BAH-00657257 IP5-00176690
Baby Of SAIMA ANJUM
25-05-2026 0 Y 1 M 26 D (M)
Dr. NABEEL ALAM QADRI

Patient Stic

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SURGERY DETAILS

Date : 21/07/26

Patient Name: B/O. Saima Anjum Date of Birth: 25-05-2026 Age: 1m26D

Gender: male Ward : P.O.T-II UHID No.: BAH 00657257

Date of Surgery: 21/07/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Ritual Circumcision

Time in : 9:20 am Time Out : 9:50 am

		NAME	AMOUNT
1.	Surgeon	Dr. Nabeel	
2.	Anaesthetist	Dr. Sabna	
3.	Assistant Surgeon		
4.	OT Technician	Shirisha	
5.	Circulating Nurse	Swapna	
6.	Assistant Nurse	Suman	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 97/4012 Order by: Nagamani

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Circumcision

CONSUMABLES OF OT

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5.3kg

Technician : .... Date : .... Time : 9AM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube (cuffed + uncuffed) 25+30-3.5	1+1+1	—	Major Pack Drape	1	—	Inj Vit.K		
LMA 1, 1½, 2	1+1	—	Sutures			Cord Clamp		
ECG leads : A / P / N	5+1	03	9915	2	1	Suction Catheter		
HME filter : A / P / N	1	—	Prolin 50	2	—	Feeding Tube		
Syringes : 10 cc	10+5	05				Vaccum Suction Set		
05 cc	10+5	05	Gloves 6·6.5 7·7.5	2+2	—	Surgical Gloves		
02 cc	10	05	6·6.5 7·7.5	2+2	1+1	Gauze Pack		
01 cc	3	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	1+1	—	Surgical blade 15	1	1	Surgical Blade # 20		
IV set	1	—	NG tube			Koochies (S)		
RL	1	—	Cautery pencil			NS 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	3+2	01	Koochies P. Large	1	1	Tranjo fix	1	1
O2 Mask (P)	1	—	Ointments			Jelly	1	—
Airway 000,00	1+1	—	Suction Catheter			Dermi marker	1	1
Fentanyl	1	01	Cap, Mask	3/5	3/3	10cc. 5cc	2+2	—
Morphine			Gauze Pack (N)+R	2+2	1	26 Needle	1	—
Ketamine			Mop Pack	1	1	IV canula 22,24	1+1	—
Propofol	2	01	Steristrip			Dexa	1	—
Rocuronium	1	—	Underpad	1	1	Tramexa	1	—
Glycopyrolate	1	01	Draw sheet	1	1	Minispine		00
Myopyrolate + Neostigmine	2	—	Abgel cuteced 10x10	1	1	Pmolin + 50cc	2+2	—
Ondansetron 30+50mm	1	—	Foleys catheter			Stopcock	2	
Pencan 25g / Spinal Needle 22	1+1	01	Urobag			Proto Gown	1	—
Bupivacaine 0.25%	1	01	Chest Drainage Catheter			Nasal Airy 12,14	1+1	—
Bupivacaine 0.25% (Heavy)	1	—	Romodrain bag			Nasal prong (N)	1	01
Antibiotics			Bandage			Dexatomide 50	1	—
			Tegaderm			Clonidine	1	—
Suppositories			Ioban			Atropine	1	01
Anamol : 80mg / 250mg / 170 mg	1+1+1	—	Double J Stent			Adrenaline	1	01
Supridol : 100mg			Vaccum Suction set	1	—	Midaz + 2axicard	1+1	1+1
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet	1	1	or site		—
Tab. Misoprost : 200mg			Betadine Solution	1	1	Splint 3+1NO	1+1	—
Vaccum set	1	—	Microshield	1	—	NG 5.6.7.8.9.10		—
Gauze	3	3	Cotton Balls	1	1	Suction catheter 6-10		—
Gloves all (N)	4	01	Latex Gloves	10P	5P	Soft pad 4in	2	—
IV P.CM	1	—	Ramdione Scrub			OT [illegible]	1	01
3-way 100+10cm	1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9713990 Ordered by : ....

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

Circumcision

CONSUMABLES OF OT

5437

Circulating staff

IM/5.3 kg

14 M

Airway 000/00

Mask (P)

IV cannula 22/24

Dera

Tranexa

Nasal Airway

Nasal Prongs (N)

Atropine

Adrenaline

Vacuum set

Foley

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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 Ritual Circumcision

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)
(1) Circumcision for Ritual purposes	

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.

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

a. Bleeding, infection, need for redo surgy

b.

1. I authorize Dr. Nabeel Alam 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: .....

Name: SAIMA ANJUM

Relationship with patient: MOTHER

Date & Time: 21/5/26 9:13AM

Witness:

Signature: .....

Name: MOHAMMAD SAJID

Date & Time: 21/5/26 9:13AM

Doctor (who is taking consent):

Signature: ..... Name: Dr Nikhita Date 21/5/26 Time: 9:13 am

Patient Sticker

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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, విజయావకాశ 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 : .....
Asst. Surgeon : .....
Anaesthetist : Dr. Sabna
Scrub Nurse : Saman

Patient Name Blo. Saima Anjum Age : 1 mon Gender : M
UHID No BAH-00657257 Surgery Name : Circumcision
Date 21/07/21 In-time : 9:20 am Out-time : 9:54 am

BAH-00657257 IP5-00176690
Baby Of SAIMA ANJUM
25-05-2026 0 Y 1 M 26 D (M)
Dr. NABEEL ALAM QADRI

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 9:00 am

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☑ No ☐ NA
- Blood Units Reserved ☐ Yes ☑ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☐ Yes ☑ No ☐ NA

Signature : .....
Name : Dr. Shabna.

Before Skin Incision ➤➤

TIME OUT Time: 9:32 am

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, 20 mins Anticipated Blood Loss? Nil ☐ 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 : .....
Name : Sweepna

Before Patient Leaves Operating Room

SIGN OUT Time: 9:46 am

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☐ Yes ☑ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☑ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐ Yes ☑ No

Signature : .....
Name : Dr Nabeel

SURGICAL SAFETY CHECKLIST

Surgeon : .....
Asst. Surgeon : .....
Anaesthetist : .....
Scrub Nurse : .....

Patient Name : ..... Age : ..... Gender : .....
UHID No. : ..... Surgery Name : .....
Date : ..... In-time : ..... Out-time : .....

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time:.....

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 :.....

Name :.....

Before Skin Incision ➤ ➤

TIME OUT Time:.....

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☐Yes ☐No
- Correct Site ☐Yes ☐No
- Correct Procedure ☐Yes ☐No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☐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 :.....

Name :.....

Before Patient Leaves Operating Room

SIGN OUT Time:.....

Nurse Verbally Confirms with the Team:

The Name of the Procedure Recorded ☐Yes ☐No

That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☐Yes ☐No ☐NA

The Specimen is Labelled (including patient name) ☐Yes ☐No ☐NA

Whether there are any Equipment Problems to be addressed ☐Yes ☐No ☐NA

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient? ☐Yes ☐No

Signature :.....

Name :.....

Patient Sti

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 21/07/26

To Be Filled In By Assigned Nurse :

Department : P-OT-IT Duration of Procedure : 20 mints

Name of Surgeon : ..... Date of Admission 21/07/26

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 : —	
2.	Hair Removal ☐ Yes ☑ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : — Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☐ No	
3.	Patient's body temperature immediately post operation (Recovery Room) 36 °C ☐ Oral Or ☑ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : — Date & Time of antibiotic administration : — Date & Time procedure started : 21/07/26 @ 9:32 am	

- 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

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Baby Of SAIMA ANJUM
25-05-2026 0 Y 1 M 26 D (M)
Dr. NABEEL ALAM QADRI

Patient

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OPERATION THEATER NOTES

Patient's Name : B/O. Saima Anjum Age 1M 26D Gender : ☑ Male ☐ Female

UHID No.: BAH -00657257 Weight : 5.59kgs Height : ....

Surgeon : Dr. Nabeel Alam	Asst. Surgeon :

Anesthetist : Dr. Selma	OT Nurse: Sieman / swapna	OT Technician: Shirisha

Pre-Operative Diagnosis: Circumcision for Ritual purposes

Surgical Procedure :

Ritual circumcision

Indications for Surgery :

Circumcision for ritual purposes

Date : 21/07/26	Start Time : 9:32am	End Time : 9:46am

Pre Operative Preparations:

- 5% betadine

Post Operative Diagnosis:

Circumcision for ritual purposes.

Peri-Operative Complications:

Operation Notes:

Ritual Circumcision (done by Dorsal slit technique)

Amount of Blood Loss: ~ 1ml	Blood Transfused (in ML) —Nil—

Name and Number of Surgical Specimen sent for examination:

—Nil—

Peri-Operative Complications: —Nil—

DAY CARE

(1) ~~Sy~~ CROCIN DROPS 0.8ml PO Thrice daily x 3days
(1ml = 100mg)

(2) CIPROFLOXACIN EYE DROPS for I/A at circumcision site for 5days

Review after ~~15~~ 4 days in OPD by Dr Nabeel Alam
on ~~25/7~~ 25/7/26 (saturday)

Name of the Surgeon: Dr Nabeel Alam

Signature of the Surgeon: .....

Date & Time: 27/7/26 @ 9:50am

BAH-00657257 IP5-00176690
Baby Of SAIMA ANJUM
25-05-2026 0 Y 1 M 26 D (M)
Dr. NABEEL ALAM QADRI

Patient S

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Ritual Circumcision

Post-Surgical Diagnosis: Circumcision for Ritual purposes

Post-Operative Monitoring Parameters /Frequency:

TPR moniting every 15mi for 1st 1h

Wound Care:

Dressing

Drain /Special Lines/Catheters:

—Nil—

Special Patient Positioning and Requirements:

—Nil—

Nutritional Instructions:

Full feeds once child is fully awal

When to Start Mobilization:

—Nil— As soon as possible

Special Referrals:

—Nil—

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

—Nil—

Treating Surgeon (Signature & Stamp) Dr Nabeel

Date: 21/5/26 Time: 9.50 am

Note: Plan of care will be readjusted if necessary.

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BirthRight by Rainbow

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 : IP5-00176690 **Admit Date** : 21-Jul-2026 **Admit Time** : 07:52 AM **UHID** : BAH-00657257

Patient Details :

Patient Name	: Baby Of SAIMA ANJUM	**Age**	: 0 Y 1 M 26 D
Guardian	: Mr MOHAMMED ADNAN SAIT	**DOB**	: 25-05-2026 02:09 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO - 531/B1 , 19 TH MAIN SECTOR -3 , NEAR HSR CLUB , Hsr Layout Bangalore Karnataka INDIA 560102	**Phone No**	: 9632492193/ 9550016011
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 403 **Ward Name** : 4F-OT COMPLEX

Room No : PRE OP 403 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHAMMED ADNAN SAIT **Relationship** : Father

Contact Address : H NO - 531/B1 , 19 TH MAIN SECTOR -3 , NEAR HSR CLUB , Hsr Layout Bangalore Karnataka INDIA 560102 **Phone No** : 9632492193 / 9550016011

Signature

Doctor Details :

Doctor Name : Dr. NABEEL ALAM QADRI **Specialisation** : PEDIATRIC SURGERY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

BAH-00657257 IP5-00176690
Baby Of SAIMA ANJUM
25-05-2026 0 Y 1 M 26 D (M)
Dr. NABEEL ALAM QADRI

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

B/o

Name: Saima Anjum Age: 1m29d Sex: m UHID.No : BAH-00657257

Date: 20/7/26 Time: 5pm Proposed Operation: Circumsicion.

Diagnosis: Ritual circumsicion.

B.P / CRT: <3sec H.R: ..... Weight: 5-3kg 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/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: - Nil -

Medical History: CVS : FT | LSCS | 3.3kgs | NO NICU admn.

RESP : Diabetes : Immunised till 6wks.

CNS :

Renal : -Nil-

Hepatic / GE : Physical Activity:

Others :

Past Anaesthetic History: Nil.

Physical Exam:

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

Lungs : BAE⊕ CW

Heart: S1S2⊕ No murmurs.

CNS: alert

Pregnant: ☐ Yes ☐ No ☑ NA Venous Access Site : accessible Spine Exam for regional : NAD

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours (4hrs for breast milk.)
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

.....

.....

.....

Signature: ..... Name: Dr. Akhilesh.

BAH-00657257 IP5-00176690
Baby Of SAIMA ANJUM
25-05-2026 0 Y 1 M 26 D (M)
Dr. NABEEL ALAM QADRI

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☒ No

Fasting Status: adequat

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R: 134 | B.P / CRT: 82/47 | SpO$_2$: 100 | R.R: 30 | Last Feed: >4h

Pre-OP Diagnosis: Ritual Circumcision Operation: Circumcision Date: 21/7/2026

Surgeon: Dr Nabeel Anaesthesiologist: Dr MS / Dr Shahnaz Technician: Sarsha

TIME 9:15 10:15

N$_2$O /AIR /O$_2$ LPM

HALO /SO /SEVO

Drugs:

Inj MIDAZ 0.4mg

Inj. FENTANYL 50mcg

Inj PROPOFOL 10 +5 +5

FIO$_2$ / SaO$_2$ 100 100 100

ETCO$_2$

ECG SR → SR

Temperature

Urine Output

Fluids Blood

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG

GRBS

Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: Rt leg
☐ Art Site:
☑ EKG Lead
☑ Temp Site oral
☐ FIO$_2$Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 9.15 a.m
OP Start:
OP End:
Leave OR:

Anaesthesia: 10.00am
☐ GA
☑ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 22G R hand
☐ IV:
☐ IV:

Induction
☑ IV ☐ Inhal
☑ Pre O$_2$ ☐ RSI
☐ Others

☐ Mask ☐ SGA O$_2$ via nasal prong
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
Difficulty Why? .....

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

Regional:
Extremity Specify: .....
☐ Spinal ☐ Epidural ☑ Caudal
Others: .....
Position: Lateral
Site: Sacral Cornu
Needle Size: 25G Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: 1ml 0.25%
Bolus: Bupivacaine
Infusion: .....
Block Level: .....
Comments: .....

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA

Name of the Doctor: Dr Shahnaz
Signature of the Doctor: .....

BAH-00657257 IP5-00176690
Baby Of SAIMA ANJUM
25-05-2026 0 Y 1 M 26 D (M)
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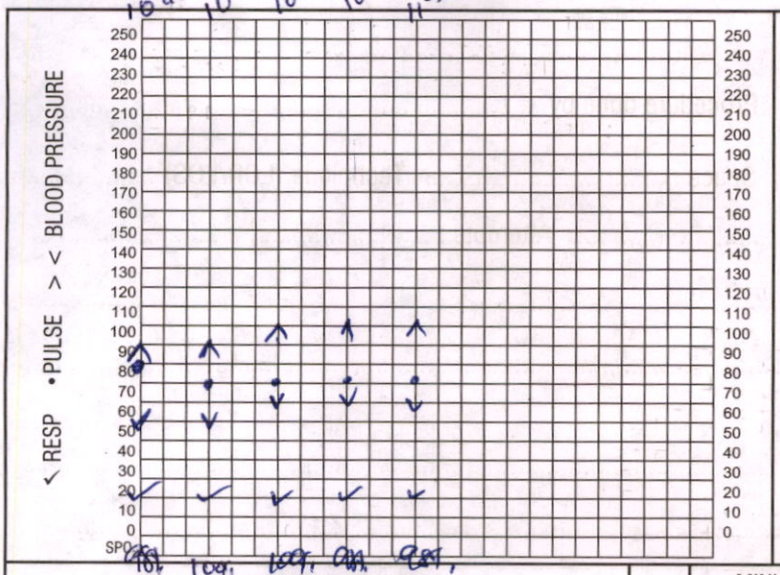
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Reena Time Received : 10 am Time Discharged : .....



IV Cannula Site : 22G Rt hand

- ☐ O_2 Mask
- ☑ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: —
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No

IV Fluids: —
Oral Feeds: DBM

POST ANAESTHESIA SCORE
(Modified Aldrete Score)

		IN	MINUTES 30	60	90	OUT
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	0	1	2	2	
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	0	1	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	~	
	TOTAL	6	8	10	10	

SCORING INTERPRETATION

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:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
21/7	11am	0/10	—	

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

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : Dr. Durga Bhavani
Anaesthesiologist Signature: DBM
Date & Time: 21/7/26 @ 11:20 am

PACU Nurse Name : Reena
PACU Nurse Signature:
Date & Time: 21/7/26 @ 10:05 am

Transferred to Unit by (PACU): Swapna
Date & Time: 21/7/26 @ 11 am

BAH-00657257 IP5-00176690
Baby Of SAIMA ANJUM
25-05-2026 0 Y 1 M 26 D (M)
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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

CONSENT FORM FOR ANAESTHESIA

25-05-2026 0 Y 1 M 20 D
Dr. NABEEL ALAM QADRI

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Patient Name : B/o Saima Anjum Age : 1m 25d Gender : Male ☐ Female ☐

UHID NO: BAH-0065257 Surgeon Name: Dr. Nabeel

Anaesthesiologist : Dr. Subramanyam Operative procedure planned : Circumsicion

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 arid 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 Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Others : laeyngospasm, bronchospasm

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for 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 anaesthesia team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

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

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

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

Patient / Patient Attendant :

Signature : Saima

Name : SAIMA ANJUM

Relationship with Patient: MOTHER

Date & Time : 20/7/26 @ 5 pm

Witness :

Signature :

Name : SAIMA ANJUM

Date & Time : 20/7/26 @ 5 pm

Doctor (who is taking the consent) :

Signature :

Name : Dr. Akhila. K

Date & Time : 20/7/26 5 pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00657257 IP5-00176690 Baby Of SAIMA ANJUM 25-05-2026 0 Y 1 M 26 D (M) Dr. NABEEL ALAM QADRI	21/7/26 @ 7:52 pm	21/7/21 @ 8:28 am
	Transfer Ordered by Dr. somashree	Reason for Transfer Admission
From Unit ER	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If Yes, what? op file	Patient shifted with ID band: Yes ☑ No ☐ If No: .....
Number of Imaging Films No		

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	small gown	01
2.	op file	01
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
NR. Anmol	Dr. somashree.

Patient & Clinical Records Received by : Reena

Date & Time of Patient Received : 21/7/21 @ 8:30 am

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00657257 IP5-00176690
Baby Of SAIMA ANJUM
25-05-2026 0 Y 1 M 26 D (M)
Dr. NABEEL ALAM QADRI

UHID No. : _____ onsultant: _____ Dept : _____

Date of Admission: ___ ite of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	8:28a	ER	OT	

Cross Consultation Visit

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

INVESTIGATIONS			
Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
24/7/26	IV placement PAC op	(1)	3834	Chavan

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00657257 IP5-00176690
Baby Of SAIMA ANJUM
25-05-2026 0 Y 1 M 26 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 7:30am	Came for ritual circumcision	Adv
	Baby alert, active	
	Vitals stable	- NPO
	SpO_2 - 100% (RA)	- IV fluid
	Chest - B/L AE +	- Shift to OT.
	CVS - NAD	
	P/A - soft	
		Somashree
		MB Anneb 21/7/26

BAH-00657257 IP5-00176890
Baby Of SAIMA ANJUM
25-05-2026 0 Y 1 M 26 D (M)
Dr. NABEEL ALAM QADRI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient [sticker]
BAH-00657257 IP5-00176690
Baby Of SAIMA ANJUM
25-05-2026 0 Y 1 M 26 D (M)
Dr. NABEEL ALAM QADRI

B/(

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)RUG CHART

Date of Admission: 21/7/26 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 ....

IPS-00175690
Baby Of SAIMA ANJUM
25-05-2026 0 Y 1 M 26 D (M)
Dr. NABEEL ALAM QADRI

REGULAR PRESCRIPTIONS

Weight. 5.59kg Ward. ....

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

BAH-00657257 IPS-00176690
Baby Of SAIMA ANJUM
25-05-2026 0 Y 1 M 26 D (M)
Dr. NABEEL ALAM QADRI

Weight. 5.59kg Ward. .....

	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

Signature .....

VERIFIED BY : Name .....

Baby Of SAIMA ANJUM
25-05-2026 0 Y 1 M 26 D (M)
Dr. NABEEL ALAM QADRI

I.V. FLUIDS CHART

Weight. 5.59 kg 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
21/7/26	7:30 am	DNS	IV	23	AP	Not connected			

Signature .....

VERIFIED BY : Name .....

Patient S

BAH-00857257 IP5-00176690
Baby Of SAIMA ANJUM
25-05-2026 0 Y 1 M 26 D (M)
Dr. NABEEL ALAM QADRI

Rainbow® Children's Hospital
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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER ..... Shifted to: OT .....

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 : Somashree .....

Date & Time : 21/7/26 .....

Nurse Name & Signature: Anneb .....

Date & Time : 21/7/26 8a .....

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
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						

(P.T.O)

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.,) : .....

Patient Stick

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25-05-2026 0 Y 1 M 26 D (M)
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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.

		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											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	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**	

BAH-00657257 IP5-00176690
Baby Of SAIMA ANJUM
25-05-2026 0 Y 1 M 26 D (M)
Dr. NABEEL ALAM QADRI

FLUID CHART

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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						
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											
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	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	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**	