ Yes ☐ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☐ No
- Uses furniture for support ☑ Yes ☐ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☐ No
- Weak ☑ Yes ☐ No
- Impaired ☑ Yes ☐ No

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☐ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: — (Date/Time): —

Social History: Lives With family

Siblings in household ☐ Yes ☐ No (if yes How Many?) —

Cultural & Spiritual Needs: ☐ Yes ☐ No if Yes specify — Inform consultant for positive criteria.

Time of Initial assessment completed by ER Nurse : 6/7/26 @ 4pm.

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
3pm	Seen by dr Ramya, IV placement done

Samples collected by: karthik Time: 3pm

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
			nil		

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 88 b/m BP: 103/58 (70) CFT: <2sec	Shift - out from ER to: 308
RR: 20 b/m SPO_2 : 99%	Time of Shift - out: 4pm
GCS: 15/15 Temperature : 97.8°F	Handover given to: Alekha (Nurse's Name)
Pain Score: 2	
Repeat RBS (if applicable): nil	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement done

Name of the Nurse : Susmita Signature of the Nurse :

Date & Time : 6/7/26 @ 4pm

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/16 5:50pm.	C/S/B Gastro team	
	Chronic complaints of blood in stool and abd pain x 4 hrs.	Plan
	No Extraintes. manifest. No constip. history.	1) PAC to be done for colonoscopy ± Polypectomy.
	O/E	2) Liquid diet from now
	No fever. Vitals stable	3) Bowel prep NPO from 7AM.
	P/A soft no tenderness.	Peglec 1 sachet in 2l water.
	OT slot @ 12pm-1pm BSE	1l over 4hrs 6pm-10pm. ↓ 4hrs gap ↓ 1l over 4hrs. 2am-6am.
	A To decide reg Autoimm. profile +/m	
	& Trace ANA profile.	If not taking orally, give via NG.
		4). Proctolysis Enema +/m @ 11AM.
	[signature]	5) Syp Smooth @ 9pm today.

Noted by [signature]

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
07/07/26 9:30AM	C/s/B - Gastro Team	
	Pain abdomen/ Blood in stools ~~Loose~~ weight loss?	Plan
	? Polyp - ? SRUS, ? IBD	1) Review PAC ↳ if view of persistent cough.
	O/E - Hemodynamic stable	
	Chest - clear	2) Syp Ambroxol
	P/A soft	3) Syp Levocetirizine
	Persistent cough	4) Neb. c̄ Duolin + 0.9% NS
	Blood in stools (+) loss of appetite (+)	5) Betadine Gargling.
	Wt loss (+)	6) Monitor vitals
	Persistent cough (+)	7) Colonoscopy ± Polypectomy @ 12PM + NPO + IV fluids — Dr Kiran

Docu. No. : RCHBH /FRM / CLINICAL / 088 (P.T.O)

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	6/1/26.					
Time	4pm					
Hb	13.0					
PCV	41.1					
RBC	4.63					
WBC	6850					
N/L	55/35					
Platelets	3.8					
CRP	5.0					
ESR	28					
PCT						
RBS						
Na	138					
K	3.9					
Cl	104					
Ca/Mg	9.9					
Phosphate	4.1					
Urea	19.					
Creatinine	0.5					
ALP	119					
SGPT	19					
SGOT	19					
T.Bill/Conj	0.4 / 0.2 / 0.2					
T.Protein	7.0					
S.Albumin	4.2					
S.Globulin	2.8					
A/G Ratio	1.5					
Uric Acid	4.1					
S.Amylase	53					
Sr.Lipase						
Blood Lactate						
S.Cholesterol	139					
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER Shifted to: Ward

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ramya

Date & Time : 6/7/26; 1:50 pm

Nurse Name & Signature: NR: Lavanya

Date & Time : 6/7/26 @ 4 pm

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 6/7/26 Drug Allergies: .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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 ....

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

REGULAR PRESCRIPTIONS

Weight. 46.45kg Ward. ....

DRUG : Inj CIPROFLOXACIN

Dose	Route	Frequency	Start Date
[illegible] → 300mg.	IV	TID	6/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

Additional Instructions: 300mg.

Date ▸ / Time ▾	6/7	7/7
6AM	X	[illegible]
2PM	6PM [illegible]	[illegible]
10PM	7PM [illegible] AK	

Daily Doctor's Endorsement by a Sign

DRUG : Inj METRONIDAZOLE

Dose	Route	Frequency	Start Date
460mg	IV	TID	6/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

Additional Instructions:

Date ▸ / Time ▾	6/7	7/7
7AM	X	[illegible]
3PM	[illegible]	[illegible]
11PM	6PM [illegible] AK	

Daily Doctor's Endorsement by a Sign

DRUG : Inj ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	OD	6/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

Additional Instructions:

Date ▸ / Time ▾	6/7	7/7
6AM	6PM [illegible] AK	[illegible]

Daily Doctor's Endorsement by a Sign

DRUG : [illegible]

Dose	Route	Frequency	Start Date
—	4A	QID.	6/7

Name & Signature of the Doctor Starting the Drugs: [illegible]

Additional Instructions:

Date ▸ / Time ▾	6/7	7/7
12AM	X	refused
6AM	X	c
12PM	X	
6PM	8PM refused	

Daily Doctor's Endorsement by a Sign

21-01-2013
Dr. Prashant Bachina

Weight. 46.45kg Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/7/26	9pm	Syp Smooth	15ml	PO	Keshaf	
6/7/26	8pm	Peglac sachet	1 sachet in 1l water	once 4hrs	Keshaf	L-mandal Suveri
			sp	6pm–10pm.		
			half of 4hrs dr.			
7/7/26	3pm	Peglac	1 sachet in 1l water once 4hrs.			Jullin Sangeetha
			2am – 6am.			
7/7/26	11 AM	Bisacodyl Enema 1		PR	Keshaf	Sucha
07/7	10AM	Duolin Neb.	1 Respule	Neb		Sucha Sucha

21-01-2013 13 Y 8 M 15 D (F)
Dr. Prashant Bachina

IP5-0017604O

I.V. FLUIDS CHART

Weight. 96.5kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
6/1/26	6pm	DNS	IV	60 ml	✓	✓			
~~4~~ 7/1/26	1:25pm	10 RINGERS LACTATE	IV	200ml/hr	✗				

Signature .....

VERIFIED BY : Name .....

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

6/7/28

Doc. No. : RCH/ FRM / CLINICAL / 127

TEENAGE (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 : ..... Time:	6 AM	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?	AM.			

Temperature (°F): 98.1°F | 98.0°F | 99.8°F | 98.0°F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 103/70/58 | 108/72/60 | 113/64/57 | 104/63

Note: BP does not score in early warning scoring

Heart Rate (Number)	88/m	86/m	94/m	81/m
Resp. Rate (bpm) (Over 1 Minute)				
Resp Rate (Number)	26/m	28/m	28/m	28/m
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2 (l/min) O_2 Saturations (%)	99+	99+	99+	99+
Conscious Level: Normal / Altered				
GCS *	(E4) (V5) (M6)	(E4) (V5) (M6)	(E4) (V5) (M6)	(E4) (V5) (M6)
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials				

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

: RCH/ FRM / CLINICAL / 127

TEENAGE (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 : ..... Time:

Doctor / Nurse / Family Concern?

Temperature (°F)

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

Note: BP does not score in early warning scoring

Heart Rate (Number)

Resp. Rate (bpm) (Over 1 Minute)

Resp Rate (Number)

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min) / O_2 Saturations (%)	
Conscious Level	Normal / Altered
GCS *	
TOTAL SCORE Number of shaded boxes	
Pain Score	
Observer's Initials	

ACTIONS
NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

(1) 6/7/26

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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm						✓			✓	0	Alka
	05:00 pm									✓	0	Alka
	06:00 pm		H2O				✓				0	Alka
	07:00 pm		W				✓			✓	0	Alka
Total Intake :						**Total Output :**	m – 3			U – 3		
	08:00 pm										0	Sangee
	09:00 pm		H2O	60ml							0	Sangee
	10:00 pm	DNS					—				0	Sangee
6/7	11:00 pm		H2O	60ml			—			—	0	Sangee
	12:00 am									—	0	Sangee
	01:00 am		H2O	60ml							0	Sangee
Total Intake :						**Total Output :**	U – 2	m – 2				
	02:00 am						—				0	Sangee
	03:00 am		H2O	60ml							0	Sangee
7/7	04:00 am	DNS					—				0	Sangee
	05:00 am		H2O	60ml						—	0	Sangee
	06:00 am		H2O				—				0	Sangee
	07:00 am			60ml							0	Sangee
Total Intake :						**Total Output :**	U – 1	m – 3				

Total 24 hrs. Intake		Total 24 hrs. Output	U – 6 m – 8

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

FLUID CHART

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : (2) 25/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	D/5	NPO	60ml							0	Sneha
	09:00 am									✓	0	Sneha
	10:00 am	D/5	NPO	60ml							0	Sneha
	11:00 am		NPO	60ml			✓			✓	0	Sneha
	12:00 pm										0	Sneha
	01:00 pm										0	Sneha
Total Intake :						**Total Output :** U- M-						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 16 D (F)
Dr. Prashant Bachina

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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 Colonoscopy ± biopsy ± Polypectomy

2 ....

I acknowledge the following:

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

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
Diagnostic & Therapeutic.	

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

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

a. Bleeding, Abrasion, infection, perforation, Bleeding from
b. stump etc if polyp found

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

Patient / Patient Attendant:

Signature: Anila Devi

Name: Anila Devi

Relationship with patient: Mother

Date & Time: 7/7/26 @ 12⁴⁰ pm

Witness:

Signature: [signature]

Name: Geena

Date & Time: 7/7/26 @ 12⁴⁰ pm

Doctor (who is taking consent):

Signature: [signature] Name: Dr Kunal. Date 7/7/26 Time: 12⁴⁰ pm

Docu. No.: RCHBH/FRM CLINICAL / 027 (26) (P.T.O)

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to Delivery

శస్త్రచికిత్స / ప్రాసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

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

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

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

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

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

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

a.

b.

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

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Esha
Asst. Surgeon :
Anaesthetist : Dr. Suriya
Scrub Nurse : Suman

Patient Name : Baby. Miryala Age : 12y Gender : F
UHID No. : 0200767 Surgery Name : Colonoscy + Biopsy ± Polypectomy
Date : 7/7/26 In-time : 1:20pm Out-time : 2:40pm

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 1:05pm

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 : Dr. K. Sri Surya

Before Skin Incision ➤ ➤

TIME OUT Time: 1:30pm

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, 1½hrs Anticipated Blood Loss? ☐Yes ☑No ☐NA

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

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

Signature : [signature]
Name : Suman

Before Patient Leaves Operating Room

SIGN OUT Time: 2:35pm

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

for [signature]
Signature :
Name : Dr. Esha

Patient S

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 7/7/26

To Be Filled In By Assigned Nurse :

Department : OT Duration of Procedure : .....

Name of Surgeon : Dr. Alesha Date of Admission : 7/07/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☐ Yes ☐ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☐ Yes ☐ No Name of the Antibiotic :	Sujata
2.	Hair Removal ☐ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : ..... Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☐ No	Sujata
3.	Patient's body temperature immediately post operation (Recovery Room)_____ ^{0}C ☐ Oral Or ☐ Axilla (Goal : 36-37 ^{0}C)	
4.	Name of doctor or staff administering the antibiotic : ..... Date & Time of antibiotic administration : ..... Date & Time procedure started : 7/07/26 @	Sujata

- 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

RCWH.0000200767 IP5-00176040
Baby MIRYALA VDHATHRI
21-01-2013 13 Y 5 M 15 D (F)
Dr. Prashant Bachina

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION THEATER NOTES

Patient's Name : Baby Miryala Vdhathri Age : 13Y Gender : ☐ Male ☑ Female

UHID No.: RCWH-0000200767 Weight : ..... Height : .....

Surgeon :	Asst. Surgeon :	
Anesthetist :	OT Nurse:	OT Technician:

Pre-Operative Diagnosis:

Surgical Procedure : Colonoscopy + biopsy ± Polypectomy.

Indications for Surgery : Blood in stools / Pain abdomen.

Date : 7/7/26	Start Time :	End Time :

Pre Operative Preparations:

NPO
Bowel preparation.

Post Operative Diagnosis: ? Polyp ? IBD

Peri-Operative Complications: nil

Operation Notes: Colonoscopy done

findings:

- Anal canal: Normal
- Rectum: Area of patchy loss of vascularity and whitish mucosa seen in one wall
- colon: Normal
- Caecum: Normal
- Ileum: Normal

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

2- ileum, 2- caecum, colon (4), Rectum (4)

Peri-Operative Complications:

-

Name of the Surgeon: Dr. Prashant-B

Signature of the Surgeon: for

Date & Time: 7/7/26, 2:20 pm

RCWH.0000200767 IP5-001
Baby MIRYALA VDHATHRI (F)
21-01-2013 13 Y 5 M 16 D
Dr. Prashant Bachina

Patie

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-SURGICAL CARE PLAN FORM

Procedure Done: Colonoscopy ± biopsy ± Polypectomy

Post-Surgical Diagnosis: G

Post-Operative Monitoring Parameters /Frequency:

1 hrly

Wound Care:

—

Drain /Special Lines/Catheters:

—

Special Patient Positioning and Requirements:

—

Nutritional Instructions:

—

When to Start Mobilization:

Immediately

Special Referrals:

—

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

☐ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon
(Signature & Stamp)

Date: 7/7/26 Time: 2:20 pm

Note: Plan of care will be readjusted if necessary.