Ref. No. F/OT/05

SURGERY DETAILS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sl.No.

Date : 28/5/26

Patient Name : CUV-00168722 IP2-00056410
Baby SAI JANVITHA
24-03-2025 1 Y 2 M 4 D (F)
Dr. LAVANYA KANNAIYAN

.....Age :.....Sex : .....

UHID No. : ..

.....IP No. :.....

Date of Surgery : 28/5/26 .....OT : ☑ OT 1 ☐ OT 2 ☐ OT 3

Name of the Surgery : Lap Herniotomy Bl CA

Time in : 1:40pm

Time Out : 2:30pm

NAME	AMOUNT
1. Surgeon : Dr Lavya	.....
2. Anaesthetist : Dr Vishnu	.....
3. Asst. Surgeon : ←	.....
4. OT Technician : Ms. Shiva	.....
5. Circulating Nurse : Sr. Bindya	.....
6. Asst. Nurse : Sr. Anitha / Sr. Babi	.....

Special Equipment : ☑ Laproscopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator ☐ C-ARM ☐ Cystoscopy

Signature of the Surgeon

Signature of the Circulating Nurse

Order No. : 941225/941226/941231 Order by : .....

CUV-00168722 IP2-00056410
Baby SAI JANVITHA
24-03-2025 1 Y 2 M 4 D (F)
Dr. LAVANYA KANNAIYAN

LAP Herniotomy

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CONSUMABLES OF OT

Circulating staff : Rolja Technician : Harsha, Shiva Date : 28/5/26 Time : 5:40 pm to 2:30 pm

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 4.0mm (Cuffed)		01	Major Pack			Inj Vit.K		
LMA			Sutures prolene		03	Cord Clamp		
ECG leads : A / P / N		03	4-0 Vicryl		01	Suction Catheter		
HME filter : A / P / N		01	3-0 Vicryl		01	Feeding Tube		
Syringes : 10 cc	0	02				Vaccum Suction Set		
05 cc		03	Gloves			Surgical Gloves		
02 cc		05	PFS6 1/2	03	03	Gauze Pack		
01 cc			PFS6 7	02	02	Syringe 1ml / 2ml		
Cautery plate : A / P / N		01	Surgical blade No. 11		01	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		01	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
			Ointments					
			Suction Catheter					
Fentanyl		01	Cap, Mask	10	10			
Morphine			Gauze Pack		03			
Ketamine			Mop Pack					
Propofol		01	Steristrip		01			
Rocuronium		01	Underpad		01			
Glycopyrolate		01	Draw sheet					
Myopyrolate			Abgel					
Ondansetron		01	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25% ✓		01	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
Spinal needle (yygon) 22		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		02			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet	3	01			
Tab. Misoprost : 200mg			Betadine Solution		02			
neostigmine		01	Microshield					
Atropine		01	Cotton Balls	4				
1bg Nasal airway		01	Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : Ordered by :

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

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ACTIVITY RECORD FOR BILLING

Name: ---------- ----------

CUV-00168722 IP2-00056410
Baby SAI JANVITHA
24-03-2025 1 Y 2 M 4 D (F)
Dr. LAVANYA KANNAIYAN

UHID No : ---------- IP No : ---------- Dept : ----------

Date of Admission : ---------- of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	12:15 PM	ER	OT	- Vijaya
28/5/26	2:40 PM	OT	SCU	Laxmi
28/5/26	9:37 pm	SCU	305	Subhan 9:37PM

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
28/5/26	CBP, Blood group	26007354	
	∩ER cross check	done by [illegible] @ 28/5/26	
	Re-checked Done By- Sreshma 28/5/26 @11PM		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/5/26	Infusion Pump	11.40 am	29/5/26 6A	341162	
27/5/26	USG small part	(OPhrsij)		1518689	
	In En cross check done by Ujj-le 28/5/26				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
28/5/26	IV Cannulation	1	941150	
28/5/26	P.A.C	1	941151	
	In ER cross check done by Ujjwala 28/5/26			
28/5/26	Lap BL Hernia Repair done by Dr Anurag.	(1)	941227	
		(1)	941228	
			941231	
	Cross Checked done By - Sushma 28/5/26 @ 4pm			

ANY OTHER INFORMATION Op file given to parents.

S. Anurag

Date : 28/05/26 Time : 12:10 pm Prepared By : Smita.

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Checked by. Smita.	ER to OT.		

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PEDIATRIC IN-PATIENT MEDICAL RECORD

CUV-00168722 IP2-00056410
Baby SAI JANVITHA
24-03-2025 1 Y 2 M 4 D (F)
Dr. LAVANYA KANNAIYAN

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

CUV-00168722 IP2-00056410
Baby SAI JANVITHA
24-03-2025 1 Y 2 M 4 D (F)
Dr. LAVANYA KANNAIYAN

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

R/c/o - B/L inguinal hernia

History of present illness :

2F is a R/c/o - B/L inguinal hernia

Posted for Laparoscopic herniotomy

Patient Sticker

Pediatric Multiorgan History & Physical Examination

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

—

Birth & Neonatal History:

uneventful

Birth & Socio Economic History:

About Father :

About Mother : educated

Any additional Information :

Developmental History :

N

Immunization History :

as per NIS

(P.T.O.)

CUV-00168722 IP2-00056410
Baby SAI JANVITHA
24-03-2025 1 Y 2 M 4 D (F)
Dr. LAVANYA KANNAIYAN

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))__7.77kg__(Centile _____)

On Examination :

Temperature : 98°F Pulse Rate :_____ B.P. _____ SPO2 _____

Resp.rate and type of breathing :

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : RALES (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : $S_1 S_2$ (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft.

Ausculation :

Spine :_____ External Genitelia :

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

CUV-00168722 IP2-0005641D
Baby SAI JANVITHA
24-03-2025 1 Y 2 M 4 D (F)
Dr. LAVANYA KANNAIYAN

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:

B/L inguinal hernia.
H/O Lap. Herniotomy

(P.T.O.)

CUV-00168722 IP2-00056410
Baby SAI JANVITHA
24-03-2025 1 Y 2 M 4 D (F)
Dr. LAVANYA KANNAIYAN

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: —

Desired goals of the treatment : —

Planned Labs:

- CBP ✓
- Blood grouping ✓

Noted by Uj
28/3/25

Planned Management

- IVF
- Inj Pantop

Signature of the Doctor: .....
Name of the Doctor: .....
Date & Time: .....

Signature of the Consultant: .....
Name of the Consultant: .....
Date & Time: .....

CUV-00168722 IP2-00056410
Baby SAI JANVITHA
24-03-2025 1 Y 2 M 4 D (F)
Dr. LAVANYA KANNAIYAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Shifting notes.	
28/10		
	S/P - Ileostomy Repair	
		R.
	Vitals: stable	IVF
		Inj Pantop.
	CVS: S1 S2 (+)	Inj Augmentin.
	RS: BAE (+)	
	P/A: soft.	
28/10	CICB Reg.	
4:00pm		
		Advice
	vitals-stable	1) CSF
		2) Shift to ward
	CVS	
	RS (N)	
	P/A	
		RK 28/10
	Noted By - Laxmi 28/5/26 @ 7 pm	

CUV-00168722 IP2-00056410
Baby SANAGAPALLI JANVITHA
24-03-2025 1 Y 2 M 4 D (F)
Dr. LAVANYA KANNAIYAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

CUV-00168722 IP2-00056410
Baby SAI JANVITHA
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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 : Dr Srividya

Date & Time : 28/05/26

Nurse Name & Signature: Smitha Nurse

Date & Time : 28/05/26

Docu. No. : RCH / FRM / GENERAL / 090

CUV-00168722 IP2-00056410
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DRUG CHART

Date of Admission: 28/8/25 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : SYRUP PARACETAMOL				Date / Time
Dose	Route	Frequency	Start Date	
	PO	SOS	28/8	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions: 15 mg / kg / dose				

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 .....

CUV-00168722 IP2-00056410
Baby SAI JANVITHA
24-03-2025 1 Y 2 M 4 D (F)
Dr. LAVANYA KANNAIYAN

REGULAR PRESCRIPTIONS

Weight. ~~7.7 kg~~ Ward. .....

DRUG : Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Date
8mg	IV	OD	28/5

Name & Signature of the Doctor Starting the Drugs: Dr. V. Jyothi

Additional Instructions: 1 mg/kg/dose.

Date / Time: 28/5 11:40 pm; 6 AM OD; 29/5 Sreshma Seema

Daily Doctor's Endorsement by a Sign

DRUG : Inj AMOXICILLIN + CLAVULANATE

Dose	Route	Frequency	Start Date
200mg	IV	TID	28/5

Name & Signature of the Doctor Starting the Drugs: Dr. V. Jyothi

Additional Instructions: 30 mg/kg/dose.

Date / Time: 28/5/26; 6 AM; 29/5 Sreshma Seema; 2 PM OT; 1 PM Sreshma Seema

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time

Daily Doctor's Endorsement by a Sign

Patient Sticker

Weight ..... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/5	1:200pm	INJ. AUGMENTIN (Amoxycillin + Potassium Clavulanate)	240mg	IV		
28/5	1:45pm	INJ. PARACETAMOL	80mg	IV		

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

CUV-00168722 IP2-00056410
Baby SAI JANVITHA
24-03-2025 1 Y 2 M 4 D (F)
Dr. LAVANYA KANNAIYAN

I.V. FLUIDS CHART

Weight. 7kg Ward. ~~NICU~~ SCU

Composition of I.V. Fluid (ion ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
28/5/26 11.40 am IVF-DNS	IV	30.			29/5/26		
28/5/26 11.30 pm RINGER LACTATE	IV	35ml/hr			28/5		

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

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THEATER NOTES

CUV-00168722 IP2-00056410
Baby SAI JANVITHA
24-03-2025 1 Y 2 M 4 D (F)
Dr. LAVANYA KANNAIYAN

Patient's Name : ....Age : .... Gender :...................

UHID.: .... : .... Weight : 7.7Kg

Surgeon : Dr Lavanya	Asst. Surgeon :
Anesthetist : Dr [illegible]	OT Nurse : Ankitha, Baby

Surgical Procedure : Lap B/L Herniotomy

Indications for Surgery : B/L Inguinal Hernia

Date : 28/5/26	Start Time : 1:45pm	End Time : 2:30pm

PRE-OPERATIVE PREPARATION : 10% [illegible]

OPERATION NOTES :

1. [illegible] port umbilicus, 3mm ports left flank, right flank
2. [illegible] [illegible]
3. Both deep rings [illegible]
4. Both deep rings closed c 4-0 [illegible]
5. [illegible] [illegible]

[signature]

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POST-OPERATIVE ORDERS :

20/5/20.

wt 7 kg

1. [illegible]

[illegible]

2. IVF ½ DNS @ 30 ml/h

3. Inj AUGMENTIN 230mg IV Q8H.

4. Inj PARACETAMOL 100mg IV Q6H.

[signature]

Consultant Surgeon's Name

[signature]

Consultant Surgeon's Signature

Date : 23/5/20. Time : ....

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BirthRight By Rainbow

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Lavanya
Asst. Surgeon : –
Anaesthetist : Dr. Hemanth
Scrub Nurse : Sr. Anitha

Ref. No. : F / SSC / OT / 06

Patient Name : Baby Sai Janvitha Age : 14 Gender : F
IP No. : 567410 Surgery Name : Lap Hernia Repair
Date : 14/6/20 In-time : 1:45pm Out-time : 2:30pm

Before Induction of Anaesthesia ➤ ➤

SIGN IN

- ☑ 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: Dr. [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, Anticipated Blood Loss? non. 1hrs 1 to 5ml
- ☑ **Anaesthesia Team Reviews :** Are There Any Patient-specific Concerns? NO
- ☑ **Nursing Team Reviews:** Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? YES
- ☐ 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]

THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE. ADDITIONS AND MODIFICATIONS TO FIT LOCAL PRACTICE ARE ENCOURAGED.

CUV-00168722 IP2-00056410
Baby SAI JANVITHA
24-03-2025 1 Y 2 M 4 D (F)
Dr. LAVANYA KANNAIYAN

RESULT SHEET

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Date	28/5/26					
Time	11.29 am					
Hb	12.0					
PCV	36.1					
RBC	4.69					
WBC	10.9					
N/L						
Platelets	389					
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						

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.,) : .....

CUV-00168722 IP2-00056410
Baby SAI JANVITHA
24-03-2025 1 Y 2 M 4 D (F)
Dr. LAVANYA KANNAIYAN

H/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/5/26 Time: 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7

9.45 am

Doctor / Nurse / Family Concern?

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94

98.6°F 98°F 98°F 98.6°F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

85/75 100/63 99/64 100/60 105/65

Heart Rate (Number): 121 126 125 125 130

Resp. Rate (bpm) (Over 1 Minute) *: 70 60 50 40 30 20 10

Resp Rate (Number): 30 36 33 30 29

Resp Distress: Mod/ Severe / None / Mild — RA RA RA RA

Receiving O_2(l/min) O_2Saturations (%): 97% 100 98% 100% 100%

Conscious Level: Normal / Altered

GCS *: 15/15 14/15 14/15 15/15 15/15

TOTAL SCORE Number of shaded boxes: 0 0 0 0 0

Pain Score: 0 0 0 0 0

Observer's Initials: AV B T S S

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

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

Patient Sticker

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

CUV-00168722 IP2-00056410
Baby SAI JANVITHA
24-03-2025 1 Y 2 M 4 D (F)
Dr. LAVANYA KANNAIYAN

24/9/25

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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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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	D	Cup	30.1								
	04:00 pm		Idly	30 m								
	05:00 pm	M		30 ml								
	06:00 pm		H2O	30 m								
	07:00 pm	S		30 m								
Total Intake :		S 150 ml				**Total Output :**				U-0	S M-0	
	08:00 pm			30ml								
	09:00 pm	D		30ml								
	10:00 pm			30ml								
	11:00 pm	N		30ml								
	12:00 am	S		30ml								
	01:00 am			30ml								
Total Intake :		DNS-180 ml				**Total Output :**				U-0	M-0	
	02:00 am	D		30ml								
	03:00 am		H2O	30ml								
	04:00 am			30ml								
	05:00 am	N		30ml								
	06:00 am		milk	—								
	07:00 am	S		—								
Total Intake :		DNS-120 ml, H2O, milk				**Total Output :**				U-01	M-0	

Total 24 hrs. Intake	Idly + H_2O DNS -	Total 24 hrs. Output	U-01 M-0

Docu. No. : RCH /FRM / CLINICAL / 092

CUV-00168722 IP2-00056410
Baby SANAGAPALLI JANVITHA
24-03-2025 1 Y 2 M 4 D (F)
Dr. LAVANYA KANNAIYAN

29/5/24

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FLUID CHART

Sheet No. : 0

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

Date	Time	Intake				Output						
		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**	

E 28/3/25

Ref. No. F/WARDS / NHDS / 05

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NURSING PLAN OF CARE AND HAND OVER SHEET

WA CUV-00168722 IP2-00056410
Patie Baby SANAGAPALLI JANVITHA
Age : 24-03-2025 1 Y 2 M 4 D (F)
UHI Dr. LAVANYA KANNAIYAN

Clinical Diagnosis : Left Keratotomy

Nursing Diagnosis : Risk for Infection Related to the baby ocular discharge

Plan & Implementation of Care :

Plan
- Assess the baby's condition
- monitor vitals
- maintain the I/O chart
- medication as per the doctor orders given

Implementation
- Assess the baby condition
- monitor vitals
- maintains the I/O
- medication as per doctor orders given

STRUCTURED HAND-OVER	
Score as per Early Warning Chart	Score : 0 Plan as per score :
Respiratory System	
Airway	☐ Clear ☐ Maintainable
Oxygen Requirement If yes .....L/min	☐ Yes ☐ No : Plan of Next 12 hours :
CPAP	☐ Yes ☐ No : Plan of Next 12 hours :
Suction Requirement	☐ Yes ☐ No If Yes, Plan :
Physiotherapy Requirement	☐ Yes ☐ No If Yes, Plan :
Cardio Vascular System	
HR : BP : 100/56 IBP : CRT : <2	
Cardiac Rhythm	
Inotropes Requirement ?	☐ Yes ☐ No If Yes, Plan :
Need for anti hypertensives	☐ Yes ☐ No If Yes, Plan :

Need of Restraints	☐ Yes ☐ No If Yes, Plan : .....
Pain Score & Plan of Care	Score:.....Plan as per score : .....
Need of Sedation	☐ Yes ☐ No If Yes, Plan : .....
Risk of Fall (Humpty Dumpty Score)	Score:.....Plan as per score : .....
Risk of Bedscore (Braden Score)	Score:.....Plan as per score : .....
IV Fluids	..... DNS 3ml .....
Feeding Plan	..... Encourage oral .....
Input/output Discussed ?	☐ Yes ☐ No If Yes, Plan : .....
Urinary Catheter Issues	☐ Yes ☐ No If Yes, Plan : .....
Other Drains Issues Is yes, then plan of care :	☐ Yes ☐ No .....
Need for PD ? If yes, then plan of care :	☐ Yes ☐ No .....
Arterial Line issues If Yes, then the condition of the skin & tips of fingers / toes :	☐ Yes ☐ No ....
Central / PICC Line Issues	N/A .....
IV Sites (VIP Score & Plan)	Score:.....Plan as per score : .....
Planned Procedures if any ? If Yes, Plan of Procedure :	☐ Yes ☐ No .....
Any plan of taking consultation from other consultants ? If yes, describe :	☐ Yes ☐ No .....
Hand Over of Labs & other Investigations	..... Shift to Room ....

Golden hours :- patient come at - 9:37 pm I Rev the Pt. I explain the call bell and medication I Introduce to my-self.

Name of the Nurse (Giving Hand over)

Poonam

Signature : 28/5/26

Name of the Nurse (Taking Hand over)

Seema @ 8PM

Signature : 8 28/5/26