

Patient Sticker

SURGERY DETAILS

KUH-00127494 IP2-00056418
Master VIRAJ SEKHAR THYADI
28-05-2022 4 Y 0 M 3 D (M)
Dr. LAVANYA KANNAIYAN

Date : 29/5/22

Patient Name: Date of Birth: Age:



Gender: ward : UHID No.:

Date of Surgery: 2015 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : *Excision + drainage of nail*

Time in : 1:10pm

Time Out : 1:40pm

	NAME	AMOUNT
1. Surgeon	<i>Dr. Lavanya</i>	
2. Anaesthetist	<i>Dr. Sheng</i>	
3. Assistant Surgeon	<i>-</i>	
4. OT Technician	<i>Sr. Harsha</i>	
5. Circulating Nurse	<i>Sr. Anu</i>	
6. Assistant Nurse	<i>Sr. Bidya</i>	

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

[Signature]
Signature of the Surgeon

[Signature]
Signature of Circulating Nurse

Order No: 991542/991543

Order by: *[Signature]*

10/10/10

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10/10/10

10/10/10



INCISION ↓ MAC.

CONSUMABLES OF OT

Circulating staff : Devi Technician : Harsha, Bhanu Si Date : 29/5/26 Time : 1:10 PM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A P / N		03				Suction Catheter		
HME filter : A P / N		01				Feeding Tube		
Syringes : 10 cc	02	02				Vaccum Suction Set		
05 cc	02	02	Gloves			Surgical Gloves		
02 cc	02	02	RF 6.5	02		Gauze Pack		
01 cc	02	02				Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade 11	01		Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		01	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies					
Nasal airway 18		01	Ointments					
Nasal Cannula (For Capnography)		01	Suction Catheter					
Fentanyl		01	Cap, Mask		05			
Morphine		01	Gauze Pack		03			
Ketamine		01	Mop Pack					
Propofol		02	Steristrip					
Rocuronium		01	Underpad		01			
Glycopyrolate		01	Draw sheet					
Myopyrolate		01	Abgel					
Ondansetron		01	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
Atropine		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		01			
Mida Zolam.		01	Microshield					
			Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

Dr. Lavanya
 Surgeon

Dr. Shree
 Anaesthesiologist

Devi
 Nurse

Harsha
 OT Technician

Order No. : Ordered by :

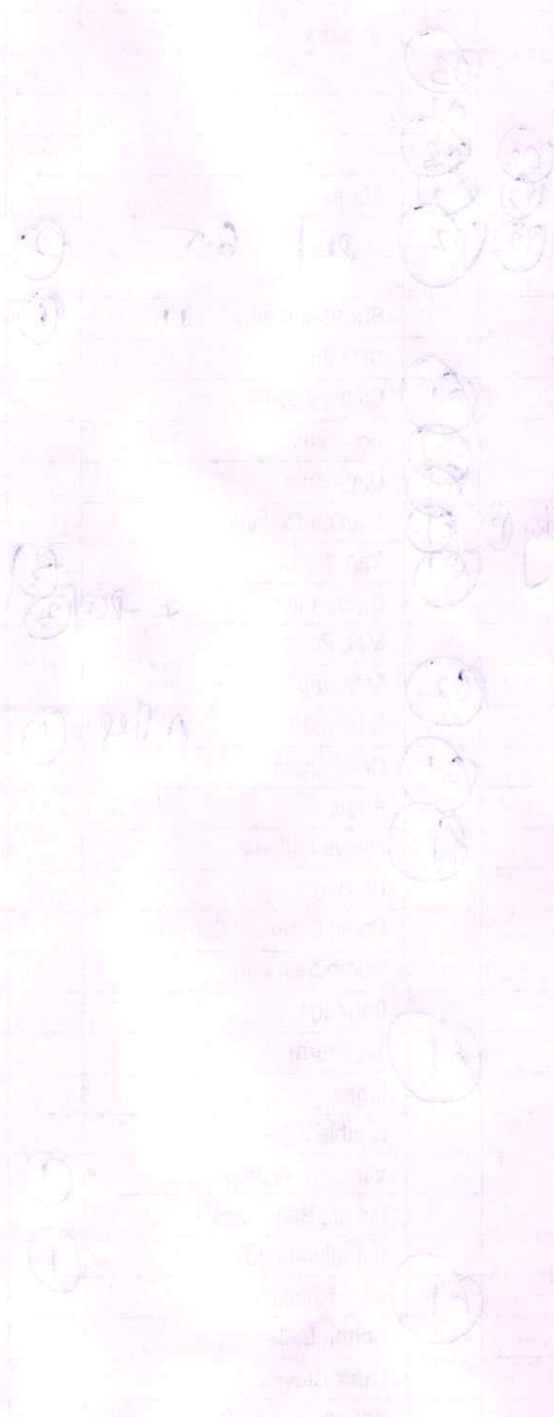
Handwritten notes at the top left, including the word "MATHS" and some illegible scribbles.

Handwritten text at the top center, possibly "MATHS" or "CONSTRUCTIONS".

Handwritten text below the top center, possibly "CONSTRUCTIONS".

Handwritten text on the left side, possibly "2/1/20" or similar.

Handwritten text on the right side, possibly "Date".



Handwritten text to the left of the diagram, possibly "1/2" or "2/1".

Handwritten text to the left of the diagram, possibly "1/2" or "2/1".

Handwritten text at the bottom left, possibly "1/2/20".

Handwritten text at the bottom center, possibly "Date".

Handwritten text at the bottom center, possibly "Page No.".

Handwritten text at the bottom right, possibly "Signature".

ACTIVITY RECORD FOR BILLING

Name: -----
 UHID No : -----
 Date of Admission ----- Date of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

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WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/5/26	@ 12:24 pm	ER	204	Rajita
29/5/26	@ 2pm	OT	SCU	Bidya @ 12:50pm
29/5/26	4 PM	SCU	309	Manisha

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
29/5/26	IN Cannulation	01	941511	Rajita
29/5/26	PAC	01	941510	"
In ER cross check done by Ujjwal @ 29/5/26				
29/5/26	I&D done by Dr Lavanya	(1)	941514 941515	Rajita
30/5/26	NHA		941527	
Cross checked by Com 30/5/26				

ANY OTHER INFORMATION



* op life gives to Parents.

* Handled

Date: 29/5/26

Time: @ 12pm

Prepared By: Rajita

Staff Nurse 	Shift / Ward 204 	Billing Assistant	Billing Supervisor
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**Rainbow[®]
Children's
Hospital**
It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

KUH-00127494 IP2-00056418
Master VIRAJ SEKHAR THYADI (M)
26-05-2022 4 Y 0 M 3 D
Dr. LAVANYA KANNAIYAN



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

clo swelling ^{over} left middle
finger

History of present illness :

clo swelling over left middle finger
at tip.
tried ~~to~~ c needle in FR
"pm draining gr"



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs) 16.84 (Centile _____)

On Examination :

Temperature : 97.88 Pulse Rate : 126 B.P. _____ SPO2 100%

Resp.rate and type of breathing : _____

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____ N

Air entry & breath sounds : _____ BAE C

Any added sounds : _____

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

Cardiovascular System :

Inspection of precordium : _____ N

Heart Sounds : _____ S₁ S₂ C/

Any murmur : _____

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

Per Abdomen :

Inspection _____ N

Palpation : _____ soft

Auscultation : _____

Spine : _____ External Genitalia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

KUH-00127494

IP2-00056418

Master VIRAJ SEKHAH THYADI

26-05-2022 4 Y 0 M 4 D

(M)

Dr. LAVANYA KANNAIYAN



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

Planned Management

CBP

- NPO

- IV fluids

Noted done by Rayta 29/5/26

Signature of the Doctor: Law

Signature of the Consultant: _____

Name of the Doctor: Law

Name of the Consultant: _____

Date & Time: 29/5/26

Date & Time: _____

KUH-00127494 IP2-00056418
 Master VIRAJ SEKHA THYADI
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 Dr. LAVANYA KANNAIYAN



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5 5pm	cls by Rajkumar	
	S/P - D & D	
	child: active	Rx.
		Allow orally
		IVF.
		Drug Argemint.

noted by Rajkumar 29/05/20
5pm.

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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: 204

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	Sup. Linezolid	800	PO	TID		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	Sup. Augmentin	400	PO	BID		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Had

Date & Time: 20/5/26 @ 12 PM

Nurse Name & Signature: Ujjwal

Date & Time: 20/5/26 @

MEMORANDUM

TO: [Illegible]

DATE: [Illegible]



BY: [Illegible]

FOR: [Illegible]

APPROVED: [Illegible]

DATE: [Illegible]

POST-OPERATIVE ORDERS :

2015

1. morphine 10ml/hr

2. 100mg T₂ tabs @ 50mg/h

3. by Argymentin 500mg iv q 8h

(4) by PARACETAMOL 250mg iv q 8h

[Handwritten signature]

[Handwritten signature]

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 2015 Time :

SURGICAL SAFETY CHECKLIST

Surgeon : *Dr. Balany*
Asst. Surgeon : *Dr. Shany*
Anaesthetist : *B. S. Jey*
Scrub Nurse : *B. S. Jey*

Patient Name : *Mster. V. M.* Age : *2.5* Gender : *F*
IP No. : *56418* Surgery Name : *P&D*
Date : *29/5/2014* In-time : *11:00am* Out-time : *2:46*

Before Induction of Anaesthesia

SIGN IN *1:05pm*

Patient Has Confirmed

- Identity
- Site
- Procedure
- Consent

Site Marked/not Applicable

Anaesthesia Safety Check Completed

Pulse Oximeter on Patient & Functioning

Does Patient Have A:

Known Allergy? Yes No

Difficult Airway/aspiration Risk?

Yes, & Equipment / Assistance Available

No

Risk of >500ml Blood Loss (7ml/kg In Children)?

Yes, and Adequate Intravenous Access and Fluids Planned

No

Signature of the Anesthetist: *[Signature]*

Before Skin Incision

TIME OUT

Confirm all team members have introduced themselves by Name and Role

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

- Patient
- Site
- Procedure

Anticipated Critical Events

Surgeon Reviews: What are the Critical or Unexpected Steps, Operative Duration, *30min* Anticipated Blood Loss? *50ml*

Anaesthesia Team Reviews: Are There Any Patient-specific Concerns?

Nursing Team Reviews: Has Sterility *Yes* (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?

Has Antibiotic Prophylaxis been given within the last 60 minutes?

Yes Not Applicable

Is Essential Imaging Displayed?

Yes Not Applicable

Signature of the Nurse : *[Signature]*

Before Patient Leaves Operating Room

SIGN OUT

Nurse Verbally Confirms with the Team:

The Name of the Procedure Recorded

That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)

How the Specimen is Labelled (including patient name)

Whether there are any Equipment Problems to be addressed

Surgeon, Anaesthesia Professional and Nurse Review the Key Concerns for Recovery and Management of this Patient

Signature of the Surgeon : *[Signature]*

WORLD
COUNCIL
OF
TEACHERS

INTERNATIONAL
TEACHERS
YEAR

1994-1995

1994

WORLD
COUNCIL
OF
TEACHERS
INTERNATIONAL
TEACHERS
YEAR
1994-1995
1994

KUH-00127494 IP2-00056418
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 Dr. LAVANYA KANNAIYAN



RESULT SHEET

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	20/5/26				
Time	12:00 PM				
Hb	12.3				
PCV	36.9				
RBC	4.37				
WBC	12.46				
N/L					
Platelets	370				
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					



.Pulse Rate : Normal Rate by Age (beats/minute) Reference:PALS Guidelines, 2015

Age	Awake Rate	Sleeping Rate
Neonate(<28days)	100-205	90-160
Infant (1 month-1yr)	100-180	90-160
Toddler (1-2yr)	98-140	80-120
Preschool (3-5 yr)	80-120	65-100
School -age (6-11yr)	75-118	58-90
Adolescent (12-15yr)	60-100	50-90

Respiratory Rate: Normal Respiratory Rate by Age (breaths/minute) Reference:PALS Guidelines, 2015

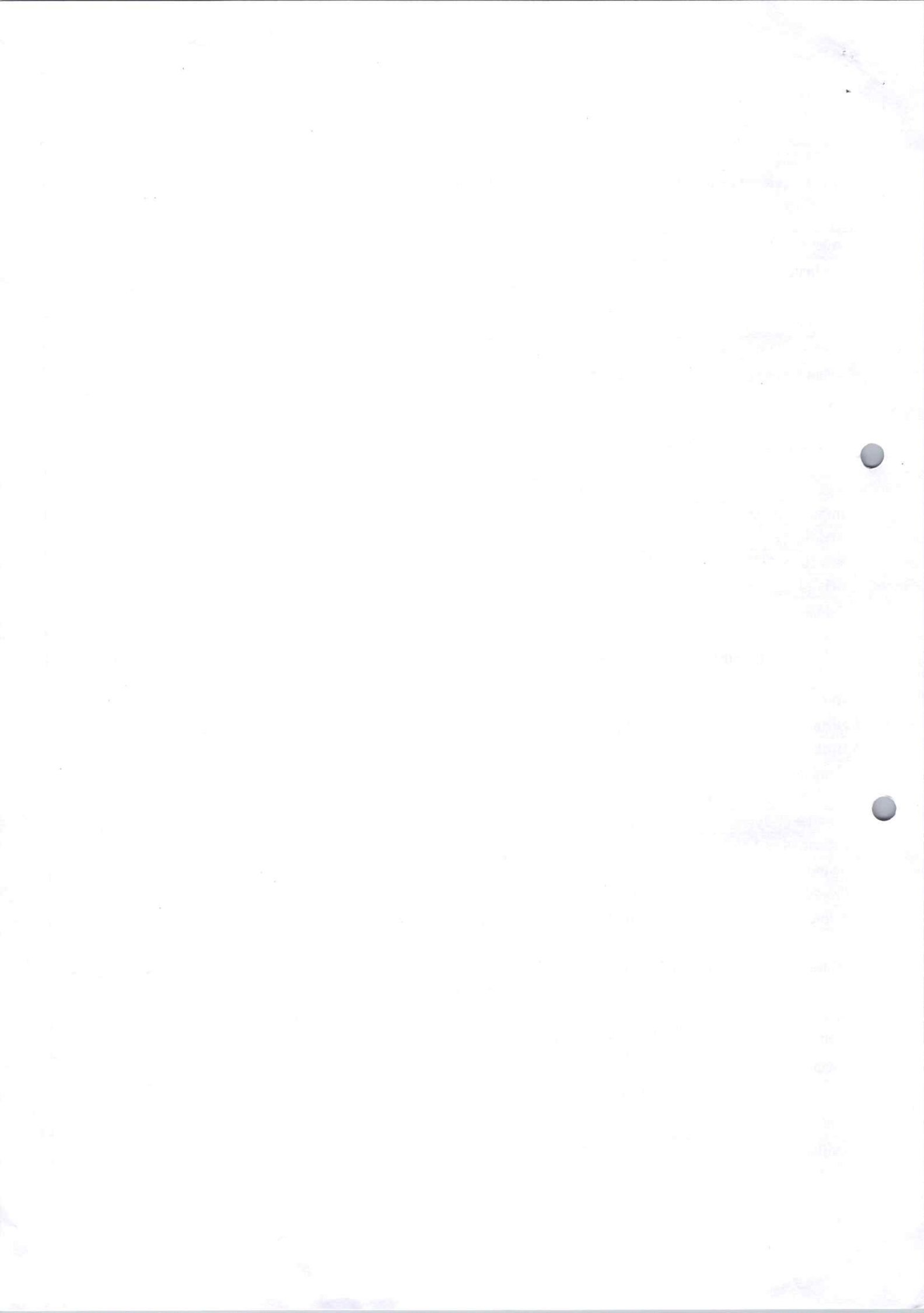
Age	Normal Respiratory Rate
Infant (1 month-1yr)	30-53
Toddler (1-2yr)	22-37
Preschool (3-5 yr)	20-28
School -age (6-11yr)	18-25
Adolescent (12-15yr)	12-20

Blood Pressure:Normal Blood Pressure by Age (mm/hg) Reference:PALS Guidelines, 2015

Age	Systolic Pressure	Diastolic Pressure	Systolic Hypo tension
Birth	39-59	16-76	<40-50
Birth	60-76	31-45	<50
Neonate(<28days)	67-84	35-53	<60
Infant (1 month-1yr)	72-104	37-56	<70
Toddler (1-2yr)	86-106	42-63	<70 + (age in years x 2)
Preschool (3-5 yr)	89-112	46-72	<70 + (age in years x 2)
School -age (6-11yr)	97-115	57-76	<70 + (age in years x 2)
Pre-adolescent (10-11y)	102-120	67-80	<90
Adolescent (12-15yr)	110-132	64-83	<90

Temperature :Normal Temperature Range by Method Reference: CPS Position Statement on Temperature Measurement in Pediatrics, 2015

Method	Normal Range (°C)	Normal Range (°F)
Rectal	36.6-38	97.8-100.4 °F
Ear	35.8-38	96.4-100.4 °F
Oral	35.5-37.5	95.9-99.5 °F
Axillary	36.5-37.5	97.7-99.5 °F



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)



FLUID CHART

Sheet No. : ①

29/05/20

- 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	D											
	12:00 pm	D											
	01:00 pm	S		52ml						✓			
Total Intake :			DNS - 52ml			Total Output : U=1 m=0							
	02:00 pm			52ml									
	03:00 pm	D	Urg. card	52ml									
	04:00 pm	n	Rice	26ml									
	05:00 pm			26ml									
	06:00 pm			26ml						✓			
	07:00 pm	S		26ml									
Total Intake :			H ₂ O card Rice DNS 208ml			Total Output : U=01 m=0							
	08:00 pm									✓			
	09:00 pm		Khichdi										
	10:00 pm		Kad							✓			
	11:00 pm		Rice							✓			
	12:00 am									✓			
	01:00 am		H ₂ O							✓			
Total Intake :			Khichdi + Kad Rice + H ₂ O			Total Output : U=3 m=0							
	02:00 am									✓			
	03:00 am		H ₂ O							✓			
	04:00 am									✓			
	05:00 am									✓			
	06:00 am									✓			
	07:00 am									✓			
Total Intake :			H ₂ O			Total Output : U=2 m=0							
Total 24 hrs. Intake		Kad Rice + Khichdi H ₂ O + DNS - 208ml				Total 24 hrs. Output		U=7 m=0					

Patient Sticker



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.

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													
	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	

NURSING PLAN OF CARE AND HAND OVER SHEET

WARDS

KUH-00127494 IP2-00056418
Master VIRAJ SEK HAR THYADI
Patient Name : 26-05-2022 4 Y 0 M 3 D (M)
Age :
Dr. LAVANYA KANNAIYAN
UHD No. 

Clinical Diagnosis :

Nursing Diagnosis :

Plan & Implementation of Care :

AND

AND
pain related to surgical site
evaluated by givened pain killers
& antibiotics

Golden hour: Assess the pt condition & explained the treat^{ment}

Plan	Implementation
<ul style="list-style-type: none"> Assess the pt condition provide comfortable position check the monitor vitals maintained I/O charting Attended the pt calling bells 	<ul style="list-style-type: none"> givened medications pain killers & antibiotics givened psychological support Attended the Dr. rounds as follow ups orders

STRUCTURED HAND-OVER

Score as per Early Warning Chart	Score : <u>0</u> Plan as per score :
Respiratory System	
Airway	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Maintainable
Oxygen Requirement If yesL/min	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No : Plan of Next 12 hours :
CPAP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No : Plan of Next 12 hours :
Suction Requirement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Plan :
Physiotherapy Requirement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Plan :
Cardio Vascular System	
HR : <u>102 bpm</u> BP : <u>118/60 mm</u> IBP : <u>-</u> CRT : <u>2/3 sec</u>	
Cardiac Rhythm	<u>regularly</u>
Inotropes Requirement ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Plan :
Need for anti hypertensives	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Plan :

Need of Restraints	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Plan :
Pain Score & Plan of Care	Score: <u>0</u> Plan as per score :
Need of Sedation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Plan :
Risk of Fall (Humpty Dumpty Score)	Score: <u>0</u> Plan as per score :
Risk of Bedscore (Braden Score)	Score: <u>0</u> Plan as per score :
IV Fluids	<u>max 5 ml/hr</u>
Feeding Plan	<u>② diet</u>
Input/output Discussed ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Plan :
Urinary Catheter Issues	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Plan :
Other Drains Issues	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is yes, then plan of care :
Need for PD ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, then plan of care :
Arterial Line issues	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, then the condition of the skin & tips of fingers / toes :
Central / PICC Line Issues
IV Sites (VIP Score & Plan)	Score: Plan as per score :
Planned Procedures if any ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, Plan of Procedure :
Any plan of taking consultation from other consultants ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe :
Hand Over of Labs & other Investigations

Golden hour :- I received to pt care explain to call bell and inform to doctor.

Name of the Nurse (Giving Hand over)

navisha (018066)

Signature :

29/05/26 @ 8pm

Name of the Nurse (Taking Hand over)

Seema @ 8pm

Signature :

29/5/26