

BAH-00448002 IP5-00174617  
Master DASARI RAM CHARAN  
14-10-2020 5 Y 7 M 19 D (M)  
Dr. GYANESHWAR



### SURGERY DETAILS

80603

Date : ..... 2/6/26 .....

Patient Name: ..... Dasari Ram charan ..... Date of Birth: ..... 14-10-2020 ..... Age: ..... 5y .....

Gender: ..... male ..... Ward : ..... P.O.T ..... UHID No.: ..... BAH-00448002 .....

Date of Surgery: ..... 2/6/26 .....  OT -1  OT -2  OT -3  OT -4  OBG OT-1  OBG OT-2

Name of the Surgery : ..... Debrnt + Suture of Lt eyebrow + Ltr .....

Time in : ..... 4:30 PM .....

Time Out : ..... 5 PM .....

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	: ..... Dr. Krishnamurthy .....	.....
2. Anaesthetist	: ..... Dr. Ashwarya .....	.....
3. Assistant Surgeon	: .....	.....
4. OT Technician	: ..... Vijay .....	.....
5. Circulating Nurse	: ..... Thejas .....	.....
6. Assistant Nurse	: ..... Suman .....	.....

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: ..... 8638760 .....

Order by: ..... Suman .....

### ACTIVITY RECORD FOR BILLING

Name : \_\_\_\_\_ BAH-00448002 IP5-00174617  
 Master DASARI RAM CHARAN  
 14-10-2020 5 Y 7 M 18 D (M)  
 UHID No. : \_\_\_\_\_ Dr. QYANESHWAR  
 \_\_\_\_\_ Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_  
 Date of Adn \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_  
 Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_



### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
01/06/26	8:40pm	ER	11U	K. Sreeraj
2/6/26	3:38pm	11U	OT	Sreeraj
2/6	5:50pm	OT	11U	Sreeraj

### Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Vijayala	3/6/26	9640503	[Signature]
2				
3				
4				
5				
6				
7				
8				
9				
10				



BAM-00448002 IP5-00174617  
 Master DASARI RAM CHARAN  
 14-10-2020 5 Y 7 M 18 D (M)  
 Dr. GYANESHWAR



*Surfacing*  
**CONSUMABLES OF OT**



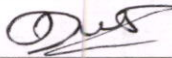

Circulating staff : ..... Technician : ..... Date : ..... Time : .....

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 4.5, 5	14	—	Major Pack			Inj Vit.K		
LMA 2, 2 1/2	14	—	Sutures 9915		1	Cord Clamp		
ECG leads : A (P) N	5	3				Suction Catheter		
HME filter : A (P) N	1	1				Feeding Tube		
Syringes : 10 cc	10	4				Vaccum Suction Set		
05 cc	10	4+2	Gloves 8A, 7 1/2		HR14	Surgical Gloves		
02 cc	10	0				Gauze Pack		
01 cc	—	—				Syringe 1ml / 2ml		
Cautery plate : A (P) N	1	—	Surgical blade (15)		1	Surgical Blade # 20		
IV set	1	0	NG tube			Koochies (S)		
RL			Cautery pencil		—	10x2 Adrenalin		1
NS : 10ml / 100ml / 500ml / 1000ml	1	1	Koochies			5cc		2
minispike	1	1	Ointments			20 G needle		1
vaccum set			Suction Catheter			sterispray		1
Fentanyl	1	1	Cap, Mask		5k			
Morphine			Gauze Pack (2)		2			
Ketamine			Mop Pack					
Propofol	3	2	Steristrip					
Rocuronium	1	0	Underpad					
Glycopyrolate	1	0	Draw sheet		1			
Myopyrolate + Neo	1	—	Abgel		1			
Ondansetron	1	—	Foleys catheter			OA 1, 2		—
Pencan 25g/ Spinal Needle 22			Urobag			Nasal Airway		
Bupivacaine 0.25%	1		Chest Drainage Catheter			20, 22 (1)		—
Bupivacaine 0.25% (Heavy)			Romodrain bag			ETCO2 + Nasal		
Antibiotics			Bandage			PRG 1		1
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		—			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		1			
W Cannula (22, 24)	14	—	Microshield		—			
3 way 10 + 100cm	14	—	Cotton Balls		—			
Oxera + Oxanexa	14	—	Latex Gloves		5P			
Byline + Glove	44	—	Ramdione Scrub					
Oz mask (P)	1	—	Saral					

Surgeon ..... Anaesthesiologist ..... Nurse ..... OT Technician .....  
 Order No. : 9679731 ..... Ordered by : *[Signature]* .....  
 Doc. No. : RCH / FRM / GENERAL / 125



**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
1/6/26	IV placement	1	38163	
1/6/26	NHA	,	96024	

**ANY OTHER INFORMATION**

.....

.....

.....

.....

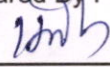
.....


.....

.....

Date : 2/6/2026

Time : 1000

Prepared By : 

<p>Staff Nurse</p> 	<p>Shift / Ward</p> <p>rd.</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
--	--------------------------------	--------------------------	---------------------------

## ADMISSION SHEET

## Registration Details :



Admission No : IP5-00174617 Admit Date : 01-Jun-2026 Admit Time : 06:50 PM UHID : BAH-00448002

## Patient Details :

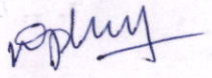
Patient Name : Master DASARI RAM CHARAN Age : 5 Y 7 M 18 D  
Guardian : Mr DASARI PRAVEEN KUMAR DOB : 14-10-2020  
Gender : Male Religion : Hindu  
Occupation : Martial Status : Single  
Address (H) : H NO 10-1-514, CHINTAL BASTHI Khairatabad Phone No : 8096400944/ 9963912214  
Hyderabad Telangana INDIA 500004 E-mail : PRAVIN.DUK@GMAIL.COM

## Admission Details :

Bed Type : SEMI PRIVATE Bed No : SPVT 114 Ward Name : 1F-VIBGYOR  
Room No : SPVT 114 Admission Type : First Visit

## Contact Details :

Name : Mr DASARI PRAVEEN KUMAR Relationship : Father  
Contact Address : H NO 10-1-514, CHINTAL BASTHI Khairatabad Phone No : 8096400944  
Hyderabad Telangana INDIA 500004

  
Signature

## Doctor Details :

Doctor Name : Dr. GYANESHWAR Specialisation : PLASTIC SURGERY  
Referral Doctor : Self Phone No :  
Co-Consultant : Dr. FAISAL B NAHDI

## Payment Details :

Payment Mode : Cash Deposit Amount : 0.00  
Payor Name : CARE HEALTH INSURANCE LIMITED



**Rainbow<sup>®</sup>  
Children's  
Hospital**  
It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

Patient Name: \_\_\_\_\_

BAH-00448002 IP5-00174617  
Master DASARI RAM CHARAN  
14-10-2020 5 Y 7 M 18 D (M)  
Dr. GYANESHWAR

*lan.*



UHID ID: \_\_\_\_\_

Department: \_\_\_\_\_

Consultant: \_\_\_\_\_



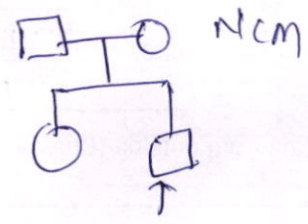
### Pediatric Multiorgan History & Physical Examination

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

\_\_\_\_\_  
\_\_\_\_\_  
NSI.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Birth & Neonatal History:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Birth & Socio Economic History:**

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

**Developmental History :**

\_\_\_\_\_  
Always to eye.  
\_\_\_\_\_  
Study in 1st class  
\_\_\_\_\_  
\_\_\_\_\_

**Immunization History :**

Till date  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

**Anthropometry :**

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile) \_\_\_\_\_  
Weight (kgs) ) 16.33 kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 98.2 F Pulse Rate : 116/min B.P. 99/63 (71) SpO2 99% on RA  
Resp. rate and type of breathing : 24/min

Rash \_\_\_\_\_  
Lymphadenopathy \_\_\_\_\_  
Oedema : \_\_\_\_\_  
Allergies (if any): \_\_\_\_\_

**Respiratory System :**

Inspection (any s/o distress) : \_\_\_\_\_  
Air entry & breath sounds : BAB (+)  
Any addes sounds : clear  
Relevant data from outside (Chest X-Ray, ABG, etc.,) \_\_\_\_\_

**Cardiovascular System :**

Inspection of procordium : \_\_\_\_\_  
Heart Sounds : S2 (+)  
Any murmur : \_\_\_\_\_  
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : \_\_\_\_\_

**Per Abdomen :**


Inspection \_\_\_\_\_  
Palpation : (N)  
Ausculation : \_\_\_\_\_  
Spine : \_\_\_\_\_ External Genitelia : \_\_\_\_\_  
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 : \_\_\_\_\_  
\_\_\_\_\_  \_\_\_\_\_  
\_\_\_\_\_

#### Motor System:

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

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

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

Posture : \_\_\_\_\_

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

#### Reflexes :

#### DTR

Plantars \_\_\_\_\_

#### Sensory System :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bladder / Bowel : \_\_\_\_\_

#### Clinical Summary & Diagnostic:

lacerated wound  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: \_\_\_\_\_  
\_\_\_\_\_ *compliance*

Desired goals of the treatment : \_\_\_\_\_  
\_\_\_\_\_ *hemodynamic stability*

**Planned Labs:**

\_\_\_\_\_

\_\_\_\_\_ *Plain (+) EDTA (+) PT/aPTT*

\_\_\_\_\_ *ABG*

\_\_\_\_\_ *Coag*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Planned Management**

\_\_\_\_\_ *- Tab Symp croch DS 5ml BID*

\_\_\_\_\_ *5*

\_\_\_\_\_ *- PAC.*

\_\_\_\_\_ *- NPO 1st per PAC.*

\_\_\_\_\_ *Analgesic*

\_\_\_\_\_ *- IVF DWS @ 54 ml/hr <sup>daily</sup> <sub>basal</sub> NPO.*

\_\_\_\_\_ *Apply Steri Strips.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of the Doctor: \_\_\_\_\_ *[Signature]*

Name of the Doctor: \_\_\_\_\_ *Dr. Gyaneshwar*

Date & Time: \_\_\_\_\_ *11/26/26*

Signature of the Consultant: \_\_\_\_\_

Name of the Consultant: \_\_\_\_\_

Date & Time: \_\_\_\_\_

BAH-00448002 IP5-00174617  
Master DASARI RAM CHARAN  
14-10-2020 5 Y 7 M 19 D (M)  
Dr. GYANESHWAR



Patie

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 : ..... Age : ..... Gender :  Male  Female

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

Surgeon :		Asst. Surgeon :	
Anesthetist :	OT Nurse:		OT Technician:
Pre-Operative Diagnosis:			
Surgical Procedure : Debrnt + Suture of Lt, eyebrow LHA			
Indications for Surgery : Lt, eyebrow - Avulsion Injury			
Date :	Start Time :	End Time :	
Pre Operative Preparations:			
Post Operative Diagnosis:			
Peri-Operative Complications:			
Operation Notes: LHA, local block is given - 3x1cm x 1cm - deep avulsion injury Lt, eyebrow repaired Supraorbital rim - 1cm debrnt done - Suture done in layers			



BAH-00448002 IP5-00174617  
 Master DASARI RAM CHARAN  
 14-10-2020 5 Y 7 M 18 D (M)  
 Dr. GYANESHWAR



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/24 9 AM	Seen by Resident	
	laceration over eyebrow.	Plan
	child afebrile hemodynamically stable	1. Keep NPO 2. Shift to OT on call.
		Santini
2/6/24 9 AM	e/s/B Resident	
	4:30 p laceration repair	
	→ no issues	Ⓟ today
	o/e : stable vitals chest clear wound healthy.	Atyirle





# CROSS CONSULTATION FORM

Doctor Name : Dr. Ujjwala Desai Date : 3/6/26 Time : 9 am  
Diagnosis : forehead laceration s/p debridement + suturing

Hospital : RCH - B

**Type of Referral :**

- Emergency
- Urgent
- Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

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

Signature: \_\_\_\_\_

**Findings and Recommendations :**

no post op issues

O/E : alert  
stable vitals  
chest clear  
wound healthy

Adv

(D) today

**Consultant :**

Name : Dr. Ujjwala Signature : \_\_\_\_\_ Date & Time : 3/6/26

DR. UJJWALA DESAI  
Registration No: 90550



# DRUG CHART

Date of Admission: 01/6/20 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)

<b>DRUG :</b> <u>amp CROCAN DS</u>				Date/Time																	
Dose	Route	Frequency	Start Date																		
<u>5mg</u>	<u>PO</u>	<u>SOS</u>	<u>1/6</u>																		
Doctor's Signature		Valid Period	Pharm.																		
<u>[Signature]</u>																					
Additional Instructions:																					

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

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

VERIFIED BY: Name Signature



REGULAR PRESCRIPTIONS

Weight. 16.5kg Ward. ....

**DRUG:** 300mg AugMENTIN Date/Time 2/6 3/6

<b>Dose</b>	<b>Route</b>	<b>Frequency</b>	<b>Start Date</b>
<u>300mg IV</u>	<u>IV</u>	<u>TID</u>	<u>2/6</u>

Name & Signature of the Doctor Starting the Drugs: [Signature] 6AM X Refused

Additional Instructions: @ 300mg IV 1 dose 2pm OT change to oral Augmentin 10pm/11pm

Daily Doctor's Endorsement by a Sign

**DRUG:** 300mg PANTOPRAZOLE Date/Time 2/6 3/6

<b>Dose</b>	<b>Route</b>	<b>Frequency</b>	<b>Start Date</b>
<u>15mg IV</u>	<u>IV</u>	<u>OD</u>	<u>2/6</u>

Name & Signature of the Doctor Starting the Drugs: [Signature] 6AM Refused

Additional Instructions:

Daily Doctor's Endorsement by a Sign

**DRUG:** 500mg IBUGESIC Date/Time 2/6 3/6

<b>Dose</b>	<b>Route</b>	<b>Frequency</b>	<b>Start Date</b>
<u>500mg PO</u>	<u>PO</u>	<u>TID</u>	<u>2/6</u>

Name & Signature of the Doctor Starting the Drugs: [Signature] 6AM X Refused

Additional Instructions: 2pm X 10pm/11pm

Daily Doctor's Endorsement by a Sign

**DRUG:** 400mg AugMENTIN Date/Time 3/6

<b>Dose</b>	<b>Route</b>	<b>Frequency</b>	<b>Start Date</b>
<u>400mg</u>	<u>PO</u>	<u>BID</u>	<u>3/6</u>

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

Additional Instructions: (5ml/400mg)

Daily Doctor's Endorsement by a Sign



Weight. 16.3 kg Ward. ....

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/6/26	4:18pm	Inj AUGMENTIN	400mg	IV	Ashy	Teem
2/6/26	4:40pm	Inj PARACETAMOL	250mg	IV	Ashy	Teem

Signature  
VERIFIED BY: Name





## 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-00448002 IP5-00174617  
 Master DASARI RAM CHARAN 5 Y 7 M 18 D (M)  
 14-10-2020  
 Dr. GYANESHWAR

RM / CLINICAL / 126

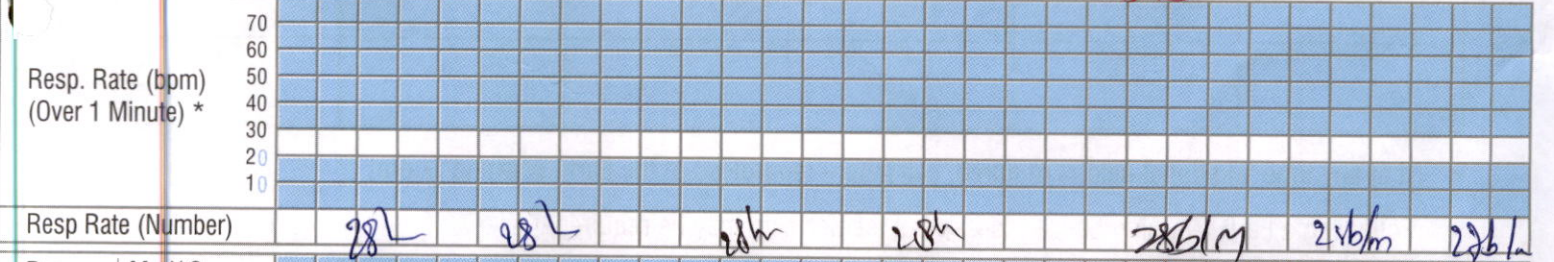
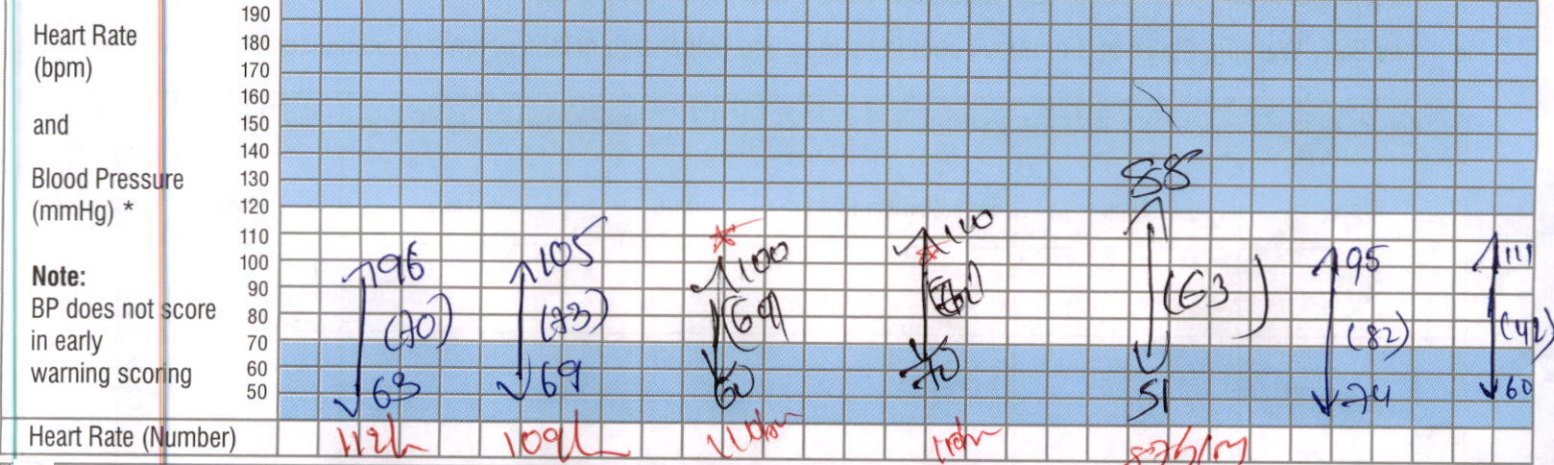
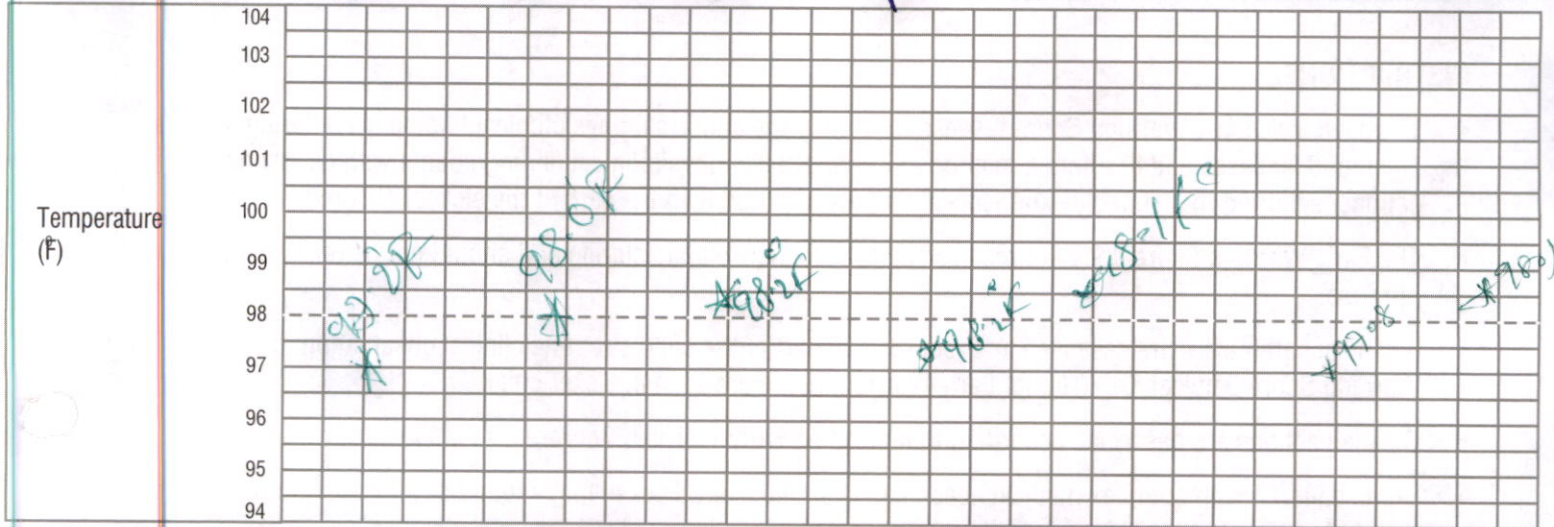
**SCHOOL AGE (5-12 years)**  
**Children's Observation & Early Warning Scoring Chart**



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

Date : 2/6/26 Time: 8:00 am

Doctor / Nurse / Family Concern? [Handwritten initials]



Resp Mod/ Severe Distress	None / Mild					
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	98%	98%	99%	99%	100%
Conscious Level	Normal / Altered	15/15	15/15	15/15	13/15	13/15

<b>TOTAL SCORE</b>						
Number of shaded boxes	1	1	1	1	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[Handwritten]	[Handwritten]	[Handwritten]	[Handwritten]	[Handwritten]	[Handwritten]

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

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

## 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 Is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

BAH-00448002 IP5-00174617  
 Master DASARI RAM CHARAN  
 14-10-2020 5 Y 7 M 18 D (M)  
 Dr. GYANESHWAR

# 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 Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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	NO OUF		/						0			0
	01:00 am									0			0
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am	NO OUF		/						0			0
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							



# 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 Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
20/06/24	08:00 am			Sum		/					0		
	09:00 am			Sum		/					0	sb	
	10:00 am	DOBS		Sum	NA	/					0	sb	
	11:00 am	DOBS		Sum	NA	/					0	sb	
	12:00 pm			Sum		/					0		
	01:00 pm			Sum		/					0		
<b>Total Intake :</b>						<b>Total Output :</b>							
21/6/26	02:00 pm			-		/					0		
	03:00 pm			-		/					0	Souad	
	04:00 pm	DOBS		-		/					0	Souad	
	05:00 pm			-		/					0	Souad	
	06:00 pm			-		/					0		
	07:00 pm			-		/					0	Souad	
<b>Total Intake :</b>						<b>Total Output :</b>							
2/6	08:00 pm					/					0	Cherif	
	09:00 pm					/					0		
	10:00 pm	ALto				/					0	Cherif	
	11:00 pm	ALto				/					0	Cherif	
	12:00 am	ALto				/					0	Cherif	
	01:00 am						/				0		
<b>Total Intake :</b>						<b>Total Output :</b>							
3/6	02:00 am					/					0		
	03:00 am					/					0	Cherif	
	04:00 am	ALto				/					0	Cherif	
	05:00 am	ALto				/					0	Cherif	
	06:00 am					/					0		
	07:00 am					/					0	Cherif	
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							

Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUAT**



Name: DASARI RAM CHARAN Age: ..... Sex: ..... UHID.No: .....

Date: 2/6/20 Time: 1:33 Proposed Operation: .....

Diagnosis: lacerated wound over left eyebrow.

B.P / CRT: 99/65 H.R: 116/min Weight: 16.3 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

**Medical History:** CVS: —

RESP: — Diabetes: —

CNS: —

Renal: —

Hepatic / GE: — Physical Activity: Playful / Active

Others: —

**Past Anaesthetic History:**

**Physical Exam:**

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

Lungs: 9/10

Heart: S1S2

CNS: (B)

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

**Anaesthetic Plan:**  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE

**Pre-Operative Instructions:**

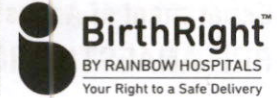
- DVT Prophylaxis:
- NIL ORAL Water / ORS 2 Hours / COCONUT WATER  
Others 6 Hours / SOLID FOOD / MILK
- Informed Consent:  Standard  High Risk
- Post Operative Pain Management:  Discussed with Patient
- Other Instructions:

CBC, IV cannulation

Signature: [Signature] Name: Dr. Aditi



# ANAESTHESIA CHART



## Pre Induction Assessment:

Change in Patient Condition:  Yes  No      Fasting Status: Confirmed

Physical Status:  Patient Identified       Consent Present       Chart Reviewed

H.R: 84/min      B.P/CRT:      SpO<sub>2</sub>: 100%      R.R:      Last Feed: > 6hrs

Pre-OP Diagnosis:      Operation: Subsiding      Date: 21/6/20

Surgeon:      Anaesthesiologist: D. ASHWARYA      Technician: VIJAY

TIME	Drugs:	Antibiotic	Suppository	Blood Loss	NOTES
4:30	MIDAZOLAM 0.5mg				
	FENTANYL 30mcg				
	PROPOFOL 20+20				
	PARALYTIC 250mg				
	FI <sub>02</sub> /SaO <sub>2</sub> : 100/100				
	ETCO <sub>2</sub> : SR SR				
	ECG: SR SR				
	Temperature				
	Urine Output				
	Fluids Blood				
	B.P				
	V Systolic				
	A Diastolic				
	X Mean				
	• Heart Rate				
	Tourniquet on Time				
	Tourniquet off Time				
	Throat Pack In				
	Throat Pack Out				

LAB Values

ABG

GRBS

Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input type="checkbox"/> Cuff Site: ..... <input type="checkbox"/> Art Site: ..... <input checked="" type="checkbox"/> EKG Lead 3 <input type="checkbox"/> Temp Site <input type="checkbox"/> FIO <sub>2</sub> Monitor <input type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator  Position: <u>Supine</u> <input type="checkbox"/> Pressure Points Checked  <b>Eye Care:</b> <input type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	<b>Temp:</b> <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other  <b>Times:</b> Anaes Start: <u>4:30 pm</u> OP Start: <u>4:35 pm</u> OP End: ..... Leave OR: <u>5:15 AM</u>  <b>Anaesthesia:</b> <input type="checkbox"/> GA <input checked="" type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional  <b>Line (Size &amp; Location)</b> <input type="checkbox"/> CVP: ..... <input type="checkbox"/> ART: ..... <input type="checkbox"/> IV: <u>22G @ UL</u> <input type="checkbox"/> IV: ..... <input type="checkbox"/> IV: .....	<b>Induction</b> <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O <sub>2</sub> <input type="checkbox"/> RSI <input type="checkbox"/> Others  <input type="checkbox"/> Mask <input type="checkbox"/> SGANasalprongs <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# ..... at ..... cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: .....  <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# ..... Attempts: ..... Difficulty Why? .....	<b>Regional:</b> Extremity      Specify: ..... <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: ..... Position: ..... <b>Site:</b> ..... Needle Size: ..... Depth: ..... Paresthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin ..... cm Drug Name & Conc: ..... Bolus: ..... Infusion: ..... Block Level: ..... Comments: ..... Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Name of the Doctor: <u>Dr. ASHWARYA</u> Signature of the Doctor: <u>Ashty</u>
--	--	--	---



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Durg Time Received : 5:10 pm Time Discharged : .....

BLOOD PRESSURE < PULSE > < RESP >	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO <sub>2</sub>	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site : <u>226</u> <input type="checkbox"/> O <sub>2</sub> Mask <input type="checkbox"/> Nasal Prongs <input type="checkbox"/> Tracheostomy <input type="checkbox"/> T-Piece <input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway  Vomiting : <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Drug: ..... NG Tube : <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drain: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Urinary Catheter: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Chest Tube: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Nil Oral <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	1	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		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	1	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL		8	8	9	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
2/6	5:10 pm	1/10	—	Durg

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
  - Every 2 hours for first 24 hours
  - After 24 hours every 4 hours
  - Prior to pain relieving intervention
  - With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : Dr. KM

Anaesthesiologist Signature: [Signature]

Date & Time: .....

PACU Nurse Name : [Signature]

PACU Nurse Signature: [Signature]

Date & Time: 2/6/2020

Transferred to Unit by (PACU): 114

Date & Time: 2/6/2020



# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

BAH-00448002 IP5-00174617  
 Master DASARI RAM CHARAN  
 14-10-2020 5 Y 7 M 18 D (M)  
 Dr. GYANESHWAR



Patient Name : DASARI RAM CHARAN Age : ..... Gender : Male  Female

UHID NO: ..... Surgeon Name: .....

Anaesthesiologist : DR. ADITYA

Operative procedure planned : Surgery

## PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

**Specific High Risk (s) :** The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart disease       Hypertension       Diabetes mellitus       Renal failure
- Hepatic disorders       Shock       Multiple organ failure       Polytrauma / Renal Tubular Acidosis
- Incapacitating Chronic Obstructive Pulmonary Disease
- Others : .....

Comments : DESATURATION, BRADYCARDIA, LARYNGOSPASM

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

## DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient MASTER DASARI RAM CHARAN the above mentioned operation / Diagnostic / Therapeutic procedures Surgery

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

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

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

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

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

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

- Pregnant:  Yes  No

### DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

#### Patient / Patient Attendant :

Signature : *[Signature]*

Name : *Smita Prayati*

Relationship with Patient: *MOTHER*

Date & Time : *2/6/24 1:33 PM*

#### Witness :

Signature : *[Signature]*

Name : *Pulakesh*

Date & Time : *2/6/24 1:33 PM*

#### Doctor (who is taking the consent) :

Signature : *[Signature]*

Name : *Dr Adish*

Date & Time : *2/6/24 1:33 PM*

# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 26/6/26 Time: 9 AM

Weight: 16.32 kgs Centile: 25<sup>th</sup>

Height: 114 cm Centile: 50<sup>th</sup>

Inference: underweight child

RDA: - Calories: 1400 kcal/d Protein: 24 g/d

Diet Recommendations: child is on NPO

Re-Assesment: -

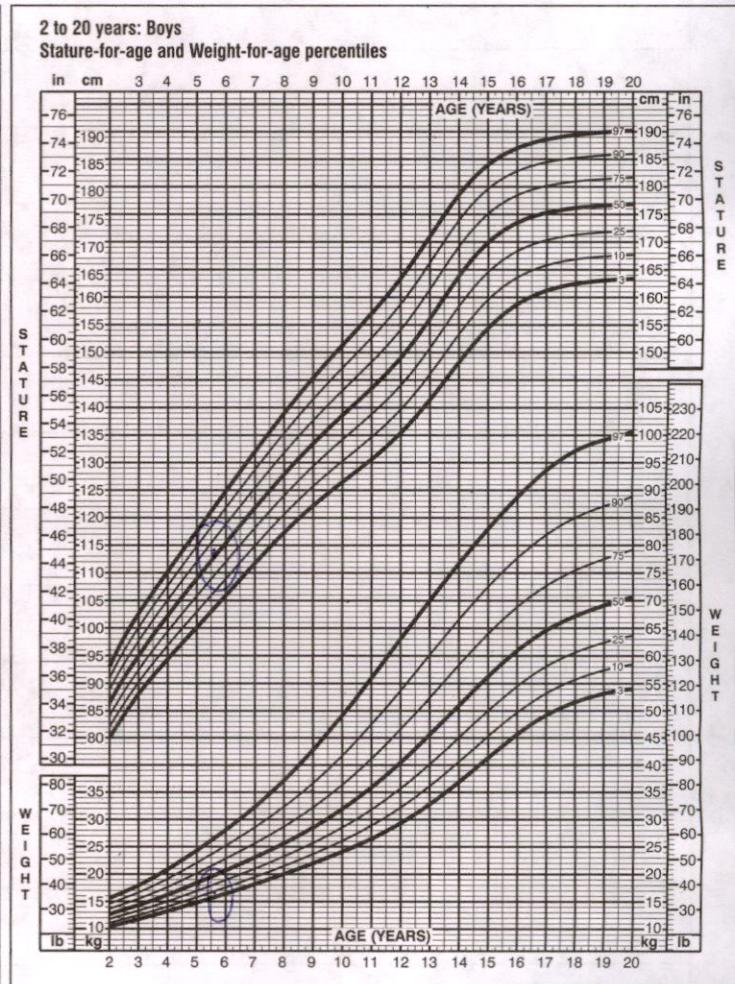
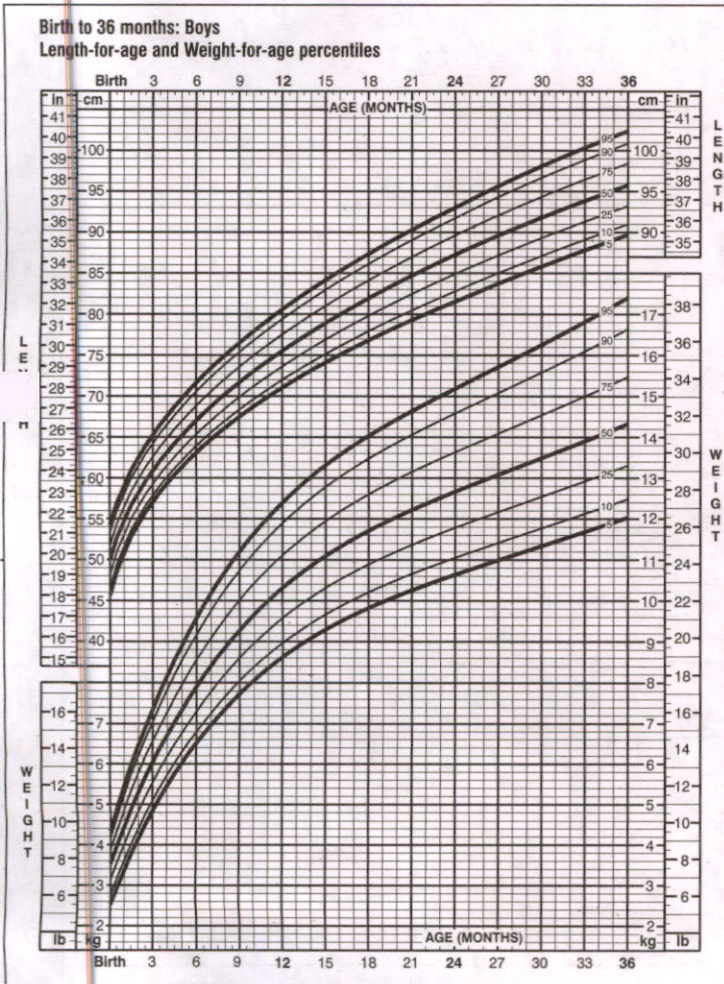
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: Lacerated wound.

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: [Signature]

## GROWTH CHART (BOYS)



Dietician's Name: Mounica

Dietician's Signature: Mounica

